

# MEN'S PARTICIPATION IN FAMILY PLANNING: WHAT DO THE WOMEN THINK?\*

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**ABSTRACT:** This is descriptive research with a qualitative approach, which aimed to investigate women's perception regarding male participation in family planning. Interviews were held with 20 women in February – July 2012, in a center of excellence in reproductive care, in the state of Ceará. Two categories emerged from the accounts: The partner's contribution in contraception and What do women think regarding the man's participation in family planning? The women perceive the men's participation as insufficient, and believe that a more effective contribution would include the partners accompanying them to the consultations. They recognize this contribution as important, but some show acceptance in relation to the man's absence, and do not demand this involvement. In making their selections on their own, and taking responsibility for the contraception, the women absolve the partners from an attribution which is of both, reinforcing the socially constructed and – consciously or unconsciously – accepted idea that it is they who are given responsibility for reproductive matters.

**DESCRIPTORS:** Family planning; Perception; Gender.

## PARTICIPAÇÃO MASCULINA NO PLANEJAMENTO FAMILIAR: O QUE PENSAM AS MULHERES?

**RESUMO:** Trata-se de pesquisa descritiva com abordagem qualitativa, cujo objetivo foi conhecer a percepção feminina sobre a participação dos homens no planejamento familiar. Entrevistou-se 20 mulheres no período de fevereiro a julho de 2012, em uma unidade de referência em assistência reprodutiva, no Ceará. A partir das alocações emergiram duas categorias: *Contribuição do companheiro na contracepção* e *O que as mulheres pensam sobre a participação do homem no planejamento familiar?* As mulheres percebem a participação do homem como insuficiente e acreditam que uma contribuição mais efetiva incluiria a ida do companheiro às consultas. Reconhecem ser importante essa contribuição, mas algumas mostram aceitação diante da ausência do homem, não cobrando esse envolvimento. Ao escolher sozinho e se responsabilizar pela contracepção a mulher exige o parceiro de uma atribuição que é de ambos, reforçando a idéia socialmente construída, e aceita, consciente ou inconscientemente, de que são encarregadas dos assuntos reprodutivos.

**DESCRIPTORIOS:** Planejamento familiar; Percepção; Gênero.

## PARTICIPACIÓN MASCULINA EN EL PLANEAMIENTO FAMILIAR: ¿LO QUÉ PIENSAN LAS MUJERES?

**RESUMEN:** Esta es una investigación descriptiva con abordaje cualitativo, cuyo objetivo fue conocer la percepción femenina acerca de la participación de los hombres en el planeamiento familiar. Fueron entrevistadas 20 mujeres en el periodo de febrero a julio de 2012, en una unidad de referencia en asistencia reproductiva, en Ceará. Resultaron de las charlas dos categorías: *Contribución del compañero en la contracepción* y *¿Qué las mujeres piensan acerca de la participación del hombre en el planeamiento familiar?* Las mujeres perciben la participación del hombre como insuficiente y creen que una contribución más efectiva llevaría el compañero a las consultas. Reconocen ser importante esa contribución, pero algunas aceptan la ausencia del hombre, no cobrando su participación. Al hacer opciones sola y responsabilizarse por la contracepción, la mujer exige el compañero de una atribución que es de los dos, reforzando la idea socialmente construida, y acepta, de modo consciente o inconsciente, de que no tienen la responsabilidad de los asuntos reproductivos.

**DESCRIPTORIOS:** Planeamiento familiar; Percepción; Género.

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## INTRODUCTION

Family planning is defined as the practice of responsible parenthood, that is, the voluntary and conscious use, on the part of the couple, of the instrument necessary for planning the number of children and the spacing between one pregnancy and another<sup>(1)</sup>.

Until the second half of the 20th century, the reproductive health services in Brazil were traditionally directed by the policy centered exclusively on women as reproducers. From the 1980s onward, this situation took a new direction, with the birth of the Program for Integrated Women's Health Care (PAISM), whose concepts served as a reference and as inspiration for the struggle for gender equality in health, and which represent an advance in relation to women's health, as it proposes a model based in comprehensive care<sup>(2)</sup>.

Two observations, however, were emphasized regarding the PAISM: the Program was said to have ignored the participation of men in the reproductive process; and it made available a small number of contraceptive methods, most of which are restricted to hormonal methods and to tubal ligation, which, technically, do not require male participation<sup>(3)</sup>.

Family planning, according to the Ministry of Health, is considered a right, in relation to which people must have access to information, to specialized care, and to resources which allow them to choose freely and in an informed manner whether or not to have children. The number, the spacing between pregnancies, and the choice of the most appropriate contraceptive method, without discrimination, coercion or violence, must be an integral part of the set of actions in the health of women, men, and couples<sup>(4)</sup>.

The reality, however, does not totally fit with this statement, as in the routine of the health services, what is observed is the low male participation, making conception or contraception the exclusive responsibility of the woman<sup>(5)</sup>.

This evidences the power of the gender relationships, pointing to the social role performed by men, in a historically patriarchal society, which imposes the responsibility for contraception on women<sup>(6)</sup>.

Women's dominion over their own fertility

is considered one of the pillars of the process of their empowerment. As the consequences of an unwanted pregnancy fall upon the woman, it is natural that she should wish to take responsibility for the task of contraception<sup>(7)</sup>.

In the light of the above, the existence of a mistaken – but socially constructed – vision is clear, regarding to whom falls responsibility for contraception, as, through cultural determination, this responsibility is imposed upon and accepted by the woman.

As a result, it is necessary to have prior knowledge of the reproductive behavior of the clientele for the planning of preventive and effective actions relating to family planning; and, allied with the technical and legal knowledge, to propose efficacious educational strategies which promote the transformation of beliefs, taboos and concepts regarding the exercising of sexuality, as a right linked to choice and responsibility for reproduction, promoting, in the end, an awakening to correct participation in family construction<sup>(8)</sup>.

As a contribution to this discussion, the following question is posed: What do women think regarding men's participation in family planning?

It is believed that gathering information regarding women's perception on their partners' participation in the control of fertility will contribute to reformulating educational actions and to the development of behavioral intervention strategies, which debunk the incorrect concept regarding responsibilities in family planning, so as to promote the couple's equal participation in decisions on conception or contraception.

In this regard, this work aims to investigate women's thinking on men's participation in family planning.

## METHODS

This study is of the descriptive type with a qualitative approach, and was undertaken in the period February – July 2012, in the Microregional Center for Excellence in Reproductive Care (CEMEAR), located in the municipality of Crato, Ceará.

The following inclusion criteria were used for selecting the participants: service users registered

and monitored by the CEMEAR family planning service; legally married or cohabiting and aged 18 years old or over. Patients who met these criteria were visited in their homes, the research was explained to them, and they were invited to participate.

For delimiting the subjects, the criteria of saturation of responses was considered<sup>(9)</sup>. As a result, the number of 20 women was obtained. These were ensured anonymity based on the individual codification of the interviews, through the use of M1, M2, M3 and so on, as the representative form of their participation.

Prior to data collection, a pretest was administered to other service users registered in the family planning service of a Family Health Strategy in the municipality of Crato, CE, with the aim of validating the semistructured interview and identifying possible shortcomings in its use.

The interviews were recorded with a portable recorder for optimizing the reproduction of the interviewees' discourses, which were later transcribed in full, thus allowing the accuracy of the reliability of the information.

The qualitative interpretation of the data was undertaken in accordance with the technique of content analysis<sup>(10)</sup>, in which two functions were applied. The study had three stages: Pre-analysis: organization of the material, in accordance with the study objectives and questions, and definition of the record units and context, significant excerpts, and categories; Exploration of the material: analysis of content; Treatment of the results obtained and interpretation: light was thrown on the implicit content, determining characteristics of what was being analyzed, without excluding the statistical information.

In all its phases, this study adopted the directives and regulatory norms for studies involving human beings, found in Resolution 466/12 of the Brazilian National Health Council<sup>(11)</sup>, and was approved by the Research Ethics Committee of the Cariri Regional University (URCA) under Opinion N. 25/2011.

## RESULTS

A predominance of women in the age range covered between 18 and 38 years old was noted, with only one child, and Roman Catholic.

The majority cohabit with their partners, are housewives, and studied for over five years, as well as having a family income of up to one minimum salary.

From the discourses made available, two categories emerged: The partner's contribution in Contraception and What do the women think about men's participation in Family Planning (FP)?

The principal forms of collaboration of the partner in the use of the method consisted of reminding the woman about the time for taking the contraceptive pill, and going and getting them. However, some showed that they believe that this form of participation is distant from their expectations, as a more effective contribution would include the partner going to the consultations.

Regarding the women's perception in relation to their partners' participation in FP, a large majority of the participants reported considering this contribution to be important, in confirming that both the act of becoming pregnant and bringing up children depend on equal efforts from the couple, and, therefore, this control must be undertaken by both parties. However, even in stating this, some showed acceptance regarding the absence of the man from this process. Furthermore, positions were found which were contrary to this participation, given that two women did not consider this sharing of responsibilities to be important, attributing this responsibility to the woman alone.

### The partner's contribution in contraception

For seven women, the men's contribution in this process can be understood as their concern in emphasizing the time for taking the oral contraceptive pills, so as to prevent an unwanted pregnancy.

*He remembers every day, and wants to know if I took it correctly [...]. (M09)*

*He reminds me, because last time I got pregnant because I forgot to take it, and because of that he is always reminding me. (M16)*

As may be perceived in the women's

accounts, the man shows concern with correct use of the method, warning the woman regarding daily use, respecting the times, so as to ensure that the method may be efficacious in avoiding a subsequent pregnancy.

In the accounts of four participants, the idea of male participation in contraception is summarized in the act of providing the methods, whether this is fetching them from the health center or - should they have run out there – buying them at the pharmacy:

*Well, seeing as how it's me that takes them, I am most concerned about it, amn't I? But when I can't go to get them at the health clinic, he goes.* (M05)

*Sometimes he goes to get them at the health clinic, and when they haven't got them there, he buys them.* (M08)

In the discourses of four women, the male participation was mentioned as taking place in a broader way, as can be observed below:

*Everything. [...] He always remembers when it's time to use it (condom), is fine about using it, because we see that there are a lot of men who don't like using them, but he's not like that, he himself doesn't want me to try taking the pill again, because he saw how I became. He has never complained.* (M18)

Therefore, as evidenced in their considerations, the women believe that condom use can be included as a more effective form of the man's participation, as they recognize the absence of this practice in other couples.

However, some state that the man's contribution must go beyond adopting a male method, and, rather, involve his inclusion in the FP consultations.

*[...] And when he could, he came with me to the consultations. We have also already talked about him doing a vasectomy, and he was fine with that [...].* (M03)

*Well, he uses condoms and supports me with the injections, that's all. He doesn't come with*

*me to the consultations if that is what you want to know.* (M01)

Three participants, in their reports, demonstrate the absence of male participation in this process, either through the man's desire to have another child, or through the fact that these abstain from participating, as we can evidence in the following sentences:

*Nothing! When I go to get the pills there is a huge row. When I ask him to go, he says he has more important things to do! He wants me to get pregnant, you know?* (M06)

As expressed in the second discourse, in defining that the partner's form of participation is "nothing", this woman could be demonstrating that she has an expectation that the partner's participation could go beyond the simple act of buying the contraceptive pills or fetching them from the health clinic.

*Nothing, only when they run out at the health clinic do I ask him to go and buy them, and he goes, but sometimes not even that [...].*(M11)

Two women demonstrated that, in their perception, there is no significantly positive or negative influence in relation to their partners' participation:

*It's like this, he doesn't approach me for sex, in the pause between one box of contraceptive pills and the next, we don't have sexual relations, he's not fussed about that [...]. He doesn't like using condoms. [...] and that operation for men, he doesn't want to do that at all.* (M14)

In this account, one can perceive the male indifference regarding the method of contraception. The woman, in her turn, demonstrates that the simple fact of her partner accepting the method is sufficient for the contraception to be successful.

*Actually, what he wants is for me to stop taking it, because sometimes he sees, and knows, that I am not well, so he asks me to stop taking the injection, for us to carry on just using condoms, but I don't want to, I don't like them.* (M04).

In the second account, it can be perceived that although the partner has had the initiative to propose the use of the male condom, so as to promote his wife's health, this showed herself to be reluctant to change method, due to not feeling comfortable with the same.

### **What do the women think about men's participation in family planning?**

When asked about the importance which the participants attribute to male participation in FP, 18 expressed the relevance of these being inserted in the process:

*I think it's very important, indeed I do, because that's the only way that both participate, so the responsibility doesn't fall only on the woman, you know? (M02)*

*Yes, I think it is very important for him to participate with me, the choice of the method should be made by the couple, not by the parties in isolation. We entered this together, so we have to make decisions together on everything which involves our life as a couple together, I have to take his opinion into account, just like he has to take mine, and that way, we make better decisions. (M18)*

*I think it's incredibly important, because the men have to position themselves by their woman's side, because from the moment we get married onwards, everything has to be decided as a couple, they have to participate, they have to see what we're going through. (M04)*

From these sentences it is evident that, in the women's opinion, as they share their lives with their partners, the decisions involving the couple must also be shared, must be taken together, and, therefore, the choice of the method of contraception must be the responsibility of both; in this way, the responsibility does not fall only on the woman.

In addition, for some women, although pregnancy is a female attribute, the act of becoming pregnant requires the participation of both parties. Hence, the decision on contraception

must be taken by both parties equally, given that both will take responsibility for the consequences of a possible pregnancy.

*Yes, I think it's important, because this way, if I live with him, he has to be involved, isn't it? I'm not going to get pregnant without outside help. (M13)*

*For sure, I think it is important, because the choice must not be the woman's, but rather of both, both must talk and make the choice, neither of the two want to have children, isn't it? (M09)*

In the account below, it can be perceived that the woman indicates the importance of male participation in an equal form, bearing in mind that a pregnancy would entail the need for both to bear the financial consequences.

*Certainly, because nowadays, to my mind, things are very difficult, and having more children in this difficult [financial] period isn't the right thing, so, as the difficulty is for both of us, because the two of us have to pay all the bills, what is right is that the two of us should have control of this. I think it would be much easier with the support, you know? (M11)*

*[...] Their participation is very important, but I think it is very unlikely that they would participate. I think it's important for both people to know what's going on, whenever some problem arises, both will know how to resolve it, but I think that it is unlikely that this will happen. (M01)*

For two women, the men's inclusion was shown to be unnecessary, as they stated that responsibility for contraception is exclusively female, as it is they who carry the child within themselves and care for the children.

*I think it is not so important for him to participate, because generally it's only the woman who is concerned about this subject, men don't bother themselves with this, whether they are going to have a child or not, this is the woman's problem, generally they're like that, you know? Seeing as how it is she who is going to get pregnant, who is going to have to take care of the baby, it is she who has to take the precautions. (M15)*

*No, I don't think so. I think it is my decision, because I think that this is my role. Men aren't switched on enough for these things. Most of the time, it's the woman who takes the decision, and there's a reason for that, isn't there? I feel better this way.* (M16)

## DISCUSSION

Some women demonstrate that they take responsibility for contraception themselves, through using a female method, thus taking responsibility for this. The fact of the man providing the methods, sporadically, was also observed, as only in the event of it being impossible for the woman to go and get the method at the health clinic is he actioned to participate; in the opinion of the women, this is a sufficient form of participation.

The man – when he buys, reminds or simply agrees with the use of the method, appears as one who provides support, or who supports an activity, which, supposedly, is of the woman, this last being more active, principally through the use of the oral contraceptive pill<sup>(7)</sup>.

The women showed themselves to be satisfied in relation to their partners' acceptance of condom use, mainly due to knowing that, in their opinion, this attitude is not very common among men<sup>(12)</sup>.

Studies<sup>(13-17)</sup> have found that the partner's attitude positively influences the women in relation to duration and continuity of use of the method selected. For the women who go to the appointments accompanied by their partners, continuity and efficacy of the method are greater when compared to those who go unaccompanied<sup>(18)</sup>.

One study which investigated the same issue in the municipality of São Paulo identified that 18.2% of the participants referred to the inexistence of male participation, due to there being no consensus regarding the number of children they want; of these, only one stopped using a female contraceptive method, which, according to the researchers, could mean that the existence of these methods allows the woman to maintain control over her own fertility<sup>(7)</sup>.

Many of the reports inferred the man's refusal to participate and the transference to the woman

of exclusivity in the choice and use of the method, denying the possibilities which would require greater participation from him. Two problems which could interfere in women's autonomy for controlling their fertility: the men's influence in the choice of the contraceptive method, and their refusal to participate in the contraception, through not accepting male methods, such as the condom or vasectomy<sup>(19)</sup>.

Curiously, it was observed in the first category that, in the view of 15 participants, their partners contributed in some way in the use of the method chosen. However, the majority of the informants chose and use female methods of contraception. This finding corroborates another study which demonstrated that there is a prevalence of methods used by women, as well as scarce male participation in contraception<sup>(5)</sup>.

Starting from the premise that the sexual interlude between the man and woman has conception of its natural result, it is also to be supposed that the decision on contraception should be taken, naturally, equally between the partners involved in the relationship<sup>(20)</sup>. However, the patriarchal culture still imposes itself, placing emphasis on women's responsibility in the ambit of contraception<sup>(18)</sup>.

In some discourses, one could perceive the perspective of informants inserted in the job market who showed their concerns in relation to the financial difficulties which would arise with the arrival of another child, a difficulty which, in their opinion, must be shared with the spouse. Financial and material difficulties in relation to housing, education, food and medical care are an important incentive for men and women to want to limit the number of children, so as to provide a better quality of life for the family<sup>(18)</sup>.

Nevertheless, although they mentioned the importance of the participation, this opinion, at other times, seems controversial, as they demonstrate conformism, where some women showed incredulity in relation to the possibility of inserting men in this commitment.

The women show interest in a possible more active participation on the part of their partners, in this way sharing responsibility for regulating fertility<sup>(21)</sup>. However, as evidenced, they themselves show doubts in relation to this egalitarian division on the part of their partners.

One can observe the complete acceptance of the responsibility for contraception on the part of two informants, where both accept and take this responsibility imposed through social issues of gender, explaining this by stating that as it is they who carry the baby inside them, therefore, it is for them to be concerned with the issue of contraception, given that this is not the role of their partners, and that these, in their turn, showed themselves to be uninterested in the topic.

In the second category, 18 women showed themselves to be aware in relation to equal participation in contraception, asserting the importance of male insertion in FP, also making clear a wide variety of reasons to evidence this importance. However, this opinion seems somewhat disconnected, as the majority, as seen previously, made the choice of the method in use on their own, and this – in the vast majority of cases – was a method used by women, thus excluding the partners from the process, and thus showing a female conformism in relation to this unequal context of participation in the regulation of fertility.

Some women do not recognize their partners' involvement in the task of contraception as necessary, having no explicit complaint, but an idea dispensing men from this activity, where women take this responsibility by personal choice and/or social suppositions of responsibilities, referring to this function as being female<sup>(7)</sup>.

## FINAL CONSIDERATIONS

In the light of the above, the study evidenced that although the majority of participants demonstrated knowledge regarding the relevance of equal participation from their partners in the control of fertility, a significant proportion of the women referred to not demanding this involvement. In choosing the methods alone, a large proportion of which are of female use, these women are exempting them from a responsibility which should be resolved jointly. These, therefore, are taking on the responsibility exclusively, showing the continuance of the socially-constructed and accepted – consciously or unconsciously – idea that as it is they who possibly bear the load of the pregnancy, it is their role to be the person responsible for issues of contraception.

Based on an analysis of all the discourses, it is suggested that the health services should go beyond distributing methods of contraception, and must use strategies for attracting the population, offering the service users educational programs in sexual and reproductive health, informing appropriately and efficiently regarding all the methods available, their advantages and disadvantages, in particular those used by men, involving both partners equally in this process, emphasizing the question of responsibilities, in an attempt to deconstruct the socially defined role that the woman, due to being the person who carries the baby as it develops inside her, must take responsibility for these issues.

To this end, the service must provide opening hours which are convenient for the male population and encourage them to participate, thus contributing to men being able to take their fair share of responsibility for contraception.

It is understood, however, that for this equality to be achieved, there must be a broader approach, and the issue of gender relationships must be addressed primarily in the educational ambit, raising the awareness of younger people in relation to gender equality, in an attempt to achieve this equality in all spheres of life, including that of reproduction. However, it is believed that these results can contribute to the construction of care based in equal participation from both sexes, promoting a healthy and effective practice as a measure for promoting health in the perspective of the service user.

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