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RESEARCH

Da decisão aos resultados: narrativa de homens adultos acerca da vasectomia

From the decision to the results: narrative of adult men about vasectomy

De la decisión a los resultados: narrativa de hombres adultos sobre la vasectomía

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ABSTRACT

Objective: To describe the role of the family in opting for vasectomy, the period of professional counseling and outcomes before the procedure from the perspective of adult men. **Method:** Descriptive and exploratory qualitative research approach. Data were collected in August 2013, through interviews, along with 13 men who had undergone surgical sterilization for at least six months in a city in the Paraná. **Results:** family represented the deciding factor for the choice men before the surgery because it was described as emotional support. Although the nurse did not attend the counseling process for performing vasectomy, surgical procedure and its results were described as satisfactory. **Conclusion:** nurses need to participate more actively in counseling to men who seek health services to perform the vasectomy and the family should be included in this process to provide support for male decision. **Descriptors:** Vasectomy, Men's health; Family planning, Nursing.

RESUMO

Objetivo: descrever o papel da família na opção pela vasectomia, o período de aconselhamento profissional e os resultados diante do procedimento na perspectiva de homens adultos. **Método:** investigação descritiva e exploratória de abordagem qualitativa. Os dados foram coletados em agosto de 2013, por meio de entrevista, com 13 homens que haviam sido submetidos à esterilização cirúrgica há, no mínimo, seis meses, em um município paranaense. **Resultados:** a família representou para os homens fator decisório na escolha pela cirurgia, pois foi descrita como suporte emocional. Apesar de o enfermeiro não ter participado do processo de aconselhamento para a realização da vasectomia, o procedimento cirúrgico e seus resultados foram descritos como satisfatórios. **Conclusão:** os enfermeiros necessitam participar mais ativamente do aconselhamento aos homens que buscam os serviços de saúde para a realização da vasectomia, e a família deve ser incluída nesse processo por constituir suporte para a decisão masculina. **Descritores:** Vasectomia, Saúde do homem, Planejamento familiar, Enfermagem.

RESUMEN

Objetivo: Describir el papel de la familia en la opción de la vasectomía, el período de asesoramiento profesional y los resultados sobre el procedimiento en la perspectiva de los hombres adultos. **Método:** Investigación descriptiva y exploratoria del enfoque cualitativo. Los datos fueron recogidos en agosto del 2013, a través de la entrevista, junto con 13 hombres que habían sometido a la esterilización quirúrgica por al menos seis meses, en un municipio en Paraná. **Resultados:** La familia representó el factor de la toma de decisiones de los hombres antes de optar por la cirugía porque fue descrito como apoyo emocional. Aunque la enfermera no pudo haber participado en el proceso de asesoramiento para realizar la vasectomía, el procedimiento quirúrgico y sus resultados fue descrita como satisfactorio. **Conclusión:** Enfermeras deben participar más activamente en el Consejo a los hombres que buscan los servicios de salud para la realización de la vasectomía, y la familia debe ser incluida en este proceso por constituir el apoyo a la decisión. **Descriptor:** Vasectomía, Salud del hombre, Planificación familiar, Enfermería.

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INTRODUCTION

For a long time men did not attend the couple's reproductive decisions. It was thought that they were not interested in this subject and even today current studies show little male presence on family planning.¹⁻²

In order to overcome this gap, has been enlarged a movement to increase the inclusion of male in the contraception process.³ However, men are still being attended by the services for women and end up not actively participating in the choice of contraceptive methods. In most cases, is only offered the barrier method (preservative) and background the vasectomy.¹

Vasectomy is described as a simple, safe, fast and permanent contraceptive method.⁴ However, despite the known advantages, its practice is not common. Although the number of surgeries has increased in the country, since its inclusion in the procedures table funded by the Unified Health System (of 7,798 surgeries in 2001 to 34,144 in 2009),⁵ the absolute number of procedures is not satisfactory enough to consider that the man has a decisive role in family planning.

Thus, because of health indicators in the context of male reproductive health and the actions described by the National Program for Integral Assistance to Men Health (NPIAMH) as well as taboos and stigmas that permeate the procedure, it is necessary for a greater involvement of health professionals to encourage men to seek vasectomy as contraceptive measure, disassociating it from the idea of sexuality commitment.

In this perspective, it is strongly recommended to be performed by health professionals of primary care a special and careful counseling to man and his companion, to guide them about the benefits and risks of surgery for posterior decision making.⁶

From the counseling, the man has subsidies to choose, or not, by the surgical procedure. At this moment, is also verified by professionals of multidisciplinary team (doctor, nurse, psychologist and social worker) if the man has the profile of a candidate to perform the vasectomy - be over 25 years or have, at least, two living children,⁴ to present possible contraindications that postpone or impede surgery.²

Finally, another important aspect that should be taken into account during counseling, is attempting to insert the partner in decision-making, since the family constitutes the primary source of care and support to its members, from the stage of birth to death.⁷ This function is most easily evidenced in disease situations, as well as in moments of important decisions about health, for this reason the family should be included and valued in the healthcare plan.

Thus, it is perceived the importance of the family and the period of professional counseling to perform the vasectomy, in particular the performance of nurses, which historically has proven to be the main mediator between the users and the health service,

in the provision of counseling to encourage men to perform sterilization, when indicated and required.⁸

It is still urgent, for the qualification of care, that nurses recognize the man as a subject that has health needs to be attended, and seek to promote their insertion in reproductive and family planning issues, given the public policies that aim to extend and qualify attention to the male reproductive planning through provision production of voluntary surgical contraception, especially in outpatient care.⁹

Thus, studies about the topic in question are necessary to adapt these services to male demands. In order to advance this discussion, among other aspects, it is important to give voice to the men, to better understand the issues that permeate, influence and condition the search for vasectomy, the evaluation they made of the procedure and the role of the family and health professionals in decision making.

Given the above, the purpose of the study was to describe the role of the family in opting for vasectomy, the period of professional counseling and the results of the procedure on the perspective of adult men.

METHOD

This is a descriptive exploratory study with qualitative approach, conducted with 13 vasectomized adults men in Mandaguari - Paraná - Brazil.

The inclusion criteria in the study were: being male, older than 25 years, have performed vasectomy at least, six months and accept to participate in the interview.

For the selection of the subjects, it was used the *snowball* type sampling methodology, also known as “chain of informants”. In this methodological procedure there is the application of a technique of subjects selection, not probabilistic, where the initial study participants indicate new participants, which, in turn, indicate new participants and so on, until the objectives in the proposed research are achieved. Therefore, the *snowball* is a technique of subjects selection that uses reference chains, a kind of network.¹⁰

In this study, the index case (first subject) was a patient accompanied during a curricular trainee of the Nursing course of the Foundation Faculty of Philosophy, Sciences and Letters of Mandaguari (FAFIMAN) that occurred in the first half of 2013 in the Municipal Emergency Care (MEC) of that city. During the initial approach in the service, it was evident that the individual had performed vasectomy surgery six months ago, and being invited to participate in this research. After the home interview, one indicated two new research subjects.

The new men listed were contacted by telephone and invited to participate in the study. After checking that they met the inclusion criteria, a home visit was scheduled according to the availability of each one.

In this context, data were collected during the month of August 2013, through home visits. The interviews were guided by the following questions: *How was for you to decide for*

vasectomy and what did you think about the results? Which is the role of the professionals during the counseling period? Tell me about it.

The interviews lasted on average 30 minutes, were recorded, transcribed and after, were submitted to the editing process, which aimed to facilitate the interpretation of the content, verbalized through cleaning the lines, removing, for example, the vices of language.

For the analysis, the Content Analysis was used as a methodological contribution, thematic modality, following its pre-established stages, which included the pre-analysis with floating and intensive readings, exploration of the material with the categorization and grouping according to its similarities and processing of data that was performed based on the analysis of subjective and objective communication of this material, using systematic procedures to understand the content expressed in the statements.¹¹

The initial floating reading followed by deepening in the discourse, justified the analysis, which over the methodological trajectory generated components and generic inferences, allowing subsequent interpretations that have been grouped in the following themes categories: “We decided to do the surgery”: role of the family in choosing the vasectomy; “I did not talk to any nurse”: the absence of professional counseling; and “No regrets”: opinion of men about the vasectomy procedure.

In the development of the study, the ethical recommendations of Resolution No. 466/12 of the National Health Council were met, and the approval of the project consists in the opinion CAAE: 08366312.0.0000.0104, issued by the Permanent Committee of Ethics in Human Research (COPEP) of the State University of Maringá. All participants signed an Informed Consent Form in duplicate and are identified with fictional names, followed by the age, number of children and length of surgery.

RESULTS AND DISCUSSION

The age of the 13 respondents ranged from 29 to 46 years (average 38.2 years). This fact constitutes a result of the study and arouses attention, because it is observed that men are at the peak of their reproductive years and, thus, the repentance by the procedure may arise. Another problem is that reversal surgery is costly, is not available for the public and does not guarantee a return to fertility.⁴ Thus, health professionals, during counseling, should discuss these issues with men and their partners.

With regard to labor activity, the main occupations were: micro-manager (07), industrial machine operator (03), seller (02), and pedagogue (01). Most were married (10), white (11), had eight or more years of study (09) and had done the surgery for less than one year (08). The average family income was three minimum wage.

The profile of the participants of this study is quite similar to that found in a study conducted in São Paulo with 78 vasectomized men, in which it was observed a mean age of 37.1 years and most were married, white and possessed low family income.²

“We decided to do the surgery”: role of the family in choosing the vasectomy

According to the words of some men, it is observed in this category that the companion influenced the decision-making process of performing vasectomy, for various reasons, among them mainly the fact that they have not adapted to oral contraceptive.

I decided to do this surgery because my ex-wife did not adapt to any contraceptive method. She tried to use several brands of contraceptive, but none did well (Arcanjo, 45 years, 02 children, 23 months).

My wife did not adapt with any contraceptive pill and the IUD is abortive before our religion, so with all this, my desire to operate only increased (Gabriel, 44 years, 02 children, 07 months).

It is observed that one of the motivators for men choose to perform the sterilization procedure was the fact that women have not adapted to oral contraceptives, or even by religion does not allow the use of a specific contraceptive method, which is considered abortive and not preventive.

Study conducted in Rio de Janeiro (RJ) together with 17 adolescents, showed that most respondents had problems related to the use of the contraceptive pill, mainly due to lack of appropriate sexual education within the family, school and health services, which compromise the correct use of contraception.¹² However, non adherence to oral contraceptives is not a problem limited to younger women, since a research conducted among 3465 women older than 20 years, showed that the majority had difficulty using the pill, especially because of side effects.¹³

In these cases, that for different reasons women do not faithfully adhere to oral contraceptives, counseling about family planning performed by health professionals, should present other forms of contraception for married couples, as vasectomy, which favors the insertion of the man in the health service, something widely desired by the current public health policies.

The male preoccupation with the health of companion evidenced among the lines, is corroborated by a study of 202 men, which demonstrated that to them, one of the main triggers of choice for vasectomy, was the fact that they feel worried and sensitized with their wives, thus opted for surgery so they did not use contraceptives that cause harm to their health, thereby improving the life of the couple and the family.¹

Moreover, the decision to have no more children, need to be taken in a democratic way, removing only of the woman, the responsibility for family planning through the use of IUDs, pills and ligation of fallopian tubes. Therefore, the man must also be present in the planning, which contributes to make the woman feel valued, loved and cared for within the family.³

It is understood that to include the man in this process, health professionals should not only offer contraceptive methods for men and boys, it must be broaden their

participation in planning consultations. For this purpose, it is necessary to provide information about contraception and reproduction, in the context of reproductive rights, in order that men and women feel equally responsible for family planning.¹⁴

It was also noted that the number of children of the couple, represented a leading role in opting for vasectomy.

We decided to do vasectomy because we already have three children. My wife and I were already reached a certain age as the third child came and this worried us (Mark, 43 years, 03 children, 09 months).

Based on Mark's report, can be seen that the size of his family and his age and his companion were determinant factors to the choice of vasectomy. Family life is influenced by its size and by the relationships established among its members.⁷ In this perspective, a study conducted in a city in the interior of São Paulo, showed that nearly half of respondents mentioned as a reason to opt for surgery "to be satisfied with the number of children" or "have already had many children",² which is confirmed by the fact that the majority of men attending vasectomy, present higher average of children when compared with the current rate of fertility in Brazil, which is below 2.1 children per woman.¹²

Research conducted among vasectomized men, showed that most respondents were satisfied or very satisfied with the procedure, mainly due to believe already having the ideal number of children or for not wanting to have more children and found that the method was very useful for this purpose, transmitting security to men.¹

Another study conducted in Tijuana (Mexico) with 40 adults vasectomized men, showed that respondents and their families negotiated and decided about the number of children, this being the deciding factor for choosing the surgery. The results of this survey also showed that, in some cases, negotiations and their decisions that were taken were permeated by ambivalences and contradictions between man and woman. However, most reported having to the companion, respect and cooperation.¹⁵

Similarly, in this study, it was found amid the speeches of men, that they considered relevant first to know the opinion of the wives and later decide for surgery.

Her opinion was very important (wife), I never made any decision if she was not present. She has always been my right arm at all (Matheus, 40 years, 03 children, 20 months).

My wife was very important, because the surgery would never be taken without her consent. We talked a lot to know if only two children was already good. We decided together so, that surgery would be the best method, her support was essential (Miguel, 40 years, 02 children, 14 months).

When I talked to my wife about vasectomy she loved the idea, because I decided to do the surgery after my youngest son was two years old, so we thought that for her to do another surgery would be much harder. Then I set out to do (Mark, 43 years, 03 children, 09 months).

It can be noticed that wives have participated in the process of choosing for vasectomy and, when supported their husbands, represented a very important foundation

for their decision. Another factor observed as primarily, was the fact that men consider vasectomy was the best option, since it would preserve the health of the partner, thus avoiding new surgical procedures on them.

Even with taboos and prejudices surrounding vasectomy, some men have sought to share with their women, reproductive health issues, thus indicating that, even discreet, the concern for family planning is also part of the male universe.³

This finding demonstrates opportunity for nursing practice, because knowing that men have been interested in family planning, professionals can develop intervention strategies that approaches the adult male to health services and, therefore, discussions about contraceptive methods, including vasectomy. However, it is necessary that health professionals be sensitized to develop a practice involving men in family planning and counsel them about the vasectomy procedure, which in this study was conducted only by the physician and psychologist, as shown in the next category.

“I did not talk to any nurse”: the absence of the professional during the counseling

In this investigation, the counseling dispensed to men who sought health services as a result of vasectomy surgery, was performed, mostly, by the physician and in one case by the psychologist.

I received guidance from the doctor to seek a psychologist and talk to him. He also advised me that after surgery I should stay at least three days without sex (Patrick, 46 years, 04 children, 11 months).

I went to the doctor, he talked with me and with my ex-wife, he asked if we were sure of it, I said that the decision had already been taken together. So, the doctor ordered several tests. When the day of my surgery came, I was very anxious, but the doctor reassured me and guided me about the procedure (Archangel, 45 years, 02 children, 23 months).

It is noted that men, in addition to family support, received medical and psychological guidance about the surgical procedure, preliminary examinations, care after performing the vasectomy and even about the certainty of their choice, which is the default behavior of extreme value to decrease the chances of repentance. However, at any time, the nurse was described in the speeches as a professional who has participated in the process of counseling the couple, something that can be better analyzed in the statements below:

During the preparatory consultations I did not talk to any nurse, only with the doctor and psychologist (Patrick, 46 years, 04 children, 11 months).

...When I said I would like to operate, he (the doctor) asked me if it was exactly what I wanted because it has only two sons, if I would not regret. When I scheduled the surgery the doctor asked me some tests, one of them was a semen analysis before and after the procedure, and guided that after the operation to use condoms for 90 days. In all the queries I had no guidance from nurses, physician only (Gabriel, 44 years, 02 children, 07 months).

Nurse, I did not talk, even in the clinic or in the hospital I had the surgery (Mark, 43 years, 03 children, 09 months).

In this context, it is evident in this survey that nurses from primary health care has not played a significant role before the vasectomy surgery, consisting at least in performing triage of the patient and counseling them as to the benefits and risks of the operation. But it is noteworthy that neither the nurse of tertiary care was remembered by respondents, since there was no counseling reports by nurses preoperatively and postoperatively.

This situation deserves a broader discussion that portrays the situation of man in health services according to gender relations. In the meantime, most recently, the relationship between masculinities and health care has been analyzed based on gender perspective, focusing on the difficulties of men in search of health care and adverse ways that services deal with the specific demands presented by them, which certainly removes man from professionals and health services.³

It appears that men do not seek health care and justifying themselves in various ways: representativeness of care being a feminine task, work-related issues, difficulty to access to the service, lack of specific units devoted to man health and the fact of professional teams are formed, mostly by women. Thus, it is necessary that the Basic Health Units (BHU) to enter into services that build care strategies to contemplate the different needs of this clientele,⁸ especially when the reason for the search is the vasectomy surgery, something filled with fear, stigmas and taboos.

When dealing with men seeking health services due to the vasectomy surgery, nurses should strive for nursing consultations with quality and that meet the needs of men about the procedure. However, a study conducted in a Brazilian capital of northeast with 24 nurses, showed that professionals despite identifying the factors that contribute in a positive way, to communicate with men in the nursing consultations, did not always use them. Such conduct ditch the man of the nursing professional, which ultimately did not consider it as a major factor for the assistance.⁸

Thus, it is perceived that the health services and its professionals, particularly those in primary care, are not structured and prepared to receive the men in their different forms of masculinities and serve them in their needs, therefore, they must feel welcomed in such services, seeing themselves as members in order to reveal their demands for care.⁴

It is up to the different professional categories, present at BHU, to provide for the integral and multidisciplinary attendance to male demands about vasectomy, which increases the level of knowledge about the surgery and greatly decreases the chances of regret on the part of men.

“No regrets”: opinion of men about the vasectomy procedure.

In this category are stated male opinions about sterilization surgery. Men reported no regret for having chosen a vasectomy, even in the three cases of divorce after the procedure.

I do not regret having done vasectomy because I am satisfied with my children (Matthew, 40 years, 03 children, 20 months).

I do not regret in any way by opting for surgery, even helped me more in my sex life, I have more desire and pleasure, I am very happy with the result (Serafim, 30 years, 03 children, 11 months).

I do not regret having done the surgery! I had no complications. I would regret it if I had to marry again, but this is not in my plans (Miguel, 40 years, 02 children, 14 months).

It is possible to prove that the vasectomy surgery, according to the perception of men, did not bring harm to their lives, in fact reports show that there was significant improvement in sexual performance, perhaps due to less concern about unplanned pregnancy, which facilitates the marital relationship.

Although not shown in this study, it is necessary to think that there is the possibility of repentance after male sterilization. International studies about post-vasectomy regret emphasize the age and quality of the marital relationship as the most relevant factors in the phenomenon of repentance.¹⁶⁻¹⁷ Therefore, the quality of information given to men before vasectomy is considered essential to avoid a remorse feeling.¹⁶⁻¹⁸ Especially, it is emphasized that this information must strive for inclusion of companion, especially when discussing contraceptive alternatives and possible problems in the sexual relationship.

It is noteworthy that although most of the men interviewed in this study are married, there is currently high rates of separation and divorce, as a result, men who separate or divorce may wish to have children with another partner, which may be cause of repentance, given the low success of reversibility of surgery.¹⁴ In this perspective, a study performed in a northeastern Brazilian capital with 11 vasectomized men, pointed out that to them, the main disadvantage of the surgery was the difficulty in reversing the procedure.⁴

However, it is reiterated that the concern about the possibility of repentance should not create obstacles for people to have access to surgical sterilization. On the contrary, should boost the offer of good quality attention to family planning as a component of health and sexual and reproductive rights, for this is essential that health professionals are aware to conduct counseling with families.

According to a study conducted in São Paulo with 202 men, the vast majority (97.0%) reported being satisfied or very satisfied with vasectomy and the most often reasons given for it were “to already have the ideal number of children/not wanting to have more children” and “to consider that the method does not fault/gives security”. Nearly 80.0% of respondents said that vasectomy only brought benefits to their life.¹

In fact, men have many fears about vasectomy, especially regarding its devaluation as a manly man. However, after the surgery, most demonstrates satisfaction and mentions several positive aspects, such as improvement in sexual relationships with their partners, especially by overcoming the fear of an unwanted pregnancy, as well as the removal of the concerns and tribulations, as the previous use of contraceptive methods.¹⁴⁻¹⁵

The positive experience with the procedure, legitimizes men to indicate surgery for family and friends, as shown in the statements below:

I did not have complications after surgery, then went back to have my sexual relationships and if someone asks me I say I'm vasectomized and even advise them to do (Murilo, 42 years, 03 children, 24 months).

On the same day of the procedure and went away, and since there I already recommended this surgery, to my brother and my brother in law, one of them is even chasing after it (Patrick, 46 years, 04 children, 11 months).

Similar to those observed among the lines, a study of 78 vasectomized men showed that almost all were satisfied with sterilization achieved and would recommend to someone else, considering the counseling appropriate and enlightening.² Although it was evidenced that the nurse did not attend the counseling to the man and his companion during the decision making process about vasectomy, all respondents of this study were satisfied with the results, they said had not repented and also indicate the procedure to other men.

One limitation of the research is pointing that were not found men who had undergone surgery for more than 24 months, and that repentance may come with advancing years. Another fact is that health professionals were not interviewed. Thus, the performance of such subjects was analyzed only by the male perspective, which in turn, does not diminish the importance of the results and awake the vision of the importance of family during the choice for surgery and absence of nurses during counseling .

CONCLUSION

Based on the results of this study, can be seen that the companion represented emotional support to men at the time of choosing for vasectomy and that health professionals, particularly mode the doctor and in one case the psychologist, performed the counseling offering guidelines. The nurse was not cited by respondents as a professional who has participated in this process of counseling.

Thus, it is believed to be acute awareness of these professionals in order to participate actively in the integration of man in health services and in discussions about family planning, as well as participation in the decision-making process about vasectomy, through the provision of complete, clear and enlightening information.

Another important finding of this investigation was the fact that the results of the procedure have been described by men as very satisfactory, which legitimized them even to indicate the surgery for friends and family. This reality contributed to this study were used, effectively, the *snowball* methodology.

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