ABSTRACT
Objective: to identify, through problem-posing pedagogy, generating themes in health which help participants of the Rosary of Men become more aware and self-reflective about the importance of disease prevention and health promotion. Methods: we used Paulo Freire’s problem-posing pedagogy as a ‘guiding method’. This study was conducted in the city of Passos-MG, with men who participated in the so-called ‘Rosary of Men’. The sample was a non-probability accidental sample of 240 men. The study project was approved by the Research Ethics Committee, Opinion No 349/12. Data collection was carried out in the first half of September 2012, through a semistructured interview. Results: participants’ age range was 23-77 years. Most of them were white, married, professionally active, and had elementary school education. Conclusion: The most frequently cited theme in Category I - Sexual status/reproductive tract was prostate cancer; in Category II - Health problems the themes most often mentioned were hypertension, diabetes and alcoholism; and in Category III - Health care, the theme most frequently reported was healthy nutrition. Descriptors: Men’s Health; Health Education; Community Health Nursing.

RESUMO
Objetivo: identificar, por meio da Pedagogia da Problematização, temas geradores em saúde que promovam informação e sensibilização dos participantes do Terço dos Homens para a importância da promoção da saúde e prevenção de agravos. Metodologia: o método norteador foi a Pedagogia da Problematização de Paulo Freire, e o local da pesquisa a cidade de Passos-MG, no chamado Terço dos Homens. A amostra foi a não probabilística do tipo acidental e conseguiu um total de 240 participantes. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, Processo nº 349/12, realizou-se a coleta de dados na primeira quinzena de setembro de 2012, por uma entrevista semiestruturada. Resultados: a faixa etária foi dos 23 aos 77 anos, a maioria de raça branca, casados, profissionalmente ativos, nível de escolaridade e ensino fundamental. Conclusão: em relação aos temas geradores na Categoria I - Condição sexual/aparelho reprodutor o câncer de próstata foi o tema mais citado; Categoria II - Agravos de saúde, hipertensão, diabetes e alcoolismo; na Categoria III - Cuidado em saúde, a alimentação saudável. Descritores: Saúde do Homem; Educação em Saúde; Enfermagem em Saúde Comunitária.

RESUMEN
Objetivo: identificar, a través de la Pedagogía de la Problematización, temas generadores que promuevan mayor comprensión y sensibilización de los participantes del Rosario de los Hombres sobre la importancia de la promoción de la salud y prevención de agravos. Métodos: se utilizó como método de guía la Pedagogía de la Problematización de Paulo Freire. Este estudio se condujo en la ciudad de Passos-MG, en el llamado “Rosario de los Hombres”. Se tomó una muestra de tipo no probabilístico accidental. 240 hombres participaron del estudio. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, opinión N° 349/12. Los datos fueron colectados en la primera quincena de septiembre de 2012, por medio de entrevistas semiestructuradas. Resultados: la mayoría de los hombres tenía edad entre 23 y 77 años, color blanco, estaba casado, era profesionalmente activo, y tenía nivel de educación elemental. Conclusión: en cuanto a los temas generadores, se encontró que: en la Categoría I - Condicional sexual/tracto reproductivo, el cáncer de próstata fue el tema más mencionado; en la Categoría II - Agravios de salud, la hipertensión, la diabetes y el alcoholismo fueron los temas más destacados; por fin, en la Categoría III - Cuidado de la salud, la alimentación saludable fue el tema más citado por los participantes del estudio. Descriptores: Salud del hombre; Educación en Salud; Enfermería en Salud Comunitaria.

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INTRODUCTION

In 2007 the Ministry of Health launched the Brazilian Comprehensive Health Care Policy for Men, which aims to achieve the participation of the male population in health care programs, thus promoting men’s health and preventing diseases. A priority age range for this policy is 25-59 years.

An international study on men’s health has highlighted:
(a) Men generally have more severe and chronic health problems and die more often than women from leading causes of death;
(b) There is a construction between masculinity and commitment to men’s health;
(c) Both the construction of masculinity and its implications in health should be seen from the relational gender perspective;
(d) The development of aggressive skills by men;
(e) Due to the central importance of work to men's sense of identity as a provider, problems related to unemployment may also compromise a male's well-being and contribute to an increase in youth suicide rates.

In societies in which power, success and strength are assigned to males, men might distance themselves from characteristics associated with the feminine, such as sensitivity, care, dependency and fragility. These culturally-assigned differences can make men more prone to diseases, injuries and deaths.2

Men usually enter the health care system through specialized care. As a consequence, they have worse morbidity due to delayed health care. Moreover, this represent higher costs to the Unified Healthcare System. It is necessary to strengthen and qualify primary care, in order to ensure health promotion and the prevention of avoidable health problems.3

One of the main challenges of the Brazilian comprehensive healthcare policy for men is to motivate the male population to fight for and exercise their social right to health. This policy aims to help men become protagonists of their own demands, consolidating their citizenship rights.3

According to this policy, to achieve this goal it is important to use a joint work approach with other governmental actions and the ‘organized society’, especially those which work at public places of sociability proper to men, such as businesses, trade unions, soccer fields, bus stations, subways, barracks, schools, etc.3

This study is part of a research project focusing on extension and is conducted with the participation of scientific initiation scholarship holders of the Foundation for Research Support of the State of Minas Gerais (FAPEMIG) and of the Brazilian National Council Scientific and Technological Research (CNPq). By visiting the ‘Rosary of Men’, a place where there is a higher concentration of men, we aimed at identifying and raising issues for further research and development of educational activities directed toward the prevention of health problems in men.

OBJECTIVES

- To identify, through problem-posing pedagogy, generating themes in health, which help participants of the Rosary of Men become more aware and self-reflective about the importance of disease prevention and health promotion.
- To raise generating themes.
- To group and organize these generating themes.
- To establish an agenda for educational activities.
- To develop the educational planning program for this project.

METHODS

This study is an extension project with a focus on research. Initially, in the phase named by the researchers as Phase I, we raised/identified generating themes. Phase II is an extension phase. It is in progress in 2014, through the implementation of educational meetings. We used Paulo Freire’s4 problem-posing pedagogy as a ‘guiding method’ for this study. According to Bueno5, the problem-posing pedagogy is an active, dialogical and critical method, which seeks to understand how the persons being researched see/understand reality, so that, once they become aware of their possibilities, they become ‘creators of culture’ and transformers of their own reality.

The practical development of Freire’s method5 has two phases (with their respective sub-phases) for processing study data:

a) Survey of the thematic universe: the description and interpretation of the student(s) situation, and identification of their prior knowledge and skills, and learning needs. To organize the analysis of the ‘thematic universe’, the following sub-phases are used:
   a.1) Survey of the generating themes;
a.2) Organization of the collected data;
a.3) Selection and coding of the recorded/produced words and sentences;
a.4) Summary of selected words and sentences. In this study, the themes were grouped according to similarity of meaning and frequency, because each respondent could suggest more than one theme.

b) Development of educational activities

According to Paulo Freire⁴, this should be implemented as follows:

b.1) the teaching planning is carried out taking all raised themes into consideration;
b.2) Development of critical education;
b.3) Process evaluation: the proper approach of the actions proposed and implemented is evidenced in the speeches. The latter start to be frequently used by the researched/studied subject, who then fully understand its meaning and adopts suitable themes. This phase of the study is in progress since 2014. It is being implemented through fortnight meetings with the two groups. These meetings will enable the production of results from the educational activities.

This study was conducted in the city of Passos-MG. The target population was male participants of the so-called ‘Rosary of Men’, a meeting of laymen arranged by the Catholic church. One group went to meetings in the neighborhood of Umuarama, where the average number of attendees is 500 men and meetings are held every Tuesday; the other group went to meetings in the neighborhood of Cohab IV, where meetings are held every Wednesday and the average number of attendees is 250 men. The sample was a non-probability accidental sample. Inclusion criteria were: signing the Informed Consent form and, subsequently, responding to the semi-structured interview questions. The latter collected data on age, race, marital status, occupation, level of education, and the health topics of interest for the implementation of educational meetings. The instrument was administered to 258 men (129 in each of the meetings).

Once identified, the generating themes were classified into 3 (three) categories, according to the content of the themes. Category I - Sexual status/reproductive tract: themes related to conditions of the male genitourinary/reproductive tract. Category II - Health problems: several diseases mentioned by the interviewees, possibly due to a wider dissemination through the media. Category III - Health care: themes considered by men as related to health promotion. All these categories and themes are presented in tables.

RESULTS

In the research phase, we collected the following data regarding the participants’ profile: age, race, marital status, occupation, level of education. The acronym SRC (Santa Rita de Cássia) represents the meeting held in a church situated in the Umuarama neighborhood and SLM (São Luiz de Monfort) represents the meeting held in the Cohab IV neighborhood. We found that, in SLM, most participants were aged 23-77 years (88; 62.21%); and in SRC, 23-66 years (118; 91.47%). As for their race, 88 (68.21%) men in SLM and 107 (82.94%) men in SRC self-reported as White.

As for their marital status, in SLM 93 (72%) were married, and 19 (14.72%) were single; in SRC 92 (21.31%) were married and 24 (28.60%) were single. In addition, in SLM 38 (29.45%) men were retired and 91 (70.54%) were professionally active; in SRC 23 (17.82%) were retired and 106 (82.17%) were professionally active. With regard to their educational level, we found that, in SLM 99 (76.74%) had elementary school education, 19 (14.7 2%) had high school education, 7 (5.42%) had higher education levels and 4 (3.10%) were illiterate; in SRC 48 (37.20%) had elementary school education, 49 (38%) had high school education, 29 (22.48%) had higher education levels, 2 (1.5%) were illiterate and 1 (0.78%) had a masters degree.

Once identified, the generating themes were classified into 3 (three) categories, according to the content of the themes. Category I - Sexual status/reproductive tract: themes related to conditions of the male genitourinary/reproductive tract. Category II - Health problems: several diseases mentioned by the interviewees, possibly due to a wider dissemination through the media. Category III - Health care: themes considered by men as related to health promotion. All these categories and themes are presented in tables.
Table 1. Presentation of the themes suggested according to category I - sexual status/reproductive tract. Passos-MG, Brazil, 2012.

<table>
<thead>
<tr>
<th>Sexual status/Reproductive tract</th>
<th>SLM</th>
<th>SRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>AIDS</td>
<td>13</td>
<td>07</td>
</tr>
<tr>
<td>Andropause</td>
<td>08</td>
<td>11</td>
</tr>
<tr>
<td>Sexual impotence</td>
<td>08</td>
<td>06</td>
</tr>
<tr>
<td>Prostate increase</td>
<td>06</td>
<td>08</td>
</tr>
<tr>
<td>STD</td>
<td>06</td>
<td>03</td>
</tr>
<tr>
<td>Premature Ejaculation</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>09</td>
<td>04</td>
</tr>
<tr>
<td>TOTAL</td>
<td>102</td>
<td>88</td>
</tr>
</tbody>
</table>

(*) More than one answer per participant was possible. The data are only grouped as frequencies.

We can see in Table 1 that, in Category I - Sexual status/reproductive tract, the most reported theme of interest in both groups was prostate cancer.

Table 2. Presentation of the generating themes related to Category II - health problems as reported by the study participants. Passos-MG, Brazil, 2012.

<table>
<thead>
<tr>
<th>Health problems</th>
<th>SLM</th>
<th>SRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>55</td>
<td>42</td>
</tr>
<tr>
<td>Diabetes</td>
<td>52</td>
<td>38</td>
</tr>
<tr>
<td>Heart attack</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>22</td>
<td>08</td>
</tr>
<tr>
<td>Emotional illnesses</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Dyslipidemias</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Smoking habit</td>
<td>13</td>
<td>09</td>
</tr>
<tr>
<td>Violence</td>
<td>12</td>
<td>05</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>11</td>
<td>06</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Occupational diseases</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>Obesity</td>
<td>09</td>
<td>09</td>
</tr>
<tr>
<td>Psychological behavior</td>
<td>07</td>
<td>08</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>07</td>
<td>06</td>
</tr>
<tr>
<td>Total</td>
<td>288</td>
<td>209</td>
</tr>
</tbody>
</table>

(*) More than one answer per participant was possible. The data are only grouped as frequencies.

Table 2 shows that people still place a greater priority on the disease process. Several diseases were cited as themes of interest for the educational meeting, especially the so-called non-communicable chronic diseases, such as diabetes and hypertension.

Table 3. Presentation of the generating themes raised in Category III - health care. Passos-MG, 2012.

<table>
<thead>
<tr>
<th>Health Care</th>
<th>SLM</th>
<th>SRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy nutrition</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Healthy aging</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Life Cycle</td>
<td>06</td>
<td>01</td>
</tr>
<tr>
<td>TOTAL</td>
<td>40</td>
<td>28</td>
</tr>
</tbody>
</table>

(*) More than one answer per participant was possible. The data are only grouped as frequencies.

According to Table 3, only a few themes could be identified in Category III - Health Care. In this category we sought to identify men’s concerns in relation to health promotion, which consists in leading healthy lifestyles in order to prevent diseases. The most frequently cited themes were healthy nutrition and healthy aging.

DISCUSSION

A significant number of participants was in the age range of 25-59 years, being therefore considered by the Ministry of Health as a priority group to participate in health care programs due to the high morbidity and mortality rates in this population group. The adolescents and young adults, who are inserted in a culture of invulnerability, are exposed, in this phase of life, to situations of...
urban violence, death and disabilities caused by traffic accidents. Most men in the age range of 35-59 years usually seek medical help only when faced with irreversible illnesses, resulting from lack of prevention or early treatment. According to data from the Ministry of Health (2008), the most prevalent diseases in this age group are cardiovascular diseases and prostate cancer. This may explain why prostate cancer was mentioned so often by participants.

The data on profession/occupation were collected in this study in order to investigate occupational hazards. Work (incompatible schedules and their position as providers) is one of the main reasons given by men as to why they do not seek health care services.1,6,3

Participants’ marital status was asked in this study because the Ministry of Health1 highlights the importance of making men aware that they have both the duty and the right to participate in family (reproductive) planning. Fatherhood should not be seen only from the standpoint of legal obligation. Above all, it should be recognized as a right to participate in the entire process, from the decision to have children or not, and how and when to have them, to participating in pregnancy, childbirth, postpartum and child rearing decision-making.

Men with low levels of education usually cite invulnerability behaviors less often than men with higher levels of education. However, both groups view health care as a feminine practice. This variable is also relevant in the development of the project, because it helps to assess the most appropriate strategies to be used during the educational meetings.3

One critical issue in health care policies for men is to raise men’s awareness about the need for greater participation in programs for health promotion, disease prevention, and rehabilitation, which are implemented by the Family Health Strategy. However, we find that the family health teams are not properly prepared to deal with issues that are specific to men’s health, which has led men to distance themselves from such promotion and prevention programs/actions. In Passos, in the 17 existing Family Health units, the provision of services to this specific population is still incipient. Men are thus frequently cared for through health care programs such as the Hiperdia (for diabetes and hypertension). With regard to prostate cancer, the PSA test is not often requested. Moreover, there is little masculine in health care programs for the elderly. These findings are in line with other studies7. Among the themes identified in this study, we found that there was a convergence of themes between the two first categories. In Category I, prostate cancer was the most cited theme; in Category II, hypertension, diabetes and alcoholism were more frequently cited by participants; and in Category III, the most frequent answer was healthy nutrition.

Indicators of male mortality in the age group of 25-59 years show that 75% of deaths are caused by five (5) entities: 1st place: external causes (traffic accidents, intentional self-harm, aggression through violence); 2nd place: diseases of the circulatory system (diabetes, hypertension); 3rd place: tumors; 4th place: digestive diseases (caused by alcoholism); 5th place: respiratory diseases (malignant neoplasms, caused by smoking; tuberculosis). However, what draws our attention is that, although there is a high incidence of mortality from external causes among younger age groups (25-40 years), diseases of the circulatory system are the most common mortality cause in the age group 45 years or older, whereas tumors are the most prevalent cause of death in the age group 50 years or older.8,9

The coordination of the Family Health units in Passos was invited to participate in the study activities. However, the FH staff did refused to participate in the educational meetings, even though it could be seen as a change/strategy to disseminate the actions performed by these units and the services provided by them to this target population.

The reports collected in this study show that the main reasons for not participating in health care programs are: incompatible schedules, lack of professionals and frequent postponements of appointments for consultations or examinations, the shortage of medications, the absence of a urologist (considered by these men as the best suited professional to deal with their problems). These findings are corroborated by other studies which investigated the reasons why men are resistant to seek care in primary care settings.9

**FINAL REMARKS**

About 1,000 men participated in the two Rosary of Men groups. From these, only 25.80% agreed to take part in the interviews, which had as a goal to identify/raise generating themes.

In our opinion, this is due to an education based on the culture of “machismo” still in force and according to which taking care of one’s health is a feminine practice. On the other hand, we are still influenced by Paulo
Freire’s ‘banking’ concept of education, in which health professionals are seen as the custodians of knowledge and the general population is seen as the recipients of information/health regulations. Moreover, it is still believed that full health recovery is only possible through a prescription.

It is necessary to break old paradigms in popular and, more particularly, in men’s education, in order to achieve a more effective participation and a behavior change, making them co-responsible for their health care. Looking for knowledge and new strategies in places never thought before, in order to raise awareness of the reality that surrounds men could motivate them to become active agents, with duties and rights, in health care decision-making. In this regard, the Family Health Strategy needs to expand access spaces to the male population. Using this approach in the various social segments where there is a higher concentration of men can undoubtedly be a good strategy to overcome cultural and social barriers that surround the male universe. This is recommended in the guidelines established in this policy.

**FINANCING**

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