



ANALYSIS OF TRUCKER'S HEALTH CARE
ANÁLISE DOS CUIDADOS À SAÚDE DE CAMINHONEIROS
ANÁLISIS DE LOS CUIDADOS A LA SALUD DE CAMIONEROS

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ABSTRACT

Objective: to identify variables about the relation of truck drivers with the health services. **Method:** a quantitative, transversal, exploratory study carried out with 37 truck drivers. Data were collected through interviews and analyzed using descriptive statistics techniques, from tables. **Results:** the majority (54.1%) reported seeking the health service only in emergency situations and 37.8% mentioned having sought care for more than a year. The main reason for the low frequency of services was the incompatibility between work and care hours (43.2%). The vision of invulnerability of the man contributes so that the truck driver takes care less of the health. **Conclusion:** the delineation of strategies for the demystification of prejudices related to the health care of the man, as well as the qualification of the health professionals to attend this population will contribute to the improvement of the quality of life and health of these professionals. **Descriptors:** Men's Health; Masculinity; Gender and Health; Community Health Nursing; Public Health.

RESUMO

Objetivo: identificar variáveis acerca da relação de caminhoneiros com os serviços de saúde. **Método:** estudo quantitativo, transversal, exploratório, realizado com 37 caminhoneiros. Os dados foram coletados por meio de entrevista e analisados por técnicas de estatística descritiva, a partir de tabelas. **Resultados:** a maioria (54,1%) referiu procurar o serviço de saúde apenas em situações emergenciais e 37,8% mencionaram ter buscado atendimento há mais de um ano. O principal motivo para a baixa frequência nos serviços foi a incompatibilidade entre o horário do trabalho e o de atendimento (43,2%). A visão de invulnerabilidade do homem contribui para que o caminhoneiro cuide menos da saúde. **Conclusão:** o delineamento de estratégias para a desmistificação de preconceitos relacionados ao cuidado à saúde do homem e a qualificação dos profissionais de saúde para o atendimento dessa população contribuirão para a melhoria da qualidade de vida e de saúde desses profissionais. **Descritores:** Saúde do Homem; Masculinidade; Gênero e saúde; Enfermagem em Saúde Comunitária; Saúde Pública.

RESUMEN

Objetivo: identificar variables acerca de la relación de camioneros con servicios de salud. **Método:** estudio cuantitativo, transversal, exploratorio, realizado con 37 camioneros. Los datos fueron recolectados por medio de entrevistas y analizados por técnicas de estadística descriptiva a partir de tablas. **Resultados:** la mayoría (54,1%) refirió buscar el servicio de salud sólo en situaciones emergentes y el 37,8% mencionaron haber buscado atención desde hace más de un año. El principal motivo para la baja frecuencia en los servicios fue la incompatibilidad entre horario de trabajo y de atención (43,2%). La visión de invulnerabilidad del hombre contribuye a que el camionero cuide menos de la salud. **Conclusión:** el delineamiento de estrategias para la desmitificación de prejuicios relacionados al cuidado a la salud del hombre, así como la calificación de los profesionales de salud para la atención de esa población contribuirán para la mejora de la calidad de vida y de salud de esos profesionales. **Descriptores:** Salud del Hombre; Masculinidad; Género y Salud; Enfermería en Salud Comunitaria; Salud Pública.

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INTRODUCTION

The analysis of the health-disease profile and the morbidity and mortality rates in the Brazilian population reveals that a part of the injuries and deaths in the male segment is preventable through the development of health promotion activities. However, the absence or the difficulty of access of this population to the health services contributed to aggravate this situation.¹

Due to the relevance of the topic, the Ministry of Health, through the Decree 1944/2009, instituted the National Policy of Integral Attention to Human Health (NPIAHH) with the objective of improving the health conditions of the male population, with a view to reducing of morbidity and mortality indicators. The main strategies of this Policy are the confrontation of risk factors and the facilitation of access to actions and services of integral health care. The target group of the PNAISH is composed of the male population between 20 and 59 years old, which constitutes a significant part of the population and makes up a relevant contingent in the composition of society, whether in the productive, socio-cultural or political segment.¹

When compared to women, the male population is more prone to acquire diseases, due to their greater exposure to behavioral and cultural risk factors, which are based on the gender perspective, in which there is a devaluation of health care practices that, for consequently lead to a lack of demand for health services.²

The low utilization of health services, by men, has led to the mobilization of managers, researchers and health professionals who work in the public system. The hegemonic model of masculinity encompasses social representations that instruct certain male behaviors, such as non-adherence to health promotion practices and the low demand for health care services. In the literature, it was found that men, when using health services, reported feelings of discomfort regarding the number of women present in these services, users or health professionals, classifying them as a female environment.³⁻⁴

Cultural and educational determinants also contribute to the male image being characterized by "invulnerability," in which men are taught not to show signs of illness and fragility, resulting in their distancing from health services. In this way, the recognition of the meanings attributed to man and his health helps to understand the causes of his behaviors related to the care of the health-

disease process. Likewise, such representations influence the organization of health services and can explain the difficulties of health professionals in dealing with the needs of these users and carry out health promotion actions for this group.⁴

Social representations about "being a man" are anchored in myths such as "men are stronger than women and do not get sick" or "a man who goes to the doctor a lot is a weakling." This factor explains their resistance to attributing value to their health care or to seeking care when they become ill, practices that make them more vulnerable to illness. Furthermore, an individual's health condition may be aggravated by late diagnosis or inadequate treatment.³⁻⁴

The personal and institutional difficulties related to gender culture, based on the hegemonic model of masculinity, contribute to the invisibility of men in the care and the access to the health system, generating impartiality in the attention proposed by the health care policies of men.⁴

The professionals who lead trucks are predominantly men, who travel long, without interruption, to meet the deadlines established by the companies to which they are employees. In this way, it is common to have a long day's work to accomplish their goals, which can compromise their health care. Research analyzing the aspects of work and health of truck drivers, verified that this professional activity can trigger the occurrence of different health problems, related to the constant exposure to physical and ergonomic risk factors, besides contributing to the development of habits harmful to health to stay awake. The authors observed that the participants presented vocal and postural impairment, problems in respiratory and gastrointestinal tracts, stress and depression states. In addition, they verified that the work overload interfered in the health care and the quality of life of the truck drivers.⁵

OBJECTIVE

- To identify variables about the relationship of professional truck drivers with health services and the conduct taken in response to a health need.

METHOD

A quantitative, cross-sectional, exploratory study, on health care and the relationship with the health services of truck drivers working in a concrete segment company,

located in the southern part of the city of São Paulo / SP, Brazil.

After explaining the objectives of this research and its secretive and voluntary nature, all the male truck drivers, who were employees of the company during the period of data collection, accepted to participate in this research. The data were collected during the month of August, 2015, through an individual interview, guided by an interview script, prepared by the authors themselves, containing structured questions related to the sociodemographic characterization of the subjects and related to the objectives under study. Each interview lasted an average of 20 minutes and was conducted in a quiet and private environment, ensuring greater reliability to the results.

The information obtained was stored in a spreadsheet of the Microsoft Excel® application and analyzed by descriptive statistics techniques. As it was a research that

involved human beings, this one was submitted and approved by the Ethics Committee in Research with Human Beings of the Paulista University (CAEE number 45467915.2.0000.5512).

RESULTS

37 truck drivers from the company were interviewed. The main sociodemographic characteristics of the participants were: predominance of the age groups between 30 and 39 years (40.5%) and 40 and 49 years (37.8%); high school (40.5%); married or living with partners (89.2%); with one or two children (59.4%) and a financial income of one to three minimum wages (91.9%), as shown in Table 1.

Table 1. Sociodemographic profile of the truck drivers of a company in the city of São Paulo (SP), Brazil, 2015.

Variables	Num.	%
Age group (years)		
20 to 29	6	16.2
30 to 39	15	40.5
40 to 49	14	37.8
50 to 59	2	5.4
Education		
Incomplete Elementary	9	24.3
Complete Elementary	6	16.2
Incomplete Highschool	5	13.5
Complete Highschool	15	40.5
Incomplete higher education	2	5.4
marital status		
Married or lives with partner	33	89.2
Not married	3	8.1
Divorced	1	2.7
Number of children		
none	8	21.6
One	11	29.7
Two	11	29.7
Three	5	13.5
Four or more	2	5.4
Family income (minimum wages)		
One to three	34	91.9
More than four	3	8.1
Total	37	100

* minimum wage amount = R \$ 788.00

The data presented in Table 2 showed that most of the research subjects (54.1%) reported that they seek a health institution only in emergency or emergency situations, which occurs when they present some type of acute and intense pain, seeking the units such as the emergency room. Regarding the last demand for care in a health service, 37.8% reported that they did it for more than a year and 40.5% of the truck drivers searched for the emergency room.

All drivers considered that the frequency with which men seek health services is lower than that of women. One of the main reasons alleged by professionals to justify this behavior was the impossibility of absent from work due to the hours of operation of the health services, which is incompatible with their working hours (43.2%). Another justification evidenced social representations about being a man (18.9%) and one

interviewee claimed lack of willingness to seek a health service (Table 2).

Table 2. Behavioral characteristics of a truck driver's health problem in a city of São Paulo (SP), Brazil, 2015.

Variable	nº	%
Reasons for the demand for a health service		
Urgent or emergency situations	20	54.1
Immunization	8	21.6
Medical appointment	6	16.2
Insistence of the family	3	8.1
Time elapsed from the last visit to a health service		
≥1 year	14	37.8
2 months - 1 year	8	21.6
1 week - 2 months	9	24.3
≤1 week	6	16.2
Practice facing a health problem		
Search for emergency / emergency service	15	40.5
Self-medication	11	29.7
Search for basic health unit	7	18.9
Search Pharmacist	3	8.1
None	1	2.7
Reasons for low frequency of men in health services *		
Incompatibility of schedules	16	43.2
Social representations about being a man	7	18.9
Caring for health is female behavior	7	18.9
Fear of the discovery of an illness	6	16.2
Others	1	2.7

*multiple answers

When analyzing truckers' knowledge about PNAISH, it was observed that 62.2% were unaware of the existence of a policy focused on the health care of the male population. Among those who knew it, 21.2% indicated that this policy includes health promotion and disease prevention actions in the male population, and 16.6% reported that the PNAISH stimulates health care only when men feel the need.

DISCUSSION

The results of the study allowed to know some behaviors of men facing a health problem. A situation of urgency and emergency, such as the presence of acute and intense pain, was mentioned by most of the interviewees as the main reason to seek a health service, an attitude that contributes to the strengthening of the hegemonic model of health care, focused on disease and cure. These findings are in agreement with the results of a study conducted in the public services of Maringá-PR, which found that the demand for health care occurred due to extreme situations or specialties, mostly motivated by the presence of illness and urgencies . The authors pointed out the need for a reorganization of health practices aimed at the reception and care of the male population.⁶

However, study conducted at a School Health Center presented different results. According to this research, the reasons that

led men to seek health care were mostly related to the control of chronic diseases, such as diabetes mellitus control, systemic arterial hypertension, monitoring of respiratory diseases, blood pressure control, among others. other.⁷

In contrast, primary and secondary disease prevention activities, such as vaccination and medical consultation, were mentioned by 37.8% of the study subjects. It is noted that the behaviors of the interviewees, evidenced a deficiency in the adoption of measures aimed at the maintenance of health care, indicating that the demand for health services is associated with illness.⁸ It is believed that the socio-cultural representation of gender, which associates the man to the strong human being and the woman to be fragile, can influence their perceptions about the search for health care, resulting in the low demand for health services by the male population.⁹

There is a cultural mark on health care, which reveals man's preference for assistance understood as practical and supportive. This reflects the option of this population for services that respond promptly to their health problems. Thus, the search for the urgency and emergency care offered by the emergency room was predominant among the participants of this research.

A study carried out in Jequié-BA showed that the presence of men in health care services was directed at curative care units, with emphasis on hypertension and diabetes

mellitus control situations and for medical and dental consultation, indicating a low frequency of this population to the primary health care centers.¹⁰

It is necessary to clarify to the male population on issues related to health promotion, disease prevention, treatment and rehabilitation, so that, they may feel protagonists of their health, as well as sensitize and enable health professionals, so that are able to provide quality care that addresses the real health needs of men.¹⁰⁻¹¹

Alternative treatments, such as self-medication, home remedy consumption, and the search for guidance from a pharmacist, were also reported by participants as strategies adopted to address their health problems. Once again, this behavior praises the practice of curative medicine, to the detriment of health promotion and the prevention of diseases and diseases.¹

It is worth mentioning that three interviewees mentioned that they seek the health service by family insistence, demonstrating the influence that any member of the family can have on care for their health. Emphasis was placed on the role of women as a mediator of men's health care, revealing the importance of the latter's incentive to establish a link between the male user and the health services.¹²

When questioned about the last search for a health service, a significant number of participants mentioned that it occurred over a year ago, while others said it was months or a week ago. The moderate frequency of men in health services was mainly, attributed to the working hours, and functioning of the health services. Other issues were also mentioned such as the social representations about being a man, the attribution of health care as a feminine attitude, and also, the fear of the discovery of some disease.

A study analyzing the relationship between men and the demand for primary health care services found that the social perception of masculinity hinders the practices of preventive health care, which are postponed or rejected by men. In addition, the fear of having a diagnosed illness and of the therapeutic procedures, that can be performed based on this finding was also mentioned as a barrier to seek care in the health services.²

It is noticed that the resistance to access the health services was evidenced when the truck drivers did not consider health care as a male-related practice, highlighting the concern with the need of the work activity.

One of the main justifications found for this fact was the incompatibility of working hours of the health services with their working hours, due to the short term that they have for the delivery of the merchandise and the pressure to reach the goals required by the company. Emphasis is placed on the man's fear of being dismissed from work as a result of his absence from work due to health reasons, which indicates that the social representation of man as the provider of the home is still present in the social imaginary and contributes to man prioritizing work and placing health care, in the background, since absenteeism can lead to loss of employment.⁴

The traditional working hours of the Basic Health Units (BHU) are considered to be an impediment for men working in the formal market and have difficulty to be absent during work hours.¹³ In this study, this was a highlight to justify the low demand for care in primary health care. This scenario was similar to that discussed in the European Forum for Men's Health, in which it was observed that the opening hours of health units constituted a barrier to the effective engagement of men in primary health care.¹¹

Thus, the creation of alternative schedules, with availability of extended care or at weekends, is a strategy to facilitate access to the health service for men who are inserted in the formal labor market and who find themselves unable to leave the work.¹³

It is considered important to develop strategies to establish a link between the male user and the health service. It is believed that this would be possible through the incorporation of alternative schedules of care in the health services and the training of professionals to carry out a friendly assistance, focused on the specificities of men and following the precepts of NPIAHH.

A study carried out in João Pessoa-PB, with the objective of analyzing the contributions coming from the expansion of the hours of operation of the UBS for the night time, pointed out that creating alternative schedules for the service of the male clientele has the potential to reach users who work during business hours. However, the authors pointed out that weaknesses must be overcome for the success of the initiative, such as the qualification of health professionals to offer a qualified service to meet the health needs of men and the reorganization of health services to develop inclusive strategies of the male group.¹³

The belief that health care is a female behavior reflects cultural aspects of which man is an invulnerable, strong and virile being

and that influence the male population to manifest their vigor by rejecting behaviors considered as feminine. Regarding the meanings attributed to "being a man", the construction and socialization of this concept stems from the multiplicity of social and cultural conventions, permeated by gender stereotypes that reinforce the hegemonic ideology of masculinity, historically rooted in a culture that determines values, behaviors, roles and distinct spaces to be occupied by men and women in society.²

Researches point out that the low demand for health services can not be related only to gender issues, but, also to the health services policy itself, that is, the lack of specific health units for health care and services, recognized as feminized spaces, result, in the perception, that men do not consider themselves the target of health programs, in addition to the fact that health professionals are not aware of NPIAHH.⁸ This analysis is important to reflect on the principles and guidelines formulated by NPIAHH, which emphasizes the need to disseminate it to health institutions with the purpose of training professionals for the qualified care of this clientele.¹

NPIAHH was established in Brazil to stimulate the male audience to take care of their own health. However, when questioned about the existence of a health policy directed at the care of this population, it was found that more than half of the subjects of the research did not know it.

The knowledge of the NPIAHH was described, in a research conducted with nurses, which showed inferior knowledge than expected in relation to the existence of a policy focused on the male population.¹⁴ Likewise, a study that evaluated the opinions of professionals in the Family Health Strategy revealed limited intimacy of these as to the principles, actions, experiences and the process of implantation of NPIAHH.¹⁵

Health professionals need to improve their training on men's health, including improving communication with this health population.¹¹ Thus, it is important to implement action plans not only to the aspects that involve the specificities of the male audience, but, also, the organization of the work process and the qualification of the multiprofessional team, aiming to establish a link of health care co-responsibility between professional and target population.¹⁵

The findings of this study corroborate with other studies that have demonstrated the presence of sociocultural and institutional barriers related to the difficulty of men in

health care and the existence of a conception of hegemonic masculinity that interferes with the demand for health services.^{7,13,16}

A research that investigated the difficulties for the insertion of the man in the basic attention in health, from the point of view of nurses, identified three categories of analysis. The first one concerns the difficulties related to the man, such as his absence in basic care services, the deficit of preventive behavior of self-care and the feelings of fear related to work. The second category involved professionals who are unaware of the existence of NPIAHH and the lack of training on the subject. Finally, the difficulties related to the health services, expressed by the incompatibility of schedules with the work activity and the excess of demands in basic attention, were the third category of analysis. In this context, it should be pointed out that these fragilities need to be overcome through the qualification of health professionals and the reorganization of the work process, so that this population group can be included in health actions.¹⁶

The low frequency of the male population in health services can also be explained by the presence of other obstacles, such as the shame of exposing oneself and impatience during waiting for care.¹⁷

Studies conducted with men show that the health care of this population is a challenge to be overcome. In this sense, Nursing plays an important role in planning actions aimed at strengthening actions that are linked to the health conceptions of the male population.¹⁷⁻¹⁹

The nurse, as a member of a multidisciplinary health team, is committed to working with this population and contributing to the transformation of this scenario, acting with emphasis on the adoption of health care, preventive and health promotion practices that are based on integrality and humanization of assistance.²

The size of the sample and the choice of a single professional category are limitations of this research, since it does not offer sufficient subsidies to size the health care of the man. To increase the generalizability of this study, it would be necessary to obtain a statistically significant male sample. In addition, in view of the situation presented, it is worth mentioning the need for further research that deepens the thematic of the use of health services by the male population, thus, contributing to the planning of health actions and the improvement of public health policies.

CONCLUSION

The analyzes undertaken in this study suggest that health care was not considered a practice of professional truck drivers, since the reasons that justified the less care with their health were related to the social imaginary, that care is associated with a feminine task, as well as the prioritization of work activity. It is believed that the social construct, related to the masculinity patterns, negatively influences the demand for the health service by this population.

Because men are the main figures in the subject studied, their perspectives regarding their health and the reorganization of health services should be considered in order to better accommodate this specific population group, with the objective of strengthening health care practices and, thus improving the care of male users.

In view of the above, the need to recognize the masculinity standards and the invisibility of men in the health services, to achieve improvements in the health of the man and to trigger behavioral change and, thus, the reduction of morbimortality in this population stands out. In addition, the importance of disseminating the principles and directives of the PNAISH to health professionals and the population, in order to sensitize them to understand the importance of self-care, under the perspective of valuing health promotion and prevention of diseases, with a view to demystifying prejudices, modifying the perception of the male public in relation to their health, as well as the qualification of health professionals.

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