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NURSES' PERCEPTIONS ON THE EFFECTIVENESS OF THE NATIONAL POLICY FOR INTEGRAL MEN HEALTHCARE

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ABSTRACT

Objective: To analyze, based on the nurses' perception, how PNAISH is carried out. **Methodology:** a descriptive / qualitative study, using a semi-structured interview with nurses from the Family's Health Strategy Program (FHS) of Itaitinga-Ceará-Northeast-Brazil. The study analysis was Bardin-based and its discussion was made in the light of the available literature on the topic. **Results and Discussion:** three categories were listed: 1) PNAISH Effectiveness; 2) Factors that prevent and facilitate the promotion of integral male healthcare and 3) Actions developed in favor of attention to men's healthcare. **Final considerations:** A non-integral and singular assistance was evidenced. PNAISH needs better strategies to be effectively implemented in public healthcare practicing.

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INTRODUCTION

The first studies on men's healthcare date from the late 1970s in the United States. On one hand, they mainly addressed health problems. On the other hand, part of these surveys listed men as more powerful than women, despite the fact that men were at disadvantage in relation to morbidity and mortality rates. (COURTNAY, KEELING, 2000). From the 1990s onwards, there was a change in the studies focus. As a result, this population singularities in the health-disease process also began to be addressed, from a gender relational perspective (SCHRAIBER et al., 2010). Therefore, man played the main role in public health debates. Thus, the Ministry of Health launched the National Policy for Integral Attention to Men's Healthcare (PNAISH), Ordinance No. 1.994, of August 27th, 2009 (BRASIL, 2008). PNAISH brings with it the purpose of stimulating and agreeing both actions and services in primary care for the male population, promoting the improvement of health conditions to reduce morbidity and mortality. In addition, it also pays attention to risk factors and enables access to actions and integral assistance services to healthcare. Consequently, it avoids direct displacement to other levels of assistance for problem solving (MARTINS, MALAMUT, 2013; ARAÚJO et al., 2014). Although avant-garde, PNAISH centralizes actions on illness and medicalization (ARRUDA, MARCON, 2018). Its policy is not only attentive to sexual and reproductive issues, but also evokes unique men's health problems distributed at different levels of healthcare and types of management, allowing it to face problems related to mortality mainly from preventable causes. In addition, it works on violence, morbidity and mortality, as well as sexual and reproductive healthcare (ARAÚJO et al., 2014). Furthermore, it emphasizes the need for both men and their families' healthcare, focusing on self-care, when considering illness and

also on discrediting men as an entity that also takes care in the family environment (SANTOS et al., 2018). Male accessibility in health services is shown at lower levels, a fact that is justified by several factors, such as the promptness of care, resolvability, social imagery, cultural construction, tolerability of man's absence, lack of attention to their weaknesses, among others. Which shows, thus, a very different scenario compared to Women's Health. (TAVARES, COELHO, LEITE, 2014; GOMES et al., 2011; SILVA, BUDO, SILVA, 2013; ARAÚJO et al., 2013). Nurses are essential agents for PNAISH, considering that they are one of the promoters of health in primary care. It is therefore important that these professionals know the sociodemographic and health conditions of the population so that they can promote preventive actions linked to the main causes of male mortality. It is important to highlight the need of everyone involved including not only the professionals, but also health and teaching institutions, to be aware of the need to improve the quality of care provided to the male population. (OLIVEIRA et al., 2017).

Considering the current scenario of men's health in addition to the absence of major differences from municipality to municipality for being a national matter, when regarding programming primary care it was questioned what are nurses' perceptions about the effectiveness of the National Care Policy regarding integral men's healthcare. At the beginning of the 21st century, the theme "men's healthcare" highlighted several international studies. McKinlaya's study review highlights five explanations of the differences in mortality between men and women: 1) biological-genetic specificities; 2) social, ethnic differences and social inequalities; 3) association between behaviors and different social expectations; 4) seeking and using healthcare services; 5) health professionals care aimed at men (GOMES, 2011). In Brazil, research corroborated with international studies. Men die more than women for the main causes of mortality. Some examples are the influence of masculinity models that generate health compromises; the fact of being the main actors in violence; in addition to unemployment, which impairs well-being and may be related to the causes of suicides (GOMES, NASCIMENTO, 2006). Man is a being with a representative figure endowed with meaning, and in general, the expression of masculinity corresponds to a being who must be strong, virile and invulnerable (VIANA et al., 2015). This representation contributes to the fact that part of the men present low self-care behavior and distance themselves from healthcare services, mainly from primary care. As a result, there is a negative impact on this population's health, which is verified by the high rates of morbidity and mortality. Thus, more studies that address male health must be done .

METHODS / APPROACH

This is an exploratory and descriptive study, with a qualitative approach. The research was carried out in Basic Family Health Units in a city in the interior of Ceará, Northeast, Brazil. There were 16 participants, being all professional nurses. To keep the anonymity of the participants, the following term was used: NUR. As inclusion criteria, the subjects should be linked to the Family's Health Strategy Program (FHS) and also be exercising their activities during data collection. As exclusion criteria they were: leaving the place during the interview and to deny participation in the research for any reason. Data collection was carried out between July and August of 2020, using the semi-structured interview technique. Such interviews were recorded in audio using an MP4 instrument. The data were only obtained after explaining the research objectives and their participation aim in the study, in addition to signing the Free and Informed Consent Form. The collected data were transcribed through Bardin's Thematic Analysis (2010), following three stages: pre-analysis (organization and systematization of ideas to prepare the corpus of analysis); the exploration of the material and the treatment of the results (occurred through coding); inference and interpretation of data that were analyzed according to PNAISH and discussed in the light of the literature, that was available in full, referring to the theme. The study respected the ethical and legal precepts proposed by resolution 466/2012, completed by resolution 510/2016, both from the National Health Council (CNS) of the Ministry of Health. The research was approved by the Research Ethics Committee of Juazeiro do Norte College- FJN in July, 2020, being approved with the CAAE number 33070620.4.0000.5624.

RESULTS / DISCUSSION

Three categories could be inferred from the interviews applied in this study, in the light of the relevant and updated literature used as a reference: 1) Effectiveness of the National Policy for Integral Attention to Men's Health; 2) Factors that prevent and facilitate the promotion of integral male healthcare and 3) Actions developed in favor of attention to men's health. These categories guided nurses' perceptions about the effectiveness of the aforementioned policy.

Category 01: Effectiveness of the National Policy for Integral Attention to Men's Health

Due to the challenges and circumstances faced in health practices, policies that are implemented to it go through processes of monitoring, supervision and evaluation aimed at correcting obstacles and making the policy effective.Therefore, the interviewees were asked about the effectiveness, impediments and facilitators of PNAISH. As a result, nurses unanimously considered that such a policy is not effective in health practice, as can be highlighted in the following statements:

> *I think it is not effective, because in primary care we spend the whole year talking about women's healthcare, but when it comes to men's it only happens in the month of November, so I think it is not really understood or effective. (NUR 03).*

> *It is still very new. Something that needs to be more worked on, to be more objective and dedicated to its aims, so that it can be really effective. There is still a long way to go until reaching this effectiveness. (NUR 07).*

> *[...] we have several programs: prenatal care, prevention, family planning ... so, even the programs are more targeted at women, right?! What are the programs that we have that include men? Diabetic, mental health ... which does not address the issue of gender and STDs. (NUR 11)*

The subjects recognize that primary care is an environment in which women are predominant, and that health approaches are aimed at this audience. Thus, emphasizing the lack of effectiveness of the integrality proposed in PNAISH.

The routine of health services reveals that there are differences in approaches for men and women in relation to: prenatal care, childbirth, child care, as well as, sexual and reproductive health, in which they all are marked by the stigma of masculinity. Thus, such differentiation contributes to the maintenance of the men's health paradigm, attributing only to women the responsibility of caring for their children since pregnancy, making men invisible and isolated from these care actions. As a consequence, impacts are perceived in the maintenance of power relations, inequalities and violence (DANTAS, COUTO, 2018). This corroborates with a study which demonstrated that there are several forms of care, such as positive, negative and passive involvement of men in prenatal care, regarding the prevention of HIV transmission from mother to child. As the positive involvement of partners is important, it was recommended to develop a comprehensive description of man's care in prenatal care to improve the development of strategies and interventions that accommodate and increase this care (NYONDO-MIPANDO et al., 2018).

Category 02: Factors that prevent and facilitate the promotion of integral male healthcare

The statements below emphasize that the difficulties perceived by nurses working in the Basic Health Unit (BHU) are related to the lack of training and ability to work with the male audience; barriers of human resources and service organization flow.

> *We have no training, no sensitive eye for this. So it's very difficult to do it. What do we do for man's health? The same thing we do for anyone's health. In fact, I think even less (NUR 10).*

> *There is nothing specific for them. There are no specialists to monitor the man. There is only nursing itself to do this. And a specialist, only if the nursing itself refers to. (NUR 12).*

It is perceived that nurses, as well as men, attribute positivity in relation to the health service to specialized care. This helps to maintain the concept of attribution to BHU with low resolution and ineffective service. On one hand, searching for health at the level of primary care is limited, with men focused on specialized care (LEITE et al, 2016). On the other hand, specialized care is more expensive and thus less accessible for all patients, regardless of the form of access regulation, whether by SUS (Brazil's universal healthcare program) or the private system (YONEKURA, 2016; NASCIMENTO et al., 2017).

Another difficulty addressed by professionals are gender barriers, culturally attributed to man, in addition to social impositions of man as a strong, virile, invulnerable and financial provider being.

> *Like this, for example, in relation to the prostate, I mean, prostate prevention, they already have the prejudice of looking for the service and taking the exam. They already have that resistance. They just come and get medicine and only if they really need it. Because sometimes, when it's just to get a prescription, they get it straight at the unit pharmacy, they don't even come to the nursing ward. (NUR 14).*

> *I think that the cultural factor plays an important role. We really live in a society that is still sexist, of a culture that is geared to men to be the provider, men do not get sick, and women are the ones at the health center, the ones who have time, right? (NUR 11).*

Social pressures are so important for men's health that a study revealed that both the lack of interaction with the family, and a conflicting family situation, greatly contribute to suicide. And the role socially imposed on the man as a financial provider, when not fulfilled, also contributes to this life outcome. Directly influencing men's mental health and well-being (RIBEIRO et al., 2016).

> *And another thing is related to the man himself, because he is the home provider, he works and his available time does not match the schedule of the health unit. The ideal would be that we could have a service at night, so that they would have this greater assistance. (NUR 04)*

Thus, an essential factor that would facilitate the real effectiveness of the PNAISH, is the extension of hours in the BHU, in readjustment of the working circumstances of the male population. The expansion of the BHU hours points to an improvement in the performance strategy in the face of the male audience. Other strategies to enable night care would be: to increase health education; sensitize professionals to take advantage of the opportunity generated by the imposition of work with vaccination and access due to chronic diseases; to encourage the male population to self-care in addition to professional training. However, it was noticed that there are weaknesses to be overcomed, such as feminization of the service and lack of aptitude, organization and deficit of professional tools to meet the male demand (CORDEIRO et al., 2014). What corroborates with the following statement:

> *We see that this is actually very precarious, there is no material to work with them and, you know, that if we don't have something very striking to break this routine, I mean, this culture of taking men to be just talking in the health unit, and in practice they do not really realize the importance of themselves, we don't have an adherence to that.(NUR 06)*

Firstly, obstacles such as material, personal, organizational and political weaknesses in addition to the man's lack of interest in his own health need to be overcomed in order to develop man's integral health, as it is advocated in politics. Secondly, it is important to support management and overcome social barriers. Finally, it is necessary to implement the policy and provide qualified care, including community health agents, who can closely monitor the local reality in which each man is inserted. The public health system has a number of deficiencies, which can be seen in the presence of very long queues and crowded health units. The subjects of this research pointed out the inefficiency of the system, resolvability and the lack of welcoming with impeding factors.

> *Unfortunately, we deal with BHU, which has a very high demand, so it turns out that accessing it is not cool, and I realize that the man usually likes a faster, simpler service. BHU is not a welcoming service, yet. (NUR 02).*

Men attribute to health a sense of primordiality. The experiences of previous visits, based on satisfaction and

resolvability, lead them to qualify health in a positive or negative way, though (LEITE et al., 2016).

The difficulties perceived in individual care are the fear of discovering diseases, shame, dealing with professionals that are mainly women and gender stereotypes.

> *They are either afraid of becoming ill or ashamed of the symptoms and signs they are showing. And this really reduces their access to the professional they need (NUR 07).*

> *If the man is hypertensive and/or diabetic there is no problem for going there and telling everyone about it, but if the problem is related to the prostate, there are still some of them who have an archaic mentality, you know, because of the common sense related to the touch exam, some prefer not even knowing so as not to have to go through the anticipated suffering. (NUR 03).*

Obstacles such as fear of sexual impotence, discovering diseases, shame, the strong presence of women as professionals and the male stigma are barriers to access and form make bonds for men (CESARIN, SIQUEIRA, 2014). More specifically, Queiroz et al. (2018), state that the nurse in the care of male patients should encourage supported self-care, therapeutic protagonism, independence, in addition to health and autonomy improvement, through a unique therapeutic project, disconnecting from machismo and welfarism. The study subjects listed health education as an important tool to be used since childhood to raise awareness and improve men's healthcare, in a way that could reflect the importance of active involvement, co-responsibility, men empowerment as protagonists, as well as the importance of family involvement and health promotion.

> *They can't see here in the unit a place to promote healthcare and they think "oh, I'm not sick, so I don't have to go." So I think that to change that, healthcare needs to be taught since school (NUR 01).*

> *A positive point would be the use of social media, we need to work in communication, we realized that the Ministry of Health today is working a lot with social media, working not only to raise awareness of men, but also of women, the wife, and even their children's, everyone should be aware of encouraging the husband/dad to seek a health unity. (NUR 06)*

One of the most relevant cares for health promotion is health education. In the view of the modernization of this process, social media is becoming a powerful source of information on health, and health professionals need to be aware of its increasing incorporation in daily life. Clients are looking for social connections, social support, treatment options and ways for psychological well-being. Aiming at offering health professionals cultural meanings that men attribute to prostate cancer (PC), and that those using the internet come to intervene and address the deficits in men's PC literacy, in order to improve their understanding , offer self-care strategies and, collective self-help resolution, Zanchetta et al., 2016, developed a study on the use of digital media more specifically of blogs for the support and exchange of information of patients with prostate cancer and to show the impact on these patients quality of life.

These technological innovations need to be embraced by health professionals, as they are part of the social reality. Care in these virtual spaces is of great importance in order to provide monitoring of patients' processes, safe health self-management and evidence-based information. Information that can impact on early diagnosis, patient safety, empowerment, autonomy and new forms of communication. Working with the male audience requires multidisciplinary actions from the health team, which go beyond the service walls, with an active search to attract these men in the places where they are.

> *It needs to be worked on starting from ourselves, the health agents, through a lecture,visiting companies, quarries, because we do not have this critical and sensitive view to man (NUR 09).*

> *The factor that actually helps is trying to establish the greatest bond possible with the male population (NUR 15).*

Transposing the physical environment of the BHU into community spaces with alternative approaches to the male public and innovations in the way of promoting health generates a closer relationship between men and health services (ARAÚJO et al., 2014).

Category 03: Actions developed in favor of attention to men's health.

In this category, it was chosen to analyze the actions that are developed in the units regarding men's health. Knowing that the strategic planning of health actions and services is developed based on the demand of the territory and individuals, it was realized that the demands of the male public are not a priority of the actions carried out in the scope of primary care. As noted in the following statements:

> *The only action we have is on hypertensive and diabetic patients, which encompasses both women and men, there isn't a single action focusing on men. [...] primary care is focused more on women, prevention, prenatal care, but not on the man (NUR 13).*

> *We have some actions that are carried out in general, so they include the male audience, for example, we do some activities focused on sexual health, so they end up being contemplated. But, something specifically for the male sex, we don't have (NUR 10).*

> *I believe it is only in November that we do activities for the male audience. (NUR 14).*

In summary, activities perceived by nurses as activities aimed at men are those carried out in the blue November, which address prostate and penis cancer. Consequently, men are reduced to the genital organ, disregarding all other peculiarities of the male world; going back to biomedical and curative concepts and neglecting the historical, social and cultural context. Sometimes, the statements permeated the field of blame, using the absence of men in the units to justify the lack of specific activities.

> *The few lectures I gave related to this, I did not cover a significant number of men because most of them work.*

[...] there was no significant demand. So, I was not so effective in this (NUR 16).

The analysis of the aforementioned arguments to justify the deficiency of actions focused on the male public reinforces the male profile, focusing on curative processes, coated with a utilitarian ideal, which blames the men themselves for their withdrawal from health services. Thus, Gomes (2008) emphasizes that diseases remain as a central factor in man's politics. The sum of curative actions to the fragmented health care network, which is not very effective, strongly contributes to the distancing of attention towards health promotion and prevention, devaluing life and health scenario of individuals and keeping men in a context of rehabilitation health (COUTO et al., 2010). A deponent refers to the responsibility of management, reflecting the absence of public power, in the figure of the municipality in support, collaboration and demandability.

No activity is done for men, because we have no help from management (NUR 01).

This insufficient management performance is not in line with the policy, as the PNAISH text addresses not only services and professionals, but also covers provisions to be developed by management, with guidelines on actions and strategies in order to achieve success accomplishing integral health for men. Thus, such integrality requires for its realization effective governmental responses to specific male health problems (BRASIL, 2009).

There was also a report on the punctual nature of the actions, revealing the inconsistency of male healthcare, which was punctually carried out, or sometimes not even done, due to the high daily demand of BHU.

Saying that there is a permanent health education throughout the year in relation to this, I mean, the politics of the man, there isn't. There are several other actions, but not aimed at that (NUR 03).

A single participant of the research showed singular attention to male health, when describing the action taken by the multidisciplinary team, outside the unit and in a total comfortable environment for men, therefore conducive to the formation of a therapeutic bond.

I adopted a very cool strategy last year, which was football with men. We played a football game, there was a lecture, and then a snack. It was a moment of a lot of integration and I did not expect to get so many male as an audience in this activity. It was so good that I started last year and I will repeat it every year. (NUR 15).

First, to achieve holistic and integral care, it presupposes welcoming, transposing the apparent needs, reaching a subjective demand, overcoming vertical and fragmented actions. Second, it is necessary to develop horizontal actions, in order to integrate the programmed demands with spontaneous demands, taking advantage of the opportunities generated to build preventive activities. Finally, there is a need of acting on specific demands, as well as the need to enter the male universe with collective actions with the community (PEREIRA, KLEIN, MEYER, 2019).

Conclusion

PNAISH praising integrality came with the proposal to better develop men's health by valuing primary care, considering that the profile of access of the male population is through specialized healthcare services. Therefore, training strategies, awareness raising, qualification and strengthening of primary care are essential in order to attract these men for health promotion and disease prevention. It was observed in this study that there are flaws in the process of formulating and implementing the men's health policy, and that this policy is fraught with challenges. Constant supervision, monitoring and evaluation are required in order to enable effectiveness. However, it stands out that it is an important health tool, which needs to become more solid and effective in order to achieve its purposes and implement practices that correspond to the expectations of the male population. This study reaffirms the importance of further research on the subject of men's health, especially in primary care, because even with the implementation of PNAISH, its effects still need more effectiveness, since men are still invisible regarding participation. The initial steps for effectiveness have been established and, therefore, academic discussions and debates are fundamental for the operationalization of such policy.

On one hand, the present study has limitations regarding the survey, since only 16 nurses from the FHS have participated, and it was considered only one municipality in the state of Ceará. On the other hand, it presents relevant issues for the effectiveness of health practices developed by primary care professionals in relation to PNAISH, especially with regard to the adaptation and organization of services. It is emphasized that this research can make an important contribution as it promotes discussion for the effectiveness of health policy, breaks paradigms and gender stereotypes and sensitizes all actors and services involved in the search for new meanings and practices around men's Health. This study sought to foster a greater discussion on the importance of implementing the policy of attention to men's healthcare, as well as encouraging the development of solutions to their obstacles and favoring the strengthening of man's participation in the health process. In addition, it also sought for promoting the theme to be more widely discussed and more research to be carried out in order to prioritize and guarantee the right of health to the male population.

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