INTEGRAL HEALTH CARE FOR MEN'S HEALTH: MILITARY POLICE ADHERENCE
ATENÇÃO INTEGRAL À SAÚDE DO HOMEM: ADESÃO DA POLÍCIA MILITAR
ATENCIÓN INTEGRAL A LA SALUD DEL HOMBRE: ADHESIÓN DE LA POLICÍA MILITAR

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ABSTRACT

Objective: to identify the reasons that lead military police officers to non-adherence to the National Policy of Integral Attention to Human Health. **Method:** this is a quantitative, field, exploratory, descriptive study with 181 military policemen. A questionnaire was used to collect data and statistical analysis was performed by SPSS, version 21, presented in absolute and relative tables. **Results:** married (73.5%), with children (79%), most with high school (59.1%). Of these, 70.7% also reported that the information offered by the Health Service is not sufficient; 77.9% reported difficulty with care at the Health Service; 92.3% do not know a Health Service that offers one day a week to the care of men. **Conclusion:** the inferences of this study showed that the imaginary of being a man can imprison the masculine in cultural ties making difficult the adoption of practices of self-care. **Descriptors:** Primary Care; Police; Primary Prevention; Health Promotion; National Health Program; Men's Health.

RESUMO

Objetivo: Identificar os motivos que conduzem os policiais militares à não adesão à Política Nacional de Atenção Integral à Saúde do Homem. **Método:** trata-se de estudo quantitativo, de campo, exploratório, descritivo, com 181 policiais militares. Utilizou-se um questionário para a coleta de dados e se realizou a análise estatística pelo SPSS, versão 21, apresentados em tabelas valores absolutos e relativos. **Resultados:** casados (73,5%), com filhos (79%), a maioria com ensino médio (59,1%). Desses, 70,7% relataram, também, que as informações ofertadas pelo Serviço de Saúde não são suficientes; 77,9% relataram dificuldade com o atendimento no Serviço de Saúde; 92,3% não conhecem um Serviço de Saúde que ofereça um dia na semana ao atendimento dos homens. **Conclusão:** as inferências deste estudo mostraram que o imaginário de ser homem pode aprisionar o masculino em amarras culturais dificultando a adoção de práticas de autocuidado. **Descritores:** Atenção Básica; Polícia; Prevenção Primária; Promoção de Saúde; Programa Nacionais de Saúde; Saúde do Homem.

RESUMEN

Objetivo: identificar los motivos que conducen a los policías militares a la no adhesión a la Política Nacional de Atención Integral a la Salud del Hombre. **Método:** se trata de un estudio cuantitativo, de campo, exploratorio, descriptivo, con 181 policías militares. Se utilizó un cuestionario para la recolección de datos y se realizó el análisis estadístico por el SPSS, versión 21, presentados en tablas valores absolutos y relativos. **Resultados:** casados (73,5%), con hijos (79%), la mayoría con enseñanza media (59,1%). De ellos, el 70,7% relató, también, que las informaciones ofrecidas por el Servicio de Salud no son suficientes; El 77,9% relató dificultad con la atención en el Servicio de Salud; 92,3% no conocen un Servicio de Salud que ofrezca un día en la semana a la atención de los hombres. **Conclusión:** las inferencias de este estudio mostraron que el imaginario de ser hombre puede aprisionar al masculino en amarras culturales dificultando la adopción de prácticas de autocuidado. **Descriptor:** Atención Básica; la Policía; Prevención Primaria; Promoción de Salud; Programa Nacional de Salud; Salud del Hombre.

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INTRODUCTION

It is revealed that the themes related to the health process and illness of the male population have been forming as an important and emerging field of studies subsidizing debates and reflections in the scope of Collective Health.¹⁻²

Disease is regarded as a sign of fragility that men do not recognize as inherent in their own biological condition. The man thinks himself invulnerable, which ends up helping him to take care less of himself and expose himself more to situations of risk. Added to this is the fact that the individual is afraid that the doctor will discover that something goes wrong with their health, which puts their belief in invulnerability at risk.³

It is pointed out that Brazil is the first country in Latin America and the second in the American continent to implement a National Policy for Integral Men's Health Care (NPIMHC).⁴ The policy is inserted in the context of the "More Health: All," launched in 2007 by the Ministry of Health, with the objective of promoting a new pattern of development focused on the growth, well-being and improvement of the living conditions of the Brazilian citizen.⁵

On August 27, 2009, NPIMHC was launched with the objective of promoting the improvement of the health conditions of the Brazilian male population, effectively contributing to the reduction of morbidity and mortality in this population through rational coping risk factors and by facilitating access, actions and comprehensive health care services..⁶

It is emphasized: "Men have difficulty recognizing their needs by cultivating magical thinking that rejects the possibility of becoming ill." ⁴ The recognition that the male population accesses the health system through specialized care requires strengthening and qualification mechanisms of primary health care so that health care is not limited to recovery, ensuring, above all, the promotion of health and prevention of preventable diseases, as well as the treatment and recovery of male diseases.⁶⁻⁷

It is noticed that, for the most part, men use health services only when the disease is more advanced. Thus, instead of being treated at the Basic Health Units (BHU) near their home, they need to look for a specialist, which generates higher costs for the Unified Health System (UHS) and, above all, physical and emotional suffering to the patient and your family.⁸

It is argued that the working hours of the health services coincide with the work hours⁹ and a question pointed out by men not to seek primary care services is related to their position as provider. It is a great challenge for professionals because it is a group of individuals that rarely seek the primary health care service for various cultural, social and personal issues that are based on the idea that the man is strong and unshakable and the disease does not these standards set by society.⁶

It is known that the male population, in general, needs to be inserted within health promotion actions, but the military police class (MPs) deserve to be highlighted, since these professionals are responsible for maintaining the well-being of all the population putting their own lives at risk, fighting crime, ensuring security and law enforcement. The work of the MPs requires great physical effort and good health because they always have to maintain an upright and firm posture in view of the situations that arise in the daily life of the profession, with a greater probability of occupational diseases.

The military police officer, because of the nature of his function, is exposed to all kinds of danger and he is read, often under tension,¹⁰ attending to the most diverse forms of occurrence, with the submission and confrontation of: domestic violence, threats, thefts, traffic accidents with victims, armed robberies, drug trafficking, conflicts, trawlers, among others. Therefore, the policeman, in his day to day, is exposed to all type of violence and danger even risking his own life. The police officer must always be motivated and with good working conditions to perform his / her operational and administrative functions, as this will produce more.

It is revealed that society requires and needs competent, honest and committed police officers with the ideals of the organization to which they belong. These professionals also need to be monitored and better evaluated in relation to their health conditions, especially to the psychosomatic aspects, where the variable stress has an enormous power to destroy the work capacity of individuals.¹¹

It is intended to contribute, due to the relevance of this research, to a better understanding of the military about NPIMHC, its rights, the importance of the search for services and that are contemplated in basic health promotion actions. This will ensure the adequacy of care with the new guidelines advocated by the Ministry of Health thus

ensuring the promotion of health and prevention of preventable diseases. Thus, with the search of men for health services, the evolution in care will eventually promote changes in the posture of this population.

OBJECTIVE

- To identify the reasons that lead military police officers to non-adherence to the National Policy for Integral Men's Health Care.

METHOD

This is a quantitative, field, exploratory, descriptive study carried out in Alto Sertão Paraibano, Brazil, from May to June 2015, with military police officers incorporated into the Military Police of the State of Paraíba, which currently has 369 military personnel, of these, 354 are males.

A convenience sample was drawn up by state military personnel in Alto Sertão Paraibano.

As a data collection instrument, a questionnaire was developed, developed by the researchers, based on the National Policy for Integral Attention to Human Health and on the sociodemographic profile. This instrument was formulated with 16 questions that respond, coherently, to the objective of the study.

The sample selection was defined in a simple random way, in which a sample of 181 participants was obtained, with 95% confidence and 5% margin of error, by means of lottery.

They were listed as inclusion criteria: effective professionals, who have been working for more than a year and have accepted to participate in the research. Exclusion criteria were: all professionals working in neighboring districts and cities because of the difficulty of the researcher to find them and those who were on vacation, paternity leave or who, for any other reason, were not present at the moment of collection.

A database was created in Excel by analyzing them in SPSS (version 21). Descriptive analyzes of frequency, percentage, central tendency (mean) and dispersion (standard deviation) were performed. As inferential technique, the Chi-square of adhesion (x2), the Test of Student and the ANOVA one way were used. A p less than or equal to 0.05 was accepted as statistically significant, and the data presented in graphs.

Data were analyzed by means of a descriptive analysis of all study variables. The variables were compiled and analyzed using the Statistical Package for the Social Sciences (SPSS), version 21, and presented in terms of their absolute and relative values.

The research was approved by the ethics and research committee of Faculdade Santa Maria under the number 42497715.7.0000.5180.

RESULTS

Table 1 shows the description of the demographic data of the sample.

Table 1. Description of demographics. Cajazeiras (PB), Brazil, 2017.

Variables		P
Marital status	Single	0.01
	With partner	
	Married	
	Separated	
Children	Yes	0.01
	No	
Schooling	Highschool	0.01
	Technician course	
	Graduation	
AGE	Specialization	0.01
	Between 24 to 34 years	
	Between 35 to 44 years	
Between 45 to 55 years		
Mean age 40.61 (SD = 8.23)		

Table 2. Description of work data. Cajazeiras (PB), Brazil, 2015.

Variables		n	%	P
Time in service	From 1 to 5 years	08	4.4	0.05
	From 6 to 10 years	42	23.2	
	From 11 to 15 years	28	15.5	
	From 16 to 20 years	19	10.5	
	More than 20 years	84	46.4	
Weekly workload	24 hours	29	16.0	0.05
	36 hours	14	7.7	
	48 hours	74	40.9	
	More than 48 hourss	64	35.4	
Workload of another activity	30 to 35 hours	20	11.2	0.01
	36 to 40 hours	04	2.2	
Total		18	100	

Table 3. Description of data on access to health care. Cajazeiras (PB), Brazil, 2015.

Variables		n	%	P
Health care	No	9	5.0	0.01
	A little	46	25.4	
	Reasonable	89	49.2	
	A lot	47	20.4	
Away due to health problems	Yes	67	37.0	0.05
	No	114	63.0	
Knows the men's health policy	Yes	17	9.4	0.01
	No	96	53.0	
	I have heard of it	68	37.6	
Attend health service (hs)	Yes	44	24.3	0.05
	No	41	22.7	
	Sometimes	96	53.0	
Last time I attended health service	Less than 1 year	98	54.1	0.01
	From 1 to 2 years	44	24.3	
	From 2 to 4 years	15	8.3	
	From 4 to 5 years	4	2.2	
	More than 5 years	9	5.0	
	Do not remember	11	6.1	
Information provided by HS is sufficient	Yes	53	29.3	0.01
	No	128	70.7	
Difficulty of attendance in HS	Yes	141	77.9	0.01
	No	40	22.1	
Meet an HS who offers men's care on a day of the week	Yes	14	7.7	0.01
	No	17	92.3	
If yes, would they indicate the hs to another man	Yes	49	27.1	0.01
	No	44	24.3	
		88	48.6	

Table 4 shows the age between the categories of access to health care. There was a statistically significant difference in mean age only among those who did not know the man's health policy (M = 39.25 years, SD = 8.14).

Table 4. Age comparison between categories related to access to health care. Cajazeiras (PB), Brazil, 2015.

		Average age	S	D
Health care	No	42.11	9.50	0.94
	A little	40.26	7.29	
	Reasonable	40.67	8.14	
	A lot	40.56	9.47	
Away due to health problems	Yes	40.97	8.15	0.66
	No	40.41	8.30	
Knows the men's health policy	Yes	42.58 ^a	8.71	0.05
	No	39.25 ^b	8.14	
	I have heard of it	42.05 ^a	8.00	
Attend health service (hs)	Yes	41.65	8.83	0.20
	No	38.65	7.98	
	Sometimes	40.97	7.99	
Last time I attended health service	Less than 1 year	41.92	8.60	0.16
	From 1 to 2 years	38.43	7.63	
	From 2 to 4 years	41.40	5.42	
	From 4 to 5 years	42.25	9.60	
	More than 5 years	38.66	8.94	
	Do not remember	37.63	8.13	
	Yes	41.18	8.49	0.55
Information provided by HS is sufficient	No	40.38	8.14	
	Yes	40.65	8.19	0.90
Difficulty of attendance in HS	No	40.47	8.47	
	Yes	44.21	7.99	0.09
Meet an HS who offers men's care on a day of the week	No	40.31	8.20	
	Yes	43.32	8.00	<0.01
If yes, would they indicate the hs to another man		43.84	7.93	
		37.50	7.38	

DISCUSSION

Most of the interviewees are in the age range of 45 to 55 years (42%). Thus, the National Policy for Integral Men's Health Care established, through a strategic cut of the population of men, a focus on men in the range of 20 to 59 years, who correspond to the preponderant portion of the productive force and, moreover, exercise a significant sociocultural and political role.⁴

It can be observed, when asked about the level of schooling, that 59% of the interviewees have completed high school and 22% have the complete upper level. These data corroborate a research carried out with military police officers of two battalions of the State of São Paulo-SP, whose objective was to evaluate the perception of military police of the tactical and street force on the

aspects that permeate their mental health, where 54.2 % of study participants had completed high school and 41.7% had completed tertiary education.⁴

With the excess of the workload, it contributes to the high contingent of the surveyed public, whose workload exceeds 40 hours a week, which in turn suggests that the number of police officers is still low, that is, insufficient to meet the demand , which presupposes the need for new hires to remedy the problem of police shortages and the consequent overload of work for the existing ones. This overload will possibly lead to the appearance of new changes in the health of military man.

It is pointed out, as far as the man does not take care of health, that one of the justifications for men to take care less of their health concerns the world of work. The

preoccupation with being responsible for providing the family, faced with an economically unequal society, indicates that to remain active and productive in this society has a high price, including self-destruction, for the "high rates of male sickness due to the use of drugs and or problems at work".¹²

According to the data obtained, 63% of the interviewees were already distant due to health problems, and some reported that the removal was related to the physical effort in the work performance. The dynamics of production and relation of labor activities can both produce health, physical and emotional well-being, as well as the inverse. In studies carried out, it has been verified that there is a greater personal and collective risk of health problems with military police officers, since it is an ostensive activity that is focused on the preservation and maintenance of public order and which are not only the factors related to the risk of this work activity that caused the reported problems.

It is understood that the MP profession contributes to the emergence of health complications, as well as the physical factors, the pressure and even the collections, since it is an institution that has, as base, the hierarchy and the discipline, contributing, therefore, to that some health problems can be triggered.¹³ The activities developed by the MPs are exhausting, as it is a profession that constantly deals with situations of violence and imminent risk, working hours are usually nocturnal, there are irregular feeding times, exposure to the sun, to the wind, in addition to the prolonged stay in the orthostatic position, factors that can cause physical and emotional problems to the professional, including, with repercussion in the family and social interaction interfering in their quality of life and in their health.¹⁴

It is reported, when asked about the knowledge of the National Policy for Integral Men's Health Care, that 53% are unaware of its existence. Referring to the literature on Public Health and Public Health, it is verified that the difficulty of men's access to health services is a relevant issue^{9,16} as one of the main objectives of the NPIMHC.

It is necessary that the health teams strengthen the link for the care of this population, considering that Primary Health Care (PHC) - the main gateway to health services - is prevention and health care are socially characterized as essentially female tasks. This same logic structures the services, actions and interlocations between health professionals and users, reproducing traditional gender relations.^{9,15-6}

It is evident that 24% of the military attend health services, whether they attend health services or not. When called to explain the reasons that distance them from the health services, besides being careful to be represented as female social practice par excellence, several men emphasize, as main reasons, the difficulty of absent from work at the times usually scheduled for consultation and lack of specific units aimed at addressing male health problems.¹⁷ Seeking to understand what is called "invisibility" of men in the daily life of PHC, starting from the gender perspective, it is necessary to know the mechanisms of work in access to health services that promote inequalities.²

It is added that the survey also showed that 54% sought health services in less than a year. In this way, the characteristics of a traditional masculinity are reiterated, based on the idea of a nature that provides unshakeable physical force to men, naturally predisposing them to work, in general, and to certain labor activities, in particular, those that demand greater physical effort.¹⁸ It is clear that male "low demand" for health services does not necessarily refer to a calculation of the supply-demand relationship, but rather to the preventive habits that are more associated with the female world.⁴

It is stated, as regards the information offered by the health services, that 70% of the military say that the information is insufficient to solve the problems of human health. In 2004, the Ministry of Health proposed the National Policy on Continuing Education in Health aiming at transforming professional practices, through the problematization of the work process, taking into account the health needs of people, populations, sectorial management and of social control in health.⁴ However, a study after the implementation of this policy revealed that the number of educational activities implemented is not adequate, as well as the significant percentage (31.7%) of health professionals who did not participate in any educational activity.¹⁹

It was also observed in the study in question that the lack of improvement and qualification of the health team fails to meet the needs of the male population, be it military or community. This target audience is scarce due to the absence of skilled and trained professionals, but it is one of the reasons why men do not seek health services. In addition to gender issues, research indicates that other factors inherent in the functioning of health services that can impede men's access to these services can coexist.²⁰

Men do not recognize themselves as targets for health care programs due to preventive actions almost exclusively for women and children. This feeling would provoke, in men, the sensation of not belonging to that space.²¹

The results of 70% of the military, coupled with the difficulties faced by men in demonstrating their own health needs, were also revealed by the difficulties in health care faced by men, since, in exposing their health problems, they reveal a demonstration of fragility, associated with feminization, jeopardizing their virility and the condition of provider, aspects that are valued too much in the construction of hegemonic masculinity even in the present day.¹⁸

It is revealed, in what is said about the military know about health services specific to human health, that 92% report that they do not know and 27% of the military speak that, even without knowing it, would indicate. The man perceives the health unit as a purely feminine environment, although this has contributed to the improvement of the living conditions of a good part of the population, since the woman is historically responsible for her family when it comes to matters such as children, home and care of family members.¹⁹ Thus, the proposal to sensitize men with regard to their health needs runs through the subject's speech demonstrating that joint actions with the various sectors of society can be a valuable tool for the achievement of health spaces for the population masculine.²⁰

CONCLUSION

It is concluded that the inferences of this study showed that the imaginary of being a man can imprison the masculine in cultural ties making difficult the adoption of practices of self-care, because, as man is seen as virile, invulnerable and strong, to seek the service of health, in a preventative perspective, could associate it with weakness, fear and insecurity and, therefore, could bring it closer to the representations of the feminine universe, possibly implying mistrust about this socially instituted masculinity.

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