



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MEN'S HEALTH: THE REASONS FOR MEN TO REACH OUT TO HEALTH SERVICES

SAÚDE DO HOMEM: OS MOTIVOS DA PROCURA DOS HOMENS PELOS SERVIÇOS DE SAÚDE SALUD DEL HOMBRE: LOS MOTIVOS DE LA BÚSQUEDA DE LOS HOMBRES POR LOS SERVICIOS DE SALUD

Ana Paula Lemos¹, Cristiane Ribeiro², Jaqueline Fernandes³, Karina Bernardes⁴, Ronald Fernandes⁵

ABSTRACT

Objective: to identify the reasons men seek health services. **Method:** qualitative, exploratory study, with data collection carried out by narrative review and semi - structured interview with 29 men. The interviews were submitted to the Content Analysis technique. **Results:** four categories of analysis emerged: pain, incapacity for work, prevention and wife influence. The speeches clearly demonstrate and reinforce the idea that the man seeks the health service in acute events, especially in case of pain. There is, on the part of the man, a resistance to the self-care, that is, the search for the health service in a preventive and routine way. **Conclusion:** the male stereotype and the culture of invulnerability still create resistance to the adoption of self-care practices by men. **Descriptors:** Men's Health; Health Services; Primary Health Care; Gender and Health.

RESUMO

Objetivo: identificar os motivos pelos quais os homens procuram os serviços de saúde. **Método:** estudo qualitativo, exploratório, com coleta de dados efetuada por revisão narrativa e entrevista semiestruturada com 29 homens. As entrevistas foram submetidas à técnica de Análise de Conteúdo. **Resultados:** emergiram quatro categorias de análise: dor, incapacidade para o trabalho, prevenção e influência da esposa. As falas demonstram visivelmente e reforçam a ideia de que o homem procura o serviço de saúde em eventos agudos, especialmente, em caso de dor. Existe, por parte do homem, uma resistência ao autocuidado, ou seja, a não busca pelo serviço de saúde de forma preventiva e rotineira. **Conclusão:** o estereótipo do ser masculino e a cultura de invulnerabilidade ainda criam resistência à adoção de práticas de autocuidado pelo homem. **Descritores:** Saúde do Homem; Serviços de Saúde; Atenção Primária; Gênero e Saúde.

RESUMEN

Objetivo: identificar los motivos por los cuales los hombres buscan los servicios de salud. **Método:** estudio cualitativo, exploratorio con recolección de datos efectuada por revisión narrativa y entrevista semiestruturada con 29 hombres. Las entrevistas fueron sometidas a la técnica de Análisis de Contenido. **Resultados:** surgieron cuatro categorías de análisis: dolor, incapacidad para el trabajo, prevención e influencia de la esposa. Las hablas demuestran visiblemente y refuerzan la idea de que el hombre busca el servicio de salud en eventos agudos, especialmente en caso de dolor. Existe por parte del hombre una resistencia al autocuidado, o sea, no busca el servicio de salud de forma preventiva y rutinaria. **Conclusión:** el estereotipo del ser masculino y la cultura de invulnerabilidad todavía crían resistencia a la adopción de prácticas de autocuidado por el hombre. **Descriptores:** Salud del Hombre; Servicios de Salud; Atención Primaria de Salud; Género y Salud.

^{1,2,3,4}Nursing Academics, Estácio de Sá University. Rio de Janeiro (RJ), Brazil. E-mails: anapfslemos@yahoo.com.br; crisbern1@hotmail.com; Jaqueline.o.f.dasilva@gmail.com; karinamoraesbernardes@hotmail.com; ⁵Professor, Estácio de Sá University. Rio de Janeiro (RJ), Brazil. E-mail: rferdes@ig.com.br

INTRODUCTION

The motivation of this research comes from the debates, more and more frequent, on the health of the man and its insertion in the health services. Men live on average seven years less than women and have a higher incidence of cardiovascular diseases, neoplasms, diabetes mellitus, and hypertension, that is, they are more susceptible to serious and chronic diseases.¹

These data are mainly due to the reluctance of the male population to seek preventive health care because of culture, social values and even misinformation. Man still considers the disease as a sign of fragility, vulnerability and not as a biological condition. These factors help him take better care of himself, expose himself to risk situations, and not recognize his needs.

Thus, it is necessary to organize a network of health care that guarantees a comprehensive line of care, aimed at the male population, that develops actions and activities to promote health to facilitate and expand access to health services by this population. In addition, it is important to support the qualification of health professionals for the specific care of the male population.²

There are many obstacles to be overcome in order to raise the awareness of the male population about the need to take care of one's health preventively. Nurses find it difficult to act in the implementation of the human health policy, because they lack adequate resources for their development, trained professionals, didactic material on the subject, physical space, access conditions to perform exams, that is, the structure is still lacking institutions to receive this population.

In 2009, the National Human Health Policy (NHHP) was launched with the objective of facilitating and expanding its access to health services. The policy is part of the "More Health: Everyone's Right" program, launched in 2007, aimed at promoting well-being and improving the quality of life of the population.

NHHP is a set of actions for the promotion, prevention, care and recovery of health, carried out at different levels of care. Priority is given to basic care in an integrated, hierarchical and regionalized way, with the objective of reducing the morbidity and mortality of this population.

The health services have a deficiency in absorbing the demand presented by the men, due to the organization of the services, that

does not stimulate the access to them, and also because the public health campaigns themselves do not turn to this segment of the population. Thus, changes in health services strategies and in the male-related approach are needed.³⁻⁴

Given the above, it was highlighted as problematization of this study: what reasons led men to seek health services? and as objective to identify the reasons why men seek health services.

METHOD

This is an exploratory, qualitative study, developed at Cemeru General Hospital, located in the neighborhood of Santa Cruz, Rio de Janeiro, according to the 2010 Census, 6.320.446 inhabitants, of which 2,959,817 are male.⁵

To achieve the proposed goal of this study, a qualitative research was elaborated that "reflects positions regarding reality, moments of development and social dynamics, concerns and interests of specific classes and groups."^{6:23} Qualitative research offers the researcher, to better understand and interpret the research subject.⁷

The exploratory research requires, from the researcher, a series of information about what he wants to research. This type of study intends to describe the facts and phenomena of a certain reality.⁸

The data collection was developed in two phases. In the first one, the bibliographical review was used, with reference to books, articles, magazines, manuals of the Ministry of Health and the Municipal Health Department of Rio de Janeiro, in order to gather information, knowledge and scientific basis inherent to the theme of search.

The Virtual Health Library was searched between August and October 2014, in which the following keywords were used: Human Health, Health Services, Gender and Health, Primary Care.

As criteria for selection of articles, the following were considered: complete texts available online; having as its main subject the health of man; in the Portuguese language and published as of 2009. As criteria for exclusion, were considered: articles that deal with the health of adolescents and the elderly; who debated pathologies or made comparisons of genres.

We found 60 articles, with full text available, of which ten were selected after applying the mentioned criteria. The articles were read integrally, analyzed and presented by means of synthesis.

The second phase of collection was developed through field research that had, as subjects: men who sought the private health service, randomly selected. They established themselves as exclusion criteria: domestic accidents, victims of violence and accidents at work.

Thirty-five men in the ambulatory and emergency sectors were approached. Of these, six were excluded from the sample because they did not meet the criteria established for this research.

As a data collection technique, semi-structured interviews were conducted in the study scenario, from April 20 to 27, 2015, through a script with questions related to the topic addressed and the sociodemographic profile (age and schooling).

The information extracted from the semi-structured interview was treated qualitatively to extract, from the subjects' speeches, the meanings of the central questions of the research. For this purpose, we used the Content Analysis technique,⁹ which includes the phases of pre-analysis, analysis, treatment of results and interpretations.

It is worth mentioning that, for the analysis of the reports, in order to guarantee the anonymity of the research participants, each interview was coded with the letter A (participant), followed by numerical sequence from one to 29, that is, the quantitative subjects of the sample.

At the time of the invitation, the men were clarified as to the purpose of the research and the permission for the research participation was requested, through the signing of the Informed Consent Term. Regarding the fundamental principles of bioethics, the subjects of the research were informed about the autonomy, represented by the free will to decide to participate in the study and to withdraw from it at any moment.

RESULTS

♦ Men's health in literature

In the bibliographic review phase, ten articles¹⁰⁻¹⁹ were selected that present similarities in the analysis of the implantation of the NHHP and subsidized the basis of this study. It discusses the creation, deployment process, and functionality of the policy, and there is a consensus that it is still in the process of maturation, as its goals are still far from being met. However, it is seen as a milestone that breaks the paradigm of health as a woman-child-elderly, since the primary care services, based on creation, still leave the man as an invisible being in their plans of action.

In the articles, there is a deeper discussion of being a man and the social role he assumes historically. Man's gaze, for himself, has singularities in creation, education, and social relations; it represents strength, invulnerability, the provider. Self-care is not a culturally common practice of men, so creating strategies to stimulate the health care of the male population is still seen as a major challenge.

It is considered fundamental to look at the human being, in the health-disease process, from the perspective of gender built, in a social context, by a set of cultural ties, differentiating between being and being.

The contribution that studies on health and masculinities bring to the discussion of male health is the non-reification of the concept of man since, under this heading, there are distinct masculinities, with different health demands.¹⁹

♦ Participant's Profile

The sociodemographic data, collected from the participants that compose the research sample, reveal that, of the 29 participants, the majority is in the range of 31-40 years, corresponding to 35% of the sample and has, as a higher level of education, the average level. The average time of the participants' search for the health service was less than six months, according to figure 1.

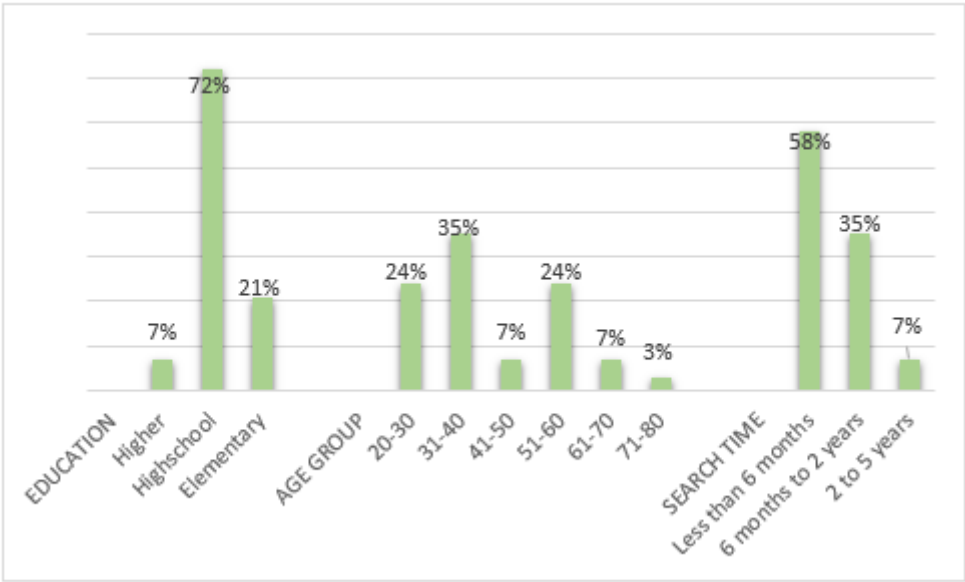


Figure 1. Schooling, age group and time of search for the health services of study participants. Rio de Janeiro (RJ), Brazil, 2015.

Of the total number of participants, 93% said they had access to the health service through a private agreement and 7% reported using the agreement and the Unified Health System (UHS). The data obtained in the research instrument reveal that the majority

of the participants seek the health service due to acute events, accounting for 66% of the sample. Only one participant reported being in the health service, for preventive exams, for the family history of stomach cancer (Figure 2).

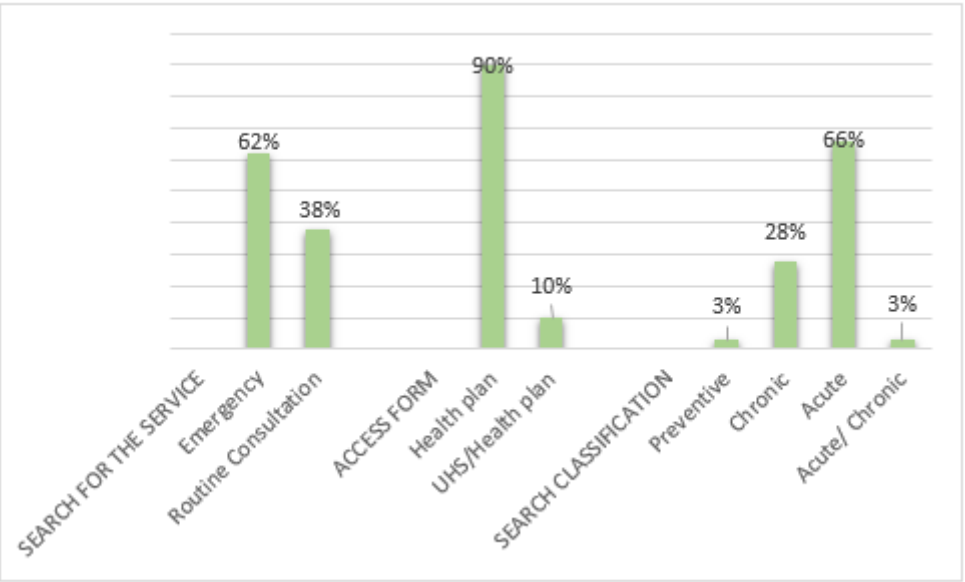


Figure 2. Modalities of search, access form and classification of the demand for the health services of the study participants. Rio de Janeiro (RJ), Brazil, 2015.

The main reasons for the search of the health services were: pain in the body (21%); surgery (14%); routine examination (11%);

hypertension (11%) and diarrhea (11%), as shown in Figure 3.

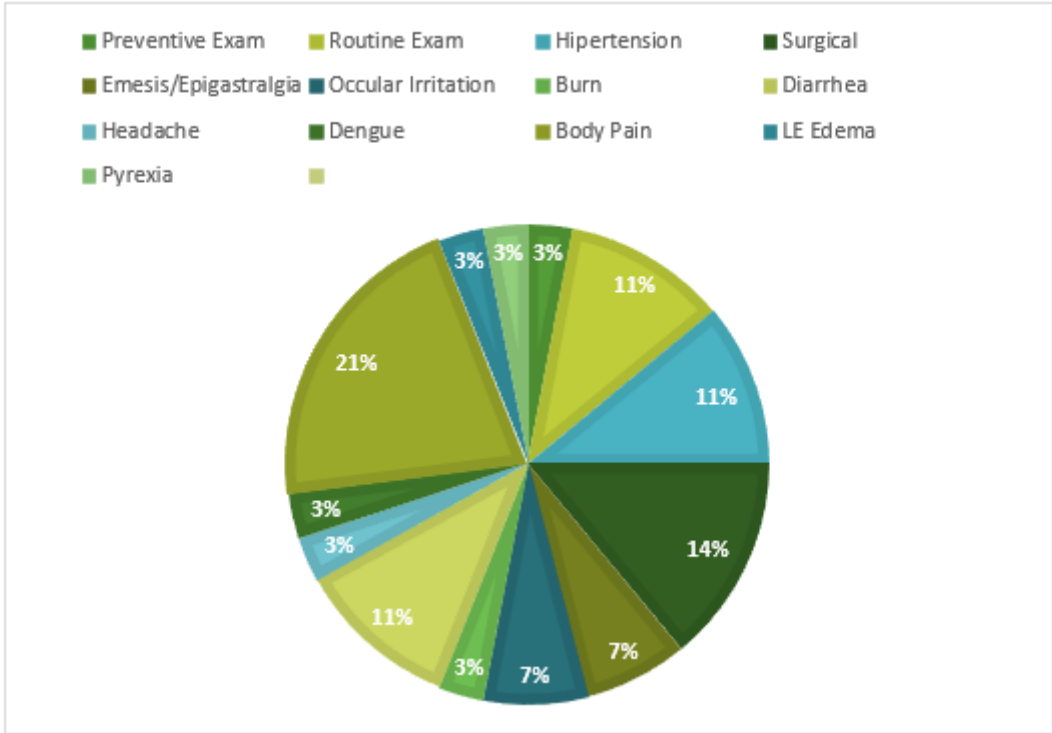


Figure 3. Main reasons for the search by the health services mentioned by the study participants. Rio de Janeiro (RJ), Brazil, 2015.

The data collected in the research instrument reveal the complexity of the male universe. Through the reports, it is visible that there is a resistance on the part of man to self-care, that is, the search for health services in a preventive and routine manner.

The analysis of the interviews gave rise to four categories related to the research topic: Pain, Incapacity for work, Prevention and Influence of the wife.

◆ Pain

In this category, it is evident that man searches for health services in times of pain, thus suffering from more severe and chronic health conditions. The idea of preventive consultations is still a long way from the male routine that normally enters health services through emergency events.

I only come when I feel pain. (A16)
I'm only here because I'm in a lot of pain [...]. (A12)
I'm just looking for the hospital when I feel pain. (A5)

◆ Incapacity for work

It is much harder for a man to accept that he has to stop working to attend a routine appointment. Therefore, the event that makes it impossible for the job is a preponderant factor for the demand for the health service.

I'm only here because [...] I can not work. (A20)
I only go to the hospital when I can not work. (A7)
The pain is not letting me work. (A31)

◆ Wife's influence

Man, in his socialization, has not developed the habit of taking care of himself. In childhood, this care is the responsibility of the mother and, in adult life, is usually the responsibility of the wife or partner. Men still live based on a social role established by society: the provider man and the woman caregiver.

I just came because she [wife] brought me. (A24)

◆ Prevention

Historically, men are averse to prevention and self-care because they are considered irrelevant to their well-being; he was accustomed to command, to provide for the needs of the family and to avoid, whenever possible, contact with health spaces. In this research, only one participant reported being in the space to do preventive follow-up.

My family has a history of stomach cancer, I do periodic examinations for evaluation. (A19)

DISCUSSION

Culturally, the stereotyped profile of the masculine model presents men as active, strong, capable of hard physical labor, productive, competitive and oriented to the external world. Admitting the need for medical care and looking for it goes against your social role and your conscience of being a man.

The idea that still prevails is that a man does not get sick, and for this reason, when an injury affects him, he tends to complain less and only seeks help when he is unable to perform his routine functions.²⁰

The desire and ability to care disappears during socialization, which imposes that man needs to have masculine qualities such as autonomy, strength, rationality, repression of emotions, success and power. In addition, men are divided between their roles, assigned by society, and their needs. By fulfilling its male role prescribed by society, its needs are dissatisfied, resulting in behaviors that predispose to illness, injury and death. And, in meeting his needs, he may be considered as little man by others and even by himself.²¹

As evidenced in this paper, there are rare situations in which man seeks help. This usually occurs for two reasons: when the pain becomes unbearable and when there is an inability to work.³ Men prefer to delay the search for assistance as much as possible and only do so when they can no longer cope with their symptoms alone.²²

In this context, pain should be considered as the main element when it comes to men's perception of disease. It is a central element of the social representation of disease and the most frequent motivation for seeking medical care. However, it should be noted that, here, there is the issue of pain intensity. This fact may suggest that actions related to male health, which are based only on the delivery of information about specific diseases, without considering how these diseases affect the male bodies in terms of sensation, will have less impact on the position of men in relation to self-care.²³

Historically, man does not have the habit of taking care of himself, being this responsibility delegated to others. Unlike other areas of their lives, men often assume a dependent role in the attention of their primary health, their mothers, and then their wives and companions.¹³ This implies that many men seek the services of convinced by their female representatives, as was verified by this study.

In this logic, married men tend to rely exclusively on their wives as the sole source of support. In fact, for a variety of diseases, marriage offers greater health protection for men than for women.²⁴

Another aspect to emphasize is the relation of work to the masculine identity. For men to feel honored and recognized as social subjects, work plays a key role. Through work, men construct their models of masculine behavior, defined a dividing line between the public and the private.²⁵

Among sociocultural barriers is the association of man as provider. Such a conception is still rooted in the social

imaginary, making the concerns of men directed towards work and the maintenance of the home, of the family, leaving health care in the background.¹³ This is because work allows the man to feel healthy and fulfill his social role of being provider and head of the family. Thus, when they are prevented from developing their work activities as a result of health problems, they tend to seek medical help.

This way of conceiving man as provider and strong gender offers man resistance to seek health care, even when he is afflicted by some grievance. And yet, when in a situation of suffering, most of the time, he tends to look for quick and practical results, that is, cure of the disease, to the detriment of preventive care.²⁶

For this reason, in this study, only one participant affirmed that they undergo periodic exams and follow medical guidelines for the prevention and follow-up of their health due to a family history of cancer.

The results of this research, therefore, reinforce the hegemonic model of masculinity, that is, the imaginary that being a man can imprison the masculine in cultural ties, making it difficult to adopt self-care practices, because, when seeing himself as strong and invulnerable, preventive health services could bring it closer to the universe of feminization, which could generate mistrust about its socially instituted role.

Thus, many men seek hospital and emergency care only when they no longer bear the disease, and as a consequence they become seriously ill and die early.²⁷

CONCLUSION

The analyzes and the results obtained visibly demonstrate and reinforce the idea that the man seeks the health service in emergency situations. The stereotype of being male and the culture of invulnerability still create resistance to the adoption of self-care practices, since the demand for the health service is still linked to the idea of weakness and insecurity.

NHHP has as its main field of action the prevention and promotion of health actions, especially, the monitoring of chronic patients, that is, the elderly population. In the survey, the highest percentage of men who sought health care was young and motivated by acute episodes. Thus, the demand of the young public is not met in the middle of the programs directed to the segment of elderly, hypertensive and / or diabetic men, which

makes a large part of this population invisible to health policies.

It is suggested the need to broaden the discussions on the topic of attention to human health, considering the specificities and complexities of the male universe. This is because the themes related to men's health and masculinity, as well as prevention and health promotion practices, are not adequately addressed in health and education, and this has contributed to the impasses and resistance associated with the care of the male population.

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Submission: 2017/10/29

Accepted: 2017/08/08

Publishing: 2017/11/15

Corresponding Address

Karina Bernardes

Rua Felipe Cardoso, 2777, Bloco 2, Ap. 116

Bairro Santa Cruz

CEP: 235520-571 – Rio de Janeiro (RJ), Brazil