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UNDERSTANDING HEALTH KNOWLEDGE AND CONCERNS AMONG RIVERINE MEN

DESVENDANDO SABERES E PREOCUPAÇÕES SOBRE A SAÚDE ENTRE HOMENS RIBEIRINHOS

DESVENDANDO SABERES Y PREOCUPACIONES SOBRE LA SALUD ENTRE HOMBRES RIBEIRINOS

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ABSTRACT

Objective: to identify the knowledge of riverine men about health. ***Method:*** qualitative study, developed with 32 riverine men. For the data collection, a semi-structured interview was used, and, for the analysis, the content analysis technique was used. ***Results:*** the data was organized in the categories "Health Knowledge" and "Health Concerns", in which the ways of building what is health and what it is to have health, for the riverine men were discussed. ***Conclusion:*** the multiplicity of meanings that make up the knowledge and practices in health is shaped by the experiences of each individual and the understanding and concerns attributed to health by this group. They are lifelong constructions based on their particular and collective experiences. ***Descriptors*:** Men's Health; Rural Health; Nursing; Primary Health Care.

RESUMO

Objetivo: identificar os saberes de homens ribeirinhos sobre a saúde. ***Método:*** estudo qualitativo desenvolvido com 32 homens ribeirinhos. Para a coleta de dados, utilizou-se entrevista semiestruturada e, para a análise, a técnica de análise de conteúdo. ***Resultados:*** os dados coletados organizaram-se nas categorias <<Saberes sobre Saúde>> e <<Preocupações sobre saúde>>, nas quais se discutiram as formas de construção do que é saúde e o que é ter saúde, para os homens ribeirinhos. ***Conclusão:*** a multiplicidade de significados, que compõem os saberes e práticas em saúde, molda-se conforme as vivências de cada indivíduo e a compreensão e preocupações atribuídas à saúde por este grupo. São construções formadas ao longo da vida e se baseiam em suas experiências particulares e coletivas. ***Descritores:*** Saúde do Homem; Saúde da População Rural; Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar los saberes de hombres ribereños sobre la salud. ***Método:*** estudio cualitativo, desarrollado con 32 hombres ribereños. Para la recolección de datos se utilizó entrevista semiestructurada y, para la análisis, la técnica de análisis de contenido. ***Resultados:*** los datos recogidos se organizaron en las categorías << Saberes sobre Salud >> y << Preocupaciones sobre salud >> en las que se discutieron las formas de construcción de lo que es salud y lo que es tener salud, para los hombres ribereños. ***Conclusión:*** la multiplicidad de significados, que componen los saberes y prácticas en salud, se moldea según las vivencias de cada individuo y la comprensión y preocupaciones atribuidas a la salud por este grupo. Son construcciones formadas al largo de la vida y se basan en sus experiencias particulares y colectivas. ***Descriptores***: Salud del Hombre; Salud Rural; Enfermería; Atención Primaria de Salud.

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INTRODUCTION

Man brings a historically constructed masculine identity. that involves social roles, differentiating them from the female gender, both in the context in general, and in health.[1] Manliness represents a symbolic space of structuring meaning that shapes attitudes, values, functions, behaviors and emotions to be followed in a given culture.[2]

Thus, by identifying the peculiarities of being a man, the National Policy of Integral Attention to Human Health (NPIAHH), instituted on August 27, 2009, through the GM/MS, Ordinance No. 1944, guided the formulation of guidelines and actions Fundamentally for the integral attention to the health of the man, with a view to the prevention and promotion of the health, the quality of life and the education, like strategic devices of incentive to the behavioral changes, aiming to promote the integral attention to the health of the man in the indigenous populations, black , Quilombolas, bisexuals, transvestites, rural workers, among others.[1]

Among the target populations of NPIAHH, the riverine population can be highlighted, which is part of the traditional population group because it has a peculiar way of life and is distinct from other rural or urban populations, weaving its life around the forest and the river. This triad, man-river-forest, becomes the main driver of his daily life.[3]

It should be emphasized that in the social group of the riverines, the transmission of knowledge occurs preferably orally, through narratives transmitted from generation to generation, [4] intertwining and forming part of a great entanglement with the affective, social, cultural, historical and political aspects, enabling an identity preserved by the perpetuation of their customs and traditions, through the centuries, by the oldest to the youngest.

Knowledge is also related to the conception of life, society and human relations. Therefore, cultural similarities and differences must be accepted and respected.[5]

In view of the foregoing, this research has as object of study the knowledge about health among riverine men, because, traditionally, any relation to knowledge also involves a dimension of identity: learning makes sense by reference to the subject's history, his expectations, his conception of life, his relations with others, his image of himself. [6]

In this way, it is evident the relevance of exploring this object, considering the non-protagonism of the man in the health services and his own care, the peculiarities of the transmission of knowledge among riverine men and the understanding that can often be in contact with these populations due to the peculiarities of the Amazon Region.

In order to know this masculine universe related to questions about health, the following objectives were defined:

- identify the knowledge of riverine men about health;
- identify what concerns riverine men have with their health;
- analyze the knowledge of riverine men, with a view to discuss Nursing care that can best meet the peculiarities of this population.

METHOD

A descriptive study, of a qualitative nature was carried out between January and March 2016. The participants were 32 adult men, aged 25 to 59 years old, representing 35% of the 92 men living on the island and registered in the microarea 01. It was considered, in this study, as an adult those that fit the age classification of NPIAHH[1]. Were included men residing in the Island of Combú / PA for at least five years, registered in microarea 01 of the area of coverage of the Family Health Strategy of Combú and that presented physical and mental conditions to respond to the research instrument.

Individual interviews were conducted, and recorded and transcribed in full. To safeguard the anonymity of the participants, alphanumeric codes were used, considering the letter R of riverine and the sequential number of the interviews. For the analysis, the content analysis technique, considered appropriate for this study, was used to search the analysis of the communication, in a systematic way, in order to infer knowledge regarding the conditions of message production.[7]

The contents were analyzed to identify the themes contained in the participants' answers to the questions of the instrument, with an internal analysis of each participant's testimony, in order to identify the most present themes, followed by a global analysis by all participants. In the end, this set of themes identified in occurrence and co-occurrence was grouped into thematic categories from the identified elements, that met the study objectives.

This research respected the ethical precepts of Resolution No. 466/12, of the National Health Council. The project was submitted to the Research Ethics Committee of the Nursing Course of the State University

of Pará / UEPA and approved with the opinion nº 1,346,398.

RESULTS AND DISCUSSION

The participants of the study were adult males, predominantly the age group 25 to 40 years with 59.4% (18), 68.8% (22) of the island of Combú / PA, 53.1% (17), with primary education Incomplete, 84.4% (27) have an occupation, and 50% (13) work in the vegetable extractivism of cocoa and / or açaí or in autonomous service, such as sales of household and food items. Regarding monthly personal income, 84.4% (27) receive from less than one to two minimum wages, with family income being 81.2% (26), between one and three minimum wages. 98.8% (31) live in their own homes, of which 100% follow the stilt style. As for religion, 56.2% (18) declared themselves to be Catholics.

As a result of the analysis, two categories were organized: << Health Knowledge >> and << Health Concerns >>, presented and discussed below.

♦ **Health Knowledge**

In this category we discuss the ways in which the participants construct their knowledge about what is health and what is health, considering the peculiarities of this group, being the first topic expresses the meaning of health for the participants and the second covers ideas about how to get health in the context of practices that undermine it and practices that influence health.

♦ **What is health**

For a long time, the concept of health was seen as simply absence of disease, later replaced by a broader definition encompassing physical, mental, cultural, and ethnic well-being, permeating through diverse fields and gaining more scope and complexity[8]. Thus, in this study, several perceptions are pointed out about this topic, and 78.1% (25) of the interviewees emphasized the joint idea of well-being, quality of life and absence of disease, to define what is health and between these , Welfare was highlighted more frequently, 68.8% (22).

> *Health is to have joy in life, happiness, it is to be well and well with life, [...] without health our lives are not good for anything.* (R5)
>
> *Health is not getting sick of anything, not feeling anything. It is to get well without having any illness.* (R9)
>
> *It is to have good quality of life, health for me boils down to this [...].* (R20)

The testimonies show elaborate constructions throughout life, marked by their particular and collective experiences and the way in which each individual lives and perceives the world around them, revealing the multiplicity of this term. These constructions contrast with the affirmation of an analysis of the historical evolution of the Concepts of health published in Rio de Janeiro / RJ, which highlights the concept of health as a reflection of the social, economic, political and cultural context. In this way, it does not assume the same meaning for all people, varying according to time, place, social class, and individual values and perceptions.[9]

Unlike the terminology and concepts related to the disease, whose explanation was pursued incessantly by man, health received less attention from philosophers and scientists, and was recognized as difficult to define, since Ancient Greece.[10]

Inserted in the same social context, the perception of a large part of the participants about health is approaching. The interviewees emphasize that health is well-being, reaffirming, in some aspects, the definition of health as a state of complete physical, Mental and social well-being, and not only the absence of disease.[8] The health / well-being relationship corroborates with study findings about social representations, beliefs and health behaviors performed with 638 people in Florianopolis / SC, who identified well-being as one of the main terms evoked to define and / or explain health.[11]

Still about what is health, 12.5% (04) of the interviewees used the word "everything" to define health, referring to the idea of totality, capable of encompassing diverse, broad and subjective concepts considered difficult to explain.

> *For me, health is everything. Having health is willing, has everything.* (R1)
>
> *Health is everything, because you can not work without health.* (R2)

The discussion of an expanded paradigm of health, referring to the vision of totality presented in this study by the quotation of the word "everything", reaffirms the findings of a study carried out in Belém do Pará with 40 people in a street situation, where everything represents ideas which encompass all the possibilities of describing something complex and with a high subjectivity load, thus difficult to define.[12]

This definition of health also emerged in a study carried out with adolescents in the Federal District, who, when asked about the definition of health, mentioned the word "everything" to define their understanding of what is health in order to describe not only a

personal state, but health as a result of lifestyles, especially linked to the perception of completeness.[13]

Thus, it is understood the subjective character that involves the conceptualization of health, being able to be understood in different ways by different meanings and senses, depending on the groups or individuals to which it is related, in order to follow changes and transitions of historical, political, social and cultural development.

These definitions range from simple, straightforward concepts to complex definitions that require a high degree of sensitivity to be understood and discussed. Therefore, there is no single way of defining health, since it involves different dimensions and constitutive aspects. It is complex to work on health-related issues, even more so when these themes allude to the identification of knowledge in such a peculiar population, as is the case of the riverine men.

♦ **What is having health**

Here, are presented the ideas that are part of the context of the practices described by participants that harm health and influence health.

Majority, 81.3% (26) highlighted "healthy habits" as fundamental to obtain or preserve health, and healthy eating and physical exercises were the practices most reported by the participants, either alone or in combination.

> *I eat well, like everything else, less food that I think does not do me good. As vegetables, I play sports [...].* (R2)
>
> *I think feeding is the main thing. Here we do a lot of physical activity too [...].* (R11)
>
> *The basis of health is food, [...] too much fat, salt, this is not healthy. You have to go to bed early and wake up early, do not drink too much alcohol [...].* (R14)

A study carried out with men in Florianópolis / SC and Goiânia / GO, shows that most of them consider healthy eating and physical activity as important care to preserve health. And they reveal that such care, which involves healthy habits of life, are the most played when it comes to maintaining health. Another study carried out with 33 elderly people from five countries found that having health has several meanings for them, translating concerns about food issues, physical activity practice and lifestyle changes.[5-14]

These results are in agreement with those obtained in this research, since the participants also emphasized that healthy habits, such as food and physical activity, are fundamental to obtain or preserve health. However, it is noted that the knowledge incorporated by the riverine men follow their individual needs, interests and possibilities, related to their condition of life, that is, each practice, however similar it may seem to that of other groups, has its peculiar characteristics Related to the context in which they occur.

Recognizing the perceptions and practices of health care is important in the sense that common-sense knowledge is preserved and the interaction between scientific and popular knowledge is taken into account, considering the cultural diversity of the environment in which one lives. Practices aimed at care, common to all cultures, vary in their forms of expression, for it is the cultural patterns that determine how the individual understands and experiences his own life.

Issues related to physical capacity, to perform daily activities, were reported by 12.5% (4) of the interviewees.

> *[...] I consider myself healthy ... I am willing to take açaí in the trees, to kill pig, I sleep well, I wake up early in the morning.* (R9)
>
> *This business of being stopped for a long time has a great deal to do too, because people who do nothing live sick [...].* (R15)
>
> *[...] I am willing to work, I shoot açaí, I paddle and when I do not work I feel bad, my body already asks for the job.* (R22)

Their physical health and ability, described by them as "willingness", to perform daily activities, were related in this study, revealing findings that refer us to the social and cultural role of riverine man, since the idea of incapacity or even fragility in front of work activities, finds no acceptance among them, who see the figure of man as a symbol of strength and vigor.

Research carried out with Manaus families indicates the role of the man as a worker-provider, and the latter takes care of the material expressed in the fact of building and repairing the house and of performing services that require greater physical strength, as well as the provision of family support. For these reasons, man is expected to be strong, resilient, brave and intelligent. [16]

The same study emphasizes that male work becomes an enemy of good health when it is strenuous and yet it is still carried out because it is understood as necessary so that

the family's livelihood is not jeopardized. Add to this the fact that the nature of the occupations destined to the riverine men defines their spaces of circulation, where they experience their social relations. Thus, daily activities carried out by men demand that they leave to the forests, rivers and community areas, allowing the creation and strengthening of links between them, in carrying out similar activities. This may contribute to further strengthen the ideas already rooted in man's imaginary about health.[7 -16]

♦ **Worries about health**

When asked about their concerns about health, they predominated, in their speeches, alone or together, explanations that contemplate the illness and its implications. Of the participants, 78.1% (25) were two subjects: the emergence of diseases and the implications of illness in family maintenance.

> *I worry about tomorrow, because because we work on our own, there is no guarantee that we will be able to spend the sick period. [...].* (R4)
>
> *[...] I worry about the day that health is lacking. Have you thought, if I fall into an illness you can not lift? To keep crawling around, depending on the others, giving work.* (R9)
>
> *[...] Worry ... we do not know tomorrow. I'm good here, tomorrow give me something, I think: who will take care of it and give it to my son?* (R15)

Health and disease have always been a part of reality and human concern. Throughout history, models of explanation of health and disease have always been linked to the different processes of production and reproduction of human societies. In the same way, the concern with the conservation of health accompanies the man from the beginnings.[10]

The participants revealed, in the face of the possibility of illness, multiple meanings that end up composing their relationship with the health-disease process, such as the fear of physical limitations, the loss of autonomy and the inability to provide for the family's sustenance and well-being. For them, the performance of work activities, as well as the well-being, care and maintenance of the health of their relatives comes first, so that the interruption of the same to the disease generates insecurity and concern.

The riverine man understands that he can not get sick, because everyone in the house or in the family needs his protection. For this reason, they are reluctant to admit that they are having problems or difficulties, or even do not assume this condition, because, in their imagination, it is men, and especially their parents, the role of provider, the control of economic activities and food subsistence.[17]

The experience of illness becomes difficult to accept and, although they have access to knowledge about the importance of health prevention in general, men do not adopt it in practice, nor do they seek preventive services.[18] That is, they assume a contradictory behavior because, although there are health concerns, there is no precaution towards the protection and prevention of it.

Most men are not in the habit of taking care of their own health and delay the search for assistance as much as possible, failing to do so when they can not deal with their repercussions alone.[19]

> *[...]. If I get sick I take medication, that's all.* (R13)
>
> *[...] who cares a lot is my mother, she talks every day to take care of herself.* (R18)
>
> *[...] I am not to be sick, because sickness means weakness, and weakness I do not like.* (R26)

It is understood that these attitudes are justified in two ways: by the view of man as invulnerable and by the distance between the same and certain characteristics related to the feminine, such as care, sensitivity, fragility and dependence. Corroborating this idea, stands out that there is a requirement, socially constructed, that the man is physically and psychologically strong, resulting in a figure who refuses to take care of himself. The values of the masculine culture involve tendencies to the exposition to risks, association of the masculinity to the invulnerability and also the own family education, which guides the man to a social role of maintainer.

When analyzing the knowledge and experiences of the participants of this study in relation to health, the distancing and low demand for primary health care services (PHC), the influence of gender relations on male and the fragility in the professional-user relationship.

These findings that refer to the incipient search of the men bordering this study by the PHC services, represented here by the FHS of the island of Combú / PA, reveal the following factors: lack of time or incompatibility of schedules with the operation of the services of the unit, In health offered exclusively to adult men, a long working day, alternative

solutions such as the use of teas, home remedies or self-medication to solve the problems of illness and the responsibility for the well-being and maintenance of the family.

In this context, a survey carried out with health managers from five Brazilian municipalities stated that the deficit support network, highlighted here, by the absence, as recommended by NPIAHH, of specific flows for men is a known problem, meeting the male expectations of Access and resolubility.[20]

Another study was carried out in the city of Rio de Janeiro, RJ, Brazil, with two groups: the first with ten men between 45 and 57 years old, with low or no schooling, and the second with eight men between 40 and 64 years old, Superior, showed that the first group, supposedly having the lowest purchasing power when compared to the second group, is less concerned with health care issues, with a greater focus on work and household and family support.[21]

The implications of the low demand for health services aimed at prevention, in line with the way of life of the riverine man, already discussed in this study, generate situations that, according to the NPIAHH, cause delays in the diagnosis of diseases, aggravation of morbidity and increase of expenses With treatments, by the health system.[1]

Regarding the gender specificities, it is observed that the feminization of the health services, where the woman's figure is taken as the center of care, generates in a certain way, the male invisibility and the non-protagonism of the man on his own care, as Invisibility is present, above all, in the professionals' posture. In several situations, it was observed that the health professionals of the Combú / PA FHS, including the nursing staff, addressed women - wives, mothers, grandmothers, daughters - to Accompanied.

The unfolding of this invisibility is also expressed in the ineffective male presence. This fact was demonstrated in a survey carried out in PHC services in four Brazilian States, which revealed that it is common for professionals to affirm that men, as well as less present, offer more resistance to calls for service, lack consultations and do not follow recommended treatment.[22]

Through the above and in understanding the importance of the nursing professional as a component of the multidisciplinary health team, it is proposed to reflect on strategies aimed at reducing the gaps identified in this study and the possibility of guaranteeing an even higher quality care.

From the results of this study we discuss a strategy of care that can enable the health needs of the male population and that tends to benefit the entire community. This strategy is part of a proposal to stimulate teams of the Family Health Strategy to use instruments such as the genogram, a tool already provided for in the home care notebook and used by some health services as part of the therapeutic process.[23-24]

In addition, it is important to think about the discussion of strategies to meet men and insert them in the context of services, seeking to gradually stimulate self-care. It is important to highlight the important educational, managerial and assistance role of the nursing professional, capable of stimulating the critical-reflexive dialogue with the other components of the health team and the rapprochement with the users, promoting the strengthening of the links.

Such strengthening may result in the development of affective and trust relationships between users and health professionals, allowing the deepening of the process of co-responsibility for health, crucial for quality care.[25] Strategies such as the creation of alternative schedules on special days, previously defined and widely disseminated by the PHC, or even the flexibility of existing schedules, could be attempted, facilitating access, especially for workers. Successful experience in PHC services that expand beyond regular hours has, in particular, a greater presence of men in the schedules created, as well as in other services that keep activities in operation at lunch time, facilitating the access of working men, which endorses the discussion about work as an aspect that restricts access to services by men.

CONCLUSION

Through the accomplishment of this research, it was noticed that the discussions that encompass the knowledge about health are still scarce, even more so when it comes to the knowledge of riverine men. NPIAHH is specifically aimed at contemplating the health of man in all its aspects, however, the activities currently performed in the health services do not contemplate its guidelines.

The study provided access to several aspects related to the masculine universe and its relation with health, making possible the identification of knowledge about health among riverine men. It was evidenced that, as similar as the concepts, concerns and significations about health of this study with other populations, the knowledge

incorporated by the riverine men follow their individual needs, interests and possibilities, linked to their living conditions.

It was also identified that, structural, social and cultural barriers negatively influence the health and quality of life of this group, referring to the distancing of health services and neglect with their own care. From these observations, it is understood that there is a long way to go in the quest to overcome such barriers.

Although this study has the limitation of being carried out in a small population group of the male universe, it is concluded that the knowledge obtained through it can help health professionals, managers and new researchers in understanding the panorama of the knowledge and concerns of the riverine men about their health, enabling the development of practices that respect, value and seek to improve their quality of life.

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