



MALE USER PROFILE CARED FOR IN A BASIC FAMILY HEALTH UNIT

PERFIL DO USUÁRIO HOMEM ATENDIDO EM UMA UNIDADE BÁSICA DE SAÚDE DA FAMÍLIA

PERFIL DEL USUARIO HOMBRE ATENDIDO EN UNA UNIDAD BÁSICA DE SALUD DE LA FAMILIA

Rildo César Nunes Czorny¹, Claudia Eli Gazetta², Maria Helena Pinto³, Rita de Cássia Helú Mendonça Ribeiro⁴, Denise Beretta⁵, Camilla Christina Rodrigues⁶

ABSTRACT

Objective: to describe the profile of the man cared for in a Basic Health Unit. **Method:** descriptive study, developed with 150 male users of a Basic Family Health Unit. The data was obtained through an interview during the Nursing visit and analyzed by means of descriptive statistics. **Results:** most were aged between 41 and 60 years, was composed of married men, with monthly income between two and three minimum and sedentary wages. More than 76% reported eating fruits and vegetables and 88.67%, red meat more than five times a week; 63.10% used alcohol up to twice a week; and 54.67% had chronic non-transmissible disease. **Conclusion:** the need for new strategies to sensitize younger men to seek health care in the search for disease prevention and health promotion. **Descriptors:** Men's Health; Lifestyle; Chronic Disease; Primary Attention.

RESUMO

Objetivo: descrever o perfil do usuário homem atendido em uma Unidade Básica de Saúde. **Método:** estudo descritivo, desenvolvido com 150 homens usuários de uma Unidade Básica de Saúde da Família. Os dados foram obtidos por meio de entrevista durante a consulta de Enfermagem e analisados por meio de estatística descritiva. **Resultados:** a maior parte tinha idade entre 41 a 60 anos, era composta por homens casados, com renda mensal entre dois a três salários mínimos e sedentários. Mais de 76,00% relataram ingerir frutas e vegetais e 88,67%, carne vermelha mais de cinco vezes/semana; 63,10% faziam uso de bebida alcoólica até duas vezes por semana e 54,67% apresentavam doença crônica não transmissível. **Conclusão:** necessidade de novas estratégias para sensibilizar os homens mais jovens a procurarem o serviço de saúde na busca de prevenção de doenças e promoção da saúde. **Descritores:** Saúde do Homem; Estilo de Vida; Doença Crônica; Atenção Primária.

RESUMEN

Objetivo: describir el perfil del usuario hombre atendido en una Unidad Básica de Salud. **Método:** estudio descriptivo, desarrollado con los 150 hombres usuarios de una Unidad Básica de Salud de la Familia. Los datos fueron obtenidos a través de entrevista durante la consulta de Enfermería y analizados mediante estadística descriptiva. **Resultados:** la mayoría tenía edades entre 41 a 60 años de edad, compuesta de hombres casados. con ingreso mensual entre dos y tres salarios mínimos y sedentarios. Más de 76,00% relataron ingerir más frutas y vegetales y 88.67% carne roja más de cinco veces a la semana; 63,10% hacia uso de bebidas alcohólicas hasta dos veces a la semana; y 54.67% presentaban enfermedad crónica no transferible. **Conclusión:** necesidad de nuevas estrategias para sensibilizar a los hombres más jóvenes a buscaren el servicio de salud en busca de la prevención de enfermedades y promoción de la salud. **Descriptor:** Salud del Hombre; Estilo de Vida; Enfermedad Crónica; Atención Primaria.

^{1,6}Nurses, MSc student, Post-Graduate Program in Nursing, Medical School of São José do Rio Preto/FAMERP. São José do Rio Preto (SP), Brazil. E-mail: rildoenf@gmail.com; ca.c.rodrigues@hotmail.com; ^{2,3,4,5}Nurses, Professors, PhD, School of Medicine of São José do Rio Preto/FAMERP. School of Nursing, Department of General Nursing. São José do Rio Preto (SP), Brazil. E-mails: claudiagazetta@yahoo.com.br; mariahelena@famerp.br; ricardo.rita@terra.com.br; denise@famerp.br

INTRODUCTION

Since 2009, the Ministry of Health has instituted the National Policy for Integral Attention to Man's Health (PNAISH), which aims to promote actions directed at men, in order to improve the conditions of the Brazilian male population and to increase the access of men to primary care. This policy aims to educate, plan, strategize and offer promotion, prevention, treatment and rehabilitation aimed at the health of men.¹

Because of cultural issues that have been going on for centuries, men tend to believe that they are more disease-resistant than women, seen as more physically fragile than men. However, this non-recognition of their biological condition leads men to use less of the resources of preventive medicine as opposed to women. The immediate consequence of this situation is that men, compared to women, are more vulnerable to diseases, especially serious and chronic diseases, because they take less care of themselves and, thus, increase risk situations.²

Men enter the health service, most of the times, through specialized care, when the disease is in a more advanced stage, causing an increase in morbidity and consequent increase of expenses by the Unified Health System (UHS).² In view of this it is noted that among the demographic indicators of men's health impairments, Non-Transmittable Chronic Diseases (NTCDs) stand out.²

Non-transmissible Chronic Diseases are characterized by multi-factorial diseases that are generally of long latency, long evolution, with a cause that is not fully understood, irreversible lesions and complications that can cause disability of variable degrees or death.³

Just like intermediate risk factors for NTCD are considered hypertension, dyslipidemia, overweight, obesity and glucose intolerance, and modifiable risk factors are smoking, unhealthy eating, alcohol use, and sedentary lifestyle.⁴

Studies point out that low- and middle-income countries have the highest rates of NTCD, and people with lower levels of schooling and income are more vulnerable to this pathology group due to greater exposure to risk factors, less information, less access to health, impacting on social inequalities.¹⁻⁵

In Brazil, NTCDs account for 74% of deaths in the country and "are considered a serious public health problem, accounting for 63% of deaths worldwide, according to estimates by the World Health Organization (WHO)."

Due to the so-called "NTCD epidemic", as a priority issue affecting health and society, in September 2011 the United Nations (UN) organized a high-level meeting on NTCDs "in which The heads of state to discuss global commitments with the theme, "the result of which was the commitment of the member countries to control the increase of NTCDs with actions aimed at avoiding the main risk factors, among them, smoking and physical inactivity, and to ensure the assurance of patient health."⁵⁻⁶

OBJECTIVE

- To describe the profile of the male patient served in a Basic Family Health Unit, in order to obtain subsidies for effective planning of health care for the man.

MÉTHOD

A descriptive cross-sectional study of a quantitative nature, developed in a Basic Family Health Unit (BFHU), in São José do Rio Preto (SP), Brazil, in the interior of the State of São Paulo, which is integrated into the system's services network (UHS), but, does not provide specialized health care for the man, and it is necessary for the user to go through care directed to the health of the man in other health units of the municipality. The unit cares for, an average, of 403 men per month, 315 of which are attended by medical staff and 88 by Nursing staff.

The study sample consisted of 150 men who attended the unit for nursing consultation with the researcher, in the month of November/2015, which is the month of Blue November which is a campaign to promote men's health, encouraging the preventive tests to combat prostate cancer.

Inclusion criteria were patients aged 18 or over, without intellectual commitment and who agreed to participate in the study after invitation and clarification on the objectives and procedures of the research, signing the Informed Consent Term, as foreseen in CNS 466 /12. Men who were not included in the inclusion criteria were excluded. The data was obtained through an interview with the user, performed by the researcher, in the Nursing office, using a data collection instrument prepared by the researcher containing socio-demographic data, presence of chronic disease, lifestyle as the type of feeding, use of alcohol, tobacco and other inhalable drugs, physical activity or sedentary lifestyle, anthropometric evaluation and classification of the Body Mass Index (BMI) according to the World Health Organization (WHO).⁷

The obtained data were stored in a Microsoft Excel® program spreadsheet, in order to allow data analysis. All the statistical tests were applied with a significance level of 5% ($\alpha = 0.05$) and the software used for the tests was Minitab 17 (Minitab Inc.).⁸ The results were presented through tables. This study was previously submitted and approved by the Research Ethics Committee involving human beings from the Municipal Health Department and the Medical School of São

José do Rio Preto / São Paulo (FAMERP), with CAAE nº 41959015.2.0000.5415.

RESULTS

According to the percentage results in table 1, the majority of patients evaluated were 41-60 years (52 - 34.67%), considered white (91-60.67%), married (76-50.67%), with basic education (75 - 50.00%), with monthly income of one to three minimum wages (109 - 72.67%).

Table 1. Sociodemographic characteristics of men treated in a BFHU. São José do Rio Preto (SP), Brazil, 2015.

Variables evaluated in the study	n	%
Age	150	100
18 to 29 years	22	14.67
30 to 40 years	20	13.33
41 to 60 years	52	34.67
61 to 80 years	8	5.33
Self-declared race / color	150	100
Yellow	3	2.00
White	91	60.67
Brown	42	28.00
Black	14	9.33
marital status	150	100
Not married	43	22.67
Married	76	50.67
Divorced	21	14.00
Widower	2	1.33
Amassed	17	11.33
Education	150	100
No Schooling	9	6.00
Fundamental	75	50.00
Medium	48	32.00
Superior	18	12
Monthly income (minimum wage)	150	100
Less than 1	7	4.67
1 to 2	54	36.67
2 to 3	55	36.67
More than 3	34	22.67

The data in table 2 show that most patients were classified as sedentary (114 - 76%), ingest alcoholic beverages (84 - 56%) up to twice a week (53 - 63.10%) and did not present the habit of smoking and/or using inhalable drugs(113 - 75,33%). In relation to food, the majority of patients ingest red meat (133 - 88.67%), milk (96 - 64%), fats (76-50.67%), fruits (115-76.67%), vegetables (123-82%) and legumes (129-86%) five or more times per week.

Table 2. Percentage of variables related to the lifestyle of men attended in a BFHU. São José do Rio Preto (SP), Brazil, 2015.

Variables evaluated in the study	n	%
Sedentary lifestyle	150	100
No	36	24.00
Yes	114	76.00
Use of alcoholic beverage	150	100
Up to 2 times	53	63.10
More than 2 times	31	36.90
Smoking and / or Inhaled drugs (marijuana, cocaine and crack)	150	100
No	113	75.33
Yes	37	24.67
Ingestion of red meat (five or more times / week)	150	100
No	17	11.33
Yes	133	88.67
Intake of milk or dairy (five or more times a week)	150	100
No	54	36.00
Yes	96	64.00
Fat intake (five or more times / week)	150	100
No	74	49.33
Yes	76	50.67
Fruit intake (five or more times / week)	150	100
No	35	23.33
Yes	115	76.67
Ingestion of vegetables (five or more times a week)	150	100
No	27	18.00
Yes	123	82.00
Intake of legumes (five or more times / week)	150	100
No	21	14.00
Yes	129	86.00

Table 3 indicates that patients with low weight were those with a higher mean age, followed by overweight and normal weight patients. Obese patients were those with lower mean age. In addition, it was possible to observe the absence of significant differences in the age of the patients when compared to the BMI, suggesting that age is not a preponderant factor to determine the patient's BMI (p value = 0.708).

Table 3. Results of the comparison of the age in relation to the BMI of the men attended in a BFHU. São José do Rio Preto (SP), Brazil, 2015.

IMC	n	Average±DP	Mean	Value p ¹
Low weight	5	55.20±28.50	45.00	0.708
Normal	49	53.64±18.76	53.50	
Overweight	66	54.31±16.90	60.00	
Obese I	23	48.39±16.29	47.00	
Obese II	5	46.40±10.41	42.00	
Obese III	2	45.50±3.54	45.50	

¹Value P referring to the Variance Analysis test at P <0.05.

In Table 4, 54.67% of the patients presented chronic diseases, with systemic arterial hypertension being the main one (35-42.68%), followed by diabetes and hypertension (20-34.39%), diabetes (14 - 14.63%), and others (15-18.29%).

Table 4. Variables of the Referred Health Condition of the men attended in a BFHU. São José do Rio Preto (SP), Brazil, 2015.

Variables evaluated in the study	n	%
Chronic diseases	150	100
No	68	45.33
Yes	82	54.67
Type of chronic disease	82	100
Diabetes	12	14.63
Diabetes and Systemic Arterial Hypertension	20	24.39
Systemic Arterial Hypertension	35	42.68
Outhers1	15	18.29

DISCUSSION

With this study, it was observed that the majority of male users who sought BHU in the month of November were aged from 41 to 80 years, which corresponds to data found in other studies.⁹⁻¹⁰

The age factor is what motivates a population to adopt means of preventive care, because, NTCD does not have an etiological agent and a poor understanding of the physiological processes, prevention for this class of disease becomes a challenge. In general, people associate diseases with some causative agent.⁹

The same study highlights that the young population is not concerned about NTCDs and, although they do not consider the hereditary nature, to adopt a preventive approach (these young people believe that disease development only occurs after the age of 40).⁹

A study carried out in the Matapaca Module of the Family Medical Program (FMP), in Niterói, RJ, Brazil, found that older men with lower levels of schooling who admitted having a health problem were more likely to attend primary care. This can be justified by being in a phase of life in which health tends to be impaired, because they are older and already have some disease.¹⁰ The results of this research also indicate this reality, since the majority of patients evaluated are between 41 and 60 years (34.67%), of basic level (50%) and that present some chronic disease (54.67%).

In the studied population, the participants are not yet in the age range classified as elderly, but they are sedentary, overweight and obese. Excess weight and obesity are problems that affect all social groups. Among its causes are the increase of foods with high caloric density and physical inactivity.¹¹⁻²

The healthy eating habit is a changeable factor, being the most important in the fight against the non-emergence of NTCDs. According to WHO data, 90% of type 2 diabetics, 80% of coronary heart disease and 30% of cancer would no longer affect the general population if they performed more physical activity, healthy eating and less tobacco use.¹³

The correct nutrition over the years can contribute to a successful longevity, since several physiological modifications are associated with the aging process, which can affect nutritional status.¹⁴⁻⁵

In a study carried out in Minas Gerais, it was verified that the male population presents less awareness about healthy eating compared to women, and considers the

consumption of fruits and vegetables less important for health. This may indicate that more attention should be paid by health professionals to addressing issues of healthy eating for the male population.¹⁶

In this study, low consumption of these classes of foods was not observed, however, it is worth emphasizing that among other subjects to be approached with the male population, healthy eating and physical activity practice should be prioritized, since several studies developed with participants of the male gender highlight the prevalence of overweight, obesity and sedentarism^{12,17}, smoking and alcoholism^{13,18-20} considered as risk factors for the development of NTCD.

A study conducted in Thailand with 87,151 participants, aged 15-87 years, noted that men make more use of alcoholic beverages compared to women. Alcohol, besides being a risk factor for NTCD, is also associated with sedentary lifestyle and poor diet. It was also observed that those who used alcoholic beverages, classified as abusers and regular consumers, had high cholesterol, hypertension and liver disease in relation to non-alcoholic drinkers.²¹

The high risk of developing NTCD is related to the consumption of four or more glasses of alcoholic beverage per occasion, which suggests the need for research on new strategies to reduce alcohol consumption among men and, consequently, decrease alcohol use-related NTCDs.²¹

In Brazil, according to data from the National Health Survey (NHS), 40% of the adult population, about 57.4 million people, have at least one NTCD. The southeastern region of Brazil obtains indices of 39.8%, representing 25.4 million inhabitants, being the second region with the highest prevalence of chronic diseases, behind only the southern region.¹⁸

A survey conducted by the Ministry of Health, in partnership with the Brazilian Institute of Geography and Statistics (IBGE), revealed that NTCD reaches 23 million men. In Brazil, the most prevalent diseases are hypertension, diabetes, spine disease, dyslipidemia (the main risk factor for cardiovascular diseases) and depression. The subsistence of these pathologies is associated with risk factors such as smoking, alcohol abuse, overweight, high cholesterol levels, low consumption of fruits and vegetables, and sedentary lifestyle.¹⁸

The results of this study revealed a consonance regarding the prevalence of NTCD types compared to national statistics, but, in

this study, there were no reports of participants regarding depression.

In Malaysia, there has been a growing concern about men's health. The male population has been approached more holistically, involving psychological, physical and social health. Non-transmittable diseases and injuries are the main causes of death in men, noting that many comorbidities are not notified and diagnosed early and, thus, without the opportunity for preventive interventions.²²

A Canadian study of chronic physical and mental illness in the male population has shown that living with a chronic disease threatens a man's sense of masculinity and self-image, as well as his ability to fulfill certain social roles, such as expressing his emotions, attributes, and attitudes,²³ which suggests that men's health is better addressed and, thus, allows men to be heard, enabling them to choose a better quality of life.

The programs of action involving the male population are still of limited scope, short duration and are not fully part of the agendas of government timetables and public policies.²⁴

Other research have shown the need for more studies and planning for the male population, in order to better serve this gender, which considers it to be poorly researched.²⁵

As a limitation, it can be stated that, although it is a representative population of male users, it does not allow for the understanding of the reason why the younger ones do not seek the health unit, which may be the subject of an upcoming research. Effective actions in the field of Primary Health Care, in particular, to base actions aimed at the integral care of Men's Health.

CONCLUSION

The study found that the majority of male users served during Blue November in the BFHU were over the age of 41, composed of married men, with elementary level education, with monthly income of one to three minimum wages, sedentary, that make use of alcoholic beverage, sedentary, non-smoker, presents with overweight and obese degree I, hypertension and diabetes associated with hypertension.

More than half of the population studied routinely use healthy foods such as fruits, vegetables and legumes and report eating red meat.

Research participants were mostly elderly, which may indicate the need for new

strategies to sensitize younger men to seek care in the pursuit of disease prevention and health promotion, with an action plan aimed at strengthening the style of a healthy life, as well as, control of risk factors for NCD.

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Corresponding Address

Rildo César Nunes Czorny
Av. Brigadeiro Faria Lima, 5416
Bairro Vila São Pedro
CEP: 15090-000 – São José do Rio Preto (SP),
Brazil