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Contraceptive management from the perspective of young men: (dis)engagements and possibilities

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Abstract *We analyzed the engagement of young heterosexual men in contraceptive management based on empirical material from a multicenter socio-anthropological study. We started from an understanding of youth as a social construction, the relational dimension of gender, and the dynamics of masculinities in interaction with social markers of difference. This article analyzes the biographies of 14 cisgender male participants from São Paulo (SP) and Conceição do Mato Dentro (MG), Brazil. They are heterosexual, mostly self-declared Black, and they were interviewed from 2021 to 2022 about certain events in their affective-sexual trajectories. The relational context proved to be crucial in shaping contraceptive and reproductive behavior. Discussions about female autonomy and co-responsibility for possible contraceptive failures shape different forms of contraceptive engagement in affective-sexual relationships. The representations of young men can contribute to a broader understanding of youth reproductive dynamics, giving rise to possibilities for public intervention (especially in the fields of Health and Education) and ways of reducing gender inequalities.*

Key words *Youth, Reproductive health, Masculinities, Sexuality, Contraception*

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Introduction

How do young men engage in contraceptive management? In this article, we analyze the complex social dynamics underlying young men's participation in the task of preventing pregnancy in the context of heterosexual relationships.

Youth is a period marked by learning and transformation, and often analyzed homogeneously, focusing on biological and psychological milestones or the supposed "risks" arising from the exercise of sexuality, such as teenage pregnancy[1]. It can also be understood as a movement, characterized by reproductive and social production processes[2] and an analytical category[1]. This approach allows us to examine how the youth's condition coordinates with the social determination of health-disease processes through power relations inscribed in class, gender, race/ethnicity, and other social markers.

The connection between youth, masculinities, and reproductive health remains an underexplored field. The theoretical framework we adopt to analyze these interrelations seeks to overcome abstract conceptions that treat the category "men" as universal/neutral, understanding gender as an interdependent and relational construct[3] and crucial to thinking about men's health[4]. The relationship between the construction of masculinities[5] and men's health[6] demands an intersectional approach to understanding their interplay in the processes of social determination of health[7].

Reproductive issues have historically been linked to women's health, a naturalization that shapes men's experience in this field[3,8]. The emergence of sexual and reproductive health and rights in the 1990s highlighted the need for greater male involvement, a point reinforced by the Cairo and Beijing Conferences in combating gender inequalities[7-9]. Despite this, gaps persist in studies on masculinities and reproductive health[10]. Furthermore, male inclusion in this context raises questions about women's autonomy and the pursuit of equity[11-13].

Contraception encompasses a set of events, representations, practices, and strategies surrounding sexuality and reproduction. It is a complex process of negotiations, decisions, and socialization, mediated by cultural and gender codes[14,15]. Relational contexts are central to this nonlinear process. The artificial division between "female" and "male" contraceptive methods reinforces gendered contraceptive management, favoring the organism on which they act over the relational process[8,11]. This division was accentuated by medicalization and has feminized contraceptive management since the mid-twentieth century, creating a predominantly female mental and practical burden[16]. Despite technically expanding women's reproductive autonomy, this process did not question the sexual division of reproductive labor[17].

Given this context, we analyzed how these issues have impacted the reproductive trajectories of young cisgender men. Scientific literature has focused on the female perspective, leaving gaps regarding male contraceptive and reproductive behavior. In this article, we analyzed young men's engagement in contraceptive management in different relational contexts based on empirical material from a socioanthropological study.

Methodological aspects

This analysis is nested in the research "Youth in the digital age", a socioanthropological study conducted from 2021 to 2022 with young people aged 16 to 24 in six Brazilian municipalities. One hundred and ninety-four young people were interviewed using a semi-structured questionnaire, with narratives of their affective-sexual trajectories as the central thread.

We worked with empirical material from two of the six research centers: São Paulo (SP) and Conceição do Mato Dentro (MG), Brazil. We aimed to compile diverse experiences from a large metropolis and a rural city, without aiming for a comparative perspective based on territorial markers as the central analytical axis, but rather to enhance the diverse trajectories to be studied. We included informants who identified as cisgender, heterosexual men and who had already had sexual experience with a physiological possibility of pregnancy. We arrived at a set of 14 informants: nine from São Paulo and five from Conceição do Mato Dentro. Eleven had experienced at least one pregnancy. There was a predominance of young people from working-class backgrounds who identified as Black or Brown (Chart 1).

Fieldwork occurred from October 2021 to June 2022. Informants were accessed through multiple strategies, including researchers' personal and professional networks, social media invitations, and the snowball sampling technique. The topics covered in the individual interviews sparked reflection on the relationship between events in young people's sexual and

Chart 1. Interview characteristics, sociodemographic, economic, and related to the family configuration of the informants that make up the qualitative sample (n = 14).

Name[1]	Field	Interview time in minutes[2]	Age	Race/skin color[3]	Social stratum[4]	Schooling	Household income[5]
Uriel	SP	100 (H)	18	Brown	Working-class	High School	~2 MW
Vicente	SP	85 (H)	21	Black	Working-class	High School	~3,5 MW
Leandro	SP	132 (H)	18	White	Working-class	High School	Don't know
Fernando	SP	141 (H)	24	Brown	Working-class	Incomplete Elementary School	~1 MW
Artur	SP	69 (M)	19	Brown	Working-class	Incomplete High School	~1,5 MW
Gustavo	SP	115 (H)	17	Black	Working-class	High School	~1 MW
Caio	SP	94 (H)	22	Brown	Working-class	Elementary School	~1,5 MW
Elias	SP	136 (H)	19	White	Working-class	Incomplete High School	~1,5 MW
Saulo	SP	145 (M)	18	White	Middle-class	High School	Don't know
Samuel	CMD	79 (M)	19	Brown	Working-class	High School	~2 MW
Iago	CMD	83 (M)	23	Black	Working-class	High School	~4,5 MW
Hugo	CMD	62 (M)	24	Black	Working-class	High School	~3,5 MW
Natan	CMD	113 (M)	19	Brown	Middle-class	High School	~6 MW
Bernardo	CMD	60 (M)	23	Brown	Middle-class	Higher Education	Don't know

Name[1]	Current work (age at onset)[6]	Current religion	Marital Status[7]	Do you live with a partner/wife?	Do you live with your father and/or mother?	Do you live with sons/daughters?[8]
Uriel	No (18)	Evangelical	Stable union	Yes	Yes	Yes
Vicente	Yes (18)	Catholic	Stable union	Yes	Yes	NA
Leandro	Yes (< 18)	Evangelical	Married	No	Yes	No
Fernando	Yes (< 17)	No religion	Stable union	Yes	No	Yes
Artur	Yes (12)	No religion	Married	Yes	No	Yes
Gustavo	No (13)	No religion	Stable union	Yes	Yes	NA
Caio	No (13)	No religion	Single	No	Yes	No
Elias	Yes (15)	Catholic	Single	No	Yes	Yes
Saulo	Yes (17)	No religion	Single	No	Yes	NA
Samuel	Yes (12)	Catholic	Stable union	Yes	Yes	Yes
Iago	Yes (13)	No religion	Married	Yes	No	Yes
Hugo	Yes (15)	Evangelical	Married	Yes	No	No
Natan	Yes (17)	Catholic	Single	No	Yes	NA
Bernardo	Yes (15)	Evangelical	Single	No	Yes	NA

SP: São Paulo, capital; CMD: Conceição do Mato Dentro, MG; MW: Minimum wage (s); NA: Not applicable. [1] Fictitious name. [2] In parentheses, we indicate the gender of the interviewer – H (man); M (woman). All are cisgender people. [3] As per self-declaration in the interview. [4] Classification made by the researchers (etic), to the detriment of the emic classification (made by the participants), to include the complexity of several socioeconomic components explored throughout the interviews. [5] The cases indicated as "stable union" may have been classified as such due exclusively to cohabitation with the partner, and not necessarily to the civil recognition of a common-law marriage. [6] Whether the informant is currently working and the age at which he started working. [7] As estimated by the respondent and categorized into ranges per the number of minimum wages (MW). The minimum wage value considered was close to the time when most of the interviews were conducted (2022): BRL 1,302.00. The values, in MW, are expressed as approximations (~) to the values stated by the informants. [8] Non-applicable cases (NA) are those in which the informant does not have children. Note that, in some cases, the partner was pregnant at the time of the interview.

Source: Authors.

reproductive lives and broader contextual situations, such as aspects of family, school, and professional life, and social dynamics.

The interviewers at the São Paulo and Conceição do Mato Dentro centers underwent joint training and education. Understanding that interviews are a social and intersubjective relationship,[18] we critically considered the asymmetrical position of interviewers and respondents. The field teams comprised young researchers roughly similar in age to the informants. The negotiation process for conducting the interviews was often arduous, and the profile of young men with reproductive experience was more challenging to reach. The interviews were conducted in person at a location indicated by the respondents, in compliance with current COVID-19 prevention recommendations. All interviews were recorded, transcribed, and reviewed by the interviewers. Further details on the methodological aspects of the research can be found in the article by Cabral[19].

We selected thematic content analysis[20,21] to examine the empirical material and structured the analysis in six stages: (i) comprehensive, skimming reading and listening to approach and absorb the empirical material; (ii) development of biographical profiles and extraction of key information systematized in tables; (iii) deductive categorization, based on the thematic segments provided in the questionnaire; (iv) inductive categorization, performed per the categories emerging from the empirical material; (v) reflection, questioning, and establishment of a dialogue between the content and themes analyzed and the theoretical concepts and frameworks adopted; (vi) development of interpretative syntheses, linking content and themes with the adopted objectives and theoretical assumptions.

The Research Ethics Committees of the participating institutions approved the research. Young people over 18 signed the Informed Consent Form. Parental consent was waived for those under 18; they signed the Informed Assent Form. Fictitious names were assigned to the participants.

Results

Engagement in contraceptive management reflects the material aspects that facilitate access to contraceptive methods and a set of social representations about contraception, parenthood, family, gender, and sexuality. Negotiations and ambivalences are situated within this relational context, which is also shaped by structural constraints related to gender, racial, and class inequalities[8,11,14,15,22].

Based on the premise that contraceptive decisions and behavior are strongly entangled in relational networks/logics, we present an analysis of the material per the nature assigned to the types of relationships: we explore men's contraceptive engagement in more "stable" relationships and in the context of more "casual" partnerships, as they define them. We explore elements of these relational contexts, associating them with possibilities for prevention or moments of vulnerability and reported use of contraceptive methods (see Chart 2 for compiled information).

Is contraception feminine? Possibilities and limits of male engagement in stable relationships

Longer-lasting affective-sexual relationships have a contraceptive logic that generally involves a transition between methods (Chart 2). As already observed in the literature on sexuality and youth research[23,24], the use of male condoms at the beginning of a relationship gives way to a broader set of methods, especially "feminine" methods, such as the pill, injectables, and the intrauterine device (IUD). A strong attribution of contraceptive responsibility to young women accompanies this shift[25,26]. STI prevention is considered a lower priority in these relationships, as was widely observed in all contexts of this research[27].

We understand male engagement in contraceptive management as several possibilities for men's active involvement in practices and decisions related to contraception. More than mere knowledge or effective use of a method, it also encompasses communication processes with partners, interest in and pursuit of information about different methods, consideration of the implications of each contraceptive choice, and support for decisions concerning female autonomy in this field. Thus, male engagement can denote varying degrees of shared responsibility in contraceptive management and potentially reduce gender inequalities in reproductive health.

"I stand by her": a shared responsibility in contraceptive management

Some informants showed more active engagement in contraceptive management, with greater involvement in conversations about

Chart 2. Contraceptive methods used in different relational contexts (current or most recent stable relationship and casual partnerships), according to informants' representations.

Name[1]	Current or most recent stable relationship				Casual partnerships
	Partner status[2]	Relationship time	Method(s) used[3]	Other method(s) already used[3]	Method(s) used[3]
Uriel	Girlfriend	3 years	Injectable, condom	Injectable, EC, condom, CI	Not applicable
Vicente	Girlfriend	3 years	None*	Pill, EC, condom	Condom
Leandro	Wife	5 years	Pill	Injectable, pill, condom, CI	Not applicable
Fernando	Partner	8 years	Implant, CI	Injectable, condom	Condom
Artur	Wife	4 years	CI	Pill, EC, condom	Condom, EC
Gustavo	Partner	1 year	Condom	CI	Condom
Caio	Girlfriend	3 months	None	CI	Condom, EC
Elias	Girlfriend	Not informed	CI	IUD	Condom
Saulo	Girlfriend	2 years	Pill	None	Condom
Samuel	Partner	3 years	Injection, condom, CI	Pill, EC, condom	Condom
Iago	Wife	5 years	Injectable	Pill, condom	Condom, EC
Hugo	Wife	4 years	Pill	Condom	Condom, EC, CI
Natan	Girlfriend	1 year	Condom, calendar method	None	Condom, CI
Bernardo	Girlfriend	8 years	Pill, CI	Condom, CI	Condom

[1] Fictitious names. [2] Status is not necessarily explicit in all cases. However, it is inferred from the context and categorized into one of the following groups: friend, girlfriend, partner (term used here to designate cases in which there is a stable union or cohabitation), wife. "Flirt": a term commonly used to describe some casual relationships, ranging from relationships perceived as casual (not stable), occasional, to those in which there was some type of emotional contact prior to the first sexual encounter, but without the informant attributing any status such as "dating" or something "more serious." [3] Abbreviations for contraceptive methods: injectable (monthly or quarterly injectable hormonal contraceptive); pill (oral hormonal contraceptive); condom (male condom); implant (subdermal implant); EC (emergency contraception); IUD (hormonal or copper intrauterine device); CI (coitus interruptus), calendar method. The consistency of use for each method is not specified. * Current pregnancy.

Source: Authors.

contraception, greater knowledge about the methods used in their relationships, and more significant participation in the decision-making to select the methods. The argument regarding respect for female autonomy and the final decision regarding contraception was recurrent. The cases presented below illustrate situations in which they assume joint responsibility for contraceptive management.

Natan (19, Brown, middle-class, CMD) discusses condom use with his girlfriend, expressing concern about the method's effectiveness. Gustavo (17, Black, working-class, SP) emphasizes the importance of discussing contraception with one's partner, facilitating joint action, such as the decision not to have sex when they forget to buy condoms. He recounted their joint decision not to use the pill due to its potential adverse effects on his partner's body:

*It was **actually discussed between the two of us**. We decided that she has many problems with anxiety, and the medications she would take could increase it. So, we decided not to use it* (Gustavo, 17, Black, working-class, SP).

The arguments of agency and female autonomy guided the decision-making process for choosing a contraceptive method in some cases. Natan, Iago, and Leandro, in particular, explicitly placed this responsibility on their partners, arguing that the adverse effects affect their bodies. Natan (19, Brown, middle-class, CMD) expressed the intention to continue using condoms even with the prospect of adopting the pill, even though he points out the possibility of failures in the implementation of this double protection. Iago (23, Black, working-class, CMD) detailed his contraceptive journey with his wife and explained how they decided to switch from the pill to the injectable method: *I left it more up to her, you know? Because when I researched, it really affected a woman's body*. Leandro (18, white, working-class, SP) has a similar stance, gathering a broad repertoire of methods already used in his relationship and showing his adherence to the justification of female autonomy in decision-making processes:

I stand by more for what... because of this factor of not having many options [of "male" contra-

ceptives], I go more for what she feels good about. She says, "I want the IUD because I feel better," or "I want the injection," or "I want you to use the condom". I'm open to that, you know? ***Whatever she says feels good, then I stand by her*** (Leandro, 18, white, working-class, SP).

Some contextual elements in the boys' biographies provide clues to their contraceptive socialization process. Positive references to sex education stand out: Uriel mentions learning through social projects he attended, while Gustavo and Iago speak of their parents' more regular presence, emphasizing conversations about condom use. Iago has more educated parents and is one of the few who repeatedly showed a perception that schooling and a professional career are central to his life's goals, rather than building a family unit in the short term.

The discourses that bring the perception of gender asymmetries in relationships and unequal contraceptive and reproductive responsibilities are highlighted. Uriel recognizes the differential impact of pregnancy on the partner's life; Leandro discusses sharing childcare, a task usually perceived as a female one; Iago emphasizes the importance of marital dynamics for collaboration in contraceptive management.

These young men are engaged in contraceptive management, actively participating in the conversations, decisions, and actions necessary to prevent pregnancy, while recognizing their partners' autonomy in choosing methods that affect their bodies. In other cases, female autonomy was mobilized differently, justifying a lack of engagement, or disengagement, as evidenced below.

"I didn't even ask": contraception as a women's issue

Most informants – Bernardo, Samuel, Hugo, Vicente, Fernando, Caio, Artur, Elias, and Saulo – showed little involvement or even disinterest in contraceptive management in stable relationships. Their accounts reveal inaccuracies and misinformation about the contraceptive methods used, and a rhetoric that, while valuing women's autonomy in contraceptive decisions, reveals, in practice, little involvement, support, or effective dialogue on the topic. In one case, the presumed responsibility lies solely with the partner: the young man (Caio, 22, Brown, working-class, SP) explicitly blames his girlfriend for contraceptive failures. Beyond these issues is a noticeable difficulty and limited knowledge surrounding the topic.

Bernardo (23, Brown, middle-class, CMD), for example, was confused about his partner's IUD use. Samuel (19, Brown, working-class, CMD) was uncertain about the methods used before the pregnancy he was involved in. Hugo (24, Black, working-class, CMD) initially stated that he no longer used contraception, but later in the interview, he mentioned that his wife was using the pill. Fernando, 24, (Brown, working-class, SP) knew his partner used a subdermal implant but could not provide any details. Caio (22, Brown, working-class, SP) and Elias (19, white, working-class, SP) displayed significant unfamiliarity regarding contraceptive methods: they talk about the supposed ineffectiveness of condoms and methods like "teas", which they distrust, and have significant difficulty discussing contraceptive management in their relationships.

The argument of female autonomy (exclusive or predominant) for contraceptive management was recurrent among this group of respondents. Bernardo (23, Brown, middle-class, CMD) was unaware of his partner's IUD use (we accessed this information through the interview conducted with her as part of this research). When asked about his thoughts on the IUD, after mentioning that his partner was considering it, he stated, *I can't say now, but she thinks it's best, you know?* Samuel (19, Brown, working-class, MDC) highlighted the purchase of condoms and the morning-after pill. Hugo (24, Black, working-class, CMD) stated that he left the decision up to his partner: *I'll accept whatever's best for her*, without elaborating on his involvement. Fernando (24, Brown, working-class, São Paulo) referred to the subdermal implant as "a chip" and explained that the entire decision-making process occurred between his partner and the healthcare team after the birth. Saulo (18, white, middle-class, SP) found out about his girlfriend's pill use in the course of the relationship and appears to have shown no interest in the matter. When the interviewer asks if his partner had told him about her choice of pill, he replies, *No, no. I didn't even ask. I knew she was taking it, she told me, and that was it*, revealing his passive stance on contraceptive management. Caio (22, Brown, working-class, SP) mentioned an ex-girlfriend who overused emergency contraception (EC) and blamed his partner for her lack of use of other methods, such as injections: *Geez, why didn't you avoid it? You're always taking CE pills; why didn't you take the injection?*

The irregular use or non-use of "male" methods such as condoms, withdrawal, and

vasectomy reiterate this disengagement, with narratives revealing a marked lack of interest in contraceptive management. Vicente (21, Black, working-class, SP) and Fernando (24, Brown, working-class, SP) acknowledged the irregular use of withdrawal in their stable relationships. Vicente and Fernando considered vasectomy, but both concluded they would not be willing to undergo the procedure. Body centrality is triggered when the young men argue about the priority and primacy of contraception for their partners; this justification does not carry the same weight when the correlation is made between contraception and male bodies, clearly denoting the perspective that contraception is an essentially feminine attribute.

Contraception (and prevention) in casual relationships: "No condom, no way"

Contraceptive behavior in casual relationships differs significantly from that reported in stable relationships. Condoms are the most commonly used method by young men in these contexts (Chart 2). Reports of other contraceptive methods used by casual partners are rare, which likely reflects the young men's lack of knowledge rather than non-use, and EC appears in some cases. The fear of contracting an STI is more prevalent in casual relationships, which is not observed in steady relationships[27]. In this section, we analyzed how the partner's characteristics often condition condom use, the informants' relationship with the risk of contraceptive failure, and their participation in EC.

Condom use is common among young people in casual encounters (Natan, Bernardo, Samuel, Hugo, Fernando, Artur, Gustavo, and Vicente), although not without its flaws. As reported by Saulo, Fernando, and Elias, contraceptive behavior varies depending on the information available about the partner: the lower the level of knowledge and intimacy, the greater the tendency to use condoms: *I've never had [sex] without a condom with a stranger, I mean, I already did it, right?* (Saulo, 18, white, middle-class, SP); *I didn't know who they'd been with before. I didn't know anything about them. So, I said, 'Oh, I'll use [a condom], you know, who knows?'* (Elias, 19, white, working-class, SP). This logic of contraceptive behavior based on the morality attributed to the type of partnership and the knowledge about their previous behavior is not new in studies with young Brazilian men[23,28,29]. The permanence/vigor of the gender norm that distinctively classifies partners and is accompanied by a certain logic of protection across generations is noteworthy[26,28], despite the efforts made in terms of public sex education policies, especially in the first decade of the 21st century.

Caio (22, Brown, working-class, SP) is one of the exceptions regarding condom use and risk-taking. Although he perceives a greater "danger" in casual encounters, he reports rarely using protection. There is a specific tone of resignation regarding the potential consequences of an unprotected relationship: *I end up taking that risk, right?* This attitude was also observed in the interview with Iago (23, Black, working-class, CMD) about his casual relationships before marriage: *I used to say*, '*Oh, if it happens, it's God's blessing, right?*'. Although he discusses the moral distinction between types of partnerships at one point in the interview, identifying a particular "ideal type" for marriage and having children, his statement denotes the possibility of assuming paternity in the face of an unplanned pregnancy.

In casual relationships, informants' primary concern centered on STIs. However, competing with the fear of contracting an STI was the spur of the moment for sexual intercourse, a prominent feature in many narratives: *In that moment, we don't care, right? However, then it passes. You get that thought in your head, 'could I have caught something?'* (Bernardo, 23, Brown, middle-class, CMD). In some specific situations, such as "cheating" or in relationships with sex workers, the fear of STIs is more evident. It reinforces the need for condom use: *Q: And the girls you paid for sex; did you use condoms with them? I: Yeah, man! Yeah, because there was no way I could not use one there*" (Elias, 19, white, working-class, SP). Although less frequent compared to STIs, the fear of an unexpected pregnancy in such contexts was expressed, as in the case of Natan (19, Brown, middle-class, CMD): *I think I've always been terrified, you know? Of having a child and messing up my goals*.

Contraceptive methods that are considered "feminine", such as the pill, hormonal injections, and IUDs, are not mentioned by young men when discussing contraceptive management in these contexts. EC use, however, is mentioned in at least four cases (Artur, Caio, Iago, and Hugo). Iago's narrative (23, Black, working-class, CMD) exemplifies the type of "negotiation" that can occur in such contexts – or rather, the lack of negotiation surrounding the decision to use EC, since the need for its use would already be implicit. After purchasing the pill, he explains that

he required proof of use: *Then just send a photo, right? After you take it. It shows that you took [the morning-after pill]*. The erratic nature and occasional use of EC and condoms fits well with the context of casual, unprotected relationships they may engage in. Male participation is often directly linked to the acquisition of pills and condoms in such contexts. The ease of acquiring EC and condoms in commercial pharmacies favors this option[30]. This practice can be understood within the logic engendered by hegemonic masculinity[5]: practices that appear to be engaging are adopted (such as buying condoms or EC), but which, in fact, reinforce traditional masculine identities linked to the role of provider (the one who pays for prevention).

In short, concern about STIs is predominant in casual relationships, while pregnancy prevention is less mentioned. Condoms are central to the primary contraceptive method in these contexts, although emergency contraception is also used. The logic of self-protection governs this type of sexual encounter, for which, a priori, no development or continuity is foreseen. Engagement is not necessarily absent; on the contrary, we can admit it in consistent STI or pregnancy prevention strategies, which, to some extent, represent management of the risks arising from the exercise of sexuality.

Discussion

The analysis of young men's engagement in contraceptive management suggests persistent patterns over the past few decades. Notably, we worked with predominantly Black participants from working-class backgrounds in two distinct regions (São Paulo and Conceição do Mato Dentro), most of whom (11 of 14) had already experienced pregnancy before the age of 20, which is a specific selection of youth and masculinities situated at the intersections of these social markers. Despite this framework, we identified diverse sexual and reproductive trajectories.

Our choice to draw on two distinct territorial contexts for our set of informants was partly due to the expectation of variations in masculinity models and patterns of contraceptive engagement. However, other aspects stood out more in men's engagement with contraceptive management than the possibilities and constraints that territories can create for individuals throughout their trajectories. Broader processes of sociocultural homogenization are underway among young people, fueled by the influence of social media, for example.

Behaviors related to male contraceptive management appear to be connected to how these individuals perceive and accommodate specific life plans and projects related to marriage, parenthood, the desire to start a family, study, and build a career. These "aspirations", in turn, are deeply related to the family environment and the resources and opportunities available to them through social institutions such as schools. Amidst this are dialogues and learning about sexuality, which help shape a perception of oneself and the other with whom one relates. Gender norms are reiterated, internalized, or even questioned, structuring the social relations that gender dictates and are expressed in a set of practices[31].

Structural, relational, and individual dimensions influence contraceptive behaviors[11,32]. Contraceptive socialization[14,15] appears to operate in multiple ways in shaping young people's conceptions and practices in the field of sexuality and reproduction. In the relational dynamics with affective-sexual peers, gender issues structure expectations and tasks that are assumed by the parties in a heterosexual relationship. For example, young men's acquisition of EC and internal condoms in commercial pharmacies can be understood through the logic engendered by hegemonic masculinity[5]: practices are adopted that are apparently committed, but which, in reality, reinforce traditional masculine identities linked to the role of provider (who pays for prevention).

Contraception is still widely viewed as a woman's issue, based on the naturalization of the reproductive event: since pregnancy and most contraceptive methods are linked to the cisgender woman's body, it is assumed that responsibility lies with her. This fact brings us to what some authors emphasize about sex biologization, reinforcing the very naturalization of gender norms[33,34]: the fate of gender tied to reproductive tasks, given the rigidity of sex associated with reproduction. According to Connell, gender is constituted by a structure of social relations organized around reproduction, in which bodily differences are mobilized to sustain practices and hierarchies. The disproportionate burden of contraceptive responsibility is not an accident, but a reflection of how society places on female bodies the responsibility to manage reproductive processes, while male bodies remain marginalized[34].

The idea that contraception is a woman's issue and task is not new[35], but may be taking

on new forms in current generations as feminist discourses are having greater incidence among men. The issue of female agency and autonomy was a key point in our empirical data, brought to light as a justification by young men for their partners' leadership in contraceptive management, especially in stable relationships. On the one hand, this discourse can be used to reify gender inequalities in contraceptive workload, as seen in some cases of greater disengagement. On the other hand, some mobilize this argument along with strategies that enable engagement: they involve themselves in contraceptive management, providing strategies that contribute to the effectiveness of the chosen methods, supporting partners in their contraceptive choices, or even assuming responsibility in the event of a possible "contraceptive failure".

Young men's behavior regarding contraceptive management has many nuances, layers, and complexities. We perceive nuances and contradictions that show the mobile and contingent nature of masculinities[5,36], with discourses of female autonomy on the part of young men coexisting with practices that perpetuate asymmetries.

The nature of the relationship, the status attributed to it, and the form and intensity with which intimacy is built with the partner influence young men's engagement in contraceptive management. In all cases, whether they support their partners or not, the contraceptive workload falls disproportionately on women.[16] Women research methods, deal with the anxieties and consequences of adverse effects[30], need to remember to manage them, and manage maintenance appointments for long-term methods[37]. Although some young men assert a shared responsibility for unplanned pregnancies, women usually bear a disproportionate burden of their consequences. This does not, however, diminish the importance of male involvement in contraceptive management.

Final considerations

It is essential to consider and address, within the fields of health and education policies, the idea that men should not only take part in the reproductive sphere as mere supporting actors, but must also emerge as protagonists with concrete needs in this domain[8]. For example, the National Policy for Comprehensive Men's Health Care (PNAISH)[38] is methodologically directed at adult men. Although it brings some considerations about fatherhood in adolescence, the need to sensitize men about their duty and right to participate in reproductive life, institutional actions are scarce, often limited to guiding men's approach to reproductive issues after an established pregnancy and male participation in prenatal care. Issues such as male engagement in contraception and other stages of reproductive life must be addressed in depth in health policies to promote reproductive health in this group and reduce gender inequalities.

If the notion that young people constitute a kind of barometer of social change is feasible, the empirical data from this study point to subtle transformations in gender relations regarding the dimension of contraception and reproduction, which coexist with old and deep-rooted conceptions and moral classifications regarding sexual partners. The discussion held here reiterates some persistent contraceptive behavior patterns in the current generation of young people, closely linked to traditional gender norms and attributes of certain masculinities, which impute to women the task of avoiding unwanted pregnancies. However, the possibilities for engagement in contraceptive management are found in the empirical material and permeated by discourses/conceptions that refer to female autonomy and shared responsibility in decision-making and choice of contraceptive methods. We hope that this type of narrative reflects an effective and respectful shift in male engagement in the sphere of reproductive health, which still carries a disproportionate burden of contraceptive work for women.

Collaborations

NP Carvalho is responsible for the manuscript's conception, data curation, analysis, methodology, and writing of the original and final text. CS Cabral contributed to the manuscript's conception, methodology, funding acquisition, resources, writing, and critical review of the manuscript. FB Pilecco contributed to the manuscript's conception, methodology, funding acquisition, resources, writing, and critical review of the manuscript.

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Data availability statement

The data sources adopted in the research are indicated in the article's body.

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