ABSTRACT
Objective: to investigate the difficulties reported by men about their access to primary care in Basic Health Units / UBS. Method: non-experimental, descriptive, cross-sectional study, with a quantitative approach. The sample consisted of 20 employees of a mineral water bottling company, in the city of Macaíba-RN/Brazil. It was used as a technique for data collection a structured interview, conducted by a script consisting of two blocks. Data were pooled and processed in a spreadsheet, then analyzed using descriptive statistics. The research project was approved by the Research Ethics Committee, Protocol nº 189/189/2011. Results: The main difficulties reported related to the reception and opening hours of UBS. Conclusion: respondents proposed as a strategy, the integration of primary health care in health services of the worker, making possible a greater flexibility and better host. Descriptors: Men's Health, Primary Health Care; Workers; Nursing.

RESUMO
Objetivo: investigar as dificuldades relatadas pelos homens quanto ao seu acesso à assistência primária nas Unidades Básicas de Saúde/UBS. Método: estudo não experimental, descritivo, transversal, com abordagem quantitativa. A amostra foi composta por 20 trabalhadores de uma empresa de envase de água mineral, na cidade de Macaíba-RN/Brasil. Utilizou-se como técnica de coleta de dados a entrevista estruturada conduzida por um roteiro composto por dois blocos. Os dados foram agrupados e processados em planilha eletrônica e posteriormente analisados através de estatística descritiva. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 189/189/2011. Resultados: as principais dificuldades relatadas relacionam-se ao acolhimento e ao horário de funcionamento das UBS. Conclusão: os entrevistados propuseram como estratégia, a integração da atenção primária em saúde nos serviços de saúde do trabalhador, possibilitando maior flexibilidade de horários e melhor acolhimento. Descriptors: Saúde do Homem; Atenção Primária à Saúde; Trabalhadores; Enfermagem.

Difficulties of access of workers in primary health care.
INTRODUCTION

Given the institutionalization of the Unified Health System (SUS), the Ministry of Health (MOH) as proposed primacy of government, from 2008, and the National Policy for Integral Attention to Men's Health (PNAISH), in order to increase the prospect and quality of life by reducing the male incidence of morbidity and mortality from preventable causes.\textsuperscript{1,2}

The man, mostly looks for health care (of medium and high complexity) only when he feels sick. This search provides increased rates of mortality, and weigh the financial costs of the NHS at the expense of search priority for curative care.\textsuperscript{3} The male group has a higher incidence of death in almost all age groups, as well as sick and suffer more severe situations and chronic health however,\textsuperscript{3-4} this context would be alleviated if men assume a preventive posture.

Because of the morbidity and mortality rates have markedly masculine profile is necessary that PNAISH be more active, effective and committed to promoting the health of man, since there is little disclosure and effort of the health sector to promote it, compared to other policies and programs of work of SUS.\textsuperscript{5} Human health is fragmented into other policies and programs of the SUS as mental health, HIPERDIA and worker health, although the specificity of PNAISH is favorable condition for disease prevention and health problems.

The National Policy for Integral Attention to Men's Health has set the break cultural problems that hinder the effectiveness of the interview.\textsuperscript{6-7} The levee breaks, paradigms, and cultural reality in which the male is inserted reflects a complex factor, since it is a distant evolution of concepts and cultural formations tied there all their life cycle.\textsuperscript{8}

Given the above, it is understood that the context in which the male group is inserted contributes to accentuate the problem of health care for the men, making urgent the establishment of strategies that envisage minimize the difficulties presented by these clients to access the system health.

This study is justified by the undeniable need to invest in prevention of diseases, especially those that affect men as well as find ways to adequate reception to these clients. This work tends to contribute to the

nursing care of the male group, subsidizing reflections that envisage better fitness and host these clients in primary care, minimizing the problems caused by not preventing the most prevalent diseases, besides providing adequate facilities for the preparation of plans contribute to the breaking down of barriers that restrict men's access to health care.

We aimed to investigate the difficulties reported by men in their access to primary care in Basic Health Units / UBS.

METHODODOLOGY

A descriptive, non experimental, cross-sectional study, with quantitative approach, performed in the industrial district of the municipality of Macaiba-Rio Grande do Norte, Brazil, in the company Transágua Transporte e Comércio de Água Ltda, establishment of private capital for profit, which produces and distributes bottled water to Rio Grande do Norte. The choice of field of study was due to the importance that the company is for the state of Rio Grande do Norte, and the availability and free access to desired information for this research.

The non-probability sampling, the type purposeful, since the gender and age of the respondents are private variables of the topic. Among the company's 60 employees, 20 came to our sample. The study subjects were selected based on the inclusion criteria: being male, aged 25 to 59 years, being the age and gender as priorities established by the Ministry of Health in PNAISH; voluntary participation in the survey, as a ethical and legal premise; possessing mental faculties preserved and without communication barriers that may hinder the effectiveness of the interview.

Data collection took place between December-January 2011. Advance of data collection, participants received information about the research; the importance of their participation rights reserved and guaranteed confidentiality. By agreeing to participate, the workers signed the Informed Consent Form (ICF) and were identified by numerical codenames according to the sequence of interviews.

It was used as a technique for data collection structured interview conducted by a script composed of two blocks: the first with questions about sociodemographic (marital status, age, education, family income, origin, profession) of the participants in order to characterize the sample to be studied, and the second block consisting questions regarding the specific topic.
Before starting the data collection carried out a pre-test, in order to test the clarity of the questions and the vocabulary used by detecting possible errors that could occur during the interview, ensuring thereby the reliability and optimization of collection. The interviews were done in a quiet and reserved, in a room provided by the company itself in time previously scheduled with each worker, and agreed with these immediate supervisors. It was estimated thirty minutes of duration for each interview, however, lasted this long when there was a perceived need by researchers or requested by employees.

Data were pooled and processed in electronic spreadsheet subsequently analyzed using descriptive statistics, based on their frequencies and averages of the variables presented in percentage. The results were presented descriptively.

This work met the principles, standards and guidelines except by Resolution 196/96 of the National Health Council (CNS / MS) in Brazil that regulates research involving human subjects. The survey was submitted for review by the Ethics in Research Northern Riograndense League Against Cancer (CEP-LNRC) and approved under protocol nº 189/189/2011.

A limitation of this study was the small sample size, to have directed us to males aged proposal by PNAISH. The difficulties related to shyness and reluctance of workers to talk about their lives, forming a broken barrier to building a relationship of trust and confidence to the researchers.

All material collected will be filed in paper format during the period of five years from the date of completion of data analysis, in the room of the Coordination of the nursing program at the College ESTÁCIO-FATERN in Natal-RN, under the responsibility of researchers and teaching institution, guaranteeing the confidentiality of the information contained in the interviews.

RESULTS

Of the 20 workers who participated in the study, all were male, of these, 50% are aged 25 to 35, of whom 45% are married and 10% were not literate. The majority (85%) have incomes ranging between 1 and 2 times the minimum wage. A minority (35%) of the participants do not have children, while six individuals have more than three children and five have less than two participants stated children. All following Christianity, the majority (60%) classified themselves as Catholics.

Most workers is natural in the state (70%) live in their own houses (55%), all in masonry, with city water, septic and sewerage network. The workers interviewed did not say illicit drug users, however, as many makes use of alcoholic beverages (80%), are sedentary (65%), and less than half (25%) are smokers.

According to work with the company, most of the workers is a driver (35%), 15% machine operators, production assistants 15%, 35% total other functions in equal proportions (5% charge; seller; homemade , motorcycle courier, delivery helper, entrepreneur, a production assistant). Most workers do not have excessive workload, as observed, employees work eight hours a day, totaling 40 hours. Of the total sample, 15% of employees operated in dual workweek.

Most respondents (60%) reported feeling some sort of pain, with marked prevalence of back pain (58%), followed by 42% in equal proportions for pain in shoulders, muscles, neck, knee and stomach. Of these, 55% use some medication. Among the classes of drugs used in the predominance analgesics (25%), followed by anti-inflammatory (5%), psychotropic drugs (5%), remedies (5%) and 15% did not remember the type of drug used.

Although more than half do declare medication, 75% of participants reported not having some type of diagnosed disease. Among the respondents (25%) had diagnosis of diseases, such as hypertension (01), cerebral hypoxia (01) and labyrinthitis (01). It is noteworthy that 75% of these medications are available without prescription, which may influence the distance of respondents from Basic Health Units (BHU) for the prevention, investigation and early detection of diseases.

As the demand for health services, 90% of participants declared to be important to search for the service, although 60% do so affirm. As for disease prevention and health care, 80% reported being more important to prevent diseases, although 45% of them reported having to take care of your health. Among participants who claimed seek health services, 84% indicated a preference for hospitals and emergency rooms, 8% prefer to search pharmacies and 8% medical clinics.

Considering the accessibility and acceptance of men to primary care services, we found that the respondents did not feel welcomed as children, women and the elderly, prevailing a percentage of 65% with this statement. The existence of barriers to entry in UBS, 55% of respondents reported difficulties in seeking health care. The main obstacles are highlighted: the lack of time available to go to UBS (43%), the delay in...
treatment (26%), the difficulty of chips (17%), followed by bad service professional (8%) and lack of professionals in these services (6%).

Workers, 90% said their biggest membership and seek to basic health services if there was a center of health care, specific to this clientele, however, the majority of respondents expressed a wish to create a service in primary health care work environment, which would help greatly the search for prevention of diseases and disorders.

**DISCUSSION**

Almost all (95%) of the participants uses only the public health services, making us believe that this fact is related to the economic condition of the sample, due to the demand for NHS services to be inversely proportional to the income of the people. Thus, the lower income population greater demand for consultations in public health services, and the higher purchasing power of a given population stratum more significant will be the use of the private sector.10

Assesses the importance of the public health system is universal and equal, however, that meets the health needs of the users, it is understood that this form can be tackled disparities of access and the right to quality health care. The males do not value health care and this issue is coming from the experiences of the men.4,11 It was noted that devaluation among the workers interviewed, since it is almost unanimous (90%) the recognition of the importance of seeking health care, while there is a gap in the realization of this demand for services.

Preference for hospitals and emergency rooms with curative, rather than in primary care, such as disease prevention and health problems became evident in this study. This posture is commonly observed in speeches and attitudes of men who overweight the model medical-curative.12 The prevalence of men who do not feel welcomed in basic health services, as are the other social groups, shows a feeling of not belonging, of boys in these spaces, Thus, they perceive it as a feminized environment.5

The perception that the environment is only found in the UBS female, lining up in a bigger problem for men who are not accepting these care services by a condition of identity, from the socialization process. This is a reflection of the socio-cultural and economic barriers faced by men and imposed.13 The masculine identity marks should be considered while the actions of health care are developed, however, the discourse of the subject suggest acceptance, rejection or transformation of health proposals insinuated.14

It is understood that the health needs must be met and what strategic service, with a view to universal, equal and full, aiming at the minimization of male vulnerability to health hazards should be developed, however, parallel, evaluates the importance of actions and reflections about gender stereotypes rooted long been considering a decisive factor in the subjects’ behavior, to promote socio-cultural paradigm shifts and assigned to hegemonic masculinity.

Whereas 65% of respondents did not feel welcomed by the health system in primary care, it is possible to notice that the same percentage corresponds to a lack of awareness of the specific program for men in primary care. It is thought that this fact occurs due to PNAISH not effectively reach the target population, contributing to the detachment of boys to basic health care.

The lack of men about PNAISH and proposals of the Family Health Strategy hurts their right to quality health care, becoming an obstacle in the prevention of diseases and disorders. The main difficulties reported by men, in relation to service in the public health, coincide with the results of other studies and relate the incompatibility of operating hours of UBS with your employment; in the inflow due care services time consuming and insufficient amount of available professionals; precariousness of public services, lack of units with specific services for men.1,12

A more considered reflection makes us realize the difficulties reported by men as a subterfuge for this stance curative. The female group of all socioeconomic categories, working in the formal market, is nonetheless seeking the prevention of diseases and disorders in UBS. Even in health units with extended opening hours no increased frequency of male.6

Assesses the need to build the best way to offer health care to the male audience, assuming constitutional equality, the fact that health consists in a social right, because the man and woman establish their own beings profile historical and socio-cultural distinct. Thus, it is understood that health promotion should include the socio-cultural and biological makeup of men.

It is essential to emphasize that the manifestation of aspects of masculinity and virility, strength, competition, autonomy,
authority, claim, among other ways, as well as the sociological and cultural characteristics can result in behaviors that favor the risk of disease and death.5

The primary care organization should provide an impact on morbidity and mortality and promote health care more effective, efficient, with equity, quality and humanism. It's primary function of preserving the lives of people, places and act with greater proximity to the place where they live and work the usuários.15

Public policies need to review their efforts to recognize the peculiarities in the relationship between man and the disease process, and to direct their actions to improve the quality and survival of users, compared to the expectations and experiences for men, suggesting greater suitability of the services requested.16

CONCLUSION

Only one third of the population of this study would be contemplated by PNAISH, a fact that reinforces the integration of preventive care primary care programs to worker health.

Taking into account that the worker spends most of the day in the workplace and that this site consists of an area of different territorial scope of his residence, believed to be amenable to add basic health care in the workplace men, promoting the development of actions to promote health, prevent and treat diseases, supporting instruments to minimize the vulnerability of this group, in addition to enhancing the coverage welfare program promoted by the health worker and the ESF.

Based on these findings, we propose a set of interlocking strategies, aimed at reducing the inadequacies of health services and include that portion of the population to universal access, as it is essential the need for further studies and discussions that support best understanding the diversity of situations that make up the male self and reality of action in the health sector. We hope this work will contribute in a positive way, to break barriers that restrict men's access to health care, as well as provoke further discussions on the issue.

REFERENCES


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