

## Men's perceptions about the assistance provided in primary health care

Percepções do homem sobre a assistência na atenção primária à saúde

Percepciones de los hombres sobre la asistencia proporcionada en los servicios de atención primaria de la salud

Cilas Viana de Freitas<sup>I</sup>, Andrezza Karine Araújo de Medeiros Pereira<sup>II</sup>,  
Francisca Adriana Barreto<sup>III</sup>, Mary Kallianne Fernandes de Oliveira<sup>IV</sup>, Marcelino Maia Bessa<sup>V</sup>,  
Rodrigo Jacob Moreira de Freitas<sup>VI</sup>

**Abstract: Objective:** to identify men's perception about the assistance offered to their needs in primary health care. **Method:** a qualitative study, carried out with 24 male users, registered in a basic health unit of a municipality in the inland of the Northeast region. The data were collected through semi-structured interviews and analyzed using the content analysis method. **Results:** four categories emerged. There were disagreements regarding men's perception on the health care they received, despite most of them having a positive view. They seek the service when they are already ill, and lack of knowledge on specific actions for the male population was verified, as well as the obstacles to accessing such services. **Conclusion:** assistance to men's health is provided by specific actions and centered on the prostate and during the *Novembro Azul* (Blue November) program. It is necessary to expand treatment assistance to prevent illness and promote health.

**Descriptors:** Delivery of Health Care; Men's Health; Health Services; Primary Health Care; Nursing

**Resumo: Objetivo:** identificar a percepção do público masculino acerca da assistência ofertada na atenção primária à saúde às suas necessidades. **Método:** estudo qualitativo, realizado com 24 usuários do sexo masculino, cadastrados em uma unidade básica de saúde de um município do interior do Nordeste. Os dados foram coletados por meio de entrevista semiestruturada e analisados com o método de análise de conteúdo. **Resultados:** emergiu quatro categorias. Houve

<sup>I</sup> Nurse, Specialist, State University of Rio Grande do Norte, Pau dos Ferros, Rio Grande do Norte, Brazil. E-mail: cilasviana@hotmail.com  
Orcid: <https://orcid.org/0000-0003-4516-7456>.

<sup>II</sup> Nurse, MS, State University of Rio Grande do Norte, Pau dos Ferros, Rio Grande do Norte, Brazil. E-mail: andrezza\_kam@hotmail.com  
Orcid: <https://orcid.org/0000-0003-3817-5650>.

<sup>III</sup> Nurse, MS, State University of Rio Grande do Norte, Pau dos Ferros, Rio Grande do Norte, Brazil. E-mail: adrianabarreto@uern.br  
Orcid: <https://orcid.org/0000-0002-5183-043X>.

<sup>IV</sup> Nurse, Specialist, State University of Vale do Acaraú, Sobral, Ceará, Brazil. E-mail: kallianne\_fernandes@hotmail.com  
Orcid: <https://orcid.org/0000-0001-9236-3025>.

<sup>V</sup> Undergraduate student in Nursing, State University of Rio Grande do Norte, Pau dos Ferros, Rio Grande do Norte, Brazil. E-mail: marcelino.maia.18@outlook.com  
Orcid: <https://orcid.org/0000-0001-6699-5109>.

<sup>VI</sup> Nurse, PhD, State University of Rio Grande do Norte, Pau dos Ferros, Rio Grande do Norte, Brazil. E-mail: rodrigojmf@gmail.com  
Orcid: <https://orcid.org/0000-0002-5528-2995>.

divergências quanto à percepção dos homens sobre a atenção à sua saúde ofertada, apesar da maioria ter visão positiva. Eles buscam o serviço quando já adoecidos, e verificou-se desconhecimento sobre ações especificamente para o público masculino, bem como os obstáculos para acessar esses serviços. **Conclusão:** a assistência à saúde do homem se dá por ações pontuais e centrada na próstata e durante o novembro azul. Faz-se necessário ampliar a assistência do tratamento para a prevenção de adoecimento e promoção a saúde.

**Descritores:** Assistência à Saúde; Saúde do Homem; Serviços de Saúde; Atenção Primária à Saúde; Enfermagem

**Resumen: Objetivo:** identificar la percepción del público masculino acerca de la asistencia proporcionada en los servicios de atención primaria. **Método:** estudio cualitativo, realizado con 24 usuarios del sexo masculino, registrados en una unidad básica de salud de un municipio del interior de la región Noreste. Los datos se recolectaron por medio de entrevistas semiestructuradas y fueron analizados con el método de análisis de contenido. **Resultados:** surgieron cuatro categorías. Hubo divergencias en relación a la percepción de los hombres sobre la atención a la salud ofrecida, pese a que la mayoría manifestó una visión positiva. Se dirigen a los servicios de salud cuando ya están enfermos, y se verificó que desconocen las acciones específicamente diseñadas para el público masculino, al igual que los obstáculos para acceder a dichos servicios. **Conclusión:** la atención de la salud de la población masculina se da por medio de acciones puntuales y centrada en problemas de próstata y en el marco del programa *Novembro Azul* (Noviembre Azul). Es necesario ampliar la asistencia del tratamiento para prevenir enfermedades y promover la salud.

**Descriptores:** Prestación de Atención de Salud; Salud del Hombre; Servicios de Salud; Atención Primaria de Salud; Enfermería

## Introduction

The National Policy for Comprehensive Care to Men's Health (*Política Nacional de Atenção Integral à Saúde do Homem*, PNAISH) brings with it the discussion of men from the perspective of integrality, recognizing that health is a basic social and citizenship right of all Brazilian men. One of its main objectives is to promote actions that significantly contribute to the understanding of the unique male reality in its various socio-cultural and political-economic contexts, thus enabling an increase in life expectancy and a reduction in the morbidity and mortality rates due to preventable and avoidable causes in this population.<sup>1</sup>

However, despite the significant progress with regard to men's health, the PNAISH still faces some challenges to be implemented. Allied to the fact that this is a recent policy in the context of Brazilian health, taking shape in an implementation process, the barriers that hinder access of men to health actions and services stand out. These range from socio-cultural and gender issues to the conformation/organization of the services to serve this population.<sup>2</sup>

The distancing between men and the health service is notorious; they tend to seek the services only when they have an illness that is already in an advanced stage, which contributes to making them a group that is vulnerable to events that could cause them diseases or even death. Regarding this, it is stated that many problems could be avoided if men regularly carried out primary prevention measures. It is to be noted that male resistance to primary care, in addition to increasing the financial burden of society, contributes to increasing the physical and emotional distress of the users and their families, in a struggle for preserving health and quality of life of these people.<sup>1,3</sup> Thus, the research question is the following: How do men perceive the assistance offered by primary care for their health problems?

The research is justified by the need to debate around this theme, given that it is little explored in the context of the health services. It is an important research area, as men suffer more from certain severe and chronic health conditions when compared to women (including deaths). In addition to assuming a significant number in the morbidity and mortality profiles, their presence in the health services is lower than that of women.<sup>4</sup> It is estimated that for every three deaths of adults, two are men. When compared to women, their life span is 7.6 years shorter.<sup>5</sup>

In addition to that, some studies have shown that understanding health needs and socio-cultural and institutional obstacles from the speeches of men themselves is important for proposing measures that will expand their insertion in the primary health care services.<sup>6</sup> In a survey conducted in Cuiabá/Mato Grosso, with men using a service specifically aimed at public workers, teachers, students and outsourced employees at the Federal University of Mato Grosso (*Universidade Federal do Mato Grosso*, UFMT), aged 20 to 59 years old, showed that the male population is not recognized as part of the health services offered in the Basic Health Units. They considered that attending the services requires large availability of waiting time, and they think that they are not so resolute. Another aspect that has been concluded in the study is the need for men to be welcomed and create bonds with the health service workers.<sup>6</sup>

With this, the paper presents contributions by giving a voice to the men themselves to better understand the issues involved in their access to the health services, in addition to pointing out guidelines to the management and to the health professionals for the problem presented. Thus, the objective is to identify the perception of the male population on the assistance offered to their needs in primary health care.

## Method

This is a qualitative research study, of a descriptive and exploratory nature,<sup>7</sup> following the Consolidated criteria for Reporting Qualitative research (COREQ).<sup>8</sup> The research was carried out in a city in the inland of Rio Grande do Norte, located in northeastern Brazil. The municipality has an estimated population of 2,980 inhabitants, of whom 1,480 were men and, of these, 785 were in the 20-59-year-old age group.<sup>9</sup> The study setting was a Basic Health Unit (BHU) located in the urban area, which has three micro-areas.

It is noteworthy that the municipality in question is characterized by being small and located in the northeastern inland, where the economy and subsistence of the population comes from agriculture. Thus, the studied service is one of the two BHUs found in the territory and it is important for the inlander (“*sertanejo*”) people, as it provides health care to subjects who historically experience social and health vulnerabilities; and who, today, through the Family Health Strategy (FHS), can access services in a universal, comprehensive and equitable fashion.

The research participants were male individuals from the aforementioned city. The inclusion criteria were as follows: being male; belonging to the age group from 20 to 59 years old; and being registered in the area covered by the FHS team of the local Health Center. As exclusion criteria: not being at their homes during the first three visits and/or presenting a temporary or permanent pathophysiological situation that prevents the participant from answering the interview (mental disorders, physical disability related to speech and hearing, cognitive disorders, and infectious contagious diseases which determine the participant's non-contact with other people during the

data collection period).

Once the criteria were defined, the researcher counted on the help of three Community Health Agents (CHAs) who indicated 30 participants (ten from each micro-area) by convenience . However, the final number was 24 participants. The losses are due to two men who refused to participate, one that had moved and was no longer in the area covered by the local health center, and three participants who received home visits, three times each, and who were not found in any of the attempts. In addition to the aforementioned, it was noticed that the information collected in the interviews was already being repeated, reason why it was decided to conclude the data collection phase due to saturation.<sup>7</sup>

For the data collection procedure, the technique of interviews with semi-structured script was used. The following stages were conducted: scheduling of the interviews with the participants. Scheduling took place through the home visit with the CHAs prior to the explanation and signing of the Free and Informed Consent Form (FICF) and the conduction of the interview at each participant's home.

The interview script contained questions related to the sociodemographic and economic data, and to specific aspects of the study object, such as: opinion on the health assistance/care offered by the local health services; search for the local health services; knowledge of which health services are offered directly to the male population; difficulties and/or practicalities to access the health services, and suggestions for improving the service. The interviews were recorded at the participants' homes in a reserved room just with the researcher (undergraduate student attending the Nursing course, trained in advance by the advisor) and the interviewee present at the meeting, using a cell phone with an application to record voice in MP3 format, and had a mean duration of 40 minutes. The recording was transcribed, returned to the subjects, with no changes made, and filed for subsequent analysis.

For data analysis, the Content Analysis method was used.<sup>10</sup> It followed these stages: pre-

analysis, in which floating reading of the transcription was performed; exploration of the material, in which it was possible to identify the nuclei of meaning, that is, the meaning expressed in the interviewees' statements, being coded into categories based on the grouping of passages that were similar by their content. After coding, through inferences and correlations carried out by the researcher, the subcategories emerged. These, in their turn, were grouped into significant thematic categories, expressed in the participants' testimonies; and, finally, treatment of results/inferences/interpretation, in which the findings were discussed with the relevant literature.

As provided for in Resolution No. 466/12 of the National Health Council, the research followed the ethical precepts, in which it was submitted for appreciation and approved by the Research Ethics Committee of *Universidade do Estado do Rio Grande do Norte*, (UERN) on the May 5<sup>th</sup>, 2015, under Opinion No. 1,048,825 and CAAE 43443915.1.0000.5294. Codes from "E1" to "E24" were designated to ensure the participants' anonymity.

## Results

A total of 24 men aged 21 to 52 years old took part in the research, with a predominance of 67% (n=16) of those aged 21 to 40 years old. Among the interviewees, 79% (n=19) were married or lived in a stable relationship. Regarding schooling, the respondents reported that 37.5% (n=9) had incomplete primary school, 29.1% (n=7) had complete high school; 20.8% (n=5) had complete higher education, 8.3% (n=2) had incomplete higher education, and 4.1% (n=1) were illiterate.

Among their professions, more than half claimed to be farmers, and 71% (n=17) of the participants reported working 8 hours or more a day. The predominantly cited workplace was farming. Finally, regarding family income, 62.5% (n=15) of the interviewees stated that they received between 1 and 2 monthly salaries; 21% (n=5) received less than 1 salary, with 3 receiving between 2 and 3 salaries, and only 4.1% (1) reported receiving more than 3 minimum wages per month.

From the analysis of the interviews, four categories emerged: men's perception their relationship with the health services on the assistance/care provided; reasons that lead men to (not)

seek the Basic Health Unit; knowledge on the care offered to the male population; obstacles and possibilities listed by men to improve the health care offered.

### **Men's perception and their relationship with the health services on the assistance/care provided**

These testimonies pointed out that the men's perception on the health service varies and, according to the resolution, or not, of their requirement, it can be good or bad. It is also inferred that this perception of the service is related to the bond they establish with the professionals who work there and the offer of specific services.

*I think their way of assisting [health professionals], because when we get there, willing to speak, they give a lot of attention to the patient. (E1)*

*It's good for me, so far it's good. (E17)*

*I say it's fine. It's not bad. (E18)*

*So, the agent [CHA] here always visits our home, for example, these days she spent here and came to talk to my wife about some work to stop smoking, even she's almost quitting. (E2)*

*The medical assistance, they don't pass security and don't examine correctly, they practically just ask what we have and don't examine us, this is what I don't like. (E3)*

*I think it could be better, because there's lack of more qualifications in terms of employees, in the administrative part that I say, is that it puts unqualified people in the position. (E15)*

*So far, there's no specific plan for men here in the municipality. There are for pregnant women, for the older adults, now specifically for men, I don't think so. In this aspect I think it's bad. (E4)*

In the perception of some participants, satisfaction with assistance is related to the welcoming, the resolvability, the home visit, and the work of the CHAs. On the other hand, as negative aspects, dissatisfaction with medical care, administrative positions, and the absence of specific programs for men were mentioned.

### **Reasons that lead men to (not) seek the Basic Health Unit**

The reasons and situations in which men seek the primary health care services were also

evidenced, revealing the circumstances in which there is a demand for health care by these participants.

*I go to the health center when I feel sick, with fever, headache, diarrhea, there are some viral crises during the year, then we look for them. (E7)*

*I go to the dentist more and, when I need it, I go to the doctor. (E8)*

*Only when necessary, usually when there's no way to solve it at home. (E19)*

*Men don't want to seek the health units for prevention, they just want to take action for the now. It's something cultural about men, often afraid to discover some health problem and that this problem will spread and they will have to go deeper. It's more a matter of fear and culture. (E6)*

*For consultation it's difficult[...] thanks God I have an iron health. (E5)*

The testimonies show that these men do not usually resort to the health services routinely, and recognize the need to solve specific issues that become reasons for seeking health care only when they are affected by a disease, an aspect that ends up distancing them from actions related to health prevention and promotion. The fact that they seek the health services almost exclusively when they already have health problems reveals the preference of this population both for quick answers and for individual and curative health actions.

In addition to that, the cultural issue, illustrated in the testimonies of E5 and E6, on gender issues and the construction of the male roles, who do not get sick (iron health), and who do not want to know if they have any problems, contributing to be a reason for not seeking prevention and care-related services.

### **Knowledge on the care offered to the male population**

Given the analysis, it was possible to identify limited knowledge of the male population on the health actions and services specifically aimed at this segment. In addition to that, there is reductionism of these actions/services to problems related to the genitourinary system.

*I believe I have it, but I don't know for certain, I may even have it, but I don't know it. (E20)*



*Specifically for man, I don't know [...] if I know I'm not remembering here now. (E18)*

*I'm not going to lie, I have no knowledge, when I need it I look for it and get it, but I have no knowledge of everything that is offered. (E22)*

*I don't know much how to say because I don't know any program focused only on men's health, if there is, I haven't seen it being released yet. (E9)*

*There's the issue concerning prevention of prostate examination, there's the Novembro Azul program for preventing prostate cancer. There it discloses the prevention of STDs [Sexually Transmitted Diseases]. (E11)*

*That I know only prostate exam, for men I think it's just that. (E3)*

*There's the PSA [Prostate Specific Antigen] that is already done here for those who are aging. I know that PSA is already [...] collected here and sent. (E23)*

*People are looking more for the prostate exam. As far as I know it's just this one. (E24)*

*That I know only prostate exam, for men I think it's just that. (E17)*

The testimonies reveal lack of knowledge, and that the actions for men's health are centered on the prevention of prostate cancer and of Sexually Transmitted Infections (STIs) during the “*Novembro Azul*” period. When reducing men's health only to pathologies linked to the genitourinary organs, the complexity of the health problems they are exposed to is disregarded, such as the issue of violence, the use of drugs, accidents and other problems related to men's health.

### **Obstacles and possibilities listed by men in order to improve the health care offered**

Difficulties faced by the study participants in accessing the health services were identified. It was perceived that problems such as delay in the services, reduced number of forms for medical appointments, incompatibility of hours with their working schedule, and bureaucratic aspects in scheduling appointments and exams, are part of the reports.

*It is that sometimes we are waiting, then the doctor arrives and only sees 20 patients. When the doctor arrives, it's difficult to have an appointment, then you have to come another day, because there are a lot of people to be cared for. (E7)*

*When you have to go, this interferes, because you have to stop working in order to be able to make the appointment, because you cannot do both at the same time and it's precisely in the morning that the doctor sees more patients. There's all the work, you have to stop to be able to go, the difficulty, as I told you, is not having care at night, then we have to travel 18 kilometers to go to the hospital. (E12)*

*I think there's a difficulty regarding the scheduling of exam appointments by the SUS here. [...] It has to improve, I think this is the difficulty. (E13)*

The suggestions given by the interviewees for the improvement of health care provided in the municipality point to the need for the professionals to publicize the services offered. In addition to that, sensitization of men and organizational accessibility of the health units are suggested.

*Only if it was in terms of promoting more, I think it's little publicized, although, like this, I also never seek to know more, but it would be good to know what they offer there, any program? (E14)*

*More information, to encourage, for example, men to have a prostate cancer exam and say what is specific to men, would be basically my suggestion. (E5)*

*I think it would be better if the hours of medical care were increased, because it's only until 5 pm, if you arrive there at 5:01 am you are no longer seen, because the doctor's hours are over [...] or that the hours were increased or that the night shift was started to give opportunity to other people who don't have a definite time to leave the service [...] many people who work in the market leave only after 7 am and if the service from was 7 am onwards, then these people could go. (E2)*

The issues surrounding men's health go beyond those of organization of the services to ensure access. They are health determinants built around the cultural and gender roles attributed to men, as family providers, strong, healthy, agile, tough, invulnerable, which keep distance them from the prevention and health promotion services. These male stereotypes point to the importance for the health professionals to reflect on their actions in order to deconstruct the male social imaginary.

## Discussion

Welcoming in the health area must be understood as an intervention tool that takes into account the quality of listening, the construction of bonds, and the guarantee of access with accountability and resoluteness in the services.<sup>11</sup> When the act of welcoming is linked to good receptivity, as shown in the reports, it contributes to gaining trust and security for the users/families.

The affinity/closeness of the users to the service's employees influences the bonding process, being decisive for them to feel welcomed or not in the different health care scenarios. The lack of this service, as well as ineffective communication, can make it difficult for men to adhere to health care.<sup>12</sup> When Primary Health Care (PHC) offers resoluteness to the population, it increases satisfaction and strengthens the bond between the user and the health team, being essential to strengthen men's adherence to the search for these services.<sup>11</sup>

In this sense of welcoming, the creation of the Community Health Agents Program (*Programa de Agentes Comunitários de Saúde*, PACS) in the 1990s was an advance in public health in Brazil. Currently, these professionals are important in primary health care services, as they are understood as a link between populations and public policies, an extension of the health services within the communities.<sup>13</sup> As they are closer to men's problems, they assume a fundamental role in the implementation of health actions and services, favoring the maintenance of men's contact with the services offered.

A study shows that home visits are an important means of bringing families and the FHS closer together, therefore being a tool for the humanization of health care, in view of the possibility of building new relationships between users and professionals and the formation of bonds among them.<sup>14</sup> It is noteworthy that men have difficulties in recognizing their needs, do not attach value to health-related issues and perceive care as something geared towards women, older adults and children, not fitting into this select group of users, due to the standards of masculinity already historically enshrined in common sense.<sup>15</sup>

Some users do not feel that their requirements are listened to in the services, especially if they are expressed differently from those already established in the daily work routine, which contributes to deficient assistance, which does not take into account the real needs of the user and which may imply distancing them from the health services.<sup>3</sup> An international study shows the difficulty of strategies and/or effective responses to the health problems faced by men globally. An analysis of the policies and programs of the 11 major global companies and health institutions, including the World Health Organization (WHO), found that they do not meet men's health needs, highlighting the precision of reviewing such health strategies and policies for this population.<sup>4</sup>

In addition, the prevalence of specific programs for women's health, carried out by means of various activities, to the detriment of the absence of actions and services specifically aimed at men, contributes to the gap between the services offered by primary care and the health problems presented by the male population, although this is not the only cause for this distancing.<sup>16</sup>

Without showing characteristic signs and symptoms that fit this in a certain pathology, as a result of the curative and hospitalocentric view, this becomes one of the most relevant factors for the low demand of these users for these prevention and health promotion services. The male population perceives health care as something that is not peculiar to masculinity and, therefore, they ignore the importance of disease prevention. All of this contributes to their distancing from the primary care services.<sup>4</sup>

Admitting that self-care is necessary, as has been reported, is a relevance framework for men's health, as this is not common among this population due to the stigma attached to the predominant macho culture in society. This imagery, on the act of being a man, ends up imprisoning the masculine gender in cultural bonds, hindering the adoption of self-care practices, in view of the need for men to be seen as strong, virile and invulnerable.<sup>17</sup>

In a study on men's health care and their resistance to seek the health services, the findings showed that men are resistant to their health care due to feelings of fear and shame, as well as to

behavioral causes such as impatience, carelessness, life priorities, and issues related to the way in which the health services are organized. It was observed that gender-related factors have a strong influence, often even as an obstacle.<sup>18</sup>

In addition to that, many of these subjects fear that, when seeking a health service to learn on their disease process, they may be faced with the diagnosis of a disease capable of disabling them to work and/or subjecting them to painful and long-lasting treatments. This fear is the result of the contact with the masculinity models historically built by our society.<sup>16</sup>

For being negligent regarding the prevention of health problems and health promotion, there is prioritization of the curative aspects, with a focus on restoring body integrity and adequate functionality, taking care of their health only when affected by a pathology being typical of the male gender.<sup>19</sup> The presence of men increases in certain activities, especially in medical and dental consultations; however, they participate less in Nursing consultations and/or educational activities, as they associate them with female activities.<sup>20</sup>

It is emphasized that the organization of the services generates obstacles that end up distancing the male population, such as the various actions and services aimed at women and not adequate to accommodate or favor the permanence of the male demand in their domains. This leads to unawareness of the innumerable possibilities offered by the FHS and contributes to the increase in the vulnerability of this population to mortality rates.<sup>19</sup>

Men's health is mainly related to aspects associated with the genitourinary system, for example, the prostate cancer prevention exam, making it difficult to search for health services when it comes to other diseases and/or health needs. This link men make to the conduction of the prostate exam often causes embarrassment, fear and prejudice, interfering in their adherence to the services.<sup>21</sup>

When talking about men's health, a study reveals that the most used words are prostate and testosterone, which reinforces the gender stereotype of masculinity that does not seek care, and

reduces the only problem that involves men to the genitourinary system.<sup>22</sup> It is necessary that the services disregard this view of the male population associated only with prostate cancer and understand them as subjects who are more vulnerable in cases of violence, abuse of smoking and other drugs, chronic diseases, deaths by homicide or suicide, and other cancer-related types. Working on these health determinants can improve global health statistics.<sup>4</sup>

The PNAISH itself, in addition to not showing precise descriptions for its implementation, prioritizes actions based on procedures and exams that reinforce the centering care on the male genital system. In view of such data, it is asked whether the men's demands are in fact limited to the problems in the genital tract or whether the professionals and services, due to the socially constructed view of men and health, are unable to see other requirements.<sup>15</sup>

Impatience regarding the delay to be seen, expressed by men, is also seen, in addition to the possibility of being a weakness of the services, such as a cultural barrier, taking into account characteristics that are inherent of male behavior, such as haste and objectivity. Such characteristics are responsible for discouraging the search for preventive services, generating evasion and their non-return after the appointment, making it increasingly difficult for this population to be inserted in primary care services.<sup>3</sup>

It is worth highlighting that, when seeking the health services, men face queues, which can lead them to miss the day's work, without necessarily having their demands solved in a single consultation. Culturally, by prioritizing work activities, since many men see themselves as the main financial providers for their families, the fact of losing a day's work contributes to leaving health needs to be solved later, always being in the background.<sup>23</sup> In addition, another point that also deserves to be highlighted concerns the organization of the services, as they really should be organized to guarantee access to the worker, whether male or female.

The testimonies of this research indicated that the form of service organization is not meeting the assumptions of the National Primary Care Policy (PNAB), which aims at welcoming, health

education, health promotion and group formation, as strategies to create bonds in the territory. Thus, it is also necessary to think on how the health professionals understand and carry out the PNAB and PNAISH in their practice.

It is to be noted that the activities carried out, such as the one in the *Novembro Azul* program, should not be carried out sporadically; they need to be developed throughout the year in the health units, strengthening the welcoming of the user and of the family.<sup>24</sup> It is necessary to understand that men's health care is not only centered on the perspective about the diseases, but on the way of living, working, risks and problems to which the community is subjected. Similar results evidence specific actions aimed at the male population, which include exams, consultations and clarification on the diseases that are prevalent in men. The study points out the need to approach themes and spaces frequented by men.<sup>25</sup>

The greatest challenge of the public policies is not only to include men in the services, but also to make them aware of the importance of care and the nonexistence of invulnerability, as it would be of no use to develop well-organized and structured actions and services for men if they culturally do not have the routine of attending these services and if they also do not feel vulnerable to disease. It is necessary to make governmental health initiatives meaningful and attractive to the target population of the actions.<sup>17</sup>

It is also necessary to make the service places welcoming to this population, reducing intimidation in this environment, given that the feeling of belonging to the place is fundamental for the mobilization of these actors to participate in prevention and health promotion actions.<sup>3</sup> Thus, care planning must include educational actions aimed at raising men's awareness about the health problems and the conditions to which they are exposed, strengthening the need for self-care and the importance of offering disease prevention actions and services and those for health promotion, contemplating and being guided by the PNAISH proposals.<sup>26</sup>

In this sense, primary care health professionals, who have health education in the list of

actions that make up their work process, can play an important role, through dialogical educational activities. These activities, in addition to promoting health and preventing health problems, make it possible to problematize the male stereotypes, clarify possible doubts, publicize the PNAISH, discuss the PHC health services portfolio,<sup>26</sup> encourage health care, and devise, together with men, alternative services that contribute to a greater link between them and primary health care. Promoting the participation of men in these educational activities and visualizing alternative spaces in which they occur, going to the places in the territory routinely frequented by this population, is a challenge that needs to be considered.

For professionals and managers, it is fundamental to include the focus of gender, sexual orientation, gender identity, generation, disability and ethnic-racial condition in the permanent education actions of the public health workers. Likewise, intersectoral articulation among different policies and points of care in health networks is necessary for Latin American men to be socially recognized as citizens based on their specificities and their historical and social context.<sup>27</sup>

Within this perspective, the article offers contributions to the practice by pointing out some strategies that can be thought of by the health professionals, such as: disclosing of the actions and services offered and aimed at men, as well as of the PNAISH, through the existing communication media of the city and with the help of the CHAs. There is a need to raise awareness among the male population on the importance of health care, through Popular Education in Health. It is necessary to create educational groups for men with a view to building knowledge on the determinants and conditions of health and disease, as well as addressing the sociocultural and gender barriers that hinder care with their health.

It is also suggested to implement changes in the service so that they may come to meet the health needs aiming at integrality in men's health care from the search for social equipment, in order to promote intersectorality; organization of assistance activities in places where men are more present, whether in their own workplaces or soccer stadiums, among others; training of the



professionals who make up primary care; and creation of alternative schedules for the operation of the BHU, in order to ensure organizational accessibility.

As study limitations, it is pointed out that this is a local research study, as well as the use of a single data collection source (interview). The characterization of the men was only based on socioeconomic aspects, leaving aside the physical aspects, understanding that they also exert an influence on this perception.

## Conclusion

Men's perception about the assistance provided by primary health care indicated that they seek the service for curative aspects, disregarding the work of preventing diseases and promoting health. They are unaware of the specific actions for the male population, emphasizing specific activities centered on the genitourinary system. The obstacles and suggestions for improving the service are related to the unit's opening hours and the difficulty of attending consultations and exams.

Finally, the contribution of this study to the area of health, nursing and society is considered, since it allowed identifying elements so that health professionals can think about and perform services to improve the assistance provided to male users. It is suggested that studies with greater evidence be carried out with the male population, in order to contemplate the limitations of the research. There is a need for social changes, as well as in the public policies and institutions and in their workers, so that actions are developed in order to effectively impact on the epidemiological profile of the male population.

## References

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes [Internet]. 2008 [acesso em 2020 ago 06]. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_atencao\\_saude\\_homem.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_saude_homem.pdf)
2. Queiroz TS, Rehem TCMSB, Stival MM, Funghetto SS, Lima LR, Cardoso BG, et al. How do old men take care of their own health in Primary Care? Rev Bras Enferm. 2018;71(Suppl 1):554-61. doi: 10.1590/0034-7167-

2017-0131

3. Donizete DVD, Priscila PSD, Antonio AMTG, Marja MFSN. A construção do vínculo entre o homem e o serviço de atenção básica de saúde. *Rev Cuba Enferm* [Internet]. 2017 [acesso em 2020 Ago 06];33(1). Disponível em: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/735>
4. Barker P. Men's health: time for a new approach. *Phys There Rev*. 2018;23(2):144-50. doi: <http://doi.org/10.1080/10833196.2018.1452562>
5. Ministério da Saúde (BR). Departamento de Vigilância de Doenças e Agravos não Transmissíveis e Promoção da Saúde. Saúde Brasil 2018: uma análise de situação de saúde e das doenças e agravos crônicos: desafios e perspectivas [Internet]. 2019 [acesso em 2020 ago 01]. Disponível em: [http://bvsms.saude.gov.br/bvs/publicacoes/saude\\_brasil\\_2018\\_analise\\_situacao\\_saude\\_doencas\\_agravos\\_cronicos\\_desafios\\_perspectivas.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/saude_brasil_2018_analise_situacao_saude_doencas_agravos_cronicos_desafios_perspectivas.pdf)
6. Silva LA, Corrêa ACP, Oliveira JCAX, Rodrigues TC, Divino EA. Percepções de homens trabalhadores sobre suas necessidades de saúde em um serviço universitário de saúde. *Ciênc Cuid Saúde*. 2016;15(1):133-40. doi: <https://doi.org/10.4025/ciencucuidsaude.v15i1.29321>
7. Flick U. Qualidade na pesquisa qualitativa. Porto Alegre: Bookman Artmed; 2009.
8. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-57. doi: <https://doi.org/10.1093/intqhc/mzm042>
9. Instituto Brasileiro de Geografia e Estatística (IBGE). Água Nova. 2020 [acesso em 2020 out 20]. Disponível em: <https://cidades.ibge.gov.br/brasil/rn/agua-nova/panorama>
10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
11. Coutinho LRP, Barbieri AR, Santos MLM. Acolhimento na Atenção Primária à Saúde: revisão integrativa. *Saúde Debate*. 2015;39(105):514-24. doi: 10.1590/0103-110420151050002018
12. Barros MMAF, Mendes MLC, Frota LMA, Almeida JRS. Acolhimento em unidade de atenção primária à saúde: potencialidades e desafios. *Sanare (Sobral)* [Internet]. 2018 [acesso em 2020 ago 01];17(2):114-9. Disponível em: <https://sanare.emnuvens.com.br/sanare/article/view/1269/677>
13. Morosini MV, Fonseca AF. Community workers in Primary Health Care in Brazil: an inventory of achievements and challenges. *Saúde Debate*. 2018;42(Spec No 1):261-74. doi: 10.1590/0103-11042018S117
14. Bessa MM, Carvalho MF, Souza JO, Silva SWS, Trigueiro JG, Freitas RJM. Visita domiciliar como um instrumento de atenção à saúde. *Res Soc Dev*. 2020;9(7):e811974884. doi: <https://doi.org/10.33448/rsd-v9i7.4884>
15. Leite JF, Dimenstein M, Paiva R, Carvalho L, Amorim AKMA, França A. Sentidos da saúde numa perspectiva de gênero: um estudo com homens da cidade de Natal/RN. *Psicol Ciênc Prof*. 2016;36(2):341-53. doi: 10.1590/1982-3703001812013
16. Yoshida VC, Andrade MGG. O cuidado à saúde na perspectiva de trabalhadores homens portadores de doenças crônicas. *Interface (Botucatu)* [Internet]. 2016;20(58):597-610. doi: 10.1590/1807-57622015.0611

17. Pereira J, Klein C, Meyer DE. PNAISH: uma análise de sua dimensão educativa na perspectiva de gênero. *Saúde Soc.* 2019;28(2):132-46. doi: 10.1590/S0104-12902019170836
18. Teixeira DBS. Atenção à saúde do homem: análise da sua resistência na procura dos serviços de saúde. *Rev Cuba Enferm [Internet]*. 2016 [acesso em 2020 out 19];32(4). Disponível em: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/985>
19. Pereira MCA, Barros JPP. Públicos masculinos na estratégia de saúde da família: estudo qualitativo em Parnaíba-PI. *Psicol Soc.* 2015;27(3):587-98. doi: 10.1590/1807-03102015v27n3p587
20. Oliveira MM, Daher DV, Silva JLL, Andrade SSCA. Men's health in question: seeking assistance in primary health care. *Ciênc Saúde Colet.* 2015;20(1):273-8. doi: 10.1590/1413-81232014201.21732013
21. Ribeiro CR, Gomes R, Moreira MCN. Encontros e desencontros entre a saúde do homem, a promoção da paternidade participativa e a saúde sexual e reprodutiva na atenção básica. *Physis.* 2017;27(1):41-60. doi: 10.1590/S0103-73312017000100003
22. Moon DG, Park HJ. Prostate and testosterone: the most important keywords in men's health and healthy aging. *J Men's Health [Internet]*. 2020 [cited 2020 Oct 19];16(SP1):e1-e3. Available from: <https://oss.jomh.org/jomh/article/20201209-27/pdf/236-Article%20Text-1829-3-10-20200414.pdf>
23. Cardoso AC, Morgado L. Trabalho e saúde do trabalhador no contexto atual: ensinamentos da enquete europeia sobre condições de trabalho. *Saúde Soc.* 2019;28(1):169-81. doi: 10.1590/s0104-12902019170507
24. Miranda SVC, Duraes PS, Vasconcellos LCF. A visão do homem trabalhador rural norte-mineiro sobre o cuidado em saúde no contexto da atenção primária à saúde. *Ciênc Saúde Colet.* 2020;25(4):1519-28. doi: <https://doi.org/10.1590/1413-81232020254.21602018>
25. Dos-Santos EM, Figueredo GA, Mafra ALS, Reis HFT, Louzado JA, Santos GM. Saúde dos homens nas percepções de enfermeiros da estratégia saúde da família. *Rev APS.* 2017;20(2):231-8. doi: <https://doi.org/10.34019/1809-8363.2017.v20.16058>
26. Ministério da Saúde (BR). Carteira de Serviços da Atenção Primária à Saúde (CaSAPS). Versão profissionais de saúde e gestores [Internet]. 2008 [acesso em 2020 ago 06]. Disponível em: [http://189.28.128.100/dab/docs/portaldab/documentos/casaps\\_versao\\_profissionais\\_saude\\_gestores\\_completa.pdf](http://189.28.128.100/dab/docs/portaldab/documentos/casaps_versao_profissionais_saude_gestores_completa.pdf)
27. Cesaro BC, Santos HB, Silva FNM. Masculinidades inerentes à política brasileira de saúde do homem. *Rev Panam Salud Publica.* 2018;42:e119. doi: <https://doi.org/10.26633/RPSP.2018.119>

**Scientific Editor in Chief:** Cristiane Cardoso de Paula

**Associate Editor:** Maria Denise Schimith

**Funding/Acknowledgment:** Does not apply

**Corresponding author**

Marcelino Maia Bessa

E-mail: marcelino.maia.18@outlook.com

Address: Sítio Encanto de Cima, Zona Rural, Encanto-RN, Brazil.

CEP: 59905-000

## **Authorship Contributions**

### **1 – Cilas Viana De Freitas**

Conception of the study; data analysis and interpretation, final review with critical and intellectual participation in the manuscript

### **2 – Andrezza Karine Araújo de Medeiros Pereira**

Conception of the study; data analysis and interpretation, final review with critical and intellectual participation in the manuscript

### **3 – Francisca Adriana Barreto**

Data analysis and interpretation, final review with critical and intellectual participation in the manuscript

### **4 – Mary Kallianne Fernandes de Oliveira**

Data analysis and interpretation, final review with critical and intellectual participation in the manuscript

### **5 - Marcelino Maia Bessa**

Final review with critical and intellectual participation in the manuscript

### **6 – Rodrigo Jacob Moreira de Freitas**

Final review with critical and intellectual participation in the manuscript

## **How to cite this article**

Freitas CV, Pereira AKAM, Barreto FA, Oliveira MKF, Bessa MM, Freitas RJM. Men's perceptions about the assistance provided in primary health care. Rev. Enferm. UFSM. 2021 [Accessed on: Year Month Day]; vol.11 e48: 1-20. DOI: <https://doi.org/10.5902/2179769253168>