v. 5, n. 8, 2025

International Journal of Health Science

Acceptance date: 28/01/2025

SEXUAL HEALTH OF MEN TREATED AT A TESTING AND COUNSELING CENTER

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Abstract: Introduction: The health of men, including those who engage in sex work, is often neglected, resulting in higher mortality rates and challenges for public policies, especially considering the specific risks faced by sex workers. Objective: We investigated the sexual health of men, seeking to identify which information in the clinical history would be most related to the practice of sex work. Methods: A case-control study was carried out with 23 cases of male sex workers and 149 controls seen at a Testing and Counseling Center in Teresina, Piauí. Sociodemographic data, sexual behavior, use of licit and illicit substances and urological history were collected. The association between these variables and sex work was determined using logistic regression. This research was previously approved by the Research Ethics Committee of the UniFacid Wyden University Center, under opinion 6.207.145. Results: The median age was 30 years, ranging from 17 to 62 years. The majority of participants were black (77.2%) and from the Greater Teresina area (94.7%). The study revealed that the practice of male sex work in Teresina has the following independent risk factors: homosexual relationships (OR: 8.09; 95%CI: 1.44-45.31), non-use of condoms (OR: 2.94; 95%CI: 1.04-8.28), history of gonorrhea or chlamydia (OR: 6.59; 95%CI: 1.28-33.94), a history of hematuria (OR: 4.57; 95%CI: 1.05-19.86), lower urinary tract voiding symptoms (OR: 3.39; 95%CI: 1.08-10.67) and the use of cocaine or crack (OR: 15.14; 95%CI: 2.44-93.72). Sex workers also had higher paternity rates (39.1% versus 19.7%). Conclusion: Certain aspects of the clinical history of men seen at the Teresina Testing and Counseling Center are strongly associated with sex work and could guide screening for this practice. These findings reinforce the need for actions focused on the comprehensive health of men who practice sex work. This research has limitations due to the size of the sample and the

use of self-reports. Future research with larger and more representative samples is needed.

Keywords: Men's Health. Sexual Health. Sex workers. Biopsychosocial models. Risk factors.

INTRODUCTION

The relationship between men and health gained prominence in international research in the 1980s, when it was recognized that although men have power and prestige, they also have higher mortality rates (DANTAS; FIGUEIREDO; COUTO, 2021).

According to data from the Brazilian Institute of Geography and Statistics in 2016, an adult man is 4.5 times less likely to complete the next year of life than women in the same age group (MARTINS *et al*., 2020).

In addition, the presence of men in health services is a challenge for public policies on men's health, even though in recent years this issue has gained ground in public health, which has historically focused on women, children, adolescents and the elderly (MARTINS *et al*., 2020).

In Brazil, the discussion of gender and masculinities has grown since the 2000s, leading to the creation of the National Policy for Comprehensive Men's Health Care in 2009, but this policy faces challenges such as a lack of resources, limited involvement of civil society and criticism of the lack of incorporation of gender discussions (DANTAS; FIGUEIREDO; COUTO, 2021).

In this sense, men are more likely to acquire diseases due to greater exposure to behavioral and cultural risk factors, since gender stereotypes devalue health practices and lead men not to seek medical services, worsening their health condition. In this way, male vulnerability can be both individual and collective (MARTINS *et al*., 2020).

If, on the one hand, individual awareness of risks, such as sexually transmitted infections (STIs), affects their sexual habits, on the other hand, collectively, stereotypes of masculinity, such as being manly and taking risks, hinder the effectiveness of preventive campaigns (MARTINS *et al*., 2020).

Sexuality is an important social marker that intersects with class, race or ethnicity, gender, age and territory, influencing power relations in society (EW *et al*., 2024). Because of this, the relationship between sexuality, STIs and drugs is very complex. The motivations for drug use by men are varied and can be for fun, pleasure, curiosity, breaking the routine, appreciating the effects of substances, reducing anxiety and relaxing. In this way, sex and its implications can be just another element in the context of drug addiction (GARCIA; SILVA, 2023).

Sex work involves the provision of consensual sexual services by adults in exchange for money, goods or objects. This activity can be carried out on a regular or occasional basis, and can be formal or informal, depending on the laws of the country. Due to the social stigma associated with sex work, many men who have sex with men (MSM) see this practice as a temporary activity for sustenance or to pay for expensive items, without identifying themselves as sex workers (ALECRIM *et al*., 2020).

The factors that lead men to start sex work are largely economic, such as extreme poverty, family abandonment and difficulties in entering the formal labor market, including low schooling and lack of professional qualifications (ALECRIM *et al*., 2020).

Several studies have consistently drawn attention to the relationship between sex work and the male gender, with a focus on MSM who exchange sex for money with estimates of 14% to 31% in the United States, 4.1% to 24.4% in South America and 3.1% to 13% in Brazil (ALECRIM *et al*., 2020). This is worrying because sex workers face a high risk of health problems, substance abuse and violence (PASSOS; ALMEIDA-SANTOS, 2020).

For these reasons, this study sought to understand the sexual health of men seen at a Testing and Counseling Center through sociodemographic, behavioral, and clinical and surgical urological aspects. Through these characteristics, it was possible to determine which information in the clinical history was most associated with the practice of male sex work among the men interviewed.

MATERIAL AND METHOD

STUDY DESIGN

A case-control study was conducted in which cases were male sex workers and controls were men who denied sex work.

ETHICAL ASPECTS

This research was approved by the Research Ethics Committee (CEP) of the UniFacid Wyden University Center under CAAE 69459823.7.0000.5211 and opinion 6.207.145 of July 28, 2023 in accordance with Resolution 466/12 of the National Health Council, which establishes guidelines and regulatory standards for research involving human beings in Brazil.

DATA SOURCE

The data was collected at the Testing and Counseling Center of Teresina - PI (CTA), from October 2023 to July 2024, based on interviews with client-patients who arbitrarily sought the sexually transmitted infection (STI) control and prevention service for investigation, multiprofessional care and pre-exposure or post-exposure prophylaxis against these STIs.

The minimum sample size calculated was 150 men. The calculation of the minimum sample size considered the male population living in Teresina-PI in the 2022 Population Census, an **α** error of 5% and a **β** error of 8%. Due to the difficulty in identifying cases, the sample was extended to a ratio of approximately one case to seven controls. The sampling technique was by convenience.

ELIGIBILITY CRITERIA

The cases were men who reported having sex for pay. The controls were men seen at the CTA who denied this practice. Sexual practice in exchange for financial benefits such as money or goods and valuables was considered sex work.

STUDY VARIABLES

Four students trained in sexual health communication applied a consent form followed by a structured interview on sociodemographic data (age, race or ethnicity, schooling and origin), sexual behavior (sexual frequency, homosexual sexual relations, practice of chemical sex, hypoactive desire, erection problems, delayed ejaculation, perineal pain after ejaculation, condom use and paternity), use of licit and illicit substances (smoking, alcoholism, cocaine or crack and marijuana).

They also asked about vasectomy, leucorrhea, sexually transmitted infections (gonorrhea or chlamydia, human immunodeficiency virus or acquired immunodeficiency syndrome, syphilis and genital condyloma) as well as other urological history such as hemospermia, hematuria and lower urinary tract symptoms of emptying, storage and post-micturition, since these variables can be associated with sexual behavior and the use of licit and illicit substances.

OUTCOMES

The primary outcome was to identify the information in the clinical history that was most associated with the practice of male sex work among the men seen at the CTA. The secondary outcomes were to analyze the sociodemographic aspects of the men seen, evaluate the sexual behaviors of the participants and examine the clinical and surgical urological conditions of the men interviewed.

STATISTICAL ANALYSIS

Initially, the homogeneity of the variables between cases and controls was analyzed using the Mann-Whitney U test, Fisher's exact test and the chi-square test. From the comparisons in which the **α**-value was less than 0.15, the variables were taken to calculate the *odds* ratios (OR) with a 95% confidence interval (95%CI) using simple, multiple and multiple logistic regression with *stepwise*.

The *stepwise* technique in multiple logistic regression was used to automatically select the most significant variables for the model, improving its interpretability and reducing the risk of *overfitting*. Minitab® v.21.4 *software* was used for statistical analysis. A p-value of less than 0.05 was considered statistically significant.

RESULTS

The majority (94.7%) came from the integrated development region of Greater Teresina, which is made up of the capital of Piauí and the neighboring municipalities that are closest to it, and two thirds of those who reported their schooling had studied up to high school. These variables did not differ between cases and controls (Table 1).

Aspects related to sexuality, sexual practice and parenthood revealed consistent rates of sexual hypoactivity (17%), homoaffective relationships (72%), erectile function problems (63.4%), delayed ejaculation (37.2%), non-adherence to male condoms (28%) and paternity (22%). Around 10% of those interviewed reported having chemical sex, with cocaine, crack and marijuana being the illicit substances mentioned. There was a statistically significant difference between cases and controls in terms of condom use, which was twice as high among controls, and paternity, which was twice as high among cases (Table 1).

As for the use of licit and illicit substances, 22% reported smoking, 73.2% reported frequent consumption of alcoholic beverages, 9.3% used cocaine or crack and 14.5% were marijuana users. There was a statistically significant difference between cases and controls in terms of cocaine or crack consumption, which was three times higher among cases (Table 1).

The clinical and surgical urological history revealed few cases of vasectomy, a few cases of leucorrhea recently to the interview, a history of STIs in 41% of the interviewees, with syphilis being the most commonly reported infection, there were few cases of hemospermia and hematuria and a high prevalence of lower urinary tract symptoms (94.2%), with post-micturition symptoms being the most commonly reported. A history of gonorrhea or chlamydia was 4.2 times higher among cases than among controls (Table 2).

Using simple, multiple and *stepwise* multiple logistic regression models, it was possible to determine that a history of homosexual relations, non-adherence to male condoms, a history of gonorrhea or chlamydia, a history of hematuria, symptoms of lower urinary tract emptying and cocaine or crack addiction established an independent risk in the clinical history in relation to the practice of male sex work (Table 3).

DISCUSSION

Young adult men, black, from the greater Teresina area, with up to high school education, with a consistent likelihood of sexual hypoactivity, homoaffective relationships, erectile problems, delayed ejaculation, non-adherence to condom use, with established paternity, users of licit and illicit substances, with a history of STIs and lower urinary tract symptoms are the sociodemographic and behavioral profile recognized in the individuals interviewed at the CTA.

Variable	Cases (n=23)	Controls (n=149)	p-value
Age (years) [a]	30 (16)[g]	30 (11)[g]	0,66[b]
Coming from RIDE [d] Greater Teresina (yes/no)	(23/0)	(138/9)	0,61[c]
Race/ethnicity (white/black) [f]	(4/19)	(34/110)	0,50[e]
Education (up to high school/university education)	(5/1)	(24/14)	0,64[c]
Sexual frequency (yes/no)	(16/7)	(127/22)	
- Cannot/sporadically	7	22	0,07[c]
- 1x/month to 1x/3 weeks	2	26	0,46[e]
- 1x/2 weeks to 1x/week	3	36	
- 2-3x/week to >3x/week	11	65	
Same-sex sexual relations (yes/no)	(20/3)	(104/45)	0,08[e]
Chemical sex (yes/no)	(4/19)	(13/136)	0,25[c]
History of hypoactive desire (yes/no)	(14/9)	(80/69)	0,52[e]
History of erection problems (yes/no)	(18/5)	(91/58)	0,11[e]
History of delayed ejaculation (yes/no)	(11/12)	(53/96)	0,25[e]
History of perineal pain after ejaculation (yes/no)	(0/23)	(5/144)	1,0[c]
Condom use (yes/no)	(12/11)	(112/37)	0,01[e]
Children (yes/no)	(9/14)	(29/118)	
- None	14	118	0,03[e]
- One by two	7	22	0,04[e]
- Three to four	1	6	
- Five or more	1	1	
Smoking (yes/no)	(8/15)	(30/119)	0,11[e]
Alcoholism (yes/no)	(18/5)	(108/41)	0,56[e]
Cocaine or Crack (yes/no)	(5/18)	(11/138)	0,04[c]
Marijuana (yes/no)	(5/18)	(20/129)	0,33[c]

Table 1. Sociodemographic and behavioral data.

[a]Shapiro-Wilk test rejected normality (p-value<0.05). [b]Mann-Whitney U-test. [c]Fisher's exact test. [d]Integrated development region. [e]Pearson's chi-square test. [f]There were two indigenous people and one person of yellow race among the controls who were not taken into account in the calculations. [g]Median (Interquartile Range).

Variable	Cases (n=23)	Controls (n=149)	p-value
Vasectomy (yes/no)	(1/22)	(1/148)	0,25[c]
Presents with leucorrhea (yes/no)	(1/22)	(5/144)	0,58[c]
Previous history of STI[a] (yes/no)	(13/10)	(58/91)	0,11[d]
History of Gonorrhea or Chlamydia (yes/no)	(4/19)	(6/143)	0,02[c]
History of HIV/AIDS[b] (yes/no)	(0/23)	(5/144)	1,0[c]
History of Syphilis (yes/no)	(9/14)	(45/104)	0,39[d]
History of condyloma (yes/no)	(1/22)	(1/148)	0,25[c]
History of hemospermia (yes/no)	(0/23)	(6/143)	1,0[c]
History of hematuria (yes/no)	(4/19)	(10/137)	0,10[c]
Lower Urinary Tract Symptoms (yes/no)	(21/2)	(142/7)	0,34[c]
- Emptying (yes/no)	(8/15)	(28/121)	0,09[c]
- Storage (yes/no)	(4/19)	(20/129)	0,53[c]
- Post-micturition (yes/no)	(18/5)	(132/17)	0,18[c]

Table 2. Clinical and surgical urological history.

[a]Sexually transmitted infection. [b]Human immunodeficiency virus/acquired immunodeficiency syndrome. [c]Fisher's exact test. [d]Pearson's chi-square test.

Variable	Simple Logistic Regression OR (95%CI)[a]	Multiple Logistic Regression OR (95%CI)	**Multiple Logistic Regression with *stepwise*[b] OR (95%CI)**
Sexual frequency (yes/no)	2,52 (0,93-6,84)	0,59 (0,13-2,58)	-
Same-sex sexual relations (yes/no)	2,88 (0,81-10,19)	5,59 (0,95-32,66)	8,09 (1,44-45,31)
History of erection problems (yes/no)	2,29 (0,80-6,51)	2,03 (0,56-7,27)	-
Condom use (no/yes)	2,77 (1,12-6,81)	3,01 (1,00-9,09)	2,94 (1,04-8,28)
Children (yes/no)	2,61 (1,03-6,63)	2,23 (0,66-7,51)	-
Previous history of STI[c] (yes/no)	2,03 (0,83-4,95)	1,49 (0,46-4,85)	-
History of Gonorrhea or Chlamydia (yes/no)	5,01 (1,29-19,4)	4,08 (0,67-24,77)	6,59 (1,28-33,94)
History of hematuria (yes/no)	2,88 (0,82-10,11)	4,22 (0,89-19,92)	4,57 (1,05-19,86)
STUI Emptying[d] (yes/no)	2,30 (0,89-5,96)	2,78 (0,80-9,63)	3,39 (1,08-10,67)
Smoking (yes/no)	2,11 (0,82-5,45)	0,90 (0,20-3,99)	-
Cocaine or Crack (yes/no)	3,48 (1,08-11,17)	11,08 (1,13-108,09)	15,14 (2,44-93,72)

Table 3. Identification of behavioral and clinical antecedents associated with the practice of male sex work.

[a]Odds ratio (95% confidence interval). [b]*Stepwise* selection of terms considered input α value ≤ 0.15 in the tests to assess homogeneity. [c]Sexually transmitted infection. [d]Lower urinary tract symptoms of the emptying type.

In these cases, the independent risks for male sex work were homosexual relations, non-adherence to condoms, a history of gonorrhea or chlamydia, reports of hematuria, symptoms of lower urinary tract emptying and cocaine or crack addiction.

Male sex work is a topic that is often neglected in public and political debates, which tend to focus predominantly on the experiences of cisgender women. Because of this, the main conceptual and social points about male sex work focus on invisibility and exclusion, gender framing, the definition of sex work, and the underestimation of the scale and clients of male sex workers (RAINE, 2021).

Sex work is defined as the exchange of money or goods for sexual services, as defined by UNAIDS (WORLD HEALTH ORGANISATION, 2012). Although the number of male sex workers is smaller than that of women, they are present all over the world and the industry is growing. Male sex work is often underestimated (RAINE, 2021).

Studies suggest that there are a significant number of men involved in sex work, and their absence from debates erases their experiences and challenges. The majority of clients of male sex workers are men, but there is a growing number of women who also buy sexual services from men (RAINE, 2021).

Male sex workers are often ignored in debates and policies on prostitution, which generally focus on cisgender women. This results in the invisibility of the specific experiences and needs of men and trans people in sex work (RAINE, 2021).

The political discourse on sex work often adopts a heteronormative and gendered perspective, where men are seen primarily as buyers of sexual services and women as sellers and victims of exploitation. This ignores the reality that men can also be sex workers and vulnerable to crime and abuse (RAINE, 2021).

Questions about a "hegemonic masculinity" that focuses on defiance and undervalues self-care result in practices such as sexual multipartnership, illicit drug use and alcohol consumption, which increase vulnerability to HIV and other STIs, are naturalized and not seen as risk factors for both sex workers and clients (KNAUTH *et al*., 2020). For this reason, condoms remain a valuable tool for public policies to tackle STIs in male sex workers (WORLD HEALTH ORGANISATION, 2012).

Chemical sex is a practice increasingly discussed in academic circles. The combination of psychoactive substances during chemical sex considerably increases the risk of contracting STIs. Practices such as anal sex without a condom, changing partners in group sex, dryness, dehydration and loss of sensation increase the chances of lesions and bleeding. In addition, impaired thinking skills can reduce the willingness to use condoms correctly, whether due to erotic economy or carelessness (EW *et al*., 2024; SOUSA *et al*., 2020).

Homosexual experiences with financial expectations associated with unfavorable socioeconomic conditions, multi-partnership and inconsistent use of drugs and condoms increase vulnerability to STIs (ALECRIM *et al*., 2020). A study of female sex workers found a 71.6% prevalence of STIs, with condyloma, chlamydia, syphilis and HIV being consistently present among them (BALDIN-DAL POGETTO; SILVA; PARADA, 2011).

Multipartnering and non-adherence to condoms are definitely conditioning factors for STIs and their complications in the urinary tract such as urethritis, prostatitis, vesiculitis and orchiepididymitis which can lead to lower urinary tract symptoms, hematuria and hematospermia (BOLENZ *et al*., 2018; BREYER *et al*., 2012; DICKSON; ZHOU; LEHMANN, 2024; DRURY *et al*., 2022; OLARU *et al*., 2021; WORLD HEALTH ORGANISATION, 2012).

Sexuality may be a determinant of sexual function. Some authors have identified a lower prevalence of mental disorders in homosexual male sex workers than in heteronormative and bisexual men, in whom there was a higher prevalence of depression and anxiety (BAR-JOHNSON; WEISS, 2014). Others have reported a significant percentage of sexual dysfunction among men who are motivated to practice prostitution due to a culturally determined "hegemonic masculinity" (TODELLA *et al*., 2008).

Faced with these various health problems, sex workers, when they feel compelled to seek health services, often face significant barriers to accessing health care due to discrimination by health professionals, dependence on the public health care network and a shortage of informed and empathetic doctors and other health professionals (MOKHWELEPA; NGWENYA; SUMBANE, 2024).

As a marginalized group, they struggle to obtain the necessary medical services, but experience challenges due to stigma, discrimination, criminalization and insufficient resources, which can seriously affect their physical and mental health (MOKHWELEPA; NGWENYA; SUMBANE, 2024).

In this way, the research revealed a specific sociodemographic and behavioral profile among men who practice male sex work in Teresina, characterized by vulnerabilities inherent in sexual practices, drug use and a history of STIs.

The results demonstrate the importance of public policies addressing cultural, socio-economic and psychosocial determinants that take into account the specific needs of these individuals, including sexual health promotion and STI prevention, as well as combating the stigma and discrimination associated with male sex work, which contribute to the invisibility and exclusion of this group.

CONCLUSIONS

This study revealed important information about the sexual health of men who practice sex work. The research, using a case-control design, identified that the practice of sex work among men is associated with a number of factors, including a history of homosexual relationships, non-use of condoms, a history of gonorrhea or chlamydia, hematuria, symptoms of lower urinary tract emptying and the use of cocaine or crack.

Multivariate analysis showed that these factors independently increase the likelihood of a man being classified as a sex worker. These findings highlight the need for actions focused on the sexual health of men who practice sex work, with special attention to the prevention of STIs, treatment of drug addiction, the use of condoms and the management of urological problems.

It is crucial to recognize that sex work is a complex reality, influenced by socioeconomic and cultural factors, as well as being associated with an increased risk of health problems. This research contributes to understanding the sexual health of men who practice sex work, providing relevant information for the development of public policies and health actions that promote the integral health and well-being of this vulnerable population.

It is important to recognize the limitations of this study. The sample was collected in a single CTA, which limits the generalization of the results to other regions. In addition, the study is based on self-reporting, which may be subject to recall bias. Future research with larger and more representative samples from different regions of Brazil is needed to gain a deeper understanding of the profile and health needs of men who engage in sex work. Investigations into the social determinants of health and the barriers to accessing health services for this population are also of the utmost importance.

The research demonstrates the importance of investing in sexual health programs and STI prevention and treatment programs aimed specifically at men who engage in sex work. It is essential that the medical community and health services are prepared to meet the specific needs of this population, guaranteeing access to quality services, adequate prevention and treatment, and dignified and respectful treatment.

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