


MALE CONTRACEPTIVE PERCEPTIONS AND PRACTICES**PERCEPÇÕES E PRÁTICAS CONTRACEPTIVAS MASCULINAS****PERCEPCIONES Y PRÁCTICAS ANTICONCEPTIVAS MASCULINAS**

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RESUMO

A participação dos homens em consultas e ações educativas voltadas para o planejamento reprodutivo é essencial para garantia da saúde sexual, corresponsabilização parental e igualdade de gênero. Este estudo busca conhecer as percepções e práticas contraceptivas masculinas. Trata-se de um estudo descritivo, qualitativo, realizado em uma maternidade do município do Rio de Janeiro, no período de fevereiro à setembro de 2024. Foram entrevistados 15 homens Cis que acompanhavam suas parceiras. Foi utilizada a técnica de análise temática. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa sob o CAAE: 77252824.3.0000.5269. Embora 100% dos participantes conheçam o preservativo externo, seja para contracepção ou prevenção de infecções sexualmente transmissíveis, a adesão a esse método é baixa. DIU, coito interrompido, anticoncepcional oral e injetável, laqueadura e vasectomia também foram reconhecidos como métodos contraceptivos. Em relação a vasectomia, trouxeram a reflexão de ser um método definitivo a ser feito com idade mais avançada, depois de ter certeza de quantos filhos desejam ter. Concluiu-se que a gestão da sexualidade ainda é um papel feminino, embora os homens tenham conhecimento dos métodos, não estão dispostos a utilizá-los, mantendo a responsabilidade da reprodução sobre a parceira. Ações de saúde precisam captar, acolher e promover atendimento clínico e educação em saúde para que os homens reconheçam a contracepção como um cuidado básico a saúde, compartilhando com as mulheres, a responsabilidade da gestão da sexualidade e reprodução.

Palavras-chave: Contracepção. Homens. Masculinidades. Planejamento reprodutivo.

ABSTRACT

The participation of men in consultations and educational actions aimed at reproductive planning is essential to guarantee sexual health, parental co-responsibility, and gender equality. This study seeks to understand male perceptions and contraceptive practices. This is a descriptive, qualitative study carried out in a maternity hospital in the city of Rio de Janeiro, from February to September 2024. Fifteen cisgender men who accompanied their partners were interviewed. The thematic analysis technique was used. The research was approved by the Research Ethics Committee under CAAE: 77252824.3.0000.5269. Although 100% of the participants are aware of the external condom, whether for contraception or prevention of sexually transmitted infections, adherence to this method is low. IUD, withdrawal, oral and injectable contraceptives, tubal ligation, and vasectomy were also recognized as contraceptive methods. Regarding vasectomy, they raised the issue of it being a definitive method to be performed at a more advanced age, after being certain of how many children they want to have. It was concluded that managing sexuality is still a female role, although men are aware of the methods, they are not willing to use them, maintaining the responsibility for reproduction on their partner. Health actions need to capture, welcome and promote clinical care and health education so that men recognize contraception as a basic health care, sharing with women the responsibility for managing sexuality and reproduction.

Keywords: Contraception. Men. Masculinities. Reproductive planning.

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RESUMEN

La participación de los hombres en consultas y acciones educativas dirigidas a la planificación reproductiva es esencial para garantizar la salud sexual, la corresponsabilidad parental y la igualdad de género. Este estudio busca comprender las percepciones masculinas y las prácticas anticonceptivas. Se trata de un estudio descriptivo y cualitativo realizado en una maternidad de la ciudad de Río de Janeiro, de febrero a septiembre de 2024. Se entrevistó a quince hombres cisgénero que acompañaban a sus parejas. Se utilizó la técnica de análisis temático. La investigación fue aprobada por el Comité de Ética en Investigación bajo la CAAE: 77252824.3.0000.5269. Si bien el 100% de los participantes conocen el preservativo externo, ya sea para anticoncepción o para la prevención de infecciones de transmisión sexual, la adherencia a este método es baja. El DIU, el coito interrumpido, los anticonceptivos orales e inyectables, la ligadura de trompas y la vasectomía también se reconocieron como métodos anticonceptivos. En cuanto a la vasectomía, se planteó la cuestión de que se trata de un método definitivo que debe realizarse a una edad más avanzada, tras determinar con certeza cuántos hijos se desean tener. Se concluyó que la gestión de la sexualidad sigue siendo un rol femenino; si bien los hombres conocen los métodos, no están dispuestos a utilizarlos, atribuyendo la responsabilidad de la reproducción a su pareja. Las acciones de salud deben incorporar, acoger y promover la atención clínica y la educación para la salud para que los hombres reconozcan la anticoncepción como una atención básica de salud, compartiendo con las mujeres la responsabilidad de la gestión de la sexualidad y la reproducción.

Palabras clave: Anticoncepción. Hombres. Masculinidades. Planificación reproductiva.

INTRODUCTION

Men's health care and, especially, male sexual and reproductive health began to gain greater relevance with the establishment of the National Policy for Comprehensive Men's Health Care (PNAISH) in 2009. This strategy aims to promote health actions aimed at the male population, including improving life expectancy and reducing morbidity and mortality rates. It recognizes that issues related to men's health constitute legitimate public health problems. This initiative has contributed to significant advances, which include not only sexual and reproductive rights, but also the promotion of planned parenthood (BRASIL, 2009; SILVA et al, 2020).

Permeated by stereotypes that limit their participation in reproductive planning, men are recognized in the patriarchal system as providers, while women manage the home, as well as the management of reproduction. Health environments that are not very inviting to the male public (feminized space: mostly women, eminently female professionals) perpetuate the mentality that contraception is a woman's business. However, male attitudes and behaviors can interfere, positively or negatively, in the female decision about the use of a certain contraceptive method, being fundamental for the exercise of parental co-responsibility (PADILHA & SANCHES, 2020).

Following this cultural line, men's resistance to seeking health services, especially those related to primary prevention, as well as the low valuation of self-care (whether due to fear, shame, prejudice, machismo, among others) and illness (feeling of invulnerability), corroborate the distancing of men from reproductive planning services. Nevertheless, male participation in reproductive planning can reduce gender inequalities, favoring the sharing of experiences, choices, and responsibilities among partners (CARDOSO et al., 2021).

Another point is the differentiation of sexuality and reproduction between men and women, the man, who has greater sexual needs, cannot control his impulses, reinforcing the idea that women, because they have greater control of their sexuality, because they have fewer sexual needs, because pregnancy occurs in their body, are predestined to perform contraception, leaving the man exempt from this attribution. The scarcity of contraceptive methods aimed at the male public, basically the external condom (barrier method), vasectomy (irreversible method) and coitus interruptus (behavioral method of low efficacy) reinforce the stereotype that in spontaneous and intense intimate encounters, it is easier for women to perform contraception through the pill, IUD, than men to control their instincts and put on the external condom (CABRAL, 2017).

Gender crossings in scientific production hinder investments for male contraceptive diversity, although since the 60s and 70s there has been research on effective hormonal

contraceptives, as well as other reversible contraceptives for men, these novelties have not yet been approved for the market. In this area, while male bodies are complex for contraceptive interventions, female bodies are more biomedicalizable (PEREIRA & AZIZE, 2019). In recent decades, debates have problematized biological non-viability, based on the number of spermatozoa, and explored studies on hormonal and non-hormonal methods, vessel occlusion methods promoting aspirations regarding possible reversible and effective drugs for male contraception (MORAES et al., 2021).

In view of the biological, cultural, economic and social barriers, strategies that make the hours of care for the male population more flexible (night/weekend), as well as using reproductive planning as a gateway to men's health, through clinical consultations, health education, availability of external condoms and guidance and referrals for the definitive method, in addition to a service promoted by professionals trained to recognize their characteristics and real needs, would be ways to change paradigms and modify a culture that impose barriers to gender equality (CARDOSO et al., 2021).

Male contraceptive choices are rooted in patriarchal contexts, being immersed in power and hierarchical relations, crossed by inequalities of gender, race, class, sexuality, ethnicity and generation. Different discourses on contraception, whether from medicine, education, religion, the media, and social networks, among others, will compose male perceptions and practices in reproductive planning (REIS, RODRIGUES, & BRANDÃO, 2024).

In this study, we propose the objective of knowing male contraceptive perceptions and practices, from the perspective of discussing men's participation in the management of sexuality and reproduction. To this end, we pursue the question: How do men manage sexuality/reproduction?

METHODOLOGY

This is a descriptive study with a qualitative approach, structured according to the Consolidated Criteria for Reporting Qualitative Research (COREQ), having as a phenomenon the male perceptions and practices related to contraception. Qualitative research, according to Minayo (2015), is a methodological approach that focuses on a deep and contextualized understanding of the phenomena studied. They focus on aspects of reality that escape quantification, directing themselves towards the understanding and exploration of the dynamics of social relations. This type of research seeks to explore the perspectives, experiences, meanings, and interpretations of the participants.

The study setting was the maternity wards and rooming-in of a public maternity hospital in the city of Rio de Janeiro, located in the south zone of the capital of Rio de Janeiro. Eligibility to participate in the research was given to men who were accompanying or visiting pregnant or puerperal women in the maternity ward or rooming-in, establishing as inclusion criteria: men over 18 years of age, sexually active, trans or cis gender, maintaining an affective relationship or not with the pregnant or puerperal woman, who spoke Portuguese. The exclusion criteria were: being with the visited/accompanied in a situation of clinical risk (use of magnesium sulfate, anasarca, HELLP syndrome, etc.); going through a moment of fetal loss or in situations of fetuses incompatible with life; or/and with a newborn in intensive care or with clinical instability.

The participants were recruited for convenience, being processed by the obstetric resident nurse who went through the ward and rooming-in sectors in search of those eligible to voluntarily participate in the research, reinforcing that the study was not funded or for-profit and that there would be no remuneration for those involved. The objectives of the study, the dynamics of the interviews, and the ethical aspects of research with human beings were clarified, according to Resolutions No. 466, of June 13, 2012, and No. 510, of April 7, 2016, of the National Health Council (CNS) (Brasil, 2012; 2016). To make the acceptance official, they signed the Informed Consent Form (ICF) in two copies, and a copy was given to them.

The interviews were conducted from February to September 2024, after the study was assessed and approved by the Research Ethics Committee (CEP) of the proposing institution, under CAAE: 77252824.3.0000.5269. 15 Cis men participated in the study.

The individual semi-structured face-to-face interview took place in a private environment, in order to safeguard confidentiality and secrecy in the acquisition of information, the smartphone's recording application was used to record the testimonies. The average time of each recording was approximately 10 minutes per participant. Only the interviewer, a resident obstetric nurse, and her advisor, a nurse with a master's degree in science, had access to the recordings.

The interview was guided by a mixed script with closed and open-ended questions. The closed questions were intended to characterize the sociodemographic profile of the participants and bring the interviewer closer to the interviewees. The open-ended questions provided participants with the freedom to express their positions in a more flexible way, allowing for greater depth in obtaining information, allowing the inclusion of additional questions as needed (NUNES, NASCIMENTO & ALENCAR, 2016). The triggering question:

Tell me what methods to avoid pregnancy do you know? was added: Tell us a little more about this method, what was your experience with these methods?

No pilot test was carried out, mainly due to the difficulty in attracting participants. In all, seven men who met the inclusion criteria refused to participate. Among the justifications presented, some mentioned feeling ashamed, others claimed ignorance about the theme, while some chose not to provide explanations, limiting themselves to declining the invitation.

The recordings were transcribed in full and to preserve the anonymity of the participants, they were coded with the letter "H", followed by the sequential number corresponding to the interview conducted, for example: H1, H2.... Names mentioned during the interviews were replaced by letters F (family member), A (friends), ensuring the protection of the identity of all those involved.

The end of data collection occurred due to the repetition of ideas and statements of the interviewees, indicating the saturation of the data (MINAYO, 2018). The audios were deleted soon after their transcription, the coded material was placed for analysis together.

After a thorough and exhaustive reading of the transcribed material, the thematic analysis technique proposed by Minayo (2015) was processed. Themes were removed from the reports, that is, key words that represented the core of the participant's thoughts on the subject addressed, the main ones being: condom, vasectomy, contraceptive, injection, coitus interruptus, IUD, tubal ligation. The most impactful excerpts from the interviews were highlighted through the colorimetry technique.

The information was interpreted based on the theoretical framework available on the subject, with the concern to maintain inferences that identified favorable thoughts, contrary opinions, critical and constructive reflections, allowing a broader understanding of the phenomenon explored.

RESULTS

A total of 15 men participated in the research, 47% (7) in their 20s, 40% (6) in their 30s, and 13% (2) were over 40 years old. Regarding ethnic self-declaration, 86% (13) self-identified as brown or black, while 13% (n=2) declared themselves white. Regarding education, 40% (6) had completed high school, 26% (4) incomplete elementary school and 20% (3) incomplete higher education. One (1) participant had not completed high school and one (1) had completed higher education.

When analyzing the income distribution, 53% (8) had an income between 1 and 1.5 minimum wages, 13% (2) income between 2 and 2.5 minimum wages, 20% (3) more than 3 minimum wages and 13% (2) income less than 1 minimum wage.

Regarding the average number of children, 66% (10) had between one and two children, while 33% (5) had three or more children.

The contraceptive method most known by the participants is the condom, including both the male and female versions, mentioned by 100% (15) of the interviewees. Then, vasectomy by 86% (13) of the participants, oral contraceptives by 60% (9), intrauterine device (IUD) by 46% (7), tubal ligation by 40% (6) and 26% (4) mentioned knowing about injectable contraceptives. Less frequently mentioned methods included subdermal implantation, coitus interruptus, and the table method.

The testimonies offer a perspective on men's perceptions and practices in relation to contraception.

The condom that prevents the transmission of diseases. There are the pills, also the woman's condom... There's the injection she was taking. I know the vasectomy because my cousins did it. I thought I wanted to have a vasectomy, I talked to her, but since we don't know, when it's 10 years from now, if we're going to be well financially, if we want to have another child, you know? So we're thinking about it, but I've already told her that I want to do it and she's also going to put the IUD, right, to hold that time. (H2)

I know condoms as methods that prevent pregnancy, there are people who take medicine and don't have sex. I've heard about vasectomy, it's for men not to have more children. I would not have a child after him, I would have a vasectomy if I could... She took the morning-after pill as a contraceptive method[...] (H4)

Coitus interruptus is the one that when you get there, then you get out. There are condoms and there are people who use something else, such as anal sex. I've heard of the vasectomy, I think it's cool, so after the person, let's suppose, planned I want 2 children or 1 child and what he can have, right, then I think it's cool. (H5)

I don't know, I don't like to use the condom, in fact I think that almost no man likes to use the condom. It bothers a little, it's strange, it's not the same. The vasectomy I think has to be done when I have more children [...] (H6)

I know that vasectomy is a surgical operation, which will cut one of the channels through which the semen passes, and it can be irreversible, and this makes the man no longer able to get anyone pregnant. [...] I think that in the future I would have a vasectomy, I think that after the second or maybe the third, I would do it. (H7)

I know the condom, the condom, the IUD, I know the vaccine (intramuscular hormone), there is also what women take, but it is not so good for them, which is the contraceptive, which can cause them long-term problems, for pregnancy or for hormonal issues. She put the IUD, it was her choice, but we talked about it. (H10)

I know some contraceptive methods, for example there are condoms, IUDs, tubal ligation, vasectomy. (H13)

Before she became pregnant, she took the vaccine every 3 months. (H8)

The stigma of vasectomy was perceived by speeches still loaded with fear, uncertainties, myths, but also by the understanding that it is a definitive method that must be thought of with caution.

I've heard about vasectomy, a few years ago when I had my first child, my mother tried to sign me up to do it. I started the meetings, participated in 3 meetings, but then I didn't go anymore, for fear of something. It's just that there's always a joke. I don't know, who cuts the wrong vein, cuts the wrong place. Because when he's younger, right, he has some business in his head and ends up not wanting to do it. (H3)

I never heard of vasectomy, I thought it was just taking a grain, but then they told me that it's just a matter of making a little cut. I thought it was the same as castration of taking away. (H8)

I tried to have a vasectomy... But I had already had surgery and the doctor thought it was better for me not to do it, because of pain, to feel pain. Then we chose to do the ligation. On the day the paper came out for her to go there, authorizing her to do the ligation, she found out that she was pregnant. (H1)

In the male perception, contraceptive methods are more necessary at the beginning of the relationship. However, after getting to know their partner better, getting married, or having their first child, many no longer see the same need to continue using these methods.

At the beginning of the relationship, when we were just boyfriends, she took that injection, then she stopped taking it. And then we were careless, we had sex without a condom, but we were careful... (H2)

At first we used condoms, but then the first child came, we got married and we don't use them anymore. (H9)

We only used and talked about some method when we met, we spent a long time using condoms, but then we stopped using them. (H13)

DISCUSSION

In Brazil, there is a significant portion of Brazilian women who do not avoid pregnancy, either due to lack of knowledge about how to prevent it, or because they do not know where to seek adequate guidance, or even because of social vulnerability that compromises access to reproductive planning services and the acquisition of free contraceptive methods. The uninformed use of contraceptive methods directly contributes to the fact that more than half of pregnancies in Brazil are still unplanned or unwanted, contributes to early pregnancies, which can result in unsafe abortions, putting the woman's life at risk, in addition to promoting family and social problems (TRINDADE et al., 2021; RODRIGUES, et al., 2023).

Strategies for recruitment, reception, clinical care and educational actions aimed at reproductive planning would transform this public health care tool into a potential reduction of maternal, perinatal and infant morbidity and mortality, in addition to reducing the

occurrence of abortions, mitigating the transmission of sexually transmitted infections, social vulnerability and exposure to violence due to unwanted pregnancy (GADELHA et al., 2025).

According to the PNDS (2006), the last consolidated survey, 81% of women in some type of union use contraceptive methods. Of these, 77% opt for modern methods, while 4% prefer traditional ones. Tubal ligation was the most common method, with 29%, followed by the pill, with 25%, and condoms, with only 12%, vasectomy accounts for 5% of contraceptive practices, followed by injectable hormones 4%. The IUD remains at 2% use. As for the number of unwanted pregnancies, there was a drop in the numbers when compared to 1996, from 28.2% to 19%.

The reduction in the rates of unintended pregnancies is closely linked to the increase in the use of contraceptive methods. Investments in research on reproductive planning and public health actions, along with the dissemination and guidance on contraceptive methods, have encouraged women to use them more frequently (TRINDADE et al., 2021).

If participation in the management of sexuality were shared equally by men and women, the rates related to unwanted pregnancies and use of contraceptive methods, especially by men, could be different. The reproductive event needs to consider gender asymmetries, which determines greater responsibility for women and minimization of men's participation in reproductive issues and biographical, contextual and cultural mediations (CABRAL, 2017). Currently, the reality still declines for a female overload in the face of contraceptive choices.

In this study, women continue to be the main responsible for the management of sexuality. Although 100% of the men interviewed know condoms as a contraceptive method and in the prevention of sexually transmitted infections, they do not use them regularly, reporting low adherence to this method. In addition, men do not seek information about contraception, they only receive it in a timely manner, when they accompany their partners in prenatal consultations and group activities.

According to Borges et al. (2021), the use of condoms tends to be more frequent among young people, who, due to inexperience, avoid talking about other contraceptive methods with their partners. In addition, condoms are often associated with the prevention of sexually transmitted infections (STIs), being more used in unstable relationships or at the beginning of relationships. The practice of double protection – combination of condoms and another method – is little reported, reinforcing the persistence of a view that contraception is a female attribution. This perception highlights men's lack of knowledge or disinterest in

assuming an active and shared role in contraception, perpetuating gender inequalities in this responsibility.

The use of condoms is still marked by a stigma that impacts its acceptance and regularity, especially in long-term relationships. This contraceptive method is often associated with decreased sexual pleasure and physical discomfort, such as the feeling of tightness, which contributes to its rejection by many users. In addition, in stable relationships, condoms carry a negative connotation, being seen as a sign of distrust or suspicion of infidelity, due to their strong association with the prevention of sexually transmitted infections (STIs). This stigma reveals social and cultural barriers that hinder the consistent use of condoms, even in the face of their benefits in protecting sexual health (GUIMARÃES et al., 2019).

Coitus interruptus and abstinence were mentioned as methods, being referred to as an alternative of "care", when condoms or any other method are not used. Reis, Rodrigues and Brandão (2024) state that coitus interruptus is a strategy to circumvent the absence or temporary discontinuity of another method, although young people are aware of its low effectiveness, couples usually use this method of male control.

Hormonal methods, pills, injections and even implants, were cited and recognized as complex methods that can bring complications to women, these reflections show that those men who participate in a lecture or reproductive planning group register the difficulties that women face to manage their sexuality, a fact that can promote greater male sensitivity in accepting the use of barrier methods.

Hormonal contraceptives can cause a wide range of side effects to the health of the woman who uses them, which can be divided into short and long term. Among the short-term effects are headache, breast pain, dizziness, nausea, and vomiting, while long-term effects include mood swings, anxiety disorders, depression, lack of sex drive, and fluid retention. In women with chronic diseases, such as diabetes, hypertension, and dyslipidemia, or who are smokers and alcoholics, the use of these contraceptives can increase the risk of serious side effects, such as acute myocardial infarction, stroke, and other thromboembolic events (ANDRADE et al., 2023; SANTOS et al., 2020).

In Brazil, the pills are easily found in pharmacies and are also available for free through the Unified Health System (SUS). But for their safe use, they must be indicated by specialized professionals, explaining the correct form of use, in addition to evaluating other health issues that, when associated with them, can actually bring complications to the woman, as mentioned by some participants (TRINDADE et al., 2021; NARVAES et al., 2024).

The morning-after pill was also mentioned as a contraceptive used on a regular basis, evidencing the irrational use of the method, a fact that evidences a huge gap in reproductive planning practices, since high hormonal doses are ingested, and routine use is not recommended, but rather emergency. Although the distribution of the morning-after pill has been expanded by the Ministry of Health and it is sold in pharmacies without a prescription, there are still difficulties in accessing information about the correct use, it contains high doses of hormones, which can cause nausea, dizziness, depression, changes in the menstrual cycle, decreased libido, etc., in addition to an extensive list of contraindications (NARVAES et al., 2024; RODRIGUES, et al., 2020).

Thus, it is essential to adopt measures to make the population aware of the proper use of the morning-after pill, avoiding overdoses, incorrect use that can lead to unwanted pregnancy and reinforcing that it should not be used as the only contraceptive method. Although the advent of the morning-after pill has great relevance in today's society, promoting women's autonomy, its purpose is exclusively emergency, and its use must be accompanied by medical guidance to avoid the risks of self-medication (SILVEIRA et al., 2022).

The consumption of emergency contraceptives is directly related to the failure or absence of use of regular contraceptive methods. Studies indicate that adolescents represent a significant risk group for unwanted pregnancies, since they often do not consistently use contraceptive methods, such as condoms or hormonal methods, despite having high sexual activity. This reality means that adolescents are the public that most resorts to the use of emergency contraceptives, often indiscriminately and habitually, contrary to the recommendations for responsible use established by health institutions (BOTTOLI et al., 2023; PIANTAVINHA & MACHADO, 2022).

Although in past decades the Intrauterine Device (IUD) was considered a method permeated by myths related to risks to the female body, this was not a topic raised by men. It was observed that for them, the IUD is only a contraceptive method, an option that can be chosen before the woman has a tubal ligation. This leads us to reflect that because it is a method inserted in the female body, and is not directly related to the men's body, it does not affect male discussions.

The IUD is a Contraceptive Method (CM) that has a low prevalence of use among women, according to CM research. Although the method is made available by the Unified Health System (SUS) in the form of the copper IUD. There are some possible hypotheses for its low prevalence: Myths about its efficacy and functioning, associated risks, false contraindication criteria, among others (TRINDADE et al., 2021).

In the research by Luz, Barros and Branco (2021), one of the biggest fears of women is the risk of perforation, and as an associated risk factor, the research brings breastfeeding. The perforation rate in women who were breastfeeding was 3.7 per 1000 women, while in non-breastfeeding women the rate was 0.5 per 1000 women. Coming to the conclusion that the IUD is safe and associated with few risks. The same study also shows that women who use long-acting reversible contraceptive methods, IUDs, when compared to those who use short-acting oral contraceptives, have a better outcome against unwanted or unplanned pregnancies. However, this information does not seem to be known to men since it was not mentioned.

Family planning is a program that offers men and women the opportunity to plan and prevent conception with the support of health professionals. The lack of knowledge about contraceptive methods represents a significant barrier to the prevention of unwanted pregnancies. Among the available methods, hormonal methods arouse the greatest doubts in the population, followed by surgical methods. In addition, communication failures, guidance provided by trained professionals, and the understanding of users often compromise the proper use of these methods, generating important consequences, corroborating the permanence of maternal, perinatal, and infant mortality rates, in addition to vulnerability to urban and domestic violence (SIQUEIRA & ALVES FILHO, 2022).

In the context of the relevance of good guidance, we emphasize that although 86% of the interviewees knew vasectomy as a method, none chose it as a contraceptive alternative. Leaving it up to the woman to perform tubal ligation. The justifications for not opting for vasectomy were based on the possibility of having a child in the future, although some still cited the fears and stigmas related to masculinity and pain.

Vasectomy carries stigmas, especially among men, who associate the procedure with complications in sexual performance and the loss of masculinity. This stigma arises from a lack of knowledge about the contraceptive method. The scarcity of information and the reluctance of men to seek professional guidance perpetuate this mistaken idea (BRASIL, 2022).

The low adherence of the male population to contraceptive methods aimed exclusively at them, such as vasectomy, highlights a problem of misinformation and prejudice. Despite being a low-cost, highly effective procedure (99.86%) and regulated by law, many men are unaware of its free availability through the SUS and even the existence of this option. In addition, there is a lack of understanding about how the method works, such as the fact that its effectiveness is not immediate, and it is necessary to wait two to three months after the performance to ensure the absence of sperm in the semen,

confirmed by spermogram. It is up to health professionals to offer clear guidance, demystifying incorrect information and overcoming cultural barriers that perpetuate male resistance to permanent contraceptive methods (BRANDÃO & SANTOS, 2024).

An important point for reflection was that the participants recognized that the finiteness of reproductive capacity is something to be thought about with caution when referring to their body. On the other hand, the tubal ligation of the partners did not provoke this reflection. The fact that women opt for a definitive method was normalized and accepted, without the concern that the female body could not generate more lives.

According to data from the National Demographic and Health Survey (PNDS), in 2006, 20% of women who opted for sterilization, through tubal ligation, underwent the procedure before the age of 25. With the enactment of Law No. 14,443/2022, which reduced the minimum age for tubal ligation from 25 to 21 years old, it is possible that data from future research will reveal a significant increase in the percentage of young people who opt for this form of sterilization at even earlier ages. This tendency can raise concerns about impulsive decision-making, without due reflection on the irreversibility of the procedure and its implications for the finiteness of reproductive capacity. When comparing the percentages of female and male sterilization, a significant difference is observed between them, with 20% of women and only 5% of men opting for this method (BRASIL, 2009; BRAZIL, 2022).

Another gap identified in reproductive planning was the occurrence of pregnancy during the 60-day waiting period for tubal ligation. According to Technical Note No. 34/2023, based on Law No. 14,443/2022, surgical sterilization methods, such as tubal ligation and vasectomy, require a minimum interval of 60 days between the expression of desire and the performance of the procedure. During this period, it is essential that the couple receive follow-up from a multidisciplinary team, which will present all available reversible contraceptive methods, advise on the proper use of these methods during the waiting period and raise awareness that tubal ligation or vasectomy do not protect against sexually transmitted infections. This approach aims not only to prevent unwanted pregnancies in this interval, but also to discourage hasty decisions regarding definitive sterilization, encouraging more conscious choices that are aligned with the couple's reality (BRASIL, 2023)

In contexts characterized by gender equality, it is observed that men tend to demonstrate greater openness to communication and participation in family planning (NOGUEIRA et al., 2018). This posture makes it possible, together, to discuss sexuality and make reproductive decisions as a couple, promoting a collaborative and respectful

approach. However, in societies still marked by patriarchal values, male participation in family planning often translates into control over women, compromising their autonomy and perpetuating gender inequalities. In this sense, educational actions, especially implemented in the school environment, are fundamental to make men aware of the importance of family planning based on dialogue, consensus and mutual respect. In addition, it is essential that public policies are developed with the aim of deconstructing patriarchal patterns and encouraging male involvement in a healthy and equitable way in this process (PADILHA & SANCHES, 2020).

Regarding contraceptive methods aimed at the male population, despite about 50 years of studies in search of an effective solution, a satisfactory result has not yet been achieved. One article points out that this difficulty is linked to physiological factors, since the method would need to block the production of thousands of sperm, which proves to be more challenging compared to the female system, which only requires the inhibition of a single egg. This reinforces the gender gap in the face of sexual issues. When studied about the side effects, they show that those of male contraceptives would be similar to those already generated by female contraceptives. Gender inequality still has a strong influence on science, in addition to associating the female body with contraception, while the male body cannot withstand the same side effects as the female body (PEREIRA & AZIZE, 2019).

According to a publication in the *Jornal da USP* (2022), a new male contraceptive is under development that stands out for its simplicity of application and reversibility, representing an important advance in the area of male contraception. However, it can cause side effects, such as mood swings and reduced libido, similar to those seen with female contraceptives. For this reason, it has not yet been approved for use, also facing barriers related to the deconstruction of stereotypes linked to masculinity.

It is essential to highlight the importance of investing in health actions, especially in the school environment, so that, from the beginning of their reproductive phase, men have the opportunity to know their rights. This includes not only reproductive planning, but also aspects related to their health needs in general, promoting more opportunities for health promotion, in addition to the diagnosis and treatment of diseases. This investment should contribute to deconstructing the idea that taking care of health, sexuality and reproduction is incompatible with masculinity, showing that these practices are beneficial and strengthen well-being (CASARIN & SIQUEIRA, 2014).

Positive experiences in reproductive planning for the male population have been observed in specialized centers, such as the Piquet Carneiro Polyclinic of the State

University of Rio de Janeiro (UERJ). In this unit, there is a men's health care clinic, which prepares patients for conscious vasectomy. Initial care is provided by the nursing team, including telemedicine care, during the pre and postoperative period. The surgery is performed by the urology team in the operating room, and the patient is discharged on the same day. The man is accompanied by the psychology and social services according to his needs. Access to the unit occurs through the State Vacancy Regulation System (SISREG) or through internal referrals from other clinics of the Polyclinic itself (RIO DE JANEIRO, 2017).

Unfortunately, services specifically focused on men's health are still limited, and the expansion and dissemination of these units is relevant. The expansion of polyclinics that offer care aimed at men's health would contribute significantly to the promotion of gender equality, in addition to strengthening co-responsibility in the management of sexuality and reproduction.

CONCLUSION

In this study, 100% of the men knew about the external condom, condoms, but they did not use it frequently. The use was restricted to the beginning of relationships, then the behavioral method, coitus interruptus, was used as care during sexual intercourse. Women are responsible for choosing an effective contraceptive method, being managers of reproduction.

Although myths regarding vasectomy persist, new reflections arise that increase the possibility of resorting to a definitive method when age advances or the desired number of children is reached. This thought indicates a change in the conception of parental co-responsibility, showing that men are open to rethinking their role in the management of reproduction.

It is necessary to approach strategies, welcoming, clinical care and educational actions to the male population in basic health services, so that they can understand contraception as health care, favoring the exercise of sexuality management and reproduction in an equal way for women.

This study is limited to a small group of residents of the city of Rio de Janeiro, but opens the door for new research to explore the perceptions and practices of male contraceptives in different Brazilian municipalities, contributing to reflections that improve reproductive planning assistance in Brazil.

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