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Knowledge of man's health policy and relationship to health care

Conocimiento de la política de salud del hombre y relación con la atención de salud

Conhecimento da política de saúde do homem e a relação com a atenção à saúde

ABSTRACT

Objective: To analyze the knowledge of nurses and managers of primary health care about the National Policy for Integral Attention to Men's Health, as well as its repercussions on health care. **Method:** This is an integrative review carried out in the SciELO, LILACS and BDNF databases. For the definition of the guiding question, the PICO strategy was used and for the study selection process, the PRISMA flowchart was used. Thus, 10 articles were selected for analysis through the narrative synthesis. **Results:** It reveals weaknesses in the knowledge of professionals and managers about the policy, negatively influencing the integral attention of men in health services. **Conclusion:** Health professionals have little knowledge about the policy; and managers of primary health care do not have enough knowledge to implement it, so they do not encourage professionals to be trained to improve the care of men.

DESCRIPTORS: Men's Health; Primary Health Care; Health Policy.

RESUMEN

Objetivo: analizar el conocimiento de las enfermeras y gerentes de atención primaria de salud sobre la Política Nacional de Atención Integral a la Salud de los Hombres, así como sus repercusiones en la atención médica. **Método:** Esta es una revisión integradora realizada en las bases de datos SciELO, LILACS y BDNF. Para la definición de la pregunta guía, se utilizó la estrategia PICO y para el proceso de selección del estudio, se utilizó el diagrama de flujo PRISMA. Así, se seleccionaron 10 artículos para su análisis a través de la síntesis narrativa. **Resultados:** revela debilidades en el conocimiento de los profesionales y gerentes sobre la política, influyendo negativamente en la atención integral de los hombres en los servicios de salud. **Conclusión:** los profesionales de la salud tienen poco conocimiento sobre la política; y los gerentes de atención primaria de salud no tienen suficiente conocimiento para implementarla, por lo que no alientan a los profesionales a capacitarse para mejorar la atención de los hombres.

DESCRIPTORES: Salud del Hombre; Atención Primaria de Salud; Política de Salud.

RESUMO

Objetivo: Analisar o conhecimento de enfermeiros e gestores da atenção primária à saúde sobre a Política Nacional de Atenção Integral a Saúde do Homem, bem como as suas repercussões na atenção à saúde. **Método:** Trata-se de uma revisão integrativa realizada nas bases de dados SciELO, LILACS e BDNF. Para a definição da pergunta norteadora utilizou-se a estratégia PICO e quanto ao processo de seleção dos estudos, utilizou-se o fluxograma PRISMA. Dessa forma, selecionaram-se 10 artigos para análise por meio da síntese narrativa. **Resultados:** Revela-se fragilidades no conhecimento dos profissionais e gestores acerca da política, influenciando negativamente na atenção integral do homem nos serviços de saúde. **Conclusão:** Os profissionais de saúde possuem pouco conhecimento acerca da política; e os gestores da atenção primária à saúde não possuem conhecimento suficiente para a implantação da mesma de modo que não estimulam os profissionais a se capacitarem para melhorar o atendimento dos homens.

DESCRIPTORES: Saúde do Homem; Atenção Primária à Saúde; Políticas de Saúde.

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INTRODUCTION

In 2009, the Ministry of Health launched the National Policy for Integral Attention to Men's Health (Política Nacional de Atenção Integral à Saúde do Homem - PNAISH) with the intention of reducing morbidity and mortality and expanding men's access to primary health care (PHC) services, taking into account attitudes and the behaviors assumed by them in social relations.¹

The objective of PNAISH is to promote demand and expand the access of the male population to health services¹, being the first health policy in Latin America aimed at men², because they have greater difficulty in adopting healthy behaviors and seeking health services, with greater vulnerability and high mortality rates.

In addition, they enter the health system normally due to medium and high complexity hospital care³, which produces excessive costs in hospital admissions.⁴ As a consequence, these attitudes have aggravated the morbidities that could be avoided if the primary prevention measures were carried out regularly.³

It is common among the male population to lack health care, often due to the cultural factor. Thus, it is necessary to develop actions to mobilize them for health services, especially in PHC, with the need for professionals to be trained and able to develop actions to receive this audience in a welcoming way and consolidating the bond of men with health teams, thus establishing a concrete care.¹

PHC should be the gateway for users to enter the health services system in order to satisfy the main needs through a set of individual and collective interventions that involve the promotion, prevention, diagnosis, treatment and rehabilitation of the user.⁵⁻⁶

PHC should be the gateway for users to enter the health services system in order to satisfy the main needs through a set of individual and collective interventions that involve the promotion, prevention, diagnosis, treatment and rehabilitation of the user.

In this context, the present study aims to analyze the knowledge of nurses and PHC managers about PNAISH, as well as its repercussions on health care. From this perspective, the question that guided the present investigative proposal stands out: what is the knowledge of nurses and PHC managers about PNAISH and its repercussions in health care?

METHOD

It is an integrative literature review, since it contributes to the systematic and analytical processing of results, as it is characteristic of the search for information on a subject or theme that summarizes the situation of science on a research problem and that seeks clarity of a given theme.⁷

In the first phase, the guiding research question was elaborated. For the construction of this, the PICO strategy was used: P - population and problem; I - intervention; C - comparison; and O - outcome.⁸ Thus, it was considered that P: nurses and PHC managers; I: PNAISH; C: any comparison between PNAISH knowledge; O: attention to man's health. In this sense, the question was: what is the knowledge of nurses and PHC managers about PNAISH and its repercussions on health care?

For the second phase, a search strategy for two independent reviewers was built using the descriptors men's health, primary health care and health policies in the electronic databases Scientific Electronic Library Online (SciELO), Scientific and Technical Literature of America Latin America and the Caribbean (LILACS) and Nursing Database (BDENF).

It was refined, contemplating the third phase of the research with the application of the inclusion criteria previously established in the search strategy: articles published online in the last 6 years (2014

to 2019); available in Portuguese; in full; and in the original format from diverse scientific productions.

In the fourth phase, the abstracts of the studies retrieved were critically read, excluding duplicates and those whose objective, results or conclusion did not mention PNAISH.

In order to facilitate the evaluation and analysis of the data, an instrument was developed that could provide detailed information on the studies (Chart 1). Data extraction was carried out by two independent reviewers, and disagreements between reviewers regarding the

extracted data were discussed, with reference to the original publication. Identification variables were extracted such as: periodical; country and year of publication; author(s); title; design; main results and level of evidence. In addition to forming a database, it was tried with the instrument, map relevant points, integrate data and characterize the revised sample.

The flowchart describing the results obtained from the search strategy according to the PRISMA flowchart is shown below in image 1 9.

A total of 1,147 captured articles were found in the literature, and of these, 13

were in SCIELO, 978 in LILACS and 156 articles in BDENF. From the application of the inclusion filters, the number of occurrences was reduced: SCIELO, 08 (61.5%) studies were recovered; LILACS, 24 (2.45%); and BDENF, 11 (7.05%) studies. A total of 43 articles were submitted to the reading of abstracts and the application of exclusion criteria, generating the rejection of 1,104 articles. After the full reading of the articles, 33 articles were still rejected because they did not answer the research question. The revised sample of 10 articles was thus constituted.

The evidence of 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. 10

RESULTS

Table 1 presents the information on the 10 articles contained in this integrative review. All results were interpreted and synthesized, by comparing the data shown in the analysis of the articles.

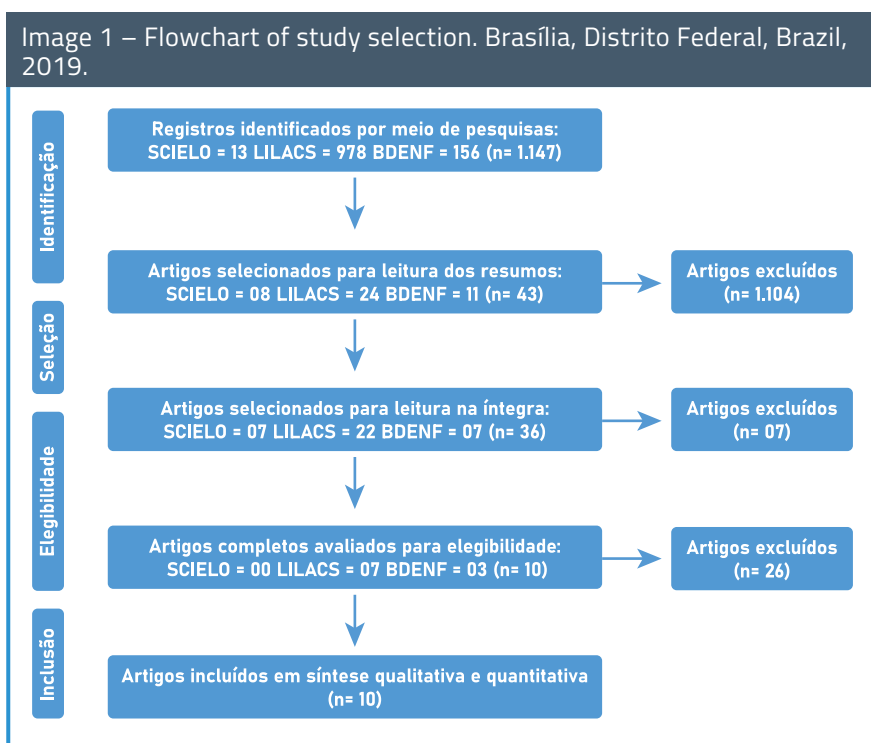


Chart 1 - Distribution of articles according to the journal, country, year of publication, author (s), title, design, results and level of evidence. Brasília, Distrito Federal, Brazil, 2019.

	PERIÓDICO, PAÍS E ANO DE PUBLICAÇÃO	AUTOR(ES)	TÍTULO	DELINEAMENTO	RESULTADOS	NÍVEL DE EVIDÊNCIA
Artigo 1	Revista Online de Pesquisa Cuidado é Fundamental, Brasil, 2015	Adamy EK, Trindade LL, Teixeira DC, Brambilla DK, Galli KB	Política Nacional de Atenção Integral a Saúde do Homem: visão dos gestores do SUS	Pesquisa qualitativa de caráter exploratória e descritiva.	Apontam fragilidades no discurso sobre o conhecimento PNAISH. Os resultados revelam que 11 (73,3%) gestores conhecem a PNAISH, três (20%) conhecem parcialmente e um (6,66%) disse não ter conhecimento sobre a mesma.	IV

Artigo 2	Revista de Enfermagem da UFPI, Brasil, 2015	Sousa AP, Silva PES, Dias RS, Azevedo PR, Silva LDC	Avaliação da Política Nacional de Atenção Integral à Saúde do Homem	Estudo exploratório-descritivo.	Os fatores sociais e culturais relacionados a organização do serviço dificultam o acesso do homem ao serviço preventivo, destacando-se questões de gênero. As barreiras estão relacionadas ao horário de funcionamento das unidades, número de profissionais insuficientes, redução de ações educativas e ausência de capacitação dos profissionais de saúde.	IV
Artigo 3	Revista de Enfermagem UFPE Online, Brasil, 2018	Barbosa YO, Menezes LPL, Santos JMJ, Cunha JO, Menezes AF, Araújo DC, Albuquerque TIP, Santos AD	Acesso dos homens aos serviços de atenção primária a saúde	Estudo quantitativo, exploratório e transversal.	Foi identificado que 32,6% dos homens visitam os serviços de APS com regularidade. A demora para ser atendido (35,7%) e a ausência de doenças (33,8%) são os principais fatores impeditivos da acessibilidade masculina aos serviços de saúde; e 21% desconhecem a Política Nacional de Atenção Integral a Saúde do Homem.	IV
Artigo 4	Escola Anna Nery Revista de Enfermagem, Brasil, 2014	Cavalcanti JRD, Ferreira JA, Henriques AHB, Morais GSN, Trigueiro JVS, Torquato IMB	Assistência integral a saúde do homem: necessidades, obstáculos e estratégias de enfrentamento	Estudo descritivo e exploratório, com abordagem qualitativa.	A população masculina tem necessidades de saúde a serem atendidas e referenciam como obstáculos, a vergonha de se expor, a impaciência, a inexistência de tempo e a falta de resolutividade das necessidades de saúde.	IV
Artigo 5	Escola Anna Nery Revista de Enfermagem Brasil, 2014	Pereira LP, Nery AA	Planejamento, gestão e ações à saúde do homem na estratégia de saúde da família	Estudo qualitativo, descritivo e exploratório.	Não há atividades assistenciais voltadas para os homens; não estimulam a prevenção e a promoção à saúde masculina; não desenvolvem os processos de implantação da atenção à saúde do homem, sendo encontradas incipientes.	IV
Artigo 6	Escola Anna Nery Revista de Enfermagem, Brasil, 2014	Jesus MCP, Santos SMR, Lamas JLT, Jesus PBR, Gonçalves PLC, Jory MV	Marcadores de saúde do homem em um município de pequeno porte	Pesquisa descritiva, exploratória com abordagem quantitativa.	As doenças cardiovasculares mostraram mais presentes entre os homens, e sua alimentação inclui um grande percentual de alimentos processados.	IV
Artigo 7	Escola Anna Nery Revista de Enfermagem, Brasil, 2014	Araújo MG, Lima GAF, Holanda CSM, Carvalho JBL, Sales LKO	Opinião de profissionais sobre a efetivação da Política Nacional de Atenção Integral à Saúde do Homem	Pesquisa exploratória/descritiva com abordagem qualitativa.	Foi constatado que a PNAISH é relevante para trabalhar as ações para o homem. No entanto, o seu processo formativo foi centrado na atenção às doenças, fragmentado e excessivamente biomédico, problematizando o desenvolvimento de práticas de promoção da saúde.	IV

Artigo 8	Revista Brasileira em Promoção da Saúde, Brasil, 2016	Carneiro LMR, Santos MPA, Macena RHM, Vasconcelos TB	Atenção Integral a Saúde do Homem: Um desafio na atenção básica	Estudo qualitativo e descritivo.	Ficou evidenciado que os profissionais entrevistados não conhecem a PNAISH e poucos compreendem a sua importância para o acompanhamento integral do homem. Há várias dificuldades para a implementação da Política, tais como a deficiência de recursos materiais e humanos e ainda a falta de interesse do próprio homem em cuidar da sua saúde.	IV
Artigo 9	Arquivos de Ciências da Saúde da UNIPAR, Brasil, 2018	Assis NO, Rodrigues J, Cristóforo BEB, Tacsic YRC	Atuação dos enfermeiros frente à Política Nacional de Atenção Integral à Saúde do Homem: um estudo exploratório	Pesquisa descritiva exploratória com abordagem qualitativa.	A análise do modo como os enfermeiros desenvolvem a PNAISH permitiu afirmar que ainda há necessidade de investir em capacitação para os profissionais de enfermagem que trabalham nas UBS, possibilitando assim a realização de ações voltadas para população masculina.	IV
Artigo 10	Revista Baiana de Saúde Pública, Brasil, 2014	Nascimento LV, Machado WD, Gomes DF, Vasconcelos MIO	Estudo de avaliação da Política Nacional de Atenção Integral à Saúde do Homem no município de Sobral, Ceará	Pesquisa exploratória com abordagem qualitativa.	Os resultados revelam que a PNAISH no município se encontra estruturada, entretanto, existem problemas relacionados à acessibilidade, capacitação e qualificação profissional, mobilização familiar no incentivo à atenção à saúde dos homens e principalmente mudança física.	IV

Elaboration: OLIVEIRA; AGUIAR (2019).

Regarding the year of publication, it was found that the largest amount was published in 2014 with five articles (50%), followed by 2018 with two (20%), 2015 with two (20%) and 2016 with one article (10%). The most widely published journal was the Escola Anna Nery Revista de Enfermagem with a total of four articles (40%). As for the profession of the first author of the articles, in three (30%) the first author was a nurse (o); in one (10%) he was a graduate student in nursing; and in six (60%) specific information related to their education was not found, as only the academic link was presented.

As for the region of the country where the surveys were carried out: seven (70%) were developed in the Northeast, one (10%) in the Southeast, one (10%) in the Midwest and one (10%) in the region South. Regarding the methods used, it was found that in eight articles (80%)

the qualitative method was used and in two (20%) the quantitative method.

DISCUSSION

The following categories emerged for discussion through a narrative synthesis: 1) Knowledge of health professionals about PNAISH; 2) Knowledge of PHC managers about PNAISH; and 3) Factors that hinder man's access to the health service and its relationship with the knowledge of health professionals and managers.

Health professionals' knowledge about PNAISH

It is evident from the articles that the nurses' knowledge about PNAISH is still scarce and despite knowing about the existence of the policy, they do not have enough knowledge about it, as they claim

a lack of training to provide care to the male population and that there is little incentive to work with this audience.¹¹⁻¹²

The professionals report knowing PNAISH, but with limitations on its objectives, principles and guidelines that guide it.¹² In this perspective, the curricular training of undergraduate students is approached as an important factor for nurses' lack of preparation in approaching men, as it privileges only the health of children, women and the elderly.⁷

In a study carried out in a municipality in the southwest of Goiás with PHC nurses, it was identified that 80% of them did not take a specific discipline in the undergraduate course that addressed men's health; they also reported that the approach occurred in a general, superficial, fragmented and decontextualized way in the socio-cultural environment of men in disciplines such as public health, worker health and health of the elderly.¹¹

Thus, the importance of nursing schools constantly reevaluates their curricular grids in order to keep them updated for instrumentalization of nursing students in order to promote quality and comprehensive care when trained for men, as in day-to-day practice professionals end up performing a simple service when compared to that provided to women and with little depth knowledge, even though the policy has well-defined guidelines and specific objectives to fully serve the male public.¹¹

However, study 7 also highlighted the need for qualification and permanent training of professionals to promote PNAISH, as trained nurses have the possibility to develop strategies for men to be more present in services. Thus, studies show that health professionals should seek scientific knowledge and be responsible for their permanent education so that they are prepared to deal with myths, prejudices and misconceptions that were built in the users' imaginary and social context.¹³

Emphasis is placed on the need for dialogue between health professionals and managers to efficiently promote the provision of care to men and to identify the need for training in order to promote understanding of PNAISH so that health actions directed at this audience can be carried out effectively and with the help of all.¹⁴

In this perspective, in a study carried out in the interior of Rio Grande do Norte (RN), a deponent refers the responsibility to the municipal management, proposing training spaces in order to favor the development of actions and practices for serving the male segment, as the health professionals still do not have the knowledge to work with practices aimed at men, requiring the insertion of these subjects in permanent education courses in order to identify the training needs and the development of health workers, in addition to building strategies and processes that qualify health care and management.¹³

The manager's role in relation to PNAISH is to implement mechanisms to regulate activities related to the policy; coordinate, monitor and evaluate PNAISH; and also qualify the health teams to carry out the proposed actions.

In study 2, carried out in three health units in São Luís (MA), the vast majority of professionals (80%) reported not having training aimed at welcoming the male population, and they tend to devote less of their time to health due to the devaluation of their complaints. Therefore, they neglect the care for men's health and end up reinforcing that the unit is a female environment, a fact that makes it difficult for the male public to access health services.¹⁵

Study 7 reports that the actions developed by professionals in the Family Health Strategy (FHS) prioritize individual consultations; they value medical assistance; appointments are quick; and professionals are more concerned with offering a prompt response, making decisions aimed at behaviors already known and focused on the treatment of pathologies. The study also points out that health professionals, for the most part, consider PNAISH as a relevant subsidy to work on actions aimed at men, however, they do not have enough support to carry out their actions and, also, do not know PNAISH in their totality.¹³

Therefore, there are weaknesses in providing information to health professionals in relation to PNAISH, thus contributing to the lack of awareness among professionals in seeking information for the improvement and development of actions directed at men. Thus, no actions are taken that specifically address the male community.¹²

PHC managers' knowledge about the PNAISH

The manager's role in relation to PNAISH is to implement mechanisms to regulate activities related to the policy; coordinate, monitor and evaluate PNAISH; and also qualify the health teams to carry out the proposed actions.¹⁶

Therefore, in a study carried out in Santa Catarina (SC) where managers were asked about their role in the implementation and development of PNAISH, it was found that, in general, managers are not clear about their res-

possibilities and competencies necessary to assist in the implementation of this policy, being identified that they only direct actions in search of prevention and none of them recovered aspects related to the provision of financial and structural resources, qualification of teams, formulation of health promotion strategies, among other aspects.¹⁶

Study 5 emphasizes that adherence to the National Program for Improving Access and Quality (Programa Nacional de Melhoria do Acesso e da Qualidade - PMAQ) represents an important step forward in promoting the health of the male population, as the program promotes the development of processes capable of expanding the - federal, state and municipal - management capacity in the provision of services that ensure the improvement of access and quality of health care according to the specific needs of the population and that in addition to these aspects, one of its challenges is to resolve the incipience of management processes.¹⁴

However, difficulties related to the planning, management and execution of the policy persist due to budgetary and financial problems that, according to managers, are considered to be a great difficulty for the planning and execution of actions in health services. This aspect was even pointed out by the managers as a justification for the timid or not implementation and development of the policy.^{14,16}

Thus, it is the responsibility of the local manager to seek partnerships with the other spheres of government to qualify the health teams to carry out the actions proposed by PNAISH, as this can develop new skills and abilities in order to modify the approach to this population, providing a more qualified and safe performance.¹¹

Thus, it is necessary to organize and strengthen the level of management and planning, recognizing the need and interest in developing comprehensive care for men's health in the FHS.¹⁴ In addition, the manager has the obligation

to check whether the principles of the Unified Health System (SUS) are being respected, and it is extremely important that it discusses men's health and include it in the Municipal Health Plan and also in the Integrated Pacted Programming (Programação Pactuada Integrada - PPI) so that you can set goals and have financial resources for actions and training of the team, as well as define deadlines and indicators that want to be achieved.¹⁶

Study 9 emphasizes that it is important to create moments of discussion among professionals, together with management, in order to discuss the establishment of continuing education for the realization of the health service, since their knowledge of the policy is still scarce. makes it impossible to develop effective actions to welcome men to health services.¹¹

In view of this, management can be a partner in carrying out actions enabling the access of the male segment in healthcare spaces, subsidizing an attention focused on the integrality of the actions and the subjects involved, understanding their singularities and health needs, being able to identify opportunities for approximation with the man extrapolating the physical spaces of the basic health unit (Unidade Básica de Saúde - UBS)¹³.

Therefore, it is emphasized that there is a national difficulty for managers in the elaboration of mechanisms for the approach and participation of men in health services, and the lack of knowledge about PNAISH can interfere in planning actions. Thus, PNAISH is in an incipient state since its strategies are not carried out¹⁴.

Factors that hinder man's access to health services and their relationship with the knowledge of health professionals and managers

It is identified in the studies that men do not regularly visit the PHC services, do not perform laboratory tests frequently, are unaware of the PNAISH and report that health professionals are not

trained enough to provide good assistance to them.^{12,17-18}

In the literature, it is already well evidenced that there are several causes that prevent men from attending UBS. In this sense, articles 3 and 4 address the factors that hinder accessibility in health services^{17,18}, being the delay in being attended, the absence of diseases, the fear of discovering serious illness and the lack of welcoming by health professionals the most common.¹⁷

It appears that another factor that interferes with male adherence to health services is the link they make in relation to the mandatory prostate cancer preventive exam and also due to the lack of resoluteness in care.¹⁸

In addition to only looking for a health service when already affected by an illness or acute problems, the study 8 states that masculinity built socially culturally still prevails, bringing the idea that men never get sick or that they are invulnerable beings. However, it is important to emphasize that not only the cultural issue makes it difficult for men to adhere to health services, but issues of access to the service also constitute a barrier. 12 A In addition, other situations that can also lead men to not seek care in PHC are: lack of time, incompatible schedules, impatience, shame in exposing themselves, lack of specialists and solving health needs and the idea that UBS is a space for women only.¹⁷

In view of this, it is recognized that in fact there is a predominance of women in PHC activities, the majority of which are in appointments, in waiting rooms, in queues, in groups and in the circulation areas of the UBS. Thus, it is proven that men associate health care with the female universe when considering women as more fragile beings and more vulnerable to diseases and that this care is a role only for women.¹⁷

In this perspective, studies 1 and 10 showed that this is due to the existence of several health programs specific to the female sex and the scarcity of specific actions for male individuals at diffe-

rent levels of care, favoring the difficulty of interaction between the public male and health services.^{16,19} In study 2, the authors report that some UBS do not carry out any action for men's health and that there is, therefore, a need for programs aimed at the male population since they have specific demands, like any other group.¹⁵

In another study that addressed the issue of man's access to the health service, the authors highlighted some impediments that lead men's resistance to UBS, among them are the organizational obstacles of the SUS, such as the difficulties related to insufficient physical space; the lack of material resources in the units for the development of basic health care actions; the lack of human resources to meet the spontaneous demand of the male population; facing endless queues that often cause the loss of a full day's work, without necessarily having their demands resolved in a single consultation; the lack of welcoming due to the lack of training of professionals with men's health; the opening hours of the health units, which is incompatible with the long working hours of the male population, and which are hardly open after 5 pm, leaving men only the emergency services that have 24-hour service, overcrowding them often with demands that could be resolved in PHC.¹⁵ Therefore, study 5 reports that in services where there was a service available on Saturdays and Sundays, third shift (night) or even 24-hour service, there was a greater male presence than in those who did not flex their hours.¹⁴

Constata-se, dessa forma, que a procura dos serviços de saúde pelos homens é devido a presença de alguma doença, pela busca de medicamentos ou como acompanhante dos filhos ou da esposa, ignorando as suas consultas de caráter preventivo²⁰.

Study 8 highlights some actions directed at men that are carried out in the UBS, such as the November Blue campaign - specific to the male audience - that works to prevent prostate cancer,

encouraging them to undergo PSA and digital rectal examination¹², however, there are flaws in the campaign, starting with the fragility of the professionals' knowledge about the theme, such as the lack of information about risk factors, about who should actually take the exam, about the recommended age for screening, about the symptoms of the disease and, if you need to take the exam, how it is performed.¹³ Thus, the campaign ends up causing an obstacle between men and health services, as they often do not adhere to prevention and health promotion measures because of the shame of exposing themselves due to the hegemonic model of masculinity, as the exam is associated with the violation of the male being.¹⁸

A study carried out in the state of Sergipe (SE) on the proximity of the male population to the health team found that few participants knew the community health agent (CHA), the nurse and the doctor responsible for the coverage area in which they lived. Thus, it is understood that this lack of connection between men and the PHC health team represents the deficiency of services in the development of actions aimed at men's health, thus distancing the achievement of the objectives of PNAISH.¹⁷

Another factor that distances men from health services is the delay in attending, since the insufficient number of professionals or the lack of organization in the appointments ends up overcrowding the unit and hindering the agility that the man seeks, because most of the times when they are at the UBS and are absent from their work activities, in addition to the lack of a welcoming service, with ineffective communication, damaging professional and user relationships and making it difficult for men to join the service.¹⁸

For men to have an inclusion in health services, it is necessary that their policy be worked in an integral way, with a dynamic and complex process, through a reorganization of health actions through an inclusive proposal. Therefore, study 8

emphasizes that there are no difficulties to implement PNAISH at UBS, however, the entire team must be committed to training, from the nurse who provides the assistance to the managers who administer it. Thus, health promotion and disease prevention actions could be intensified through awareness and education campaigns on various topics that attract the attention of men.¹²

As a result, there is a crucial need to promote training for managers and professionals working in PHC, in order to promote the understanding of PNAISH, as well as the knowledge of the nuances of the health care work of the male population, since, according to PNAISH the technical training of health professionals for the care of men is essential for the principles of humanization and quality that imply promotion, recognition of men's rights and respect for ethics, to be fulfilled.^{14,21-23}

CONCLUSION

PHC professionals have little knowledge about PNAISH and the few who know about its existence, know with limitations, as they claim that there is little incentive to work with the male public on the part of management, since most of the time they provide training for other audiences and rarely for the male population. This devaluation of men's health starts from graduation where, in most courses, there is no specific discipline for men's health. In addition, managers are not clear about their responsibilities to assist in the implementation of the policy, and many of them do not have knowledge about its existence, thus hindering the incentive that professionals need to be trained.

Therefore, men do not regularly attend PHC, as they end up finding difficulties in their adherence. Thus, the little knowledge of professionals and managers becomes a detrimental factor for the formation of bonds and the development of specific actions for the male audience in the UBS. ■

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