

MEN'S HEALTH AND SOCIAL DETERMINANTS IN COLLECTIVE HEALTH
SAÚDE DO HOMEM E DETERMINANTES SOCIAIS NA SAÚDE COLETIVA
DETERMINANTES SOCIALES Y DE LA SALUD DEL HOMBRE EN LA SALUD
COLECTIVA

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ABSTRACT

Objective: to verify the online scientific production on men's health care under the light of the reflection on its social determinants in the scope of collective health. **Method:** this is a bibliographical, integrative review type study of qualitative, descriptive and exploratory approach, carried out in the Virtual Health Library (VHL) and on Google Scholar, within the time frame from 2005 to 2019, developed between January and May 2019. The studies were analyzed in six phases, being presented in the form of figures and summaries. **Results:** social determinants were found to be largely responsible for the inequity in the access to health services. Men have difficulty in recognizing their health needs, masking their weaknesses and not considering health prevention as a predominant criterion in their lives because they do not perceive health care as a male practice. **Final considerations:** the need for men to reflect on masculinity in order to understand the compromises to their health was observed.

Descriptors: Social Determinants of Health; Men`s Care; Public Health; Delivery of Health Care; Disease Prevention; Health Centers.

RESUMO

Objetivo: verificar a produção científica online acerca da atenção à saúde do homem sob a luz da reflexão sobre seus determinantes sociais no âmbito da saúde coletiva. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa de abordagem qualitativa, descritiva e exploratória, realizado na Biblioteca Virtual em Saúde (BVS) e no Google Acadêmico, com recorte temporal de 2005 a 2019, desenvolvido entre janeiro e maio de 2019. Analisaram-se os estudos em seis fases, tendo sido apresentados em forma de figuras e sínteses. **Resultados:** constatou-se que os determinantes sociais são, em grande parte, responsáveis pela iniquidade no acesso aos serviços de

saúde. O homem tem dificuldade em reconhecer suas necessidades voltadas à saúde, mascarando suas fragilidades e não considerando a prevenção da saúde um critério predominante em suas vidas por não perceberem o cuidado como uma prática masculina. **Considerações finais:** observou-se a necessidade de que os homens reflitam sobre a masculinidade para a compreensão dos comprometimentos de sua saúde.

Descritores: Determinantes Sociais de Saúde; Saúde do Homem; Saúde Coletiva; Atenção à Saúde; Prevenção de Doenças; Centros de Saúde.

RESUMEN

Objetivo: verificar la producción científica online sobre la atención a la salud del hombre a la luz de la reflexión de sus determinantes sociales en el ámbito de la salud pública. **Método:** se trata de un estudio bibliográfico, tipo revisión integradora con abordaje cualitativo, descriptivo y exploratorio realizado en la Biblioteca Virtual en Salud (BVS) y Google Académico, con un marco temporal de 2005 a 2019, desarrollado entre enero y mayo de 2019. Los estudios se analizaron en seis fases que se presentaron en forma de figuras y resúmenes. **Resultados:** se encontró que los determinantes sociales son en gran parte responsables del acceso inequitativo a los servicios de salud. A los hombres les cuesta reconocer sus necesidades relacionadas con la salud, pero enfrentan sus debilidades y porque consideran que el cuidado no es una práctica masculina, no considerando la prevención de la salud como un criterio predominante en sus vidas. **Consideraciones finales:** era necesario que los hombres reflexionaran sobre la masculinidad para comprender los deterioros de su salud.

Descriptor: Determinantes Sociales de la Salud; Salud del Hombre; Salud Pública; Atención a la Salud; Prevención de Enfermedades; Centros de Salud.

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INTRODUCTION

Due to the cultural context passed down since ancient times, men have been taught to believe that they are stronger beings than women, whether physically, emotionally, psychologically, or in terms of health.¹ Thus, believing to be healthier and more resistant, it is natural that the search for preventive medicine in men's health care is lagged and lower compared to the care provided to women. Consequently, men are more vulnerable to contracting diseases than women.²

Thus, instituted by Ordinance GM/MS nº 1.944 of August 27th, 2009, the National Policy for Integral Attention to Men's Health (PNAISH - “*Política Nacional de Atenção Integral à Saúde do Homem*”) was created, which aims to facilitate and expand the quality access of the male population in the 20 to 59-year-old group to the actions and services of integral health care in the Brazilian Unified Health System Network, by acting on the sociocultural aspects, under the gender relational perspective and within the logic of the conception of lines of care that respect the integrality of care, contributing effectively to the reduction of morbidity and mortality as well as to better health conditions for this population.³

The differences in morbidity and mortality between men and women are widely known: men die sooner, mainly from external causes, accidents and violence; they are more susceptible to cardiovascular diseases, possibly due to more frequent risk behaviors, as well as the lack of preventive health care. It should be noted that the use of health services by the population is influenced by different factors, such as the need for and the availability of health services, the likelihood of the population to use them, and the ease of access.⁴

In this aspect, an important factor to be considered are the Social Determinants of Health (SDH) which, according to the World Health Organization,⁵ are related to the conditions in which a person lives and works, including the social, economic, cultural, ethnic/racial, psychological and behavioral factors that influence the occurrence of health problems, in addition to risk factors to the population, such as housing, food, education, income and employment.

Therefore, the social determinants in men's health cannot be measured only by the diseases that affect this portion of the population, as they permeate several dimensions of the health process both from the point of view of the individual as well as the community in which he is inserted. Among the challenges to understand the relationship between social determinants and men's health is the establishment of a hierarchy of determinations among the most general factors of social, economic and political nature, and the mediations through which these factors affect the health situation of this group, without a simple direct cause-effect relationship.⁶

Some studies report the invisibility of men in primary health care, since, historically, these services have developed more actions aimed at women's, children's and older people's health. The absence of men in Basic Health Units (BHU) can be explained by the fact that these units do not make activities or programs specially addressed to this public available, besides the fact that men would rather use services that respond more quickly and objectively to their demands, such as pharmacies and emergency units.^{8-9-10,7}

In order to support the reflection about men's health and the correlation of social determinants before the absenteeism of this group in Primary Care, this study will point out the reasons that lead to this absence by male users and the difficulties presented by the health team in providing care to men who hardly ever attend the Basic Health Units (BHU) for the prevention of diseases and illnesses.

Given these findings, the following question was raised: How does the online scientific production on men's health care configure itself in light of the reflection on the social determinants of men's health in the context of collective health?

OBJECTIVE

To investigate the online scientific production on men's health care in light of the reflection on the social determinants of men's health in the context of collective health.

METHOD

In order to reach the proposed objective, a bibliographical study was carried out, of integrative literature review type, with a qualitative, descriptive and exploratory approach. Qualitative research is based on knowledge about people as from the description of human experience, providing an open field to the rich potential of the human beings' perceptions and subjectivities.¹¹⁻¹² Descriptive research observes, records, analyzes and correlates phenomena (or facts) of the physical world and especially of the human world which occur in the social, political and economic life of the individual seen in isolation, as well as of more complex groups and communities. Exploratory research aims to examine the study variable as it is presented, its meaning and the context in which it is inserted, assuming that human behavior is better understood in the social context in which it occurs.¹³

An integrative literature review is a specific method that summarizes the past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon. This research method aims to draw an analysis on the knowledge already built up in previous re-

search on a particular topic. It enables the summary of several already published studies, allowing the generation of new knowledge based on results presented by previous research.¹¹

Hence, in this study, the following steps were adopted:¹¹ identification of the topic and selection of the research question; establishment of inclusion and exclusion criteria; identification of the pre-selected and selected studies, as well as the categorization of the selected studies; analysis and interpretation of the results; and presentation of the knowledge review/summary.

Qualitative summaries begin with a good analytical research question which should investigate the relationship between two events, consisting of several components listed in the PICO anagram: Participants; phenomenon of Interest (or exposure); and study Context. Thus, the Participants correspond to the group to be observed in the study; the phenomenon of Interest indicates what should be observed in certain participants in the research, and the study Context represents what is expected at the end of the integrative review, indicating the areas to be selected as a search strategy for possible studies that meet the research objectives. For this study, the following research question (RQ) was formulated: how does the online scientific production on men's health care configure itself in light of the reflection on the social determinants of men's health in the context of collective health?

The RQ was structured as follows:

- Participants: online research on men's health care and its social determinants;
- Phenomenon of Interest: attention to men's health and its social determinants;
- Study Context: strategies and approaches to men's health care in the context of collective health.

For the selection of the study material, the main sources of search and research used were the Virtual Health Library (VHL), selecting the LILACS (Latin American and Caribbean Literature on Health Sciences), BDENF (Brazilian Nursing Database), PAHO (Pan American Health Organization Library Collection) and WHOLIS (WHO Library Information System) databases, as well as the Google Scholar, because they have a significant number of Latin American publications in the subject area of this research. For the automatic search, the following descriptors were used: social determinants, men's health, collective health.

Inclusion criteria (IC): any scientific article that (directly or indirectly) addresses or discusses the social determinants and men's health care in the context of collective health; manuscript that is fully available on the Web and published in the Portuguese language in the period between 2005 and 2019.

Exclusion criteria (EC): studies dealing with or mentioning men's health without addressing social determinants or collective health; studies written in a language other than Portuguese; full version of the manuscript not available on the Web; or articles published outside the period between 2005 and 2019.

The searches in the selected research libraries were conducted between January and May 2019. In the automatic search, after obtaining the results of the research, the researchers conducted a reading of the titles and abstracts of the manuscripts they had found in order to verify whether the participants and the phenomenon of interest addressed the guiding question. Thus, 42 studies met the IC and EC of this study, and the bibtex file containing the title and abstract of each publication was downloaded through the export function available in those libraries. The selected publications were then grouped, excluding duplicate studies from each search.

After reading, 25 studies were excluded for the following reasons: 3 were the outcomes of undergraduate course completion papers; 9 were master's dissertations in full; and 13 addressed only men's health, without mentioning social determinants or collective health. Thus, the 17 publications included in the final stage were read in full to fill out the checklist tool in order to ensure the eligibility of the studies selected to compose the final sample. The checklist tool was comprised of the following fields: title of the article, authors, year of publication, language, database, area of knowledge of the study development, type of study, objective, methodological characteristics, main aspects of data analysis, relevant results, and main contributions to the theme. The publication selection process is shown in Figure 1.

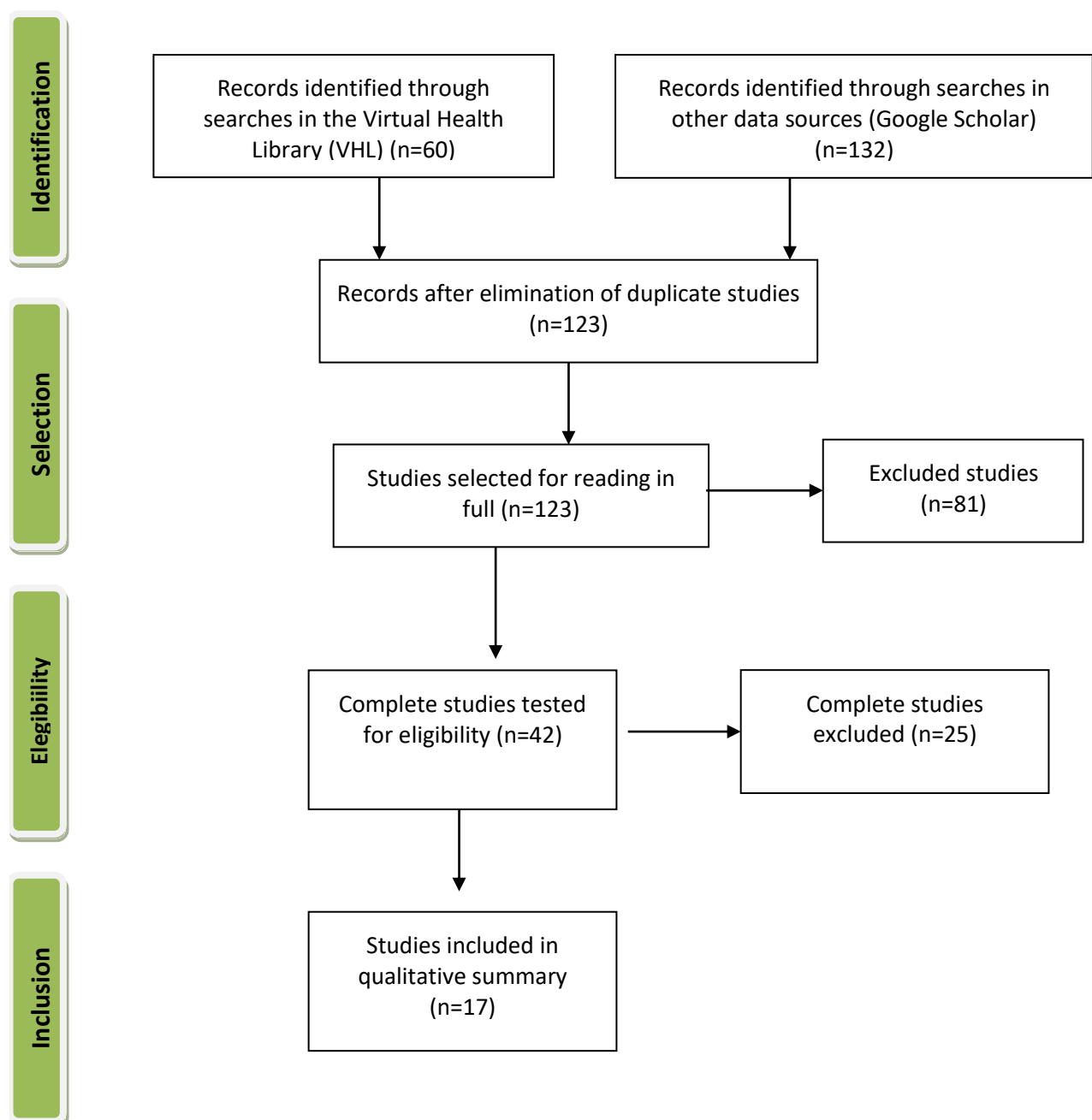


Figure 1. Flowchart of the selection of studies, adapted from Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA, 2009). Cabedelo (PB), Brazil, 2020.

RESULTS

After the process and the database search, a total of 17 publications were selected. The findings were organized in a table for better identification of each publication, selected with the following information: alphanumeric identification from A1 to A17, including article name, journal, year of publication, location, objective, method, and results, as shown in Figure 2.

Code	Title/Journal/ Year/Location	Objective/Method	Results
A1	Professionals' views on the presence and demands of men in health services: perspectives for the analysis of the implementation of the National Policy for Integral Attention to Men's Health.¹⁴ “Revista Ciência & Saúde Coletiva”, 2012, Brasília/DF, Brazil.	To analyze the conceptions that health professionals have about the demands and specific attitudes of the male population assisted in health services. Quanti-qualitative research, case study.	Lack of actions directed to the male public in the 20 to 59-year-old group, as well as the difficulty in taking time off work to attend medical appointments.
A2	Men's health in the view of nurses from a Basic Health Unit.¹⁵ “Escola Anna Nery”, 2012, Rio de Janeiro/RJ, Brazil.	To understand and analyze the nurses' views regarding men's health care. Qualitative research that had a Municipal Health Center as field. Qualitative research.	Lack of organizational infrastructure and systematization of services to cater for the needs of the male population.
A3	The scientific production on access within the Brazilian Unified Health System (SUS): advances, limits and challenges.¹⁶ “Saúde e Sociedade”, 2014, Brazil.	To analyze existing research articles and experience reports on the theme of access to the SUS. Qualitative research.	There are important gaps and needs to be addressed in the quality of care and access to services at basic care level.
A4	Men's health care: interlocution between education and health services.¹⁷ “Revista Acta Paulista de Enfermagem”, 2011, João Pessoa/PB, Brazil.	To describe the experience of health education actions developed by the Study and Research Group on Masculinities and Health of the Federal University of Paraíba during the first Men's Health Care State Week. A descriptive, qualitative, experience report type study.	On one hand, a deficit of knowledge by the male population regarding health promotion and prevention of diseases; and, on the other hand, the great challenge to implement educational actions that aim to break the self-care deficits among these individuals, as well as among health professionals.

A5	Men's Health Care Integral Attention: needs, obstacles and strategies for coping. ¹⁸ "Escola Anna Nery", 2014, Cuité/PB, Brazil.	To understand the health needs, to identify the obstacles that stop men's health needs from being met, and to present strategies for coping. Descriptive, exploratory research, with a qualitative approach.	Creating the Policy for Integral Attention to Men's Health was not enough to insert them in the health context.
A6	Health determinants in Brazil: the search for equity in health. ¹⁹ "Saúde e Sociedade", 2017, Brazil-BRA.	To identify the health determinants with major impact on the population's health. Descriptive research with bibliometric analysis.	Social determinants of health are largely responsible for inequity in access to health care.
A7	Men's Health Care Integral Attention: a challenge in basic care. ²⁰ "Revista Brasileira em Promoção da Saúde", 2016, Quixadá/CE, Brazil.	To understand the perception of health professionals about the National Policy for Integral Attention to Men's Health (PNAISH). Qualitative and descriptive research.	Deficit of knowledge about the PNAISH on the part of professionals and low understanding of its importance to the male public.
A8	Health and its social determinants. ²¹ "Revista Saúde Coletiva", 2007, Rio de Janeiro/RJ, Brazil.	To analyze the relationships between health and its social determinants. Qualitative research.	The importance of adopting public policies in the promotion of health equity is emphasized.
A9	Men's health and masculinities in the National Policy for Integral Attention to Men's Health: a bibliographic review. ²² "Saúde e Sociedade", 2013, Brazil-BRA.	To analyze men's health and masculinities in the PNAISH, in light of the reflection that these themes have received in recent times in the Collective Health/Public Health literature. Critical literature analysis.	The stereotype of male sexuality and the male-oriented thinking that members of the male sex do not get sick, and thus do not need preventive health measures, prevail.
A10	Gender and health: men's	To analyze men's perception	Preventive practices are not

	care in debate. ²³	of self-health care.	part of the daily life of the male population, evidencing a public trapped in macho conceptions, who consider themselves invulnerable when it comes to diseases.
	“Revista Psicologia - Teoria e Prática”, 2011, Campina Grande/PB, Brazil.	Cross-sectional, descriptive and analytical study, with a qualitative approach.	
A11	Men in basic care: nurses' perceptions of the gender implications on health. ²⁴	To understand the nurses' perception on the implications of gender issues in men's health and in providing health services to this public.	Presence of weaknesses in the performance of health care services to the male public.
	“Escola Anna Nery”, 2014, Juazeiro do Norte/CE, Brazil.	Descriptive study, with a qualitative approach.	
A12	The National Policy for Men's Health: need or illusion? ²⁵	To evaluate what men think about the creation of a National Policy directed to men's health.	It has been found that the male public does not perceive the implementation of a specific health policy for men as a benefit for their own sake.
	“Revista Psicologia Política”, 2010, Vitória/ES, Brazil.	Qualitative research, case study.	
A13	Men's Health Care Policy. ²⁶	To discuss the articulation between epidemiological information systems, scientific production, and action policies directed to men's health care.	The health of the male population has become increasingly notorious in recent years due to the dissemination and exploration of data from epidemiological information systems, as well as the growing scientific production, contributing to the development of governmental actions, strategies and policies.
	“Revista Saúde Pública”, 2012, São Paulo, Brazil.	Epidemiological and bibliographical survey.	
A14	Attention to men's health: nurses' actions and perspectives. ²⁷	To offer subsidies to the organization of services developed within the scope of the Family Health Strategy (FHS) and to the planning of health promotion actions that contemplate the male population.	Deficit of health professionals, especially female nurses, to deal with men's health, stating not being prepared. The impatience of male patients in terms of waiting, as well as the masculinity factor in not believing in preventive health
	“Revista Mineira de Enfermagem”, 2011, Recife/PE, Brazil.		

			care, are highlighted.
		Descriptive and exploratory research with a qualitative approach.	
A15	Men's health: an approach in nurse training. ²⁸ "Revista de Enfermagem UERJ", 2014, Rio Grande do Sul/RS, Brazil.	To analyze how the theme related to men's health is addressed in the curricula of undergraduate nursing courses in a city in Rio Grande do Sul/RS, Brazil. Documentary research with a qualitative approach.	A generalized approach to men's health and the insertion of the National Policy for Integral Attention to Men's Health in academic discussions during undergraduate nursing education was observed.
A16	Men's Health Care in Family Health Strategy Units. ²⁹ "Revista Enfermagem UFSM", 2011, Vale do Rio Pardo/RS, Brazil.	To analyze the actions of men's health care performed by nurses in Family Health Strategy Units and the information that these professionals have about the Integral Policy for Men's Health in two municipalities under full management in the Rio Pardo Valley/RS. Qualitative exploratory-descriptive research.	Nurses consider men's health policy important, but the conditions for implementing this policy are still fragile, especially in terms of knowledge, incentive, and planning of specific actions aimed at men.
A17	Social determinants of health: the "social issue" in question. ³⁰ "Saúde e Sociedade", 2014, São Paulo/SP, Brazil.	To highlight the increasingly present reductionisms in the approach of social issues in the field of social determinants of health. An exploratory study based on bibliographic research in references produced by the Human Sciences, with authors from contemporary sociology who reflect critically on how current science considers social issues.	In this sense, we understand that the field of social determinants of health is configured, once it is far from being homogeneous, in a constant correlation of forces in search of legitimacy, to the extent that such forces reveal the very conflicts of interests among their agents.

Figure 2. Summary of the characteristics of the studies included in the integrative review. João Pessoa (PB), 2019.

Regarding the source, it can be seen in Figure 2 that the articles were published in the following journals : “Revista Ciência & Saúde”, “Escola Anna Nery Revista de Enfermagem”, “Saúde e Sociedade”, “Revista Acta Paulista de Enfermagem”, “Revista Brasileira em Promoção da Saúde”, “Revista Saúde Coletiva”, “Revista Psicologia - Teoria e Prática”, “Revista Saúde Pública”, “Revista Mineira de Enfermagem”, “Revista de Enfermagem UERJ”, and “Revista de Enfermagem UFSM”. As regards the language, all were published in Portuguese.

With regard to the year of publication of the articles, 2011 and 2014 showed the highest number of publications, 5 and 4, respectively, followed by 2012 with 3 publications, and 2007, 2010, 2013, 2016, and 2017 with one publication each. As for the place where the studies were conducted, all were carried out in Brazil. As far as methodology is concerned, 82.4% of the publications are studies with a qualitative approach; 11.8% are quantitative; and 5.8% are quanti-qualitative. It can be pointed out that most of the studies are exploratory-descriptive (47%), followed by case studies (11.8%), one experience report (5.8%), one bibliometric analysis, one critical analysis of the literature, one cross-sectional study, one documentary study, one epidemiological and one bibliographical survey.

After the exploratory reading, the articles were analyzed, interpreted, and then grouped into one category: social determinants and men's access to health services.

DISCUSSION

Social determinants and men's access to health services

The results found that social determinants are largely responsible for the inequity of access to health services. Men have difficulty in recognizing their health needs and often prefer to mask their weaknesses by understanding that care is not a male practice, not considering health prevention as a predominant criterion in their lives. Therefore, the need for men to reflect on masculinity for the understanding of the compromises of men's health was observed.

Regardless of their level of education, men consider themselves stronger and more active than women, judging the latter to be more fragile and vulnerable to diseases, thus justifying their frequent presence in basic health units. They also mention the lack of specific actions aimed at men's health; for them, the only action they are aware of is the Blue November, which aims to raise awareness about prostate cancer. However, we can say that this action does not reach 100% of the target public, thereby hindering the implementation of specific health services for the male public. The absence of men in using basic health units occurs for various reasons, such as embar-

rassment, fear, lack of information about the need for health preventive monitoring, and even prejudice about doing the exam. Articles A1, A4, A9, and A11 show that there is a great absence of the male public in basic health units in search of preventive health.^{14,17,22,24}

To achieve the general objective of promoting improved health conditions for the adult male population, the National Policy for Integral Attention to Men's Health - PNAISH - was founded on five axes for its development, namely: access and welcoming; sexual and reproductive health; paternity and care; prevalent diseases in the male population; and, finally, prevention of violence and accidents.

In articles A5, A6, A7, A8 and A17, it is possible to identify that the creation of the PNAISH was not enough to insert the male audience in the health scenario, with gaps since its creation. The lack of actions directed to the male audience makes the population uninterested in attending health services, as many men highlight just the Blue November as a preventive action directed only to them. The lack of information about this policy is not unilateral since it is also possible to be observed among health professionals.^{18-21,30}

The lack of training/specialization directed to men's health care was evidenced. The existing difficulty among nursing professionals in the reception and medical appointments directed to men is an existing problem in the program, since nursing professionals are usually directed to conducting appointments only for women's health, thus being embarrassing for both the professional and for the male patient to talk about something in his genitals, for instance. In article A15, it is possible to notice the existing difficulty as from the reception to the client.²⁸ The welcoming proposal by the Ministry of Health represents a new way of operating the working processes in health by listening to their requests and assuming, in the service, the role of welcoming, listening, and devising more suitable responses to users.

In articles A12 and A13, social determinants were observed to imply directly in men's participation in health services. Many see themselves as the home breadwinners and cannot take time off work to take care of their health, which then is held in second place. Men can be noticed to approach health services with the advent of the aging process, whether after an illness or with the occurrence of chronic diseases.^{25,26}

The lack of organizational infrastructure was perceived in articles A2 and A3, in which men report not having a pleasant environment to receive them, being embarrassed to enter a predominantly female environment to request care. As an example, men with erectile dysfunction sometimes would like to know the origin of the problem, but because they are embarrassed to explain

it, they self-medicate with Viagra, seeking health care only when the problem becomes serious or triggers other reactions.^{15,16}

Finally, article A16 presented shortfalls in the study of the academic scope directed to men's health as a whole, presenting a generalist, superficial, fragmented and very decontextualized approach to men's sociocultural environment, this deficit being evidenced directly by the lack of specific knowledge about men's health in health services.²⁹

It is noteworthy that this research has limitations, due both to the reduced number of studies included that are based on strong scientific evidence, as well as to the scarce production of current publications, thus requiring further studies in this area.

FINAL CONSIDERATIONS

The study revealed that understanding social determinants as sociocultural and institutional barriers is an important factor for the proposition of strategies and measures to promote men's access to basic health care services. The online scientific productions showed the challenge of not only including men in the actions conducted by the BHU, but mainly to raise their awareness about the importance of health care.

The attention to men's health and its social determinants requires intersectoral actions aimed at improving the quality of life and health. These actions must be based on social participation, on the promotion of men's autonomy, and on the performance of the professionals involved in the implementation of this policy. The improvement of men's health is still a great challenge, since it requires actions in infrastructure and operation of health services, in specific health education for the male population, as well as in permanent re-education of health professionals.

CONTRIBUTIONS

All authors contributed equally to the study design, data collection, analysis and discussion, as well as in the writing and critical review of the content with intellectual contribution and approval of the final version of the study.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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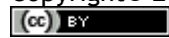
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