



SCIENTIFIC PRODUCTION, PROFESSIONAL ACTIONS, AND MEN'S HEALTH: INTEGRATIVE REVIEW

PRODUÇÃO CIENTÍFICA, AÇÕES PROFISSIONAIS E ATENÇÃO À SAÚDE DO HOMEM: REVISÃO INTEGRATIVA PRODUCCIÓN CIENTÍFICA, ACCIONES PROFESIONALES Y SALUD DEL HOMBRE: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: identifying characteristics of works from the health field that address men's health and discussing actions aimed at men's health in face of the Brazilian National Policy on Comprehensive Men's Health (PNAISH). **Method:** integrative review conducted in August and September 2014 on the databases MedLine and LILACS through the search question "which actions aimed at men's health are developed or proposed by professionals?" The articles were analyzed using the Content Analysis technique, in its thematic modality. **Results:** the articles were published by professors and researchers. Four studies were included in the sample and most of them have proposals of actions; only one article addresses, through interviews with health professionals, some actions that have already been developed in a health care facility. **Conclusion:** although the actions are recommended by the PNAISH, they are still poorly publicized by researchers and professors. **Descriptors:** Men's Health; Health Care; Primary Health Care.

RESUMO

Objetivo: identificar características das publicações da área da saúde que abordem a atenção à saúde do homem e discutir ações voltadas à saúde do homem diante da Política Nacional de Atenção Integral da Saúde do Homem (PNAISH). **Método:** revisão integrativa realizada em agosto e setembro de 2014 nas bases MedLine e Lilacs por meio da questão de busca "quais ações voltadas para saúde do homem são desenvolvidas ou propostas por profissionais?". Os artigos foram analisados com uso da técnica de Análise de Conteúdo, em sua modalidade temática. **Resultados:** os artigos foram publicados por docentes e pesquisadores. Quatro estudos foram incluídos na amostra e a maioria apresenta propostas de ações; apenas um artigo aborda, por meio de entrevistas com profissionais da saúde, algumas ações que já foram desenvolvidas em uma unidade de saúde. **Conclusão:** apesar das ações serem preconizadas pela PNAISH, ainda são pouco divulgadas por pesquisadores e docentes. **Descritores:** Saúde do Homem; Assistência à Saúde; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar características de las publicaciones del área de salud que abordan la salud del hombre y discutir acciones dirigidas a la salud del hombre frente a la Política Nacional Brasileña de Salud Integral del Hombre (PNAISH). **Método:** revisión integradora realizada en agosto y septiembre de 2014 en las bases MedLine y LILACS a través de la pregunta de búsqueda "¿qué acciones dirigidas a la salud del hombre son desarrolladas o propuestas por profesionales?" Los artículos fueron analizados utilizando la técnica de Análisis de Contenido, en su modalidad temática. **Resultados:** los artículos fueron publicados por docentes e investigadores. Se incluyeron cuatro estudios en la muestra y la mayoría de ellos tienen propuestas de acciones; sólo un artículo aborda, a través de entrevistas con profesionales de la salud, algunas acciones que ya han sido desarrolladas en un centro de salud. **Conclusión:** aunque las acciones son recomendadas por la PNAISH, todavía son poco publicitadas por investigadores y docentes. **Descriptor:** Salud del Hombre; Cuidado de Salud; Atención Primaria de Salud.

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INTRODUCTION

The Brazilian National Policy on Comprehensive Men’s Health (PNAISH), launched in 2008, has as one of its principles “guiding the actions of comprehensive men’s health, with comprehensiveness and equity, focusing on the humanization of care.”¹

Thus, the policy seeks to stimulate self-care in the male population, without removing the responsibility of health professionals concerning the treatment and prevention of diseases and, above all, seeks the recognition of health as a basic social right of all Brazilian men.

This policy seeks to emphasize that there is:

The need for changes in paradigms regarding the perception of the male population in relation to the care for their health and their families health. It is essential that, in addition to educational aspects, among other actions, public health services should be organized in order to accommodate and make men feel like participants in these services.^{1:28}

The PNAISH is integrated into the Brazilian National Policy on Primary Care (PNAB), which has the Family Health Strategy (FHS) as a priority in its organization, according to the rules of the Brazilian National Health System (SUS). The PNAB advocates in its foundations and guidelines: providing universal and continuous access to good-quality and problem-solving health services, characterized as the gateway of choice into the health care network, embracing users and promoting bond and accountability in order to meet their health needs.^{2:20}

One of the main objectives of the PNAISH is promoting health actions that allow increasing life expectancy and reducing morbidity and mortality rates through education and prevention in the male population. In addition to bringing as a proposal, in its guidelines, the production of studies and research that contribute to improve the actions advocated by the policy itself.¹

The main actions proposed by the PNAISH that should be implemented by health professionals are: providing information and guidance to the target population, family members, and the community on the promotion, prevention, and treatment of men’s illness and diseases; early capture of the male population in primary prevention activities related to cardiovascular diseases and cancers, among other recurrent health issues; training and qualifying professionals from the basic network for providing men with

correct health care; stimulating the participation and inclusion of men in the actions to plan their sexual and reproductive life, focusing even on responsible fatherhood; stimulating, in the male population, through information, education, and communication, self-care.¹

The object of this study is the content of professional publications about the actions advocated by the PNAISH. Thus, this study is justified by the fact that these are themes focusing on specific male diseases, such as erectile dysfunction and prostate cancer.³

Few studies address the issues aimed at the expanded concept of health and those taking men as a subject that inspires specific care procedures by professionals from the area. Through this issue, the PNAISH was established six years ago, and it still faces many obstacles to be implemented. Besides, men’s health is poorly approached by Higher Education curricula from the health field, having as a reference, among others, the Nursing course of the School of Nursing “Alfredo Pinto,” of the Federal University of the State of Rio de Janeiro (EEAP/UniRio). Therefore, the research will serve as a means both for clinical practice and for academic teaching, as it facilitates the access of professionals to the results regarded as relevant in selected publications and analyzed from a perspective of integrating knowledge.

OBJECTIVES

- Identifying characteristics of publications from the health field addressing men’s health.
- Discussing actions aimed at men’s health in face of the PNAISH.

METHOD

This is an integrative review.⁴ The following stages were covered in the preparation: 1st stage: identification of the theme and selection of the hypothesis or research question to prepare the integrative review; 2nd stage: establishment of criteria for including and excluding the studies/sampling or literature search; 3rd stage: definition of information and characterization of selected studies; 4th stage: evaluation of the studies included in the integrative review; 5th stage: interpretation of the results; and 6th stage: presentation of the review/synthesis of knowledge.⁶

To guide the research, the following question was formulated for literature search: “Which actions aimed at men’s health are developed or proposed by professionals?”

The following databases were accessed: MedLine and LILACS.

The study sample consisted of all publications indexed in the aforementioned databases. The inclusion criteria were: scientific articles of the field study type, published since 2009, in Portuguese, Spanish, and English; in the form of scientific articles, available online in full text and for free.

For surveying the articles, these descriptors were used: “Men’s health,” “Health care,” and “Primary health care,” using simultaneously, in quotation marks, in the search mode, “subject descriptor,” and separated by the Boolean operator *and*.

The selection of articles took place in August and September 2014, resulting in 13

publications. After applying the inclusion criteria, this number was reduced to 4 articles available in LILACS and 1 article in MedLine.

Among the characteristics of the productions that motivated exclusion, the following stand out: not belonging to the databases established for the study (2), absence of full text available online (5), not corresponding to the temporal section (1), published before 2009. After reading the titles and abstracts, 4 articles in LILACS were regarded as interesting, since they corresponded to the Brazilian reality; 1 article in MedLine was excluded, because it was related to the English reality.

The methodological pathway to select the articles can be observed in Figure 1.

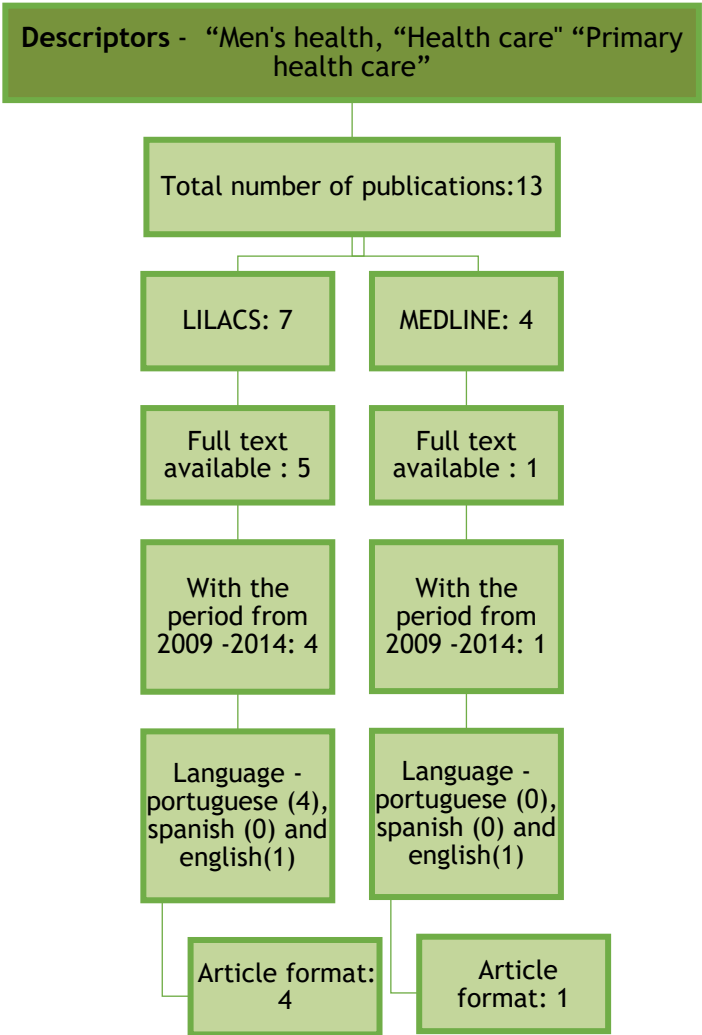


Figure 1. Number of works selected by applying the inclusion criteria.

In order to evaluate the quality of selected studies, we used the instrument adapted from the Critical Appraisal Skills Programme (CASP) - critical reading skills program, a part of the Public Health Resource Unit (PHRU) -, prepared by the Oxford University, in 2002.⁵ The PHRU classifies the studies according to these scores: 6 to 10 points (good methodological quality and reduced bias) and minimum of 5 points (satisfactory methodological quality, but having an increased risk of bias). Through this process,

all selected articles were rated with scores ranging from 6 to 10 points.

As for the classification of the evidence level, a second instrument was used, the Hierarchical Classification of Evidence for Evaluating Studies⁶: I) systematic review or meta-analysis, II) randomized clinical trials, III) clinical trial without randomization, IV) cohort and case-control studies, V) systematic review of descriptive and qualitative studies, VI) single descriptive or qualitative study, and VII) opinion of authorities and/or report of specialty committees.

Based on the criteria recommended in these two instruments, all four studies of this integrative review were included in the corpus, since they were classified as works with a good methodological quality.

In order to characterize the scientific productions, a matrix analysis was prepared having the following elements: title; name of the journal; year of publication; category; and professional relationship. In turn, in order to carry out the analysis of professional actions, a second matrix was prepared, which includes the title, study type (methodological approach), analysis of methodological rigor, professional category, care scenario, and actions developed or proposed by professionals.

The articles were analyzed through the content analysis technique, in its thematic modality.⁷

RESULTS

To illustrate and discuss the four studies selected for this research, we present an overview of the articles analyzed, which allows us to know the main milestones/concepts addressed in the scientific literature on the theme men’s health and primary health care.

Figure 2 shows the articles included in the review according to title, journal name, year of publication, professional category, institutional relationship, and institutional bond.

Title	Jornal name	Year of publication	Professional category	Institutional relationship	Institutional bond
Concepts of gender, masculinity and healthcare: a study of primary healthcare professionals ⁸	Ciência & saúde Coletiva	2011	Social scientist, psychologist, physician, pedagogue	Professor, Ph.D. student	UNIFESP, USP, UFRN, IFF, UFSCar, Faculdade de Ciências Médicas de Pernambuco
Issues of male sexuality in primary health care: gender and medicalization ⁹	Interface - Comunicação, Saúde, Educação	2011	Social scientist, psychologist	Professor, Ph.D. student	UFRN, USP
Men’s public health care: a qualitative study in four Brazilian federal states ¹⁰	Physis - Revista de Saúde Coletiva	2011	Social scientist, psychologist, physician, pedagogue	Professor, Ph.D. student	UNIFESP, USP, UFRN, IFF, UFSCar, Faculdade de Ciências Médicas de Pernambuco
Men in primary healthcare: discussing (in)visibility based on gender perspectives ¹¹	Interface - Comunicação, Saúde, Educação	2010	Social scientist, psychologist, physician, pedagogue	Professor, Ph.D. student	UNIFESP, USP, UFRN, IFF, UFSCar, Faculdade de Ciências Médicas de Pernambuco

Figure 2. Characterization of scientific works according to title, journal name, year of publication, professional category, institutional relationship, and institutional bond.

We observe that two studies were published in the journal Interface - Comunicação, Saúde, Educação, 1 in Physis - Revista de Saúde Coletiva, and 1 in the journal Ciência & Saúde Coletiva.

Most of the articles were published in 2011, 3 years after the institution of the PNAISH, and it is highlighted that after 2011, because no publications on men’s health and primary care were found, it is inferred that the theme lost importance in the scientific domain.

All authors are professors, in addition to a Ph.D. student; in the professional category, all include psychologist and social scientist; the institutional bond that stood out in the works was with universities and research institutes, having a public nature.

In order to carry out the analysis of professional actions, a matrix was constituted (Figure 3).

Title	Study object/guiding questions	Study type	Evidence level	Professional category	Research scenario	Actions developed or proposed
Concepts of gender, masculinity and healthcare: a study of primary healthcare professionals	Which conceptions of gender and masculinity do health professionals have? How can they build specificities and inequities in health care?	Qualitative , using triangulation of methods	VI	Social scientist, psychologist, physician, pedagogue	PHC facilities	Do not apply
Issues of male sexuality in primary health care: gender and medicalization	Understanding how the sexuality of male service users are observed in the context of care, and how the demands that are configured in this context are addressed	Multicentric research guided by the ethnographic perspective	VI	Psychologist, social scientist	PHC	Not specified
Men's public health care: a qualitative study in four Brazilian federal states	Analyzing the meanings assigned by male users to the care provided in primary health care, seeking to subsidize the construction of qualitative satisfaction indicators regarding the use of these services by male users	Qualitative research (did not indicate theoretical references)	VI	Social scientist, psychologist, physician, pedagogue	Primary care service	Do not apply
Men in primary healthcare: discussing (in)visibility based on gender perspectives	Understanding the (in)visibility of men in the daily life of care from the perspective of gender, which discusses the mechanisms promoting inequalities observed in health work	Multicentric research with an ethnographic nature	VI	Social scientist, psychologist, physician, pedagogue	PHC services	Activities such as distribution of condoms, dissemination of pamphlets, educational lectures, and meeting the men's demand Specific discussion group on men's health

Figure 3. Characterization of the articles regarding title, study objective/guiding questions, study type, evidence level, professional category, research scenario, and actions developed or proposed.

The objectives of some studies lie fundamentally on structuring conceptions or meanings assigned by professionals or male service users in the health care context, focusing both on the issue of gender and sexuality⁸⁻¹¹.

All articles are classified as qualitative studies, 2 of them have an ethnographic nature^{9,11} and 1 uses the triangulation method.⁸ It is worth noticing that the 4

studies have an evidence level VI. All of them had primary health care facilities as their research scenario.

Regarding the actions, most of them had proposals of actions; only 1 article¹¹ discusses, transcribing the speech of professionals interviewed in the study, some actions that have already been developed in a health facility (educational activities, meeting the

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demand, and specific group to discuss men’s health).

The content of this article is object of analysis and discussion.

DISCUSSION

The article “Men in primary healthcare: discussing (in)visibility based on gender perspectives”¹¹ is an ethnographic study about the relationship between men and assistance in primary care. Its objective is grasping the (in)visibility of men in daily care from a gender perspective, discussing mechanisms that promote inequalities observed in health care work.¹¹

This study also show that, following the rationale of clientele segmentation services, the existence of the women’s health program and services aimed at female needs is highlighted¹², developed in various activities, in counterpoint no program or activity is focused on men, particularly young adults and those within the reproductive range. The demands of these men are met through the various programs aimed at other segments, such as the elderly, hypertensive, and/or diabetic patients.

The PNAISH regards as essential that, in addition to the educational aspects, among other actions, public health services are organized in order to promote embracement and make men feel as participants in them.¹

The visibility of men as potential caregivers and users of services seems to be under development, although still not in a significant way. Thus, some discourses and actions taken by professionals that provide men with visibility and encourage them to practice care for themselves and others cannot be taken for granted. So, the authors mention some actions, regarded as innovative, as strategies to provide men with care and insert them in the context of services, such as: “distribution of condoms, dissemination of pamphlets, educational lectures, and meeting the men’s demand”^{11:264} and “specific discussion group on men’s health”.^{11:264}

The fact that the actions are considered, by the authors, as innovative shows the poor adherence of services to the PNAISH.¹ Thus, it was identified that even after two years of its institutionalization the guidelines still faced difficulties to be deployed.

Although they were cited without further investigation, these actions are still very rare and topical, as the study demonstrates.⁸ Even with campaigns such as the so-called ‘Blue November,’ which aims at reducing men’s vulnerability to prostate cancer, this

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dissociation is noticed with the PNAISH¹ and with the principles on which it is based, such as comprehensiveness, both of assistance and care.

The actors who constructed the PNAISH reaffirm the importance of some methodological, conceptual, and practical axes, regarded as key to guide the formulation of strategies and actions, such as, e.g. change in the programmatic focus, leaving the field of ‘adherence to health care programs,’ towards a broader perspective that focuses on a new paradigm based on comprehensive care, mainly appreciating health promotion and quality of life. Education is also particularly highlighted as a significant strategy for behavioral changes indispensable to the consolidation of the actions proposed.¹

CONCLUSION

The studies showed the perspective of researchers, health professionals, as well as male service users, about the themes: male gender, sexuality, and assistance provided in primary care. It is worth highlighting the lack of further reflection on the guidelines proposed by the PNAISH, which should guide the preparation of plans, programs, projects, and activities in the health field.

We emphasize that the actions aimed at men’s health have limitations when considering both the expanded concept of health and men as subjects who require specific care by professionals in the area.

In order that health services provide men with comprehensive care, as advocated by the PNAISH, there is a need that professionals grasp and broaden their view of such a population group, including themselves as critical and active actors in a social and participatory health care system.

We could perceive that the theme has a slow and poorly explored constructive process on the part of services and professionals, considering the reduced number of scientific publications. In addition, the discussions in the academic environment are still relatively recent and topical, so we emphasize the relevance of socializing the scientific production by means of the concrete reality of men’s health in primary care, aiming to subsidize professionals, professors, and students from the health field.

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Submission: 2015/07/23

Accepted: 2016/11/03

Publishing: 2016/12/01

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