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# Strategies used in primary care to include men in health actions: an integrative review

Estrategias utilizadas en atención primaria para incluir al hombre en las acciones de salud: una revisión integradora  
Estratégias utilizadas na atenção primária para inclusão do homem nas ações de saúde: uma revisão integrativa

## ABSTRACT

**Objective:** To identify the strategies used in primary care for the inclusion of men in health actions. **Method:** This is an integrative literature review carried out from the SciELO, LILACS and BDNF databases between the months of September and October 2020, which generated 184 references. After removing duplicates and using the inclusion and exclusion criteria, the final sample consisted of 15 articles. **Results:** It was identified as strategies for the inclusion of men the home visit, the carrying out of practices dialogued through lectures and educational campaigns, in addition to night care. Among the weaknesses, the absence of health promotion and prevention actions, the lack of investment, inputs and infrastructure and the lack of knowledge of PNAISH stand out. **Conclusion:** Actions aimed at men's health are essential to encourage them to understand their health needs, as well as adopt preventive measures.

**DESCRIPTORS:** Men's health; Primary health care; Family health strategy; Health services accessibility.

## RESUMEN

**Objetivo:** Identificar las estrategias utilizadas en atención primaria para la inclusión del hombre en las acciones de salud. **Método:** Se trata de una revisión integrativa de la literatura realizada a partir de las bases de datos SciELO, LILACS y BDNF entre los meses de septiembre y octubre de 2020, que generó 184 referencias. Después de eliminar los duplicados y utilizar los criterios de inclusión y exclusión, la muestra final fue de 15 artículos. **Resultados:** Se identificó como estrategias para la inclusión de los hombres la visita domiciliaria, la realización de prácticas dialogadas a través de charlas y campañas educativas, además del cuidado nocturno. Entre las debilidades destacan la ausencia de acciones de promoción y prevención de la salud, la falta de inversión, insumos e infraestructura y el desconocimiento del PNAISH. **Conclusión:** Las acciones dirigidas a la salud de los hombres son fundamentales para que comprendan sus necesidades de salud y adopten medidas preventivas.

**DESCRIPTORES:** Salud del hombre; Atención primaria de salud; Estrategia de salud familiar; Accesibilidad a los servicios de salud.

## RESUMO

**Objetivo:** Identificar as estratégias utilizadas na atenção primária para a inclusão do homem nas ações de saúde. **Método:** Trata-se de uma revisão integrativa da literatura realizada a partir das bases de dados SciELO, LILACS e BDNF entre os meses de setembro e outubro de 2020 as quais geraram 184 referências. Após remoção das duplicatas e emprego dos critérios de inclusão e exclusão a amostra final foi composta por 15 artigos. **Resultados:** Identificou-se como estratégias para inclusão do homem a visita domiciliar, a realização de práticas dialogadas por meio de palestras e campanhas educativas, além do atendimento noturno. Dentre as fragilidades, destacam-se a ausência de ações promoção e prevenção da saúde, o déficit de investimento, insumos e infraestrutura e o desconhecimento da PNAISH. **Conclusão:** Ações direcionadas à saúde do homem é primordial para estimular que estes compreendam suas necessidades de saúde, bem como adote medidas preventivas.

**DESCRIPTORES:** Saúde do homem; Atenção primária à saúde; Estratégia saúde da família; Acesso aos serviços de saúde.

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## INTRODUCTION

In Brazil, the principles and guidelines of the National Policy for Integral Attention to Men's Health (PNAISH) were published in 2008 and officially regulated in 2009. With the formulation of the PNAISH, it was possible to guide the actions that should be implemented in order to perform comprehensive care to men's health based on their needs to reduce their morbidity and mortality and expand their access to health services.<sup>1,2</sup>

PNAISH aims to implement and/or encourage in health services, public and private, a comprehensive care network for men's health that guarantees lines of care from the perspective of comprehensiveness capable of training and qualifying professionals for their adequate care.<sup>1,3</sup>

However, Primary Health Care (PHC) professionals still have little knowledge about PNAISH and the few who know of its existence, know it with limitations, as they claim that there is little incentive to work with the male public by the management, since most of the times they carry out training for other audiences and rarely for the male population.<sup>2</sup>

Therefore, the attention to men's health must become part of the actions promoted by the PHC services in order to provide the expansion of discussions about this recent perspective. It is thus encouraged, through the articulation of mechanisms that make a correlation between education, health and the promotion of individuals' autonomy in their choice of habits that can contribute to minimizing risks and enabling them to live healthier.<sup>4,5</sup>

It appears that despite the female audience being larger in health services, men are the ones who suffer the most from injuries and mortality caused by cerebrovascular diseases, external causes and cancers. Contrary to what one would like, men usually do not seek PHC health services and end up resorting to highly complex services when they can no longer support the pain or when they become symptomatic of severe diseases.<sup>6</sup>

Thus, it is clear that for cultural reasons, men put themselves in danger when they do not seek health care in a timely manner. Men are encouraged to show themselves virile and invulnerable, where the search for assistance in PHC could define them as weak, fearful and insecure, which in their view brings them closer to female representation. Recognizing these issues requires inclusive strategies to facilitate men's access to primary health care.<sup>6</sup>

To avoid this, the Basic Health Units (UBS) have been adopting strategies with the intention of including men in health actions based on differentiated care for the male population during special night hours, for example.<sup>4,7</sup> Thus, investigating the factors that enhance and weaken the inclusion strategies of the male audience can generate interventions that will lead to transformations in the reception process and will provide subsidies for the planning of actions aimed at male health.<sup>8-9</sup>

Therefore, the aim of this study was to identify the strategies used in primary care for the inclusion of men in health actions. From this perspective, the guiding question stands out: what are the strategies used by primary care

for the inclusion of men in health actions?

## METHODS

This is an integrative literature review carried out in seven steps 10: 1) delimitation of the guiding question of the review; 2) definition of inclusion and exclusion criteria; 3) extensive literature search; 4) identification of potential studies by evaluating the title and abstract; 5) selection of articles based on the full text; 6) quality assessment of included studies; 7) synthesis of the included studies.

In view of the first phase of the review, the guiding research question was elaborated based on the PICO strategy: P – population and problem; I – intervention; C – comparison; and O – outcome (English term that means outcome).<sup>11</sup> Thus, P was considered: men in primary care; I: access strategies; C: any comparison related to the means used for the insertion of men in health actions; O: health care. In this sense, the question raised was: what are the strategies used by primary care for the inclusion of men in health actions?

The search for articles was carried out between September and October 2020 in the electronic databases Scientific Electronic Library Online (SciELO), Scientific and Technical Literature of Latin America and the Caribbean (LILACS) and Database in Nursing (BDENF).

To define the search terms, the Health Sciences Descriptors (DeCS) were consulted. The descriptor "saúde do homem" was chosen, which was combined with the search term "atenção primária à saúde", "estratégia saúde da

Chart 1. Search strategies and results of identified productions. Brasília, Federal District, 2020.

INFORMATION SOURCES	SEARCH EXPRESSIONS	RESULTS
SCIELO	"saúde do homem" AND "atenção primária a saúde" AND "estratégia saúde da família" AND "acesso aos serviços de saúde"	15
LILACS	"saúde do homem" AND "atenção primária a saúde" AND "estratégia saúde da família" AND "acesso aos serviços de saúde"	137

BDENF	"saúde do homem" AND "atenção primária a saúde" AND "estratégia saúde da família" AND "acesso aos serviços de saúde"	32
	TOTAL	184

Elaboration: Bacelar GS, Aguiar RS, 2020.

família" and "acesso aos serviços de saúde". The Boolean operator "AND" was used for combination. The strategies built with the search terms and their results are presented in Chart 1.

The inclusion criteria for the sample were: articles published online in the last 6 years (2014 to 2020); available in Portuguese language and in full; studies in the format of original articles from diversified scientific productions. As exclusion criteria, articles available in international databases and exclusively in a foreign language were included.

The search in the databases generated 184 references. Of these, 15 were in SciELO, 137 in LILACS and

32 articles in BDENF. The number of occurrences was reduced from the application of the inclusion filters: 10 articles because they were duplicates, 30 articles because they had a different theme from the proposed objective, 20 articles were without abstract and 40 articles because of the methodology. A total of 84 articles were submitted to full reading and the application of the exclusion criteria, generating the rejection of 70 articles. Thus, the revised sample of 14 articles was constituted (Figure 1).

The evidence from the articles was classified into six levels: Level I - studies related to the meta-analysis of

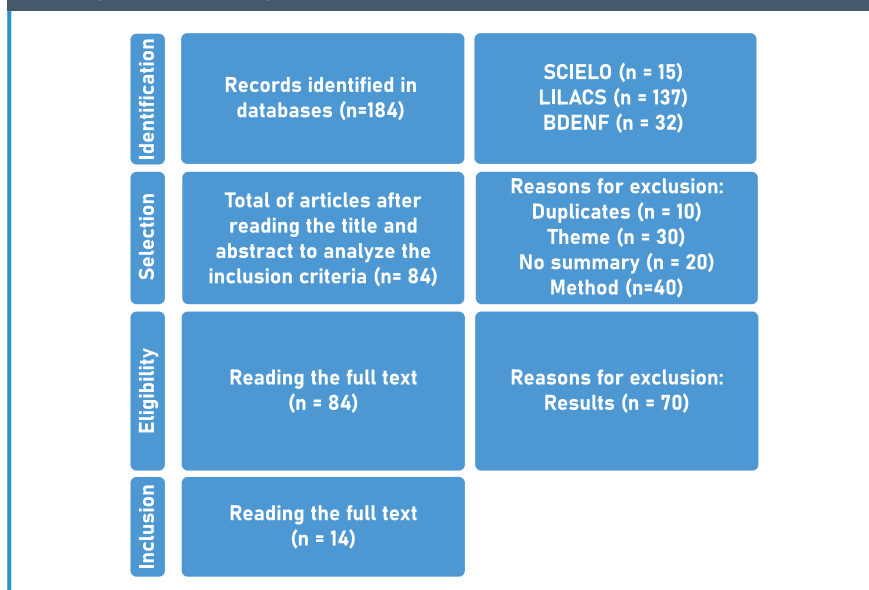
multiple controlled studies; Level II - individual experimental studies; Level III - quasi-experimental studies, such as the non-randomized clinical trial, the single pre- and post-test group, in addition to time series or case-control; Level IV - non-experimental studies, such as descriptive, correlational and comparative research, with a qualitative approach and case studies; Level V - program evaluation data obtained systematically; and Level VI - expert opinions, experience reports, consensus, regulations and legislation.<sup>12</sup>

The compiled data were then analyzed using thematic analysis,<sup>13</sup> being organized and presented in thematic categories obtained from the following stages of analysis: 1) familiarization of data (results of the studies that composed the sample and were related to the research question); 2) generation of initial codes; 3) search by themes; 4) review of themes; 5) definition and title of themes; 6) report production.

## RESULTS

To facilitate the extraction and synthesis of data, a synthesis matrix described in an Excel® spreadsheet was created. Data were collected such as: journal; country and year of publication; author(s); title; study design; main results; factors related to the quality of care and level of evidence. The instrument was used, in addition to creating a database, mapping pertinent points, integrating data and characteri-

Figure 1. Search flowchart in databases according to PRISMA recommendations. Brasília, Distrito Federal, 2020.



Elaboration: Bacelar GS, Aguiar RS, 2020

Chart 2. Final sample of articles. Brasília, Distrito Federal, 2020.

STUDY	JOURNAL	AUTHOR(S)	YEAR	TITLE	STUDY DESIGN	LEVEL OF EVIDENCE
E1	Revista Brasileira de Epidemiologia	Alves AN et al. <sup>4</sup>	2019	First-contact access in primary care: an assessment by the male population	Cross-sectional study	IV

E2	Revista Baiana de Enfermagem	Batista BD et al. <sup>5</sup>	2019	Men's discourse on access to health in primary care	Descriptive Study	IV
E3	Revista de Enfermagem UFPE online	Bacelar AYS et al. <sup>14</sup>	2018	Men in the family health unit	Qualitative	IV
E4	Revista de Enfermagem UFPE online	Barbosa YO et al. <sup>15</sup>	2018	Men's access to primary health care services	Quantitative	IV
E5	Revista Brasileira de Enfermagem	Silva AN et al. <sup>16</sup>	2017	The evaluation of primary health care from the perspective of the male population	Cross-sectional study	IV
E6	Revista de APS	Martins AM, Modena <sup>CM17</sup>	2017	Access by the male population and use of primary health care services in Belo Horizonte - MG	Exploratory Study	IV
E7	Revista Cubana de Enfermería	Daher DV et al. <sup>1</sup>	2017	The construction of the link between men and the primary health care service	Qualitative	IV
E8	Cadernos de Saúde Pública	Moreira MCN, Gomes R, Ribeiro CR <sup>18</sup>	2016	And now the man comes? Men's health care strategies	Mixed Method	IV
E9	Saúde & Transformação Social	Moreira MA, Carvalho CN <sup>19</sup>	2016	Comprehensive Attention to Men's Health: Strategies used by Nurses in Family Health Units in the interior of Bahia	Qualitative	IV
E10	Psicologia & Sociedade	Pereira MCA, Barros JPP <sup>20</sup>	2015	Male audiences in the family health strategy: qualitative study in Parnaíba - PI	Qualitative	IV
E11	Escola Anna Nery Revista de Enfermagem	Cavalcanti JRD et al. <sup>8</sup>	2014	Comprehensive care for men's health: needs, obstacles and coping strategies	Exploratory Study	IV
E12	Escola Anna Nery Revista de Enfermagem	Cordeiro SVL et al. <sup>21</sup>	2014	Primary care for men's health: possibilities and limits in night care	Exploratory Study	IV
E13	Escola Anna Nery Revista de Enfermagem	Albuquerque GA et al. <sup>22</sup>	2014	Men in primary care: nurses' perceptions about the implications of gender in health	Qualitative	IV
E14	Escola Anna Nery Revista de Enfermagem	Pereira LP, Nery AA <sup>23</sup>	2014	Planning, management and actions to men's health in the family health strategy	Qualitative	IV

Elaboration: Bacelar GS, Aguiar RS, 2020

zing the revised sample. Thus, part of this data is represented in Chart 2.

A large portion of the publications refer to the year 2014, with four articles (28,6%), followed by the year 2017 with three (21,4%), 2019, 2018 and 2016 with two each year (14,3 % each year) and 2015 with one article (7,1%). The qualitative design was the most prevalent among the surveys (six articles, 42,8%). About the level of evidence of the articles, all (100%) are level IV.

The thematic analysis of the results of the articles allowed the organization into two main thematic categories: 1) Strategies used to include men in health actions in PHC and the limiting factors; and 2) Opportunities for improvement for the inclusion of men in PHC.

### Strategies used to include men in PHC health actions and limiting factors

In general, the articles brought as-

pects identified and/or performed by health professionals and managers as necessary for the inclusion of men in health actions. Thus, the establishment of the link between the man and the PHC services, the expansion of service hours and resolving needs were aspects highlighted by articles E1, E3, E7.<sup>1,4,14</sup>

Study E1 pointed as a strategy for approaching and collecting data from the subjects to home visits, accom-

panied by a community health agent (CHA) responsible for the micro-area of the Family Health Strategy (ESF).<sup>4</sup> Humanization was a highlighted point in study E11 among the strategies used for the inclusion of men in health actions, as it favors the relationship between professionals and users and facilitates adherence to health services.<sup>8</sup>

In the nurses' perception, it was identified in study E8 that men value quick and shorter care, thus reducing the wait at the health service. Furthermore, professionals use the offer of condoms to encourage male participation in UBS. Additionally, the displacement of health professionals to care for men in their work spaces, adapting languages and materials were other strategies used.<sup>18</sup>

Studies E11 and E13 addressed accessibility through the expansion of UBS opening hours and the resolution of needs.<sup>8,22</sup> With regard to inclusion strategies, in the E12 study, lectures and educational campaigns that value interpersonal exchanges of knowledge are valued as they provide community interaction with health services and are able to mobilize and motivate them towards a change process.<sup>21</sup>

Additionally, studies E6 and E13 showed that some UBS developed training strategies for health professionals to act in front of the PNAISH and to consolidate the construction of knowledge about the relationship between gender and health.<sup>17,22</sup> Furthermore, study E8 demonstrated the inclusion of men during prenatal care to enable clinical examinations, reproductive planning and preventive actions for the active search for men.<sup>18</sup>

The relationship between professional and user was an aspect highlighted in study E7 where the bond between the man and the health professional is crucial for the latter to build the feeling of belonging to that service. Agile and resolute actions, humanization of care, reception, bond between the professional and the user are important strategies for the adhesion of men to health services.<sup>1</sup>

PHC is seen as the preferred gateway for users in the Unified Health System (SUS) due to the possibility of monitoring throughout life and for the comprehensiveness of care, but according to studies E1 and E2 it was possible to identify some difficulties in times when the need for men to leave work or school to go to the health service is questioned, low resolution, waiting time greater than 30 minutes, difficulties in getting advice over the phone about their heal-

th and communication when the UBS is closed. For some users, the search for the service is considered an expression of fragility and they are ashamed to seek the service.<sup>4,5</sup>

Other limiting factors identified in articles E4, E7 and E9 were the absence of diseases, the fear of discovering a serious illness, the lack of acceptance by health professionals, the absence of promotion and prevention actions that work on the singularities of man, deficiency of health services in providing material resources, scheduling exams and lack of continuing education for health professionals.<sup>1,15,19</sup>

Regarding the nurses' performance, it was verified in study E7 the lack of knowledge about the PNAISH and the specific care practices that should be offered to the male audience. It was observed that some professionals are biased towards seeing men in search of care, especially with regard to issues of prevention and health promotion.<sup>1</sup>

Additionally, the E12 study showed a deficit of professional instrumentalization in the context of men's health to guarantee qualified care in meeting their health needs,<sup>21</sup> in addition to the appreciation of curative practices and the non-recognition of the importance and need for prevention or health promotion actions according to study E13.<sup>22</sup>

### **Opportunity for improvement for the inclusion of men in PHC**

It was observed that there are few strategies in PHC for the inclusion of men. With this in mind, studies E1, E2, E3 and E10 showed possible opportunities for improvement such as organizing services to better accommodate the male population and respond positively to their health needs. Thus, the problem-solving capacity and the ability to link the service with the user stand out, as well as the resolution of problems, as these aspects are essential for effectiveness as a contact and gateway to other levels of care. In ad-

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dition, to improve the articulation, by professionals and managers, of health policies that have man as the protagonist, to promote actions that recognize the specificities of this population segment, envisioning the integrality of care for this population and implementing educational actions in help to increase men's care needs.<sup>4-5,14,20</sup>

Additionally, in study E3 it talks about carrying out actions at night and/or extending the opening hours, opening specific schedules for the care of men.<sup>14</sup> Furthermore, other opportunities for improvement were identified in study E5, such as the flexibility of service hours, as well as the inclusion of specific educational activities for the male audience.<sup>16</sup>

Other highlighted opportunities presented in studies E7, E8 and E9 were about the creation of new actions for the care of the male public in all age groups, expansion of spaces for discussion between men and the health service, enhancing opportunities to perform routine clinical examinations, value paternity in the prenatal strategy and include men in family planning, investments and network care so that the local level can prioritize and implement health strategies according to the epidemiological profile and their population demands with greater participation of men and implementation of reference services, which would facilitate their adherence to health actions.<sup>1,18-19</sup>

Thus, it is necessary that health professionals are trained, problematize the reality of each UBS and, together with managers, envision and operationalize inclusive care strategies for the E11 study.<sup>8</sup>

Studies E13 and E14 demonstrated that establishing partnerships with other sectors and institutions in which the male population is inserted is important to promote greater incentive to health care and a greater demand for PHC services. Still, it is important to think about and discuss ways to insert health professionals in environments where the male population is routinely concentrated,

such as in the workplace, or occasionally, at fairs and events.<sup>22-23</sup>

**Studies E13 and E14 demonstrated that establishing partnerships with other sectors and institutions in which the male population is inserted is important to promote greater incentive to health care and a greater demand for PHC services.**

## DISCUSSION

PHC is considered the gateway to other levels of care. Thus, ensuring accessibility and welcoming to men is essential, as well as having a network of services organized to welcome the male

population and present a positive response to their health demands.<sup>4</sup>

Therefore, improving the articulation by professionals and managers, adding to the biomedical model new possibilities of actions and services, practicing health education actions that contribute to the increase in men's demand for care are necessary to improve the involvement strategies of men in PHC services.<sup>4-5</sup>

Furthermore, to meet the peculiarities of the male population, it is necessary that health professionals are trained, problematize the reality of each UBS and, together with managers, envision and implement inclusive care strategies. For this, understand more about men's health, especially with regard to access to and use of health services, and, from then on, analyze and plan actions that meet the demands of this group.<sup>8</sup>

Adding to this need, there is the identification of attention to the need to invest in improvements in the SUS gateway, through the qualification of professionals and actions for welcoming men and highlight the importance of building new institutional arrangements and that contribute to greater male adherence to these spaces.<sup>4,14</sup>

Therefore, it is essential to create specific strategies in PHC aimed at men in adulthood, especially with regard to the prevention of diseases and the promotion of their health<sup>8</sup> and the expansion of dialogue in partnerships with universities, professionals and managers in order to promote the appreciation of the critical and historical contextualization of the nuances of human health care.<sup>23</sup>

Therefore, organize the PHC services to welcome the population and present a positive response to their health demands and also add new possibilities for actions and programs, as a framework for structuring axes of care technologies and under assumptions that reiterate the SUS philosophy.<sup>4-5</sup>

## CONCLUSION

We identified the existence of weaknesses in men's health care in PHC that directly impact men's access to services, namely: lack of health promotion and prevention actions, investment deficit and lack of knowledge of

PNAISH. Therefore, these factors end up making it difficult to carry out local strategies for comprehensive care to men's health in PHC services.

Parallel to this, it was identified as positive aspects for the inclusion of men in health actions the home visit through the CHA, the carrying out of

dialogued practices with the holding of lectures and educational campaigns and night care for the male population.

Therefore, it is necessary to improve actions aimed at the male population in PHC services so that men are encouraged to adopt their health care routine. ■

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