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ORIGINAL ARTICLE

KNOWLEDGE AND ATTITUDES OF PUBLIC SERVANTS ABOUT PROSTATE CANCER

CONHECIMENTOS E ATITUDES DE SERVIDORES PÚBLICOS SOBRE O CÂNCER DE PRÓSTATA CONOCIMIENTOS Y ACTITUDES DE LOS SERVIDORES PÚBLICOS SOBRE EL CÁNCER DE PRÓSTATA

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ABSTRACT

Objective: to know the level of information of public servants about prostate cancer. **Method:** a descriptive study, with a qualitative approach, carried out with 16 public servants filled in a public institution of higher education. The data was collected through a recorded interview, guided by a script. Then they were analyzed by the Content Analysis technique. **Results:** two analytical categories, were established: << Level of information on prostate cancer >> and << Prevention of prostate cancer >>. From the analytical categories defined subcategories emerged, such as <Difficulty regarding the concepts on the subject of prostate cancer> and <Fear of performing the rectal examination: concepts and preconceptions>. **Conclusion:** from the analysis of the results, it is considered that the success of prostate cancer prevention depends on a set of actions that involve the men's health. To this end, access to health services and information should be made available, such as the importance of performing early detection tests, seeking a greater chance of cure. **Descriptors:** Prostatic Neoplasms; Knowledge; Oncology Nursing; Education.

RESUMO

Objetivo: conhecer o nível de informação de servidores públicos acerca do câncer de próstata. **Método:** estudo descritivo, de abordagem qualitativa, realizado com 16 servidores públicos lotados em uma instituição pública de ensino superior. Os dados foram coletados por meio de uma entrevista gravada, orientada por um roteiro. Em seguida, eles foram analisados pela técnica de Análise de Conteúdo. **Resultados:** foram estabelecidas duas categorias analíticas: <<Nível de informação sobre o câncer de próstata>> e <<Prevenção do câncer de próstata>>. Das categorias analíticas, emergiram subcategorias definidas como <Dificuldade quanto aos conceitos sobre a temática câncer de próstata> e <Medo de realizar o exame de toque retal: conceitos e preconceitos>. **Conclusão:** a partir da análise dos resultados, considera-se que o sucesso da prevenção do câncer de próstata depende de um conjunto de ações que envolvam o cuidado da saúde masculina. Para isso, deve-se possibilitar o acesso aos serviços de saúde e às informações, como a importância da realização dos exames de detecção precoce, buscando maior chance de cura. **Descritores:** Neoplasias da Próstata; Conhecimento; Enfermagem Oncológica; Educação.

RESUMEN

Objetivo: conocer el nivel de información de servidores públicos sobre el cáncer de próstata. **Método:** estudio descriptivo, de abordaje cualitativo, realizado con 16 servidores públicos en una institución pública de educación superior. Los datos fueron recogidos por medio de una entrevista grabada, orientadas por un guión. Luego analizados, fueron por la técnica de análisis de contenido. **Resultados:** fueron establecidos dos categorías: << Nivel analítico de información sobre el cáncer de próstata >> y << La prevención del cáncer de próstata>>. Emergen las categorías analíticas, como subcategorías < Dificultad en cuanto a los conceptos sobre el cáncer de próstata > y < Miedo a realizar el examen rectal: conceptos y prejuicios>. **Conclusión:** desde los resultados analizados, creemos que el éxito de la prevención del cáncer de próstata depende de un conjunto de acciones de cuidado de la salud masculina. Para eso, se debe habilitar el acceso a los servicios de salud y a las informaciones, tales como la importancia de lograr exámenes de detección temprana, buscando mayor posibilidad de cura. **Descriptores:** Neoplasias Prostáticas; Conocimiento; Enfermería Oncológica; Educación.

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INTRODUCTION

The term cancer, refers to a set of diseases that have in common the disordered multiplication of cells, which can invade tissues and organs and spread (metastasize) to other regions of the body. When cells multiply rapidly, they tend to be very aggressive and without multiplication control, which determines the formation of tumors (accumulation of cancer cells), also called malignant neoplasms.¹

The estimated cancer occurrence in Brazil for 2014/15, will be 394,450 new cases, excluding those related to skin, not melanoma. Among the various types of cancer, the most common are those of the prostate, trachea, bronchus and lung, colon and rectum for males, and those of the breast, colon and rectum and cervix for females.²

In Brazil, prostate cancer is the second most prevalent in men and accounts for about 10% of all cancers. Its incidence is higher, about six times, in developed countries compared to developing countries.³ Moreover, the observed increase in the incidence rate of this type of cancer can be justified in part by the evolution of diagnostic methods and improvement in the quality of information systems, as well as the increase in life expectancy.³

In the United States, prostate cancer ranks second and is also the second leading cause of cancer-related death in men. For 2012, the estimate was 241,740 new cases; 28,170 cases of death were reported.⁴

Considering that the number of new cases of prostate cancer estimated for Brazil has presented a significant increase over the years, the early detection of this pathology becomes relevant since it increases the possibilities of interventions related to the promotion and prevention of men's health.³

Among the exams for early diagnosis of prostate cancer are the blood test to determine Prostate Specific Antigen (PSA) and the Rectal Touch Exam.⁵

The evaluation of PSA levels and the low-cost Retinal Touch exam, which assists in assessing the size, shape, and consistency of the gland, are considered to be the eligible methods for the diagnosis of prostate cancer.⁵⁻⁶ However, The Retinal Touch technique commonly runs into cultural factors, since the male population does not have information about the examination for early diagnosis, and this represents a bias in the procedure.⁷

Currently, in Brazil, the National Policy for Integral Attention to Men's Health aims to qualify the health care of the male population, in the perspective of care lines that safeguard the integrality of care.⁸ Even in the face of this reality, the male population deprives itself of the right to seek health care services, which contributes in a negative way to the prevention and promotion of health by this specific clientele. In this way, many injuries could be avoided if men performed basic prevention measures on a regular basis. Men's resistance to care increases not only the financial burden of society but also, and above all, the physical and emotional suffering of the patient and their family, in the struggle to promote the health and quality of life of these people.⁸

The contextualization of this scenario leads the health professional to walk in the direction of education, which makes it possible to develop varied activities, aiming to clarify about the disease, preventive measures and health promotion.

Education is a tool that facilitates action, being a directed work process, capable of acting on people's knowledge, leading to the critical development and the ability of the subject to intervene on their own health.⁹

Among health professionals, the nurse stands out in the role of educator for experiencing the educational process from the beginning of their academic training. From private assignments and scientific knowledge, it can effectively contribute to the quality, efficiency, promotion, prevention and rehabilitation of the male population in the face of prostate cancer.¹⁰

OBJECTIVE

- To know the level of public servant information on prostate cancer.

METHOD

A descriptive, qualitative study carried out in one of the units of a public institution of higher education in the city of Belo Horizonte/MG. This unit brings together the undergraduate courses in Nursing, Nutrition, Health Services Management and postgraduate courses in Nursing and Nutrition and Health. In 2013, this institution completed 80 years, being consolidated as an autonomous and quality unit, which seeks the growth of undergraduate, postgraduate, extension and research activities. The integration of teaching activities and health services is based on the principles of the Unified Health System/UHS, related to equity and integral

health care, people and the community. Considering that this institution produces and teaches science, having as guiding axis the health care, it is considered important, by the authors, to investigate the health related issue with the male workers that work in this institution.

The unit has a staff of 90 teachers, 15 male and 48 technical-administrative staff, 19 male. From the male contingent, the study sample consisted of 16 employees - three teachers and 13 administrative technicians - who work in several sectors, in the morning, afternoon and evening shifts. The selection of the sample was intentional, in the form of an invitation. As inclusion criteria, were considered: being a public servant of the institution, without restriction to the time of work in the unit; being male; be 18 years of age or over; and be active, at the time of the study. Randomness and accessibility criteria were followed, and the participants were voluntarily invited to join the study. After explaining the objectives of the study and the acceptance by the official, the signing of the Free and Informed Consent Form (TCLE) was requested, as recommended by Resolution No. 466/12 of the National Commission for Research Ethics (CONEP). Criterion for conducting research involving human beings. The project was approved by the Research Ethics Committee of the Institution, based on the opinion constituted n. 769,426, on 08/28/2014.

As exclusion criteria, were considered: age of less than 18 years; previous diagnosis of prostate cancer and/or other type of cancer and not being active, at the time of the study. The number of interviews to be performed was stipulated based on data saturation, at which point the researcher evaluates the saturation of the data and opts for the suspension of the inclusion of new participants, since the data obtained will be redundant or repetitive.¹¹ In this way, the researcher interrupts the collection, since it stops producing new information.

The instrument used to collect the data was previously prepared by the researchers and evaluated. It is a semi-structured questionnaire, containing socio-demographic information: age, marital status, color, profession, family income and schooling, and later, individual interviews with a semi-structured script.

The data were collected from each participant through a recorded interview, guided by a script with the following guiding questions: 1-What do you know about prostate cancer and its prevention? 2- How did you get

this information? 3- Do you know the ways for early detection of prostate cancer? 4- What do you do to prevent prostate cancer? 5. When should someone undergo screening for early detection of prostate cancer? (Age, signs / symptoms, family history) 6- Is it difficult to undergo prostate cancer screening? 7- Do you have doubts about prostate cancer? Which are they? 8- Would you like to be more informed about prostate cancer?

In order to guarantee the anonymity and confidentiality of the research subjects, a code of identification was established according to the responses of the participants: R1, R2, R3, R4, R5, R6, R7, R8 to R16. The information was collected from September to October 2014.

The data was analyzed with reference to content analysis.¹ They were selected by categories, according to the central concept, assembled by elements or common aspects.

For the analysis, the following steps were performed: sorting and mapping of the data; classification of data - a step that consists in the exhaustive reading of interviews, to identify relevant aspects and establish thematic categories; and final analysis, stage in which the articulations between the collected data and the other authors of the literature are performed. The transcription and reading of the reports allowed the selection of the themes, which appeared, with greater emphasis or emphasis, in the interviewees' speeches, that is, what was being more important and problematized and pertinent to the research objectives.¹¹

The survey of the categories was based on significant units, which were related as the subject was explored, which brought the information about prostate cancer to the interviewees. The common themes were then grouped into categories, explained in the item referring to the results.

RESULTS AND DISCUSSION

Regarding the characterization of the studied group, 16 men were interviewed, with a mean age of 34.7 years (25 to 58 years). Of these, 37.5% (six) declared themselves to be brown; 31.25% (five), white; 25% (four), black; and 6.25% (one) did not comment on race/color. As for marital status, 50% (eight) of the participants were married; seven single; and one, divorced. In relation to schooling, 62.5% (ten) had completed higher education; 12.5% (two), complete secondary education; 12.5% (two), complete elementary education; 6.25 (one) reported not having completed high school and 6.25 (one) did not complete higher education. The family income

was concentrated above four minimum wages in 68.75% (11) of the respondents; 25% (four) received between three and four minimum wages; and only 6.25% (1), between one and two minimum wages. In relation to the profession, 81.25% (13) occupied technical-administrative positions, and 18.75% (three) were teaching higher education in the unit.

Some authors claim that people with unfavorable socioeconomic conditions have greater difficulty in accessing the health system and, consequently, are more exposed to health problems, including cancer. The screening phase for prostate cancer is considered the most important for the treatment of prostate cancer, especially in developing countries, because it is in the early stages of the disease that one has the opportunity to offer men a cheaper and more effective treatment method and, in addition, contribute to the maintenance of quality of life.¹²

The analysis of the socioeconomic profile and schooling has shown that good education is favorable, since it provides access to information on the prevention and/or treatment of prostate cancer. In spite of this, the need to investigate the role of those responsible for the adoption of public policies and health professionals in regard to the health education aspect of the population becomes relevant.

After reading and re-reading the transcripts of the interviews, two analytical categories were established: "Level of information on prostate cancer" and "Prevention of prostate cancer". Of the two analytical categories, the following subcategories emerged: "Difficulty regarding the concepts on the subject - prostate cancer" and "Fear of performing rectal examination: concepts and prejudices". These will be discussed in more detail in the items related to each of them.

♦ Level of information about prostate cancer

From the analysis of all the interviewees' speeches, it can be seen that they have little information about prostate cancer and present difficulties to answer some questions considered elementary, for example: the definition of the pathology, the age to start prevention, which examinations the man should perform to prevent and diagnose the disease early. This can be proven in some of the participants' statements:

I know it's a disease that is male and nothing more. (R3)

So, I do not have much knowledge about non-prostate cancer. So, now it gives a lot of attention to men, right? The cancer,

thus, practically I have almost nothing to say, to tell you the truth. (R 13)

I think the age is fifty years or so, forty years, more or less in this range, right? Must be. The rest I do not know. (R8)

Other studies have shown that men are poorly informed about aspects related to prostate cancer prevention, that they do not know the meaning of the disease and that they present erroneous and not very informative answers regarding this disease.^{10,13} The lack of information interferes negatively in the early detection of prostate cancer and impairs access to health services.^{10,13}

This scenario corroborates the importance of the practice of health education and the development of educational activities by professionals, with the purpose of promoting more clarification about diseases and measures of prevention and health promotion. In association, it is necessary to guarantee access to health services in a comprehensive way, in specific programs for male clientele.^{10,14-3}

♦ The difficulty regarding concepts on the topic of prostate cancer

Knowledge is a set formed by experiences, values, context information and creativity applied to new experiences.¹⁵ Knowledge and information are articulated, concepts pass through the bonding of people, and one depends on the other, leaving the information sterile if there is no knowledge about the subject in question, prostate cancer, it is verified how much information is considered an important prevention tool, since it can generate changes in regarding the need and importance of health care.

It can be seen that health behaviors are related to a sequential process: acquiring the correct knowledge leads to a favorable attitude, which in turn can lead to healthy practices. Thus, it is expected that adequate knowledge will favor positive changes in behavior, although it is recognized that this is not the only determining factor for health practices. Previous studies have pointed out that a lack of adequate knowledge was a determining factor for not performing the preventive examination of prostate cancer.¹⁶

The statements made it possible to identify that, among the factors considered to be difficult to achieve oncological prevention in the male population, the lack of access to information is highlighted and, in addition, leads to the maintenance of outdated negative beliefs about cancer and its prognosis:

I know it's a disease that kills, that you get. At first, with the difficulty of urinating, and

if you do not prevent yourself and do not make a preventive consultation, the disease ends up turning into cancer. And from what I know of prevention, you must do it from the age of 40, forty something, equal to my age. Go and do a PSA blood test, and if the PSA does not resolve it [...] there is the touch exam, the doctor will check if your prostate is thicker and, then, if you have it you will have to take some medications or that's it. (R4)

The prostate, a gland belonging to the male reproductive system, is located in the lower part of the abdomen, below the bladder and in front of the rectum. It is a very small organ, and its main role in the life of the man relates to the sexual reproduction; it produces part of the seminal fluid responsible for the transport of sperm produced in the testes.^{1,13} It is also the only organ that produces and eliminates PSA, a protein that can be measured in the circulation. It is known that prostate cancer arises when cells of this organ begin to present a disordered and invading growth, which can lead to the appearance of metastases.¹

It is believed that there is a need for greater clarification on the disease and, especially, on prevention measures, since the level of disinformation among men is of concern, and a greater knowledge about the disease and the means to prevent it can be decisive for its evolution. Men needs to know their body better and thus be able to identify changes that may occur. The information allows him to make a decision, how to seek regular medical help and to be aware that the performance of the periodic exams is of fundamental importance for the maintenance of his health.

There is also a great interest on the part of the participants to know more about this type of cancer, because, during the questionings, they revealed that they would like to have more information about this pathology.

In this sense, the National Policy of Integral Attention to Human Health proposes:

Promote the improvement of the health conditions of the Brazilian male population, effectively contributing to the reduction of morbidity and mortality in this population, through the rational confrontation of risk factors and through the facilitation of access, actions and services of comprehensive health care.⁸

When considering the principles directed to the male population of the National Policy of Integral Attention to Human Health - such as universality and equity in health actions and services; Humanization and qualification of health care for men; Responsibility for the

health and quality of life and orientation of the male population, it is understood that this group should be the target of primary care in the search for health promotion and prevention actions.¹⁴

In its practice of care, nurses should take advantage of all the opportunities to clarify doubts and guidance about the disease and, thus, make a decisive contribution to the man's knowledge about preventive measures and seek greater adherence to the examinations and consultations periodically, in an attempt to contribute to the quality of life of this population.

◆ Prevention of prostate cancer

In the speeches analyzed, it was observed that there is, among the participants, a perception about the issues related to prostate cancer prevention, more specifically, those related to the PSA and Rectal Touch tests. Also mentioned were the need for healthy lifestyle habits, regular physical activity and the adoption of a more balanced diet in daily life.

Prevention is a set of interventions aimed at avoiding the emergence of specific diseases, reducing their incidence and prevalence in populations. Interventions include medical actions such as: immunization, screening, chemotherapy treatment, and educational actions related to changes in lifestyle, in an individualized way.¹⁷

Based on the above concept, it is understood that prevention should involve anticipated actions, taking into account the knowledge of the natural history of the individual, in an attempt to prevent the onset and progression of the disease.

There is a prevention exam that is done and this exam is for those who have a risk factor in the family, from 45, it seems, I think that's it. Who does not have the risk factor is there later. (R3)

And from what I know of prevention is that you do from the age of 40, forty something, and go and do a PSA blood test and, if the PSA does not solve that, there is the touch exam. The doctor will check if your prostate is thicker and there you will have to take some medications. (R4)

By means of, good balanced nutrition, lifestyle, including physical activity, healthy eating and annual preventive examinations. (R5)

In 2002, the National Cancer Institute (INCA), an agency of the Ministry of Health, launched the National Program for the Control of Prostate Cancer, which incorporated issues related to health promotion, intervention in

risk factors, early detection, among others subjects related to disease control.¹⁸

Regarding prevention actions, INCA encourages the sensitization of the male population to the adoption of healthy lifestyle habits (diet rich in fiber and fruit and low in animal fat, physical activity and weight control). It also indicates (*casefinding*), that is, the awareness of men aged between 50 and 70 years, who seek health services for other reasons, with an approach on prostate cancer and a possible form of early detection, by performing Rectal Touch tests and plasma PSA dosage - and information on the limitations, benefits and risks of early detection of this pathology.^{6,18}

The analysis of the interviews carried out showed that the participants have knowledge about the preventive actions related to prostate cancer, since they pointed out the tests commonly performed and mentioned changes in lifestyle as a form of prevention. They also reported having medical information, magazines and newspapers as a source of information, however, the researchers realized that there are doubts as to the definition of the correct age for beginning the early detection tests.

Regarding this, the literature and important organs in this area, such as the Brazilian Society of Urology, emphasize that the rectal examination should be performed at age 50 in men who present a negative family history for this cancer and, from the 45, those with family and black backgrounds. The recommendation of the INCA is that men aged 50 to 70 years who seek health services, regardless of the reason, and are approached, when screening, on the need to perform a preventive evaluation for prostate cancer, with the objective of early detection of any clinical change through PSA and rectal examination.¹⁸⁻⁹ Thus, it is up to health professionals to check and chart actions that address the health of men and to seek public health screening / education programs that allow ensure access of the male population to the Unified Health System.¹⁶

Early detection tests, when performed annually, associated with changes in the lifestyle of the male population, are considered preventive practices and, when performed, may contribute to the reduction of prostate cancer.¹⁸ These measures should be encouraged by health professionals when meeting with the male population. The Nursing professional, especially the nurse, should be able to do this.

◆ Fear of performing rectal examination: concepts and prejudices

In the analysis of the testimonies, it was verified that the participants of the study presented a pre-concept regarding the Rectal Touch examination, which may interfere with the adherence to the test for the early detection of prostate cancer. The symbolic aspects of the "masculine being" can prevent secondary prevention of the disease, as well as interfering in the man's health care in general. This is corroborated by other authors when citing that:

*Masculinity, from a gender perspective, can be seen as a symbolic space that serves to structure the identity of being a man, through prescriptions to be followed by those who wish to receive the certificate of masculinity and not be questioned and not be objects of stigma by those who share these prescriptions.*²⁰

In relation to health care, a portion of the interviewees reported the need to maintain a "norm of masculinity", which may interfere with the search for health services.²⁰ For researchers, it is clear that men who participated in the study have a hard time recognizing their needs and thus assuming the role of patient, denying the existence of diseases and, with that, they avoid seeking medical care and, consequently, knowledge about diseases.^{8,18}

Ah, yes, the difficulty exists because of the question of being a man, especially, in the case of the physical touch, there is a lot of resistance, you see, right? (R3)

Look, I know it's a little embarrassing, right? I think when we can avoid this kind of exam we avoid it, but when necessary we do not think we'll have a way. (R1)

It may be noted that aspects related to masculinity are obstacles to performing rectal examination. In this sense, the being "man" is exposed to an embarrassing situation, with invasion of its privacy, which leads to physical and emotional sufferings. It's like saying that conducting the examination hurts your manhood. In addition, from the following speech, it can be seen that the Rectal Touch exam promotes an embarrassing and vexatious situation that affects masculinity.

Ah, it's kind of annoying, right? Getting to the doctor on all fours is hard, (right?). So, generally, man is more prejudiced about it, so, we want to be the macho. There's always a joke. (R4)

Note the "prejudice" in relation to the assumed position to perform the examination, which becomes a difficult factor for the man to seek a doctor's office, thus generating a delay in the diagnosis of the disease, and even

the discovery in stages, thus reducing the chances of a cure.

Among the possible fears that man can present before the realization of the Rectal Touch is the erection, which can be stimulated from it and represent for him an indication of pleasure.²¹ In addition, it causes physical and psychological discomfort due to the fact of the touch being performed in a body area considered to be prohibited. However, no relationship was found between "fear" and the PSA test.

It is considered fundamental to work on the meaning of masculine "being" with the population, when promoting health actions for this specific public.⁸ Health education, as an important strategy to promote behavioral changes, is a tool that should be used in the attempt to bring men into the health system and make them aware of the importance of taking care of themselves as the first step towards breaking down barriers that both undermine and involve this gender issue. It is a strategy that is capable of producing an action, it is a work process directed to act on the knowledge of the people, so that critical development occurs and the capacity to intervene on their own health also occurs.⁹

Thus, health professionals are supposed to be considered the most apt to perform this activity, because they are endowed with a set of knowledge and practices that enable them to be agents of transformation with the population, seeking to promote improvements in aspects related to information, education and communication, so that this population can participate more effectively in their health.

The difficulty of preventing prostate cancer is related to the lack of information of the male population, which is attached to myths, prejudices, stereotypes and also the fear of a positive diagnosis for prostate cancer. This, due to the representations that the disease assumes in the collective imaginary, is perceived as synonymous of death. The literature shows that many cases are identified at an advanced stage, so changes in lifestyle are necessary both for preventive, and health promotion.⁷

It is noticed that information about the disease and its prevention are often obtained through mass media or are related to the level of education of the subjects. Most of the participants, when asked, stated an interest in obtaining more information about the pathology.

It is noted that the "prejudice" and "fear" related to early detection of prostate cancer are linked to sexism, embarrassment and lack

of information and campaigns that reveal the importance of performing these tests. On the other hand, in this study, it was verified that a portion of the participants has some information about the actions of prevention and early detection and conduct annual examinations without any problem.

Oh ... I do not think so, see, I do not see it as very difficult at all. I think [...] I'm a younger generation too. I think this was a personal thing that is a little older than me. I frankly do not ... I have not yet done it, but if I had to do it, I would do it with the peace of mind of the world, because the expectation is that, however embarrassing it may become, it is much less embarrassing than what you have to stay there, do chemotherapy, do radiotherapy, right, so I do not see how [...] It certainly, will not be one of the five biggest problems I'll have after turning 40. (R11)

While some of the participants are resistant to the disease prevention actions, another part understands them and accepts them as important. It is believed that this acceptance may be related to the growing dissemination of the disease and public campaigns known as "Blue November", a month dedicated to the awareness and prevention of prostate cancer. The purpose of this action is to demystify the prejudice that exists in relation to the health care of men, and to inform and sensitize the male population about the importance of prevention and early diagnosis of prostate cancer.

The National Policy of Integral Attention to Human Health has been trying to reach its objectives, that is, to expand, through education, the access of the male universe to the information about preventive measures of diseases and diseases that affect the male population. Prevention and early detection are basic strategies for the control of prostate cancer and have, as an essential requirement, a set of constant, continuous and dynamic educational activities for the male sex, according to their values, schooling, among other variables. It is considered, therefore, that such educational activities should prioritize the urgent need for changes in behavior, both by men and health services, prioritizing screening exams.

CONCLUSION

The development of this study enabled the researchers to know the information that the research participants have about prostate cancer and in what aspects the nurse, as a health professional, can act to improve the level of information of this population and

stimulate greater adherence of this for their own health.

The study revealed the need to broaden people's knowledge about prostate cancer-related aspects of the disease definition and recommended age for early detection.

In access to comprehensive health care for men, access to information on preventive measures for prostate cancer has been expanded, but, access to health services and skilled professionals is still a barrier to prevention and promotion of human health. It can be seen that the creation of the National Policy for Comprehensive Health Care for Men/MH, although lagging behind, it has become a preeminent way of treating and welcoming men in health services. However, there is a need to invest in the dissemination of these actions both for professionals, and for the population in general, and it is important to use the means of information and communication accessible to all. There is evidence of urgency in the re-adaptation of health systems, especially those of primary care, in order to meet the demands of the male gender, still poorly attended by public health institutions.

It is understood to be relevant to carry out further studies and reflections that may contribute to the improvement of care and health actions in public institutions.

As an educator, nurses have the responsibility of developing educational activities in the individual and collective spheres, in order to promote greater clarification regarding diseases, means of prevention and improvement of the quality of life of the population in general, and especially among the men. Nursing professionals should be trained to carry out educational activities aimed at the male population, especially taking advantage of the daily situations of Nursing care, emphasizing the prevention and promotion of health, including related risk factors and the search for detectable changes.

It is understood that specific actions should be employed in the attempt to break myths, prejudices and social stigmas about prostate cancer and contribute to improve the access of this population to the health system, especially the Unified Health System..

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