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INTEGRATIVE LITERATURE REVIEW

BASIC CARE NURSE'S ACTIVITIES IN CONNECTION WITH DIFFICULTIES FOR THE IMPLEMENTATION OF MEN'S HEALTH POLICY

ATUAÇÃO DO ENFERMEIRO DA ATENÇÃO BÁSICA DIANTE DAS DIFICULDADES PARA A IMPLEMENTAÇÃO DA POLÍTICA DE SAÚDE DO HOMEM

ACTUACIÓN DEL ENFERMERO DE LA ATENCIÓN BÁSICA ANTE LAS DIFICULTADES PARA LA IMPLEMENTACIÓN DE LA POLÍTICA DE SALUD DEL HOMBRE

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ABSTRACT

Objective: to identify the challenges and actions of the primary care nurse in relation to the National Policy for Comprehensive Health Care for Man. **Method:** integrative review in which articles were searched in databases BDENF, LILACS and in the virtual library SciELO, in the period between 2011 and 2016. **Results:** 11,923 articles were identified. Of these, ten articles were selected. The articles were systematized in two empirical categories: "Difficulties for the implementation of the health policy of man" and "Nurse performance before the PNAISH". **Conclusion:** the challenges faced by nurses for the implementation of the PNAISH can be divided into two classes: the first is related to the male gender and health services, and the second is pertinent to the Nursing professional and related to their formation, their actions within the basic health units. **Descriptors:** Humam Health; Family Health; Primary Health Care; Health Policy; Public Health Policies; Gender and Health.

RESUMO

Objetivo: identificar os desafios e a atuação do enfermeiro da atenção básica frente à Política Nacional de Atenção Integral à Saúde do Homem. **Método:** revisão integrativa em que se buscaram artigos nas bases de dados BDENF, LILACS e na biblioteca virtual SciELO, no período entre 2011 e 2016. **Resultados:** foram identificados 11.923 artigos. Desses, foram selecionados dez artigos. Os artigos foram sistematizados em duas categorias empíricas: <<Dificuldades para a implementação da política de saúde do homem>> e <<Atuação do enfermeiro diante da PNAISH>>. **Conclusão:** os desafios enfrentados pelos enfermeiros, para a implementação da PNAISH, podem ser divididos em duas classes: a primeira está relacionada ao gênero masculino e aos serviços de saúde e a segunda é pertinente ao profissional de Enfermagem e relacionada à sua formação, repercutindo nas suas ações dentro das unidades básicas de saúde. **Descritores:** Saúde do Homem; Saúde da Família; Atenção Primária à Saúde; Política de Saúde; Políticas Públicas de Saúde; Gênero e Saúde.

RESUMEN

Objetivo: identificar los desafíos y la actuación del enfermero de la atención básica frente a la Política Nacional de Atención Integral a la Salud del Hombre. **Método:** revisión integrativa en que se buscaron artículos en las bases de datos BDENF, LILACS y en la biblioteca virtual SciELO, en el período entre 2011 y 2016. **Resultados:** se identificaron 11.923 artículos. De los cuales, se seleccionaron diez artículos. Los artículos fueron sistematizados en dos categorías empíricas: << Dificultades para la implementación de la política de salud del hombre >> y << Actuación del enfermero frente a PNAISH >>. **Conclusión:** los desafíos enfrentados por los enfermeros, para la implementación de la PNAISH, pueden ser divididos en dos clases: la primera está relacionada al género masculino ya los servicios de salud y la segunda es pertinente al profesional de Enfermería y relacionada a su formación, repercutiendo en sus acciones dentro de las unidades básicas de salud. **Descritores:** Salud del Hombre; Salud de la Familia; Atención Primaria a la Salud; Política de Salud; Políticas Públicas de Salud; Género y Salud.

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INTRODUCTION

The 1970s of the last century it was considered a milestone for North American studies on "man and health."¹ The United States was the pioneer in raising this issue, where the focus was on health problems, following the premise that men were at a disadvantage in relation to morbidity and mortality rates.² Due to the entrenched stigma coming from centuries of the patriarchal culture, that considers man to be an invulnerable being, carelessness increases with the body, becoming more exposed to risky situations and opting for behaviors the conservation and maintenance of health and life qualities.³

There is, also, a great influence of masculine customs, such as the exorbitant use of alcohol and other illicit drugs, smoking, besides self-reported violence and deaths due to external causes, such as traffic accidents, suicides, assaults and homicides.⁴ The great difficulty of accepting who needs preventive health care is one of the greatest barriers for men to seek basic health units.⁵

Data from the Ministry of Health (MH) show that the male population only goes looking for the Unified Health System (UHS) through specialized care, causing a higher cost to the SUS due to the disease. In order to reduce the vulnerabilities of the Health System, Minister of Health José Gomes Temporão, together with the Brazilian Society of Urology (BSU), began discussing a possible Health Care Policy for Man.⁶

The general objective of this policy is to improve the living conditions of the male population, to reduce risk factors and to provide easy access to health care services and services, thus reducing the morbidity and mortality rates of this population.⁷ The same guide is guided by the guidelines of the integrality and organization of public health services, with the reception as a way to make the man feel integrated. It was implemented in a hierarchical way, linked to the family health strategy, where its execution is linked to the other policies and programs of the Ministry of Health.⁸

The National Policy for Comprehensive Health Care for Man (NPCHC) was instituted by the Ministry of Health (MH) in 2009 and where it is guided by the principles of equity and universality with regard to actions and services, qualification and humanization of health care to ensure the protection of their rights.⁹ The Human Health Policy is linked to the National Primary Care Policy, focusing on the Family Health Strategy (FHS), which is a

device for implementing NPCHC, facilitating access of men to health services.¹⁰

The Family Health Strategy (FHS) is the gateway to the Unified Health System (UHS), which has nurses as the protagonist of health promotion and preventive practices. It is up to the nurse, as manager, to determine the success of the implementation of the (NPCHC) within the basic unit.¹¹

The nurse is indispensable in the clinical care, performing assistance and educational activities such as promotion and prevention in relation to the risk of smoking, alcoholism and violence; the follow-up of patients with chronic diseases; individual consultations, as well as lectures that address themes on human health and, in the end, can make an evaluation of the scope of these actions that will favor the adaptation and improvement of public health services.¹²

OBJECTIVE

- To demonstrate the role of the primary care nurse in the implementation of the National Policy for Comprehensive Health Care for Man.

METHOD

A bibliographical study was developed through an integrative review, a method that is within the scope of the Evidence-Based Practice (EBP), which summarizes the past of the empirical and theoretical literature, to provide critical evaluation and synthesis of evidence the final product being the current state of knowledge of the subject studied, the implementation of effective interventions in health care, as well as the identification of gaps that lead to the development of future research.¹³

The process of elaborating the integrative review is well defined in the literature, however, different authors adopt different forms of subdivision of this process, with minor modifications. In general, for the construction of the integrative review, it is necessary to go through six distinct stages: identification of the theme and selection of the guiding question of the research; establishment of the inclusion and exclusion criteria; identification of pre-selected and selected studies; categorization of selected studies; analysis and interpretation of results; presentation of the review synthesis.¹⁴

The data search was performed in the database of the Virtual Health Library (VHL) using the Latin American and Caribbean Literature in Health Sciences database (LILACS), the Nursing Database (BDENF)) and Scientific Eletronic Libray Online (SCIELO).

The consultation met the criterion of the presence of Descriptors in Health Sciences (DeCS): 'Human Health', 'Family Health', 'Primary Health Care' and 'Health Policy'.

The study sample consisted of all the publications indexed in the database of the mentioned sources that approach the guiding question of this study. Included were national bibliographies, complete and available texts that cover the theme and excluded theses, monographs, papers presented at conferences, symposia and conferences and publications in other languages.

For the selection of articles, some particularities of the studies were analyzed. However, for the data collection, a questionnaire containing some information such as title, periodical, year of publication, database, authors, descriptors, research methodology, study objective, sampling, place of research and main results were elaborated .

The data obtained from the articles will be described in a descriptive way in tables and tables where all the knowledge acquired on the subject addressed in this integrative review was gathered. The themes related to the role of nurses in the implementation of

the National Policy for Integral Attention to Human Health were divided in this review into: 1) difficulties for the implementation of the human health policy in the FHS and 2) nurses' performance in front of the NPCHC.

This method will aid the development of theories and recommendations for future research, proposing new strategies, with the aim of promoting the entry of men into primary care services, aiming at promotion and prevention as fundamental points of intervention, with the objective of bringing recognition and importance to politics.

RESULTS

At first, the search for the articles occurred through a search in the VHL database in the presence of DeCS: 'Men's Health', 'Family Health', 'Primary Health Care' and 'Health Policy'. The presence of the exact descriptor in the Portuguese language was obeyed. A total of 11,923 articles were found, which were distributed according to the crosses between them, according to (figure 1).

Descriptors	Men's health	Family health	Health policy	Primary Health Care
Men's health	5.963	977	895	621
Family health	977	1.264	122	407
Health policy	646	122	895	144
Primary Health Care	621	407	144	884

Figure 1. Cross-over of the Descriptors in the VHL, using the Boolean AND operator. Recife (PE), Brazil, 2016.

In order to obtain a representative sample, a new selection was made, but prioritized complete texts in Portuguese and published between the years 2011 and 2016 in the sources LILACS, SCIELO and BDENF. We selected 54 articles from Title and Summary reading. Of these, 32 were chosen to be read

in full and check if they answered the guiding question, selecting ten articles to be part of this integrative review.

This stage of the research aimed to identify some pertinent aspects of the articles selected as database, descriptors and title demonstrated in figure 2.

Database/ Electronic library	Descriptors	Title
BDENF	Men's Health; Family Health; Access to health services.	Access of the male population to health services: perception of the professionals of the family health strategy.
SCIELO	Men's Health; Primary health care; Nursing; Gender and health.	The man in basic care: Nurses' perceptions about the implications of gender in Health.
LILACS	Men's Health; Family Health; Public health policies; Nursing.	Knowledge about the National Policy of Integral Attention to Human Health in the strategy of family health.
LILACS/SCIELO	Men's Health; Primary Health Care; Genre; Masculinity.	Difficulties of insertion of the man in the basic attention to health: the speech of the nurses.
LILACS/BDENF	Men's Health; Primary health care; Health professional; Public health Nursing.	Obstacles to the implantation of assistance programs directed to the male public: vision of health professionals.
SCIELO	Men's Health; Family health strategy; Health planning; Health management.	Planning, management and actions to the health of the man in the health strategy of the family.
SCIELO	Men's Health; Nursing care; Family health program.	Man's health policy: perspectives of nurses for its implementation.
SCIELO	Men's Health; Health policy; Public health policies; Gender and health; Qualitative research; Brazil.	Sense attributed to the politics directed to the health of the man.
LILACS/SCIELO	Men's Health; Health Policy; Masculinity; Comprehensive health care.	Health needs of men in basic care: welcoming and bonding as empowerers of integrality.
LILACS/SCIELO	Men's Health; Primary health care; Humanization of Assistance	Comprehensive Health Care for Man: needs, obstacles and coping strategies.

Figure 2. Distribution of the references obtained in the VHL, according to the database, descriptors and title. Recife (PE), Brazil, 2016.

It is possible to observe that the great majority of articles were published in the databases SCIELO and LILACS. The descriptor 'health of man' was present in all the articles that were selected to compose the picture.

The next step was to analyze the parameters used by the authors such as author/year/periodical, study objective, study characteristic and main results. The data are presented in (figure 3).

Author/Years/Journal	Study objective	Study characteristic	Main results
Araújo et al. ¹⁵ 2013 Journal of Research Fundamental Care on line	To know the professionals' perception of the family health strategy regarding the access of men to health services.	Location: Rio Grande do Norte Type of study: Exploratory and descriptive research with a qualitative approach Sample: 16 ESF professionals.	The professionals blame the man for his absence from the service. Just as their non-participation is linked to the absence of planning and organization of the FHT, lack of intersectorality and assistance based on outpatient actions.
Albuquerque et al. ¹⁶ 2014 Anna Nery School Nursing journal	Understand nurses' perceptions about the implications of gender issues in their human health and the provision of services to this public.	Location: Municipality of Juazeiro do Norte - CE Type of study: Qualitative research Sample: ten primary care nurses.	According to the nurses, there is little demand from the male segment for health services, due to the lack of organization of services and low professional qualification.
Carvalho et al. ¹⁷ 2013 APS Journal	To analyze the understanding of the health professionals about the content and applicability of the PNAISH in the FHT, as well as to understand how the process of insertion of the male population in the services occurs and which strategies are used to implement this policy.	Location: Municipality of Mossoró - RN Type of study: Analytical research, with a qualitative approach. Sample: 02 ESF teams.	The timid demand for health services by the male population is still justified by cultural and social issues, as well as by labor factors, a path that can be traced as health promotion and prevention actions for these clients are consolidated, in the sense of offering a decent listening and welcoming to male users
Moreira, Fontes, Barboza, ¹⁸ 2014	To know the difficulties faced by	Location: United Kingdom	The difficulties experienced by the nurses involve the absence of

Anna Nery School Nursing Journal	nurses in the health context of the man in basic care in the Municipality of João Pessoa.	Type of study: Descriptive and exploratory research with a qualitative approach. Sample: 28 nurses from integrated health units.	the man, self-care deficit, feelings of fear related to work, training of professionals in human health and knowledge about NPCHC, as well as the feminization of these services and the incompatibility of schedules.
Brito, Santos, ¹⁹ 2013 Nursing Journal UERJ	Identify obstacles to the insertion of care programs aimed at the male public in primary health care.	Location: West of the Municipality of Natal-RN. Type of study: Exploratory study, descriptive of qualitative approach. Sample: 16 professionals from basic health units.	The main obstacles to insertion of social assistance programs for men are socially rooted conceptions of gender, as well as the organization of primary health care services.
Pereira; Nery ²⁰ , 2014 Anna Nery School Nursing journal	To analyze the situation of health management and health planning in view of the implementation of the health care policy for men at the FHS in the municipality of Jequié.	Location: Municipality of Jequié, Bahia. Type of study: Qualitative study Sample: 27 individuals including policy makers, health professionals and the male population.	There are no male health promotion and prevention activities developed and the implementation processes of health care for men are incipient.
Alvarenga et al. ²¹ 2012 Brazilian Nursing Journal (REBEN)	To describe and analyze the perception of the FHS nurses about the importance and perspectives of the implementation of the human health policy.	Location: Teresina - PI Type of study: Qualitative, exploratory and descriptive research. Sample: 16 nurses from basic health units.	Two empirical categories emerged from nurses' statements. The first is the importance they confer on the health care policy of man, and the second, from the favorable and unfavorable perspectives of these professionals for the implementation of this policy.
Gomes et al. ²² 2012 Science & Collective Health	Analyze the meanings attributed to NPCHC by those involved in its implementation, seeking to identify how a policy formulated at the national level is signified in the local contexts.	Location: Goiânia (GO), Petrolina (PE), Rio Branco (AC), Rio de Janeiro (RJ) and Joinville (SC). Kind of study: Sample: 21 people, among them managers and health professionals.	For the subjects of the survey, the NPCHC assumes different meanings, among them the little or no familiarity of the interviewees with the politics, recognizing it as something vague and episodic, reduced to urological problems.
Storino, Souza, Silva, ²³ 2013 Anna Nery School Nursing Journal.	To analyze the health needs of men who use a health unit.	Location: Belo Horizonte/MG Type of study: Qualitative research Sample: 27 Men aged 20 to 59 years.	The link and the reception stand out as devices that enhance the integrality of care and recognition of the health needs of the group studied.
Cavalcanti et al. ²⁴ 2014 Anna Nery School Nursing Journal	To know the Health needs, to identify the obstacles that prevent the fulfillment of the health needs of the man and to present the coping strategies for integral and humane assistance to a group of men.	Location: Cuité-PB urban area. Type of study: Descriptive, exploratory research with a qualitative approach. Sample: 52 Members of a Group of Men of the Catholic Church.	The population refers as an obstacle, the shame of being exposed, impatience, lack of time and lack of resolution of health needs. Predominated as a coping strategy, through access, reception, communication and bonding.

Figure 3. Characterization of the studies regarding the methodology and main results. Recife (PE), Brazil, 2016.

From the analysis of this nucleus, it is reported that 50% of the articles were indexed in the 'Anna Nery School Nursing Magazine'. It is added to this that the years of 2013 and 2014 were the largest publication of studies

that contemplate the health of man. Another important detail is that the articles stopped at the analysis of the perceptions and difficulties faced by nurses in the context of the health of the man, in the health needs and their access

to the services and in the obstacles for the insertion of assistance programs in the basic attention directed to the target Audience.

Regarding the characteristics of the study, the majority used, as a sample, nursing professionals and managers of the family health strategy. It is important to point out that all the researches were of an exploratory and descriptive nature, with a qualitative approach.

DISCUSSION

When considering that the "man and health" binomial is a topic that has not yet been approached in debates and discussions about public health in Brazil, thus, characterizing a deficit in the health care of the male population, and it is possible to observe that the high rates of morbidity and mortality due to causes prevent human health from being considered as a public health problem. Another extremely important fact is that this policy encounters barriers not only in factors related to its service structure and implementation, but, also, in the male conception that men do not need care.

The absence of the man in the basic health units is not only related to their identity characteristics or to their self-care deficit, being also tied to the disorganization of the health care model of primary health care.

• Difficulties for the implementation of the human health policy in the FHS

At the moment we are discussing the promotion of human health, many aspects can be pointed out so that the success of their actions can be achieved. There are several obstacles to the implementation of the actions of nurses in the FHS before the NPCHC, basically fragmented by the problems posed by the health services and by the way in which the group understands its health search situation, having, as main reasons, the geographical access, the institutional organization for the stimulation of the public, the socio-cultural male view, the economic situation of the individuals involved and the positioning of the professional in the face of the problematic.³

The deficient structure of the health services, in terms of human resources, materials and an appropriate physical space to receive and serve the male population, reinforces the decline in the demand of men for the basic health care station. There is a lack of systematization in care and an assistance methodology, in the few places that receive the population in question. Consequently, the insufficiency of several

resources causes discredit in the quality of service and distance from the client.⁵

It was found that the extensive problem of permanence of the users in the health posts of the FHS is associated to the issues of gender, professional qualification, characterization and reception in the BHU.¹¹ It is possible to perceive that the problems faced by the nurses for the effective realization of the NPCHC does not refer to isolated inadequacies, but to a set of causalities. So, it is up to the professional to become aware of the value of his actions to execute the program and to understand the difficulties faced, with the intention of solving them.¹⁰

Due to the gender model established by society, a hegemonic masculine pattern was adopted with measures of behaviors, norms and rules to be followed in social life, as well as, in the way that they understand their particularities of their bodies. It is possible to note that, by adopting this model, men reduce their search for health care, hiding and denying their care needs.²⁵

The perception that man is strong, virile and invulnerable, creates the illusion that the male body does not need care related to the prevention of diseases and comorbidities or to follow treatments of existing pathologies.² Thus, even with the transformations occurring in the in the last decades, the man when he tries to overcome or annihilate the thoughts imposed by the macho society, is criticized when accepting the care with his health.

Men do not seek health services for several reasons. It can be highlighted that: the hours of operation of the basic units, which coincides with the working day; difficulty in getting care; the shame about the exposure of the body, the fact that health teams are formed, for the most part, by women; the unfitness of the professionals, resulting in a flawed reception, and the lack of programs and strategies directed at the male audience.²⁷

In addition, many workplaces only pay for the lack by means of a medical certificate which, in turn, is not granted by the health services in cases of appointment of consultation, participation of groups, search of medications and other activities linked to prevention of health problems, which contribute to the non-seeking of men by health services.²⁸

In this way, men seek other health services that will meet their demands and needs, entering the health system through outpatient and hospital care of medium and high complexity, causing an increase in morbidity rates due to the delay in demand and

resulting in increased cost for health systems.¹⁷

As men recognize their needs for health care, they come to their minds with the idea of vulnerability and this contrasts with the personality established by society throughout their lives. From this conception of transformation, health professionals, especially nurses, face the challenge of reshaping behaviors and actions that threaten their health with the target audience. Therefore, it is essential to act in the deconstruction of the image of masculinity present in the imagination of society, in the quest to harmonize the masculine universe with active care with its health.²⁶

On the other hand, men, especially those with a NPCHC prioritized age range (20-59 years of age), are afraid of attending health centers, including primary care, because they do not identify with the environment, since the part of the services is attributed to women, children and the elderly, since it strengthens the hegemonic model of masculinity erected socially and rooted for centuries.¹⁸ The feminization of the BHU represents an impediment to health care for men, a point that needs to be reflected.²⁹

The female environment of health services in primary care is not limited to female professionals, which are the majority, but rather the very composition of units, with which men rarely identify. Professional men, including nurses, working in the BHU will contribute to a greater participation of the male population in the activities performed at the posts.²⁵ However, this scenario needs to have more masculine environments so that the target public feels welcomed, firm the bond and participate actively building the health-disease process.³⁰

The non-commitment of males to basic health units should not be seen only as a lack of commitment on the part of men or primary health care services, but as a problem that also includes the qualification of health professionals. According to the Ministry of Health (MH) and the Ministry of Education (ME), the gap between the academic universe and the provision of health services is being considered, worldwide, as one of those responsible for the collapse of the health sector, especially in human health.³¹

It is possible to observe that the training of nurses is centered in the care of specific publics such as the health of the child, woman and the elderly, and it is necessary to introduce new thematic and techniques that modify the professionals' perspective on the health of the male population where the man

is perceived as an integral part of the community and requiring specific care.³²

Thus, the qualification of nurses is a challenge that is still based on academic training, as well as on continuing education. Therefore, education, whether permanent or continuous, is an essential tool to reduce or even eliminate the shortcomings that will have, as a consequence, the perceptibility of the man in the FHS.³³

Therefore, the training of health professionals should be a priority for governments to ensure that men's health policy is removed from the role and implemented so as to sensitize the agents regarding the relevance of attracting men to health systems, mainly in primary care.¹⁸

• Nursing performance in front of NPCHC

In summary, Nursing is a profession that integrates numerous functions in health services, among them education, the concrete and active delivery of care, through management and coordination and encompassing scientific research. In this way, the nurse is a prominent professional in the health system among other professionals, since it is the same that elaborates health actions that aim to integrate and interact the care where these actions reflect in health education.³⁴

In this sense, the role of the nurse is evidenced by the aptitude to understand the human being in its integrality, being able to understand the needs of each individual, understanding their social particularities that end up determining the relationship between the user and the health team and, consequently, creating a link with it, regardless of their socioeconomic situation, race or customs, seeking the success of their interventions in the health of the target group.³⁵

With regard to the nurse's conduct in collective health, it is possible to emphasize the activities carried out by the same, which go from the implementation, maintenance and development of health policies at both curative and preventive levels, such as promotion, protection, health recovery and rehabilitate the sick, evaluate the performance of workers and, especially, make indicators that allow municipal managers to supervise interventions and classify their impact, redirect the strategies that are necessary, and finalize with the management of the activities developed in the FHS.³⁶

In addition, it can suggest and act in the insertion of the subject of human health in the National Program of School Health, since it is of fundamental importance the

educational process of self-care during the school period for the acceptance of the man to this policy, improving the results in relation to the male gaze regarding health care. Another strategy that can be used in favor of changing the behavior of the target public is the organization of basic care assistance interventions in men's workplaces, which can cover the places where they most frequently attend, such as stadiums and unions.²⁵

Particular attention needs to be paid to external factors such as accidents, assaults by firearms and weaponry, which cause much of the deaths in this genre. Other points that deserve caution are the prevention of prostate cancer and cardiorespiratory complications, since they are the main cause of death of the group.⁴

Numerous devices can be applied by nurses to the success of the NPCHC, such as community lectures, home visits, and one-on-one visits to encourage the attendance of these clients at health clinics. It is also necessary that, the professionals involved in this universe know the reality of the community, and, to contribute with the necessary modifications, it is indispensable to enable them, in addition to the commitment of the team, to change the current paradigm.¹¹

CONCLUSION

Based on the analysis of the research selected in this study, it was possible to identify the obstacles faced by nurses for the implementation of the National Policy for Comprehensive Health Care in the Family Health Strategy, which can be divided into two topics, the first one being related to the male gender itself and to the health services offered to them, and the second one pertinent to the Nursing professional in relation to his own training regarding the knowledge of the NPCHC, impacting on his actions within the basic health units.

With regard to the masculine gender, the primary reason why men do not seek health services is due to the masculine point of view that the care with the body is something exclusive of the women, and such conduct is tied to the demands of the same in relation to their work, which is making it difficult for them to enter the basic health units, attributed to the time lost in the queues for the appointment of consultation. Added to this is the absence of programs and actions directed at the health of man.

It was possible to observe that health professionals, especially nurses, have a deficiency related to the knowledge of the

health policy of man. This deficit has its roots still in the academic formation, where this discipline is little approached in the curricular curricula in the great majority of the universities. Therefore, the lack of professional qualification of Nursing in the attention to this public can contribute to the low insertion of the same one in the actions of the basic attention, reaffirming the necessity of continued education for these professionals.

However, the lack of commitment of the managers to make the politics leave the role has been significant, because, before there is the commitment of the professionals in the actions and strategies of human health, it is essential that states and municipalities provide instruments for the inclusion of men in primary health care services.

Therefore, this is a reality that needs to be modified and, for this to happen, Human Health Policy needs to be reassessed urgently so that more effective instruments for its implementation can be devised, such as protocols and manuals that can de-complex and nurses who are at the tip, in direct contact with the men.

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