

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i65p6306-6323>

Aspects of male as an impeditive of selfcare in human health

Aspectos del hombre como impeditivo del cuidado personal en la salud del hombre

Aspectos da masculinidade como impeditivo do autocuidado na saúde do homem

ABSTRACT

Objective: To describe how masculinity interferes in the process of self-care for men's health and discuss how nursing care interferes in this process. **Method:** Integrative literature review. The collection was carried out between November and December 2020 on the Virtual Health Library (VHL) platform, where the databases are indexed, such as: Scientific Electronic Library Online, Latin American and Caribbean Literature in Health Sciences and and Database in Nursing, through descriptors combined three to three among themselves. **Results:** 10 articles were used to compose the sample. Studies show that men within a socio-cultural and historical context are restricted to the pursuit of their own health. **Conclusion:** It is necessary to strengthen scientific technical education in academies regarding men's health, for the preparation of future professionals, for managers to implement the policy aimed at the male audience.

DESCRIPTORS: Masculinity; Men's Health; Genre; Nursing care.

RESUMEN

Objetivo: Describir cómo la masculinidad interfiere en el proceso de autocuidado para la salud del hombre y discutir cómo el cuidado de enfermería interfiere en este proceso. **Método:** Revisión integrativa de la literatura. La recolección se realizó entre noviembre y diciembre de 2020 en la plataforma Biblioteca Virtual en Salud (BVS), donde se indexan las bases de datos, tales como: Biblioteca Electrónica Científica en Línea, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Base de Datos. en Enfermería, a través de descriptores se combinaron tres a tres entre sí. **Resultados:** se utilizaron 10 artículos para componer la muestra. Los estudios muestran que los hombres dentro de un contexto sociocultural e histórico están restringidos a la búsqueda de su propia salud. **Conclusión:** Es necesario fortalecer la formación científico-técnica en las academias en materia de salud masculina, para la preparación de los futuros profesionales, para que los gerentes implementen la política dirigida a la audiencia masculina.

DESCRIPTORES: Masculinidad; Salud del Hombre; Identidad de Género; Atención de Enfermería.

RESUMO

Objetivo: Descrever de que forma a masculinidade interfere no processo do autocuidado à saúde do homem e discutir como a assistência de enfermagem interfere nesse processo. **Método:** Revisão integrativa da literatura. A coleta foi realizada entre novembro e dezembro de 2020 na plataforma Biblioteca Virtual em Saúde (BVS), onde as bases de dados estão indexadas, como: Scientific Electronic Library Online, Literatura Latino-Americana e do Caribe em Ciências da Saúde e e Banco de Dados em Enfermagem, por meio de descritores combinados três a três entre si. **Resultados:** Foram utilizados 10 artigos para compor a amostra. Os estudos apontam que o homem dentro de um contexto sociocultural e histórico se restringe a busca da própria saúde. **Conclusão:** É necessário o fortalecimento do ensino técnico científico nas academias quanto a saúde do homem, para a preparação dos futuros profissionais, dos gestores em fazer com que a política voltada para o público masculino seja implantada.

DESCRIPTORES: Masculinidade; Saúde do Homem; Género; Cuidados de Enfermagem.

RECEIVED ON: 12/30/2021 APPROVED ON: 02/18/2021

Tamires Jesus Sousa

Master's student at the Federal University of Bahia.
ORCID: 0000-0003-4141-9097

Tatiane Melo Soares

Independent researcher.
ORCID: 0000-0002-0397-5343

Clivesson Rodrigues do Rosario

Member of the Study Group on Health Care at the Federal University of Bahia.
ORCID: 0000-0003-0061-4320

Darci de Oliveira Santa Rosa

Professor at the Federal University of Bahia.
ORCID: 0000-0002-5651-2916

Rose Ana Rios David

Professor at the Federal University of Bahia.
ORCID: 0000-0003-1316-2394

Helen do Espírito Santo de Brito

Member of the Health Interfaces Research Nucleus at the State University of Bahia.
ORCID: 0000-0002-4987-4425

INTRODUCTION

The cultural ideology of masculinity affected the ideals of men, especially those who engaged in the process of civilization in past centuries and who tried to build a sense of virility from the idea of strength, power and authority. Which culminated in a model of man, demanded by such a culture.¹

The constitution of man based on patriarchalism, brought to this subject a series of adjectives adding several responsibilities. From an early age, the individual was placed in a situation where he had no alternative but to accept what was imposed on him. The man does not cry, does not show feelings, he is not a woman, he is not a coward, he is not weak, he is not a loser, he put him in the position of a "superhero". In this way, he was subject to live based on previous social precepts and to perpetuate everything that was attributed to him.²

Emphasis is given to gender theorizations that only began to include studies on masculinities, from 1980 and 1990, representing a crucial moment for the visibility of all aspects that were out of tune with the hegemonic man, and this meant that there was the understanding that gender should be treated as a relational category. This perspective allowed to deconstruct the idea of "the universal man, naturally manly, competitive and violent."³

It is perceived that the notions of masculinity and femininity have been a marker, for the man to position himself effectively, against everything that he considers to be from the feminine world. This identification of what belongs to him or not, generates a gap between man and his bio-psycho-socio-spiritual well-being.¹

Due to this construction, the man started to understand that certain subjects were not pertinent to him, but the woman. Due to cultural representations, the male gender is often associated with not taking care of oneself. From then on, this can be explained by the fact that men generally respond to an ideal of masculinity that is reflected in the lack of appreciation of their health. With this attitude, he asserts all those attributes labeled to him.²

In the current Brazilian scenario, health care for the male population is characterized by the limited presence of men in health services, being identified as factors that enhance such distance: haste, objectivity, fear and resistance, in addition to the difficulties of services in welcoming this population.⁴

According to studies by Oliveira et al.⁵, men seek health care more in the face of some illness, acute or chronic, as well as older people, who are in a phase of life where health tends to be weakened.

In this sense, motivated by the importance of man's deconstruction,

unattainable by tears, pain and the expression of feelings, these marks acquired in the conjuncture of his masculinity, the study was developed, seeking to answer the research question: How does masculinity interferes with self-care in men's health?

To answer this question, it was determined as an objective: To describe how masculinity interferes in the process of self-care for men's health and discuss how nursing care interferes in this process.

METHOD

It is an integrative review of the literature, of a qualitative nature, seeking to understand the theme in question. According to Prodanov and Freitas⁶ the methodological step has the purpose of gathering, understanding and evaluating methods available in scientific studies with extensive information about the research, formulating a knowledge network, allowing the synthesis of results obtained through relevant research.

The study was carried out according to the six steps recommended for its realization, namely: Identification of the theme and selection of the research question; establishment of inclusion and exclusion criteria for the selection of scientific materials; categorization of studies; evaluation of the included studies; interpretation of results and presentation of knowledge synthesis, as

recommended by the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0).⁷

For the construction of the research question, the PICO strategy was used, which represents an acronym for Patient (P), Intervention (I), Comparison (C) and "Outcomes" (O) outcome-guiding question of the study. Thus, following this structure, the following research question was formulated: How does masculinity interfere with self-care in men's health?

The survey was carried out between November and December 2020 using the Virtual Health Library (VHL) platform where the databases are indexed, such as: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF), using the descriptors: "Masculinidade"; "Saúde do Homem"; "Gênero"; "Cuidados de Enfermagem", combined by the use of the Boolean operator "AND".

The descriptors were crossed, combined three to three among themselves, in order to make the elaboration of the research clear and structured, maintaining its quality and reliability, composing a final sample through the

inclusion and exclusion criteria, these defined judiciously.

The inclusion criteria for the selection of studies were defined: article study; published in the Portuguese language; available in full, free of charge and studies that met the temporal delimitation of the period from 2009 to 2020, due to the landmark of the National Policy for Integral Attention to Men's Health (PNAISH - Política Nacional de Atenção Integral à Saúde do Homem), in 2009.

Therefore, exclusion criteria were articles in which aspects of masculinity as impeding self-care in men's health were not related to the object of study, gray literature, articles not available for free, duplicate articles, in languages other than Portuguese and articles prior to 2009.

The initial screening of the studies was carried out by two reviewers independently and soon afterwards, comparisons were made with regard to the steps developed, thus evidencing divergences in the selection of studies and subsequent consensus in relation to the selected materials.

During the application of the pre-selection criteria,⁸ were excluded for gray literature,¹⁵ for duplicates and 2007 for

filters, leaving 221 studies. These were submitted to the reading of the titles and abstracts, verifying that 188 were not related to the object of study. The remaining 18 articles were submitted to full reading, of which 8 did not make clear the aspects of masculinity as an impediment to self-care in men's health, leaving 10 that were selected for review. The process of identifying and selecting studies followed the methodological recommendations of the Preferred Reporting Items for Systematic Reviews and Meta (PRISMA) Flow Diagram specific to systematic reviews, but which has been useful for other types of reviews.⁸⁻⁹ (Chart 2).

Figure 1 makes a schematic representation of these steps according to recommendations

The materials that make up the analytical corpus were submitted to a checklist created by the researchers with a view to extracting information such as Authors and year, journal, article title, objective, research method, results and studied audience.

RESULTS

From the results found and the analysis of the selected articles, chart 3 presents the characterization of the articles used considering the identification of the authors, year of publication, title of the articles and their objective, totaling a number of 10 articles.

Thematic content analysis technique was applied, which consists of two stages: pre-analysis and analysis. In the first stage, a floating reading of the texts was

Chart 1 - PICO Strategy

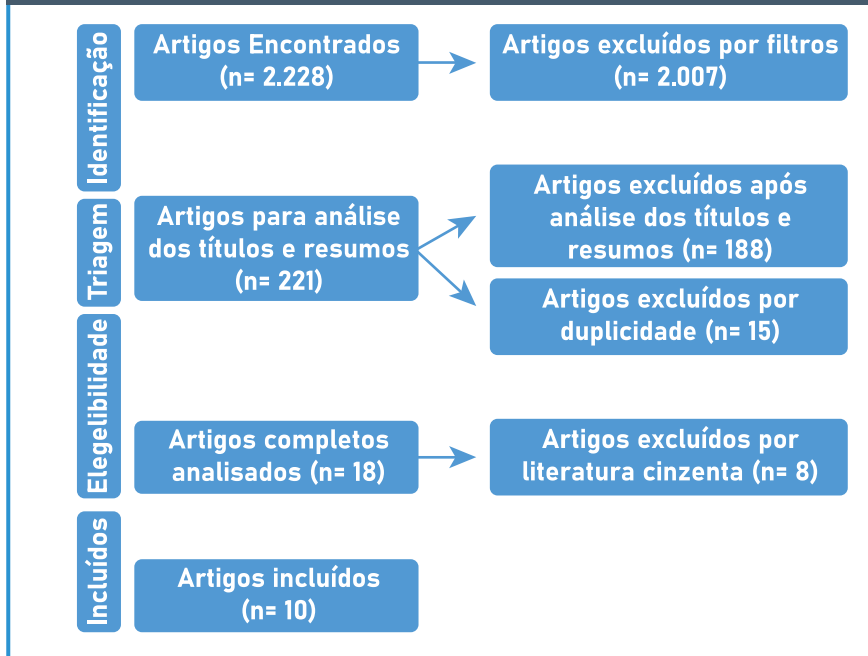
ACRONYM	DEFINITION	APPLICATION
P	Population	Men
I	Intervention	Self Care
C	Comparison	Hindrances in self-care
O	Outcome	Men's Health

Chart 2 - Crossing of descriptors in the VHL. Salvador, Bahia, Brazil, 2018.

DESCRIPTORS	ARTICLES FOUND	SELECTED ARTICLES
Masculinidade and Saúde do Homem and Gênero	311	02
Masculinidade and Saúde do Homem and Cuidados de Enfermagem	27	02
Masculinidade and Gênero and Cuidados de Enfermagem	20	01
Gênero and Cuidados de Enfermagem and Saúde do Homem	1870	05
TOTAL	2.228	10

Source: Prepared by the authors themselves.

Figure 1. Flowchart of presentation of the inclusion and exclusion process of the studies, PRISMA. Salvador, BA, Brazil, 2020



carried out, in which the information was constituted, followed by an exhaustive reading. This analysis aims at general understanding of the text and allows organizing the information so that it is understood according to the need for prioritization, granting the construction of the categories according to the scope and cross-cutting between what was discussed by the authors of the articles that composed the final sample.¹⁰⁻¹¹

DISCUSSION

It is noticeable that the construction of masculinity directly interferes in behaviors that put men at risk, exposing them to the situation of vulnerability, illness and even death. Exposures that could be avoided if the formation of this manly being, allowed him to express his pains, weaknesses and vanities not only in the manly self-care of the man, but also in

Chart 3 - Epitome of selected articles (n=10) regarding authors/year, journal, title and objective. Salvador. Bahia, Brazil, 2020.

AUTHORS/ YEAR/ JOURNAL	TITLE	OBJECTIVE	RESEARCH METHOD / AUDIENCE STUDIED	RESULTS
CORDEIRO et al, 2014. Escola Anna Nery Revista de Enfermagem	Basic attention to male health: possibilities and limits in night care ¹²	Analyze the contributions arising from the expansion of the opening hours of the Basic Health Units, to the night hours.	Exploratory study, with a qualitative approach, carried out with eight nurses working in Basic Health Units that have night care in the city of João Pessoa/PB. Data collection was carried out through semi-structured interviews and the statements were submitted to content analysis. Audience studied: Men	Four categories emerged: Strategies adopted to expand care in Basic Health Units; Quantitative of night care for the male population; Fields to meet the demands of male health; Difficulties experienced in night care.
MOREIRA, FONTES, BARBOZA, 2014. Escola Anna Nery Revista de Enfermagem	Difficulties in the insertion of men in primary health care: the speech of nurses ¹³	To know the difficulties faced by nurses in the context of men's health in primary care in the city of João Pessoa - PB.	It is an exploratory-descriptive research with a qualitative approach and content analysis. 28 nurses were interviewed who developed health actions for at least one year. Audience studied: Men	The findings reveal that the difficulties experienced by nurses mainly involve: Absence of men; deficit in self-care behavior; feelings of fear linked to work; deficit in the training of professionals in men's health and in the knowledge about the National Policy for Integral Attention to Men's health (PNAISH); feminisation of these services and incompatibility of schedules.

BRITO, SANTOS, 2013. Rev. Enferm. UERJ	Barriers to the implementation of assistance programs aimed at the male public: the view of health professionals ¹⁴	Identify obstacles to the insertion of assistance programs aimed at the male public in primary health care.	Data were collected between July and August 2011, through semi-structured interviews. The testimonies were worked according to the analysis of the enunciation, proposed by Bardin. Audience studied: Men	The results revealed as main obstacles to the insertion of assistance programs aimed at men, socially rooted conceptions of gender, as well as the way of organizing primary care services.
SOLANO et al, 2017. J. Res.: Fundam. Care. Online	Men's access to health services in primary care ¹⁵	Investigate the aspects that influence men's access to primary health care services.	This is a descriptive exploratory study, with a qualitative approach, carried out with eight men through a focus group in October 2010. The data were analyzed based on the technique of the Collective Subject Discourse. Audience studied: Men	Users expressed little investment in the organization of the service from a gender perspective, reinforcing the common sense that men are not users of primary care, and still have an ideology subsidized by patriarchy.
POZZATI et al, 2013. Rev. Enferm. UERJ	Men's health care: reality and perspectives ¹⁶	To know the scientific production about men's health care.	A literature review was carried out in the database of Latin American and Caribbean Literature in Health Sciences and Scientific Electronic Library Online, from 1994 to 2011, using the word men's health. Fifteen articles were selected, which were analyzed using the content analysis method. Audience studied: Men	The following categories emerged: the gender issue and its relationship with men's (un) health care; the portrait of services in men's health care; and the necessary strategies for the care of men's health.
BERTOLINI, SIMONETTI, 2014. Escola Anna Nery Revista de Enfermagem	The male gender and health care: the experience of men in a health center ¹⁷	Understand how men in a Health Center behave in terms of health care.	Qualitative study, carried out in a School Health Center that selected for convenience and interviewed 15 male subjects, adults and organized the data according to the Collective Subject Discourse. Audience studied: Men	Four central ideas emerged that portray the reasons for seeking the service, health problems, attitudes towards these problems and participation in the unit's activities. These individuals are assiduous, are concerned with following the recommendations received and use individual care, preferably, due to lack of time, but show interest in participating in group activities.
ALBUQUERQUE et al, 2014. Escola Anna Nery Revista de Enfermagem	The man in primary care: nurses' perceptions about the implications of gender in health ¹⁸	Understand the perception of nurses about the implications of gender issues in men's health and in the provision of services to this public.	Qualitative research, carried out with 10 nurses inserted in the Primary Care of the city of Juazeiro do Norte - CE, through the adoption of semi-structured interviews. The speeches obtained were categorized and analyzed using the relevant literature. Audience studied: Men	According to the nurses' perception, there is little demand from the male segment for health services, due to the socialization of gender and the deficit in the organization of services, with low professional qualification, as they emphasize that they have not received training.

SEPARAVICH CANESQU, 2013. Saúde Soc. São Paulo	Men's health and masculinities in the National Policy for Integral Attention to Men's Health: a bibliographic review ¹⁹	Analysis of men's health and masculinities in PNAISH.	It reviews the texts that dealt with the theme in the Collective Health/Public Health journals in the period 2005-2011. The thematic axes found coincide with the priorities given by the National Policy for Integral Attention to Men's Health, created by the Ministry of Health in 2008. Audience studied: Men	The access of men to health services, sexuality, reproductive health, violence and the main aggravations to male health, contextualized in the light of the social determinants of health. Such determinants are based on a type of traditional masculinity conceived as hegemonic, which despite compromising male health, is not the only type of masculinity that exists in society.
RIBEIRO et al, 2014. Rev. Enferm. UERJ	Men's health: approach to the training of nurses ²⁰	To analyze how the theme related to men's health is addressed in the curricula of Undergraduate Nursing Courses in a municipality in Rio Grande do Sul - RS, Brazil.	This is a documentary, qualitative research, carried out in three Undergraduate Nursing Courses, from September to November 2010. Thematic content analysis was used. Audience studied: Men	The results showed a generalized approach in relation to men's health and the insertion of the National Policy for Integral Attention to Men's Health in academic discussions of undergraduate nursing.
SANTOS et al, 2017. Rev. APS.	Men's health in nurses' perceptions of the family health strategy ²¹	Analyze the perceptions of nurses in the Family Health Strategy on the production of health care for men.	It is a study of qualitative approach, of the exploratory and descriptive type, whose objective was to analyze the perceptions of nurses of the Family Health Strategy on the production of health care for men. Data analysis took place through Thematic Content Analysis. Audience studied: Men	The results pointed to the weaknesses that the male public faces in relation to family health services, evidenced by the lack of service structure; the lack of professional qualification for the production of care directed at the male public and the stereotypes of masculinity that keep men away from health services.
Source: Prepared by the authors themselves, 2020.				

the self-care manager of health as a whole, because the careful look on himself enriches aspects that are unreachable by the disease.¹⁹

In view of the reading of the selected articles in order to contemplate the research objective, 03 thematic categories were constructed: Constructive features of masculinity, impeding factors for the deconstruction of masculinity for the benefit of self-care and nursing care in men's health, which are discussed below:

Constructive features of masculinity

Society plays an important role in shaping trends, and in this sense fits the human being, a human being constituted of social principles and doctrines of a behavioral character, where he positions himself as invulnerable, exempting

him from the act of crying and exposing feelings as fear and anxiety, culminating in a socio-cultural construction of negative conducts to their disease health process.¹³

Within the social perspective, the denomination of being a man corresponds to a historical and cultural construction which is transformed into cultural spaces experienced throughout his life. These spaces are relevant to the productivity of concepts that transform the social values attributed to masculinity.¹⁹

There are several social roles that make up men in the process of building their masculinity, among which they stand out: the leader, the protector and the provider. In all, work has a social function, which was built throughout the existence of man, to which it enriches them in a way

that makes them proud, since they were recognized as workers, the status of provider of the family was attributed to him, labeling him with the mark of the masculine being, an inheritance of patriarchal formation.^{17,15}

Man since ancient times, carries a burden of patriarchy, visible by the scars left in him from a socialization where care is not a male practice, causing taboos to break with respect to changes. Contemporaneity requires, therefore, that this ideology, until then dominant, be transposed, to the point of giving rise to a new way of rethinking new paradigmatic bases, so that in the very near future, man will assume a different posture, leading to the dismantling of a toxic masculinity.¹⁵

From the new dialogued conceptions about gender, a clash of the new models of

masculinity started, where starting from the discussion of feminism, the man starts to get visualization and stands out for opposing questions, permeating among the socialist reflexes about "being a man". In this sense, the idea of invulnerability imposed in the socialization process together with gender issues, start to reflect negatively on the need for man's self-care.¹⁴

Man's self-care, influenced by gender issues, intervenes in daily habits, producing lifestyles that are often agents of disease and even death. Thus, men convinced of a socially constructed masculinity, rich in their convictions and beliefs about being a man, have a high probability of falling ill, given the absurdity of caring that is still seen as being exclusively female.¹⁹

The need in which men have to take pains in self-care, is almost always eclipsed by the patriarchal construction that this subject, over the decades, has suffered. This training is fraught with obligations and, at the same time, a decree by which these behaviors will be perpetuated, the attitudes arising from this model of man, reflect on the lack of knowledge about oneself, one's body, as well as health care.¹⁹

Preventing factors for the deconstruction of masculinity for the benefit of self-care

For a long time, men's health was approached in a light and fragmented way, quite different from women, and through the concept of gender, they were stereotyped as the model of the unattainable human being. However, in view of the transgressions of masculinity imposed by the war of the sexes and feminist movements, men's health, in an antagonistic way to the expected success, starts to gain visibility and in this context men, although endowed with masculinity, start to recognize their needs.²⁰⁻²¹

The man influenced by gender inequality suffers and is blamed for the damage caused to his own health, implying multi-contexts that directly impact his life. Thus, men tend not to adopt healthy habits, seeking only the health service in situations of manifest illness, in order to

value healing practices and ignoring the importance of preventive actions.^{15,18}

Studies on the construction of gender, enriched by female representation in contemporary times, strengthens the non-inequality between men and women when it comes to health, promoting a progressive and significant change in the attitudes of men in relation to the demands for health services.¹⁸

A movement carried out among collective actors from different sectors of civil, scientific, academic and international society, served as a basis for the elaboration of a document that points out the damage suffered by men as being a public health problem and highlights the need for change not only on their health, but also on their family members. Faced with this context of visibility, the Ministry of Health (MH) concretizes the National Policy for Integral Attention to Men's Health (PNAISH), aiming to organize, insert, classify and humanize the integrated attention to men's health, promoting improvement and contributing to reduction in the mortality rate.^{12,16,19-20}

Although PNAISH seeks to promote the improvement of the health conditions of the male population, and seeks to contribute significantly to the quality and increase in the life expectancy of men, there are still impeding factors within the socio-cultural, political and economic context that decisively reduces male adherence to health services.^{16,19}

A research carried out between the months of May and August 2013 in an Integrated Health Units (UIS - Unidades Integradas de Saúde) of the Sanitary Districts of the Municipality of João Pessoa in Paraíba, sought through the nurses' reports, to identify the problems for the inclusion of men in the health care services at the primary level. It thus proved to be a great field of difficulties being translated into three aspects: the man himself; primary care professionals and services. The study showed that men do not recognize the need for the preventive scope of their own health, in addition to the difficulty that the hegemonic model of masculinity

exerts on their posture, both in the sense that it transcends invulnerability and in the role of provider, as the world of work in socially androcentric conceptions, it tends to expose by ridiculing it during the self-care process.¹³

Like the aforementioned author, some other studies have pointed out professionals and primary health services as factors responsible for the difficulties of insertion of men in health. Deficit in scientific technical training for the practice of PNAISH, as educational actions on men's health, which influence the construction of identity and the health-disease process, are rare. What can be explained by the mirror of socially established concepts about what it is to be a man in which health professionals, intertwined in socio-cultural situations and linked to non-training, allow interference in care practice.^{12-13,15-18,20-21}

Another striking aspect that causes an unfavorable perception to erupt for the creation of this man's bond with unity, is the structural issue conciliating the feminization of space. The fact that this structure is prepared to receive the maternal infant, child, elderly public for example, and the fact that this environment makes clear the expected public, as well as the composition as a team that most of the time is composed of women, takes this subject to make an allusion that this format of receptivity does not match what he seeks. It is inferred, therefore, that this welcoming model means a knot, in this process of identifying the man in the middle.^{12-14,18}

Thus, this form of welcoming men to the health service needs to be rethought so that it is not exclusive, but that with simple measures it can be inviting so that they feel included, leading them to believe that the assistance he needs comes from this team of professionals from the health unit.

Nursing assistance in men's health

It is noticeable the inclusion of "man and health" in the discussions of several researchers, especially health professionals, with the aim of creating strategies to deal with the peculiarities of man so that there is a reduction as much as possible of the

morbidity and mortality indicators that outlines men's health, starting this intervention with primary care.¹³

It is a reality that men distance themselves from basic health units because they do not pay attention to health promotion and prevention, for this reason, it is up to the units to develop, even at this level of care, the means by which this man finds himself. There is no possibility of inserting this man into the routines of the respective units, without articulation with the assigned community, health agents, nurses, which is a demand for the team as a whole.¹³

So that assistance can cover all the needs of men, it is therefore based on adequate training in order to qualify the professional. It is in academic training that the ideal moment is found for this professional to be onusto of knowledge, hitherto neglected, so that he can deal with the problem of the man's health situation. When the content geared to men's health becomes mandatory in the curriculum, soon, the reflexes of this investment directed to training will be visible.²¹

The implantation of the methodology aimed at the male audience will enable academics to take a holistic view of the peculiarities of this member of the population, little seen in their health aspects. It is necessary that the academic society sees health issues pertinent to men as a cross-cutting theme, and that the gender issue must run through the entire permanent educational process, thus, health professionals will have to address these contents.²⁰

In terms of attention to man, it demands creativity from the team in addressing its demand. Using improvement instruments based on the continuing education of the team, providing professionals with a basis for changing their posture, which in turn requires effort beyond the technique. It is necessary to obtain a broad view of the needs, expanding the senses with regard to men's health, from biological issues to socio-environmental, psychosocial and cultural issues. In this way, wealthy with knowledge, they will be able to develop effective measures to cover

all the expectations of this man, attracting him to assistance, driven by the capacity of these professionals to attend to their complaints as a whole.¹⁴

In order to improve the indexes that concern men's health, the professional nurse has at his fingertips chances of elaborating together with his team, means by which this subject will be seen in its entirety. The work of this team is to bring this actor into the scenario of the basic health unit and involve him, making him feel an integral part of the assistance provided, making the policy more inclusive in man's health care.¹⁹

The impasse for assistance to men is related to the question of time, as the team's hours do not match the workload of the male clientele. Therefore, it is one of the reasons explained by these men to distance themselves more and more from the units. For this reason, it is of utmost importance that there is a change in the work process, in order to assist this population, establishing an inclusive assistance. It is necessary that professionals see the man's health proposal as a routine event, and not, as an event that will be offered on sporadic dates. Thus, precedents are set for it to see an appreciation on the part of that service.¹²

A strategy that can facilitate the capture of this man by the health unit, is the deconstruction in the formation of the teams that are there to assist this subject, loaded with dogmas. The fact that the teams are mostly formed by women, there is an impasse, because this man does not feel comfortable in an environment composed of women both from the point of view of customers, as well as composing the team. Having other men in this situation, being agents of care, allows the male audience to find themselves in this assistance. Making them recognized and accepted in their demands. The key point for the permanence of this individual in need of care, is to feel belonging to this environment.^{14,19}

To make the man understand that the primary health unit is a masculine space, it is necessary that the team strives to

captivate this subject in some way. One way to establish a bond with the male audience is to carry out specific actions regarding their demand, consultations and clarification about the diseases prevalent in this audience, activities in the community, experiences during the football championship, workshops and discussions in the waiting room with themes that interest the male audience. In this way, the team makes it possible for the contorted idea he has of the unity of being feminine to fall to the ground. Therefore, attention to men's health is not established through a ready-made recipe, since this issue requires a certain expertise on the part of the team that each community/user has different needs.¹⁴

CONCLUSION

It is noteworthy a remnant of a past that left its mark for its intransigence regarding the posture of the real man, where it is perceived that heterocentric influence still prevails and puts man in a condition of continuous risk. Statistics show how much the legacy left by remote times of a formation of toxic masculinity, has contributed to illness, death and serious interference in families, since this man does not have enough courage to transcend a posture of exaggerated demonstration of strength, for a demonstration of affection and sensitivity, thus starting to neglect your health in all aspects.

The fact of the representativeness of a hegemonic masculinity, in the scenarios that have a certain prominence, has had a direct influence on the formation of the subject, as well as the formation of the personality of boys and men in a society that lacks a new form of man. The man who is the result of this influence is harmful to him and also to his family and community.

It is necessary to strengthen scientific technical education in the academies, for the preparation of future professionals, for managers to implement the policy aimed at the male audience, for the teams to create a strategy to fully embrace this man. ■

REFERENCES

1. Brasiense D, Ansel P. Representações da masculinidade viril contempôânea no programa popular da Rádio Cidade FM: Hora dos Perdidos. RECIIS – Rev Eletron Comun Inf Inov Saúde [periódico na Internet]. 2016 [acessado 2020 Nov 20]; 10 (2). Disponível em: <https://www.recis.icict.fiocruz.br/index.php/recis/article/view/1123/pdf1123>
2. Gaspodini IB, Canabarro RP, Cenci CMB, Perrone CM. Masculinidades em diálogo: Produção de sentido a partir de marcadores sociais da diferença. Mudanças – Psicologia da Saúde [periódico na Internet]. 2017 [acessado 2020 Nov 20]; 25 (1):17-25. Disponível em: <https://www.metodista.br/revistas/revistas-metodista/index.php/MUD/article/view/7101/5708>
3. Leite JF, Paiva R, Amorim AKM, Dimenstein M, Carvalho L, França A. Sentidos da Saúde numa Perspectiva de Gênero: um Estudo com Homens da Cidade de Natal/RN. Psicologia: Ciência e Profissão [periódico na Internet]. 2016 [acessado 2020 Nov 20] 36 (2): 341-53. Disponível em: <https://www.scielo.br/pdf/pcp/v36n2/1982-3703-pcp-36-2-0341.pdf>
4. Teixeira DB. Atenção à saúde do homem: análise da sua resistência na procura dos serviços de saúde. Rev Cubana Enferm [periódico na Internet]. 2016 [acessado 2020 dez 15]; 32(4). Disponível em <http://www.revenfermeria.sld.cu/index.php/enf/article/view/985>
5. Oliveira MM, Daher DV, Silva JLL, Andrade SSCA. A saúde do homem em questão: busca por atendimento na atenção básica de saúde. Ciência & Saúde Coletiva [periódico na Internet]. 2015 [acessado 2020 Nov 20]; 20(1): 273-278. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232015000100273
6. Prodanov CC, Freitas EC. Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico. 2. ed. Novo Hamburgo: Feevale, 2013 [acessado 2020 Nov 20]. Disponível em: <https://www.feevale.br/institucional/editora-feevale/metodologia-do-trabalho-cientifico---2-edicao>
7. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process: Table 1. BMJ Qual Saf. 2016; 25(12): 986–92. Doi: 10.1136/bmjqs-2015-004411
8. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, Ioannidis JPA et al. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration. Res Methods Reportingehods Report [Serial on the Internet]. 6(7):e1000100; 2009 [acessado 2020 dez 15]. Disponível em: <https://www.bmj.com/content/339/bmj.b2700>
9. Moher D, Liberati A, Tetzlaff J, Altman DG. PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. Ann Intern Med [Serial on the Internet]. 3(3): 123-30; 2009 [acessado 2020 dez 15]. Available from: <https://pubmed.ncbi.nlm.nih.gov/19622511/>
10. Bardin L. Análise de Conteúdo. 5ª ed. Lisboa/Portugal: Edições 70, 2011.
11. Sippert L. Análise da estrutura temática em resenhas de alunos do Ensino Superior numa perspectiva da Linguística Sistemico-Funcional. D.E.L.T.A., 2018, 34 (1):113-47.
12. Cordeiro SVL, Fontes WD, Fonsêca RLS, Barboza TM, Cordeiro CA. Atenção básica à saúde masculina: possibilidades e limites no atendimento noturno. Escola Anna Nery Revista de Enfermagem [periódico na Internet]. 2014 [acessado 2020 dez 15]; 18(4): 644-9. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000400644
13. Moreira RLSF, Fontes WD, Barboza TM. Dificuldades de inserção do homem na atenção básica a saúde: a fala dos enfermeiros. Escola Anna Nery Revista de Enfermagem. [periódico na Internet]. 2014 [acessado 2020 dez 15] 18(4): 615-21. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000400615&lng=en&nrm=iso&tlng=pt
14. Brito RS, Santos DLAS. Entraves para a Implementação de Programas Assistenciais Dirigidos ao Público Masculino: Visão de Profissionais de Saúde. Rev. Enferm. UERJ, [periódico na Internet]. 2013 [acessado 2020 dez 15]; 21(esp.1): 654-9. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10044/8072>
15. Solano LC, Bezerra MAC, Medeiros RS, Carlos EF, Carvalho FPB, Miranda FAN. O Acesso do Homem ao Serviço de Saúde na Atenção Primária. J. Res.: Fundam. Care. Online [periódico na Internet]. 2017 [acessado 2020 Nov 20]; 9(2): 302-08. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3270>
16. Pozzati R, Beuter M, Rocha LS, Santos NOS, Budó MLD, Girardon-Perlini NMO. O Cuidado na Saúde dos Homens: Realidade e Perspectivas. Rev. Enferm. UERJ [periódico na Internet]. 2013 [acessado 2020 Nov 20]; 21(4): 540-5. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10032/7821>
17. Bertolini DNP, Simonetti JP. O gênero masculino e os cuidados de saúde: a experiência de homens de um centro de saúde. Escola Anna Nery Revista de Enfermagem. [periódico na Internet]. 2014 [acessado 2020 dez 15]; 18(4): 722-27. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000400722&lng=en&nrm=iso&tlng=pt
18. Albuquerque GA, Leite MF, Belém JM, Nunes JFC, Oliveira MA, Adami F. O homem na atenção básica: percepções de enfermeiros sobre as implicações do gênero na saúde. Escola Anna Nery Revista de Enfermagem [periódico na Internet]. 2014 [acessado 2020 dez 15]; 18(4): 607-14. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000400607
19. Separavich MA, Canesqui AM. Saúde do homem e masculinidades na Política Nacional de Atenção Integral à Saúde do Homem: uma revisão bibliográfica. Saúde Soc. [periódico na Internet]. 2013 [acessado 2020 Nov 20]; 22(2): 415-28. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902013000200013
20. Ribeiro DB, Terra MG, Lacchini AJB, Camponogara S, Beuter M, Silva CT. Saúde dos homens: abordagem na formação de enfermeiros. Rev enferm UERJ [periódico na Internet]. 2014 [acessado 2020 dez 15]; 22(4):540-5. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/15398>
21. 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. [periódico na Internet]. 2017 [acessado 2020 Nov 20]; 20(2): 231-8. Disponível em: <https://periodicos.uff.br/index.php/apj/article/view/16058>