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Evidence on the difficulties of man's participation in the gestational process and reproductive planning

Evidências sobre as dificuldades da participação do homem no processo gestacional e planejamento reprodutivo
Evidencia sobre las dificultades de la participación masculina en el proceso gestacional y la planificación reproductiva

RESUMO

Objetivo: Identificar as principais dificuldades para a participação do homem no pré-natal, sua importância no processo gestacional e de planejamento reprodutivo. Método: Estudo de revisão integrativa da literatura, nas bases científicas SCIELO, LILACS, MEDLINE e BDNF disponíveis em português e/ou inglês, conduzida entre 2016 e 2020. Resultados: A análise das literaturas encontradas evidenciou inúmeros benefícios que a inclusão paterna ao pré-natal gera para a saúde do próprio pai, para a gestante e para o bebê, o que resulta em uma otimização dos serviços de saúde, já que seria um incentivo a promoção da saúde e não só contenção de agravos, podendo ser utilizado como ferramenta de reestruturação de oferta e busca de serviços de saúde. Conclusão: O pré-natal é uma oportunidade perfeita para se tornar a porta de entrada dos homens aos serviços de saúde, e aos hábitos de promoção e manutenção da saúde, não apenas contenção de agravos.

DESCRIPTORES: Saúde do homem; Saúde Pública; Paternidade; Gestantes; Planejamento Familiar.

ABSTRACT

Objective: To identify the main difficulties for the participation of men in prenatal care, their importance in the gestational process and reproductive planning. Method: Study integrative literature review was carried out, with a search in SCIELO, LILACS, MEDLINE and BDNF databases available in Portuguese and/or English, in the period between 2016 and 2020. Results: The analysis of the literature found showed numerous benefits that the paternal inclusion to prenatal care generates for the health of the father, for the pregnant woman and for the baby, which results in an optimization of health services, as it would be an promotion health and not only contain diseases, and may be used as a tool for restructuring the supply and search for health services. Conclusion: Prenatal care is to be the perfect opportunity to become the gateway for men to health services, and to habits of promotion and health maintenance, not just containment of health problems

DESCRIPTORS: Men's health; Public health; Parternity; Pregnant women; Family planning.

RESUMEN

Objetivo: : Identificar las principales dificultades para la participación de los hombres en la atención prenatal, su importancia en el proceso gestacional y la planificación reproductiva. Método: Estudio de revisión integradora de la literatura, con búsqueda en las bases científico SCIELO, LILACS, MEDLINE y BDNF disponibles en portugués y / o inglés, en el período comprendido entre 2016 y 2020. Resultados: El análisis de la literatura encontrada mostró numerosos beneficios que la inclusión paterna a la atención prenatal genera para la salud del padre, de la gestante y del bebé, lo que redundando en una optimización de los servicios de salud, ya que sería un incentivo para promoción de la salud y no solo contener enfermedades, puede ser utilizado como herramienta para la reestructuración de la oferta y búsqueda de servicios de salud. Conclusión: La atención prenatal resultó ser la oportunidad perfecta para convertirse en la puerta de entrada de los hombres a los servicios de salud y a los hábitos de promoción y mantenimiento de la salud, no solo la contención de los problemas de salud.

DESCRIPTORES: Salud del Hombre; Salud Pública; Paternidad; Mujeres Embarazada; Planificación Familiar.

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Barbosa, D. S. B, Ferreira, D. S., Monteiro, W.F.; Vasconcelos, M. N. G; Marrero, L.; De Andrade, L. L. C.;
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Dandara Santana Barros Barbosa

Enfermeira, graduada pelo Centro Universitário Luterano de Manaus
ORCID: 0000-0002-6394-9796

Darlisom Sousa Ferreira

Docente Adjunto na Escola Superior de Ciências da Saúde da Universidade do Estado do Amazonas e Docente Permanente do Programa de Pós-Graduação em Enfermagem em Saúde Pública (ProEnSP), Doutor em Enfermagem pela Universidade Federal de Santa Catarina/UFSC e Mestre em Educação.
ORCID: 0000-0003-3381-1304

Wagner Ferreira Monteiro

Docente Assistente na Escola Superior de Ciências da Saúde da Universidade do Estado do Amazonas. Mestre em Saúde coletiva pela Universidade Luterana do Brasil/ULBRA
ORCID: 0000-0002-3303-3031

Milaine Nunes Gomes Vasconcelos

Docente Auxiliar na Universidade do Estado do Amazonas (UEA). Mestre em Ciências pelo Programa de Pós-graduação em Saúde da Criança e da Adolescência da Faculdade de Medicina de Ribeirão Preto /USP.
ORCID: 0000-0001-8815-0406

Lihsieh Marrero

Docente Adjunto na Escola Superior de Ciências da Saúde da Universidade do Estado do Amazonas. Doutora em Enfermagem pela Universidade Federal de Santa Catarina, Mestre em Saúde da Criança e da Mulher pelo Instituto Fernandes Figueira/FIOCRUZ-RJ.
ORCID: 0000-0001-8815-0406

Lucas Lorrán Costa de Andrade

Discente de Enfermagem no Centro Universitário Luterano de Manaus.
ORCID: 0000-0002-2856-5682

INTRODUCTION

Prenatal care has always focused exclusively on women, both in planning and in public policies, with male participation during this process being little prioritized. 1 The father is often completely excluded from the follow-up, because both he and the partner, as well as the health professionals themselves, think that their participation is not important, since the woman is the protagonist of the pregnancy.

A national study on the access, reception and involvement of men in prenatal care and birth, which interviewed 42.972 men who assumed themselves as parents of children born in 2014 in public institutions or affiliated with the Unified Health System (SUS), showed that in 69% of births had the presence of the father, although most of this percentage did not participate in prenatal consultations. 2 It is noteworthy that the inclusion of the father in pre-

natal and obstetric care was the agenda point of the International Conference on Population and Development in Cairo, in 1994, as an important strategy for the reformulation of the concept of fatherhood and the place of man in society with gender equality. 3 In Brazil, in 2009, the National Policy on Men's Health was ratified, which began the implementation of actions to encourage and guarantee their inclusion in prenatal care, with the aim of strengthening the father-mother-child triad. 4-5

Studies show that the presence of men in prenatal care consultations provides pregnant women with feelings of security, comfort and credibility, making the process more attractive or pleasant. 6-9 For men, this moment can represent their first contact with the services offered in the primary care network. For the service, the inclusion of the baby's father in prenatal care can be an opportunity to incorporate him into strategic actions aimed at men's health,

such as routine examinations and updating of the vaccination status. 4

As another point, authors emphasize that the partner's lack of understanding or understanding of the process about some phenomena inherent to pregnancy tends to contribute to marital crises, which can justify the partner's difficulty in establishing a bond with the baby during pregnancy. 7

This study aimed to identify in the literature the reasons for not including men in prenatal care, highlighting the main difficulties encountered. It also aimed to define the importance of their participation in pregnancy and reproductive planning, opening the discussion on the benefits that this integration would bring to the health of men and families.

METHOD

This is an integrative literature review (RIL) study based on Ganong's proposal

10 which establishes the research stages: formulation of the research's guiding question, sample selection from the descriptors selected for the theme, categorization of studies, evaluation of studies, interpretation of results and dissemination of the review.

In the first stage of the adopted framework, the PICO (Population, Interest and Context) strategy was used: Population (man); Interest (reasons for non-adherence); Context (prenatal care in primary care), to formulate the research's guiding question, namely: "what is the scientific evidence on the reasons for men's non-adherence to prenatal care in primary care?"

In the second methodological step, the search in electronic databases was conducted. Only original research publications, available in full, published between 2016 and 2020, in English and/or Portuguese, were included in the study. Publications of literature review studies, methodological or reflective essays and editorials were excluded from the RIL. Data collection was conducted between March and July 2020, in the scientific databases Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Database of Nursing (BDENF) and Online Medical Literature Analysis and Retrieval System (MEDLINE). As a search strategy, the Health Sciences Descriptors (DeCS) were used: Men's Health (Men's Health), Pregnant Women (Pregnant Women), Paternity (Paternity), Family Planning (Family Planning) and Public Health (Public Health), combined with each other by the Boolean operator "AND". To expand the search, the following keywords were added to the descriptors: Prenatal Care (Prenatal Care) and Nursing (Nursing), together with the Boolean operator "OR".

The search identified 531 publications in total, with 111 excluded due to duplicity, 94 for not having the full text and 136 for not fitting the theme. After applying the inclusion and exclusion criteria, the publications selected for prior reading to verify eligibility, totaled 131. In the end, 20 pu-

blications were included in the RIL in the final synthesis (Figure 1).

The third step was the extraction of data of interest (title; authors; year, journal, language, database, field of knowledge and type of publication; objectives; type of approach and research; place of development of the study; subjects and sample; source and analysis of data; difficulties encountered in the participation of men in prenatal care) with the aid of a previously elaborated instrument. Data were organized in Excel® software.

The fourth stage of the RIL was the critical analysis, with a "double blind" methodology, in which two researchers evaluated the material without knowing each other's opinions. In cases of disagreement in the assessments, a third researcher carried out the review. There were no dissents. Data were analyzed considering the seven thematic categories previously established: Prenatal care and paternity; Public health, men's health and parenthood; Men's health, public policies and public health; Family planning, pregnant women and public policies.

In the fifth stage of the RIL, aimed at discussing and interpreting the data, the findings were organized into four topics: "Man's health and the paradigms of their participation in relation to prenatal care"; "The construction of paternal identity during prenatal care"; "Public policies aimed at the insertion of men in prenatal care" and "Inclusion of men in family planning, benefits for the family and the role of the health team" in order to answer the research question raised. In the sixth step, the summary of evidence was carried out.

RESULTS

With regard to the methodological approach, it was observed that 75% of the articles found are studies with a qualitative approach, 20% with a quantitative approach and 5% with a quantitative-qualitative approach. As for the theme, the articles were distributed as follows, taking into account the descriptors and their Boolean operators: 6 articles (30%) address the theme of prenatal care related to paternity; 7

articles (40%) deal with public health related to men's health and fatherhood; 3 articles (15%) address men's health combined with public policies and public health; and 3 articles (15%) address family planning, pregnant women and related public policies.

Table 1 below shows the synthesis of publications selected for this review study, according to year of publication, authors, title, type of study, study approach and the results found. The articles are organized by year of publication, starting with the oldest and ending the table with the most recent publication:

The set of selected studies brings the reader closer to the reality of men's insertion in health services, their identity as fathers and women's partners, and health policies as a backdrop for care practices. The methodological restriction of the studies reveals the need to diversify research approaches on the insertion of men in prenatal care, the understanding of paternity and the care of their own health. The synthesis of the analyzed data is presented in four parts for a better understanding: "The health of men and the paradigms of their participation in relation to prenatal care"; "The construction of paternal identity during prenatal care"; "Public policies aimed at the insertion of men in prenatal care" and "Inclusion of men in family planning, benefits for the family and the role of the health team".

DISCUSSION

Men's health and the paradigms of their participation in prenatal care

It was in 1990 that the discussion about men's health began to include gender issues. The literature found that the differences between men and women in terms of morbidity, mortality and life expectancy could be explained based on five factors: biological-genetic specificities; social and ethnic differences and inequalities; association between behaviors and different social expectations; seeking and using health services and care from health professionals. 11-12

The move away from the gender perspective of merely theoretical and political

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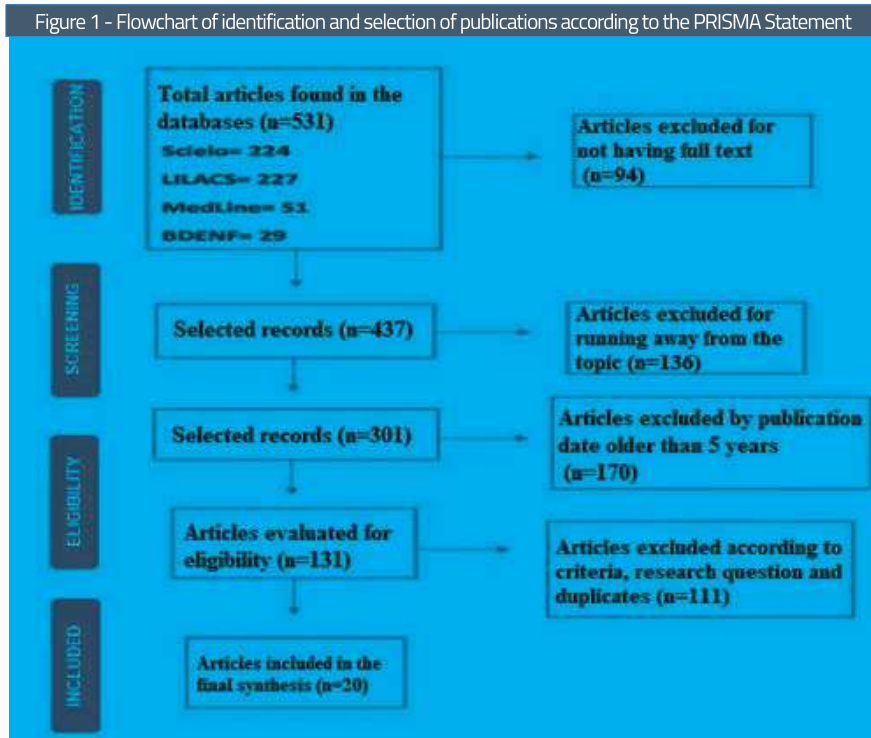
studies towards an approach to health practices will contribute to the production of knowledge that instrumentalizes such practices, since in our society gender often dominates power relations, and it is also closely related to exposure to risks and working conditions. 13

In Brazil, the social and cultural structure has built a model of masculinity that encourages lack of care for oneself and others, placing this population at risk and causing an increase in morbidity and mortality rates.

In the context of fatherhood, many fathers show interest in having a more active participation in prenatal care and family care, but feel constrained by the gender roles imposed on them and by the lack of interest shown by the partner and the health professionals to involve him as an active part of the process. 8

The historical construction in which men are inserted leads them not to recognize the need to seek health services, because they consider themselves stronger, with greater resistance and, mainly, because of the fear of being seen as more vulnerable, demonstrating how great the influence of this masculinity complex. 14

The historical construction in which



Source: the author.

men are inserted leads them not to recognize the need to seek health services, because they consider themselves stronger, with greater resistance and, mainly, because of the fear of being seen as more vulnerable,

demonstrating how great is the influence of this masculinity complex.

Even though specific health programs are formulated based on health indicators, the male public's reluctance to seek pre-

Tabela 1- Dimensões da satisfação dos participantes do gerenciamento clínico por telemonitoramento, Centro-sul, Paraná-PR, 2020

AUTHOR/YEAR	TITLE	APPROACH	DISCUSSION SUMMARY AND RESULTS
Cortez MB et al 2016	Health professionals and the (non) care of the man-father: analysis in social representations	Qualitative	Professional unpreparedness to deal with paternity Lack of infrastructure and incentive to include parents in the care of pregnant women The father's presence is important in the opinion of the participants The father is only the provider of the family
Gomes R et al 2016	Men's lines of care aimed at sexual health, reproduction and paternity	Qualitative	The cultural constructions about men, limiting their performance as a collaborator with the health of their partner and family provider
Moreira MCN et al. 2016	And now the man comes?! Men's health care strategies	Quantitative and qualitative	Insufficient strategies to attract and involve the male audience in prenatal care

Ferreira IS et al. 2016	Perceptions of pregnant women about the role of partners in prenatal consultations	Qualitative	Pregnant women feel more secure and confident when they are accompanied by their partners in prenatal consultations
Coelho ACS et al. 2016	Knowledge and practices of men regarding reproductive planning	Qualitative	Men's lack of interest in getting involved in reproductive planning Need to mobilize professionals and managers to adapt inclusive health actions and services for men
Couto MT, Dantas SMV. 2016	Gender, masculinities and health in a magazine: the production of the area in the Saúde e Sociedade magazine	Qualitative	Social processes related to gender and masculinity produce differences in the pattern of morbidity and mortality Definition of masculinity based on biological sex, social and cultural markers
Ribeiro CR et al 2017	Meetings and disagreements between men's health, the promotion of participatory fatherhood and sexual and reproductive health in primary care	Qualitative	Insertion of men in health actions is compromised by gender issues Health services and actions do not contemplate the principle of comprehensiveness, making it difficult to promote the bond in primary care
Heinz GF.et al	Paternal inclusion during prenatal care	Qualitative	Paternal participation in prenatal care is complex and influenced by economic, cultural and family issues
Caldeira LA. et al. 2017	The view of pregnant women about the participation of men in the pregnancy process	Qualitative	Need to establish a link between the mother-father-child triad Encourage and facilitate the participation of men in prenatal consultations
Costa SF, Taquette SR. 2017	Need to establish a link between the mother-father-child triad Encourage and facilitate the participation of men in prenatal consultations	Qualitative	Commitment to political efforts to include men in prenatal care Historical-cultural influence on the health care model in Brazil that excludes men from maternal and child health care
Cardoso VEPS. et al. 2018	The partner's participation in the prenatal routine from the perspective of the pregnant woman	Qualitative	Intersectoral articulation to ensure the partner's inclusion in prenatal care
Cesaro BC. et al 2018	Masculinities inherent in the Brazilian men's health policy	Qualitative	Need to review public policies to address the care of men's health in multiple contexts.

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Silva WG et al. 2018	Family Planning for Men	Quantitative	Cultural barriers, services incapable of welcoming, clarifying and providing opportunities for men to decide for birth control. Need for investments in infrastructure and training of the health team.
Cavalcanti TRL., Holanda VR. 2019	Paternal participation in the pregnancy-puerperal cycle and its effects on women's health	Qualitative	Paternal participation in the pregnancy-puerperal cycle and its effects on women's health
Braide, ASG. et al. 2019	I am a man and a father, yes! (Re) building the male identity based on participation in childbirth	Qualitative	Resignification of male identity based on the reconstruction of the ideals of paternity The supporting participation of the father reinforces the hierarchical stereotype in health services
Trindade Z. et al. 2019	First-time parents: demand for support and visibility	Qualitative	Men's desire to follow a paternal model different from the traditional one, but they are pressured to meet the demands of a provider, assuming the supporting position during the care of the pregnant partner.
Carneiro VSM. et al 2019	Men's health: identification and analysis of factors related to seeking, or not, primary care services	Quantitative	Men are more resistant, stronger and invulnerable Preference for self-medicating, lack of time and discomfort in primary health care services Men seek health care, mainly in outpatient clinics, medium and high complexity services
Balica LO, Aguiar RS. 2019	Paternal perceptions in prenatal care	Qualitative	Difficulties in building the paternal identity for not experiencing the gestational processes in the human body The man's absence in prenatal care is justified by difficulties in getting time off from work, lack of invitation from the partner, embarrassment in consultations and lack of interest
Mello MG. et al. 2020	Participation of the young father in prenatal care: the health professional's view	Qualitative	Being a father does not alter traditional views of gender and masculinity. Negative interpretation of fatherhood in adolescence and men's distancing from health services.

Source: the author.

ventive health services makes it difficult for them to be "seen" by the system, because, according to the surveys carried out, they consider that women have more time, easier access and more specialists. 15

The construction of paternal identity during prenatal care

The arrival of a baby is marked by a great intimacy between the couple who are pre-

paring to build a common good: the family. Fatherhood in homes where the fathers, man and woman, have a good relationship provides the child with a healthier and more harmonious development. Currently,

men no longer have the exclusive responsibility to assume the family financially, since women are inserted in the labor market, thanks to several social changes that have taken place over the years. 8

It was only in the 1990s that the hegemonic model of the father figure began to break, allowing the implementation of the first public policies aimed at attracting men, which shows how much concern with the specifics of male health and the inclusion of men in reproductive health services is recent.

With this, the idea that men are not interested in issues related to reproduction and that family planning and childcare are attributions and responsibilities only for women, which harms parents who are really interested in fully exercising their reproductive and sexual rights. 7

The new model that emerges and is strengthened with new studies and policies is that of the father who cares and is actively involved in the upbringing and education of his children, no longer being just a "provider". Called "new parents", surveys show that they show greater interest in an effective approach and participation in care, in addition to closer affective relationships. 11,14

Still on the gender perspective, another topic of identity construction of the new father, are the cases of teenage parents. Because they have specific needs, health services consider it too complicated to deal with male adolescents, thus reinforcing the maternal-infant approach and harming the maturing of the sense of responsibility and paternal affection, not recognizing them as participants in the reproductive process. 13

However, their active participation in childbirth and postpartum contributes to the strengthening of the affective/family bond and to the cultural meaning of being a father, transcending social beliefs and paradigms. Fatherhood can also bring men closer to reflecting on their responsibilities towards their children and family, leading them to the need to promote self-care to reduce disease processes and increase their life perspective. 1

This involvement of men in fatherhood

and care is conducive to the development of children. But although its importance is undeniable and the value of this involvement is increasing, nowhere in the world is the father's bond as encouraged and worked on as the maternal bond. 14

Public policies aimed at the insertion of men in prenatal care

In the gestational process, both men and women need to prepare and adapt to pregnancy and childcare. With this, the future father analyzes the parental models he wants or does not want for himself and uses his own fatherhood references.

In this context, and after decades of exclusion of men, the Ministry of Health created the National Policy for Comprehensive Attention to Men's Health (PNAISH), through Ordinance GM/MS n. 1944, of August 27th, 2009. 4 Thus, the man is no longer just a supporting role in prenatal care, and has also become an active participant in the care of his own physical and emotional health, together with his partner. 15

But even after these advances, some authors claim that public policies aimed at men still run into cultural issues that make their implementation difficult. Therefore, one of the fundamental aspects for the success of PNAISH is to continually promote reflection on these issues, taking into account the different masculinities, and including health professionals in the reflection. 13,14

Other authors argue that the main strategy to deal with the complexity of this issue would be to include men in the central discussion of the planning of macro and micro actions in the Health sector and other transversal policies (Public Safety, Transport, Labor, Social Development, etc.), aiming to improve the social and health indicators of this population, generating a better quality of life for all. 15

However, measures have emerged to reduce paternal distancing, especially from younger parents, who are even more difficult to be included, with this, it is clear the need to implement and carry out the program aimed at men's health, and how

prenatal care could be used as a tool for guidance and guidance for this public.

That said, the reception of men's health would involve tests that could interfere with the gestational process (STIs, genetic diseases, etc.), however, the more specific needs of each parent should be met in another consultation, as it would deviate a little from what is proposed within prenatal consultations. 3

Studies show that the father's involvement reduces the risk of mental disorders, such as depression, and makes him better understand what is happening with the mother and the child. Therefore, encouraging their participation will favor the development of bonds between parents and infants and will improve the ability to understand children's communication. 16

Realizing that masculinity often becomes invisible as a subject within public health policies, the importance of a management focused on this area is highlighted, as it is believed that the discussion on the subject, combined with the social and political context, will allow the identification of tools for the implementation of public policies centered not only on the attention to the main health problems, but also on their promotion and prevention. 17

Insertion of men in family planning, benefits for the family and the role of the health team

During pregnancy, the woman is in great emotional instability, which affects the whole family, so the support of her partner is essential for the stressful situations she will undergo. 18

It is explained that the reason for the exclusion of parents from reproductive health and family planning services is due to the fact that public services have little physical infrastructure, lack of professional training for this target audience, limiting norms of professional action and discredit regarding the potential of exercising parenthood. 19

However, as simple as it may seem to extend prenatal care to the pregnant woman's partner, health services still face difficulties in this insertion, especially in terms of awareness. It is noteworthy that women who

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are followed in the prenatal routine by their partners, have fewer complications during labor, delivery and postpartum, as well as having fewer physical and emotional symptoms during pregnancy, and are less likely of obstetric violence's occurrence. 9

For paternal adherence to occur, professionals need to create activities and strategies that draw men's attention to their preventive exams and are monitored at the same time that women are undergoing prenatal care. 20-21

According to the Ministry of Health in Law No. 13257/2016, the father has the right to be absent from work to accompany his wife or partner in prenatal consultations within two consecutive days, and the employer is not allowed to deduct these days from the employee's salary, requiring the presentation of a certificate or medical statement. 4

Cultural and educational factors are responsible for the characterization of populations, thus dictating the habits and customs, and the way such population will relate to each other. It is noteworthy that the results show the conflict of beliefs and, mainly, the low indicators of education and information in some countries. 22-24

CONCLUSION

At the end of the study, it was concluded that due to the strong influence that gender issues still exert on the father, the construction of society itself sees the man only as the provider of the house and his only responsibility and function is to meet its material needs. Caring for the children, on the other hand, has always been a female role, creating a distance between the father and the children and hindering the insertion of men in prenatal care.

Through this research, we sought to present evidence of benefits when men and women are active participants in prenatal care, generating more confidence and security for the pregnant woman and helping the father to establish, from the beginning, the affective relationship with the baby, expanding caring for the family and strengthening paternal bonds so that the father becomes as important a part as the mother.

The results of the study showed that prenatal care is an opportunity for men to have access to health services, as well as to habits of prevention and health maintenance, not only containing diseases, but, for this, the need for initiative of the health professionals to encourage and promote male inclu-

sion in services.

More studies are still needed on tools that could be used by the health team, as a pickup for these men, especially those who have the responsibility to maintain the home financially, since this situation often ends up limiting or nullifying the will of the father to participate. This study was limited to showing only the benefits and difficulties of inclusion, since it was not possible to find almost any reference on capture instruments.

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