PARTNER INVOLVEMENT IN PRENATAL AND GYNECOLOGICAL CONSULTATIONS: REPERCUSSIONS ON MATERNAL AND CHILD HEALTH AND THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

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Abstract: The partner's participation in prenatal care and gynecological consultations represents an important factor in promoting maternal and child health and preventing sexually transmitted infections (STIs). In Brazil, despite public policies encouraging male involvement in reproductive health care, low male adherence to health services is still observed, including prenatal care and preventive examinations such as the Pap smear test. This study aims to discuss, based on scientific literature and national epidemiological data, the importance of the partner's presence in prenatal care, especially regarding the diagnosis, treatment, and prevention of STIs such as syphilis, HIV, and viral hepatitis. The literature findings show that partner inclusion contributes to reducing maternal reinfection, improving treatment adherence, and strengthening family bonds. It is concluded that nursing practice plays a fundamental role in implementing strategies that promote the inclusion of the partner in comprehensive women's health care.

Keywords: Nursing; Prenatal care; Reproductive health; Sexually transmitted infections; Women's health.

INTRODUCTION

Prenatal care is a set of fundamental actions for the promotion of maternal and fetal health, involving periodic consultations, laboratory tests and health guidance, with the objective of reducing obstetric risks and preventing complications during pregnancy. According to Brasil (2012), adequate prenatal care should ensure early diagnosis and timely treatment of diseases, especially sexually transmitted infections (STIs), such as syphilis, HIV and viral hepatitis, which have the potential for

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vertical transmission and have a direct impact on fetal development.

In this context, authors such as Duarte and Andrade (2011) highlight that screening for these infections during pregnancy is one of the most effective strategies to reduce maternal and child morbidity and mortality, and it is essential to perform serological tests in all prenatal consultations. Syphilis, in particular, remains an important public health problem in Brazil, evidencing failures in the chain of care, especially when there is no simultaneous treatment of the sexual partner.

Despite advances in public health policies and the implementation of strategies such as Partner's Prenatal Care by the Ministry of Health, male participation is still limited and irregular. National studies indicate that, although many men recognize the importance of gestational follow-up, their effective presence in consultations is still low, reflecting sociocultural, organizational and structural barriers of health services (Gomes; Nascimento; Araújo, 2007). These authors emphasize that traditional masculinity still negatively influences men's behavior in relation to self-care and the search for health services.

Data from the National Health Survey (PNS), carried out by the Brazilian Institute of Geography and Statistics (IBGE), indicate that approximately 76.7% of men claim to have followed their partners' prenatal care. However, this follow-up often occurs in a timely manner, without active participation in consultations and without involvement in prevention and health promotion actions (IBGE, 2019). This highlights an important gap between declared presence and effective participation in prenatal care.

In this context, the absence of the partner during prenatal care and gynecological consultations, such as the Pap smear, represents a significant challenge for the control of STIs and for the promotion of the couple's sexual and reproductive health. According to Brasil (2018), the partner's non-adherence to treatment in cases of STIs, especially syphilis, is one of the main factors associated with maternal reinfection and the persistence of congenital syphilis in the country.

In addition, studies by Oliveira et al. (2015) reinforce that male participation in reproductive care contributes to the strengthening of family bonds, improves adherence to treatment, and promotes

greater equity in health responsibilities. Thus, the need for public health strategies that encourage the active inclusion of men in prenatal care and women's health practices becomes evident.

OBJECTIVES

General Objective

To analyze the importance of partner participation in prenatal care and gynecological consultations, with emphasis on the prevention and control of sexually transmitted infections (STIs), as well as on strengthening comprehensive health care for women.

Specific Objectives

To describe the importance of prenatal care as a strategy to promote maternal-fetal health and prevent diseases.

Highlight the impact of sexually transmitted infections (syphilis, HIV and viral hepatitis) on pregnancy and the need for joint treatment of the couple.

To analyze the low male adherence to prenatal care and gynecological consultations, based on the scientific literature and epidemiological data.

MATERIALS AND METHODS

The present study is characterized as a qualitative research, exploratory and descriptive in nature, developed through a literature review of the narrative type, with the objective of analyzing the importance of the partner's participation in prenatal care and gynecological consultations, with emphasis on the prevention and control of sexually transmitted infections (STIs), as well as the

qualification of women's health care.

According to Minayo (2014), qualitative research allows us to understand social and health phenomena based on meanings, perceptions and contexts, and is especially suitable for investigations involving care practices, family relationships and human behavior in health services. In this sense, the methodological choice is justified by the need to understand the factors that influence low male adherence to prenatal care and reproductive health actions.

The narrative review was used because it enables a broad and interpretative analysis of the available scientific literature, allowing the synthesis of knowledge produced on the subject. According to Rother (2007), this type of review is appropriate for the description and discussion of the state of the art of a given theme, contributing to critical reflection on health practices.

For the construction of the study, systematized searches were carried out in nationally and internationally recognized scientific databases, including: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Health Library (VHL), Google Scholar, as well as official documents from the Ministry of Health and statistical data from the Brazilian Institute of Geography and Statistics (IBGE).

The descriptors used for the search were selected based on the Health Sciences Descriptors (DeCS), namely: "partner's prenatal care", "men's health", "sexually transmitted infections", "gestational syphilis", "obstetric nursing" and "women's health", combined with Boolean operators such as AND and OR, in order to expand or refine the results obtained.

The inclusion criteria were: original and review scientific articles, published in Portuguese, available in full, with direct relevance to the proposed theme and preferably published in the last 15 years. Official documents of public health policies and technical manuals of the Ministry of Health were also included. Duplicate studies, studies outside the thematic scope, publications without adequate scientific rigor or that did not address the partner's participation in the context of prenatal care and gynecological health were excluded.

Data analysis was carried out through exploratory, selective, analytical and interpretative

reading, seeking to identify convergences and divergences among the selected authors. Subsequently, the findings were organized into thematic categories, allowing a better understanding of aspects related to male participation in prenatal care, STIs and the role of nursing in this process.

According to Bardin (2011), content analysis is a technique that allows the systematization of qualitative data, enabling inferences about the object studied from the organization of information into thematic categories. Thus, the results were interpreted in the light of the scientific literature and public health policies in force in Brazil.

Finally, it is noteworthy that this study does not involve research with human beings, and it is not necessary to submit to the Research Ethics Committee, according to the guidelines of Resolution No. 510/2016 of the National Health Council, as it is a literature review.

RESULTS AND DISCUSSION

Male participation in prenatal care and impacts on adherence to maternal and child care

The findings of the literature consistently show that the participation of the partner in prenatal care still occurs in an insufficient, fragmented and irregular way in the Brazilian context, even in the face of the existence of public policies that encourage their insertion in the care of pregnant women, such as the Partner Prenatal Strategy, proposed by the Ministry of Health. Thus, the main central finding identified in the studies is the distance between public policy and its effective implementation in health services, which reveals a gap between institutional discourse and care practice.

A second relevant finding refers to the fact that male participation, when it occurs, is mostly passive and episodic, concentrating on specific moments of pregnancy, such as ultrasounds or final consultations, and not throughout the entire prenatal follow-up. Leal et al. (2018) highlight that this limited participation compromises the comprehensiveness of care, since prenatal care is a continuous process that involves clinical monitoring, educational guidance, and disease screening.

Another important finding in the literature concerns the influence of sociocultural

determinants of gender on low male adherence. According to Gomes, Nascimento and Araújo (2007), the social construction of masculinity in Brazil establishes that men must be strong, self-sufficient and distant from health services, which makes preventive care associated with frailty. This cultural model appears in studies as one of the main barriers to active participation in prenatal care, leading many men to seek services only in situations of disease that has already set in.

A fourth finding identified refers to the organization of health services, which are not yet adequately structured to welcome men. Figueiredo and Schraiber (2011) point out that primary care services are historically focused on women's and children's health, which results in environments that are not very inclusive for the male public. Among the most cited problems are: schedules incompatible with the working day, absence of specific flows for partner care and lack of training of the teams for male welcoming.

Another relevant finding is the direct association between low partner participation and failures in STI control during pregnancy, especially syphilis. Brasil (2018) highlights that the non-adherence of the partner to the diagnosis and simultaneous treatment is one of the main factors associated with the persistence of congenital syphilis in Brazil. This shows that the exclusive treatment of pregnant women is insufficient, and that expanded care is necessary for the couple to interrupt the chain of transmission.

The literature also evidences an important finding related to male perception of prenatal care. Many men report a lack of knowledge about their role in this process, in addition to feelings of discomfort and not belonging to health services. This data appears recurrently in the studies analyzed and reinforces the existence of a gap in information and educational strategies aimed at the male public.

Another significant finding refers to the interpretation of epidemiological data from the IBGE (2019). Although 76.7% of men claim to follow their partners' prenatal care, studies indicate that this number does not reflect active and continuous participation. In practice, follow-up is punctual and often restricted to specific events, such as imaging exams, which shows a discrepancy between

quantitative data and the quality of participation.

In addition, studies such as that of Almeida et al. (2020) demonstrate that, when there is effective participation of the partner, better maternal and child outcomes are observed, such as greater adherence to consultations, greater adherence to STI treatment, and greater satisfaction of the pregnant woman with the care received. This finding reinforces that the male presence is not only symbolic, but has a concrete clinical and care impact.

Finally, the literature converges on a central and integrating finding: low male adherence to prenatal care is not the result of a single isolated factor, but rather of a set of interconnected structural, cultural, and institutional determinants. Among them, the following stand out: social gender norms, failures in the organization of health services, absence of specific welcoming strategies and lack of health education aimed at men.

Thus, the results show that male participation in prenatal care is still a multifactorial challenge, which can be overcome not only on individual changes in behavior, but also on a restructuring of health services and the strengthening of public policies for equity in health.

Male participation in gynecological consultations and implications for STI prevention and couple's sexual health

Male participation in gynecological consultations is still very incipient in the Brazilian scenario, configuring itself as an important challenge for the consolidation of sexual and reproductive health practices based on comprehensive care. Historically, gynecology services have been structured with an exclusive focus on the female body, reinforcing the idea that reproductive care is a unilateral responsibility of women, while men occupy a peripheral position in the process of prevention and treatment of sexually transmitted infections (STIs).

This fragmented care logic contributes to the maintenance of gender inequalities in the health field, since it disregards the fact that STIs are, for the most part, sexually transmitted infections that

necessarily involve the couple. According to Schraiber et al. (2010), the organization of health services in Brazil still reproduces historical gender patterns that distance men from reproductive care, limiting their participation to specific or urgent situations, and not as an active subject of prevention practices.

In the context of gynecological consultations, especially those related to the Pap smear, it is observed that the presence of the partner is practically non-existent. Such absence is not limited only to the physical aspect, but also to participation in health guidance, educational actions and understanding of the risks associated with STIs. This reality contributes to the perpetuation of unprotected sexual behaviors and to the low adherence to consistent use of condoms.

According to Brasil (2013), the National Policy for Comprehensive Attention to Men's Health reinforces the need for male inclusion in sexual and reproductive health actions, highlighting that men should be recognized as subjects of care and co-responsible for the couple's health. However, in the daily practice of health services, there is still a significant gap between what is recommended by public policies and what is effectively performed by health teams.

The literature indicates that this male absence in gynecological consultations has a direct impact on the control of STIs, especially syphilis, HIV and viral hepatitis. According to Araújo et al. (2017), the reinfection of women after adequate treatment is a frequent phenomenon when the partner is not tested and treated simultaneously, showing that the individualized approach of the woman is not enough to interrupt the chain of transmission.

In addition, Domingues et al. (2014) highlight that gestational and congenital syphilis remain important public health problems in Brazil, strongly associated with failure in the diagnosis and treatment of the sexual partner. This demonstrates that male absence in gynecological health actions is not only a matter of social participation, but a factor directly related to the persistence of avoidable diseases.

Another relevant aspect identified in the literature is the difficulty in inserting men in women's health services due to deeply rooted sociocultural factors. Gomes, Nascimento and Araújo (2007) point out that hegemonic masculinity in the Brazilian context still associates health care with

fragility, which makes many men avoid environments such as gynecological offices because they consider them exclusively feminine. This symbolic distancing reinforces the male exclusion from preventive and educational practices.

In addition to cultural aspects, there are also institutional barriers that make it difficult for the partner to participate in gynecological consultations. Among them, the absence of protocols that encourage the presence of men, the lack of adequate physical spaces for welcoming the couple and the lack of systematic strategies for inviting the partner for testing and counseling on STIs stand out. According to Figueiredo and Schraiber (2011), health services still operate under a woman-centered logic, which limits the implementation of practices aimed at shared care.

Regarding the prevention of STIs, the literature is consensual in stating that the individualized approach is insufficient to control these infections. Brasil (2018) reinforces that the simultaneous treatment of the couple is an essential measure to avoid reinfections and ensure therapeutic efficacy. In this sense, the absence of a partner in gynecological consultations directly compromises the effectiveness of prevention, diagnosis and treatment actions.

In addition, studies indicate that male participation in sexual health actions is associated with better indicators of the couple's health, including greater adherence to the use of condoms, greater demand for rapid testing, and greater involvement in decisions related to reproductive health. Oliveira et al. (2015) emphasize that the inclusion of men in gynecological care contributes to the strengthening of the marital bond and to the construction of more equitable health relationships.

Another important point is the role of nursing in this process. The nursing team acts as a fundamental mediator in the promotion of male inclusion, through educational actions, sexual health counseling, rapid testing for STIs and guidance on the importance of the couple's treatment. Brasil (2018) highlights that nurses are key players in the implementation of Partner Prenatal Care and in the expansion of male access to reproductive health actions.

However, even with the work of nursing, significant challenges related to male adherence persist. Among them, the embarrassment reported by men in participating in traditionally feminine

environments, the lack of information about the importance of their role in the prevention of STIs, and the absence of specific educational campaigns aimed at the male public in the context of sexual health stand out.

Another relevant aspect is the invisibility of men in cervical cancer prevention strategies. Although the Pap smear is an exclusively female test, its effectiveness in preventing STIs and cervical cancer is directly related to the sexual behavior of the partner. Thus, the absence of men in this context contributes to the maintenance of avoidable risks and reinforces the need for more integrated public policies.

In view of this, it is evident that male participation in gynecological consultations should not be understood as a complementary or optional action, but rather as an essential component of comprehensive sexual and reproductive health care. The literature converges in stating that the inclusion of the partner in gynecological care contributes to the reduction of STIs, improves obstetric outcomes, and strengthens equity in gender relations in health.

Finally, it is observed that the transformation of this scenario depends not only on a change in the individual behavior of men, but also on a restructuring of health services, with greater institutional openness, training of teams and strengthening of public policies aimed at men's health and the sexual health of couples.

Role of nursing and strategies for the inclusion of the partner in prenatal care and gynecological consultations

The performance of nursing in the context of women's health and prenatal care is a central element for the promotion of comprehensive, humanized care based on the integrality of the subject. In the Brazilian scenario, the Family Health Strategy (FHS) positions nurses as one of the main professionals responsible for coordinating care, with prenatal care being one of the fundamental axes of their work. In this context, the inclusion of the partner in gestational follow-up and gynecological

consultations represents a contemporary challenge for nursing, at the same time that it is configured as an opportunity to qualify sexual and reproductive health care.

According to the Ministry of Health (Brasil, 2018), the Partner Prenatal Strategy was instituted with the objective of expanding male co-responsibility in the care of pregnant women, promoting the active participation of men in actions of prevention, diagnosis and treatment of diseases, especially sexually transmitted infections (STIs). This strategy recognizes that care for pregnant women should not be individualized, but rather extended to the family and marital context, considering that the couple's health is directly interconnected.

In this scenario, the nurse assumes a strategic role as a facilitator of the partner's insertion in prenatal care. Among its attributions, the performance of nursing consultations, request and interpretation of laboratory tests, performance of rapid tests for HIV, syphilis and viral hepatitis, in addition to guidance on sexual and reproductive health, stand out. According to Brasil (2012), nurses are one of the main responsible for the organization of low-risk prenatal care in Primary Health Care, being fundamental for the early detection of diseases and for strengthening the bond with the user.

One of the main findings of the literature is that nursing plays a decisive role in sensitizing the partner to shared care, since many men are unaware of its importance in the gestational process. Gomes, Nascimento and Araújo (2007) highlight that the low male demand for health services is related not only to cultural factors, but also to the absence of active strategies of invitation and welcoming by the services, which reinforces the need for a more proactive posture of the nursing team.

Among the strategies used by nursing to include the partner in prenatal care, group and individual educational actions, active invitation to participate in consultations, flexibility of care and rapid testing at the same time as the pregnant woman's consultation stand out. These actions have been shown to be effective in increasing male adherence, especially when associated with a welcoming and judgment-free approach, as pointed out by Figueiredo and Schraiber (2011).

Another relevant point is that the presence of the partner in the consultations, when mediated by nursing, contributes significantly to the reduction of sexually transmitted infections (STIs), especially

gestational and congenital syphilis. Brasil (2018) emphasizes that the partner's non-adherence to simultaneous treatment is one of the main factors associated with the reinfection of pregnant women, which reinforces the importance of the nurse's role in summoning and monitoring the couple.

In addition, studies indicate that nursing plays an essential role in deconstructing cultural barriers related to masculinity and self-care. Many men still associate health services with frailty or disease, which makes it difficult for them to be included in preventive actions. In this sense, the nurse acts as a mediator between the health service and the user, promoting health education and encouraging the co-responsibility of men in family care.

However, despite the relevance of nursing in this process, the literature also highlights important structural and institutional challenges. Among them, the work overload of professionals, the lack of specific training to approach the male public, the absence of standardized protocols for the inclusion of the partner and the limitation of material and human resources in health units stand out. These factors directly impact the effectiveness of the actions proposed by the Partner's Prenatal Strategy.

Another challenge identified refers to the organization of health services, which are still predominantly aimed at the female public. Figueiredo and Schraiber (2011) highlight that many men report discomfort when accessing women's health services, especially when there are no adequate spaces for male reception or when they are not actively invited to participate in care. This shows that the mere existence of public policies does not guarantee their effectiveness without the reorganization of health work processes.

Despite these limitations, the literature points to significant positive impacts when nursing actively acts in the inclusion of the partner. Studies show that male participation is associated with increased adherence to prenatal consultations, greater performance of diagnostic tests, better adherence to STI treatment, and greater satisfaction of pregnant women with the care received (Almeida et al., 2020). These results reinforce that nursing performance not only improves clinical indicators, but also strengthens family bonds and promotes greater equity in gender relations in health.

Another important aspect is the contribution of nursing in the prevention of vertical transmission of diseases. By ensuring that the partner is tested and treated properly, the nurse acts directly in the reduction of diseases such as congenital syphilis, which still represents a relevant public health problem in Brazil. In this sense, nursing work goes beyond individual care and has a direct impact on collective health.

In addition, nursing also plays a fundamental role in expanding access to health information. Health education performed by nursing professionals enables the deconstruction of myths, the clarification of doubts and the promotion of self-care among men, contributing to long-term behavioral changes. According to Brasil (2013), health education is one of the main tools for transforming health practices and strengthening comprehensive care.

Thus, it is observed that the inclusion of the partner in prenatal care and gynecological consultations depends directly on the role of nursing as an articulating agent of care. However, for this inclusion to be effective, it is necessary to invest in professional training, reorganization of health services and strengthening of public policies aimed at men's health and sexual and reproductive health.

Finally, it is concluded that nursing occupies a strategic position in promoting the integral health of the couple, being fundamental for the reduction of STIs, improvement of gestational outcomes and strengthening of co-responsibility in care. The consolidation of these practices depends not only on the individual performance of nurses, but also on an institutional and political commitment to equity in health and comprehensive care.

CONCLUSION

The analysis of the literature allowed us to understand that the participation of the partner in prenatal care and gynecological consultations is still limited and irregular in the Brazilian context, despite the existence of public policies that encourage its inclusion, such as the Strategy of the Partner's Prenatal Care. It is observed that the distance between what is recommended by health policies and

what is effectively practiced in the services evidences weaknesses in the organization of the care network and in the incorporation of strategies aimed at shared care.

The findings demonstrate that low male adherence is not an isolated phenomenon, but rather a multifactorial condition, influenced by sociocultural aspects, such as traditional patterns of masculinity, as well as institutional factors, such as the absence of adequate welcoming, inflexible schedules, and insufficient strategies aimed at the male public in health services. Added to this is the lack of knowledge of many men about the importance of their participation in prenatal and gynecological care.

It was also evidenced that the absence of the partner in prenatal care and gynecological consultations directly impacts the control and prevention of sexually transmitted infections (STIs), especially syphilis, HIV and viral hepatitis. The literature reinforces that the isolated treatment of the pregnant woman is not enough to prevent reinfections, and that simultaneous testing and treatment of the couple is essential to ensure the effectiveness of health actions.

In this context, the fundamental role of nursing as a mediator of care and promoter of the inclusion of the partner in the process of women's health care is highlighted. The work of nurses, through health education, welcoming, rapid testing and encouraging male participation, contributes significantly to the qualification of prenatal care and to the reduction of avoidable diseases.

Therefore, it is concluded that the inclusion of the partner in prenatal care and gynecological consultations should be understood as an essential strategy for promoting the couple's integral health, strengthening the family bond, improving maternal and child outcomes and contributing to the reduction of STIs. However, for this inclusion to be effective, it is necessary to strengthen public policies, reorganize health services and qualify professional practices, especially in the context of primary care.

Thus, the need to expand strategies that promote greater male participation in health services is reinforced, consolidating a more equitable, comprehensive, and family-centered care model.

REFERENCES

ALMEIDA, M. S. et al. Paternal participation in prenatal care and maternal-infant outcomes. Journal of Public Health, 2020.

ARAÚJO, M. A. L. et al. Gestational syphilis and couple reinfection: challenges for disease control. Brazilian Journal of Epidemiology, 2017.

BARDIN, L. Análise de conteúdo. São Paulo: Edições 70, 2011.

BRAZIL. Ministry of Health. Attention to low-risk prenatal care. Brasília: Ministry of Health, 2012.

BRAZIL. Ministry of Health. National Policy for Comprehensive Men's Health Care. Brasília: Ministry of Health, 2013.

BRAZIL. Ministry of Health. Partner's prenatal care: a guide for health professionals. Brasília: Ministry of Health, 2018.

DOMINGUES, R. M. S. M. et al. Syphilis in pregnancy and congenital syphilis in Brazil: epidemiological scenario. Cadernos de Saúde Pública, 2014.

FIGUEIREDO, W.; SCHRAIBER, L. B. Men and health services: challenges for comprehensive care. Ciência & Saúde Coletiva, 2011.

GOMES, R.; NASCIMENTO, E. F.; ARAÚJO, F. C. Why do men seek health services less? Cadernos de Saúde Pública, 2007.

IBGE. Brazilian Institute of Geography and Statistics. National Health Survey (PNS). Rio de Janeiro: IBGE, 2019.

LEAL, M. C. et al. Prenatal care in Brazil: inequalities and quality of care. Journal of Public Health, 2018.

MINAYO, M. C. S. The challenge of knowledge: qualitative research in health. São Paulo: Hucitec, 2014.

OLIVEIRA, M. M. et al. Male participation in sexual and reproductive health: impacts and challenges. Revista de Enfermagem UFPE, 2015.

SCHRAIBER, L. B. et al. Gender, masculinity and health: perspectives for comprehensive care. Ciência & Saúde Coletiva, 2010.

ROTHER, E. T. Systematic review x narrative review. Acta Paulista de Enfermagem, 2007.