

Self-perceived health of men treated in primary care

Autopercepção da saúde de homens atendidos na atenção primária

Salud autopercibida de los hombres tratados en atención primaria

 Keitiane da Silva Nunes¹

 Samuel da Silva Pontes¹

1.Centro Universitário Planalto do Distrito Federal. Brasília-DF, Brasil

RESUMO

Objetivo: analisar a autopercepção da saúde de homens adultos atendidos pela atenção primária à saúde segundo a literatura científica. **Método:** Trata-se de uma revisão integrativa da literatura. A busca na literatura foi realizada em setembro e outubro de 2022 nas seguintes bases de dados pesquisados: BVS, Periódicos da CAPES e SciELO-Brasil. Para a seleção dos artigos foram consideradas as seguintes descritores em saúde (DeCS-MeSH): Gestão em saúde; Saúde do Homem; Autopercepção da saúde. **Resultados:** houve diferença por gênero na procura e nos serviços de saúde, sendo favorável às mulheres que recebem e se beneficiam mais da assistência, a população masculina então apresenta maior vulnerabilidade às doenças, principalmente crônicas e graves, demonstrando maiores índices de mortalidade e redução do hábito de buscar os serviços de saúde, o que leva ao diagnóstico tardio de doenças e complicações irreparáveis. **Conclusão:** mesmo com todas as dificuldades que envolvem a relação saúde e população masculina é importante compreender a saúde, as práticas de cuidado e bem-estar e não somente doença, sendo um desafio para os homens e cabe aos profissionais da saúde ajudá-los nesse processo, aproximando esta população ao serviço de saúde.

Descritores: Gestão em saúde; Saúde do Homem; Autopercepção da saúde.

ABSTRACT

Objective: to analyze the self-perception of the health of adult men assisted by primary health care according to the scientific literature. **Method:** This is an integrative review of the literature. The literature search was conducted in September and October 2022 in the following databases: VHL, CAPES Journals and SciELO-Brazil. For the selection of articles, the following health descriptors (DeCS-MeSH): Health management were considered; Men's Health; Self-perceived health. **Results:** there was a difference by gender in the demand and in health services, being favorable to women who receive and benefit more from care, the male population then presents greater vulnerability to diseases, mainly chronic and severe, demonstrating higher mortality rates and reduction of the habit of seeking health services, which leads to the late diagnosis of diseases and irreparable complications. **Conclusion:** even with all the difficulties that involve the relationship between health and the male population, it is important to understand health, care and well-being practices and not only disease, being a challenge for men and it is up to health professionals to help them in this process, bringing this population closer to the health service.

Descriptors: Health management; Men's Health; Self-perceived health.

RESUMEN

Objetivo: analizar la autopercepción de la salud de hombres adultos atendidos por la atención primaria de salud según la literatura científica. **Método:** Se trata de una revisión integradora de la literatura. La búsqueda bibliográfica se realizó en septiembre y octubre de 2022 en las siguientes bases de datos: BVS, Revistas CAPES y SciELO-Brasil. Para la selección de artículos, se consideraron los siguientes descriptores de salud (DeCS-MeSH): Gestión en salud; Salud del Hombre; Salud autopercibida. **Resultados:** hubo diferencia por sexo en la demanda y en los servicios de salud, siendo favorable a las mujeres que reciben y se benefician más de la atención, la población masculina presenta entonces mayor vulnerabilidad a enfermedades, principalmente crónicas y severas, demostrando mayores tasas de mortalidad y reducción del hábito de buscar servicios de salud, lo que lleva al diagnóstico tardío de enfermedades y complicaciones irreparables. **Conclusión:** incluso con todas las dificultades que involucran la relación entre la salud y la población masculina, es importante comprender las prácticas de salud, cuidado y bienestar y no solo la enfermedad, siendo un desafío para los hombres y corresponde a los profesionales de la salud ayudarlos en este proceso, acercando a esta población al servicio de salud.

Descriptores: Gestión de la salud; Salud del Hombre; Salud autopercibida.

How to cite: Nunes KS, Pontes SS. Self-perceived health of men treated in primary care. Rev REVOLUA. 2022 Jul-Sept; 1(1):69-86.

Introduction

The present study does not make the intention to stagnate the theme, it points out and brings as an indication and concrete proposals of a paradigm shift in relation to Human Health and a still incipient look.¹

We envision without perspectives of elucidation the solution, but with a bias of exchange of information in an attempt to solve a problem that affects and much the health in general of the Brazilian man, wrapped in an atmosphere of: (fear, Latin American machismo other times in a vicious circle of doubts and modesty (exaggeratedly impregnated by ignorance). When we observe indexes, we see the disparity in demand and care among the women group in relation to men.¹

By trying to bring light and radiate a posture, sometimes of approximation and detection of knowledge and consequently a response to the low levels of commitment of men to their own health, we tried to verify some 'truths' that distance the practice of the search for health in this population.¹

By listing the various problems arising from this distancing men from health services, it alone would not bring a definitive solution to the referentization, but it is a reasonable preamble to the search for a health of a more productive nature and a pre-viability so that alternatives are created or reviewed and put into practice, and even in the face of a global scenario of epidemics, spreading pandemics, one can work hard and hard in the search for exercises of nursing practice, conscious, hardworking, investigative to awaken a relationship of mutual help.¹

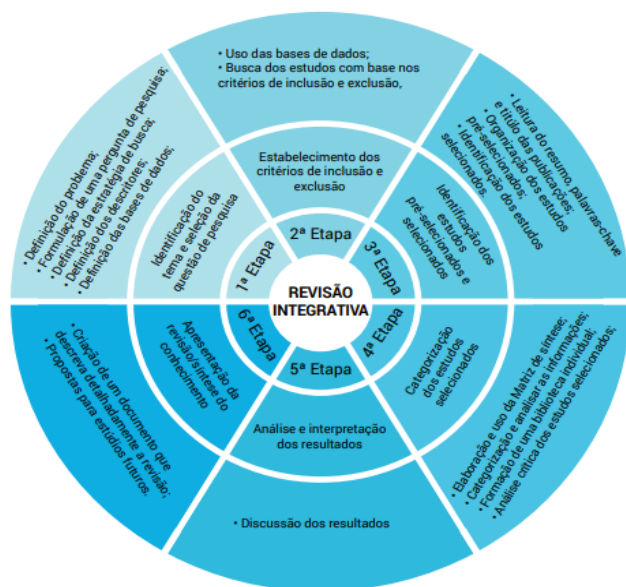
Therefore, this study aims to analyze the self-perception of the health of adult men assisted in primary health care. Regarding relevance, this study is important for man to enjoy his rights to health and to age with quality, including also the improvement of the care provided by health professionals, greater empowerment of men and family members and all of their social life. In addition, this study is relevant for all people involved in the routine of caring for men, because during aging, it is possible to notice changes in physical, psychological and emotional behavior; in the face of closer follow-up, it is expected to achieve significant improvements in men's quality of life, thus promoting a broader and healthier longevity.¹

Method

This is an integrative review of the literature, which is established in search of relevant research on a given theme, which makes it possible to identify gaps that can be improved from further studies. This research method allows a critical evaluation and synthesis of available evidence on the theme investigated in its final product, providing an organization of the current state of knowledge and reflections for the implementation of new interventions.

The integrative review, as presented in Figure 1, performs the following phases: a) identification of the theme and formulation of the research question; b) establishment of inclusion and exclusion criteria for studies for sampling; c) collection of the data that will be extracted from the studies; d) critical analysis of the selected studies; e) interpretation of the results; f) presentation of the established synthesis and review of the contents.¹⁹

Figure 1 - Stages of integrative review.



The literature search was conducted in September and October 2022 in the following databases: VHL, CAPES Journals and SciELO-Brazil. For the selection of articles, the following health descriptors (DeCS-MeSH): Health management were considered; Men's Health; Self-perceived health.

As inclusion criteria for the study, published articles were defined in the last 10 years, which addressed the theme

researched, in the Portuguese and English. For the initial search of the texts, the descriptors were crossed in the research bases which resulted and a total of 208 documents, including those used for methodological basis, which were scientific articles, protocols, resolutions and legislations.

For exclusion criteria, we defined: studies that addressed themes beyond the research, simple and expanded abstracts, studies that related to subjects diverse to the researched.

The pre-selection occurred by reading titles, abstracts and, when necessary, the full reading of the texts, as a way to select them according to the inclusion and exclusion criteria. After this stage, 47 publications were counted and then, 11 studies were excluded.

During this phase, the researchers evaluated the complete articles critically and independently and made the appropriate selections. Disagreements among reviewers were resolved by consensus.

In the analysis process, data were collected regarding the journal (title, year of publication), authors (full names) and study (objective, academic linkage, theoretical framework, type of study, methodological aspects, results and recommendations).

The interpretation of the data was based on the results of the careful evaluation of the selected articles. A comparison was made with theoretical knowledge, identification of conclusions and implications resulting from the integrative review. After the critical evaluation, a

final sample of 36 studies was obtained.

As a way to organize the understanding and analysis of the texts of the sample, Table 1 was constituted, which provides the information obtained from the authors, titles, objectives, types of study and levels of evidence. At the end of this stage, the texts were indexed under the codes K01 to K36.

Table 1- Indexing of selected publications, study types and level of evidence.

Article	Authors	Title	Type	External Evidence Level (NEe)	Internal Evidence Level (NEi)
K01	FERREIRA, JIC; et al.	Public policies of comprehensive care for men's health: challenges for nursing	Descriptive study, with exploratory character, approach and qualitative analysis	NEe-03	NEi-01
K02	GARCIA, LHC; CARDOSO, N. de O; BERNARDI, CMC.	Self-Care and Illness of Men: A National Integrative Review.	Integrative review	NEe-04	NEi-01
K03	ARRUDA, GO; et al.	Understanding the health needs of adult men: male perspective	Qualitative research, content analysis in the thematic modality	NEe-04	NEi-03
K04	MARTINS, ERC; et al.	Vulnerability of young men and their health needs.	Descriptive and exploratory study, with a qualitative focus	NEe-04	NEi-02
K05	NASCIMENTO, IM; et al.	Men's Health: A reflective study from the perspective of health promotion actions	Theoretical-reflexive: review of exploratory literature with qualitative approach.	NEe-04	NEi-03
K06	BERGER, SC; et al.	National policy of comprehensive care for men's health	Ethnographic research	NEe-06	NEi-01
;K07	OLIVEIRA, MM.	The health of the man in question: search for care in primary health care	Cross-sectional study	NEe-03	NEi-02
K08	PEREIRA, J; KLEIN, C; MEYER, DE.	PNAISH: an analysis of its educational dimension from the gender perspective.	Documentary research	NEe-06	NEi-03
K09	SANTOS, PHB.	The invisibility of men's health in primary health care.	Literature review	NEe-04	NEi-01
K10	SILVEIRA,	Attention to men's	Integrative	NEe-04	NEi-02

	CLG; MELO, VFC; BARRETO, AJR.	health in primary health care: an integrative review.	review		
K11	SOUSA, JCO; SOUSA, CRC.	Male Resistance to Health Care	Literature review and methodological approach	NEe-03	NEi-01
K12	VAZ, CAM; et al.	Contributions of nurses to men's health in primary care	Pesquisa bibliográfica	NEe-04	NEi-01
K13	AMARAL, ACS; et al.	Morbidity and mortality profile of hospitalized patients.	Study population	NEe-03	NEi-02
K14	CANÇADO, FAX; et al.	Treaty of Geriatrics and Gerontology.	Treaty of geriatrics and gerontology.	NEe-06	NEi-01
K15	FERREIRA, VA; ACIOLI, S.	Care practice developed by nurses in primary health care: a hermeneutic-dialectical approach	Methodological-philosophical reference to hermeneutics-dialectics	NEe-04	NEi-02
K16	KAWATA, LS; et al.	The nurses' performances in family health: building competence for care.	Qualitative, exploratory-descriptive study.	NEe-03	NEi-01
K17	PASKULIN, LMG; VALER, DB; VIANNA, LAC.	Use and access of the elderly to primary care services in Porto Alegre	Observational and cross-sectional epidemiological study.	NEe-03	NEi-03
K18	URDAN, AT.	The quality of medical services from the client's perspective.	Empirical analysis	NEe-03	NEi-03
K19	BOTELHO, LLR; CUNHA, CCA; MACEDO, M.	The method of integrative review in organizational studies.	Literature review	NEe-04	NEi-03
K20	GONÇALVES, ET; SILVA, JJT.	Male Morbidity and Mortality From External Causes In Brazil: 2009-2018	Quantitative, descriptive, explanatory, epidemiological study	NEe-04	NEi-02
K21	ARREGUY-SENA, C; et al.	Social representations of men about self-care and high blood pressure	Qualitative research	NEe-04	NEi-01
K22	CASADEI, EB; KUDEKE, VSFS.	Toxic masculinity in public health discourse: strategies for summoning men in sus campaigns.	Critical analysis	NEe-04	NEi-03
K23	SOUSA, MCP; et al.	Vulnerabilities, conceptions and attitudes related to	Descriptive/exploratory study with	NEe-03	NEi-01

		men's health.	qualitative approach		
K24	PAVAN, I; et al.	User satisfaction with primary care health services: male perception.	Descriptive, cross-sectional study.	NEe-04	NEi-02
K25	BARBOSA, YO; et al.	Factors associated with male reasons for not seeking Primary Health Care services.	Exploratory study of transversal character, with descriptive and analytical approaches	NEe-03	NEi-02
K26	BATISTA, BD; et al.	Men's discourse on access to health in primary care	Descriptive study	NEe-04	NEi-01
K27	BARBOSA, YO; et al.	Men's access to primary health care services	Quantitative, exploratory and cross-sectional study.	NEe-04	NEi-02
K28	BACELAR, AYS; et al.	Men in the Family Health Unit	Qualitative, descriptive study	NEe-04	NEi-03
K29	ALVES, BMS; et al.	Primary care nurses' performance in the face of difficulties in implementing the human health policy	Integrative review	NEe-04	NEi-03
K30	LEMONS, AP; et al.	Men's health: the reasons for men's demand for health services	Qualitative, exploratory study	NEe-03	NEi-02
K31	MOURA, EC; GOMES, R; PEREIRA, GMC	Perceptions about men's health from a gender relational perspective, Brazil, 2014.	Cross-sectional study	NEe-03	NEi-03
K32	SOUSA, AR; et al.	Men in primary health care services: repercussions of the social construction of masculinities.	Descriptive study	NEe-04	NEi-01
K33	DIAS, FRS; et al.	Men's health: male habits and practices in the daily life of health services	Exploratory and quantitative research	NEe-04	NEi-02
K34	CABACINHA, ROM; et al.	Self-reported sociodemographic and health conditions of men in a health unit.	Study population	NEe-03	NEi-03
K35	SILVA, DRG; VASCONCELOS, TB; VIDAL, MPB.	Look at me, listen to me: men's health needs.	Study of qualitative approach, exploratory and descriptive	NEe-03	NEi-02

			nature.		
K36	LOPES, LCO; PAIVA, PC; et al.	The accessibility of men to the health service after the implementation of the National Program for Men's Health: a present reality?	Critical- reflective study, with qualitative approach	NEe-03	NEi-03

As a validation tool of the analyzed data it was necessary to create a level of evidence for the selected texts, in order to elucidate the accuracy of each literature as a function of the importance for the explanation and foundation of the objectives of this research.

Evidence-based practice makes it necessary to systematize the process of knowledge construction, depending on the methodological approach given to the development of the study. Thus, the authors used two hierarchical levels for the purpose of establishing the level of evidence, and for this purpose, the authors used two hierarchical levels: internal and external evidence.

As external evidence, the texts were submitted to analysis based on the categorization of the Agency for Healthcare Research and Quality (AHRQ), which classifies the quality of evidence at six levels, according to Chart 2. Regarding the level of internal evidence, they were subdivided into three categories through the relevance of the theme addressed in the publications in relation to the proposed objectives and research categories, which are shown in Chart 3.

Chart 2- External Evidence Levels (NEe), based on AHRQ

Evidence Level	Category
NEe-01	Meta-analysis of multiple controlled studies
NEe-02	Individual study with experimental design
NEe-03	Study with a near-experimental design as a study without randomization with a single pre- and post-test group, time series or case-control
NEe-04	Study with non-experimental design as correlational and qualitative descriptive research or case studies
NEe-05	Case report or data obtained systematically, of verifiable quality or evaluation data of programmes
NEe-06	Opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of information not based on research.

Source: Melnyk, 2005.

Chart 3- Levels of internal evidence (NEi), based on relevance to research objectives and categories.

Evidence Level	Category
NEi-01	High relevance
NEi-02	Medium relevance
NEi-03	Little relevance

After, according to the research objectives, the following categories presented in Chart 4 were created to theoretically base the research: Men's health – perspective of the practice of primary health care services to behavioral dynamics; Activities developed by nurses in primary health care and UBS; National Policy for Comprehensive Attention to Men's Health (PNAISH).

Then the categories were associated with the level of internal evidence relating the articles that showed relevance. In this way the articles

Chart 4- Indexation of selected publications, study types and level of internal evidence (NEi).

Categories	Articles
Men's health - perspective of the practice of primary health care services to behavioral dynamics	K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12.
Activities developed by nurses in primary health care and UBS	K13, K6, K8, K14, K15, K16, K17, K18, K19, KS20, K21, K22, K23, K24, K25.
National Policy for Comprehensive Care for Men's Health (PNAISH)	K26, K27, K28, K29, K10, K30, K31, K32, K33, K34, K35, K36.

Results and Discussion

Men's health - perspective of the practice of primary health care services to behavioral dynamics

The history of human health began to be discussed in the twentieth century, around 1970 addressing contents such as: man and health and studies of masculinity. Traditionally man enters the health system through specialized care, culturally prevention is contrary to prevention and health spaces, pride dwelling on the state of invulnerability, a thought constructed by a historical context that includes several conservative factors, resulting in the worsening of morbidities due to the postponement in health care.¹

It is routine that the single health system has given priority to the care of women, children, adolescents and the elderly, directing care to these groups of people considering them as vulnerable, leaving the man to be accompanied in its complexity as if there was no reason to worry about this portion of the population.² The nurses themselves who work directly in health services report that the units are structured

to serve the female and child public, these factors contribute so that men do not participate significantly in the search for health care. Moreover, over time women are gaining more space in society and gender equity is strengthened and the position of the male being in society is constantly changing.^{2,3}

Time has passed and the health system has found that men have difficulties in recognizing their health needs, fantasizing about the miraculous thinking of refusing to get sick. In this sense, studies that were previously aimed at audiences susceptible to illness began to introduce man in research in view of what they think about health and self-care, how they maintain their health beyond their unwavering male hegemony, because it is a behavior that generates health risks, leading to illness.⁴

In view of all the events, a milestone occurred for men's health on August 27, 2009, where the National Policy for Integral Attention to Men's Health (PNAISH) was established under the Unified Health System. Thus, the male population begins to occupy a singular space along with health actions⁴, through PNAISH, there were important changes in the health of the male population, bringing them closer to health care units, so there was the fundamental participation of nurses who acted in the care of the male population, based on the principles and guidelines present in this public policy.⁵

Currently epidemiological studies indicate that a large part of the male population has a lower life expectancy than the female public, considering that women seek more actions to promote and prevent health. In this context, studies in Brazil indicate that about 49% of the population is male and that for every three deaths of adult individuals, two are male, showing higher male mortality in general, also reveals that the main causes of death among men are mostly due to diseases of the circulatory system, neoplasms and external violence. This situation in which mortality rates between genders are referred to clarifies the antagonistic circumstances of man and that should be considered by health systems.⁶

Despite advances in the single health system with the establishment of human health policy, a large number of the population still believes in the idea that primary health care is linked only to the female public, children, adolescents and the elderly, considering that the presence of men in the units is related to curative issues and not to self-care and disease prevention. These factors contribute to misinformation among men, who usually believe they are invulnerable, causing an increase in morbidity and mortality rates due to preventable and preventable causes in this population.^{6,7}

Obviously, the National Policy of Integral Attention to Men's Health came to cooperate, certainly aims to qualify and build a structured care, contributing to male self-care, taking into account respect for men and access to different levels of complexity of the (SUS), increasing life expectancy and reducing the morbidity and mortality rates existing in Brazil.⁸

In this scenario, many diseases could be avoided, but man's resistance to health promotion and prevention is explicit, in view of

conservative thoughts, whether cultural, psychological, socioeconomic and institutional or for issues of ambience. However, it is necessary for the male population to become protagonists, breaking barriers and attributing value to health services recognizing the need for self-care, providing an organized environment and enabling health services to contribute to the scientific development of public methods and policies, which lead to the identification of the demand and needs of male health.⁹⁻¹⁰

The presence of men in the health scenario has become a great challenge for public policies and especially for nursing professionals, since these are the main link for the insertion of men in health education practices, making them think reflexively about the advantages of health promotion and prevention and how important it is to maintain a healthy life. Although there are currently public policies focused on men's health, the expression in the importance of self-care, usually has a lower focus when compared to other public health policies.¹¹⁻¹²

Activities developed by nurses in primary health care and UBS

In basic health units, the place of the development of activities of the Family Health Strategy, nurses develop actions aimed at health promotion, prevention, treatment and rehabilitation of diseases. With the implementation of the Family Health Strategy, new attitudes and skills of nurses were necessary to effectively exercise their role in primary education and health care.¹³

The nurse works in the care and supervision and motivation of the team to ensure that the work is performed by the principles and guidelines of the Unified Health System, giving the highest quality of care to the population. According to Cançado¹⁴, nurses can manage, coordinate, plan and direct the nursing service. These attributions were defined and oriented to health management, mainly applying in Primary Health Care, according to the law of professional practice 7498/86.

In this scenario, many of them assume the dual role of nursing care management and management of the Health Unit. In the work process in primary health care, nurses perform the role of supervision of the nursing team, understood in this investigation as a continuous process of team orientation, and collective participation of workers, with the objective of developing it and allowing them to perform quality nursing care.¹⁵

In addition, according to Kawata, et al¹⁶ is characterized by the development of articulation activities and organization of collective work. The supervisor acts as a mediator of institutional policies in the development of health care and the implementation of nursing care. The nursing supervision process may vary according to the team, location, institutional culture and level of care in which it develops, as well as the skills and competencies of the supervisor. Some of them can be mentioned: scientific knowledge, clinical skills, administration, communication, ethics, professional behavior, teaching and supporting

the team. In Brazil, nursing actions performed by professionals of technical and fundamental level should be linked to the supervision of a nurse.¹⁷

There are many obstacles faced by nurses in daily work, such as insufficient number of professionals, precarious structure for performing care activities, equipment and insufficient resources for the development of work, which can negatively interfere in the quality of health care provided, generating low resolution and not taking into account the integrality of care.¹⁸

According to Urdan¹⁸, these difficulties considerably affect the supervision of the nursing team, since nursing professionals organize themselves to try to solve the daily difficulties of the team, without interrupting care. It was verified that the activities of many nurses performed in the Family Health Strategy involved managerial, care, educational and user participation issues. This excess of activities triggered several demands for recurrent supervision, which was negative to the quality of the work performed by the nurse due to the strenuousness of action. In addition, the lack of professionals in the team may imply work overload, generating the non-performance of some activities of the nurse, for the actions of responsibility of other team members.

The distribution of care provided by the group of workers of basic health units whose data were analyzed shows that the care model centered on medical care still persists. The existence of different codes to identify similar care or the same risk group may raise doubts when distinguishing the type of care in the records.¹⁹

According to Botelho¹⁹, the documentation of the provision of care allows a qualified management of care to the user. The use of information technologies to put into practice and document the care to the user can facilitate the work of nursing care in the basic health network, but requires investments.

The fact that nurses provide mainly occasional care demonstrates that the emergency care model is maintained, in which the work focuses on the immediate and palliative resolution of complaints. However, there is a difference in relation to the work of nurses in the 1980s and 1990s, who assumed the organization of health services, so that the work of physicians could occur from the perspective of emergency care.²⁰⁻²¹

Currently, according to Casadei²², the nurses themselves provide clinical care during occasional nursing consultations, but without using the initial contact to schedule the subsequent monitoring of users and trigger new modes of nursing care production. As the problems that reach the basic health network are chronic conditions, which require longitudinal follow-up to achieve the expected solution at this level of care, nurses are a professional group that can play a major role in coping with this health problem.

The lack of alignment between the nature of the population's health problems and the organization of health services is the responsibility of all managers, health professionals, educational institutions (including teachers and students) and the user

population. Therefore, a single category alone cannot be held responsible. However, it is worth mentioning that nursing, as a social practice consolidated by action and interaction with other practices in the health area and society as a whole, has also been participating in the maintenance of the hegemonic way in which health units operate.²³

According to Sousa, et al²³ the results also demonstrated the fragility of the city's commitment to primary health care and the need to maintain the federal government's stimulating policies to strengthen primary health care. The data raise questions about the participation of nurses in welcoming, their understanding of this type of care and what should be recorded in this code.

It is worth mentioning that the host aims to identify the problems and needs of users, redirecting them inside and outside the unit, aiming at greater agility and solution of users' demands. This dynamic would promote the expansion and diversification of the provision of scheduled care for all professionals, including nurses, in favor of monitoring users. Moreover, it should be taken into account that welcoming is a process, not an act, of responsibility of the entire health team, an aspect that can no longer be explored in this methodological design.²⁴

Health care should be established in primary care, through the Basic Health Units (UBS) and Family Health Units (FHU), promoting actions for prevention, promotion, protection and recovery of health, ensuring all citizenship rights, defense of their dignity, well-being and right to life. Thus, when thinking about access to public policies in the SUS, it is necessary to identify the level of recognition of the various actors that make up this society in relation to the understanding and assimilation of their rights (social, civil and political), and this affects the forms and possibilities of how citizenship takes place in social practices.²⁴

It brings in its conception a redesign of a care model that privileges the link with the logic of lines of care in which every citizen has the right to be cared for by a team, in an integral and resolute way, with therapeutic projects caregivers in solidarity with the demands and/or suffering of users, being also producers of co-responsibilities and autonomy or self-government on the part of those involved in this process.²⁵

National Policy for Comprehensive Care for Men's Health (PNAISH)

The National Policy for Integral Attention to Men's Health (PNAISH) was instituted within the Scope of the Unified Health System (SUS) in August 2009. According to Ferreira, et al,¹ despite the growing recognition that the lower life expectancy of men is strongly influenced by the social construction of gender and its distancing. The measures adopted should be directed to health education for men, and their families, as well as the training and qualification of professionals involved in this process.²⁶

After its principles and guidelines were declared in 2008 and the policy launched in 2009, the Ministry of Health developed the first PNAISH National Action

Plan (2009-2011), establishing goals, priority actions and strategies to improve adult involvement and care in local health services.²⁷ In general, the document included the formulation of state and municipal action plans and project financing with specific guidance on how they are should be designed.²⁷⁻²⁸

To monitor and evaluate these projects, a partnership was signed with the National Institute of Women's, Children's and Adolescent Sane Health Institute Fernandes Figueira (IFF) Fiocruz, one of the most important institutions of science and technology in Latin America. Professor Romeu Gomes, from IFF / Fiocruz, one of the leading scholars and researchers in men's health in Brazil was appointed to coordinate the initial research that covered the years 2010-2012.²⁸

One of the first articles to be published in this effort, by Alves, et al²⁹, focused on these projects and on the intricacies of the local application of a policy that was formulated at this level. The idea was to understand how PNAISH reaches health services and workers, with special attention to primary care services, considered SUS gateway.

The authors Lemos, et al³⁰, emphasize that public policies can be understood only in the context of their implementation, which means that one should pay close attention to the people who actually implement them, call street bureaucrats. With this in mind, an ethnographic research was conducted in five (05) selected cities, one from each Brazilian region, where health departments, local teams, men's health units and health professionals were interviewed.

According to Lemos, et al³⁰, are three of the main findings of this research:

- Lack of information about PNAISH, taking subjects to create their own goals, work references and priorities;
- Insufficient information about gender and masculinities, contributing to the understanding of adult men as a homogeneous group, which subsequently hides specific vulnerabilities caused by race, ethnicity, sexual orientation, age and socioeconomic status;
- Subjects criticized the lack of training regarding PNAISH Implementation and how to address and deal with specific male health problems.

Ultimately, Sousa, et al³¹ has been with these institutions that the National Coordination of Human Health (CNSH) has tried to establish, develop, improve and evaluate its main initiatives in recent years, directed to five (05) strategic areas targeting adult men:

- Mobilization and access to health services, focusing on primary care;
- Involving men in sexual and reproductive health;
- Involve men in parenthood and care;
- Prevention of morbidity and mortality from external causes factors (violence, accidents and suicide);
- Prevention of chronic diseases.

Since 2013, it is the only theme / pillar of PNAISH to be awarded with specific campaign "Father: a new life needs you", disclosed to health facilities throughout the country. This has proven to be an interesting strategy to bring some men closer to health services and several studies have shown that the parenting involved can make men happier and healthier and that involving men at all stages of pregnancy and childbirth can bring lasting benefits to women and children.

However, it is noteworthy that having struggled to challenge the notion that men's health is synonymous with healthy prostate, CNSH and the Ministry of Health should be careful not to reduce PNAISH to the issue of parenthood and care, thus neglecting its other pillars and also potentially excluding gays and transgender men. According to Dias, et al³² for example, since 2009, Brazil has witnessed a gradual reduction in AIDS cases in women and an increase in men, especially among young people who have sex with men.

Between 2013 and 2018, there were 15 cases in men for every 10 cases in women, however, since 2019, it has increased to 21 out of 10 cases. Given the data, it is understandable (and welcome) that paternity should be used as a strategy to solve this problem. However, if almost all of the CNSH's efforts in relation to STD, HIV and AIDS prevention are going in that direction, it is obvious that many men will be left out.

If implemented with the comprehensive aspect of PNAISH in mind, as highlighted by Cabacinha³³ this policy provides a "(...) toolbox full of strategies, considerations, complexities and lessons learned that can help guide other policymakers around the world.^{33,34}

Due to its geographical proximity and language and sociocultural similarities, this has been especially faithful to other Latin American countries, such as Chile, Paraguay, Uruguay, Argentina and Costa Rica, which all signaled the intention to develop similar male health policies. A large amount of data collection and evaluation has yet to be put together to measure the impact of the National Policy of Comprehensive Attention to Men's Health, and only time will show whether it will be implemented in full and adequately within the SUS, but what was presented in this article shows that important steps for this goal have been identified and are being taken slowly^{35,36}.

Final Considerations

It is expected that this study may open new paths for the reflection of human health care, besides being a small source of information identified in the current literature on the subject, as well as in the search for the researched data that corroborate the need to include the adult male population more effectively in health services, so that there are gains in improving the quality of life of this population.

Thus, this research meets the proposed objectives, since it elucidates them and develops the reflective look capable of plotting the diagnosis of the researched situation, besides referenting processes of improvement in this issue.

Therefore, through the above in this research, the needs for identified solutions are not fully met, which generates the need for further investigations and interventions that can add even more men's support to health services. It is fortunate that the subject, although cultural, is under constant change and that new approaches and technologies should always be aligned with the updated context of the male population versus health service relationship.

Acknowledgment

This study was not granted to be done.

References

1. Ferreira JIC, Martins ERC, Ramos RCA, Costa CMA, Alves RN, Lima B. Políticas públicas de atenção integral a saúde do homem: desafios para a enfermagem. Rev enferm UERJ [internet]. 2016 [citado 2022 set 10], 24(6):e7631. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/7631>
2. Garcia LHC, Cardoso N de O, Bernardi CMC do N. Autocuidado e Adoecimento dos Homens: Uma Revisão Integrativa Nacional. Revista Psicologia e Saúde. 2019, 11(3):19-33. DOI: <https://doi.org/10.20435/pssa.v11i3.933>
3. Arruda GO, Corrêa ACP, Marcon SS (colaboradores). Compreensão sobre as necessidades de saúde de homens adultos: perspectiva masculina. Rev da Rede Enfermagem do Nordeste. 2018, 19:e3290. DOI: <https://doi.org/10.15253/2175-6783.2018193290>
4. Martins ERC, Medeiros AS, Oliveira KL, Fassarella LG, Moraes PC, Spíndola T. Vulnerabilidade de homens jovens e suas necessidades de saúde. Escola Anna Nery. 2020, 24(1):e20190203. DOI: <https://doi.org/10.1590/2177-9465-EAN-2019-0203>
5. Nascimento IM, Moreira LA, Ribeiro WA, Cordeiro RMS. A Saúde do Homem: Um estudo reflexivo na ótica das ações de promoção à saúde. Revista Pró-UniverSUS [internet]. 2018 Jul./Dez. [citado 2022 set 21]; 09(2):41-46. Disponível em: <http://editora.universidadedevassouras.edu.br/index.php/RPU/article/view/1388/1030>
6. Coelho (Berger) EBS, Schwarz E, Bolsoni CC, Conceição, TB. Política nacional de atenção integral à saúde do homem (recurso eletrônico). Florianópolis: UFSC, 2018.
7. Oliveira MM, Daher DV, Silva JLL, Andrade SSCA. A saúde do homem em questão: busca por atendimento na atenção básica de saúde. Ciência & Saúde Coletiva. 2015, 20(1):273-278. DOI: <http://dx.doi.org/10.1590/1413-81232014201.21732013>
8. Pereira J, Klein C, Meyer DE. PNAISH: uma análise de sua dimensão educativa na perspectiva de gênero. Saúde Sociedade. 2019, 28(2):132-146. DOI: <https://doi.org/10.1590/S0104-12902019170836>
9. Santos PHB, Prá KRD. A invisibilidade da saúde do homem na atenção primária à saúde. I Seminário Nacional de Serviço Social, Trabalho e Política Social. UFSC [internet], 2015 [citado 2022 set 10]. ISBN: 978-85-65044-13-4. Disponível em: https://repositorio.ufsc.br/xmlui/bitstream/handle/123456789/180736/Eixo_3_084.pdf?sequence=1&isAllowed=y
10. Silveira CLG, Melo VFC, Barreto AJR. Atenção à saúde do homem na atenção primária em saúde: uma revisão integrativa. Rev enferm UFPE on line. 2017, 11(3):1528-1535.

11. Sousa JCO, Sousa CRC. Resistência Masculina pela Atenção à Saúde. *Revista Científica Multidisciplinar Núcleo do Conhecimento*, 2017. Ed 9, ano 2, vol. 7:5-16.
12. Vaz CAM, Souza GB, Filho IMM, Santos OP, & Cavalcante MMFP. Contribuições do enfermeiro para a saúde do homem na atenção básica. *Revista de Iniciação Científica e Extensão*. 2018, 1(2):126-6.
13. Amaral ACS, Coeli CM, Costa MCE, Cardoso VS, Toledo ALA, Fernandes CR. Perfil de morbidade e de mortalidade de pacientes idosos hospitalizados. *Cadernos de Saúde Pública*. 2004, 20(6):1617-1626. DOI: <https://doi.org/10.1590/S0102-311X2004000600020>
14. Cançado FAX. *Tratado de Geriatria e Gerontologia*. Rio de Janeiro: Guanabara Koogan, 2012.
15. Ferreira VA, Acioli S. Prática de cuidado desenvolvida por enfermeiros na atenção primária em saúde: uma abordagem hermenêutico-dialética. *Rev Enferm UERJ* [internet], 2010 [citado 2022 set 13]. 18(4):530-5. Disponível em: [C:\Users\Alonso\Documents\Alon \(bvs.br\)](C:\Users\Alonso\Documents\Alon (bvs.br))
16. Kawata LS, Mishima SM, Chirelli MQ, Pereira MJB, Matumoto S, Fortuna CM. Os desempenhos da enfermeira na saúde da família: construindo competência para o cuidado. *Texto Contexto Enferm*. 2013, 22(4):961-70. DOI: <https://doi.org/10.1590/S0104-07072013000400012>
17. Paskulin LMG, Valer DB, Vianna LAC. Utilização e acesso de idosos a serviços de atenção básica em Porto Alegre (RS, Brasil). *Ciênc. Saúde Colet*. 2011, 16(6):2935-2944. DOI: <https://doi.org/10.1590/S1413-81232011000600031>
18. Urdan AT. A qualidade de serviços médicos na perspectiva do cliente. *Revista de Administração de Empresas*. 2011, 41(4):44-55. DOI: <https://doi.org/10.1590/S0034-75902001000400006>
19. Botelho LLR, Cunha CCA, Macedo M. O método da revisão integrativa nos estudos organizacionais. *Gestão e Sociedade*. 2011, 5(11):121-136. DOI: <https://doi.org/10.21171/ges.v5i11.1220>
20. Gonçalves ET, Silva JJT. Morbimortalidade Masculina Por Causas Externas No Brasil: 2009-2018. *Rev. Enferm. UFPE on line* [internet], 2021 [citado 2022 set 10]. ISSN: 1981-8963. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/245680>
21. [Arreguy-Sena C](#), [Santos JC](#), [Marcelo TS](#), [Pinto PF](#), [Dutra HS](#), [Melo LD](#), et al.. Representações sociais de homens sobre autocuidado e pressão alta. *Rev. Ciênc. cuidado Saúde*. 2021, vol. 20. ISSN 1677-3861. DOI: <http://dx.doi.org/10.4025/ciencucuidsaude.v20i0.50063>
22. Casadei EB, Kudeke VSFS. A masculinidade tóxica no discurso da saúde pública: estratégias de convocação dos homens em campanhas do sus. *RECIIS*. 2020, 14(4):912-925. DOI: <https://doi.org/10.29397/reciis.v14i4.2094>

23. Sousa MCP, Cruz JN, Elias CMV, Gonçalves NPC, Sousa ML, Sousa PCC. Vulnerabilidades, concepções e atitudes relacionadas à saúde do homem. 2020 jan/dez; 12:939-945. DOI: <http://dx.doi.org/0.9789/2175-5361.rpcfo.v12.6478>

24. Pavan IP, Baptista ASL, Rosa CP, Cabral DS, Bittencourt F, Silva SA. Satisfação do usuário com os serviços de saúde de atenção básica: percepção masculina. Rev. Ciênc. Cuidado Saúde. 2020;19:e46760. DOI: <https://doi.org/10.4025/ciencucuidsaude.v19i0.46760>

25. Barbosa YO, Menezes LPL, Santos JMJ, Cunha JO, Albuquerque TLP, Araújo DC, et al. Fatores associados às razões masculinas para não buscarem serviços de Atenção Primária à Saúde. O Mundo da Saúde. 2019,43(3):666-679. DOI: <https://doi.org/10.15343/0104-7809.20194303666679>

26. Batista BD, Andrade ME, Gadelha MMT, Silva JMA, Fernandes PKRS, Fernandes MC. Discurso de homens sobre o acesso à saúde na atenção básica. Rev. Baiana Enferm. 2019, 33:e29268. DOI: <http://dx.doi.org/10.18471/rbe.v33.29268>

27. Barbosa YO, Menezes LPL, Santos JMJ, Cunha JO, Menezes AF, Araújo DC, et al. Acesso dos homens aos serviços de atenção primária à saúde. Rev. Enferm. UFPE on line. 2018, 12(11):2897-2905. DOI: <https://doi.org/10.5205/1981-8963-v12i11a237446p2897-2905-2018>

28. Bacelar AYS, Coni DGL, Santos DV, Souza AR. Homens na Unidade de Saúde da Família. Rev. Enferm. UFPE on line. 2018, 12(9):2507-2513. DOI: <https://doi.org/10.5205/1981-8963-v12i9a236098p2507-2513-2018>

29. Alves BMS, Araújo CJS, Almeida SLS, Guimarães ALS. Atuação do enfermeiro da atenção básica diante das dificuldades para a implementação da política de saúde do homem. Rev. enferm. UFPE on line. 2017, 11(supl.12):5391-5401. DOI: <https://doi.org/10.5205/1981-8963-v11i12a110143p5391-5390-2017>

30. Lemos AP, Ribeiro C, Fernandes J, Bernardes K, Fernandes R. Saúde do homem: os motivos da procurados homens pelos serviços de saúde. Rev. enferm. UFPE on line; nov. 2017. 2017, 11(Supl.11):4546-4553. DOI: DOI: 10.5205/reuol.11138-99362-1-SM.1111sup201714

31. Souza AR, Queiroz AM, Florencio RMS, Portela PP, Fernandes JD, Pereira A. Homens nos serviços de Atenção Básica à Saúde: repercussões da construção social das masculinidades. Rev.baiana enferm [internet], 2016 [citado 2022 set 10],30(3). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1029966>

32. Dias FRS, Morais JCO, Dantas RCO, Oliveira LS. Saúde do homem: hábitos e práticas masculinas no cotidiano dos serviços de saúde. Nursing [internet], 2015 [citado em 2022 set 13] 18(215):991-995. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-789932>

33. Cabacinha ROM, Cabacinha CD, Morais DS, Barbosa HA, Pinho L.

Condições sociodemográficas e de saúde autorreferidas de homens em uma unidade de saúde. Rev. RENE [internet]. 2014 [citado 2022 set 14], 15(5):804-811. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-748706>

34. Silva DRG, Vasconcelos TB, Vidal MPB. Olhe para mim, escute-me: necessidades em saúde de homens. Rev. baiana saúde pública [internet]. 2013 [citado 2022 set 14]; 37(4):835-851. Disponível em: <http://files.bvs.br/upload/S/0100-0233/2013/v37n4/a4481.pdf>

35. Lopes LCO, Paiva PC, Esmeraldo GROV, Motta MA, Barroso LMM. A acessibilidade do homem ao serviço de saúde após a implantação do Programa Nacional de Saúde do Homem: uma realidade presente? Rev. APS [internet], 2013 [citado 2022 set 15]; 16(3):226-233. Disponível em <https://periodicos.ufjf.br/index.php/aps/article/view/15179/8014>

36. Moura EC, Gomes, R, Pereira GMC. Percepções sobre a saúde dos homens numa perspectiva relacional de gênero, Brasil, 2014. Cien saúde coletiva. 2017, 22(1):291-300. DOI: <https://doi.org/10.1590/1413-81232017221.17482015>

Correspondent Author:

Keitiane da Silva Nunes
Av. Pau Brasil - Lot 2. ZIP Code:71916-500-Águas Claras.
Brasília, Distrito Federal, Brazil.
keitiane.nunes12@gmail.com

Received: 23/04/2022
Approved: 27/06/2022