

MEN'S KNOWLEDGE ABOUT CONTRACEPTIVE METHODS

Conhecimento masculino sobre métodos contraceptivos

Conocimiento masculino acerca de métodos contraceptivos

Original Article

ABSTRACT

Objective: analyzing men's knowledge about contraceptive methods. **Methods:** descriptive and qualitative research conducted in March 2011 in the city of Queimadas (PB)-Brazil with 12 men. Data were collected through a semi-structured form and underwent content analysis, which originated categories that were illustrated by the interviewee's reports: Limited knowledge on contraceptive methods; Men's participation ruling the contraception. **Results:** thus, it was possible to notice that men's point of view is based on limited knowledge on contraception and they still rule how women should behave regarding contraception, taking it as a woman's responsibility. **Conclusion:** it was verified that there is a need to deconstruct prejudices and allow men to express their fears and desires so they can feel embraced by health services and start participating more in the family planning.

Descriptors: Nursing; Contraception; Gender identity; Sexual and Reproductive Health.

RESUMO

Objetivo: Analisar o conhecimento do gênero masculino frente aos métodos contraceptivos. **Métodos:** Pesquisa descritiva com delineamento qualitativo, desenvolvido em março de 2011, na Cidade de Queimadas (PB)-Brasil com 12 homens. A coleta de dados deu-se através de um formulário semiestruturado e foram submetidos à análise de conteúdo cujo produto originou categorias, ilustradas com as narrativas dos colaboradores: Conhecimento limitado sobre métodos anticoncepcionais; Participação masculina ditadora na anticoncepção. **Resultados:** Dessa forma, pode-se perceber que a visão masculina se processa diante de conhecimento limitado em relação à anticoncepção, que o gênero masculino ainda dita como a mulher deve se comportar diante da anticoncepção focando a responsabilidade apenas como feminina. **Conclusão:** Constatou-se que é necessário desconstruir preconceitos e permitir à população masculina a expressão de seus medos e anseios para que estes se sintam acolhidos nos serviços de saúde e passem a participar com maior ênfase no planejamento familiar.

Descritores: Enfermagem; Anticoncepção; Identidade de gênero; Saúde Sexual e Reprodutiva.

RESUMEN

Objetivo: Analizar el conocimiento del género masculino sobre los métodos contraceptivos. **Métodos:** Investigación descriptiva de delineamiento cualitativo desarrollado en marzo de 2011 en Queimadas (PB)-Brasil con 12 hombres. La recogida de datos se dio a través de un formulario semi-estructurado que fueron sometidos a análisis de contenido cuyo producto originó categorías ilustradas con las narrativas de los colaboradores: Conocimiento limitado de los métodos anticonceptivos; Participación masculina dictadora en la concepción. **Resultados:** De esa manera, se percibe que la visión masculina se procesa delante El conocimiento limitado respecto la anti concepción, que el género masculino todavía dicta como la mujer debe portarse delante la anticoncepción centrando la responsabilidad solamente como femenina. **Conclusión:** Se constató que es necesario eliminar prejuicios y permitir a la población masculina la expresión de sus miedos y ansias para que los mismos siéntanse acogidos en los servicios de salud y participen más fuertemente de la planificación familiar.

Descriptores: Enfermería; Anticoncepción; Identidad de Género; Salud Sexual y Reproductiva.

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INTRODUCTION

Family arrangements from the twentieth century change, largely due to new roles assumed by women in society; having thus the valuation of the family by social policies⁽¹⁾. Seen from, among other nuances, of the women in the labor market that resulted in changes such as the formation of families with small offspring and also brought a shift towards the use of new reproductive technologies, such as contraception⁽²⁾.

With urbanization and industrialization motherhood has become a reflexive choice. Women's access to the labor market enabled the design before the alternative of contraception. It was necessary to break with the idea that motherhood was the determinant to justify the position of women in society and in the family, overcoming biologism and egalitarian responsibility between men and women in the choice of conception and contraception⁽²⁾. For the Ministry of Health, Family Planning is a citizen's right and duty of the State, guaranteed by the Constitution, by Law No. 9263 of January 12nd, 1996⁽³⁾.

With the creation of the Integral Assistance Program for Women's Health (PAISM) in 1983, the issue of contraception has become a concern of health policies⁽⁴⁾. So the Family Planning programs have been concerned mainly with the female population; if there is a need to prioritize the participation of the couple⁽⁵⁾, which is one of the most important actions in health.

For this, you must provide couples information and means for the decision to have or not to have children is free. In a study effected in São Gonçalo do Amarante - CE - Brazil in 2008, which analyzed 171 records on the use of contraceptives by women of the community, it was found low male participation, confirming the greater responsibility in the female reproductive control⁽⁶⁾.

Thus, the Ministry of Health launched the National Policy for Integral Attention to Men's Health, in 2009, and one of its goals is to increase the demand for men to health services in search of urological procedures and encourage their participation in the achievement of prenatal consultations and family planning⁽⁷⁾. For health professionals who are in direct contact with people in basic health services, to deal with the family as an object of study is necessary to deconstruct ideas already formed in a biologism, decoupling their own ideas⁽¹⁾, because although of the fertility of female interest be due to pregnancy, it is necessary to encourage and enable men to have access to contraception.

The men's adherence to the use of contraceptive methods is related to the educational level of these. The little understanding about contraceptive methods is, for the most part, passed on by parents, friends and siblings,

occurring often distorted way and wrong information. In addition there are few methods aimed at this population, their knowledge is limited only to the male condom, withdrawal and those used by their partners⁽⁵⁾.

Thus, the idea that men, as a rule, are not interested in issues related to sexuality and reproduction, and that family planning and child care are duties and responsibilities of women is based on a chauvinistic and sexist vision that prevents women and men to fully exercise their sexual and reproductive rights, given the limitations imposed by registered cultural patterns in biased practices⁽⁸⁾.

Therefore, it becomes the need for more information on the subject for males, to occur greater adherence to the methods, thus taking their responsibility in family planning⁽⁵⁾.

Therefore, this research intends to contribute to the discussions on this theme for deepening the view that contraception is a reality restricted to women, making them realize that male participation is needed and should be a tool for the couple has their sexual and reproductive rights respected and that the offspring is a free and informed choice. Therefore, to investigate the role of the couple in Family Planning is important to ensure citizenship and that health services are a right for all.

Thus, this study was guided from the following question: What man of knowledge on family planning, especially on contraception? Given the above, the objective of this study was to analyze the knowledge of male front of contraception.

METHODS

This study is included within a qualitative approach, "because the interpretation has much to do with the historicity and facticity of any knowledge"⁽⁹⁾. This is a study that underlies an ideology, because "it conveys interests and worldviews historically constructed and submit and resists the limits defined by the current domination schemes"⁽⁹⁾- in this case, the ideology of gender.

The setting for the development of the study was the Family Health Unit (UBASF) Central city of Fires, located in the state of Paraíba - Brazil.

The study included 12 men chosen a non-probabilistic random, being included, registered in UBASF that were in the unit during the period of data collection, in March 2011 and invited to participate. Upon acceptance, signed the consent form.

To collect the data we applied a semi-structured form, the first stage, included the identification data, containing the following variables (age, marital status, education, profession). The second stage, contained questions related

to the study objectives. Individually were recorded, with prior authorization of respondents in a reserved place, and later transcribed in full, using MP3 recorder.

For data analysis we used the technique of content analysis⁽¹⁰⁾, requires three basic steps: pre-analysis, analytical description and interpretation inferential. This technique includes separate data from its sources and the general conditions that produced it; put the data in a new context, based on the objectives and the subject of the investigation; use a system of analytical concepts whose articulation allows formulating the rules of inference⁽¹⁰⁾.

In the pre-analysis was performed to organize the material, coding, classification and categorization. In step of inferential interpretation were established relationships with the reality studied, this phase is obtained from the content manifest the necessary material to inferential interpretation supported by the data, and the latent content, the ideologies of disclosure (8). In the search for understanding was made a careful reading of the twelve statements, seeking to understand their speech the significance of this experience. It is through speech, the mean of each of the experience, the phenomenon shown. Thus, the categories selected for analysis were: Limited knowledge of man in relation to contraception and dictator Men participation in contraception.

The project followed the rules of Resolution 466/12 of the National Health Council, which governs the conduct of research with human beings⁽¹¹⁾, under the approval of the Ethics and Research Committee, Higher Education and Development Center, filed under number 6824.0.000.405-11. To remain anonymous respondents (E) were listed, not to be identified (I - II - III ...).

RESULTS AND DISCUSSION

Following the presentation of the identification data of the study staff and the thematic categories:

Characterization of the identification data of the respondents

In relation to marital status of the seven participants are married, two separate three singles, two of these single reported having a stable relationship before. The minimum age was 18 and maximum 63 years old, there was a predominance of the age group from 30 to 50 years old. In respect of education nine have not completed secondary school, two complete higher education and are considered literate. The farmer professions and concierge were the most cited and white color predominant. Of the 12 participants only one does not have children, but are planning to have it.

Male limited knowledge regarding contraception

The male category limited knowledge about contraception, shows that the respondents did not know about contraceptive methods. Of which, the most common are the condom and the pill, as can be seen in the following discourses:

"[...] partly compressed [...] at the moment no, why the woman who took my wife took a long that I even forgot now at this age right? Then, do not know." (E-I).

"only pills, not?" (E-III).

"methods, there is? Condom, not? In the case of the woman having the right contraceptive pills" (E-IV).

The male participation in reproductive planning is a must and also a right, not only as a legal obligation, but to participate in the whole process of having or not having children, providing information and contraception to fatherhood is experienced responsibly⁽¹²⁾.

A study of men aged 25 to 29 years, points out that the male knowledge of contraceptive methods is most often associated with high incidence of partners that have not adapted to the hormonal pills, causing both seek alternative methods, thus facilitating way for family planning actions to achieve their goals⁽¹³⁾, but also know the cultural characteristics of each community and so set the actions that address the unique characteristics of couples.

The Ministry of Health⁽¹⁴⁾ offers nine contraceptive methods in health facilities: quarterly injectable contraceptives, monthly injectable contraceptive, combined oral pill, diaphragm, IUD, condoms, female condoms, emergency pill and the mini pill. But the men of this study are unaware of these methods, probably because of its little rapport in the health services. Although men have responsibility in choosing which method should be used by the couple, there are few data on the male attitude towards contraception⁽¹⁵⁾.

When the interviewee III said "one pill right?." reflects ignorance about the other contraceptive methods, in which one can associate the existing culture of the woman is responsible for reproduction and thus allocating to it all responsibility of having or not have children. With regard to marital status it is based under the influence of gender relations, and the first culture "macho" and the authoritarian political impose on the woman and her body using contraception and fertility regulation⁽¹⁶⁾.

In the speech of the interviewee then it is evident that despite knowing how contraception condoms and vasectomy, vasectomy is still quoted in interrogative

form, makes it clear that it is the woman responsible for contraceptive use in the relationship.

“the pill that women wore uses. That condom. What I know is the operation that a man does, what’s it called even if do? Vasectomy huh? I only know those three.” (E-VI).

Male ignorance directly reflects the woman’s responsibility in family planning, it is she who uses and thus is directly responsible for birth control. On the other hand, it is also right that men have information and autonomy in decisions of the couple. But, argue that autonomy also refers to a culture in which women, from the creation of policies aimed at the control of fertility, was responsible for reproduction. The account of the interviewee explains this:

“Ohh!! [...] I don’t know not one not.” (E-V).

For this expression, might wonder whether the actions aimed at health promotion are being carried out in order to prevent harm to the health and quality of life. Do not know any contraceptive method also leads to question any unwanted parenthood or the promotion and health prevention are focused almost exclusively on women, which reflects in a low impact of these actions, and man merely seen as the cause of the problem and not as a subject required for the solution⁽¹⁷⁾.

Thus man also can be seen as a subject part of a relationship, and he may also be responsible for choosing a contraceptive method that will guarantee their autonomy that not directed by biologism but for equal responsibility. In another speech heard:

“boy I know the condom as such. The condom to IUD woman right, that condom too that she uses if I’m not mistaken, compressed in the time I was married she on a used condom and I know huh. First I am a Christian and know it’s not that, I don’t use method, more so formal, looking for more so live the natura.” (E-VII).

It is noteworthy in this talk religion as family formation guiding. It is the couple’s responsibility the decision to have children or not, based on economic conditions and the stability of the home⁽¹⁸⁾, it is the state’s duty to inform and guide and not to impose, respecting religious beliefs and convictions, it discusses not Christian principles, but as far as these principles direct the experience of a play with no birth control. The respondent reported XI:

“to which the woman takes, huh? I forget the name of the medicine, she took about 8 years that she doesn’t drink, but also she can’t have more child right, which she dries a couple of years ago, she took more or less for about two years. It was right that takes compressed, as is the name

that gives? Did you forget it. I was never given. But if I go out with a strange woman I use a condom, I use Yes.” (E-XI).

“What do you mean compressed? Not [...] no!!! Yes sometimes I use a condom I use a condom, it’s not every day that I use. I don’t like the condoms right, I can answer that right? (laughs).” (E-XI).

Note, for this story, even knowing that the condom is a contraceptive method is not used in your marital relationship. In Brazil there has been a change of male attitude to contraception, but it is not known if this change relates to the fact protect yourself from sexually transmitted diseases or due to a change in gender relations⁽¹³⁾.

There has been little acceptability of men to use condoms, especially those who experience a stable, due to the association between that method to the prevention of sexually transmitted infections (STIs), which are linked to sexual practices of risk, and not as another option for contraception⁽⁵⁾. In another study⁽¹⁹⁾ with men who lived in the west of Santa Catarina in 2005, the authors state that the use of condoms outside marriage has the function of preventing pregnancy and the spread of diseases that eventually denouncing the extramarital relationship. However, condom use, in most cases, is present in the first meeting, but it is then, dispensed, or knows the sexual history of partner, or to delegate to it the use of oral condom. In the same study it is found that when asked about the use of condoms in marital relations they relate condom use with their partners as a symbol of infidelity and lack of confidence.

Here we note that man, despite worrying about his wedding; this concern is limited not to be tried as a traitor. It is concerned to use condoms with other women outside of his steady, but judges as obligation of his wife contraceptive use. The extramarital relationship here is not the object of study. The aim is to analyze and discuss the man-woman relationship and how the contraceptive method is used in the relationship. Thus it can be seen that even in relations outside of marriage, there is the subordination of women in the use of contraception. We highlight the following statement:

“It was, all but two had two outside of marriage that were not (laughs), I trusted that she had taken pill.” (E-XI).

It is also reported that the use of condoms ensures double protection, as well as preventing an unplanned pregnancy also protects the individual against STIs, but these benefits are often not considered, for cultural reasons, in people who have a stable, increasing the incidence of HIV-infected women, STIs and unwanted pregnancies⁽⁵⁾. When there male participation in family planning, one

realizes that this is dictated by the man to the woman, causing the liability is the woman and not the man in the idealization of the offspring, is what can be seen in the next category.

Male dictator participation in contraception

To work this category is this account:

“No, I never had a conversation, that’s my part, I do my part and she does hers, try to inform also.” (E-VIII. Our griffin).

Feminism emerged to combat one of the pillars of male dominance, which is the dependence of sexuality with reproduction and all its effects on social, family and political life⁽²⁾; breaking not only with the subordination in relation to contraception, but also to unlink the biological determinism, making motherhood a free choice for women.

Despite the need and efforts to egalitarian rights and duties between genders, that is, leave the biologism and see relations without subordination, the masculine ideals still reflects the division of tasks between men and women, where each plays a crucial role, which historically the woman plays. Even in an attempt to search for knowledge “I do my part” such knowledge is not too egalitarian, but to strengthen the existing inequality.

A definition for the current decade, Planned Parenthood, cannot fail to be democratic, that takes into account the freedom of couples to decide the number of children they can or want to have. Moreover, it is performed with gender awareness, in order to include the man in the activities and the Family Planning Program and understand the position of women in society and seek to identify the ideology that permeates the Family Planning, contributing the explanation of the rights of citizens must exercise both the man and the woman⁽²⁰⁾.

Another important factor is the need for expansion in health services on human health, given that most services does not provide systematic to meet the male population. We highlight the following statement:

“I feel responsible. Until today I am responsible, has two of age and the other has 19, I mean, the three are larger, the three so indoors yet.” (E-10).

The responsibility here is seen as an obligation to financially meet the family, so male participation in family planning happens when there is a financial concern to take care of the family, where it is culturally breadwinner⁽⁵⁾. The choice of contraceptive method for women should be based on freedom of choice and the right to information, for the author is at this point that the man should be encouraged to be with your partner and also have access to information and

know about these methods. In the speech of the interviewee X:

“Nowadays you don’t talk anymore not right, there is no need. But before talking. About creating gives his kids about avoiding stuff. Then when she couldn’t take another pill I spoke to the doctor right, seriously, I didn’t like using the condom right, then he said: it does so, you have one more and then we make her connection, why can’t she take pill more, why does she have problem, then the doctor came in and said, you can’t have more children, will have that one.” (E-X. Our griffin).

In this speech, the responsibility relations are based on the subordination of women, and your body contraception “when she could not take more compressed (...) and then we make the connection of her.” The male figure does not appear as subject also able to practice contraception, but to support the woman in the practice of sterilization.

And it happens by the strong influence of man against family planning, as they maintain control over the home through the female responsibilities as caregivers, and because they are family providers. What influences the same gender to be more absent in contraception, making thus fall all responsibility for their partners⁽²¹⁾.

The option for reproduction should be a responsible and conscious attitude and also shared by the couple. The socio-economic reality suggests small families, more suitable to family budget and the activities of women and men in the labor market⁽²⁰⁾.

Therefore, the professional commitment to the service of the clientele is a professional duty, discussing their rights to public services such as those offered by Family Planning with the participation of the couple.

FINAL NOTES

With this study, it was found that men have a minimal participation in the choice and use of contraceptive methods in their relations. The subordination of the woman identified in this study is a result of gender inequality historically constructed. The woman is seen as the sex responsible for reproduction, the man as instinctive sex that should be able to be the provider of the family. Despite the public policies exist to guide and perform actions that promote well-being and legitimize the rights of citizens, they are absent or ineffective. Family planning is a constitutional right, is directed to that motherhood and fatherhood are experienced in a responsible manner and should be respected.

It is imperative to recognize that sexual and reproductive health is not restricted to the provision of contraceptive methods, aim to also ensure that couples have the freedom of choice to have or not to have children through access

to information. You can't legitimize the autonomy and equality between genders without knowing the singularities that exist between men and women, they are not exclusive, must be the guiding point for Public policies are a reality.

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REFERENCES

1. Ohara ECC, Saito RXS. Saúde da família: considerações teóricas e aplicabilidade. São Paulo: Martinari; 2013.
2. Scavone L. Religiões, gênero e feminismo. *Rev Estudos da Religião*, 2008; 2(4): 1-8. Disponível em: http://www.pucsp.br/rever/rv4_2008/t_scavone.htm
3. Brasil. Congresso Nacional. Lei nº 9.263, de 12 de Janeiro de 1996 [acesso em 2014 Nov 11]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l9263.htm
4. Costa NFP, Almeida M. Normas técnicas em anticoncepção. 2ª ed. Rio de Janeiro: Bemfam; 2007
5. Brito RS, Santos DLA. Contextualizando o homem no planejamento familiar: um estudo bibliográfico. *Rev Pesqui Cuid Fundam (Online)*. 2011;3(1):1720-28.
6. Teles LMR, Silva SS, Eduardo KGT, Moura ERF, Damasceno AKC. Atenção em anticoncepção oferecida por equipe de PSF em São Gonçalo do Amarante – CE. *Rev Eletronica Enferm*. 2010;12(4):711-8.
7. Ministério da Saúde (BR). MS lança Política Nacional de Saúde do Homem. Brasília: Ministério da Saúde; 2009.
8. Ghanem E, organizador. Influir em políticas públicas e provocar mudanças sociais: experiências a partir da sociedade civil brasileira. São Paulo: Imprensa Oficial do Estado de São Paulo; 2007.
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. São Paulo: HUCITEC; 2014.
10. Bardin L. Análise de conteúdo. 3ª ed. Lisboa: Edições 70; 2006.
11. Ministério da Saúde (BR), Conselho Nacional de Ética em Pesquisa. Normas para Pesquisa envolvendo seres humanos: Resolução CNS 466/12 e outras [internet]. Brasília: Ministério da Saúde; 2012 [acesso em 2014 Nov 10]. Disponível em: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
12. Ministério da Saúde (BR), Planejamento familiar. Brasília: Ministério da Saúde; 2010.
13. Oliveira MC, Bilac ED, Muszkat M. As novidades do gênero: homens e anticoncepção em camadas médias. In: Quadros MT, Lewis L. Homens e dinâmicas culturais: saúde reprodutiva, relações raciais, violência [internet]. Recife: Editora Universitária da UFPE; 2011 [acesso em 2014 Nov 10]. (Família e gênero, nº 13). Disponível em: http://www.ufpe.br/fagesufpe/images/documentos/Livros_Fages/homens%20e%20dinamicas%20culturais%20sade%20reprodutiva%20rela_es%20raciais%20violencia.pdf
14. Ministério da Saúde (BR). Linha do tempo dos objetivos de desenvolvimento do milênio. Brasília: Ministério da Saúde; 2011.
15. Duarte GA. Perspectiva masculina quanto a métodos contraceptivos. *Cad Saúde Pública* [periódico na internet]. 1998 [acesso em 2014 Nov 10];1(14):125–30. Disponível em: http://www.scielo.br/scielo.php?pid=S0102-311X1998000500022&script=sci_arttext
16. Pirrota KCM, Schor N. A mulher e a esterilização: a trajetória rumo a laqueadura tubária. XI Encontro Nacional de Estudos populacionais da ABEP. Caxambu, 1998. p. 121-49.
17. Silva VLQ. Sexualidade masculina e saúde do homem na Estratégia de Saúde da Família: trabalhando com a equipe com a pesquisa-ação [dissertação]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto/USP; 2009 [acesso em 2014 Nov 10]. Disponível em: <http://www.teses.usp.br/teses/disponiveis/22/22131/tde-26042010-101720/pt-br.php>
18. Gelain I. A ética, a bioética e os profissionais de enfermagem. 4ª ed. São Paulo: Editora Pedagógica e Universitária; 2010.
19. Madureira V, Trententi M. Da utilização do preservativo masculino à prevenção de DST/AIDS. *Ciênc Saúde Coletiva*. 2008;13(6):1807-16.
20. Sauthier M, Barbosa MLG. Gênero e planejamento familiar: uma abordagem ética sobre o compromisso profissional para uma integração do homem. *Rev Bras Enferm* [periódico na internet]. 2011 [acesso em 2014 Nov 10]64(3):457-64. Disponível em: http://www.scielo.br/scielo.php?pid=S0034-71672011000300008&script=sci_arttext

21. Quadros MT. Homens, valores e práticas relacionadas à contracepção em grupos populares. In: Quadros MT, Lewis L. Homens e dinâmicas culturais: saúde reprodutiva, relações raciais, violência [internet]. Recife: Editora Universitária da UFPE; 2011 [acesso em 2014 Nov 10]. (Família e gênero nº 13). Disponível em: http://www.ufpe.br/fagesufpe/images/documentos/Livros_Fages/homens%20e%20dinmicas%20culturais%20sade%20reprodutiva%20rela_es%20raciais%20violncia.pdf

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