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# Challenges faced by men in accessing the primary health care service

Retos que enfrentan los hombres para acceder al servicio de Atención Primaria de Salud

Desafios enfrentados pelos homens no acesso ao serviço da Atenção Primária à Saúde

## ABSTRACT

**Objetivo:** Conocer el perfil sociodemográfico de los hombres atendidos en las unidades básicas de salud y determinar si el estatus social es un factor determinante para la adherencia a estos servicios. **Método:** Investigación descriptiva, exploratoria con enfoque cuantitativo, realizada en dos Unidades Básicas de Salud (UBS) de Sergipe. **Resultados:** el estudio incluyó a 220 hombres con predominio de la edad por encima de los 40 años (55,45%). En cuanto al color autodeclarado y el nivel de educación, el 65,45% se declaró moreno y el 55,45% dijo tener 12 años o más de estudio. Entre las dificultades para buscar UBS, el 25,45% informó no conocer la importancia de este servicio. Las principales razones que llevaron a los sujetos a buscar UBS fueron la atención de rutina (31,82%) y su regreso (45%). **Conclusión:** El factor sociocultural es la principal barrera en la búsqueda del cuidado de la salud por parte del hombre. Se encontraron especificidades del universo masculino que pueden contribuir a la práctica basada en la evidencia.

**DESCRIPTORS:** Men's Health; Primary attention; Health Policy.

## RESUMEN

**Objetivo:** Conocer el perfil sociodemográfico de los hombres atendidos en las unidades básicas de salud y determinar si el estatus social es un factor determinante para la adherencia a estos servicios. **Método:** Investigación descriptiva, exploratoria con enfoque cuantitativo, realizada en dos Unidades Básicas de Salud (UBS) del estado de Sergipe ubicadas en dos municipios del interior. **Resultados:** 220 hombres participaron en el estudio. Se constató la prevalencia entre los grupos de edad mayores de 40 años, 55,45% y de 20 a 25 años, 18,2%. En cuanto a la raza / color autodeclarado, el 7,27% se declaró negro y el 65,45%, marrón. En cuanto a educación, el 55,45% dijo tener 12 años o más de estudio y el 38,12% refirió de 0 a 8 años de estudio. En cuanto a la situación conyugal, el 62,27% dijo tener pareja. Entre las dificultades citadas para buscar UBS, el 8,64% mencionó el desplazamiento y el 25,45% el desconocimiento sobre la importancia de este servicio. Los motivos que llevaron a buscarlo son: visitas de rutina (31,82%) y retornos de estas visitas (45%) **Conclusión:** El factor sociocultural es la principal barrera en la búsqueda de atención de salud para hombres, especialmente cuando se observa a la población. joven.

**DESCRIPTORES:** Salud de los hombres; Atención primaria; Política de salud.

## RESUMO

**Objetivo:** Conhecer o perfil sociodemográfico do homem atendido nas unidades básicas de saúde e determinar se a condição social é fator determinante para a adesão a esses serviços. **Método:** Pesquisa descritiva, exploratória, com abordagem quantitativa, realizada em duas Unidades Básicas de Saúde (UBS) de Sergipe. **Resultados:** Participaram do estudo 220 homens com predomínio de idade acima de 40 anos (55,45%). Em relação à cor autodeclarada e ao nível de escolaridade, 65,45% se declararam pardos e 55,45% afirmaram ter 12 anos ou mais de estudo. Dentre as dificuldades em procurar a UBS, 25,45% relataram desconhecer a importância desse atendimento. Os principais motivos que levaram os sujeitos a buscar a UBS foram os atendimentos de rotina (31,82%) e retornos dos mesmos (45%). **Conclusão:** O fator sociocultural é a principal barreira na procura do homem por cuidados de saúde. Constatou-se especificidades do universo masculino que podem contribuir para a prática baseada em evidências.

**DESCRITORES:** Saúde do homem; Atenção primária; Política de Saúde.

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### Marcel Vinicius Cunha Azevedo

Nurse. Master and PhD student in Biotechnology (UNIT/SE). Coordinator and teacher of the Nursing course at Centro Universitário Estácio de Sergipe.

ORCID: 0000-0002-5312-3333

## **Paulo Henrique Santana Feitosa Sousa**

Nurse. Specialist in Mental Health and Psychosocial Care, Emergency and Intensive Care Unit. Professor at the Faculty of Araçaju and Preceptor at the University Center Estácio de Sergipe.

ORCID: 0000-0003-0886-3188

## **Raianne Freitas Souza**

Nurse. Specialist in Family Health, Dermatology and Aesthetics, Occupational Nursing and Laser Therapy. Preceptor at the University Center Estácio de Sergipe.

ORCID: 0000-0001-58199428

## **Thaynara Fontes Almeida**

Nurse. Master's student in Health Sciences (UFS/SE).

ORCID: 0000-0002-1295-9433

## **Paula Sueleen Pereira da Silva Melo**

Graduated nurse at Estácio de Sergipe University Center.

ORCID: 0000-0002-7412-5186

## **Juliana Santana Carregosa**

Graduated nurse at the University Center Estácio de Sergipe.

ORCID: 0000-0002-3983-3179

## **INTRODUCTION**

**H**istorically, man has always been seen in social terms as the provider of the home, the one who must work to ensure the livelihood and material needs of his family. This is clear when comparing the relationship between work and health. The perception of self-care, health care is, in most cases, neglected, making it clear that the male being was not educated to take care of himself and to recognize his health needs.<sup>1</sup>

It is possible to verify in the epidemiological data of 2014 that there were approximately 360 thousand deaths in Brazil in the age group of 20 to 59 years, excluding deaths due to childbirth, childbirth and puerperium, with a male predominance rate of 464 against 203 females.<sup>2</sup> According to the Continuous National Household Sample Survey (Pesquisa Nacional por Amostra de Domicílios - PNAD), of the Brazilian Institute of Geography and Statistics (IBGE), in 2019, the Brazilian population was composed of 48,2% of men.<sup>4</sup>

The Unified Health System (Sistema Único de Saúde - SUS), along its trajectory, develops policies that help health actions for specific groups. In this pers-

**PNAISH was developed based on five thematic axes: access and reception; sexual and reproductive health; paternity and care; prevalent diseases in the male population; and prevention of violence and accidents.**

pective, in 2009, the Policy for Integral Attention to Men's Health (Política de Atenção Integral à Saúde do Homem - PNAISH) was created, directly linked to the National Policy for Primary Care (Política Nacional de Atenção Básica - PNAB). It emerged to guide the actions of integral attention to men's health in order to encourage self-care and, above all, the recognition of health as a basic social right and citizenship of all Brazilian men.<sup>3</sup>

PNAISH was developed based on five thematic axes: access and reception; sexual and reproductive health; paternity and care; prevalent diseases in the male population; and prevention of violence and accidents. Its main objective is to promote the improvement of the health conditions of the male population of Brazil, effectively contributing to the reduction of morbidity and mortality of this population by rationally facing risk factors and facilitating access to actions and assistance services integral to health.<sup>3</sup>

Statistics show that men are more vulnerable to violence and the prevalence of alcohol and tobacco, thus leading to a greater susceptibility to acquire cardiovascular diseases, respiratory diseases, cancers, among others. Regarding

this greater vulnerability and high rates of morbidity and mortality, it is proven that, unlike women, men do not seek primary health care services. It is then necessary to better understand the context related to the male gender, aiming to promote their health.<sup>5</sup>

The active presence of men in primary care is extremely important, as it is defined as the main route of access to SUS, and the professional nurse is essential in an attempt to include this target audience, devising strategies and actions to encourage them in the health care and instruct them on the importance of the primary care strategy in maintaining health, as well as for the prevention of health problems, thus contributing to a satisfactory adherence to health services and an effective consolidation of PNAISH.<sup>6</sup>

Currently, the major challenge of Primary Care in Brazil is the promotion of male health and the difficulties in implementing PNAISH. In this sense, there are notorious obstacles to be faced in order to consolidate this policy, as well as the real insertion of men in these services.<sup>7</sup>

Therefore, this study aimed to get to know the demographic social profile of men served in basic health units and to determine whether social status is a determining factor for adherence to these services.

## METHOD

It is a descriptive, exploratory research, with a quantitative approach carried out in two Basic Health Units (Unidades Básicas de Saúde - UBS) located in two municipalities in the interior of the state of Sergipe.

The sample consisted of men aged between 20 and 59 years, defined by convenience, according to their availability to participate in the research. To guide the research, the following guiding questions were formulated: what are the barriers that prevent the male class from seeking assistance in the UBS services? How can health professionals

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interfere in the search for health care in UBS by men? How can the access of the male population to UBS services be expanded?

As an inclusion criterion, those participating in the study were those aged 20 years or older and less than or equal to 59, and who were looking for medical and/or nursing care during the collection period, in addition to needing to participate voluntarily. Those who refused to participate were excluded from the study.

A data collection instrument adapted from the study by Oliveira, Daher, Silva and Andrade was created<sup>8</sup>, consisting of the following items: age, marital status, race/color, social insurance, schooling, visits by the health worker, distance from home, difficulties in attending the UBS, previous illnesses and reason for attendance. Data collection took place from Monday to Friday at UBS from December 2018 to March 2019.

The research project was submitted to Plataforma Brasil, and then forwarded to the Research Ethics Committee (Comitê de Ética em Pesquisa - CEP), being approved under CAAE: 03982818.8.0000.80.79. The researchers, responsible and participants, committed themselves to the norms recommended by Resolution CNS 466/12 and its complementary ones, which deal with the ethical aspects of research involving human beings and ensure that no subject was submitted to the research without having guaranteed their privacy and protected their physical and moral integrity and without having signed the Free and Informed Consent Term (ICF).

The information obtained in this study was stored in the Microsoft Excel 2020 application software and analyzed in a descriptive manner, calculating the absolute and relative frequencies of the studied variables.

## RESULTS

The study included 220 men residing

**Table 1.** Distribution of data according to age group, self-declared race/color, educational level, marital status and social insurance of respondents..

Faixa etária	N	%
20 a 25 anos	40	18,2
26 a 30 anos	20	9,9
31 a 35 anos	22	10,0
36 a 40 anos	16	7,7
>40 anos	122	55,45
<b>Raça/Cor autodeclarada</b>		
Branco	60	27,27
Pardo	144	65,45
Negro	16	7,27
<b>Nível de escolaridade</b>		
0 a 8 anos de estudo	84	38,12
9 a 11 anos de estudo	14	6,36
≥ 12 anos de estudo	122	55,45
<b>Situação conjugal</b>		
Com companheira	137	62,27
Sem companheira	83	37,73
<b>Seguro social</b>		
Sim	36	16,36
Não	184	83,64
<b>TOTAL</b>	<b>220</b>	<b>100</b>

Source: self elaboration, 2020.

**Table 2.** Distribution of data according to distance from the Basic Health Unit and households and frequency of visits by the community health agent in the last year.

Distância	N	%
Até 2km	141	64,09
Mais de 2km	79	35,91
<b>Visitas dos Agentes Comunitários de Saúde no último ano ao domicílio</b>		
Nenhuma visita	73	38,18
Uma visita	27	12,27
Duas visitas	26	11,82
Três ou mais visitas	94	42,73
<b>TOTAL</b>	<b>220</b>	<b>100</b>

Source: self elaboration, 2020.

**Table 3.** Distribution of data according to difficulties in seeking care and reasons for seeking care in the primary care service and previous diseases.

Dificuldades em procurar um atendimento	N	%
Falta de conhecimento sobre a importância	56	25,45

in two municipalities in the interior of Sergipe who attended basic health units in search of medical and nursing care during the research period.

Of the 220 men interviewed, it was noted the prevalence among the age groups above 40 years old, 55,45%, and 20 to 25 years old, 18,2%. In relation to the self-declared race/color, a small number declared themselves black (7,27%) and the majority brown (65,45%). As for education, a majority, 55,5%, said they had 12 or more years of study, whereas a considerable number, 38,12%, referred to 0 to 8 years of study. Regarding the marital situation, the majority, 62,27%, said they had a partner (Table 1).

Regarding the distance from the interviewees' residence to the UBS, the majority (64,09%) stated that they live within a distance of up to two kilometers. Regarding visits by Community Health Agents (CHA) inviting them to attend UBS, 42,73% received three or more invitations during the last year, while 33,18% never received the invitation. As for social insurance, the majority denied having the benefit (83,64%) (Table 2).

Regarding the difficulties in looking for UBS, 8,64% mentioned the trip to it, while 25,45% stated they were unaware of the importance of this service and 55,45% referred to other reasons for not looking for UBS. The reasons that led them to seek UBS are routine visits (31,82%) and returns from these visits (45%). It is worth considering that some of the respondents also seek UBS for emergency care (23,18%). As for having a previous disease, 43% reported not having any, while 12,73% of them are hypertensive, 10% are diabetic, 5,91% are cardiac patients, and 6,36% claimed other health problems (Table 3).

## DISCUSSION

The present study allowed to verify the main challenges faced by men in adhering to the primary health care service. This knowledge is important for the discussion and expansion of policies

Qualidade da assistência	23	10,45
Deslocamento	19	8,64
Outros	122	55,45
<b>Motivos da procura do serviço de saúde primária</b>		
Consulta de rotina	70	31,82
Pronto atendimento	51	23,18
Atendimento de retorno	99	45
<b>Doenças prévias</b>		
Nenhuma doença prévia	143	43
Hipertensão Arterial Sistêmica	28	12,73
Diabetes	22	10
Problema cardíaco	13	5,91
Outros problemas de saúde	14	6,36
<b>TOTAL</b>	<b>220</b>	<b>100</b>

Source: self elaboration, 2020.

aimed at men's health, in addition to offering knowledge to health professionals in order to promote adequate assistance, with quality, and to manage actions for better effectiveness of care.

The results obtained in the research corroborate the studies by Oliveira, Daher, Silva and Andrade<sup>8</sup> and Abreu, Oliveira, Feitosa, Silva and Medeiros<sup>9</sup>, who analyzed the sociodemographic profile, level of education and the frequency of seeking health services, demonstrating that normally the men who most seek care in primary care are in the age group from 40 years, have partners and seek health care when present some comorbidity.

Regarding the men who sought less care (7,27%), this can be understood that due to a cultural situation built by society, mainly by men, which brings the male gender as a symbol of strength in which he is not recognized as sick, unlike women, self-care for one's own health is not well accepted as an important role. From the point of view of Ferreira, Martins, Ramos, Costa, Alves and Lima<sup>10</sup>, since childhood, man is encouraged to endure physical and emotional pain and not show his feelings. Consequently, such stimuli directly influence their relationship with health care, as falling ill goes against male

virility, exposing them to a situation of vulnerability.

The studies of Barros, Gontijo, Lyra, Lima and Monteiro<sup>1</sup> and Teixeira and Cruz<sup>11</sup> they point out other causes that make it difficult for men to seek health services, notably: lack of time due to work; the routine and excessive daily assignments; the shame of being exposed to some invasive procedure; judgment by other men; the lack of reception; and the fear of discovering some serious illness.

The survey brings interesting data: 31,82% and 45% of men sought routine consultation and return care, respectively. This data confronts the idea of the study by Teixeira and Cruz<sup>11</sup>, which points out that men only seek health care in urgent situations. However, the fact that men seek the service of routine consultation is linked to the underlying pathologies, as shown in Table 3.

There are weaknesses in the performance of health services before the male audience, making it essential to support management in structuring services and training professionals to introduce differentiated care from a gender perspective. It is necessary to develop strategies with the male population, to enable the deconstruction of gender stereotypes that disseminate the mistaken concept of man's

invulnerability. This view must be modified so that the quality of life of the male audience can be promoted.<sup>12</sup>

Regarding the active search by community health agents, 68.82% stated that they had received the visit of their agent at least once, being invited to use primary health care services. According to Arruda, Correia and Marcon<sup>13</sup>, men hesitate to seek care due to their own behavior or the profile of health services and professionals. In addition, teams find it difficult to identify the health needs of this class and plan their actions based on them.

Regarding the greater difficulty in seeking care in the UBS, most of them (55,45%) justified not being due to ignorance of the importance, distance from the unit or quality of care. They justified working hours as an obstacle or simply because they were not feeling sick. Oliveira, Daher, Silva and Andrade<sup>8</sup> they emphasize that the low adherence to primary care services by men is linked to the lack of concern with preventive and health promotion actions, in addition to the difficulty in recognizing patients and the fear of discovering some disease.

Recently, the relationship between masculinity and health care has been analyzed based on a gender perspective, focusing on men's difficulties in seeking health care and the ways in which services deal with men's specific demands, which can increase difficulties.<sup>14</sup> Moreira, Fontes and Barbosa<sup>15</sup> affirm that society and the world of work devalue the lack of this man due to illness, and this causes men to avoid the search for fear of expressing their fragility in the social context and recognizing their health needs in the preventive sphere, culminating thus the idea that they don't get sick.

Thus, a series of barriers were observed that hinder men's access to the health service, making it necessary to sensitize them in relation to their health needs, health professionals in relation to reception, in addition to encouraging the breaking of standards about masculinity and self-care. Thus, giving a new meaning to man's health throughout history.

## CONCLUSION

The present study allowed to know the social profile of men who attend primary health care services and their difficulties. It was concluded that the sociocultural factor is the main barrier for men in the search for health care, especially when observing the young population, since the research shows a greater demand for men aged over 40 years. Nevertheless, weaknesses in the performance of health services have been identified, which constitute an important barrier, making it essential to structure specific services and train professionals to introduce differentiated care, from a gender perspective, which allows deconstruction of gender stereotypes that disseminate the mistaken concept of invulnerability in men.

**The present study allowed to know the social profile of men who attend primary health care services and their difficulties.**

The benefits of the study are relevant because they provide subsidies for nursing in their work, making it possible to identify possible weaknesses of the male population, obtaining a more sensitive view of the public in question. Both experienced professionals and future nursing professionals will be able, through scientifically demonstrated obstacles, to develop effective strategies in primary health care to capture and / or reinsert men in this type of service, encouraging them to prevent health problems. It was also possible to understand some specificities of the male universe, contributing to a qualified and efficient assistance, through evidence-based practice. The main difficulty found in the research was the low demand for men in basic units, with the proportion of approximately 20 women to 5 men. ■

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