ACCESS OF MEN TO PRIMARY HEALTH CARE SERVICES

ACESSO DOS HOMENS AOS SERVIÇOS DE ATENÇÃO PRIMÁRIA À SAÚDE

ACCESO DE LOS HOMBRES A LOS SERVICIOS DE ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: to analyze the general aspects of adult men's access to primary health care services. **Method:** this is a quantitative, exploratory and cross-sectional study with 485 adult men, using a questionnaire, data stored in SPSS 20.0 software, submitted to descriptive statistics and presented in tables with absolute and relative frequency distribution. **Results:** 32.6% visit regular primary health care services. The delay to be treated (35.7%) and the absence of diseases (33.8%) are the main impediments to male accessibility to health services; 39.4% are unaware of the unit's operating days; 75% consider it difficult to schedule consultations and 21% are unaware of the national men's policy. **Conclusion:** the majority of adult men did not seek regular Primary Health Care services. The importance of knowing the reasons for not seeking primary health care was emphasized. This study can contribute to the managers to understand this singular masculine reality in the planning of actions aiming to guarantee the health care more resolute. **Descriptors:** Human Health; Access to Health Services; Primary Health Care; Public Health; Health Care; Nursing.

RESUMO

Objetivo: analisar os aspectos gerais do acesso dos homens adultos aos serviços de atenção primária à saúde. **Método:** trata-se de estudo quantitativo, exploratório e transversal, com 485 homens adultos, por meio de questionário, dados armazenados no software SPSS 20.0, submetidos à estatística descritiva e apresentados em tabelas com distribuição de frequências absoluta e relativa. **Resultados:** 32,6% visitam os serviços de atenção primária à saúde com regularidade. A demora para ser atendido (35,7%) e a ausência de doenças (33,8%) são os principais fatores impeditivos da acessibilidade masculina aos serviços de saúde; 39,4% desconhecem os dias de funcionamento da unidade; 75% consideram ser difícil agendar consultas e 21% desconhecem a política nacional dos homens. **Conclusão:** a maioria dos homens adultos não buscou com regularidade os serviços de Atenção Primária à Saúde. Ressaltou-se a importância do conhecimento das razões masculinas para não buscarem os serviços da atenção primária à saúde. Este estudo pode contribuir aos gestores a compreenderem essa realidade singular masculina no planejamento de ações visando à garantia da assistência à saúde mais resolutiva. **Descritores:** Saúde do Homem; Acesso aos Serviços de Saúde; Atenção Primária à Saúde; Saúde Pública; Assistência à Saúde; Enfermagem.

RESUMEN

Objetivo: analizar los aspectos generales del acceso de los hombres adultos a los servicios de atención primaria a la salud. **Método:** se trata de un estudio cuantitativo, exploratorio y transversal, con 485 hombres adultos, mediante cuestionario, datos almacenados en el software SPSS 20.0, sometidos a la estadística descriptiva y presentados en tablas con distribución de frecuencias absoluta y relativa. **Resultados:** el 32,6% visitan los servicios de atención primaria a la salud con regularidad. La demora para ser atendida (35,7%) y la ausencia de enfermedades (33,8%) son los principales factores impeditivos de la accesibilidad masculina a los servicios de salud; 39,4% desconocen los días de funcionamiento de la unidad; El 75% considera que es difícil programar consultas y el 21% desconocen la política nacional de los hombres. **Conclusión:** la mayoría de los hombres adultos no buscó con regularidad los servicios de Atención Primaria a la Salud. Se resaltó la importancia del conocimiento de las razones masculinas para no buscar los servicios de atención primaria a la salud. Este estudio puede contribuir a los gestores a comprender esta realidad singular masculina en la planificación de acciones para la garantía de la asistencia sanitaria más resolutiva. **Descritores:** Salud del Hombre; Acceso a los Servicios de Salud; Atención Primaria a la Salud; Salud Pública; Asistencia Sanitaria; Enfermería.

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INTRODUCTION

Primary health care (PHC) is interpreted in several countries in three main ways: (1) a set of simple and low-cost technologies for low-income populations (selective primary care); (2nd level) the entrance of the health system (primary level of the health system) and (3rd) means of reorganization of all resources of the health system (health system reordering strategy), the latter being the only consistent interpretation with the insertion of PHC in health care networks.¹

In Brazil, the term Basic Care is used as equivalent to Primary Health Care. Ordinance No. 648, of March 28, 2006, defined Basic Care as a set of actions, in the individual and collective spheres, covering the promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health.² This definition is reinforced in Administrative Rule no. 2,488, of October 21, 2011, approving what is called National Policy of Basic Care, since it establishes the revision of the guidelines and norms for the organization of this assistance whose main objective is to effectively meet any health needs of the population.³

It is understood, therefore, that the Universalist nature of the Declaration of Alma-Ata was redressed through the reorientation of Basic Attention in the universal and consolidated health system in the country, the Unified Health System (UHS). The essential feature of the UHS is the constitutional position that health is a right of the citizen and duty of the State, which must be dedicated to the attention of the nation through actions of promotion, protection and recovery of health.⁴⁻⁵

It is known that, in the twentieth year of UHS's existence, the Brazilian government presented the National Policy for Men's Comprehensive Health Care (NPMCHC), which is aligned with the National Primary Care Policy with the main objective of promoting actions that contribute to the understanding of the singular masculine reality in its diverse sociocultural and politico-economic contexts. In this paper, there is the recognition that adult males are more vulnerable to disease and death than other population groups, as men's resistance to seeking PHC services aggravates their morbidity, delays their care, and increases costs for There is an international consensus that men experience excessive morbidity and early mortality.⁷⁻⁸

OBJECTIVE

- To analyze the general aspects of adult men's access to primary health care services

METHOD

This study was extracted from the Final Report of the Extension / FHU Project << Friend-of-Man Group >>, effective from January 2017 to January 2018. This is a quantitative, exploratory and cross-sectional study conducted between September and November 2017.

A total of 485 adult men were interviewed in the municipality of Lagarto, Sergipe, Brazil. Participants were selected by non-random sampling, for convenience, through the active search of the men in their residences, meeting the following inclusion criteria in the study: 1) Be aged between 20 and 59 years; 2) Being a resident of the municipality of Lagarto / SE; 3) Accept to participate in the study voluntarily, with the signing of the Informed Consent Form (FICT).

The data from the last census of the Brazilian Institute of Geography and Statistics (2010), referring to the male population aged 20-59 years, resident in the municipality of Lagarto / SE, were used for the sample calculation, being considered a level of confidence of 95% and sample error of 5%.¹⁰

The interviews were conducted using two data collection instruments. The first one is composed of sociodemographic issues and related to the factors that possibly interfere in the access of the man to the services of health of the primary attention and to the knowledge on the NPMCHC. The second was the Accessibility component (C), of the adult version of the Ministry of Health's Primary Health Care Assessment Tool (PCATool-Brazil) (2010), which is composed of 12 items (C1 to C12) that evaluate the aspects of accessibility to PHC services.¹¹

The data was tabulated in Microsoft Excel (2016) and later imported into the IBM® SPSS-Statistical Package for Social Sciences 20.0 Mac (SPSS 20.0 Mac, SPSS Inc., Chicago, Illinois, USA). For the statistical analysis of the descriptive type, the univariate and bivariate techniques were used to obtain the distribution of the absolute and relative frequency values among the categorical variables. The values of the central tendency measures and the standard deviation of the numerical variables were also calculated.

This study was approved by the Research Ethics Committee of the University Hospital of the Federal University of Sergipe, under the

no. 2,378,387, with the following CAAE: 79306217.5.0000.5546. All the precepts were adopted in order to guarantee the secrecy and confidentiality of the information, according to the Resolution nº 466/2012, which establishes the norms applicable to researches in Human and Social Sciences. Participants

signed the Free and Informed Consent Term (FICT) with the guarantee of refusal, at any time, without suffering any damages.

RESULTS

The results of this research are presented in Tables 1, 2, 3 and 4 below.

Table 1. Socio-demographic characterization of adult males in the municipality of Lagarto (SE), Brazil, 2017.

Sociodemographic variables	n	%
Age		
≥ 20 and < 30 years	189	39
≥ 30 and < 40 years	155	32
≥ 40 and ≤ 59 years	141	29
Skin color		
Brown	316	65.2
Black	73	15.1
White	85	17.5
Yellow	8	1.6
Did not answer	3	0.6
Education		
None	21	4.3
Complete or incomplete elementary school	140	28.9
Complete or incomplete highschool	225	46.4
Complete or incomplete higher education	99	20.4
Occupational situation		
Employed	158	32.6
Unemployed	14	2.9
Retired	2	0.4
Did not answer	311	64.1
Income		
< 1 minimum wage	280	21.6
≥ 1 and < 2 minimum wages	66	13.62
≥ 2 and < 3 minimum wages	34	7.1
≥ 3 minimum wages	105	21.6
Marital status		
Single	242	49.9
Stable union	49	10.1
Married	171	35.3
Separated	17	3.5
Widow	6	1.2
Living situation		
Owns their home	248	51.1
Leases their home	89	18.4
Lives with family	141	29.1
Lives in a shelter	3	0.6
Did not answer	4	0.8
Zona de moradia		
Rural	109	22.5
Urban	370	76.3
Did not answer	6	1.2
Basic sanitation		
Present	350	72.2
Absent	123	25.4
Did not answer	12	2.4

Table 2. Descriptive results of the responses of adult men on issues related to accessibility to health services. Lagarto (SE), Brazil, 2017.

General aspects of men's accessibility to health services	n	%
Have you ever been treated in any Basic Health Unit?		
Yes	354	73
No	128	26.4
Did not answer	3	0.6
What health service do you most seek?		
Basic Health Unit	158	32.6
Public Emergency Hospitals	237	48.9
Private institutions / Specialized services	81	16.7
Emergency care unit	6	1.2
Did not answer	3	0.6
Do you regularly take tests??		
Yes	169	34.8
No	305	62.9
Did not answer	11	2.3
If you are aged ≥50 years (n = 46), have you already done some screening for prostate cancer screening?		
Yes	21	45.7
No	25	54.3
Which professional category do you prefer to treat you?		
Nurse	13	2.7
Doctor	203	41.9
Whatever	268	55.2
Did not answer	1	0.2
What gender of the health professional do you prefer to treat you?		
Man	36	7.4
Woman	64	13.2
Whatever	384	79.2
Did not answer	1	0.2
Do you know who the Community Health Agent in your area is?		
Yes	207	42.7
No	276	56.9
Did not answer	1	0.2
Do you know who the nurse in your area is?		
Yes	82	16.9
No	403	83.1
Do you know who your local doctor is?		
Yes	64	13.2
No	420	86.6
Did not answer	1	0.2

Table 3. Descriptive aspects of the issues related to accessibility and barriers in the search for health services by adult males in the city of Lagarto (SE), Brazil, 2017.

General aspects with possibility of interference in the accessibility of men to health services	n	%
Have you heard about the National Policy for Men's Comprehensive Health Care?		
Yes	104	21.4
No	380	78.4
Did not answer	1	0.2
Do you think there is adequate disclosure about the National Policy for Men's Comprehensive Health Care by health professionals?		
Yes	111	22.9
No	374	77.1
Do you think health is easy for men to access?		
Yes	248	51.1
No	231	47.6
Did not answer	6	1.2
Do you think that health care is only the role of women?		
Yes	25	5.2
No	460	94.8
Is the absence of diseases a barrier for you to seek care in Primary Care?		
Yes	164	33.8
No	321	66.2
Is the fear of discovering a disease a barrier for you to seek care in Primary Care?		
Yes	100	20.6
No	385	79.4
Is the lack of reception of professionals a barrier for you to seek care in Primary Care?		
Yes	81	16.7
No	404	83.3
Is the delay to be taken care of a barrier for you to seek care in Primary Care?		
Yes	173	35.7
No	312	64.3

Table 4. Descriptive results of adult men's responses to the Accessibility component of the Primary Health Care Assessment Tool. Lagarto (SE), Brazil, 2017.

Issues related to male accessibility to Primary Care	For sure, Yes	Maybe yes	Maybe no	Surely, no	Do not know/do not remember
	n (%)	n (%)	n (%)	n (%)	n (%)
C1 - Is your Health Clinic open on Saturday or Sunday?	6 (1.2)	14 (2.9)	72 (14.8)	294 (60.6)	99 (20.4)
C2 - Is your Health Clinic open at least a few working day nights until 8 pm?	2 (0.4)	9 (1.9)	71 (14.6)	310 (63.9)	92 (19)
C3 - When your Health Clinic is open and you get sick, will someone from there see you on the same day?	61 (12.6)	134 (27.6)	95 (19.6)	115 (23.7)	79 (16.3)
C4 - When your Health Clinic is open, can you get quick advice on the phone if you need it?	28 (5.8)	49 (10.1)	102 (21)	179 (36.9)	126 (26)
C5 - When your Health Clinic is closed, is there a phone number you can call when you get sick?	25 (5.2)	26 (5.4)	84 (17.3)	224 (46.2)	125 (25.8)
C6 - When your health clinic is closed on Saturday and Sunday and you get sick, will someone from this service see you on the same day?	7 (1.4)	16 (3.3)	103 (21.2)	268 (55.3)	90 (18.6)
C7 - When your health clinic is closed and you get sick at night; will someone from this service see you that night?	9 (1.9)	9 (1.9)	99 (20.4)	293 (60.4)	75 (15.5)
C8 - Is it easy to set the time for a review appointment (routine check-up) at the Health Clinic?	54 (11.1)	118 (24.3)	111 (22.9)	135 (27.8)	67 (13.8)
C9 - When you arrive at the Health Office, do you have to wait more than 30 minutes to consult with the doctor or nurse (not counting screening or reception)?	242 (49.9)	135 (27.8)	29 (6)	39 (8)	39 (8)
C10 - Do you have to wait a long time, or talk to many people, to make an appointment at your Health Clinic?	180 (37.1)	163 (33.6)	63 (13)	40 (8.2)	39 (8)
C11 - Is it difficult for you to get medical care from your Health Clinic when you think it is necessary?	189 (39)	138 (28.5)	65 (13.4)	53 (10.9)	40 (8.2)
C12 - When you have to go to the Health Clinic, do you have to miss work or school to go to the health service?	271 (55.9)	105 (21.6)	34 (7)	45 (9.3)	30 (6.2)

DISCUSSION

It is inferred that the majority of adult men interviewed do not regularly visit primary health care services, do not perform laboratory tests frequently and are unaware of the National Policy for Men's Comprehensive Health Care (NPMCHC). These results are similar to those found in national studies that also identified low demand for men for PHC services and laboratory tests, and a lack of knowledge about the existence of a health program for the male population in Brazil.^{12,14}

It should be noted that the factors that impede the accessibility of men to PHC services in this study were the delay in being attended to, the absence of diseases, the fear of discovering a serious illness and the lack of reception by health professionals. Other situations that may also lead men not to seek care in PHC are the lack of time, the incompatibility of schedules, impatience, the embarrassment to expose themselves, the lack of specialists and the resolution of health

needs and the idea that the Basic Health Unit (BHU) is a space for women only.^{15,17}

It is recognized that, in fact, there is a predominance of women in PHC activities, with women being the majority in the consultations, waiting rooms, queues, groups and circulation areas of PHC.¹⁸ Men associate care with the health of the female universe by considering women as more fragile and more vulnerable to diseases.¹⁹

It was found that more than half of the men reported having no preference for the category or gender of the health professional who would perform their care in PHC. This result shows that there is a low selectivity in this public regarding the profile of the health professional for whom they wish to be treated, and therefore, in this study, the possibility of these variables being barriers to male access to these services was ruled out. However, the conclusions of some studies are that the BHU are frequented, mainly by women and composed of a team of professionals, most of whom are also women,

which can cause, in men, the feeling of belonging to this space.²⁰

It was investigated, in relation to the proximity of the male population to the PHC health team, that few participants knew the Community Health Agent, the nurse and the doctor responsible for the area of coverage in which they resided. It is understood that this non-attachment of men to the health team of Primary Care represents the deficiency of PHC services in the development of actions aimed at the health of men, thus distancing the achievement of the goals of NPMCHC.²¹

It is also pointed out that most of the men interviewed not only do not know the NPMCHC, but also believe that their disclosure is insufficient on the part of health professionals. In this sense, the authors discuss the need for health professionals, especially nurses, to know the actions of the Ministry of Health directed to the male population so that they can serve it in a more targeted and effective way.^{14,22}

It is believed that many men consider that health is generally difficult to access and that this care is only the role of women. This way of thinking can be justified by finding a national study that showed male acceptance of health needs only when one perceives an illness or when one feels pain.^{19,23}

In relation to the responses to the Accessibility component of the Primary Health Care Assessment Instrument (PCATool-Brazil), many men are unaware of the days and hours of operation of PHC services. Most were not sure about the ability of these services to serve their users with agility and many said that there is no means of communication between user-service when it is closed. The understanding of institutional barriers is important for the strategic proposal of measures that promote men's access to primary health care services, which should be the gateway to the health system, in order to protect promotion and prevention as axes intervention.⁶

It is noteworthy that when asked about the ease of scheduling a PHC consultation, most men answered the question negatively. Some also mentioned the need to go to work or to the educational institution to go to the health service.

CONCLUSION

It is concluded that men in the productive age group do not seek health services because they are unaware of the importance or lack of concern about health promotion and prevention actions, fear of illness, and institutional factors related to the

organization of service hours of Family Health. It was also highlighted that institutional, cultural and social criteria hinder the access of the male class to services of promotion and prevention of health.

It is shown by the results of this study that adult men need guidance regarding their need to seek Basic Health Units for disease prevention and health promotion since the accessibility of this public to Primary Health Care services does not yet occur according to is advocated in NPMCHC.

It was also revealed a problematic situation, since the measures adopted for the health policy of the man, by the Ministry of Health, seem to have not found its proper implementation in the analyzed municipality. Therefore, the urgent need for managers and health professionals working in PHC services to observe, with greater care, the male population as being significantly more vulnerable to diseases and early mortality due to individual, environmental and cultural factors.

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