

# Men's knowledge of labor and childbirth

*Conhecimento de homens sobre o trabalho de parto e nascimento*

*Conocimiento de los hombres sobre el proceso femenino de trabajo de parto y nacimiento*

Raimunda Maria de Melo<sup>1</sup>  
Bárbara Helena de Brito Angelo<sup>2</sup>  
Cleide Maria Pontes<sup>2</sup>  
Rosineide Santana de Brito<sup>1</sup>

1. Universidade Federal do Rio Grande do Norte, Natal - RN, Brazil.

2. Universidade Federal de Pernambuco. Recife - PE, Brazil.

## ABSTRACT

**Objective:** To analyze the perception of the man/partner regarding their presence in the delivery room during the birth of their child. **Methods:** This is a descriptive, exploratory, qualitative study developed in a university hospital in the city of Santa Cruz/RN, Brazil. The study population consisted of 12 men who were present in the delivery room, quantitatively this established by the criterion saturation. The data were submitted to content analysis precepts according to Bardin, resulting in three thematic categories. In this study includes the category "male knowledge of labor and birth." Data analysis occurred in the light of Symbolic Interactionism proposed by Blumer. **Results:** The men demonstrated recognizing the labor signs and declared that the crying of the newborn as a sign of life. **Conclusion:** The presence of the man in the delivery room fosters interpersonal relationships at the time of birth of their child.

**Keywords:** Obstetric Nursing; Fathers; Paternity; Humanizing Delivery.

## RESUMO

**Objetivo:** Analisar a percepção do homem/companheiro quanto à sua presença na sala de parto durante o nascimento de seu filho. **Métodos:** Trata-se de uma pesquisa descritiva, exploratória, de natureza qualitativa desenvolvida em um Hospital Universitário do Município de Santa Cruz/RN, Brasil. A população constou de 12 homens que estiveram presentes em sala de parto, quantitativo esse estabelecido pelo critério de saturação. Os dados emergidos foram submetidos aos preceitos da análise de conteúdo segundo Bardin, originando três categorias temáticas. Neste estudo contempla-se a categoria "conhecimento do homem sobre trabalho de parto e nascimento". A análise dos dados ocorreu à luz do Interacionismo Simbólico proposto por Blumer. **Resultados:** Os homens demonstraram reconhecer os sinais do trabalho de parto e declararam o choro do recém-nascido como sinal de vida. **Conclusão:** A presença do homem na sala de parto favorece as relações interpessoais no momento do nascimento do filho.

**Palavras-chave:** Enfermagem Obstétrica; Pai; Paternidade; Parto Humanizado.

## RESUMEN

**Objetivo:** Analizar la percepción del hombre/compañero por su presencia en la sala de parto durante el nacimiento de su hijo. **Métodos:** Estudio descriptivo, exploratorio, de naturaleza cualitativa, desarrollado en un Hospital Universitario de Santa Cruz/RN, Brasil. Participaron 12 hombres presentes en la sala de partos, cuantitativo establecido por el criterio de saturación. Los datos fueron sometidos a los preceptos del Análisis de Contenido según Bardin, resultando en tres categorías temáticas. En este estudio se contempló la categoría "el conocimiento del hombre sobre el momento del parto y el nacimiento". El análisis de datos se produjo a la luz del Interaccionismo Simbólico propuesto por Blumer. **Resultados:** Los hombres demostraron reconocer los signos del trabajo de parto y declaran el llanto del recién nacido como un signo de vida. **Conclusión:** La presencia del hombre en la sala de parto favorece las relaciones interpersonales en el momento del nacimiento del hijo.

**Palabras clave:** Enfermería Obstétrica; Padre; Paternidad; Parto Humanizado.

### Corresponding author:

Bárbara Helena de Brito Angelo.  
E-mail: enfabarbarabrito@hotmail.com

Submitted on 06/12/2014.

Accepted on 06/17/2015.

DOI: 10.5935/1414-8145.20150060

## INTRODUCTION

Over the years, fatherhood followed the opposite path to that of motherhood. Although there are cultural changes in the male and female behavior, the mother is the caregiver, providing care and feeding their child. Meanwhile, it is up to the parent to ensure food and gives lessons to the lives of their descendants. These attitudes, fruits of gender stereotypes, devalue male participation in the gestational period<sup>1</sup>.

However, the father's involvement during pregnancy goes beyond material supply, and can be understood by their participation in activities directed at the pregnant women's, preparations for the arrival of the child, the emotional support to women and their interaction with the child. These actions show signs of changes as the participation in the partner's pregnancy, leading to the understanding that this phase is not restricted to the feminine universe<sup>2</sup>.

Although gestation and giving birth are specific to the woman, men in the companion position and father are subject to postpartum changes experienced by the mother of his child. By studying the changes coming with the birth of a child, it considers the relationship between man and woman as a crucial point for the analysis of the feelings aroused by assuming the role of father. When deciding to have a child the couple takes the conscious pregnancy of biological changes, however, unaware of the psychological changes arising from the pregnancy status, especially in social relations and routine due this fact<sup>3</sup>.

Psychic changes are related to the emotion of the moment, as well as the responsibilities implicit in the generation of a new being. The birth of a child represents the culmination of a process that begins with pregnancy and ends when the baby comes out of the masculine imagination and into concrete life<sup>3</sup>.

In this context, that the male be able to understand these changes and increase the bond with mother and child, it is necessary to guide them on their right to participate in the consultations of prenatal care, to be present during labor, birth and postpartum<sup>4</sup>. This right ensured by law N<sup>o</sup> 11,108 on April 7, 2005 the Ministry of health, which ensures to women for the presence of a chaperon during the labor, birth and immediate postpartum, if so desired, within the unified Healthcare System<sup>5</sup>.

Despite the existence of this law sometimes, institutional routines are valued to the detriment of the needs of the client, hindering male access to the delivery room. Because of this, the mother ceases to enjoy emotional support and care able to provide emotional security, in addition to meeting the needs of hydration, help and encouragement by her companion<sup>6,7</sup>. Moreover, the man who chooses in advance to stay in the delivery room seeks to acquire information from different sources regarding pregnancy and childbirth<sup>8</sup>.

When acquired knowledge properly makes a conscious decision and, above all, with responsibility. Thus, assuming that the information acquired by the fathers will guide its actions to support the woman, the present study aimed to investigate the knowledge of men on labor. This search will help the health professional to better understand the benefits of the presence of the father during the birth process. In addition, consequently, may subsidize reflections on the humanization of assistance to women in all stages of labor.

## METHODOLOGY

This exploratory, descriptive and qualitative study was developed in a university hospital in the city of Santa Cruz, located in Rio Grande do Norte, Brazil. The participants were 12 men over the age of 18, who were present in the delivery room, accompanied the birth of their children and demonstrated the psychological capacity to understand the guiding question. The number of respondents was limited by the principle of data saturation, assured where statements did not present any new information.

The collection of information took place through semi-structured interviews in the period from June to August 2011. For this, we used a script containing sociodemographic questions, in order to characterize the study population, and a guiding question that sought to clarify male knowledge on labor. The interviews had an average duration of 30 minutes and an MP3 recording device was used for concurrent data collection. It is noteworthy that the survey instrument was pre tested in a population with similar characteristics related to socioeconomic conditions and the situation experienced by social actors of the study in question in order to ascertain the understanding of the guiding question.

The recorded statements were transcribed in full the same day of the interview, and subjected to Bardin's content analysis method as the thematic analysis technique. Therefore, they identified the units of meaning, which once coded went through a cut and aggregation process, making the themes<sup>9</sup>. Possession of these, data analysis was based on the principles of symbolic interactionism proposed by Blumer<sup>10</sup>. We opted for this benchmark because it believes that the participation of men in the delivery room is established through a process of social interaction. Thus, in this sector, he interacts with the mother and feels everything regarding the phenomenon of birth.

It should be noted that this article is part of a larger project entitled "Perception fellow men about their presence in the birth of their child", which included the construction of three thematic categories. However, in this study, contemplating the theme on "male knowledge on labor and birth" and subcategories: signs of labor and the newborn's cry as a sign of life.

The research complied with the principles defended by the bioethics recorded in Resolution 466/12 of the National Health Council on research involving humans<sup>11</sup>. Their achievement came after approval by the Ethics Committee of the Federal University of Rio Grande do Norte, and signed the free and informed consent form (ICF) by respondents, as well as authorization for recording their statements.

The interviewees were informed about the objectives and purposes of the research; their voluntary nature, the exemption costs and remuneration in participating in the research. It was also pointed out that the research offered minimal risk because any embarrassment could arise when talking about childbirth when different emotions are touched on. It ensured the anonymity and guaranteed that their statements were aimed at scientific purposes. For the purpose of publication, parents were referenced by the first letter of fictitious names.

## RESULTS AND DISCUSSION

On the sociodemographic characteristics of respondents, age ranged from 22 to 45 years with the predominant age between 22 and 29 years. The family income there was a variation between half the minimum wage to one and a half minimum wage among those who reported working with a formal employment contract. The remaining affirmed income up to three minimum wages. Most had complete elementary school and resided with their companion.

Overall, study participants were characterized as young adults, low income and low education level, however reported living with their partners enabling the identification of signs of labor and, consequently, the time to go to the hospital.

As for the specific results of male knowledge on the signs of labor, it can be observed that these men demonstrated to recognize the right time to bring their companion to the maternity ward given the signs of labor.

*[...] I always said: we will have to wait for the right time, the right time because we know more or less, right? The pain, in the 10-minute period, the frequent pains three pains, that's when it gets worse, then we go to the hospital. [...] for us to arrive at the right time, so that we don't have problem about going and returning from hospital (L.).*

*[...] She bled, she had a constant discharge, so I took her to the hospital of Serra Caiada [...] they don't do delivery, they referred us to Santa Cruz or Natal. Then, arriving there the doctor examined her and said he was already to give birth or she had already passed her time (M.).*

*[...] she started having pains around 4:30 ' in the morning we went to the hospital of St. Benedict [...] getting there the doctor examined, did the touch, then said he was dilated with 5 cm [...] there referred us over here (A.).*

Some respondents mentioned the time when the woman began to present the harbingers of childbirth. In this scenario, these events corroborate with literature about the signs of labor: painful, rhythmic uterine contractions, at least two in every 10 minutes, which extend across the uterus with duration of 50 to 60 seconds; cervix dilation two centimeters off and on, and the multiparous mothers, the cervix is semi-off with three centimeters dilated. In addition, there is a formation of the bag of waters and loss of the mucous plug<sup>12</sup>.

The men, social actors of this study, to perceive the approaching birth of their child; and began to engage and interact with the woman in the context of the parturition. Thus, the actions taken by them were guided by interactive attitudes toward the direction that the arrival of the child has had for them. Thus, in order to understand the action of males in the delivery room, it is necessary for the understanding of his relations with himself, his companion and with all respect to the delivery room.

Yet in the review of the testimony, it was observed that the often the expectant mother lives in a city and are referred to another during the labor process. This fact places them in a situation of vulnerability to an unsatisfactory outcome of pregnancy, the possibility of childbirth take place during transportation with risk to mother and baby. This tends to trigger in the moments of tension and fear companion, in a context that should be characterized by joy, security and performance.

Although most participants have sought the maternity ward in due course, some showed lack of accurate signals of this process, generating trips back and forth from the home to the hospital:

*Arriving here, yet was not a right time to go to the hospital, and then returned home, the pain continued all day, all night we spent in the clear. It was a labor for me too. [...] the pain increased. Yes, we did not notice that the water broke, through inexperienced did not know, but the water broke. We thought that it was the water, and then we came to the hospital early in the morning (T.).*

Man's knowledge on the signs and symptoms of labor mitigates the vulnerability which the mother and child are exposed in the period prior to birth. The statements have transpired the concern and interviewed the care for his wife at the time yearn for the arrival of the child and jointly share each moment. In this

sense, the companion can soak up to the birth process, reaching out to put their self in the other's position and experience labor. This is understandable when the experience of a situation interaction is established the self with each other and with the ambiance in which the phenomenon occurs.

According to the statements, the men strengthened the companion in labor, with dialog and encouraging words.

*[...] The pain was always a little paced, always talking to her, saying that she was a strong woman, let's get that kid out in three days we're going home (T.).*

The companion must be the first to support the woman, although in different positions, both experience the same phenomenon. The man/father's affective and emotionally bound to the mother and the child that is to come. In addition, the fact of living in the same household led him to be responsible and to accompany his wife to the hospital. In this institution, he should be encouraged to stay alongside his companion from pre to post-partum, the benefits from their presence in the delivery room.

According to the Ministry of health, the natural childbirth and the presence of a chaperon are constitutional rights of every woman<sup>5</sup>. However, despite the efforts of federal organizations to enable the guarantee of such rights to the mother, the companion and the family, many times, the man or the person chosen by her is prevented from staying next to the woman. This is because some hospitals still adopt the healthcare model focused on medicine and not the needs of the user.

This reality leads to consider be imperative that health professionals and institutions enforce the law of 11,108 April 7, 2005, which deals with a woman's right to have an escort when in labor, birth and immediate postpartum in public hospitals and affiliated with the SUS<sup>5</sup>. Based on scientific evidence, the presence of companion during this time provides emotional support and security to women and strengthens the bond between family members, in addition to convey tranquility to the couple to experience the end of gestation and the announcement of life<sup>13</sup>.

In their statements, some participants considered the cry of the newborn as outcome of labor and announcement of life. The neonate's cry came to prominence in the context of the statements, developing in respondents to design the birth process represents life. To witness the birth of the child, while listening to their cry, the parents were moved and stressed experience feelings of happiness, joy and sense of well-being.

*It was a very great emotion, an unforgettable moment, especially by the time the child cries. When she's born*

*without breath there, you have to wait. When she cries is a sign that she's breathing. It took three to five seconds, which was fast (M.).*

*The birth was too good [...] see it being born is a great happiness, anxiety also because I was very anxious to see him cry. Then when I saw him there in the crib, he saw him cry, the doctor holding him there ready, it was an emotion and with immediate happiness. [...] I have seen in other situations the people tell that the child did not cry or the child when born the doctor beats or the doctor boot upside down to cry, to clean the lungs (F.).*

The cry is response to a given situation. The first cry is considered physiological and promotes better oxygenation of the blood, the reorganization of the cardiovascular and respiratory systems of the newborn, as well as help in the conservation of homeostasis, representing to the team a sign of vitality<sup>14</sup>. After birth, the professionals' attention turns to the establishment of the breath of the neonate. Yes, in normal situations, the newborn breathes and cries announcing their condition in the first moments of life intrauterine, answering the expectations and decreasing the tensions involved in this process.

A study shows that the mother is anxious to hear the cry of the child and even informed about the well-being of the neonate, his facial expression still matches a question mark. Fact this minimized when she hears her child crying. Such findings corroborates research whose results have proved to be a crying manifestation of life, representing the child makes alive and healthy<sup>15</sup>.

Respondents to express their knowledge about the importance of the neonate's cry made clear the desire to hear him cry. The baby's crying stands out among the initial behaviors for his central role in the survival and health of children, representing the beginning of life<sup>16</sup>.

The birth and the cry of the newborn have a symbolic value to the father. The crying is considered, as part of this work may be the comparison of veiled aspects in the life of the man whose execution took place with the arrival of the child. Parents interviewed, crying is something unforgettable, leading one to believe that this phenomenon will be marked in memory of them, according to a statement from the participants. This may have an impact on co-responsibility for the child, is to witness the birth of the child and seeing him cry men will be present in family relationships. Amid these relationships are driven to want to take care of children too. Thus, the responsibility of the mother, who once handled child alone and the man was up to the task of provider, would be shared with the father companion<sup>1</sup>.

On this, there is evidence that the men even being family providers has performed care actions along with wife and

children. From the perspective interactional, such behavior is related to the meaning of companion as well as the newborn as parts of their family background<sup>17</sup>. That way, the interest and concern for the integrity of the family unit acquires greater evidence, when the child becomes part of their real world announced by crying.

The anxiety to find out if the child was born healthy was conferred upon the cry expressed by the neonate. In addition, it brought the affirmation that simple escort passed to the condition of companion and father, bringing you contentment, feel happy and thrilled to witness the birth of their child for the first time.

*[...] It feels odd, it feels really good to hold your child in your arms and see he's there until you're crying sound, all that it feels really good, so good. (F.)*

*I arrived in the delivery room, just changed the feeling when I saw the child crying, and gave me a sense of joy, right? Because we are seeing our child born for the first time, I was like; I was touched, but did not cry.*

*It was a feeling of joy, but I didn't cry. (M.)*

The fact of the participant not having cried leads to reflect on how much people are male, however, are required to refrain from expressing their feelings. This is the result of an existing culture even in the present day, in which the men to have their maleness recognized tend to reproduce certain aspects of the brand identity of the hegemonic masculinity<sup>18</sup>. So are modeled behaviors, attitudes and emotions to be expressed by them. Following such models serves to attest the quality of man and decrease the possibility of being questioned by others who share these symbols.

In the context of the presence of man in the delivery room, it is considered necessary that health professional's deal with the phenomenon of birth as an event full of sensations. Therefore, those involved, companion and mother, can express their sensitivity and make room for your emotions, because as humans are endowed with subjectivity and feelings that once expressed, lack of respect and care.

## CONCLUSION

The partners' knowledge about labor and birth boosted the determination of the participants of this study to be present in the delivery room and adopt attitudes empathic before his companion in order to promote a peaceful birth for both.

However, the support and encouragement to the father in the delivery room from health professionals is not a reality experienced by most couples. In seeking greater involvement

of partners in the birth of the child, it is necessary that the professionals operating in, especially obstetric care nurse, be attentive and willing to encourage the active participation of men in the context of parturition.

The study results favor contribution to scientific knowledge about the presence of the companion in the delivery room. However, it emphasizes the need to carry out further research on the topic so that other aspects of males in the birth scenario are revealed, enabling the planning of actions for the couple in the child birth experience.

## REFERENCES

1. Benazzi AST, Lima ABS, Sousa AP. Pré-natal masculino: um novo olhar sobre a presença do homem. Rev. polit. publicas [periódico na internet]. 2011 jul/dez;[citado 2015 jan 13];15(2):[aprox. 7 telas]. Disponível: file:///C:/Users/Barbara%20note/Downloads/PR%EF%BF%BD-NATAL\_MASCULINO\_um\_novo\_olhar\_sobre\_a\_presen%EF%BF%BDo\_homem.pdf
2. Piccinini CA, Picdowski DC, Gomes AG, Lindenmeyer D, Lopes RS. Expectativas e sentimentos de pais em relação ao bebê durante a gestação. Estud. Psicol. [on line]. 2009 jul/set;[citado 2013 jan 13];26(3):[aprox. 10 telas]. Disponível: <http://www.scielo.br/pdf/estpsi/v26n3/v26n3a10.pdf>
3. Ferreira AD, Martendal MLN, Santos CMS, Birolo IVB, Lopes R. Participação do pai no nascimento: sentimentos revelados. Inova Saúde [on line]. 2014;[citado 2015 mai 26];3(2):[aprox. 20 telas]. Disponível: <http://periodicos.unesc.net/index.php/Inovasauade/article/viewFile/1662/1670>
4. Oliveira SC, Ferreira JG, Silva PMP, Ferreira JM, Seabra RA, Fernando VCN. A participação do homem/pai no acompanhamento da assistência pré-natal. Cogitare enfermagem [on line]. 2009 jan/mar;[citado 2015 mai 25];14(1):[aprox. 6 telas]. Disponível: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/14118/9489>
5. Lei nº 11.108 de 7 de abril de 2005 (BR). Dispõe sobre o direito às parturientes à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. Diário Oficial da União [periódico na internet], Brasília (DF). 8 abr 2005;[citado 26 mai 2015]. Disponível: [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2004-2006/2005/Lei/L11108.htm](http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11108.htm)
6. Carvalho JBL, Brito RS, Araújo ACPF, Souza NL. Sentimentos vivenciados pelo pai diante do nascimento do filho. Rev Rene [on line]. 2009 jul/set;[citado 2015 mai 25];10(3):[aprox. 7 telas]. Disponível: [http://www.revistarene.ufc.br/vol10n3\\_pdf/a15v10n3.pdf](http://www.revistarene.ufc.br/vol10n3_pdf/a15v10n3.pdf)
7. Reberte LM, Hoga LAK. A experiência de pais participantes de um grupo de educação para saúde no pré-natal. Ciencia y enfermeria [periódico na internet]. 2010;[citado 2015 mai 29];16(1):[aprox. 10 telas]. Disponível: [http://www.scielo.cl/pdf/cienf/v16n1/art\\_12.pdf](http://www.scielo.cl/pdf/cienf/v16n1/art_12.pdf)
8. Oliveira AG, Silva RR. Parto Também é Assunto de Homens: Uma Pesquisa Clínico-Qualitativa Sobre a Percepção dos Pais Acerca de Suas Reações Psicológicas Durante o Parto. Interação Psicol. [periódico na internet] 2012;[citado 2013 out 26];16(1):[aprox. 14 telas]. Disponível: <http://ojs.c3sl.ufpr.br/ojs2/index.php/psicologia/article/view/22970/19738>
9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
10. Blumer H. Symbolic Interactionism perspective and method. California (USA): Prentice-hall; 1969.
11. Resolução nº 466/12 de 12 de dezembro de 2012. Dispõe sobre as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União [periódico na internet], Brasília (DF). 13 jun 2013;[citado 26 mai 2015]. Disponível: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>

12. Teles LMR, Oliveira AS, Campos FC, Lima TM, Costa CC, Gomes LFS et al. Construção e validação de manual educativo para acompanhantes durante o trabalho de parto e parto. *Rev. Esc. Enferm. USP* [on line]. 2014;[citado 2015 mai 15];48(6):[aprox. 8 telas]. Disponível: [http://www.scielo.br/pdf/reeusp/v48n6/pt\\_0080-6234-reeusp-48-06-0977.pdf](http://www.scielo.br/pdf/reeusp/v48n6/pt_0080-6234-reeusp-48-06-0977.pdf)
13. Carvalho IS, Costa Júnior PB, Macedo JBPO, Araújo RDT. Acompanhantes no processo de nascimento: benefícios reconhecidos pelos enfermeiros. *J Health Sci Inst.* [periódico na internet]. 2013;[citado 2014 jun 12]; 31(2):[aprox. 6 telas]. Disponível: [http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2013/02\\_abr-jun/V31\\_n2\\_2013\\_p166a171.pdf](http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2013/02_abr-jun/V31_n2_2013_p166a171.pdf)
14. Sá FE, Frota MCP, Oliveira IF, Bravo LG. Estudo sobre os Efeitos Fisiológicos da Técnica de Aumento do Fluxo Expiratório Lento em Prematuros. *Rev Fisioter S Fun. Fortaleza* [internet]. 2012;[citado 2015 mai 29];1(1):[aprox. 6 telas]. Disponível: [http://www.fisioterapiaesaudefuncional.ufc.br/index.php/fisioterapia/article/view/64/pdf\\_1](http://www.fisioterapiaesaudefuncional.ufc.br/index.php/fisioterapia/article/view/64/pdf_1)
15. Rosa R, Martins FE, Gasperi BL, Monticelli M, Siebert ERC, Martins NM. Mother and child: the first ties of closeness. *Esc. Anna Nery* [on line]. 2010 Jan./Mar.;[cited 2013 jan 13];14(1):[aprox. 8 telas]. Available from: [http://www.scielo.br/scielo.php?pid=S1414-81452010000100016&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S1414-81452010000100016&script=sci_arttext)
16. Zeskind PS. Impacto do choro do bebê de risco no desenvolvimento psicossocial. *Enciclopédia sobre o Desenvolvimento na Primeira Infância* [periódico na internet]. 2007;[aprox. 5 telas]. Disponível: <http://www.encyclopedia-crianca.com/sites/default/files/textes-experts/ptpt/2556/impacto-do-choro-do-bebe-de-risco-no-desenvolvimento-psicossocial.pdf>
17. Oliveira EMF, Brito RS. Actions in care carried out by the father in the puerperism. *Esc. Anna Nery.* [on line]. 2009 July/Sept.;[cited 2015 mai 30];13(3):[aprox. 12 telas]. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452009000300020](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452009000300020)
18. Marques Junior JS, Gomes R, Nascimento EF. Masculinidade hegemônica, vulnerabilidade e prevenção ao HIV/AIDS. *Cienc. saude colet.* [on line]. 2012;17(2):[aprox. 10 telas]. Disponível: <http://www.scielo.br/pdf/csc/v17n2/a24v17n2.pdf>