



MEN'S PERCEPTION ABOUT THE RECTAL EXAM
PERCEPÇÃO DOS HOMENS SOBRE O EXAME TOQUE RETAL
PERCEPCIÓN DE LOS HOMBRES ACERCA DEL EXAMEN RECTAL

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ABSTRACT

Objective: understanding the perception of men in a Family Health Strategy regarding the realization of rectal exam. **Method:** a qualitative study of symbolic interactionist approach. Men aged over 40 years old were included. The research project was approved by the Research Ethics Committee, the CEP/SOEBRAS protocol: 01627/11. **Results:** the vast majority of respondents is aged between 51 and 60, have not completed high school, are catholic, married, reported consulting the doctor for preventive consultation annually. It is noticed that most of them have little information about the exam, and are very ashamed of the procedure. **Conclusion:** it is considered that even a physical and social barrier to be overcome before the male stigmas; and that research may aid in the early suspension of risk factors of the population. **Descriptors:** Prostate cancer; Human Health; Epidemiological Profile.

RESUMO

Objetivo: compreender a percepção dos homens em uma Estratégia de Saúde da Família quanto à realização do exame de toque retal. **Método:** estudo de caráter qualitativo e abordagem interacionista simbólica. Foram incluídos homens na faixa etária acima de 40 anos. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo do CEP/SOEBRAS: 01627/11. **Resultados:** a grande maioria dos entrevistados possui idade entre 51 e 60 anos, não concluiu o ensino médio, são católicos, casados, relataram que consultam o médico para consulta preventiva anualmente. Percebe-se que grande parte dos mesmos possui poucas informações a cerca do exame, e tem muita vergonha do procedimento. **Conclusão:** considera-se que ainda uma barreira física e social a ser ultrapassada diante dos estigmas masculinos; e que as pesquisas podem auxiliar na suspensão precoce de fatores de risco das populações. **Descritores:** Câncer de Próstata; Saúde do Homem; Perfil Epidemiológico.

RESUMEN

Objetivo: conocer la percepción de los hombres en una Estrategia de Salud de la Familia en cuanto a la realización de un examen rectal digital. **Método:** estudio cualitativo y enfoque interaccionista simbólico. Fueron incluidos los hombres del grupo de edad de más de 40 años. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, el protocolo CEP/SOEBRAS: 01627/11. **Resultados:** la gran mayoría de los encuestados tienen edades entre los 51 y 60, no han terminado la escuela secundaria, son católicos, casados, informaron consulta preventiva al médico al año. Se observa que la mayoría de ellos tienen poca información acerca del examen, y tiene muy avergonzado del procedimiento. **Conclusión:** se considera que incluso una barrera física y social que hay que superar antes los estigmas del sexo masculino; y que la investigación puede ayudar en la suspensión temprana de los factores de riesgo de la población. **Descriptores:** Câncer de Próstata; Salud del Hombre; Perfil Epidemiológico.

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INTRODUCTION

Prostate cancer is the second most common among men. In absolute terms, it is the sixth most common type in the world and the most prevalent in men, accounting for about 10% of all cancers. It is considered a cancer of the elderly, since about three-quarters of cases in the world occur from the age of 65. The increase in incidence rates in Brazil may be partially explained by the evolution of diagnostic methods.¹

Digital rectal examination is a preventive measure low cost, however, is a procedure that stirs the imagination male, about to depart countless men prevention of prostate cancer. This refusal is not necessarily only because of the lack of information about the effectiveness of this preventive measure, but for many other reasons as hours of operation, services to meet the needs of men; the precariousness of public services; bad service; long lines; the number of vacancies for consultations; and the lack of doctors, especially males, which is the preference of men.²

It is noteworthy that the digital rectal examination is an essential part of the physical examination with men seeking health services for early diagnosis of prostate cancer, reducing the incidence of late disease, interfering in mortality rates, showing that prostate cancer can be curable, but it must be diagnosed early through this examination that allows the examiner to recognize the dimensions, shape and limits of the body, as well as abnormalities, bulging, consistency changes and mobility.^{3,4}

Prevention and early detection are key strategies for the control of prostate cancer, with the essential requirement a set of constants educational activities, persistent and dynamic for men, according to their default values, education, among other variables, that being the health team must act with a view to empower the user so he can participate actively and consciously in the care of your health. The knowledge gained allows these individuals are able to make choices that promote health or predispose to disease. In this context, knowledge of risk factors for the development of malignancies and to characterize the profile of individuals more susceptible it becomes essential for its prevention.⁵⁻⁷

The choice of this research topic arose because the researchers observe the resistance, prejudice and lack of knowledge that men have regarding the realization of digital rectal examination. For becoming a

public health problem, prostate cancer needs plans and paradigms that cover the diagnosis, treatment and guidance of professionals themselves who deal daily with this disease.

As a result, the objectives of this study are:

- Understanding the perception of men in a Family Health Strategy regarding the realization of digital rectal examination;
- Characterizing the profile of men and socioeconomic, demographic and cultural level.
- Describing the types of feelings and the opinions of men regarding the realization of digital rectal examination.

METHOD

This is a qualitative of symbolic interactionist approach study, and, in general, one can say that the symbolic interaction is a theoretical perspective that furthers our understanding of how individuals interpret the objects and other people with whom they interact and how such a process of interpretation leads the individual behavior in specific situations, thus enhancing the sense that things have for human behavior.

The production of data was performed in a FHS of Telma Village neighborhood of Montes Claros, Minas Gerais, Brazil. The selection of research subjects occurred intentionally, that is, dependent on the willingness to participate after signing the Informed Consent Statement. Inclusion criteria defined the age group from 40 years old to be the male population with the highest prevalence of prostate cancer were excluded respondents who did not accept participation and recording interviews.^{8,9}

The interviews were conducted at the beginning of the workday, previously scheduled with individuals so that they are unconcerned about their activities. On their homes explained the reason for the search and guaranteed anonymity and confidentiality of information. Before the interview was conducted the pre-test interview script in order to verify faults, clarity, conciseness and constraints thus avoiding the invalidity of the study. In the results, respondents are identified by the letter H and numbering sequence of the interviews, to ensure the confidentiality of respondents.

This project met Resolution 196/96, and was submitted to the ethics committee for review and release of the study, with the protocol number of CEP/SOEBRAS: 01627/11; and the same used the free and informed consent to the next customers.

RESULTS AND DISCUSSION

♦ Characterization of the participants

♦ Age and family history

Twenty percent of respondents were between 40 and 50 years old; half between 51 and 60; thirty percent between 61 and 70; none between 71 and 80. All the men interviewed denied any knowledge of cases of prostate cancer in the family.

Eating habits such as high-calorie foods, high-fat diet and low physical activity are related to the incidence of prostate cancer because there is evidence of elevated serum PSA levels in patients with these aspects. Low-fat diet rich in fruits, vegetables, grains and others are nutritional habits that minimize the appearance of prostate cancer and highlights factors determining the development of prostate cancer, such as age, ethnic origin with higher incidence in black and heredity.^{3,10-11,6}

The estimated magnitude of the relative risk in first-level relatives affected does not seem to differ significantly between racial groups. First-degree relatives of patients with prostate cancer at increased risk of two to three times when compared to men in the general population.¹⁰

♦ Schooling and income

Among the respondents, most did not finish elementary school and others say they are functionally illiterate. Regarding income, some receiving less than the minimum wage; the vast majority of one to three salaries; and only one of said three to six render pay.⁶

The epidemiological distribution of cancer in Brazil suggests a transition in progress, involving an increase in the types of cancer normally associated with high socioeconomic status - breast, prostate and colon and rectum - and simultaneously the presence of incidence rates persistently high tumor usually associated with poverty - cervical cancer, penis, stomach and oral cavity. This distribution certainly the result of exposure to a large number of different environmental risk factors related to the process of industrialization - chemical, physical and biological agents - and exposure to other factors related to social disparities.⁶

This observed increase in incidence rates of prostate cancer in the world can still be partially explained by the evolution of diagnostic methods, improving the quality of information systems and the increase in life expectancy, and about 10% of all cancer this closely linked to the age factor, since about

three-quarters of the cases in the world occur from the age of 65.¹²

♦ Religion, professional occupation and marital status

Most of the men interviewed is Catholic; some are evangelical or do not follow any religion. In relation to the occupation were cited political coordinator, mason, dealer, retired or no. More than half are married, and the rest falls among single, separated or widowed.⁶

The above factors cited as interview data have no relationship directly with proven prostate cancer, but can somehow influence the quality and the lifestyle. The Ministry of Social Welfare points out that a significant proportion of cancers is attributed to environmental influences, particularly those related to lifestyle. Therefore, the occurrence of cancer is potentially preventable fraction. Some of these factors act in the early stages of carcinogenesis induction, other promoters such in subsequent phases and there are cases of acting in both phases. Thus, factors related to quality of life influence significantly the occurrence of prostate cancer.⁶

♦ Frequency of consultations

It was asked how often men seek for medical care with the aim of receiving preventive care in relation to human health, which excludes queries to control chronic diseases or emergencies. Most reported consulting the doctor for preventive consultation annually; just once every six months or never sought.

The social construction of masculinity has been identified in the literature as an important element contributing to the feeling of invulnerability and the greater exposure of men to behaviors that endanger their health.^{10,13}

Added to the association of care and health care to the scope of the female, as women seek health services more often, and report their complaints more often, contributing to such shares are undervalued by the male population. The social representation of man as a subject strong, tough and invulnerable has been identified as important cultural barrier that contributes to the distancing of these subjects of health services, especially those aimed at the promotion, prevention and early diagnosis, thus resulting in higher morbidity and mortality rates among this population.⁹

Studying human health addressing the cultural aspects, including the complexity of prostate cancer is to bring to light that men are more vulnerable to diseases, especially

the chronic and degenerative, and they die more if care less and do not seek the services of primary health care. The search for a doctor after 40 years is recommended to men to assess the prostate, and those with disease cases in your family should do before.¹⁴

◆ Ignorance about the examination

After obtaining the epidemiological data, there was asked to men or if they knew what is the digital rectal exam. As part of the respondents answered negatively or showing doubt, explained what is the test to continue the interview. It could be observed after the explanation, some knew what the exam, but were ashamed to speak.

I don't know. I've seen only the people commenting, right? I've heard that it's not very bad thing not (laughter). (H1)

If I know? I don't know about this girl! (laughter). (H2)

I don't know, see? (H3)

I don't know. I've only heard. (H5)

Many men have a great fear of performing the examination rectal mainly due to the lack of information and emotional and cultural aspects, generating concern because it has caused the death of many men because prostate cancer undiagnosed or late diagnosis.^{3,6,4}

I see talk, but never did it. And yet also so speak I already know what that is. (H4)

It is to identify any symptoms for prostate disease. (H8)

Yes, my brother had to do (laughter). (H10)

In the case of realization of the digital rectal exam for secondary preventive measure for prostate cancer, regardless of controversy as to its effectiveness, the discussion cannot ignore symbolic aspects that directly interfere in the decision to hold examination / diagnosis, creating barriers for most men, since the digital rectal exam can be seen as a violation or an impairment of masculinity.^{4,15}

More or less, right. We do blood test to see if notes, do you mean prostate right? Then if the record we do the touch test huh? (H6)

PSA is a tissue marker, but not specific tumor. Their sensitivity and specificity do not allow its use as an isolated method. There was a great increase in the diagnosis of the number of tumors as well or moderately differentiated, not palpable on rectal exam. Allowed earlier diagnosis highest cure rate, or even put these patients undergo surgery.¹⁶

◆ Feelings about the examination

Men were asked about their feelings about and whether or not the test, and also the review of the exam.

Then I guess you feel nothing, ne? (laughs). I'd feel ashamed, huh? (H1)

Now I can't tell you saw. I don't know if I'm scared or not. Fear is as needed. (H5)

Is more or less shame, for example, I have a son in jail and I'm not going to because I have to take my clothes off, I'll take my clothes off and getting naked to do exam? (H7)

I feel like I'm going to be embarrassed. (H9)

I guess I just was going to do as a last case. (H10)

Rectal examination cannot be seen only as a physical examination which can diagnose early prostate cancer. This examination does not only affect the prostate. He touches on symbolic aspects of maleness that, if not addressed, can not only derail the measure of secondary prevention as well as health care for the man in general.¹⁷

Culturally, the masculine identity is related to the devaluation of self-care and little concern for health. It is known that men prefer health services that meet their demands more objectively, such as pharmacies and emergency rooms to ensure faster service and resolve their needs with greater ease. In addition, the lack of bond and received by health facilities can lead to withdrawal of men to health care, that, in addition to factors such as inadequate care schedules that are not guided in the worker's context.⁵

Because it's the right thing. Because the person is feeling, is sure to make. Would if needed. (H4)

Nothing, because I intend to do. (H8)

If you need, I'm going to have to do. (H11)

I think it's good for health. (H12)

Patients with this cancer have discovered the lump by chance during routine examinations. In other methods, is quoted incidental finding during exams due to prostate enlargement. The non-palpable would be discovered when there is use of transrectal ultrasound during physical examination or by study of benign prostatic hyperplasia. Adenocarcinomas of the prostate is generally have a longer period of claims evolution until symptoms present themselves, may mask other diseases with similar symptoms.

Oh [...] didn't feel bad or not so well, huh? I thought that [...] but did not receive a result. (H2)

With specific regard to the implementation of the digital rectal examination, in addition to the mentioned factors, we highlight the imaginary aspects related to its invasive nature, physical and emotional point of view, and the spread of fear of the examination between men themselves. Besides these, one cannot ignore other aspects of structural, such

as access to the examination in the health services and the recommendation of health professionals who, directly or indirectly, also undermine the realization for their detection.⁵

FINAL NOTES

Male consultation for disease prevention and health promotion is still a challenge for emerging field of Men's Health. During the initial process of selecting participants, some refused and those who were interviewed showed afraid to answer the questions.

In view of the results, the authors consider that there is a physical and social barrier to be overcome before the male stigmas. To change the current landscape of cancer, and essential to have stimulating the search for accurate and quality information on the incidence and prevalence of disease in populations, enabling the implementation of public policies that lead to achievement of effective prevention and early detection in order to harm reduction, mortality rates and public expenditure, and the epidemiological research may aid in the early suspicion of risk factors of the study populations and should always be encouraged.

The strategy for intervention of diseases affecting the male population should understand the behavioral aspect. Therefore, it is important to realize that it covers the style of male life, which differs much from the female.

New studies on the subject human health and new strategies to better capture them for carrying out the examinations for the prevention of prostate cancer should be performed in the future.

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