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ORIGINAL ARTICLE

PERFORMANCE OF NURSES OF THE BASIC HEALTH UNITS AGAINST MALE INFERTILITY

ATUAÇÃO DOS ENFERMEIROS DAS UNIDADES BÁSICAS DE SAÚDE DIANTE DA INFERTILIDADE MASCULINA

ACTUACIÓN DE LOS ENFERMEROS DE LAS UNIDADES BÁSICAS DE SALUD FRENTE A LA INFERTILIDAD MASCULINA

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ABSTRACT

Objective: to analyze the performance of nurses in Basic Health Units against the male infertility. **Method:** descriptive, exploratory study with a qualitative approach carried out with 10 nurses in five Basic Health Units. The analysis of data was given from the collective subject discourse. Results: it was found that male infertility is unknown as thematic as well as lack of technical skills. As for the form of treatment, they are unaware. About nursing consultation, some of them unaware of the actions to be performed on men with this problem. **Conclusion:** from these precepts, it became notorious unpreparedness of the professionals, as well as the lack of qualifications offered by the management to receive this new so important people to family formation. **Descriptors:** Nursing; Men's Health; Infertility.

RESUMO

Objetivo: analisar a atuação do enfermeiro das Unidades Básicas de Saúde diante da infertilidade masculina. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado com 10 enfermeiros em cinco Unidades Básicas de Saúde. A análise dos dados deu-se a partir do Discurso do Sujeito Coletivo. **Resultados:** constatou-se que a infertilidade masculina é desconhecida enquanto temática, assim como falta de qualificação técnica. Quanto à forma de tratamento, os mesmos desconhecem. Acerca da consulta de enfermagem, parte deles desconhece as condutas a serem realizadas diante de homens com este problema. **Conclusão:** partindo desses preceitos, tornou-se notório o despreparo dos profissionais, como também a falta de qualificação oferecida por parte da gestão para receber esta nova clientela tão importante para formação da família. **Descritores:** Enfermagem; Saúde do Homem; Infertilidade.

RESUMEN

Objetivo: analizar la actuación del enfermero de las Unidades Básicas de Salud frente a la infertilidad masculina. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, realizado con 10 enfermeros en cinco Unidades Básicas de Salud. El análisis de los datos fue a partir del Discurso del Sujeto Colectivo. **Resultados:** se constató que la infertilidad masculina es desconocida como temática, así como falta de calificación técnica. Referente a la forma de tratamiento, los mismos los desconocían. Acerca de la consulta de enfermería, parte de ellos desconoce las conductas a ser realizadas frente a los hombres con este problema. **Conclusión:** partiendo de esos preceptos, se tornó notório la falta de preparo de los profesionales, como también la falta de calificación ofrecida por parte de la gestión para recibir esta nueva clientela tan importante para la formación de la familia. **Descriptores:** Enfermería; Salud del Hombre; Infertilidad.

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INTRODUCTION

Infertility is defined as the absence of conception after two years of regular intercourse without the use of any contraceptive method. It affects approximately 15 to 20% of couples with roughly equal contributions from men and women.¹⁻²

About 80 million people worldwide suffer from this problem. Its prevalence in the population differs among countries: minimum of 5% to a maximum of 30% of all couples. Of them, approximately 10% do not solve the problem easily, most seeking medical help,³ but there is a certain resistance of healthy adult men in seeking care as their health. The services offered by the Family Health Strategy (FHS) are based on assisting the entire population with the design in prevention, promotion and recovery of comprehensive and continuous health. Nurses, as FHS team members, have another challenge, to put the whole man in the services offered by the FHS, so it is necessary to prepare the team for the National Policy for Integral Attention to Men's Health (PNAISH) to complement the health of the family and offering a wellness quality for all components.⁴

Since one of the nurse's actions is the individual nursing care, it is up to him to guide for proper sexual practice from the moment they discover the fertile period, indicating concentration of sex ovulating of the wife, eliminating any factor that interferes with the passage of semen or hinders sperm migration through the female genital tract.⁵

We understand that the nurse's assistance in the face of male infertility is of great relevance for this man, as it is seen with prejudice to society and even the men themselves. This may come to affect them at various times in their life, both in the social, emotional, marital, professional and psychological area.⁶

This article is to analyze the work of nurses in Basic Health Units on male infertility.

METHOD

This article was prepared from the work completion Bachelor of Nursing course entitled << Performance of nurses in Mossoró of Basic Health Units on male infertility >> presented to the Nursing School Nova Esperança (FACENE), Mossoró/RN, Brazil, in 2013.

Descriptive and exploratory study with a qualitative approach. The survey was

conducted in five Basic Health Units: BHU Clinical Center Evangelical Edgard Bulamarqui, located on the street José Negreiro, nº 346, Center; BHU Francisco Pereira de Azevedo, located on the street Pedro Paraguay S/N, Liberdade I neighborhood; BHU José Holanda Cavalcante, located on the street Erondina Cavalcante Dantas, 03, Don Jaime Câmara neighborhood; BHU Vereador Lahyre Rosado located on the street João Neponuceno de Moura S/N, Sumaré neighborhood; and BHU Dr. Antônio Soares Junior, located on the street Antônio Geraldo de Medeiros S/N, Bom Jesus. Different areas were chosen in the city of Mossoró, given that they are the gateway to the other levels.

The study sample consisted of 10 nurses selected randomly working in BHUs of Mossoró/RN, who agreed to participate and signed the consent form - TCLE.

The technique of data collection was performed using a semi-structured interview guide. The interview script was constituted by questions related to the nurse's performance in front of male infertility.

After the project approved by the Ethics and Research Committee - CEP of Nova Esperança Nursing School (FACENE/FAMENE), the interview was constituted by recording on a tablet, and the respondent addressed in the nursing room and explained the objectives and the justification of the research. They were asked to sign the Informed Consent Form (TCLE), ensuring the confidentiality of information. The analysis was performed by the technique of Collective Subject Discourse (CSD).

The Collective Subject Discourse Technique is an opinion research on a subject, fractioned into open questions focused on a particular population, and each of the issues produces a different number of opinions and positions, that's different Collective Subject Discourses.⁷

The research was carried out in compliance with Resolution 466/12 of the National Health Council, which includes, from the perspective of the individual and communities, the principles of bioethics, autonomy, non-maleficence, beneficence, justice and equity, among others, and it aims to ensure the rights and duties with respect to research participants, the scientific community and the state.⁸

It was in compliance with Resolution 311/2007 of the Federal Council of Nursing (COFEN). This resolution endorses the recast of the Code of Ethics of Nursing Professionals and experiences of basic nursing activities, which allows such professionals to perform

research on human beings and guides about their behavior in their research field and to respect all forms ethics in its legality.⁹

RESULTS AND DISCUSSION

Participants were questioned and analyzed using the Collective Subject Discourse to obtain relevant information on the nurse's performance on male infertility.

When inquiring respondents to the question << What is your knowledge of male infertility? >> it was possible to analyze the survey participants are unaware about male infertility, given that the responses were mostly similar, with some variations between them.

Within the strategy I do not know anything [...]. (E6)

Almost no knowledge because they do not participate in any training on this topic [...]. To be honest, it was not passed anything [...]. It is very primary, elementary, even today there is training, there is no action directed to infertility. (E1, E6, E9)

[...] I know what is an infertile person who is a person who can not have a child, ready [...]. Infertility is when you can not have children [...]. Because he has trouble just in sperm motility as well as being insufficient. (E3, E5, E10)

Studies have concluded that there is a deficit knowledge of nurses and that attention to infertile couples is absent or inadequate, so in studies conducted in the city of Mossoró/RN similar situations with Fortaleza and Florianópolis-SC were found, where both were characterized by the weakness of attention in infertility in FHS.¹⁰

The level of knowledge about the types of infertility can compromise the quality of care provided by nurses since to perform research and approach will allow identifying the type of infertility and do so with the method to be adopted for the problem.¹¹ Infertility is defined as the absence of pregnancy in a couple after one year or more of regular sexual activity and without the use of contraceptive measures. Infertility subdivides: Primary infertility: no previous pregnancy; Secondary Infertility: the failure reproductive capacity was established after one or more pregnancies; repeating regular or abortion: occurrence of three or more consecutive natural interruption of pregnancy for up to 20 weeks; Sterility: permanent inability to bear children.¹²

There are determining factors that are linked to man, and that can jeopardize reproductive capacity, among the most

frequent, it is highlighted the oligospermia, in which the low amount of sperm; asthenospermia corresponds to changes in motility of spermatozoids; azoospermia is the absence of sperm in the ejaculate; teratozoospermia is related to inadequate morphology, which makes the sperm unable to pierce the outer layer of the egg; varicocele occurs due to varicose dilation of veins of the spermatic cord and finally sexual dysfunction is an erectile problem that can prevent the deposition of sperm in the vaginal canal and even maintain normal erection.¹³

There is an absence of the health-related services, even the deployment of PNAISH, followed by the man's lack of health-related knowledge and even deficiency of educational materials and support for leading actions they hold on the articulated policy mentioned above. Knowledge has become quite superficially, caused by this deficiency in the Family Health Strategy (FHS).¹²

Thus, the concept of education is not restricted only to transmit/acquire knowledge but involves reflection on the roots of the problems that affect the population, management, and social control to describe the health practices and education of professionals and improve, thus the health care community.¹³

Participants were also asked the following question: Do you know what is the cause? According to interviewees, male infertility can be caused by several factors, including problems with sperm.

Several... Biological, traumatic, etc. [...] It can be drugs, may be genetic diseases, beverages, and diseases [...]. Some communicable diseases, childhood diseases, trauma to the genitals [...]. Thus, in general, is a varicocele, complications of gonorrhea with mumps, trauma. (E2, E4, E8, E9)

It is when the sperm production is insufficient or produce sperm, but has no ability to fertilize the egg [...]. In some cases, it may be hormonal, as the mobility of the sperm and the amount. (E3, E10)

The causes of infertility are associated with both female and male factors, as well as the combination of the two of them. However, the causes of male infertility are linked to problems such as low sperm production, total obstruction and also the immunological factors.⁶ However, reproductive history, Sexually Transmitted Infection History, frequency regarding sex during the fertile period woman, erectile dysfunction, alcohol consumption and illicit drugs, obesity and occupational risks should also be considering to achieve this dream.¹²

The subjects were asked regarding the method of treatment << Do you know any form of treatment? Which one? >>. It is noticed that the majority of respondents unaware of the ways of treating male infertility, and only one of the participants know only one kind of treatment for male infertility.

[...] I do not know any, because as we do not work within our service because we work a lot of women's health in addition to not have a schedule geared only to men's health [...]. No, and I do not know any form of treatment because sometimes men are prejudiced to do some tests and we always think it is the fault of women [...]. No, I know for a woman, for man, so, I do not know. (E1, E2, E3)

[...] The in vitro. (E10)

The infertility treatment, when the couple started the search, they are faced with uncertainties about the final result and the risks to their health, conditions which can promote feelings such as fear, anxiety and frustration. In developing countries, such as Brazil, low-income couples must deal with the fact that access to this kind of treatment can be difficult in the Unified Health System (SUS) because there are few public services that provide all technically assisted reproduction (ART), totally free. This set of situations, difficulty becoming pregnant and the difficulty of entering the necessary treatment can cause stress in infertile couple considerably affecting the quality of life of those who experience this problem. On the other hand, researchers suggest that stress may reduce the human sperm quality and generate disturbances in female ovulation.¹⁴

There are some techniques such as assisted reproduction, in which the artificial insemination is located, where the sperm is introduced into the female genital organ. ICSI consists of mechanical deposition of a single spermatozoon into the oocyte cytoplasm.¹² However, when there is a need for surgical techniques to collect sperm that can not be obtained from the ejaculate or where in cases of azoospermia or oligospermia severe or ejaculation changes, these are the microsurgical aspiration sperm the epididymis (MESA), consisting of a technique in which sperm are retrieved by aspiration from the epididymis, and Testicular Sperm Extraction (THESIS), biopsy when performed testicular spermatozoa to obtain directly from testicular tissue.¹⁶

The assisted reproduction methods such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) are effective procedures for the treatment of marital

infertility. Currently, about 1-3% of births are due to such techniques. Unfortunately, the incidence of miscarriage in pregnancies conducted by IVF is high. A retrospective observational study of 2,705 women aged 40 years or older undergoing IVF showed average of 32.6% of abortions in those cases.¹⁵

When questioned on the issue of nursing consultation << How do you perform the nursing consultation for men with infertility? >>, Respondents reported conducting the consultation through anamnesis, and others soon refer to the FHS doctor.

[...] I was going to talk, you know ... of the family, make a anamnesis [...]. We do anamnesis. (E1, E7)

Usually, we forward them to the doctor because most of the time these cases, when it comes, does not come directly to nursing, usually when they go to is very little go straight to medical consultation [...]. We refer to the medical unit for him refer to a urologist. (E5, E7)

In general, nurses need to anticipate prevention and care in the context of family planning, particularly in the pre-conception care. Above all, support and guide couples with primary and secondary infertility, in addition to nursing interventions, meeting and reviewing the clinical situation, and confirming or not the existence of the factor that contributes to infertility.⁶

On referral to the doctor, some health units, whose patients need are referred to a doctor without going through the nursing consultation, but that there is a low demand for this service since it is rarely offered, leading to patients average seek service or high complexity by infertility manifestation. In this respect, nurses and staff of the FHS which have as one of its duties to care for infertile individuals should plan to provide service in this area to patients.¹⁷

Public health policies, represented especially by the National Comprehensive Care Program for Men's Health/PNAISH, regarding the inclusion of man in health services, observe their specificities, recognizing the need for more professional training, the human reproduction services need to adapt to man and that government policies require commitments to gender issues. However, these barriers do not paralyze them. They point to the need to break the traditional models of care, based on the classical logic of the health-disease, and seek assistance strategies involving the participation, guiding and empowerment and male autonomy.¹⁸

Respondents were asked << What are the main behaviors that you perform or give to men diagnosed with infertility? >> They showed that ignored the behaviors that should be implemented. For others, the conduit used is the referral to the doctor, preferably an expert in the case. While for a small part of the respondents used the conduct is to give psychological support to patients treated.

[...] I think at the moment I unaware of the conduct and would not do anything [...]. It's like I said do not have a flow chart defined here in Mossoró [...]. Infertility also, but the level of nursing honestly I do not know. (E1, E9, E6)

[...] I was going forward to a urologist that is what we have in Mossoró area, more good would it be for a geneticist something like that right? To see and search for the cause and type of treatment [...] to know whether he went to a doctor for some treatment or sought to know about this problem. Surely I would refer to the doctor. [...] The principle guides the expert, is what we have here. (E3, E5, E6)

[...] The conduct ... (pause) not only guidance and psychological support since he could not have that in the latter case it would adopt a child but you also have so many children there, right?. [...] What I could do is ... I could make a social and spiritual part, talk and spend a little self-esteem and raise self-esteem it. (E4, E5)

There are some aspects that should be consider by the nurse in these cases even to be able to guide the patient, for example the couple's sexual relationship should be investigated aspects such as the frequency of intercourse and masturbation, existence of erectile dysfunction that compromises penetration, ejaculatory dysfunction, used positions, use of lubricants, cultural aspects and/or related religious and possession of knowledge about the physiology of reproduction.⁵

The impact of infertility generates individual or marital emotional disorders and also contributes to the onset and/or worsening of marital problems. Sex can become a task, dissociating pleasure; furthermore, there may be a decrease in sexual frequency. Over time, they feel frustrated and disappointed as being unable to perform gene transfer/have a descendent.¹⁹

The involvement of health professionals, particularly nurses, is extremely important, providing support and guidance to couples with primary or secondary infertility, in view of the re-evaluation of the clinical situation confirming the absence of contributory factor prior infertility process to pregnancy situation and should plan appropriate interventions to

the situation, intervene in order to help the couple overcome the difficulties that might feel and then evaluate the results of interventions implemented.⁶

CONCLUSION

The theme of male infertility is not usually discussed or privileged by the nurses of the FHS, as well as a welfare approach in the service routine involving men, even after the implementation of PNAISH. The lack of knowledge about what is the meaning of infertility and all the concepts, causes, existing treatments and stigmas anchor expectations to overcome the frustrations of those couples who dream of having children, but it is up to nurses to seek information and update on the issues that fit them have insight and integral role in their approach, allowing resoluteness.

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