



ACCESS TO HEALTH CARE THROUGH MID COMPLEXITY: COLLECTIVE DISCOURSE OF MEN

ACESSO À SAÚDE PELA MÉDIA COMPLEXIDADE: DISCURSO COLETIVO DE HOMENS

ACCESO A LA SALUD DE MEDIA COMPLEJIDAD MEDIA: DISCURSO COLECTIVO DE HOMBRES

Anderson Reis de Sousa¹, Raabe Moraes Pereira², Massila Silva Brito dos Anjos³, Aiala de Sousa Cerqueira⁴, Delmo de Carvalho Alencar⁵, Thiago da Silva Santana⁶, Márcio Soares⁷, Álvaro Pereira⁸

ABSTRACT

Objective: to analyze the speech of men on the access to health care at mid-complexity units. **Method:** this is a qualitative, descriptive study, with 56 men, attended to at two mid-complexity health units, with a structured guide, which guided the interview, analyzed from the perspective of the Discourse of the Collective Subject. **Results:** the needs and reasons expressed by men were motivated by the presentation of signs and symptoms of diseases already installed, in situations of low severity, influenced by factors such as self-medication, observing the remoteness of Primary Care services, through complicating factors, such as delay in service and access to examinations and medicines, besides the absence of reception, unknown health needs and absence of specific care, pointing out limitations in solving their demands. **Conclusion:** the structuring and reorganization of services become indispensable, as well as of the care network, with the expansion of access and the provision of programs to the male public and awareness of the exercise of self-care as a way to overcome the problem. **Descriptors:** Men's Health; Primary Health Care; Signs and Symptoms; Masculinity; Health Services Accessibility; Ambulatory Care.

RESUMO

Objetivo: analisar o discurso de homens sobre o acesso à saúde em unidades de média complexidade. **Método:** trata-se de estudo qualitativo, descritivo, com 56 homens, atendidos em duas unidades de saúde média complexidade, com um roteiro semiestruturado, que guiou a entrevista, analisada sob a ótica do Discurso do Sujeito Coletivo. **Resultados:** revelou-se que as necessidades e os motivos expressados por homens foram motivados pela apresentação de sinais e sintomas de agravos já instalados, em situações de pequena gravidade, influenciados por fatores como a automedicação, sendo observado o afastamento dos serviços de Atenção Básica, mediante fatores dificultadores, como a demora no atendimento e no acesso aos exames e medicamentos, além da ausência de acolhimento, desconhecimento das necessidades de saúde e ausência de atendimento específico, apontando limitações na resolubilidade às suas demandas. **Conclusão:** tornam-se indispensáveis a estruturação e a reorganização dos serviços e da rede de atenção com a ampliação do acesso e da oferta de programas ao público masculino e a sensibilização do exercício do autocuidado como superação da problemática. **Descritores:** Saúde do Homem; Atenção Básica; Sinais e Sintomas; Masculinidades; Acesso aos Serviços de Saúde; Assistência Ambulatorial.

RESUMEN

Objetivo: analizar el discurso de los hombres en el acceso a los servicios de salud en unidades de media complejidad. **Método:** este es un estudio cualitativo, descriptivo, con 56 hombres, atendidos en dos unidades de salud de complejidad media, con un guión estructurado, que guió la entrevista, analizada a partir de la perspectiva del discurso de los sujetos colectivos. **Resultados:** se puso de manifiesto que las necesidades y las razones expresadas por los hombres fueron motivados por la presentación de signos y síntomas de enfermedades ya instaladas, en situaciones de baja gravedad, influenciados por factores tales como la auto-medicación, observando la lejanía de los servicios de atención primaria, por diversos factores, tales como la demora en el servicio y el acceso a los exámenes y medicamentos, además de la ausencia de la acogida, las necesidades de salud desconocidas y falta de cuidados específicos, señalando limitaciones en la solución de sus demandas. **Conclusión:** se vuelven indispensables la estructuración y reorganización de los servicios y de la red de atención con la ampliación del acceso y la prestación de los programas de alfabetización y sensibilización pública del ejercicio de auto-cuidado para superar el problema. **Descriptor:** Salud del Hombre; Atención Primaria de Salud; Signos y Sintomas; Masculinidad; Accesibilidad a los Servicios de Salud; Atención Ambulatoria.

^{1,7,8}Federal University of Bahia/UFBA. Salvador (BA), Brazil. ORCID : <https://orcid.org/0000-0001-8534-1960> E-mail: anderson.sousa@ufba.br; ORCID : <https://orcid.org/0000-0002-9912-1640> E-mail: marcio_soares21@hotmail.com; ORCID : <https://orcid.org/0000-0003-1615-5528> E-mail: alvaro_pereira_ba@yahoo.com.br ^{2,3,4}Anísio Teixeira College/FAT. Feira de Santana (BA), Brazil. ORCID : <https://orcid.org/0000-0001-6361-5502> E-mail: raabempereira@hotmail.com ORCID : <https://orcid.org/0000-0001-7944-4912> E-mail: massilab@hotmail.com; ORCID : <https://orcid.org/0000-0002-0594-4364> E-mail: aialacerqueira@hotmail.com ⁵Oswaldo Cruz Foundation/FIOCRUZ. Teresina (PI), Brazil. ORCID : <https://orcid.org/0000-0002-6555-7921> E-mail: delmo-carvalho@hotmail.com ⁶State University of Feira de Santana/UEFS. Feira de Santana (BA), Brazil. ORCID : <https://orcid.org/0000-0003-0987-0814> E-mail: ts.santana12@gmail.com

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INTRODUCTION

After 30 years of the creation of the Unified Health System (SUS), the male/female ratio in aspects related to public policies still displays significant contrasts. While women's health was incorporated into the national health policies, in the first decades of the 20th century (with the action of the feminist movements), and has evolved positively ever since, men's health remained far away from the discussions and the priorities of the health authorities and even of society. This fact may relate to historical and cultural vision of society regarding the male figure and the idea that men are invulnerable, manly, strong, whose self-care is not a common practice, which, in a certain way, interferes in the demand for health services and contributes to the development of diseases that are preventable and with efficient treatment.¹

There have been discussions on the promotion and attention to men's health in several areas and social contexts, where the male population is more vulnerable to severe conditions, chronic diseases and violence, with men dying prematurely from causes related to non-treatable diseases. Even with this reality, men do not seek assistance in Primary Care (PC), where they are not available at the appointment, leaving this demand for the emergency sectors, where their presence is more frequent and often requires a greater attention with emergency nature, due to admissions for serious accidents or chronic diseases, which require a service with rapid resolution.²

With the male distancing from health care, leaving aside preventive measures and non-adherence to treatment, the mortality indices tend to increase, affecting these men increasingly earlier.³

The general population prefers to use the mid-complexity services (urgency/emergency), because they are faster services with curative priorities, thus meeting the problem of this individual and bringing a positive response at that moment.⁴

In Brazil, in March 2009, the National Policy of Integral Care to Men's Health (PNAISH - *Política Nacional de Atenção Integral à Saúde do Homem*) was created, which aims to direct attention to the health of the male population in the age range from 25 to 59 years, developing activities that ensure the comprehensiveness of care provided by health professionals, assisting these men and understanding the male individual reality. Through this policy, men began to have a larger space in PC, with programs geared specifically for them. The PNAISH also respects the divergences found in local health systems with respect to the level of development and organization.⁵

According to the PNAISH, Nursing is directly related to men's quality of life, after all, this policy, if executed, will act on the reduction or elimination of risk factors in health promotion in stimulating the prevention through lifestyle guidance and healthy nutrition, abandoning habits and addictions such as: smoking, alcohol, sedentary lifestyle, stress and excessive load of work.⁵

The use of health services by the male population differs from its use by women, in which the male public prioritizes curative, mid-complexity services that assist the pathologies already identified, accidents, injuries, dental problems and the use of pharmacy.⁶

When seeking the services of Basic Health Units (BHU), in an area with many female posters, geared to the promotion of women's health, murals decorated with female figures, the presence nor the permanence of these men are favored in these locations, for representing markedly female units, without mentioning that the health services focus their time more on women than on men, and offer little explanation about predisposed diseases of the male and their risk factors.⁷

The big problem is that men have already reproduced the idea that, when arriving alone to health services, they will not be seen with value and will not be met as a priority, thus, few of them that seek health services, only go accompanied by their partners, precisely by the poor reception of this population. The professionals themselves react differently when a man seeks the service, and often question them about pain or discomfort; if they were attending to a woman, they would react normally because they know the fear the patient is facing at that moment, but, looking for a man, many professionals will react in a way health care proposals are left aside, simply by stereotypes linked to the gender.⁸

The motivation for the study arose from the need to know the demands and justifications exposed by men regarding the use of health services in the mid-complexity attention and the reasons for non-adherence to Primary Health Care, from the Discourse of the Collective Subject.

Regarding this need, one sought to answer the research question: "What is the speech of men about the access to health through mid complexity of care at a 24-hour emergency service unit?"

OBJECTIVE

- To analyze the discourse of men about the access to health care at mid-complexity units.

METHOD

This is a qualitative, descriptive study, carried out at a 24-hour Emergency Service Unit and a

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polyclinic, which fall within the quality of mid-complexity healthcare services, in a large city in Northeast Brazil. These units are constituted by actions and services whose clinical practice demands availability of specialized professionals, also known as units that provide outpatient care services.

The study population was composed of 56 men, and, to guarantee the anonymity of the participants, they were identified by the letter “H” followed by numbers that indicate the order of responses “H1, H2, H3, ... H56”. They were invited to participate in the study, being informed about the objectives and purposes, presenting an Informed Consent Form (ICF), which was explained and signed, leaving a copy in the possession of the interviewee and another with the researcher, and later began the data collection; in turn, there were five denials of men to answer the questions of the proposed research.

For data collection, a structured guide was used, which guided the interview, carried out in depth, individually, at a reserved environment, with the use of a digital recorder, to ensure the secrecy, confidentiality and reliability of data generated, which included the responsibility of researchers in relation to the process of access to the acquired information, making these interviews available for participants in order to verify whether they were represented, in accordance with the recommendations of the Qualitative Research Report (COREQ).

Data collection occurred during October and November 2016. The interviews were guided by questions directed to the access and demands of health in mid-complexity services and conceptions about the Primary Health Care.

For data organization and analysis, the Discourse of the Collective Subject (DCS) method was used, which is a methodological resource that allows recovering significant social representations present in society and in the culture of certain universe.⁹ This method consists of analyzing the verbal material collected in surveys that have statements as raw material, extracting, for each one of these statements, the core ideas or anchorages and their corresponding key expressions.

Data were systemized and organized in the software NVIVO11® of qualitative analysis, which was designed to facilitate the techniques of qualitative approach with the purpose to organize, analyze, and share data, regardless of the method to be used.¹⁰

The entire collected material was transcribed to record the statements/narratives performed, taking into account the ethical principles in line with Resolution 466/2012 of the National Health Council, which determines the guidelines and norms involving human beings, with the project

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approved by the Research Ethics Committee of the Anísio Teixeira College (FAT) under opinion number 1.798.868.

RESULTS

The study participants were men, aged 18-28 years, with permanent residence in the city, married, with schooling of 8-10 years and, in their majority, of the black color, and a large part informed being inserted in the labor market.

The study results will be presented from the Collective Discourses of men met in mid-complexity healthcare units and described by means of the central ideas: needs and reasons to seek care in mid-complexity services and analysis of responses to the demands and resolvability of care in the Primary Health Care sphere.

Central idea synthesis 1. Needs, reasons and perception of men facing the demands of seeking medical care in mid complexity

This category presents the needs and the main reasons for seeking health care in mid-complexity care and perception regarding Primary Health Care in relation to the demands expressed by men who seek health services.

♦ Central idea synthesis 1A. needs to seek care in mid complexity

The needs demanded by men in the search for health care are limited, low frequency, performed in the “last time”, when the signs and symptoms of diseases were already installed.

I hardly ever seek treatment. When I am feeling something, I go to the drug store and buy some medicine or drink a cup of tea. I take care of myself. I only seek when I have a problem, such as ache, urinary tract infection or intestinal disease, high blood pressure, diabetes, when I have allergies, and to schedule an appointment with the doctor. It's my wife who usually schedules for me, because I do not have much time. It is also a way to take medicine, go to the dentist, if I have a problem. I rarely seek it, only when extremely necessary, in ultimate extent, when I am feeling a strong ache, such as headache or earache. I barely remember the last time I sought care, I have never been to the health clinic, it is a rare thing. (DSC, H2, H8, H11, H12, H19, H23, H27, H30, H33, H34, H40, H45, H50).

The needs for seeking medical care in mid complexity, by the male public, were related to the appearance of signs and symptoms of diseases, when they were already at an advanced stage, with potential generation of risk to life, preventing them from performing daily activities such as work.

This search proved to be timid, late and far from a behavior concerned with the preventive measures to minimize the illness. The frequency of trips to services proved to be low and resulted from factors such as self-medication, or by the

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search for alternatives or non-traditional therapeutic methods, such as drug stores.

The speeches evidenced that the demands for care focused on the relationship between complaint and conduct, with men expecting the contemplation regarding access to medical appointments, medicalization and dental services. This demand appeared little visible and without protagonism, being the woman responsible for the decision making and initiative in scheduling appointments, thus assuming the role of the promoter of male care.

The reasons for men's low frequency at services were revealed, from the collective discourse, in which they placed factors, such as lack of time, as impediments to such.

These men do not consider health as a priority, but, rather, the facts of everyday life, which end up gaining a higher level of priority.

Central idea synthesis 1B: Reasons to seek care in mid complexity

The reasons men seek medical care in mid complexity were expressed, deriving from the appearance and the expression of the symptomatology of certain diseases, being driven by the interruption of activities and recommendations of third parties, such as supervisors in the work environment.

I was working, I felt a dizziness, headache, pain in the neck, spine, joints, which were leaving me maimed, with a cough and a yellow and bloody phlegm, shortness of breath, chills, a terrible malaise, I threw up and the officer told me to seek a doctor to avoid fainting at work. I carry a lot of weight, I am feeling pain in the body, severe abdominal pain, urinary tract infection, which I had been feeling for some time, but I had never really cared, always took medicines at home, but, today, I can't stand it, I was forced to come here. This problem may have been from my motorcycle accident or for having eaten badly. I have also been with fever, sore throat for a few hours, eye irritation, in addition to this blotch here (on the skin), which have been increasing and I also have a severe allergy. I have already cut my arm, foot, hurt my ankle and stick my foot with a nail at work. The work stress has been destroying my health, because it makes me very worried and lose sleep, I cannot sleep, neither will I eat well. Therefore, I came to check my blood pressure. I took the opportunity to take the vaccine, see the doctor and make the SUS card, which I didn't have. (DSC, H1, H2, H7, H14, H16, H17, H23, H28, H30, H33, H37, H41, H43, H48, H50, H53, H55).*

When analyzing the reasons men sought care at mid-complexity services, there have been prolongation and tolerance in relation to the appearance of the signs and symptoms presented by the existing diseases among the studied public.

There were disinterest and lack of importance regarding the appearance of symptoms and signs,

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which were related to the development and worsening of previous health problems. In such situation, the speech revealed that men have attributed the search for services to the sense of obligation and highlighted the work as the factor that generated most of their health problems that, identified by them, generates damage to physical and mental health, with emphasis on the stress related to the exercised labor activity.

When the male public seek care at mid-complexity units, they had access to the implementation of interventions such as identification of vital signs, immunization, medical appointment and issuing the SUS user's card, which revealed the contributions brought by the system, even if related to the reception of non-priority demands arising from situations that could be avoided if the care and preventive behaviors had been adopted, in addition to the need for expansion and strengthening of access to health services in PC.

Central idea synthesis 1C: Analysis of responses to the demands for service in the Primary Health Care sphere

The collective discourse highlights the justification of men for non-adherence to the services offered in the PHC through the analysis of the answers to their demands for care.

The favorable point is that it is near home. It is essential for the population. However, the population increased, but the health center has not improved. The physical structure needs improvement, the service takes too long, we have few doctors, they do not pay attention to men, nor do they value men, it seems they only meet women and children. The waiting time for care should improve, the scheduling of examinations, the way of dealing with people, without mistreating them, because some professionals are rude, that's why I end up not going to the appointment, I have come a few times, because it does not meet my needs. (DSC, H3, H6, H11, H12, H24, H27, H33, H41, H50, H52, H56).

Regarding the analysis of men about PHC services in relation to meeting their demands, in their discourse, the male public mentioned contributing points, such as easy access, through the closeness of the unit; on the other hand, men have proved problems and factors that distance them from this service expressed by the inadequacy of the physical structure, delay in service, absence of professionals, especially medical professionals, disqualification and limitation in care perceived by them as specific demands, such as children, women and elderly people.

Through the collective discourse, the men did not identify specific spaces for them and complained about their devaluation and indifferent treatment received by them. This fact

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reveals the need for including specific care to male demands and an even targeting of actions for this public, in addition to opening a schedule of activities in the Family Health Strategy, a still discussed factor, however, little implemented in the national scene.

♦ Central idea synthesis 1D: Analysis of the resoluteness of demands for care in the Primary Healthcare sphere

The resoluteness of demands of men by the Primary Health Care in the discourse proved to be unsatisfactory, without answers to their problems and health needs.

Immediately, it does not meet my demands. I spend a lot of time to resolve anything in the center, which I end up leaving aside. Even to get a medicine we spend a lot of time, because we need a prescription it is hard to find the doctor. The tests are hard to schedule. We have to schedule and it takes a very long time. So, I go to the drug store and buy it. Sometimes, without a prescription. It is too in a fix, it should be quick, objective and efficient. But who depends on SUS has to wait. (DSC, H2, H7, H10, H15, H21, H24, H28, H33, H36, H40, H55).

Men end up distancing from the PHC due to low resoluteness of the BHU and the FHS and the delay to schedule appointments, limited hours and few specialties, which leads to a devaluation of the services and this model of Health Care by the male public.

The most expressive problems were the delay in service, the difficult access to medicines and scheduling of exams and, for these reasons, they seek other means of access to the resolution of health problems.

DISCUSSION

The fact that men think they do not get sick make them leave aside and not recognize their needs, showing that the disease is a sign of their frailty; however, they do not take this characteristic for themselves and do not understand it is a biological and social-psychic condition, also because society imposes to men a position of strength, not giving them right to demonstrate any form of weakness. Therefore, men decide to seek health services when they present severe health conditions that hamper the exercise of any activity, i.e., when they already have the disease installed.¹¹

Men are associated with the devaluation of self-care and the lack of importance to health; thus, this public prefers to seek alternative measures, such as drug stores, where they receive the treatment more quickly, as well as where they can expose their problems more easily. These men feel certain discomfort to attend health services in a preventive manner, since they do not offer programs or activities directed to the male public.

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Moreover, this is not just a lack of responsibility of the male public with their health; it is necessary that the BHU broaden its focus of attention on the male population in relation to their health needs.¹²

When it comes to the male demand for healthcare services, the search for drug stores, emergency room and outpatient clinics and the care focused on injuries, accidents or diseases already installed stand out, leaving aside the specialized clinics and medical appointments, which are more popular and used by the female public as a preventive manner.⁴

A reason for women to take the position of care for the health of the whole family is the socialization they receive since an early age to perform roles that make them responsible for the maintenance of the relationship of care within the family.¹³

The men state that the work allows them show their condition of family provider, giving them the social recognition and respectability, and that, by means of work, they build their models of male behavior.¹² The presence of men at health units, with alternative schedules of operation, during lunch and at night, for example, represents an important strategy to stimulate the accessibility of this public.¹⁴

The inclusion of men in health actions becomes a great challenge, mainly because issues such as self-care, the valuation of the body in relation to health and care directed to others are not considered common practices in the socialization of these subjects. Furthermore, "men have difficulty recognizing their needs, cultivating the magical thinking that rejects the possibility of becoming ill".⁵ This old-fashioned point of view makes harmful behaviors, responsible for the appearance of important risk factors for the disease, part of the male routine.¹⁶

The PNAISH was released with the goal of inserting the man into health services, having the PC as the main entrance door, aiming to promote the prevention and recovery; however, there is the need for qualification and strengthening of services to demystify the idea of only seeking services for recovery.⁵

The professionals need to qualify in relation to care for the male public, remembering that there is the importance of equal care for all, without an area limited only for a public, introducing and receiving these men in the PC services.¹

There is need for changing the services offered and the distribution of the multidisciplinary team, which could then include specialized professionals in Men's Health. This change may lead to an increase in the demands of men in the search for care in PC.⁶

Health managers and professionals have been concerned with the increased demand for

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emergency services, because they generate higher costs for the health system and overload, leading to overcrowding in the services, whereas the problem exposed by the man could often be resolved in PC; however, he seeks mid-complexity services, increasing, with this, the demand.¹

An analytical research and a study that revisited styles of contemporary masculinities in the United States and in England drew the attention for the growth of standards based on authoritarianism, in cultural and political hypermasculinities with strong impregnations of gender stereotypes in bodies present in a larger system, which is the Patriarchate, which may also be related to the fact that men access, on a large scale, mid-complexity units.¹⁷

From this problem, a research conducted in Vancouver, Canada, confirms that the problems of men's health have links with biology, but their solutions are outside the biomedical domain and lack social solutions. In this sense, men's health should be more effective from the understanding of researchers and health professionals about the integration of different fields of knowledge as a way of understanding this large universe that health care is.¹⁸

CONCLUSION

This study revealed that the needs and the reasons expressed by men, through the collective discourse, regarding the demands in the search for health care in mid-complexity attention, were motivated by the presence of signs and symptoms of diseases already installed, in situations of low severity, however, already in the presence of pain and discomfort, which influenced the search for health services.

This search proved to be directly associated with the need for treatment of injuries and not with the need to adopt health preventive measures. These characteristics helped establishing the frequency of men in these services on a limited basis, performed in more advanced stages of the disease and influenced by factors such as self-medication.

When observing the distancing from PC services, men revealed complicating factors to seek the services, such as the delay in service and access to tests and medicines, besides having expressed the feeling of not belonging to the units, due to the absence of reception and recognition of their health needs displayed by the absence of specific care for them.

The study also showed that the ability of the PC to solve the demands of the male population was weak due to the dissatisfaction of men in relation to the answers to their demands.

In this sense, new studies should be developed with the aim to deepen the knowledge about the

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profile of the male population and the characteristics of the demands in the mid complexity, as a way to promote actions that strengthen the PC, reducing the occurrence of calls by avoidable demands, in addition to expanding the access and the provision of services to the male public, as well as the improvement by raising awareness about the exercise of self-care.

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Corresponding Address

Delmo de Carvalho Alencar

E-mail: delmo-carvalho@hotmail.com



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