



THE (NO) PARTICIPATION OF MAN IN FAMILY PLANNING UNDER THE GENDER PERSPECTIVE

A (NÃO) PARTICIPAÇÃO DO HOMEM NO PLANEJAMENTO FAMILIAR SOB A PERSPECTIVA DE GÊNERO

LA (NO) PARTICIPACIÓN DEL HOMBRE EN LA PLANIFICACIÓN FAMILIAR EN LA PERSPECTIVA DE GÉNERO

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ABSTRACT

Objective: to promote reflections from the perspective of gender, on the (non) participation of men in family planning. **Method:** a descriptive study of theoretical reflection. **Results:** were categorized and discussed at two points << *Family Planning* >> and << *Assistance contraception and vision about the male and female gender aspects that separate the partner family planning* >>. Family planning is a tool allowing the insertion of citizenship and participation choices for the couple shared. However, reproductive issues still fall more on women. Male participation in the process is still shy and childlike, with the gender implications for maintaining strong impact of this reality. **Conclusion:** the understanding that family planning is a female attribute is major bottleneck to be faced in the pursuit of quality of care for women. **Descriptors:** Nursing; Gender and Health; Gender Identity; Family Planning.

RESUMO

Objetivo: promover reflexões, sob a ótica de gênero, sobre a (não) participação do homem no planejamento familiar. **Método:** estudo descritivo, de reflexão teórica. **Resultados:** foram categorizados e discutidos em dois pontos << *Planejamento familiar* >> e << *Assistência em anticoncepção e visão masculina e feminina acerca dos aspectos de gênero que distanciam o parceiro do planejamento familiar* >>. O planejamento familiar é instrumento de cidadania possibilitando a inserção e participação do casal para escolhas compartilhadas. No entanto, as questões reprodutivas ainda recaem mais sobre a mulher. A participação masculina no processo ainda permanece tímida e pueril, tendo as implicações de gênero forte impacto para manutenção desta realidade. **Conclusão:** o entendimento de que o planejamento familiar é atribuição feminina constitui grande entrave a ser enfrentado, na busca pela qualidade da assistência à mulher. **Descritores:** Enfermagem; Gênero e Saúde; Identidade de Gênero; Planejamento Familiar.

RESUMEN

Objetivo: promover la reflexión desde la perspectiva de género, con la participación (no) de los hombres en la planificación familiar. **Método:** estudio descriptivo de la reflexión teórica. **Resultados:** se clasificaron y analizaron en dos puntos << *La planificación familiar* >> y << *Family Assistance anticonceptivos de planificación y visión acerca de los aspectos de género masculino y femenino que separan a la pareja de planificación familiar* >>. La planificación familiar es una herramienta que permite la inserción de la ciudadanía y la participación de opciones para la pareja compartía. Sin embargo, los problemas reproductivos aún están más en las mujeres. La participación masculina en el proceso es todavía tímida e infantil, con las implicaciones de género para mantener un fuerte impacto de esta realidad. **Conclusión:** el entendimiento de que la planificación familiar es un atributo de las mujeres es importante cuello de botella que se enfrentan en la búsqueda de la calidad de la atención para las mujeres. **Descritores:** Enfermería; Género y Salud; Identidad de Género; Planeación Familiar.

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INTRODUCTION

In 1996 it established the Law No. 9623 regulating family planning in Brazil. It was then established that the management levels of the Unified Health System (SUS), in all levels of care, shall ensure to women, the man or the couple, in their extensive network of services, assistance to the conception and contraception as part of shares that comprise the integral assistance health.¹ Within this context, family planning has as main objective to ensure a basic right of citizenship provided in the Brazilian Constitution, which is to have children or not.

As empirical starting point, it is clear that, from the perspective of preventing pregnancy, the choice of contraceptive method (MAC) is not always a decision made by the couple shared. In general, women are empowered by their partners, to participate themselves of appointments and meetings of family planning. Assistance if they do not return to providing opportunities for male participation. Women end up choosing, themselves, the method to be used. However, despite being advised to conscious choices and shared, winding paths lead to the unilateral choices, which often generate the refusal of the method by the partner or contribute to the failure or ineffectiveness of the same. After all, "the man's will is seen as the only and absolute truth, often exposed to the risk, thus increasing the vulnerability of women".^{2:65}

Building social and historical issues of gender are constitutive of relations between men and women. The superior man is learned during its creation, leading him to the notion that the woman is his property. The female is treated with inferiority, being assigned secondary and subordinate positions women.³ In sphere there is only room for patriarchal power relations, they value the man, extolling the qualities of men. Leftover crumbs imbalance of this system, which provides the woman her position of submission and passivity, the demerit of what is feminine.

Male participation in family planning in this context of gender inequality depends on understanding the beliefs, culture, religion, among others, characteristics of society. Models changeable in time and culture, but which translate socialization processes that are guided by inequality, where a man is better than a woman. The social role of the man is to be strong, controller, protector and for women, the role of fragility, and responsibility for family care. Thus, these constructs contribute to the understanding of man, top, is not involved in care and, much

less, you need them in your life. What goes unnoticed is the model of male inferiority in relation to self-care, as it is also ranked in the sphere of the least, not being valued in their life.⁴

Many concerns arise from the practice settings where health care is realized. The theoretical reflection is proposed here also grants the experience of the authors, as health professionals, as they encounter women in family planning meetings, having to decide for themselves on the MAC ideal (when the intention is to contraception), without the participation of man. Thus, women often refuse to return the method they chose as partners do not like and / or do not accept.

Despite the sexual and reproductive rights are recommended for men and women, as human rights guided by the decision, freely and responsibly on reproduction (or do not want to have children, how many and at what time have them), as well as the right in the exercise of sexuality and reproduction free of discrimination, imposition and violence, what we found is not equal in the exercise of this right, and responsibilities not shared.

It is necessary to emphasize that sexual and reproductive rights are not restricted to choosing MAC or the fact of having children or not. It is a comprehensive and rich in possibilities, especially with current conceptions of family beyond the sphere: father / mother / biological children. In this article, whose purpose is to promote reflections from the perspective of gender, on the (non) participation of men in family planning issues are discussed about family planning and contraception and the (non) participation of men in family planning meetings. The focus is on gender issues and the discussion of some methods and their choices, since the authors and studies listed for this reflection huddled widely in these respects.

• Family planning and contraceptive care

Family planning is complex, and its broad approach, aims to promote information about sexual and reproductive health, as well as discuss issues about sexuality, contraception and contraceptives, citizenship, quality of life, gender and health.⁴ Currently in Brazil, assistance in family planning is offered by primary health care (PHC), especially by the teams of the Family Health Strategy (FHS), not excluding other levels of health care to provide.

Based on the Ministry of Health of Brazil and Family Planning Law, health professionals must be competent to assist in conception and contraception, having influence on the

orientation of the two modalities. In the latter, highlighting the MAC offers available in the country: behavioral, oral and injectable hormones, male and female condoms, diaphragms, spermicides, intrauterine device (IUD), tubal ligation (TL) and vasectomy. According to the prevalence of MAC in Brazil, studies show that 76.7% of women who have a regular partner, 70.3% use modern contraceptive methods.⁵

The professionals who work with family planning should seek technical, scientific and cultural ability to have health education, which should be clear and concise in order to assist in the decision making of users. An educator democracy that respects the user's knowledge and reassesses his own practice.⁶ Another important point to be highlighted is the need to make humanized, facing the host. The professional who intends to work with family planning should be able to deal with prejudices, myths and inadequate perceptions about sexuality, reproductive health and use of CAM. The issue is not resolved there, beyond, given that overcoming the biomedical approach / Cartesian is critical. Therefore, "one must seek interdisciplinary service delivery, the association between teaching and service, at the interface between biological and social relationships and interdisciplinary".^{7:559}

The main among several difficulties for the implementation of family planning activities are: disability health services on offer from MAC, the difficulty to perform actions in a team, the shortcomings of vocational training, besides the difficulty in understanding the guidelines shared. However, one should not ignore the difficulty in accessing services themselves, inadequate physical structure, the truncation of the network of health care, the few public services for the design and allocation of responsibilities for women related to family planning, reducing male participation.^{2,6,8}

Until 1997, the Ministry of Health has not recommended nor approved the implementation of LT as contraception, which could only be done in case of risk of death for women. Furthermore, to be held was necessary to prove the need authorization procedure. After this period, was regulated by the Ministry of Health, through Ordinance No. 048, which included along with vasectomy in the list of surgical procedures SUS.⁵

The LT and oral contraceptives are the major contraceptive used by women between 15 and 49 years across the country. This fact is indicative of lack and lack of access to other MAC and lack of male support (only 2.6%

of men undergoing vasectomy),⁹ one nonsense with Brazilian legislation, since it requires the services of health who perform sterilization, multidisciplinary care with information and access to all contraceptive methods. This activity is performed satisfactorily, possibly discourage early sterilization. It is noteworthy that in most cases these sterilizations are performed through unnecessary cesareans and very young women. The Second National Plan Policy for Women (PNPM) demarcates they have little access to information about available options and methods themselves, increasing the use of LT and pill, reducing the use of other methods.¹⁰

So there is quality care in family planning related to contraception is necessary for the health services available the MAC on a regular basis due to their guidelines, since "the inadequate supply of contraceptive methods is one of the problems of family planning in Brazil".^{8:413-4} Furthermore, it is necessary to establish a good interpersonal relationship between the user and the health professional, enabling monitoring of the same. A network service that addresses the needs of the population and professional competence are also essential aspects for a good quality of care.

With regard to the multidisciplinary care important and integral to the quality of care, bumps on the problems arising from the need for a look, increasingly specialized. In the course of history, this paradigm has led to fragmentation of the body and the understanding that man is a machine and, therefore, is subject to defects and repairs. The mind-body separation dates back to the modern age and its philosophers, since the human essence stood high in thinking that the soul could remain undefiled before of body experiences. Thus, with advances in technology, currently faces are the damage brought by the technocratic paradigm. The overestimation of the specialties reinforces these models focused on the machinery, technology, control, repair and restoration.¹¹ In order to contribute to dealing with this difficulty, the field of public health is promising because it is multi and interdisciplinary proposing an attention on the quality of life and health of individuals.⁷

That said, raise the work of multidisciplinary teams, an interdisciplinary, is salutary, since with working together can contribute to mitigate the effect of fragmentation / reduction, bringing the character of integral care. Function as a link between the population served and the resolution of problems, reducing the risk of

alienation from their professional front practices.⁵ For a comprehensive and quality care in family planning not just offer MAC, a major contributor to the process and that brings a serious responsibility to the various professionals involved is the guidance for the population served and monitoring. It should be emphasized that the guidelines should be shared in the sense that they cannot be unilateral, but rather built and shared between professionals and users.

For quality of care in family planning is also necessary that the activities acute to the exercise of active participation, genuine expressions of citizenship, body awareness, sexuality, family, entry into and cultural understanding of those involved, among other things.

• **The meetings of family planning on gender approach: the (non) participation of men**

Brazilian culture, as so many cultures in the world, contributes to the interpretation that the female space boils down to the domain of the home, as well as the domestic and familiar. While the public domain of social production, which includes labor and political forces are plots of male space. In Brazil, since long time ago, women are taught to respect their husbands and marry, have children and be homemakers. These tasks, circumscribed in the private world, must be carried by the woman as demonstrations of obedience and satisfaction. Are patriarchal constructions, which although already threaten collapse, still showing as wire guiding behavior in society.¹²

The construction of conceptions of gender in the social sciences has its importance as a cultural pillar of the existing power relations in society. The genre fits men and women in their fields, supports the development of laws and their application forms. Under the aegis of symbols and rules, institutions define models of femininity and masculinity, as well as appropriate behaviors for both sexes. Strengthening the patriarchal system of oppression of women, strengthen the chains that prevent us from performing a comprehensive and humane for women.³

The patriarchal system takes its toll when it comes to sexuality, especially for women. For man there is a sexual permissiveness and the woman is a restriction, it is part of the idea of ownership of the family, children and inheritance. For men sexual freedom implies autonomy and knowledge about their bodies, however, there is the burden of infallibility alluded. Women are created for motherhood,

being reduced to this condition in several aspects, including sexual. Women are socialized to be passive, receptive sexual partners, while men are socialized to pursue, penetrate and dominate. Man is expected sexual activity constant, while the woman no. This reflects a society that sees man as a holder of the decision of when and how will it intercourse.²

The woman set to be passive becomes the object of man's sexual pleasure and therefore there is no concern with it, believing that the penetration is enough for sexual satisfaction. Individualism male can be the result of selfishness and / or lack of information on women's needs. Anyway, the chances of dissatisfaction in married life. Gender analysis has contributed to discuss female sexuality based on the critique of biological determinism and support male supremacy. Still persists male domination and female submission.²

The above reflections contribute to the understanding of how the influence of patriarchal culture is harmful to women and men. Male dominance over women defining their needs, restraining her potential, framing it as inanimate figure interferes with their lives and health of women. In the area of gender inequalities suffer, mostly women, because they are deprived of their wants and desires converging into a series of grievances.

The gender perspective needs to be incorporated into health issues, so that the Ministry of Health of Brazil has developed, in 2004, the National Policy for Integral Attention to Women's Health (PNAISM - reprinted in 2009 and 2011), in a broader perspective and transverse considering the influence of gender on the impact of women's health by strengthening the completeness emerged with the Program for Integral Attention to Women's Health (PAISM), 1984. Furthermore, in 2008, launched the PNPM who brought in his presentation the importance of citizenship for more Brazilian, reaffirming the assumptions and principles of PNAISM aiming now the big challenge of implementation across the country.^{10,13}

Gender inequalities are determinants of health of Brazilian women and, therefore, it is necessary to consolidate this understanding among health professionals. With this, recognize, address and incorporate these issues as conditionalities of health.³ Therefore, professionals should be alert to the phenomena of gender (actual or potential) occurring that are harmful to health Brazilian women. This includes the care area (with sensible look professional) as well as teaching

and research (social responsibility in the education of professionals and the studies that contribute to the population).

The feminist movement fought for the empowerment of women across the reproductive institutions were considered pro-natalist, the country that imposed control demográfico.¹⁴ Contraception brought advances to the female universe, such as the increasing participation of women in the labor market and expression of sexuality more freely, untied the role of motherhood. With this came the need to establish a process that would ensure women's access to contraceptives. In 1983, PAISM was a big step in this journey, because with it came the ability to empower women and / or couples to decide freely about their reproductive future, by planning familiar.¹⁴

It is worth noting, also, the importance of the women's movement had to criticize governmental strategies for the control of population growth, especially the poor. An example of this occurred when the IUD emerged in the 60s, somehow, to meet lower classes in developing countries, since it was believed that they could not avoid starvation and other political impacts. Thus, feminists have raised many questions about the oppression linked to IUD and control of women's bodies.¹⁵

Women seek information on contraception in general, but the choice of a method happens in two ways: based on their experiences or friends and as aggravating gender, the imposition of the fellow who is not prepared for shared choices. Here, points up another issue, for a search of various contraceptive choices, the option elected demand a multiple disposal. Often, this drop comes from rejection and no choice, translated by lack of information. This lack of knowledge of women about their bodies has a strong impact on their sexuality and choice of methods for family planning as a direct influence on its effectiveness.

In patriarchal societies, men superimpose their desires difficult choices and autonomy of women who appear passive by choosing a contraceptive method to be used. There is a surpassing man's will as absolute truth about the woman. This causes little freedom to express desires, sexual desires and doubts about the issue.² All aspects mentioned above lead to cash and rejections varied within the choice of contraceptive methods.

The male condom (condoms) is a method many meanings for people. Despite the woman's decision method is accepted because it prevents the transmission of sexually

transmitted infections (STIs), common fear caused mainly by the possibility of male infidelity. However, to the man, the condom is an obstacle, because the method is cumbersome. In addition, men understand women choosing condoms as a chance for her to be unfaithful. The two women also believe that if the partner refuses to use condoms is because he does not want to cooperate with the actions of family planning and, therefore, perceive the domain they exert over them. The rejection of the male condom is given, mostly by men who claim to discomfort and reduced sensitivity. Some simply do not like to use reporting and women agree, preferring not to argue with their partners, as this can cause problems.^{2,16}

In a study on the difficulties faced by nurses related to family planning, acceptance or resistance of the partners to the use of the methods chosen by the partners was identified as an obstacle. Women's participation in the meetings of family planning is predominant and the same is not true for men. However, they receive information in groups, but they have no power of decision, revealing that use the methods of choice of partner, an attitude of submission.¹⁷

Quite another method chosen by women is the IUD. The decision happens often combined with justification that is not necessary participation of the partner for your use. However, there is another side of the story - the lowest acceptability of the IUD. Although the number of users is increasing, there are fears related to this method, revealing a lack of knowledge of the couples. In general, they are apprehensive about unwanted pregnancy, complications unfortunate, occurrence of bleeding and even concern about the myth that the IUD can hurt the penis. Are reasons why the rejection of this method. Further, the IUD is rejected often culture that is causing abortion or cervical cancer. Another reason is related to the dependence of the health service for discontinuing use when desired or necessary.¹⁶

The copper IUD, offered by public health, has many drawbacks, because of its undesirable effects, such as increased menstrual flow. A valid alternative to avoid this problem is the IUD releasing hormone but also has drawbacks, one of them is the high cost of acquisition and the other is related to cultural (and market). Several advertisements were in charge of putting menstruation as out of date and no flow value as a synonym for greater freedom for women and does not meet this ideal / appeals to all women.¹⁵

The method Ogino-Knaus, known as the rhythm method, has its rejection associated with the need for regular menstrual cycles. This was not enough, women report difficulty maintaining abstinence during the fertile period, related to trading partner with the poor.¹⁶ Failure to understand this need, by man also shows his little, or perhaps none, involvement in family planning. More than this, it illustrates their individualism in wanting to satisfy his personal desires, what they know and titles as the needs of men, women imposing their female obligations.

The reasons for rejection of reversible contraceptive methods in the case of women, who chose to be surgically sterilized, can be various. In the case of oral contraceptives, the major cause of rejection comes from the side effects because they are uncomfortable and begin to interfere with quality of life of women. This fact leads to discontinuation of use, undermining the effectiveness of the method.¹⁶

The LT are performed in 74% of the time, the time of birth, and four out of five concurrent cesarean section, fleeing the determinations of law governing family planning in Brazil.⁵ This data denounces failure to follow the rules established for the completion of the sterilization surgery on women, featuring the ineffectiveness of health services, which are failing to comply with the principles of comprehensive care in women's health. This deviation serves as a mirror for lucubrate about the various shortcomings in care for women that exist in Brazil.

In 2005, the document was released on Sexual and Reproductive Rights: a government priority 18 that, among several proposals, included the practice of vasectomy in the National Eletivas.¹⁰ Surgeries This is a method that is still a lot of resistance from men because they believe that their masculinity will be affected. Women say that, even though it is less aggressive than LT, vasectomy is denied as it represents a threat to the status of men.¹⁹ The method has close relationship with myths and this causes their rejection by partners. There is an association between vasectomy and male sexual impotence, which greatly affects the social imagination of man's virility.

However, the methods are considered irreversible, both by men and by women, a way to break free. In their case a sexual liberation that happens the separation between sex and reproduction, allowing women to experience emancipation in their reproductive sexuality. For man, this freedom

is linked to leisure and socializing with family already established. The election of LT as a method has several reasons. Women seek the LT to be highly effective, harmless to health, ease, etc. The man also has good acceptance by this method because it frees participation in contraception.⁹ It should be noted that the tying of sexual freedom with contraception is great and thought-provoking. After all, with the growing concern about STIs, the discussion should expand and overlap the boundaries of what is restricted to reproduction.

Regarding the male presence in the activities, it can be seen that the times of the meetings are generally incompatible with the schedules of workers who are fixing the journey that can somehow explain the absence of men in the meetings. In the absence of the partner meetings, another difficulty the planning groups is dialogue inefficient (or nonexistent) between the couple. Moreover, the authority of the partners on their wives, they assume the role of subordinate.¹⁹

So far, it appears that, effectively, most women still not autonomous in relation to the shares they intend to or have already performed in family planning groups. Unfortunately, this does not guarantee the quality of care provided. So, when it comes to contraception, the onus is on the woman, "the moralistic and repressive sexuality imposed on women due to gender, taboos, recommended by the company, responsible contraception as a feminine".^{17:573}

In everyday life it is clear, too, the resistance of men to seek health services for the prevention, distancing them from the primary care services. This can often relate to biases linked to male standards of behavior, built on subjectivity involving attributes such as strength, dominance and machismo.²⁰

By following the hegemonic model of masculinity, men suppress needs, recognized as socially fragile, generating conflict between being male and being female, being able to cause a self-devaluation. Thus, we see the influence of cultural issues in the actions of health care, interposing obstacles that prevent men from seeking preventive actions, among others.²⁰

In an attempt to circumvent difficulties, was created in the state of Rio Grande do Sul a new modeling approach for users of family planning. With emphasis on dialogue, seeks the commitment of the partners in the joint construction of a differentiated planning, not only about the quantity of children, but also their creation, transmission of affect,

citizenship and ethics so that the family life is healthy and happy.²¹ A good model to follow.

Another study, in Goiás, pointed to the need for restructuring actions of the ESF to contribute in facing difficulties related to family planning. Suggested protocol assistance, continuing education for professionals and physician participation. Also highlighted the need to provide greater amount of methods for women, space the monthly return to the groups and to seek inclusion in the actions of man.¹⁷

CONCLUSION

The influence of gender on the actions of family planning is evidenced by the absence of men in the meetings, justified by the workload and affirmation such as family providers. While in many cases it is something concrete, also acts (directly or indirectly) and exhaust valve groups.

From the patriarchal society, built and consolidated based on the power of the ruler over the ruled, the difficulties arise gender found in family planning groups. In this universe of power, where the woman is placed as submissive, who is faced with obstacles highlighted. Based on this background, it becomes assault unilateral decision to use or not some method or even refusing and banning the use of a method chosen.

Family planning, health professionals must be competent to guide on conception and contraception, and seek to contextualize the various situations that women live. For this to occur in a full-should rethink personal attitudes and assist women and men in the broad perspective of human complexity. The continuing education activity is valuable to help with this, always thinking in educational amplitude, incorporating cross-cutting issues (eg gender), not restricted in this way, a biomedical model focused on professional and institutional needs.

Scored in this article some findings that relate to difficulties in the development of actions of family planning, including the physical structure of the inadequate health facilities, the deficiencies in the provision of MAC, the role of health professionals in disagreement with the recommendations of the Ministry of Health and not man's participation in the meetings.

On the participation of men in family planning indicates it is objectively and from studies of this reflection, that this remains simplistic, superficial, and that the main reasons have gender implications. Among these, the difficulty of reconciling work schedules consultations and the understanding

that family planning is the responsibility of women. From this reflection may suggest the creation and implementation on the part of managers, professionals and users, meetings of family planning groups in diverse schedules. The joint negotiation is necessary, because it involves multiple aspects, since the availability of human resources, to the willingness of the population to participate. However, off-hours meetings related to work hours can be productive partners. It is worth noting that the shares should not be restricted to the provision of methods, but the encouragement of an encounter that provoke discussions of gender and shared responsibility for decisions about family planning.

Based on the considerations made, highlights the need for awareness / human insertion in the choices of family planning without impositions and disadvantages of gender. Through negotiation, choices must be shared in a dynamic and enriching. It is an exercise toward a promising health care, what is intended as comprehensive care, reaffirmed the principles and guidelines of the PNAISM Brazil with the incorporation of a gender perspective.

It is clear that the interest of studies / authors still truly focused on contraception and the consequent question of methods. However, in the field of sexual and reproductive rights must go on and, therefore, leaning aspects of design is required. In terms of public policy that is laid, considering the PNAISM, the ESF and the principles of the right to health and reproductive rights. The advance is the legitimacy of these rights and the implementation in practice of actions to the phenomenon of infertility.

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