



Knowledge and Utilization of Family Planning Consultations Among Adult Men in Portugal: A Cross-Sectional Study (2022/2023)

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Abstract

Family Planning (FP) is a core component of Sexual and Reproductive Health care. Historically, FP services have been women-centered, and male participation remains limited. Objective: To assess knowledge, perceptions, and utilization of FP consultations among adult men in Portugal. Methods: An observational, descriptive, cross-sectional study was conducted using an anonymous online questionnaire. A convenience sample of 386 men aged ≥ 18 years residing in Portugal was obtained. Data were analyzed using SPSS® and Microsoft Excel®. Results: Sixteen percent of respondents were unaware of the existence of FP consultations, and only 14% had ever attended one. Knowledge of FP objectives was limited, with only 9.8% correctly identifying all objectives. The main barriers to attendance were perceived lack of need and lack of interest. Conclusion: Despite widespread awareness of FP consultations, male participation remains low and knowledge of their full scope is limited. These findings highlight the need for targeted health education strategies and primary care-based interventions to promote inclusive, male-oriented family planning services.

Introduction

Family Planning is a priority dimension of Sexual and Reproductive Health care. In Portugal, FP consultations are available to women up to 54 years of age and to men of all ages. Historically, reproductive health services have been predominantly focused on women, making male involvement a persistent challenge. However, male participation is essential for promoting gender equity, shared responsibility, and improved sexual and reproductive health outcomes.

Across Europe and other comparable healthcare systems, increasing attention has been given in recent decades to the role of men in family planning and reproductive health. Despite policy-level efforts and growing recognition of men's importance in this domain, evidence consistently shows that male awareness and utilization of FP services remain limited. Understanding the factors influencing men's engagement with FP consultations is therefore essential to inform public health strategies and optimize primary care interventions. Within this context, this study aims to assess knowledge, perceptions, and utilization of FP consultations among adult men in Portugal.

A Portuguese study conducted in 2011 reported low adherence of young men to FP consultations, with 12.3% unaware of their existence and approximately 30% unaware of their objectives, highlighting persistent gaps in male engagement with FP services.

Objectives

The primary objective of this study was to evaluate knowledge among adult men regarding FP consultations, including their existence, target population, associated costs, and objectives. Secondary objectives included determining the proportion of men who had attended FP consultations and identifying reasons for attendance or non-attendance.

Methods

A descriptive, observational, cross-sectional study was conducted using a convenience sample of adult men aged 18 years or older residing in Portugal. Eligibility criteria included male sex, age ≥ 18 years, residence in Portugal, access to the internet, and ability to complete an online questionnaire in Portuguese. Questionnaires with incomplete responses were excluded from the analysis.

Data were collected through an anonymous online questionnaire distributed via social media platforms. Given the open dissemination strategy, it was not possible to determine the total number of individuals reached; therefore, a response rate could not be calculated.

The questionnaire consisted of two sections: sociodemographic characteristics and questions related to FP consultations, including awareness, knowledge of objectives, utilization, and reasons for attendance or non-attendance. The questionnaire was developed based on a review of the literature addressing family planning and male sexual and reproductive health. Prior to data collection, a pre-test was conducted in a small sample of adult men to assess clarity, relevance, and comprehensibility of the questions. Minor adjustments were made following this pilot phase to improve wording and ensure content validity.

Informed consent was obtained electronically before participation. Data analysis was performed using SPSS® and Microsoft Excel®.

Results

A total of 386 valid responses were obtained. The mean age of participants was 35 years (range: 18–76 years). Approximately 70% had completed higher education, and the majority resided in Northern Portugal (68.9%), although all regions of the country were represented. Regarding marital status, 37% of respondents were married or cohabiting, 35% were in a relationship, and 27% were single. Sixty-seven percent of the participants did not have children.

Most participants (74%) had never worked in the health sector; among those who had, only 7% worked in Primary Health Care.

Sixteen percent of respondents were unaware of the existence of FP consultations, and 12% believed these consultations were exclusively for women. Twenty-two percent believed a user fee was required. Only 9.8% correctly identified all FP objectives. The most frequently recognized objectives were access to information on contraceptive methods (79%) and support for pregnancy planning (76%), while reducing maternal and infant morbidity and mortality was among the least recognized objectives (43%).

Only 14% of respondents had previously attended an FP consultation. Attendance was mainly motivated by preparation for fatherhood, access to contraceptive methods, or screening for sexually transmitted infections. The most common reasons for non-attendance were perceived lack of need (47.9%), lack of interest (16.3%), and feeling sufficiently informed (14.8%).

Discussion

The proportion of men aware of FP consultations was similar to that reported in the 2011 Portuguese study, despite differences in participants' age and professional background. These findings suggest that, over time, awareness levels have remained relatively stable, while utilization continues to be limited.

Overall, the results demonstrate that, despite widespread awareness of FP consultations, comprehensive knowledge of their objectives and actual utilization among adult men in Portugal remain low. This reinforces the notion that male engagement in FP services continues to lag behind policy intentions and highlights the need for targeted interventions.

Cultural and social factors may have significantly influenced men's participation in FP consultations. Traditional gender norms often frame reproductive health as a predominantly female responsibility, which may discourage male engagement. In this study, most respondents were highly educated and had a mean age of 35 years; nevertheless, utilization of FP consultations remained low. This suggests that higher educational attainment alone does not overcome cultural, structural, or perceptual barriers. Furthermore, the predominance of participants without children may have contributed to a perceived lack of relevance of FP services, particularly when these are viewed primarily in the context of pregnancy or parenthood.

These findings highlight the importance of reframing FP consultations as inclusive services that address men's broader sexual and reproductive health needs. Primary care professionals play a key role in promoting male engagement by fostering trust, addressing misconceptions, and normalizing men's participation in FP consultations.

This study has several limitations. Its cross-sectional design precludes the establishment of causal relationships

between knowledge, perceptions, and utilization of FP consultations. The use of a convenience sample and self-reported data may limit generalizability and introduce reporting bias. Additionally, the predominance of respondents from Northern Portugal and those with higher education may not fully represent the national male population.

Conclusion

Although awareness of Family Planning consultations among adult men in Portugal is relatively high, meaningful engagement with these services remains limited, and understanding of their full scope is incomplete. This persistent gap between awareness and utilization highlights the need to move beyond passive availability of services toward more proactive and inclusive strategies.

The findings of this study emphasize the importance of addressing cultural norms, perceived irrelevance, and informational barriers that continue to shape men's engagement with family planning. Primary care services are uniquely positioned to promote male participation by integrating family planning discussions into routine care and by reframing these consultations as comprehensive, male-relevant health services rather than pregnancy-focused interventions alone.

Public health policies and primary care interventions should promote inclusive, male-oriented approaches, strengthen targeted health education initiatives, and ensure male-friendly services to improve men's engagement in family planning. Enhancing male participation has the potential not only to improve individual reproductive health outcomes but

also to contribute to shared responsibility, gender equity, and more effective reproductive health systems.

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