



FAMILY PLANNING FOR MEN
O PLANEJAMENTO FAMILIAR PARA HOMENS
EL PLANEAMIENTO FAMILIAR PARA HOMBRES

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ABSTRACT

Objective: to analyze the access of the male population to family planning methods. **Method:** this is a descriptive, descriptive, integrative review study, in the period of May, 2018, searching for articles in the last 10 years, in the databases PUBMED / MEDLINE, Cochrane, CINAHL, Web of Science and in the SciELO Virtual Library, presenting the data in figures. We considered the thematic categories that emerged from the Content Analysis Technique after analyzing the articles. **Results:** 1725 articles were identified, selecting 37, which showed an increase in male participation through vasectomy and the shared decision. It was verified that the low service offer and the low level of orientation on the part of the users are the main factors that imply the participation of the man in the family planning actions. **Conclusion:** barriers have emerged in the analysis of publications and in the access of men to family planning related to both the poor supply of services and methods, as well as disinformation. **Descriptors:** Family Planning; Vasectomy; Men's Health; Sexual and Reproductive Health; Nursing; Public Health Policies.

RESUMO

Objetivo: analisar o acesso da população masculina aos métodos de planejamento familiar. **Método:** trata-se de estudo bibliográfico, descritivo, de revisão integrativa, no período de maio de 2018, realizando-se buscas de artigos nos últimos 10 anos, nas bases de dados PUBMED/MEDLINE, Cochrane, CINAHL, Web of Science e na Biblioteca Virtual SciELO, apresentando-se os dados em figuras. Consideraram-se as categorias temáticas que emergiram da Técnica de Análise de Conteúdo após a análise dos artigos. **Resultados:** identificaram-se 1725 artigos, selecionando-se 37, que evidenciaram o aumento da participação masculina por meio da vasectomia e da decisão compartilhada. Constatou-se que, a baixa oferta de serviço e o baixo nível de orientação por parte dos usuários configuram-se como principais fatores que implicam negativamente a participação do homem nas ações de planejamento familiar. **Conclusão:** revelaram-se barreiras na análise das publicações e no acesso de homens ao planejamento familiar relacionadas tanto pela pouca oferta de serviços e métodos, como pela desinformação. **Descritores:** Planejamento Familiar; Vasectomia; Saúde do Homem; Saúde Sexual e Reprodutiva; Enfermagem; Políticas Públicas de Saúde.

RESUMEN

Objetivo: analizar el acceso de la población masculina a los métodos de planificación familiar. **Método:** se trata de un estudio bibliográfico, descriptivo, de revisión integrativa, en el periodo de mayo de 2018, realizándose búsquedas de artículos en los últimos 10 años, en las bases de datos PUBMED / MEDLINE, Cochrane, CINAHL, Web of Science y en la Biblioteca Virtual SciELO, presentando los datos en figuras. Se consideraron las categorías temáticas que surgieron de la Técnica de Análisis de Contenido después del análisis de los artículos. **Resultados:** se identificaron 1725 artículos, seleccionándose 37, que evidenciaron el aumento de la participación masculina por medio de la vasectomía y de la decisión compartida. Se constató que la baja oferta de servicio y el bajo nivel de orientación por parte de los usuarios se configuran como principales factores que implican negativamente la participación del hombre en las acciones de planificación familiar. **Conclusión:** se revelaron barreras en el análisis de las publicaciones y en el acceso de hombres a la planificación familiar relacionadas tanto por la poca oferta de servicios y métodos, como por la desinformación. **Descritores:** Planificación Familiar; vasectomía; Salud del Hombre; Salud Sexual y Reproductiva; Enfermería; Políticas Públicas de Salud.

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INTRODUCTION

In Brazil, family planning is ensured by Law 9.263 of January 12, 1996, which regulates paragraph 7 of article number 226 of the Federal Constitution. According to this law, family planning is a "set of actions to regulate fertility that guarantees equal rights to the constitution, limitation or increase of offspring by the woman, the man or the couple".¹

A number of contraceptive methods are available through the Unified Health System (UHS), which are reversible, barrier, intrauterine, and definitive, but most of them are restricted to the male population. It is shown that the situation is a challenge because, according to the National Survey of Demography and Health, 46% of pregnancies in Brazil were not planned,² however, it is observed that family planning policies and actions still restrict the participation of men.

It can be seen that the sexual and reproductive health of the male population underlined the National Policy on Integral Men's Health Care (NPIMHC) in 2009, which provided advances, including sexual and reproductive rights, as well as planned paternity.³ However, studies are necessary to ascertain if there are unmet needs of family planning, as well as limitations of access to the male population.

With regard to unmet needs in family planning, the 2016-2030 agenda of the United Nations (UN)⁴ containing 17 sustainable development goals is presented. Goal 3.7 is to be reached by 2030, ensuring universal access to sexual and reproductive health services including family planning, information and education, as well as the integration of reproductive health into national strategies and programs.

Much effort must therefore be made to change the historical context⁵ so that policies are implemented to provide access to men in family planning, especially for men to be assuming reproductive responsibility even with the scarce methods offered.

It is assumed that if there is an expansion in the provision of contraceptive methods for men and the emphasis on sexual and reproductive education since the school period, the male population may participate more in family planning and will improve access to this segment through policies and programs on birth control.

OBJECTIVE

- Analyze the access of the male population to family planning methods.

METHOD

It is a bibliographical, descriptive and integrative review study,⁶ following the steps carefully: 1) selection of the guiding question ("What has been published regarding the access of men to family planning?"); 2) determination of the inclusion and exclusion criteria and search in the literature; 3) definition of the information to be extracted and categorization of the studies; 4) evaluation of studies included in the integrative review; 5) interpretation of results and 6) presentation of the review with the synthesis of knowledge produced.⁷

The articles were available in full in the Portuguese, English and Spanish languages, published between 2007 and 2018, and theses, dissertations, opinion articles and editorials and those not related to family planning were excluded. The repeated ones were considered in only one base. The databases PUBMED / MEDLINE, Cochrane Library, CINAHL, Web of Science, SCIELO Virtual Library were consulted in May 2018.

The controlled descriptors present in the DeCS (Health Science Descriptors): family planning and human health and MeSH and Emtree: family planning and men's health were used. It was used to cross between the terms, the Boolean logical operator "AND" in order to obtain as many articles as possible to answer the guiding question.

It should be noted that the search was carried out by two reviewers, independently. After the comparison of the divergent results, the analysis of these results was done to obtain consensus.

Five thematic categories were elaborated according to the technique of Content analysis, composed by the steps: pre-analysis, material exploration and analytical treatment, in order to evaluate the data obtained in the articles compared to the literature.⁴⁵

For the analysis of each article, male participation in family planning, methods aimed at the male public and the access of this population to the methods available in the health services.

A total of 1,725 articles were excluded, excluding 1,603, because they did not meet the inclusion criteria, leaving only 122 articles. The articles were excluded after reading 85 articles, leaving 37 articles

selected to compose the study, according to figure 1.

Data was collected in a specific instrument containing the following variables: article title, country and year of publication, level of evidence, conclusions and recommendations of the authors. The results illustrated in figures were compared with the literature.

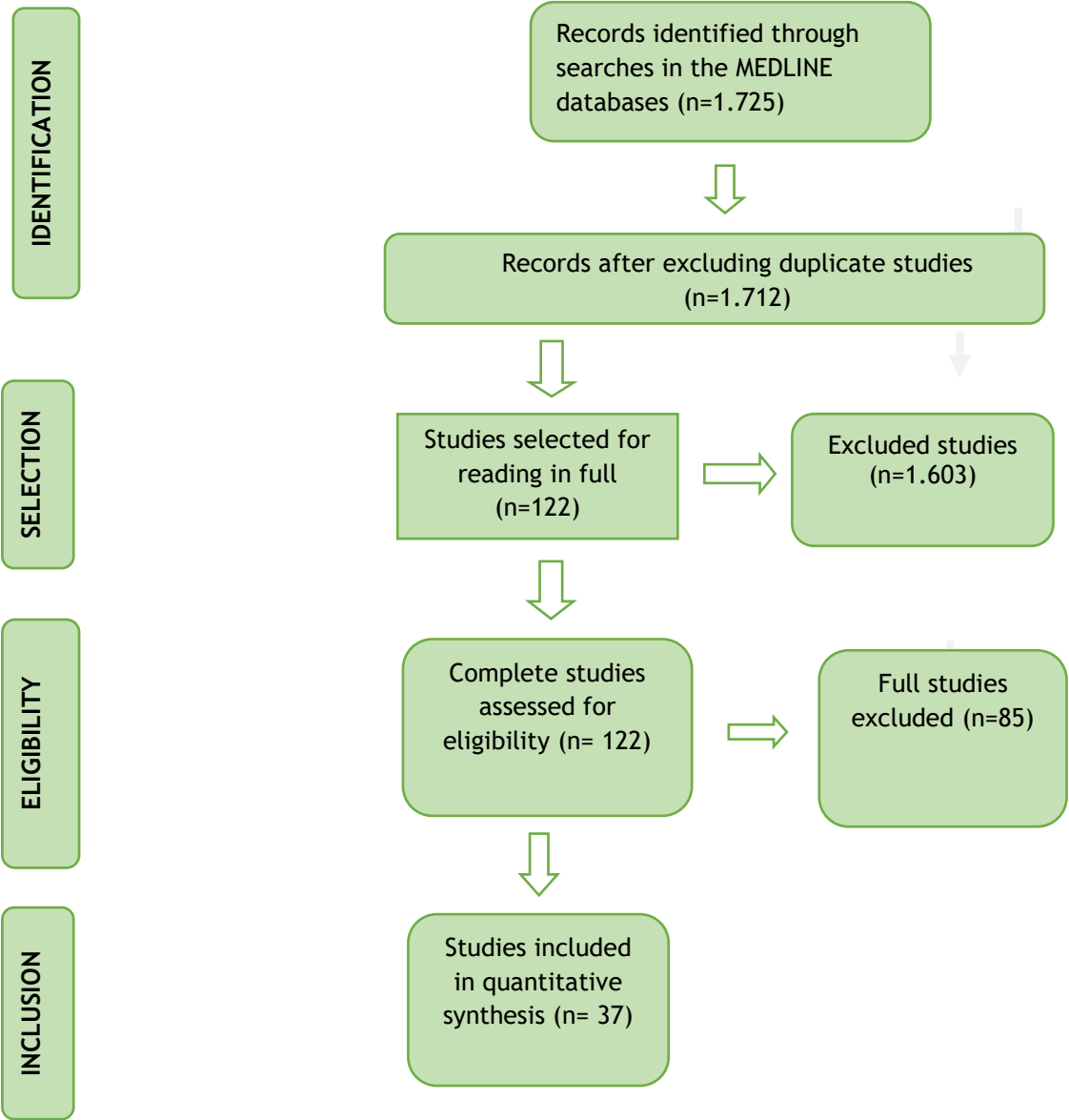


Figure 1. Adapted flowchart of the PRISMA 2009 model used in the selection of the studies. Campo Grande (MS), Brazil, 2018.

RESULTS

The literature and the database were listed when five elements stood out as congruent points by the various authors analyzed: 1. Dissatisfactions related to the low supply or the poor quality of the service; 2. Little

information and cultural factors as access barriers; 3. New technologies in male contraception; 4. High levels of schooling and economics considered as determining factors for increasing male participation in family planning and 5. Reports of satisfied users.

Dissatisfactions related to low supply or poor quality of service

Title, year of publication, country	Level of evidence	Authors' recommendations and conclusions
<i>Accessibility Of Long-Term Family Planning Methods: A Comparison Study Between Output Based Approach (OBA) Clients Verses Non-OBA- Kenya, 2017.</i> ⁸	Experimental study	The study strengthens the findings for using the voucher scheme as a tool to help bridge the gap of unmet family planning needs in Kenya.
<i>Are Men Well Served By Family Planning Programs? - Eua, 2017.</i> ⁹	Integrative review	Recommends the expansion of family planning programs with interventions for men and the continuation so that they can evaluate the implementation of the same in order to increase the knowledge and the use of the services of family planning by men.
<i>A Review Of 10 Years Of Vasectomy Programming And Research In Low-Resource Setting - Eua, 2016.</i> ¹⁰	Integrative review	It recommends the increase of the service offer, greater dissemination and clarification of the method, as well as the inclusion of nurses to perform procedures.
<i>Response to Demand for Surgical Sterilization in the Metropolitan Region of Campinas, São Paulo, Brazil: Perception of Managers and Professionals of Public Health Services - Brazil, 2009.</i> ¹¹	Qualitative study	Adequate attendance to the demand for sterilization runs into the disorganization of actions in family planning in the basic health network and in the lack of professional qualification.
<i>Onsite Provision Of Specialized Contraceptive Services: Does Title X Funding Enhance Access? -EUA, 2014.</i> ¹²	Literature review	The study found that, where funding was available, the vasectomy offering was higher compared to non-funded sites.
<i>Vasectomy Within The Public Health Services In Campinas, São Paulo, Brazil - Brazil, 2012.</i> ¹³	Crossectional study	The results lead to reflect on the difficulties that public health and services may face in the future or are already facing and trying to meet the growing demand. The waiting time for vasectomy reveals that there are difficulties in obtaining this contraceptive method in the public health service.
<i>Programming The Body, Planning Reproduction, Governing Life: The '(Ir-) Rationality' Of Family Planning And The Embodiment Of Social Inequalities In Salvador Da Bahia (Brazil) - Brasil, 2012.</i> ¹⁴	Ecological study	The difficulty of access to family planning by men and women is demonstrated due to the inefficiency and the precariousness of the installed service.
<i>Long-Acting And Permanent Contraception: An International Development, Service Delivery Perspective - Eua, 2007.</i> ¹⁵	Descriptive study	New forms of contraception in developing countries. Creation of projects to increase access to and use of reproductive health and family planning services in developing countries in Africa, Asia and Latin America.
<i>Introducing Sustainable Vasectomy Services In Guatemala - Guatemala, 2007.</i> ¹⁶	Crossectional study	It points out the feasibility of the implantation of vasectomy as a contraceptive method in the public sector. For this, the professional qualification and the improvement of the units are necessary.
<i>Voluntary Surgical Sterilization in the Metropolitan Region of Campinas, São Paulo, Brazil, Before and After Its Regulation - Brazil, 2007.</i> ¹⁷	Qualitative study	There were no significant differences in the characteristics of women and men sterilized before and after the legal regulation, nor in the waiting time for surgery, demonstrating that the level of access was not influenced after the legal regulation.
<i>Contraceptive Methods With Male Participation: A Perspective Of Brazilian Couples - Brasil, 2008.</i> ¹⁸	Qualitative study	Specific actions are required to obtain men's full participation in sexual and reproductive health.

Figure 2. Characterization of the surveys according to the title, the year, the country, the level of evidence, the conclusion and the recommendations of the authors. Campo Grande (MS), Brazil, 2018.

Low information and cultural factors as access barriers.

Title, year of publication, country	Level of evidence	Authors' recommendations and conclusions
<i>Male University Students' Views, Attitudes And Behaviors Towards Family Planning And Emergency Contraception In Turkey</i> - Turquia 2008. ¹⁹	Crossectional study	It is important that reproductive and sexual health education and counseling be offered to all young men by demystifying cultural barriers. In addition, male attitudes to contraceptive methods should be evaluated.
<i>Satisfaction with the Service of Surgical Sterilization Among Users of the Unified Health System in a Municipality of Paulista</i> - Brazil, 2011. ²⁰	Quantitative study	The results point to the need to improve the information provided to candidates for the procedure, who, although satisfied at the time, may not be in the future.
<i>Perspectives Of Urban Ghanaian Women On Vasectomy</i> - Gana, 2017. ²¹	Qualitative study	Opinions were predominantly negative and considered vasectomy an unacceptable method of contraception because of their cultural beliefs.
<i>"If You Do Vasectomy And Come Back Here Weak, I Will Divorce You": A Qualitative Study Of Community Perceptions About Vasectomy In Southern Ghana</i> - Gana, 2014. ²²	Qualitative study	The myths still permeate the vasectomy in Ghana and the low demand is due to the belief in impotence and religious issues regarding the procedure. It is recommended to demystify the vasectomy through campaigns involving both men and women.
<i>Male Involvement In Family Planning Among Civil Servants In Ibadan, Southwestern Nigeria</i> - Nigéria, 2014. ²³	Crossectional study	This study revealed that most men had average knowledge of family planning and only a few with high knowledge.
<i>Barriers To Male Involvement In Contraceptive Uptake And Reproductive Health Services: A Qualitative Study Of Men And Women's Perceptions In Two Rural Districts In Uganda</i> - Uganda, 2014. ²⁴	Qualitative study	To overthrow men's negative beliefs about vasectomy, through health education, so that it involves the whole family.
<i>Experiences Of Vasectomy: A Phenomenological Study</i> - Irã, 2012. ²⁵	Qualitative study	For society to absorb vasectomy, it is critical that clients' feelings and needs be understood. For this, educational classes and group meetings are appropriate interventions.
<i>Attitudes Toward And Use Of Knowledge About Family Planning Among Ghanaian Men</i> - EUA, 2008. ²⁶	Crossectional study	Little information generates low male participation, which diminishes the chances of success of reproductive health initiatives in Ghana. The change of scenery would influence the attitudes of the public power in relation to the programs of family planning leading to the formulation of new public policies.
<i>Sociodemographic And Reproductive Factors Affecting Knowledge Of Married Men Accepting Vasectomy</i> - Paquistão, 2016. ²⁷	Crossectional study	It recommends the insertion of men into family planning programs, indicating the use of health education programs at the community level as a strategy to increase the knowledge of this population.
<i>he Ghana Vasectomy Initiative: Facilitating Client- Provider Communication On No-Scalpel Vasectomy</i> - Gana, 2010. ²⁸	Crossectional study	Although the number of acceptors has been small, the Ghana initiative reinforces the findings that African men will use vasectomy when quality information and services are available, even in contexts where there are strong cultural trends against the method.
<i>Low Rates Of Vasectomy Among Minorities: A Result Of Differential Receipt Of Counseling?</i> - EUA, 2010. ²⁹	Crossectional research	Authors report excessively low rates of sterilization counseling for the entire public regardless of ethnicity / race. The study does not explain the underuse of vasectomy among minorities.

Figure 3. Characterization of the surveys according to the title, the year, the country, the level of evidence, the conclusion and the recommendations of the authors. Campo Grande (MS), Brazil, 2018.

New technologies in male contraception.

Title, year of publication, country			Level of evidence	Authors' recommendations and conclusions
<i>Male Contraception: Clinically-Oriented Review</i> - Grécia, 2015. ³¹	A		Integrative review	It points out the need for investments in research on new methods in view of the existing interest of the male population and the limitation of access due to the limited supply of methods for men.
<i>Advances In Male Contraception</i> - EUA, 2008. ³²			Review article	The global need for new forms of contraception is pointed out. Although it has made progress, male hormonal contraception has encountered difficulties, especially on side effects, since they can be used for many years.
<i>Nonscalpel Vasectomy As Family Planning Method: A Battle Yet To Be Conquered</i> - Índia, 2013. ³³			Crossectional study	The promotion of NSV (non-scalpel vasectomy) should overcome information gaps in communication with candidates. Storytelling and the dissemination of successful cases with the help of television can improve acceptance of the method.
<i>Sexual Function In Iranian Women Using Different Methods Of Contraception</i> -Irã, 2013. ³⁴			Control case study	It recommends the inclusion of new contraceptive methods within family planning programs and that they have a lower level of impairment of sexual function, since many partners report this complaint, demonstrating the need for methods for both sexes.
<i>Hormonal Approaches To Male Contraception</i> Christina Wang - EUA, 2010. ³⁵			Review article	Recommends the development of a safer method for male hormonal methods and reports the need for more investment from the pharmaceutical industry to achieve a safe product.
<i>Predictors Of No-Scalpel Vasectomy Acceptance In Karimnagar District, Andhra Pradesh</i> - Índia, 2012. ³⁶			Control case study	Non-scalpel vasectomy technique (NSV). Most participants were satisfied with the short time of the procedure and the rapid recovery. The authors express the desire for an increase in NSV-trained personnel.
<i>Male Contraception: Another Holy Grail</i> - EUA, 2014. ³⁷			Integrative review	The existing complications still make the male contraceptive unfeasible. Among them are toxicity, unreliable reversibility, lack of efficacy and high production cost. More contraceptive options are needed to cover the male audience, however, safe methods.
<i>A Randomized, Controlled, Multicenter Contraceptive Efficacy Clinical Trial Of The Intravas Device, A Nonocclusive Surgical Male Sterilization</i> - China, 2014. ³⁸			Randomized and controlled clinical trial	The study of the non-obstructive intravascular device (IVD), composed of polyurethane, proposes a technique of temporary vasectomy where removal of the device would restore fertility. The method was effective and with less cost and less complications compared to the traditional vasectomy technique.
<i>Vasectomy Under Local Anaesthesia Performed Free Of Charge As A Family Planning Service: Complications And Results</i> - África do Sul, 2009. ³⁹			Quantitative study	Vasectomy should be more actively promoted and supported by all health services in South Africa as a safe and effective form of male contraception.
<i>Vasectomy Occlusion Techniques For Male Sterilization (Review)</i> . ⁴⁰			Review of clinical trials	High-quality, randomized controlled trials are required to compare the efficacy, safety, and acceptability of all vasectomy techniques.

Figure 4. Characterization of the surveys according to the title, the year, the country, the level of evidence, the conclusion and the recommendations of the authors. Campo Grande (MS), Brazil, 2018.

High levels of schooling and economics considered as determining factors for increasing male participation in family planning.

Title, year of publication, country	Level of evidence	Authors' recommendations and conclusions
<i>Effects Of Male Literacy On Family Size: A Cross Sectional Study Conducted In Chakwal City - Pakistan, 2016</i> ⁴¹ .	Crossectional study	It points out the positive relationship between the educational level and the probability of using contraceptives affirmed by the inverse pattern of the number of children. The highest educational level of men was positive in relation to the discussion about family planning.
<i>Economic Fluctuation Affects Vasectomy Utilization: A Single-Institution Study - Taiwan, 2015</i> ⁴² .	Qualitative study	The authors point out the correlation between the higher number of vasectomies among men who had higher level of education and better economic condition, showing that the factors of orientation and financial availability increase the demand for the procedure.
<i>Frustrated Demand for Sterilization among Low-Income Latinas in El Paso, Texas - EUA, 2012</i> ⁴³ .	Qualitative study	The authors draw attention to the reproductive rights of minorities and the non-increase of access to sterilization in this public, since sterilization has a higher initial cost but, in the long run, may be more economical.

Figure 5. Characterization of the surveys according to the title, the year, the country, the level of evidence, the conclusion and the recommendations of the authors. Campo Grande (MS), Brazil, 2018.

Satisfied users reports.

Title, year of publication, country	Level of evidence	Authors' recommendations and conclusions
<i>Achievements Of The Iranian Family Planning Programmes 1956-2006 - Irã, 2010</i> ⁴⁴ .	Ecological study	It has been shown that there is satisfaction with the service by the population. However, interventions are needed that may lead to greater male participation by placing men in the position of family planning decision makers.
<i>Evaluation Of Momentum Male Sterilization Service Effectiveness As An Attempt To Reach Museum Rekor Indonesia, 2017</i> ⁴⁵ .	Qualitative and quantitative study	It was concluded that there is a high level of user satisfaction with the services provided by the family planning program offered.

Figure 6. Characterization of the researches according to the title, the year, the country, the level of evidence, conclusion and recommendations of the authors. Campo Grande (MS), Brazil, 2018.

DISCUSSION

◆ Dissatisfactions related to low supply or poor quality of service.

It is confirmed that family planning, as well as several other strategies in public health, suffers direct action from the implementation and service policies. It is demonstrated that this association was easily observed through the integrative review presented and the data point out that both Brazilian and foreign studies have reached parallel conclusions. It is understood that, regardless of nationality, as long as the methods are similar, the parity of the results is notorious.

It is understood that an important factor to take into account is that most of the articles were carried out in developing countries, some of them in the United States,^{10,12,15} and one of 2007 was aimed at evaluating family planning In other countries. It is shown in these articles, the problems faced were distinct and in them there was the lack of

investment, but organizational and distributive problems. It is reported that, in developing countries, the flaws were in both respects. However, it is known that everyone needed changes to improve the indexes on the subject.

The question of the difficulty of access to male sexual health reflected in the study of the metropolitan region of Campinas¹¹ is markedly underlined, where low adherence to vasectomy, due to precarious access, was a factor that agglutinated the risk of unwanted pregnancies. It is reported that many credit such obstacles to the cultural issue, but the article in Ghana showed that, even going against the historical context, the increase in the service offer aimed at the male public managed to overcome this barrier.

It is recommended to extend programs. It is said that this is the overall orientation when analyzing the macro. In 2017, the study *It Men Well Served By Family Planning Programs?*⁹ suggested that this would be the most appropriate way of reaching understanding

about the importance of men in family planning as well as their integration as essential in the world that seeks gender equality. It is defined that each country has its economy, its epidemiological and cultural issues, but as long as actions broaden the knowledge about the theme, the infrastructure and the development of new techniques are encouraged, a direction will be taken towards family planning for men.

♦ Little information and cultural factors as access barriers.

It is important to emphasize the presence of cultural and educational factors as responsible for giving face and identity to the populations. Many of these habits are defined and the way of relating to the other and to the world is dictated. Based on this assumption, it would not be different if these factors would have valuable interference when it comes to male family planning. It should be noted that the results show the conflict of beliefs and, especially, the low education and information indicators of some countries.

Aiming to analyze, among the studies chosen, which factors were presented as an important indicator for non-adherence to vasectomy within the cultural and educational context. Lack of information is related in several studies as a factor detrimental to adherence to male family planning. In summary, the studies corroborate the importance of education in sexual and reproductive health, in addition to recommending, in a general way, the extension to the same access.

The study was conducted in the United States in the year 2008, the study *Attitudes Toward And Use Of Knowledge About Family Planning Among* ²⁹ Ghanaian Men, which described the main barriers to vasectomy in the Ghanaian population, as well as other studies conducted in Ghana and other countries Africans demonstrated that there is a direct association between the amount of information provided and the rates of adherence and success of family planning programs for men. It should be noted that the 2014 study *If You Do Vasectomy And Come Back Here Weak, I Will Divorce You*": A Qualitative Study Of Community Perceptions About Vasectomy In Southern Ghana, ²² conducted in the country of Ghana, in contrast, shows that the study, which was carried out in the country of Ghana in 2014, the importance of information as an instrument to combat the myths and beliefs about vasectomy.

A Ghana study, *The Ghana Vasectomy Initiative: Facilitating Client-Provider Communication on No-Scalpel Vasectomy* ²⁷ was also carried out in Ghana, where it was found that men's participation would increase substantially in the presence of quality orientation with respect to methods of male sterilization. A very similar fact is described in *Barriers To Male Involvement In Contraceptive Uptake And Reproductive Health Services: A Qualitative Study Of Men And Women's Perceptions In Two Rural Districts In Uganda, In Uganda*, ²⁴ indicating that the breakdown of cultural barriers are presented as a counterpoint to the accomplishment of vasectomy will occur through the increase of health actions that would integrate the whole family.

The lack of information and its low quality is not an isolated problem in the Ghanaian country, since other studies point to the same obstacle. It is observed in countries such as Turkey, ¹⁹ Pakistan, ²⁶ Iran ²⁵ and Brazil ³⁰ present studies that demonstrate the inefficacy of the supply of knowledge about family planning in the figure of man. In Brazil, in the year 2011, a study was conducted which pointed out that the lack of clear and quality information can substantially compromise the rates of birth control procedures such as vasectomy.

It is necessary, therefore, that new information and education tools in sexual and reproductive health be discussed in the scope of the male audience service, especially with regard to family planning. It should be emphasized that this would be one of the main ways of demystifying the process, increasing adherence and, finally, integrating men with responsibility for the control of their offspring.

♦ New technologies in male contraception.

The lack of contraceptive methods offered to the male public is one of the factors that explain the low demand for and adherence to family planning by men. Sometimes the vasectomy is the only option; the male part of the population tends to transfer to women the responsibility for the control of the offspring. It is revealed that such a problem, we are discussing today the clear need for the emergence of male contraceptive methods.

It has been shown that there is an interest in participation in family planning in the Greek study *Male Contraception: A Clinically-Oriented Review of the year 2015*. ³¹ The limited supply of methods is indicated. The other studies found in the review also point to

the conclusion that the lack of contraceptive methods for men is a barrier to family planning.

The advances in the formulation of male hormonal contraception as an alternative to traditional vasectomy have been discussed through the Advances In Male Contraception study,³² and it has been configured with a method of easier reversal. It is shown that in 2014, another study, titled Male Contraception: Another Holy Grail,³⁷ pointed out that hormonal contraception, mainly in the oral form, is still contraindicated due to the high side effects.

It was also pointed out that the non-scalpel vasectomy (NSV) presented by the studies published in India in 2012,³⁶ and in China in 2014³⁸. This method showed high short-term satisfaction rates as well as rapid recovery after the procedure, by the Indian study, and was singled out as an option for Chinese birth control by the study A Randomized, Controlled, Multicenter Contraceptive Efficacy Clinical Trial Of The Intravas Device, A Non-occlusive Surgical Male Sterilization. A new study is needed to evaluate the viability of NSV after years and to prove its efficacy.

Through the studies conducted in several countries with the aim of providing new methods of contraception, it is intended to value the relevance of these strategies for male family planning, although they should be discussed a great deal, including the effectiveness and efficiency of these strategies for its implementation in a global context.

High levels of schooling and economics considered as determining factors for increasing male participation in family planning.

The educational and economic level is perceived as a widely diffused factor and directly linked to the probability of adherence to male family planning. It is described that this fact becomes clear in this review. It is revealed that the most effective male participation refers to the greater acceptance of vasectomy among the population of higher economic and educational level.

In a study carried out in 2008 in Taiwan,⁴² it was found that although the authors affirm study limitations due to the fact that it was performed in only one institution, there is a greater correlation between the numbers of vasectomies among men who had a higher educational level and a better economic condition, which indicates that the orientation and financial availability factors increase the demand for the procedure.

It is emphasized that, in Pakistan,⁴¹ the results were not different, because a study of 2016 pointed out the positive relationship between educational level and the probability of contraceptive use stating that the higher educational level of men was positive in relation to the discussion about family planning. It is reported that one study reports that vasectomy is the least preferred method and the condom is the primary method in use by families.

The highest economic and educational levels result in greater access to information and quality contraceptive methods, increasing, in turn, the success rates of male family planning.

◆ Satisfied user reports.

It is understood, however, that there is still scarce investment in research on family planning for the male audience, but users already have a satisfactory thought to share. It is important to make this conception public, as it is part of the health strategy development policy itself, since knowledge breaks prejudices and brings about adherence. It is thus considered, as the Iranian study of 2012,⁴⁴ that there are still many challenges to be overcome with regard to men's access to family planning. It is pointed out that various services have attracted the attention of men so that they feel comfortable crossing the cultural barrier of which they are part, leaving it aside for the family's good.

CONCLUSION

The analysis of the literature on men's access to family planning reveals the existence of barriers to be transposed, including the cultural aspects marked by machismo, but also by the provision of services capable of welcoming, clarifying and opportunizing men the birth control decision.

It has been found that, even if men assume their share of responsibility in contraception, there remains the stigmatization of methods popularly known as vasectomy. However, men's search for the definitive method of family planning does not follow in an equivalent proportion to the lethargy probably due to lack of information and due to the cultural characteristics evidenced through the studies.

It is evident that man is farther from the center of family planning policies in Brazil and in the world and that immediate public policies need to be put in order for this scenario to be modified, as proposed by the United Nations. It is conceived that the basis

for this change is initiated by sexual and reproductive health education through community talks about contraceptive methods and the importance of integrating men into these decisions. It is argued that more investments in infrastructure are essential, because, with more knowledge, the health system must be able to receive the growing demand. It is necessary to adapt the team of professionals so that it is prepared to receive this social and epidemiological change, because the patients need to feel accepted and comfortable with the cultural change of which they will be part of.

It is worth noting that putting into practice some of the conclusions presented here is to ensure that men walk from being only the companion of their partner, becoming a beneficiary of family planning, in order to guarantee their right to sexual and reproductive health care.

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