Chapter 54
Sexual and Reproductive Health:
The Impact of Technological and Communicational Advances on the Male Role

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ABSTRACT

In Portugal, the Health Ministry's family planning programmes have traditionally focused on women. However, the involvement of men in family planning is crucial to the promotion of equal opportunities in health. Recent advances in technology and the means of communication that support Sexual and Reproductive Health seemed to mark the beginning of a new era in family planning in which men and women could be equal partners in the decision making processes, but these hopes have not been realised. In this chapter, we present semi-structured interviews conducted with 66 men from the Northwest of Portugal between May and June 2010. The results show that 90% of the respondents consider their involvement in the vigilance of Sexual and Reproductive Health important. However, 83.3% have not, to date, participated in any kind of consultation for family planning. The results identify a need to create new strategies for the promotion of Sexual and Reproductive Health among men, employing for example social marketing strategies, in which new technologies and certain means of communication could have an important role.

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INTRODUCTION

The International Conference on Population and Development (CIPD), held in Cairo in 1994, considered Sexual and Reproductive Health to mean a state of complete well-being (physical, mental and social), and took into account not merely the absence of disease or illness, but all aspects relating to the reproductive system. Such a conception means that individuals must have a compensating and safe sexual life, and the capacity for reproduction when and how often they decide. This last condition assumes the right of every man and woman to have safe access to family planning and contraceptive methods of their choice, and also the right of every woman to access health-care adequate to ensuring a safe pregnancy and childbirth. It also involves establishing the best opportunities for parents to raise healthy children (DGS, 2008).

For that purpose, family planning is now a priority in the area of healthcare relating to Sexual and Reproductive Health (SRH). The absence of good family planning exposes both women and men to risk, making them more vulnerable to ill-health.

In Portugal, the Health Ministry's family planning programmes have traditionally been included on the Programme of Sexual and Reproductive Health, and the services of Reproductive Health have largely been concerned with women. However, the involvement of men is crucial to the promotion of equal opportunities in health. The main objective of the CIPD (1994) was the promotion of gender equality in all scopes of life, challenging and encouraging men to assume responsibility for their sexual and reproductive behaviour. Nevertheless, almost seventeen years later the role of men in reproductive health has remained almost unchanged. Despite the fact that current health policies focus on the relevance of the role of the couple, there are no studies which look at this issue in Portugal. Advances in technology and the other means of communication that support Sexual and Reproductive Health (e.g., 3D echography and other screening exams, flyers, videos), seemed to mark the beginning of a new era in which men and women could be equal partners in the decision making processes, but these hopes have not been realised.

The present chapter employs the results of qualitative research to attain the universe of meanings which allows for a more in depth analysis of the issue under study (Bodgan and Biklen, 1994; Minayo, 2007). The interview was chosen as the main tool for the investigation carried out between May and June 2010. Content analysis was selected to perform the analysis of the interviews conducted with 20 single men and 46 married men, all over 18 years of age. Due to limitations of time and cost, a non probabilistic sample was used (snowball technique). The main objectives of this investigation were:

- To identify male involvement in SRH;
- To know the meaning of srh for men;
- To identify men's perception of their participation in SRH;
- To identify the reasons why men were or were not involved in Family Planning;
- To know the men's sources of information on Family Planning.

The results show that 90% of the men interviewed consider their involvement in the vigilance of Sexual and Reproductive Health important, seeing it as relating to physical as well as sexual well-being. In their opinion, family planning is a means to inform, watch over and plan a family. Nevertheless, 90% of them had not, to date, participated in any kind of consultation for family planning. The results identify a need to create new strategies for the promotion of Sexual and Reproductive Health among men, employing for

example social marketing strategies, in which new technologies and certain means of communication could have an important role.

In the first section of this chapter, we give an overview of the concept of Sexual and Reproductive Health, discussing the early 20th century conception of the issue and the more recent and expanded one. We also look at the advances in Sexual and Reproductive Health and the possible roles of men. The second section deals with the communication technologies that support Sexual and Reproductive Health and the involvement of men. In the third section we present some methodological notes regarding the empirical approach followed. In the fourth section, we discuss the results of the interviews, and the fifth and last section offers the concluding remarks and some suggestions for marketing strategies that might be adopted.

1. THE EVOLUTION OF SEXUAL AND REPRODUCTIVE HEALTH AND THE MALE ROLE

1.1. The Concept of Sexual and Reproductive Health

Throughout the world, it is women, rather than men who tend to be the winners in all matters concerning health. Women tend to communicate more frequently with health services and health professionals, dealing with them more easily (verbal and non-verbal communication) because the events of pregnancy and their roles in the care of the youngest and oldest members of family mean that they use these types of services more frequently. In addition, it has been shown that women create networks more easily than men and are more available to perform important roles of citizenship in the area of health care (Remoaldo and Martins, 2012).

Regarding Sexual and Reproductive Health, a large number of the Non-Governmental Organizations (ONG) are under the directorship of women and have, therefore been largely involved in the prevention and tracking of certain specific diseases, such as breast cancer, cervical cancer and HIV/AIDS. This has been the case in Portugal for at least the last thirty years.

Since at least the 1970s Sexual and Reproductive Health has been considered as the basis for any good health system around the world and the Portuguese Ministry of Health continues today to invest in the use of different communication channels in this area. Sexual and Reproductive Health takes into account preconception care, prenatal care and family planning, as well as the right to sexual orientation, as can be seen in the IPPF's Charter on Sexual and Reproductive Rights (Martins, 2004). Nevertheless, it is not easy to define the notion of Sexual and Reproductive Health since it encompasses a diversity of issues such as sexuality, reproduction, human rights and welfare. In this context, Sexual and Reproductive Health must correspond to a complete physical, mental, and social well-being, rather than the mere absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes (EuroNGOs. United Nations Fund for Population, International Planned Parenthood Federation, 2004: 9).

According to a recent statement from the United Nations (2005), good Sexual and Reproductive Health enables couples and individuals to lead healthy and more productive lives, and it is by following this training that the best results in individual households as well as in national accounts are achieved.

In Portugal, the General Directorate of Health advances the right of individuals to be informed and have access to family planning methods according to their choice, taking into account safety, effectiveness, and acceptability. It also refers to

access to health services adequate to ensuring safe pregnancy and childbirth, giving couples the best chance of having healthy children. Furthermore, it covers the right to sexual health, understood as a provider of life and interpersonal relationships (DGS, 2008).

Care in Sexual and Reproductive Health thus involves a diverse range of services, techniques and methods that seek to protect the health and welfare of reproductive women and men throughout their life cycle. In this way, the concept of Sexual and Reproductive Health is not only a medical or biological issue, but also social and cultural (Martins, 2004; Remoaldo and Martins, 2012).

For a long time the scope of Sexual and Reproductive Health was more restrictive and was linked to the concept of Family Planning. Fortunately, the International Conference on Population and Development (Cairo, 1994) has worked to expand the original parameters. According to a statement issued from the Cairo Conference, the concept of reproductive health implies that people can have a satisfying and safe sex life and can decide whether, when and how often they want children. In this context, we noted that the various elements of Sexual and Reproductive Health are closely intertwined. Thus, the improvement of one determines the betterment of others, and conversely, the loss of one negatively influences the others.

The approach currently advocated by the International Planned Parenthood Federation is based on eleven areas:

1. Education on sexuality and reproduction;
2. Information, education and means to regulate fertility;
3. Education and care during pregnancy, childbirth and postpartum;
4. Care of the newborn;
5. Prevention of infertility and treatment of infertile couples;
6. Human management of miscarriage;
7. Prevention and treatment of Sexually Transmitted Infections (STI);
8. Prevention and treatment of diseases of the reproductive system and associated endocrine problems;
9. Protection of the nutritional status of women;
10. Aspects related to mental health;
11. Prevention of sexual violence and associated harmful practices (Remoaldo and Martins, 2012).

In recent years, the areas addressed in 5, 6, 7, 10, and 11 have largely been the concern of various agencies under the protection of mainly, but not exclusively, the Portuguese Ministry of Health. The remaining areas have largely been the focus of concern for the successive Portuguese Governments, especially in the last three decades.

From all this it can be inferred that Sexual and Reproductive Health remains an important aspect of the discussions on health, in the broadest sense, in any country in the world. Further proof of the importance given to Sexual and Reproductive Health can be found in the Millennium Declaration that was signed in 2000 during the UN General Assembly by 189 Heads of State and Government. Here, it is useful to emphasize Development Goal 3 (promote gender equality), Goal 5 (reduce by three quarters the Maternal Mortality Rate), and Goal 6 (Combat HIV/AIDS, malaria and other diseases), since these are the Goals most closely connected to the issue of Sexual and Reproductive Health. Despite these advances, such a paradigm of Sexual and Reproductive Health remains difficult or impossible to achieve for a large number of Portuguese men and women, since many of them, mostly the young, still do not use any type of contraception during sexual intercourse which, in itself, explains not only the high number of cases of teenage pregnancy but also the high annual

incidence rate AIDS (Martins, 2004; Remoaldo and Martins, 2012).

Messaging plays a key role in facilitating informed choices in SRH, being fundamental to the changes in knowledge that take place. Accordingly, we should then ask what techniques and media have been used in the context of SRH and how men have been involved in the process?

1.2. The Male Role in Sexual and Reproductive Health

Almost fifteen years after the Cairo Conference (1994), the involvement of men in reproductive health remains difficult to define. While national health policies focus on the importance of the role of the couple in this context, the absence of studies in this area in Portugal is noteworthy. However, studies in other countries such as Brazil, France or England (e.g., Gomes, Nascimento and Araújo, 2007; Andro and Desgrées du Loû, 2009; Greene et al., 2004) have observed that the presence of men in health services is lower than that of women due to cultures of socialization, where care is not considered to be a man's domain. The low participation of men in health services is attributed to a resistance on the part of the services to recognize men in the strategies and proposals for care, education and community action programs (Vilela and Monteiro, 2005: 53).

But why is it important to discuss SRH, more specifically Family Planning, from the male perspective? Lourenço (2007) asserts that men in general and adolescents in particular are considered and consider themselves to constitute a healthy group, requiring little care. But is this true? We know that for many years society has taken up various positions in relation to men's health, such as:

- They are healthy;
- They do not have as many needs as women;
- It is difficult to deal with them as they do not care about their health (Mehta and Ricardo, 2008).

Before setting out our own opinion, we would like to make a brief review of the notion of gender. The term gender has been used by feminists to translate the various forms of human interaction, seeking to conceptualize gender as a way to legitimize and to build social relationships (Gomes, 2003). It is important here to note that one of the areas where the gender is particularly highlighted is that of reproductive health. Initially, reproductive health was typically focused on women. However, since the 1990s, some researchers have felt the need to recognize the involvement of men, particularly when it comes to behaviours and values involved in the relational processes of reproductive health and sexuality, which necessarily cover the issues of individual and reproductive rights (Schraiber, Gomes and Couto, 2005). Galvão (1999) noted that men have been included through aspects relating to sexuality in the reproductive process, resulting in the expansion of the explanatory power of the definition of reproductive health from the concept of reproductive and sexual rights, with the aim of implementing and realizing these rights in health services and public policy. But the reasons for this inclusion of men under the remit of Sexual and Reproductive Health is mainly related to the urgency imposed by HIV/AIDS, and the increased violence against women based on gender inequalities and the evidence of gender imbalance in decisions and care (Arilha, 2001). The inclusion of men in this context is not consensual. In our view, the participation of men in health interventions under the remit of Sexual and Reproductive Health is certainly a challenge in that it is something new that wants to objectify more inclusive policies.

Addressing the issue of male participation from the dimension of their own gender is an approach that would assist men, since both men and women need to be addressed in the uniqueness and diversity of their relationships (Gomes, 2003). Although it is women who become pregnant, men do not have a less crucial role in all stages of the process of procreation. Indeed, they have a leading role as sexual partners, but they also have a large share of the decision making power in the sphere of marriage and family (Andro and Desgrées du Loû, 2009).

The objectives of family planning vary from country to country depending on various factors such as health policies, socio-cultural elements, as well as the state of technological expansion. According to the General Directorate of Health (DGS, 2008), family planning objectives include the promotion of a healthy sexual life and safe regulation of fertility according to the desire of the couple, the preparation for a responsible parenthood, the reduction of maternal, perinatal and infant mortality and morbidity, the reduction of the incidence of Sexually Transmitted Infections (STI) and their consequences (including infertility), as well as improving the health and well-being of individuals and families. To this end, the family planning services must ensure health promotion activities (e.g., sexual information and counselling, prevention and early diagnosis of sexually transmitted infections, the prevention of cancer of the cervix and breast, the provision of preconception and postpartum care, and the prevention of tobacco and illicit drug use - DGS, 2008). However, we believe that family planning has not yet reached the objectives it has set itself.

As a member of a multidisciplinary health care team, nurses provide quality care to women and couples, guiding them in specific situations. In this context, and taking into account their efforts in professional health education, nurses should participate actively in the planning element of the strategic development of communication in order to improve the provision of services to promote health and also to change the attitude of the target audience to the proposed promoter of health behaviour.

A review of practices and social representations would help in the consideration and understanding of the social production of gender inequalities, particularly with regard to the exclusion of the male from reproductive issues. This exclusion has been historically constructed. Thus, modifying this trend is now a major challenge for those dealing with health education as part of Sexual and Reproductive Health. Hence the nature of this study is essentially qualitative, aiming to understand the meaning and importance attributed to SRH by men and investigating the strategies used by health professionals in consultations. Involving men in reproductive health is central to the achievement of our rights within and beyond the health sector (Green et al., 2004).

Gender equality and SRH require the cooperation and participation of men. In many countries, it is men who usually decide the number and type of sexual relationships, the frequency of sexual activity and use of contraceptive methods, sometimes through coercion or violence. It is clear that men should be actively involved in achieving gender equality and achieving a SRH which is more firmly based on respect and recognition of sexual and reproductive rights (Fonseca and Lucas, 2009). However, SRH and contraception decisions remain the responsibility of women. In fact, a large percentage of married men in the world have never discussed family planning with their partners and less than one-third of men are responsible for contraception (Fonseca and Lucas, 2009).

2. THE COMMUNICATION TECHNOLOGIES AND THE INVOLVEMENT OF MEN

Modern society is producing a quantity of new knowledge and technologies at an impressive rate, making great scientific advances and moving towards increased globalization. In recent

decades, this has been rapidly changing the way people communicate and enforce their ideals. Information has become the cornerstone of all essential human systems that aspire to thrive. It is also the basis for the acquisition, consolidation and dissemination of knowledge needed for making informed decisions. In modern society, knowledge is an invaluable asset in that it is a fundamental component of development. In this context, it is necessary to promote the creation of mechanisms that contribute to its consolidation and dissemination. Scientific progress and technological innovation lead to accelerated changes in the ways of life of society, including our ways of educating and learning.

Thus, communication is a dynamic and interactive process, producing a particular physical and socio-cultural context, and it is not limited to messages and interactions. Communication is a complex social phenomenon. Hence, information and communication technologies are used to rapidly communicate horizontal specific content through digitization (for the capture, transmission and distribution of information, whether text, image, video and/or sound), and to individually match opportunities (Marinho, 2010). One of the benefits that information technology brings care units is the ability to improve the quality and availability of information and knowledge relevant to their clients and thereby improve quality of life. Communication is the fundamental process underlying the changes in knowledge of contraceptive methods, attitudes towards the control of fertility and contraceptive use, norms regarding the ideal family size, the reception of local cultures to new ideas, new aspirations and health behaviour (Manuel, 2007).

As noted by Marinho (2010), ICTs include personal computers; video cameras and photo to computer or Webcams; Home Recording CDs and DVDs; the different media to store and carry data such as USB keys, hard drives and memory cards; mobile phones; cable TV; electronic mail; mailing lists, the Internet; the World Wide Web; Websites and message boards; streaming (streaming audio and video via the Internet); podcasting (on-demand delivery of audio and video via the Internet), and digital technologies to capture and process images and sounds (scanners, digital photography, digital video, digital cinema, digital sound, digital TV and digital radio technologies for remote access).

There are clear signs of the influence of Information and Communication, such as blogs or social networking sites (Facebook or Twitter) on health issues. In this context, several studies have reported the relevance of the Internet in promoting adequate information on matters concerning SRH. We note that the new information and communication technologies have come to aid the socialization of knowledge, insofar as they lessen the distance between people and facilitate cultural exchange. Thus, the evolution of ICT offers people, mainly young people, a wider range of possibilities for obtaining information and increasing their autonomy.

In Portugal, in the 1970s and 1980s, television, newspapers and radio were the media par excellence on all matters relating to health issues (Table 1). Today, the newspapers' role in disclosing on health matters has been largely replaced by the women's magazines, which tends to be mainly focused towards women and has proved very successful at reaching more diverse audiences. The press generally, and this type of magazine in particular has developed over the years to become a useful channel of communication, allowing, like television, a degree of interaction.

In the 1970s, Primary Health Care (Health Centres) opened its doors to the disclosure of information, being mainly directed towards family planning and maternal and child health. But it was the health professionals who turned out to be pivotal in the transmission of new behaviours, which would, in the 1970s, effect a significant improvement in the main health indicators on a national scale. The rate of infant mortality and maternal mortality were two of these main indicators.

The promotion of SRH requires a comprehensive programme of activities that encompasses

Table 1. Technologies, communication channels and processes used in the last forty years in Portugal as part of sexual and reproductive health

Communication Processes	Main Years of Use
Pamphlets	1970s, 1980s
Posters	1970s, 1980s
Flyers	From 1990s
Spots on TV	From 1990s
Sites	From 1990s
Blogs	From the beginning of the twenty-first century
Social networks (Facebook, Twitter)	In recent years
Technologies and Communication Channels	
Television	From 1970s
Press (e.g., Newspapers, Magazines)	From 1990s
Radio	From 1990s
Health phone lines	From the beginning of the twenty-first century
Outdoor	From the beginning of the twenty-first century
Internet	From 1990s
Health Centre/Health Professionals	Permanent use
Pharmacy	Permanent use
Universities, Health Fairs and Music Festivals	From 1990s

Source: Authors' own elaboration.

health, educational, political, economic, and legal factors. However, we know that the media alone are not able to improve education and that they are ineffective if used as the most important ingredient of the educational process, without reflection or human intervention (Rezende, 2002). In fact, every individual is unique, with their own problems, thoughts, feelings, experiences, perceptions and environments, which lead us to think that information needs to be customized to the needs of each individual and adapted to the times they live in.

Teenagers, unmarried men and women who wish to postpone their first pregnancies, displaced populations, the disabled and the poor have inadequate access to Family Planning information and services (Manuel, 2007). Many family planning programmes focus mainly on married women with children but, for good reproductive health services to become more widespread, new models must be developed to reach out to groups that are less involved.

On the Family Planning Association (APF)'s portal for Sexual and Reproductive Health (http://www.apf.pt/), there are four main subject links: sexual and reproductive health, sexeducation, sexuality, and rights (Table 2). The contents can be quickly and easily searched. On the topic Sexual and Reproductive Health, one of the items refers to the "Sexual and Reproductive Health of Man" and addresses issues such as some aspects of human sexual anatomy, contraception, and men and sexual dysfunction. There are also some interactive games to test the readers' knowledge of sexual and reproductive health.

This site offers certified and diversified training for health professionals (13 courses), professors (9 courses) and the general public (17

Table 2. Evaluation of some of the sites and blogs that disseminate information on sexual and reproductive health

Sites	Main Elements	Structure of the Website or Blog	Type of Language	Evaluation
Youth Portal http://www.juventude.gov.pt/	Health and sexuality is one of the 12 issues	Well structured and appealing	Accessible language	Easy to use with diversified elements
Health Line 24 (http://www.saude24.pt)	All issues dealing with health	Well structured	Accessible language	Easy to use
Family Planning Association (http://www.apf.pt/)	Sexual and reproductive health; sex education, sexuality and rights	Well structured and appealing	Accessible language, with scientific information	Easy to use with diversified training courses for health professionals, professors and general public
Portuguese Association against Cancer (http://www.passaapalavra.com)	Cervical cancer	Innovative structure and very appealing	Accessible language, with some scientific information	Aimed at young women. It connects to pharmacies and has a virtual office (Put your question)
General Directorate of Health (http://www.dgs.pt)	Reproductive health is one of the 15 issues	Structure target to health professionals	Technical language, with legislation and scientific information	Aimed at health professionals, providing a "youth space" and a space "For all"

Source: Authors' own elaboration.

courses) One of the courses is related to "Gender and SRH". Most elements of the courses constitute publications that are publically available, although the site also has some interesting videos. But, actually doing the courses depends on the initiative of the individual.

On the Ministry of Health's General Directorate of Health site (http://www.dgs.pt), Sexual and Reproductive Health is one of the fifteen issues addressed. In addition to the technical component, increasingly directed towards health professionals (focusing on protocols, legislation and publications), this site has information of interest to young people, parents and educators (Table 2). The youth space is attractive, but will be difficult to access because it depends on information given by health professionals. This space provides a forum for questions, by simply sending messages to saudereprodutiva@dgs.pt. Although attractive, the information it contains refers almost exclusively to contraception, and shows a preoccupation with the Human Papillomavirus (HPV), which also appears in the space for parents and educators.

The telephone helpline - *Sexualidade em linha (Sexuality Line)*, found at http://www.juventude.gov.pt/, is anonymous and confidential, offering privileged information, clarification, guidance and referral in the area of Sexual and Reproductive Health. This service was provided on March 19, 1998, Ordinance No. 370 A/98 (2nd series), and was formalized with a protocol signed on 1 June 1998 between the Portuguese Youth Institute (IPJ) and the Association for Family Planning (APF) in an attempt to minimize the gaps at the level of teenage sexuality. On this site, diverse matters relating to sexuality (development and growth, interpersonal relationships, pregnancy and unwanted pregnancy, among others), can be clarified by a team of psychologists with training in sexual and reproductive health. Finally, Health Line 24, at http://www.saude24.pt, represents a service provided by the Ministry of Health which

aims to meet the health needs expressed by citizens, helping to expand and improve accessibility to services and rationalize the use of existing resources by forwarding the users to appropriate institutions incorporated in the National Health Service. In It is essentially a telephone answering service, offering a certain amount of screening, counseling and referral, as well as providing information on "public health care" and "general health information," for all users of the National Health System. Similarly, this service provides an online service, or a chat tool for people with disabilities or hearing difficulties, as well as for people with speech difficulties, to ensure the accessibility of these services. Generally, the chat tool is a mechanism for rapid interaction with other users that allows questions to be asked and resolved on issues related to your health.

3. METHODS

This study is qualitative, being concerned with the universe of meanings that allow a deeper analysis of the phenomenon under study (Bodgan and Biklen, 1994; Minayo, 2007). Likewise, it allows the interviewer an opportunity to capture how the interviewee reacts and thinks when facing questions. We know that qualitative studies differ as to method, form and objectives. We chose this methodology because it seemed the most suitable to the degree of depth needed for our particular object of study. It is of prime importance to know what the phenomenon of reproductive health means to men to understand their involvement in this field. We emphasize that this knowledge allows us to develop a structuring function, given that people organize their lives in some way, including their own health care, around the meaning of things (Turato, 2005). Therefore, we developed a qualitative investigation, namely a comparative study between married and single men seeking to describe, analyze, and understand dimensions and meanings as well as finding significant differences and contradictions.

The interview is the main technique used for collecting data in many studies in social sciences. It is a social situation where a relationship unfolds face-to-face, allowing interaction with the authors of the research. For Quivy (1992), the interview permits a genuine exchange in which participants can express their perceptions, interpretations or experiences of an event or a situation. The investigator will endeavor to simply forward the objectives for the interview, encouraging the interviewee to not depart from them, and put the questions to which the respondent is asked to respond in the most appropriate time and as naturally as possible. The interviews were conducted during the months of May and June 2010. The recording of interviews is an important activity not to be overlooked. In the writing up our findings, we can resort to memory, notes taken, or a tape recording. In this study, we opted for using notes because we were dealing with intimate issues. To analyze the information obtained from our interviews we chose the method of content analysis.

The sample subjects were selected through a non-probability sampling snowball, being a sampling technique, which consumes less time and money. Following this technique, we initially chose a random group of respondents and then identified other items that belonged to the target population after the interviews had been conducted. The criteria for inclusion in the sample were "being a man over 18 years of age." In this context, we interviewed 20 single and 46 married men to reach saturation of data.

All investigations are some form of intrusion into the personal lives of individuals. The activities of the investigator should then be based on a number of ethical and deontological principles. Given that our instruments were related to personal issues, we tried not to invade the privacy of individuals and their families more than was necessary for an understanding of the subject.

The design of the questionnaire was based on a list of issues compiled from the literature on Sexual and Reproductive Health. The result was a questionnaire comprising 27 questions, with some of them being categorized. Seven of them were concerned with the socio-economic characteristics of the respondents (e.g., age, education, occupation). The interviews were conducted in the community in the interests of easy access. Several interviewees led us to other people that also agreed to participate in the study once having had the objectives explained to them. The men interviewed resided in 12 municipalities of northwest Portugal.

A pre-test involving ten men (five married and five single) was conducted between 10th and 30th April, 2010. The time estimated to fill in the questionnaire, of almost four pages, was 20 minutes.

4. HAVE TECHNOLOGICAL AND COMMUNICATIONAL ADVANCES IMPACTED ON THE MALE ROLE? SOME RESULTS

4.1. Sample Characterization

With regards to age, the unmarried men in the sample range between 18 and 38 years of age, with a mean age of 28.7 years, while the married men range between 28 and 67 years of age, with the average being 39.8 years.

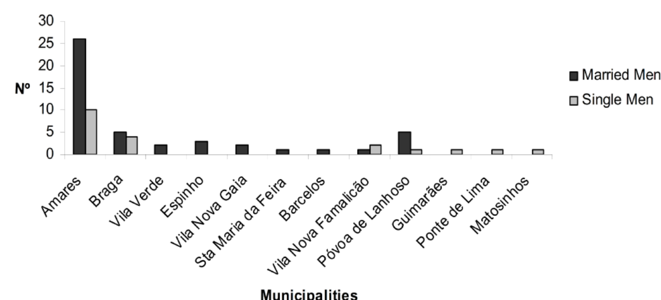
The municipality of residence of the men in our sample is sufficiently broad in terms of geographic location. From an analysis of the data shown in Figure 1, we see that the majority of respondents reside in the municipality of Amares (married men=26 and single men=10), followed by the municipality of Braga (married men=5 and single men=4).

When questioned about whom they live with, we found that of the 46 married men, 10 said they lived with their wife, 12 with a wife and one child, and 23 lived with a wife and 2 children or more. Only one said that he was living with his wife and mother. In the case of the unmarried men in the sample, 14 were living with their parents, 3 with sisters and 1 respondent was living with his sisters. 2 respondents were living alone.

A person's level of education is of great importance, since it can have an influence on their knowledge of SRH and the behaviour adopted by men. As shown in Figure 2, as regards schooling we found that most of the single men were graduates (n=13) while most of the married men had completed secondary level education (n=17 - Figure 2).

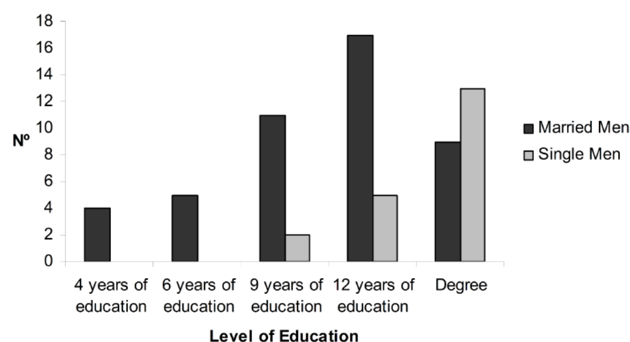
As shown in Table 3, regarding the employment situation of the men in our sample, we found that most of the respondents (married men=33) and (single men=15) were employed by others.

Figure 1. Municipality of residence of the men interviewed



Source: Authors' own elaboration based on interviews conducted between May and June 2010.

Figure 2. Level of education of the men interviewed



4.2. Meaning of Sexual and Reproductive Health

Social representations are relevant in our daily lives as a tool to define different aspects of reality and allow us to interpret what happens around us (Martins, 2007).

To better understand the meaning that each man attaches to his health, it is important to know the representations towards SRH that each of them hold. As mentioned earlier, SRH represents a global health status and well-being for sexual and reproductive levels, with particular attention to informed individual choices, and a positive conception of human sexuality in its various emotional, social, physiological and relational aspects (Nodin, 2001) (see Table 4).

Table 3. The employment situation of men interviewed

Employment Situation	Married	Single
	Nº	Nº
Employer	1	0
Self-employed	10	2
Employed by others	33	15
Unemployed	0	2
Retired	2	0
Student	0	1
Total	**46**	**20**

Source: Authors' own elaboration based on interviews conducted between May and June 2010.

A sample of a few of the narratives from the interviews is given below:

Sexual health means a whole functioning of the human organism and consequently sexual reproductive health. I think these two concepts are related because reproductive health is a result of sexual health (Single man, 28 years old, with a Degree, residing in the municipality of Amares).

It is a way for everyone to better prevent sexually transmitted diseases, mainly for women who can choose the acceptance of life responsibly at a more favorable emotional moment (Married man, 54 years old, Secondary Education, resident in the municipality of Amares).

It means physical and psychic well-being of sexual experiences in an enjoyable and safe way (Married man, 39 years old, with a Degree, residing in Braga).

The concept of sexual and reproductive health is considered today as an extended form of thinking and acting responsibly in the promotion of a rewarding life experience, being safe and informed as regards sexuality for both sexes (Single man, 29 years old, with a Degree, residing in Braga).

Table 4. Categories and subcategories established through analysis of the interviews with the male respondents

Category	Subcategory	Married	Single
Meaning of Sexual and Reproductive Health	Don't know how to answer	9	4
	Physical Wellness/Sexuality	7	12
	Psychological well-being and absence of disease	8	1
	Physical Wellness l/Psychological well-being and absence of disease	9	2
	Physical, psychological and social Wellness	0	1
	Sex Education	10	1
	Decide Family	4	0
	Information	4	0

Source: Authors' own elaboration based on interviews conducted between May and June 2010.

It means disease prevention and proper functioning of the entire sexual system (Married man, 41 years old, Secondary Education, residing in Póvoa de Lanhoso).

4.3. Importance of Sexual and Reproductive Health

It was our intention to also know the importance assigned by the men in our sample to Sexual and Reproductive Health. The questionnaire allowed a choice from four subcategories of response: very important, important, not important and do not know how to respond (Table 5).

Table 5. Importance of sexual and reproductive health

Degree of importance	Married	Single
Very important	5	1
Important	32	18
Not important	2	0
Do not know how to respond	7	1

Source: Authors' own elaboration based on interviews conducted between May and June 2010.

We found that the majority of respondents valued Sexual and Reproductive Health and regarded it as important (married=32 and single=18). It is worth emphasizing that seven married men, and only one single man did not know how to answer, and that only two married men said that it was not important. One of these two married men had 9 years of education and the other a Degree; both resided in the municipality of Braga. One of them did not partake in any health monitoring.

The reasons given for the importance of SRH were:

- To prevent diseases and complications (married=13 and single=4);
- To prevent sexually transmitted diseases (married=2 and single=3);
- To monitor health (married=12 and single=4);
- To receive welfare (married=4 and single=3);
- To receive information (married=2 and single=3);
- To prevent a pregnancy (married=1);
- To live their sexuality in a responsible way (married=2 and single=1);
- To obtain contraceptives (single=1).

The following narratives illustrate these findings:

It is important for his own physical and psychological well-being and for his companion or girlfriend (Single man, 25 years, with a Degree, residing in the municipality of Amares).

It is important because if I'm well I can be with my partner without being preoccupied and enjoy an intimate moment together (Married man, 34 years, Secondary Education, resident in the municipality of Amares).

It is important because it helps prevent future problems (Single man, 28 years, with a Degree, residing in the municipality of Vila Nova de Famalicão).

It should be noted that 35 married men and 13 single men said that they monitor their health through routine visits that most of them (married=28 and single=13) perform at the Health Centre with the family doctor. The others opt for a private consultation (married=11 and single=5). In addition, some (married=6 and single=2) monitor their health with the family doctor but also go for private consultation. But there were some respondents who reported not participating in any kind of health monitoring (married=11 and single=7).

4.4. Family Planning

The activities of Family Planning are a key component of the integrated provision of care in reproductive health and from this perspective medical consultation should also ensure other activities such as health promotion information and sexual counselling, prevention and early diagnosis of sexually transmitted diseases, cancer of the cervix and breast, preconception and postpartum care, among others. Here we recall the objectives of the D.G.S. (2008) concerning Family Planning:

- To promote the experience of sexuality in a healthy and safe way;
- To regulate fertility according to the desire of the couple;
- To prepare for responsible motherhood and parenthood;
- To reduce maternal, perinatal and infant morbility and mortility;
- To reduce the incidence of sexually transmitted diseases and their consequences, in particular, infertility;
- To improve the health and well-being of individuals and families.

When asked if they had heard of family planning, the vast majority of respondents said yes (married=40 and single=16). In this context, we wanted to know the opinion of the respondents on the purpose of Family Planning. Of the answers given, we found that three single men and seven married men did not have any opinion. Of the remaining respondents we found the objectives to be diverse and relating to those outlined by the DGS. Thus, we found the following narratives:

- Clarifying doubts (married=4 and single=4)

Helping families or young people with issues or doubts that may arise in the course of their family life (Single man, 36 years, with a Degree, residing in Matosinhos).

A family planning consultation is to clarify any questions you may have (Married man, 28, Secondary Education, residing in Amares).

- Advise and inform (married=18 and single=7)

(...) To provide relevant information about sexuality, how to plan a married relationship and contraceptive methods (Single man, 24 years, with a Degree, residing in Vila Nova de Famalicão).

Serves to inform people who may be at risk in unsafe sexual activity, from diseases to prevention of pregnancy for women when undesirable (Married Man, 46 years, Secondary Education, residing in Amares).

- Identify problems/risk behaviour (married=1 and single=2)

Especially adolescents, to alert them to and to clarify aspects of the sexual life and relationships that they have or will have with their partners (Single man, 28 years, with a degree, residing in Ponte de Lima).

To see if everything is normal, in case you need some form of treatment (Married man, 41 years, Secondary Education, residing in Póvoa de Lanhoso).

- Learn safe and effective contraception (married=1 and single=2)

Have access to effective and safe contraception (Single man, 29, with a Degree, residing in Braga).

- Plan a family (married=8 and single=5)

Improving the welfare of the family, plan a family, that is if a couple wants to have children and how many they want (Single man, 25 years, Secondary Education, residing in Póvoa de Lanhoso).

Set of actions that allow (...) men and women to choose when to have a child (Married man, 33 years, with a Degree, residing in Braga).

- Monitor health status (married=11 and single=1)

(...) support, assessment of health status (...) (Single man, 25 years, with a Degree, residing in Amares).

Making examinations regularly to monitor the health of our sexual and reproductive system (Married man, 33 years, Secondary Education, residing in Amares).

- Plan a responsible motherhood and parenthood (married=1 and single=0)

It serves to know the rights associated with motherhood and parenthood (Married man, 47 years, with a Degree, residing in Amares).

We conclude that men are quite knowledgeable about the importance and objectives of family planning. However, when investigating whether any consultation included family planning we were surprised by the answers. In fact, only nine of the single men and two married men said they had had a family planning consultation that year, mostly in the National Health Service (married=6 and single=2).

The results point to an inconsistency in the reports. There seems to be a contradiction between knowledge and action. Is there a cognitive dissonance? The concept of cognitive dissonance was introduced by the social psychologist Leon Festinger (1957). This concept considers that people prefer to maintain an equilibrium between their attitudes, beliefs and behaviours. Cognitive dissonance is an unpleasant feeling that occurs when a person thinks and acts in a contradictory manner. The inconsistency between thought and action leads to an uncomfortable state that the individual tries to solve by changing either their actions or their beliefs.

In a situation of cognitive dissonance strategies appear to alleviate the situation. There are three possible strategies: change our beliefs; change our perception of the importance of either of the convictions by adding further information, or refuse to acknowledge one of the two convictions/cognitions. The choice of any one of them reduces the cognitive dissonance, mitigating the effects of anxiety and restlessness.

Some of the reasons why many men resist participating in family planning counselling are found in the following narratives:

- Do not want to have children soon (married=0 and single=2)

(...) and at the moment I have no intention of starting a family (Single man, aged 32, with a Degree, residing in Braga).

- Being single (married=0 and single=3)

Because I'm still not married (...) (Single man, aged 29, with a Degree, residing in Amares).

- Feeling informed (married=2 and single=3)

The family physician always removes any doubts in conjunction with my wife's gynecologist (Married man, aged 31, Secondary Education, resident in Espinho).

*(…) I consider myself relatively savvy about my sexual and reproductive health (*Single male, 28 years, with a Degree, resident in Vila Nova de Famalicão).

- Never thought about the subject (married=0 and single=1)

I have never thought about it. I might now eventually consider it (Single man, aged 29, with a Degree, residing in Amares).

- Do not feel the need (married=20 and single=6)

I think because I have not felt the need (...) (Single man, aged 25, with a Degree, residing in Amares).

I have never had one because I never needed to and it was never requested (Married man, aged 48, six years of education, residing in Póvoa de Lanhoso).

- Is an issue for women (married=6 and single=1)

Because I've never been with my partner (Single man, aged 36, with a Degree, residing in Braga).

From what I understand, these enquiries are directed towards women, at least I have never seen men answer these enquiries (Married man, aged 34, Secondary Education, residing in Amares).

- Never had a chance (married=4 and single=0)

Never had the opportunity and was never suggested by a family or private doctor (Married man, aged 38, Secondary Education, residing in Amares).

We note that most initiatives in family planning programmes are directly focused on women. There are virtually no services offered at appropriate times for men who work in public services; there is a noticeable lack of adequate information about contraception and condom distribution and other services addressing issues that include sexuality and the prevention of sexually transmitted infections. This lack of services for men should be addressed in the context of the warning issued at the Beijing Conference, sponsored by the United Nations in 1995, where the importance of sharing responsibility for contraception among both sexes was stressed for the promotion of reproductive health, and its relevance emphasized for the consolidation of a democratic society and the development of citizenship.

Reflecting on the results, we note first that some men feel they possess a lot of information, but that others see family planning as a women's issue. Thus, we show that male participation in family planning is focused on the wife/partner, because men still transfer full responsibility for

this to their wife/partner. As pointed out by the D.G.S. (2003), boys may view sex education as irrelevant to them, since, traditionally, it is focused on reproductive health and contraception, which, in their eyes, is the domain of girls. Another important dimension of this issue is the lack of health facilities for sexual and reproductive health which are geared to the needs of men. At the same time, the authors of this study observed that health professionals are not keen to disseminate the possibility of men being able to participate in these consultations.

The diversity of human experiences requires particular attention from health programmes since they can result in risky behaviours, the impact of which justifies the need to outline appropriate methods and strategies for action (DGS, 2003). Given that the actions of health education have traditionally been aimed towards girls and adult women, it is useful to look here at the actual information received in consultations.

4.5. Health Education Received

The process of health promotion gives people the means to ensure greater control over their own health and to improve it. It represents a comprehensive process that includes not only activities to increase the skills and capabilities of individuals, but also measures to alter social, environmental, and economic factors in order to reduce their negative effects on public health and on human health (OMS, 1986). Ferreira et al. (2006) suggest that the practice of nursing as a human interaction may trigger a feeling of insecurity or lack of preparation in health professionals. It is therefore advised that in addition to acquiring the knowledge and skills necessary for physical care, health professionals simultaneously develop their relational skills.

Of the respondents who had attended a consultation, i.e., the nine married and two single men, all received information. This was given by the family doctor (m=5 and s=1), private doctor (m=1 and s=0) and by the nurse specialist in maternal health and obstetrics (m=2 and s=2). The strategies used were essentially conversations (m=8 and s=3) and pamphlets (m=2 and s=3). Only one married man said that the information provided was insufficient. Seven married men and two single men said that the information was satisfactory, and only two considered it as very good.

The topics covered were:

- Contraception;
- Sexually transmitted diseases;
- Healthy living as a couple;
- Sexual problems;
- Blood incompatibilities;
- Importance of examinations and screenings;
- Fetal development;
- Screening for metabolic diseases of the newborn;
- Pregnancy.

We note that only three men (one single and two married) changed their behaviour after receiving the information they were given in consultation. The others did not feel any need to change behaviours because they believed that they did not take risks and because the information provided did not meet their needs. Moreover, we note that the strategies used follow a prescriptive, biomedical model, because the health professionals consider this a requirement of their practice (Lefevre and Lefevre, 2004: 61). In this sense, health professionals could use more innovative strategies, such as new technologies to capture and entice the male users of health services.

Another point to note is that most single men have turned to new technologies, especially the Internet, to research issues related to SRH, even when they did not attend a consultation. The narratives that follow demonstrate this idea:

I never have a consultation because I am very careful in informing myself, using the Internet mainly, about a healthy sexuality without risk

(Single man, aged 25, Secondary education, residing in Póvoa de Lanhoso).

(...) the world has evolved rapidly. The information available is much greater nowadays. When I have doubts, I use information in the media and more recently the Internet (Married man, aged 51, Secondary Education, residing in Amares).

It is worth mentioning that the majority of respondents had an Undergraduate Degree level of education and were familiar with new technologies. The importance of the Internet as a vehicle for information cannot be underestimated here. In fact, the ability to access information twenty-four hours a day, and the anonymity "provided" by this source of information, makes its consultation increasingly popular for both healthcare users and health professionals (Ferreira, 2006).

Ferreira (2006) refers to a study by PIALP (2000) that states that 55% of respondents used the Internet for health information, 48% claimed to have improved as a result of some form of caring for themselves and 55% said that access to the Internet improved the dissemination of health information. According to these authors, 93% of respondents who used the Internet as a source of health information claimed that it was an important way to get information when that information was appropriate, 83% said it was important to get more health information online rather than from other sources, 80% noted the importance of obtaining information anonymously, and 16% had used the Internet as a means of obtaining information about a sensitive health issue which was difficult to speak about in person.

As Sexuality and Reproductive Health is an intimate matter and the Internet guarantees anonymity, the justification for its use is strong. However, it is commonly known that not all existing information on Websites is correct. The wide variety of sources of health information available on Websites may disturb users when they wish to obtain information that will ensure the effectiveness of their use (Ferreira, 2006). From this perspective, health professionals could create or expand blogs, chats, or other forum with attractive, reliable information on Family Planning Health and thus ensure the promotion of health of the population.

These findings highlight the educational possibilities and potential of new media technology in the construction of new approaches to traditional systems of health education.

CONCLUSION AND SOME RECOMMENDATIONS

One important conclusion from this study is that men claim to have much information on family planning, but continue to see it as a women's issue. Thus, men tend to transfer almost all the responsibility for family planning to women, with very few actually participating in such consultations. Another important conclusion relates to the fact that only three men changed their behaviour after information received from family planning services. The others did not feel any need to change behaviours, because they did not consider themselves to be taking risks and because the information provided did not meet their needs.

A third conclusion finds that the majority of single men who did make enquiries on issues related to SRH resorted to new technologies, including the Internet, to answer their questions.

A fourth conclusion identifies the need of health professionals working in health promotion to use other techniques, with a greater reliance on technologies that do not require face to face conversation with the health professional, such as email, blogs and Facebook. This approach seems to be in line with the profile of men who manifest a greater difficulty in using health services. The proliferation of Websites and blogs in recent decades has facilitated anonymous access to in-

formation on Sexual and Reproductive Health, but those who do not have Internet access have been forgotten. In a country like Portugal, where access to the Internet is very recent compared to the more developed countries, this issue may be relevant. It was noted by WHO that in Portugal citizens are becoming more informed and demanding. There is also a tendency toward decentralized information systems and information sources (OMS, 2001, 4). However, we know that participation can often be limited by the very condition of access to technologies such as a computer or the Internet, and many still do not have that option. Therefore, we propose that it should be the health professionals who provide the most relevant information, especially among the less educated population, using the videos or films that are already available in some organizations.

A fifth conclusion identifies the need for more information on the Websites and blogs about the role of men in SRH. Of those sites evaluated here, only one, from the Family Planning Association, at present makes this effort.

It was not the intention of this study to answer the many questions surrounding the participation or lack of participation of men in Sexual and Reproductive Health. It proposes only a few reflections on their role in family planning. These reflections would merit greater development in future investigations. In our opinion, it would be relevant to conduct further studies with men of different socio-cultural profiles and with health professionals in order to anchor the debate in the empirical field, and from there, advance the production of knowledge that would help health practices working within Sexual and Reproductive Health.

Male involvement in SRH, and family planning in particular, remains a huge challenge. The challenge is especially great for health professionals as many complex issues are involved, including demands for change in the pattern of gender relations and in health policy. To mitigate the low male involvement in family planning consultations, the use of information and communication technology is a capital gain, since it represents a better use of available resources and easy access to information promoting the health of its users.

Providing comprehensive care requires health professionals to exercise constant reflection in the context of Education for Health. It is in this context that this study highlights the need for new strategies to promote health, including the use of Social Marketing with the purpose of encouraging the interest and involvement of men in this issue, as well as the use of new technologies to advance human health in a holistic way. One of the reasons why men do not often use health care is due to their reluctance to discuss their intimate feelings and sexual experiences with others. From our analysis of the content, we conclude that the practices of health education follow a biomedical model, which does not give men the opportunity to express their feelings, fears and anxieties.

To meet the needs, wishes and expectations of users, it is of prime importance to develop a marketing plan within Sexual and Reproductive Health. The marketing plan should seek an effective means to inform and motivate men to adopt healthy behaviours, using correct and specific products and services, and new technologies.

REFERENCES

Andro, A., & Desgrees du Lou, A. (2009). La place des hommes dans la santé sexuelle et reproductive: Enjeux et difficultés. Autrepart, (52), 3-12.

Arilha, M. (2001). Homens, saúde reprodutiva e género: Direitos em perspective. (Doctoral dissertation). Faculdade de Saúde Pública da Universidade de São Paulo, São Paulo, Brazil.

Bodgan, R., & Biklen, S. (1994). *Investigação qualitativa em educação – Uma introdução à teoria e aos métodos*. Porto: Porto Editora.

Direcção Geral de Saúde. (2003). *Saúde juvenil no masculino - Género e saúde sexual e reprodutiva*. Lisboa: D.G.S..

Direcção Geral de Saúde. (2008). Saúde reprodutiva, planeamento familiar. In *Orientações*. Lisboa: D.G.S..

Eurolongos: Fundo das Nações Unidas para a População, International Planned Parenthood Federation. (2004). O caminho para a saúde reprodutiva global: Saúde e direitos reprodutivos na agenda internacional, 1968-2003. Lisboa: Associação para o Planeamento da Família.

Ferreira, L. (2006). A internet como fonte de informação sobre saúde: Um levantamento de percepções dos médicos portugueses. (Master Dissertation). Gestão dos Serviços de Saúde, Lisboa, Portugal.

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.

Fonseca, F., & Lucas, M. (2009). Sexualidade, saúde e contextos: Influência da cultura e etnia no comportamento sexual. *Revista Portuguesa de Clínica Geral*, *25*, 65–72.

Galvão, L. (1999). Saúde sexual e reprodutiva, saúde da mulher e saúde materna. In Galvão, L. (Ed.), *Saúde Sexual e reprodutiva* (pp. 165–169). São Paulo: Hucitec.

Gomes, R. (2003). A discussion about masculine sexuality and men's health. *Ciencia & Saude Coletiva*, *8*(3), 825–829. doi:10.1590/S1413-81232003000300017.

Gomes, R., Nascimento, E., & Araújo, F. (2007). Why do men use health services less than women? Explanations by men with low versus higher education. *Cadernos de Saude Publica*, *23*(3), 565–574. doi:10.1590/S0102-311X2007000300015.

Greene, M., Mehta, M., Pulerwitz, J., Wulf, D., Bankole, A., & Singh, S. (2004). *Involving men in reproductive health: Contributions to development*. Millennium Project.

Lefebvre, F., & Lefebvre, A. M. (2004). *Promoção de saúde: A negação da negação*. Rio de Janeiro: Vieira e Lent.

Lourenço, I. (2007). A saúde dos rapazes: Acessibilidade aos cuidados de saúde. *Cidade Solidária*, *17*, 44–45.

Manuel, H. I. (2007). *Conhecimentos, atitudes e práticas sobre planeamento familiar de mulheres timorenses residentes em Portugal*. Lisboa: Biblioteca Nacional - Catalogação na Publicação.

Marinho, E. (2010). Novas tecnologias de informação e comunicação. Retrieved November 17, 2010, from http://www.ebah.com.br/novas-tecnologias-de-informaaao-e-comunicaaao-ntics-ppt-ppt-a66083.html

Martins, M. F. (2004). Um olhar sobre a saúde sexual e reprodutiva em Portugal: O passado, o presente, que futuro? Paper presented at Congresso Luso-Afro-Brasileiro. Coimbra, Brazil.

Martins, M. F. (2007). *Mitos e crenças na gravidez - Sabedoria e segredos tradicionais das mulheres de seis concelhos do distrito de Braga*. Lisboa: Edições Colibri.

Mehta, M., & Ricardo, C. (2008). Pacote de avaliação de necessidades: Para programas de envolvimento masculino. Johannesburg, South Africa: Design & layout by Limeblue Design.

Minayo, M. C. (2007). *O desafio do conhecimento: Pesquisa qualitativa em saúde*. São Paulo: Editora Hucitec.

Nodin, N. (2001). Os jovens portugueses e a sexualidade em finais do século XX. Lisboa: Associação para o Planeamento da Família.

OMS. (1986). Carta de Ottawa. Retrieved January 13, 2009, from http://www.dgs.pt

Quivy, R., & Campenhoudt, L. (1992). *Manual de investigação em ciências sociais*. Lisboa: Gradiva.

Remoaldo, P. C., & Martins, M. F. (2012). Las campañas publicitarias en salud sexual y reproductiva. In Priego, H., & Remoaldo, P. (Eds.), *Mercadotecnia Social en Salud: Teoría y Práctica*. Universidade de Tabasco. Colección Julián Manzur Ocaña, Vida y Salud Social, Universidade Juárez Autónoma de Tabasco (México), Rede Iberoamericana de Mercadotecnia en Salud (R.I.M.S.) and Centro de Investigação em Ciências Sociais (C.I.C.S.), pp. 169-205.

Rezende, F. (2002). As novas tecnologias na prática pedagógica sob a perspectiva construtivista. *Pesquisa em Educação em Ciências*, *1*(2), 1–18.

Schraiber, L., Gomes, R., & Couto, M. (2005). Men and health as targets of the public health. *Ciencia & Saude Coletiva*, *10*(1), 7–17. doi:10.1590/S1413-81232005000100002.

Turato, E. (2005). Métodos qualitativos e quantitativos na área da saúde: Definições, diferenças e seus objectos de pesquisa. *Revista de Saude Publica*, *39*(3), 507–514. doi:10.1590/S0034-89102005000300025.

Villela, W., & Monteiro, S. (2005). Atenção à saúde das mulheres: Historicizando conceitos e práticas: Género e saúde programa saúde da família em questão. São Paulo: Abrasco, UNFPA.

KEY TERMS AND DEFINITIONS

Family Planning: OMS (http://www.who.int/topics/family_planning/en/) definition says that it allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

Information and Communications Technology (ICT): Is the unified communications and the integration of telecommunications, computers, video cameras and photo to computer or Webcams, Home Recording CDs and DVDs. It includes also the different media to store and carry data such as USB keys, hard drives and memory cards which enable users to create, access, store, transmit, and manipulate information.

Qualitative Study: As underlined by European Commission a qualitative study investigates “in depth the motivations, the feelings, the reactions of selected social groups towards a given subject or concept, by listening and analysing their way of expressing themselves in discussion groups or with non-directive interviews” (http://ec.europa.eu/public_opinion/archives/quali_en.htm).

Sexual and Reproductive Health: A state of complete well-being (physical, mental and social), not merely the absence of disease or illness, but all aspects relating to the reproductive system.