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ORIGINAL ARTICLE

IMPEDING FACTORS TO THE REALIZATION OF THE EXAMINATION FOR PROSTATE CANCER SCREENING: LOOKING AT A BASIC UNIT

BARREIRAS NA REALIZAÇÃO DO EXAME DE RASTREIO DO CÂNCER PROSTÁTICO: OLHANDO PARA UMA UNIDADE BÁSICA

BARRERAS PARA REALIZAR EL EXAMEN DEL CRIBADO DE DIAGNÓSTICO DEL CÁNCER DE PRÓSTATA: MIRANDO A UNA UNIDAD BÁSICA

Ricardo de Mattos Russo Rafael[1], Najla Hassib Ferreira Coury[2], Denise Lindaura Almeida da Rocha Fonseca[3]

ABSTRACT

Objective: to identify the factors impeding the realization of the prostate cancer screening in a Health Basic Unit. ***Method***: cross-sectional study with a sample of 101 men users of a public health service in the municipality of Nova Iguaçu, as approved by the Ethics Commitee at UNESA, with the protocol 059/2011 and CAAE 1074.0.000.308-11. The data collection instrument used was a multidimensional structured questionnaire. For the construction of the database the software Excel 2011 was used. Subsequently, the processing and the statistical analyses were realized by the software Stata SE 10. To increase the significance of the data, confidence intervals of the prevalence have been estimated for all proportions. ***Results***: it was noted the predominance of the age range between 40 and 59 years old (86.5%), schooling up to 11 years (80.7%), with a primary partner (61.5%) and from socioeconomic class C (40.3%). Many of the sample was tested at least once (61.5%; CI95%:47.8/75.2) and most of them routinely sought health care (90.6%; IC95%:79.9/100.0). Among the hindering factors, shame, fear of the result, fear related to pain, forgetting the schedule and workday incompatible with the schedules of the health services stand out. ***Conclusion***: the cultural aspects involved in the men's social role are shown as mediators of this process, requiring, on the part of the health professionals, educational strategies which involve a reflection about the screening's role on men's health. ***Descriptors:*** prostatic neoplasms; prostate; health services accessibility; men's health.

RESUMO

Objetivo: identificar os fatores impeditivos para a realização do exame do retal digital em uma Unidade Básica de Saúde. ***Método***: estudo transversal, com a amostra populacional de 101 homens usuários de um serviço de saúde pública do município de Nova Iguaçu, conforme aprovação do Comitê de Ética em Pesquisa da UNESA, com o protocolo 059/2011 e CAAE 1074.0.000.308-11. O Instrumento de coleta de dados foi o questionário estruturado e multidimensional. Para a construção do banco de dados foi utilizado o software *Excel 2011*. Posteriormente, foram realizados o processamento e as análises estatísticas pelo software *Stata SE 10*. Para aumentar a significância dos dados, os intervalos de confiança das prevalências foram estimados para todas as proporções. ***Resultados***: observou-se predomínio da faixa etária de 40 a 59 anos (86.5%), com escolaridade até 11 anos (80.7%), com companheira fixa (61.5%) e classe socioeconômica C (40.3%). A maior parte dos entrevistados realizou o exame ao menos uma vez (61.5%; IC95%:47.8/75.2)e grande parte procurou o serviço de saúde como rotina (90.6%; IC95%:79.9/100.0). Dentre as barreiras impeditivas, destacam-se: a vergonha, o medo do resultado, o medo relacionado à dor, o esquecimento do agendamento e a jornada de trabalho incompatível com os horários de serviços de saúde. ***Conclusão***: os aspectos culturais envolvidos no papel social do homem se demonstram como mediadores de todo este processo, exigindo por parte dos profissionais de saúde estratégias educativas que envolvam reflexões sobre o papel do exame na saúde do homem. ***Descritores***: neoplasias prostáticas; próstata; acesso aos serviços de saúde; saúde do homem.

RESUMEN

Objetivo*:** identificar los factores que dificultan el examen de cáncer de próstata (tacto rectal) en una Unidad Básica de Salud. ***Método*:** un estudio transversal, con una muestra de 101 hombres usuarios del servicio de salud pública en el municipio de Nova Iguacu, conforme la aprobación del Comité de Ética en Pesquisa de UNESA, con el protocolo 059/2011 e CAAE 1074.0.000.308-11. El instrumento de recolección de datos utilizados fue un cuestionario estructurado y multidimensional. Para la construcción de la base de datos se utilizó el software Excel 2011. Posteriormente, se realizó el procesamiento y análisis estadísticos por software Stata SE 10. Para aumentar la importancia de los datos, los intervalos de confianza de la prevalencia se calcularon para todas las proporciones. ***Resultados*:** de la muestra, la mayoría de los hombres tenían entre 40 y 59 años (86.5%), con escolaridad hasta los 11 años (80.7%), con una compañera fija (61.5%), de rango socioeconómico de clase C (40.3%). La mayoría de los entrevistados se pusieron a prueba al menos una vez (61.5%; IC95%:47.8/75.2), gran parte buscó los cuidados de salud de rutina (90.6%; IC95%:79.9/100.0). Entre los obstáculos que impiden la realización del examen, se incluyen: la vergüenza, el miedo al resultado, el temor relacionado con el dolor, el olvido de la fecha del examen, la incompatibilidad de horarios de los servicios de salud con los compromisos laborales. ***Conclusión*:** Los aspectos culturales involucrados en la función social del hombre se muestran como mediadores de este proceso, que requiere por parte de los profesionales de los servicios de salud estrategias de educación que incluyan reflexiones sobre el papel del diagnóstico para la salud del hombre. ***Descriptores: Cáncer de próstata, examen rectal digital, el acceso a los servicios de salud; Salud del hombre.

[1]Nurse. Doctoral Student in Science in the Program of the School of Medicine of the Universidade do Estado do Rio de Janeiro. Professor and Coordinator of the Undergraduate Course in Nursing from the Universidade Iguaçu (UNIG). Professor of Center for Public Health Research in the Undergraduate Course in Medicine at UNIG. Member of the Core of Continuing Education of Hospital Federal do Andaraí – Ministry of Health. Rio de Janeiro (RJ), Brazil. E-mail: r.mattos@unig.br; [2]Undergraduate student in Nursing at Universidade Iguaçu (UNIG). Nova Iguaçu (RJ), Brazil. E-mail: najlanutri@hotmail.com; [3]Undergraduate student in Nursing at Universidade Iguaçu (UNIG). Nova Iguaçu (RJ), Brazil. E-mail: denise_fonseca@oi.com.br

INTRODUCTION

According to the National Cancer Institute (INCA), the prostate neoplasm is more prevalent among men and the sixth most prevalent in the world; being the fourth cause of death from neoplasms in Brazil. It is estimated that the incidence of this disease in Brazil in 2010 was of 52,350 cases, representing an estimated risk of 54 new cases per 100,000 individuals. According to the Brazilian Society of Urology, one in every six men aged above 45 years may have the disease without knowing the diagnosis. The increased rates may be justified by the increase in Brazil's life expectancy, by improvements in quality of the information system of the country and by the development of the diagnostic method.[1-3]

Some studies suggest that early detection of neoplasm is the best way to avoid and reduce the mortality for this type of cancer. The INCA regulates the detection of it showing several recommendations that are in the National Program of Prostate Cancer Control. In this sense, the program recommends that screening tests are provided for all men and women aged 50 to 70 years old. It still recommends that the clients are captured through systematized actions regardless of the reason that originated the search for the Health Unit. Moreover, the Brazilian Society of Urology recommends that men over 50 and the ones who are 40 years old with a family history of prostate cancer consider the possibility of seeking the Health Service, even without having any symptom of the disease.[2-3]

In terms of diagnosis, it is recommended that prostate examinations and determination of prostate-specific antigen (PSA) are performed as the possibility of early detection, stating the limitations, the benefits and the risks of early detection of prostate cancer. However, some authors claim that this recommendation is controversial; some question the prostate examination, arguing that this type of examination only detects the cancer when it is already very advanced, and others put in check the PSA, doubting their specificity.[2,4-5]

Leveraged by the recommendations of the National Policy of Man Integral Health, the health units have been providing screening services for this neoplasm. Nonetheless, the demand for these actions has not kept pace with the offering, mainly by the difficulty of frequency of this public in health basic units.[6]

When it comes to prostate examination, despite some controversies, one cannot fail to take into account the symbolic aspects that are given to this kind of examination, because this test may interfere directly in the decision of some men to seek health services for the examination of prostate cancer. For many of them, this type of examination is a violation or a compromise of his manhood.[4,7]

Both in the clinic and in collective health, with regard to the treatment and/or in listener relationships, in the field of prevention and in elaboration of public policies focused on men health, it is known that this theme is still far from exhausting the possibilities of discussion. It is believed that this debate needs to be expanded in order to investigate the motivational aspects related to their implementation.[7]

Therefore, the guiding problem of this study is: what impeding factors are there so that men do not perform the prostate examination? In this perspective, the goal of this article is to identify the inhibiting factors to this examination.

From the recognition that the male population access to the health system is diminished and that this access happens especially through specialized attention, it is believed that this study will contribute with data which subsidize the planning of strategies to capture this audience since the primary health care. Actions that do not restrict themselves to already installed sequels recovery, particularly ensuring health promotion and prevention of avoidable aggravations.

METHOD

This is a cross-sectional study through individual interviews with a population sample. The study scenario was the municipality of Nova Iguaçu, located in the metropolitan region of Rio de Janeiro State and divided into nine Regional Units of Government (URGs). The municipality counts with 60 family health Teams distributed among 9 URGs that make up the region. It is noteworthy that as well as several other cities in the State, especially the large ones, Nova Iguaçu still presents difficulties in implementation of the Strategy and in reducing mortality by prostatic neoplasm.[8]

The criteria used in choosing the region was the exclusion of distant territories and/or with limited access to the central region of the municipality, once the concentration of health services is in this segment with four eligible regions. In this regard, implementation time over five years and

proximity to reference and counter-reference services for the positive cases were considered. Hence, it was elected a family health unit with coverage of approximately 12,000 inhabitants.

The study population was made up of random sample of men aged above 40 years old – prostate cancer prevention focus. Men aged over 80 were excluded, since urological problems among them and the cancer itself already are very frequent, minimizing chances of early detection.[3] The research reached 101 subjects met in June 2011, representing around 60 of male public consultations held on this unit.

The interviews were conducted by the authors themselves. The location for collecting data was the health unit of the subjects itself, except when the environment did not favor the interviewer-interviewee relationship. In these cases, the subject was allowed to suggest another place.

The data collection Instrument consisted of a multidimensional structured questionnaire composed of two modules. The first module was aimed at the sample characterization, containing items from the National Household Survey (PNAD) and by the Economic Classification Criteria of the Brazilian Association of Population Studies (ABEP). The second module consists of an adaptation of the instrument used to investigate barriers to health services.[9-10]

For the construction of the database and typing of the instruments Excel 2011 software was used. Subsequently, the processing and the statistical analyses were performed with Stata SE 10 software. To increase the significance of the data, the prevalence of confidence intervals were estimated for all proportions. The chi-squared test was used for analysis of the statistical significance of the five main access barriers with the socio-demographic variables in the sample. In the association of variables, results were considered significant when the p-value was less than or equal to 0.05 and borderline when ranged between 0.05 and 0.1.

The project that originated this article was approved by the Committee of Ethics in Research of Estácio de Sá University (CAAE 1074.0.000.308-11). The study used Free and Informed Consent terms in order to present the goals of the work to the respondents, as well as ensure their anonymity.

RESULTS

Table 1 shows the characteristics of the sample of the health basic unit users in the municipality of Nova Iguaçu. We can notice that the sample was characterized mainly by men aged between 40 and 59, white, up to 11 years of schooling, with a steady partner (married or in consensual union) and included in the socioeconomic class C. It is highlight that only 7.6% (CI 95%: 0.2/15.1) were black.

Table 1. Socio-demographic features of the sample, Nova Iguaçu (RJ), 2011 (n=101)

Variables	n	%	(CI 95%)
Age range			
From 40 to 49 anos	38,5	24,7	52,1
From 50 to 59 anos	48,0	34,0	62,1
From 60 onward	13,4	3,8	23,0
Ethnicity			
White	61,5	47,8	75/2
Black / Brown	38,4	24,7	52,1
Schooling years			
Up to 8 years	36,5	23,0	50,0
From 8 to 11 years	44,2	30,2	58,1
Above 11 years	19,2	8,1	30,3
Marital status			
With a partner	61,5	47,8	75,2
Without a partner	38,4	24,7	52,1
Economical class			
A	5,7	0	12,3
B	32,7	19,5	45,8)
C	40,3	26,5	54,1
D	21,1	9,7	32,6

Table 2 shows the profile of the examination in the male public. It is noticeable that most part of the sample (61.5%; CI 95%: 47.8/75.2) were subjected to the examination at least once in their lifetime, although the regularity of the examination has been at an interval of more than one year (88.4%). Regarding the motivational aspects, it was identified that most of the respondents (90.6%; CI 95%: 79.9/100.0) sought the health service as a matter of routine and only 28.1% by the Unified Health Service (SUS).

Table 2. Profile of the examination in the male public. Nova Iguaçu (RJ), 2011 (n=101)

Variables	n	%	CI 95%
At least one examination	61,5	47,8	75,2
Interval since last examination			
Less than a year	46,1	32,1	60,1
From 1 to 2 years	42,3	28,4	56.1
More than 2 years	11,5	2,5	20,5
Reason why it was performed			
Matter of routine	90,6	79,9	100,0
Symptomatic manifestation	9,3	0	20,0
Unified Health System Used	28,1	11,6	44,5

Table 3 shows the prevalence of factors which hinder the male public's access to the proceedings. Among the factors that interfere or even impede the subjects to seek the examination, shame, fear of the result, fear related to pain, forgetting the schedule and weekly workload incompatible with the time of the health services stand out.

Table 3. Prevalence of factors which hinder the male public's access to the proceedings. Nova Iguaçu (RJ), 2011 (n=101)

Factors	n	%	CI 95%
Shame	65,4	52,0	78,7
Fear of the result	58,6	45,8	73,4
Fear of the examination	15,3	5,2	25,5
Difficulty in scheduling	19,2	8,1	30,3
Ingnorance of preparations	21,1	9,6	32,6
Pain-related fear	55,7	41,8	69,7
Fear of the examiner	38,4	24,7	52.1
Difficulty in transportation	19,2	8,1	30,3
Difficulty related to daily routine	21,1	9,6	32.6
Examination cost	11,5	2,5	20,5
Forgetfulness of the schedule	73,0	60,6	85,5
Low offer of services	34,6	21,2	47,9
Incompatibility of the weekly workload	88,4	79,4	97,4
Factors related to gender specificities	23,0	11,2	34,9

The Table 4 presents the association of the main factors that interfere or prevent the realization of the examination allotted by subpopulations. The variables "fear related to the result" and "weekly workload" did not present any statistical significance when associated to socio-demographic ones. It was observed that men aged between 40 and 59 mention more often pain related to the examination than men aged over 60 years old. Men with a steady partner are more ashamed of the proceedings and forgetting was associated to black men and lower socioeconomic class groups.

Table 4. Association of the main factors that interfere or prevent the realization of the examination allotted by subpopulations of basic care service users of the municipality of Nova Iguaçu (RJ), 2011 (n=101)

Socio-demographic variables	Shame[I]	Result[II]	Pain[III]	Forgetfulness[IV]	WW[V]
Age rage					
From 40 to 49 anos	75,0	55,0	60,0	80,0	95,0
From 50 to 59 anos	68,0	60,0	60,0	69,0	84,0
From 60 onward60 anos e mais	28,6	71,4	14,2	71,4	85,7
p-value	0,113	0,743	0,082	0,690	0,485
Ethnicity					
White	65,6	53,1	56,2	62,5	87,5
Black/Brown	65,0	70,0	55,0	90,0	90,0
p-value	1.000	0,260	1,000	0,028	1,000
Schooling years					
Up to 8 years	63,1	68,4	52,6	84,2	94,7
From 8 to 11 years	73,9	60,8	65,2	73,9	82,6
Above 11 years	50,0	40,0	40,0	50,0	90,0
p-value	0,380	0,358	0,410	0,147	0,551
Marital status					
With a partner	75,0	53,1	62,5	71,8	87,5
Without a partner	50,0	70,0	45,0	75,0	90,00
p-value	0,080	0,260	0,260	1,000	1,000
Economical class					
A	33,3	–	–	33,3	100,0
B	76,4	58,8	58,8	58,8	88,2
C	57,1	66,6	57,1	76,1	85,7
D	72,7	63,6	63,6	100,0	90,9
p-value	0,340	0,226	0,327	0,024	1,000

Legenda: [I]Shame; [II]Fear of the result; [III]Pain related fear; [IV]Forgetfulness of the schedule; [V]Incompatibility of the weekly workload

DISCUSSION

The study made it possible to point out the need for discussion about the difficulties and barriers encountered by male audience for the prostate examination ("touch examination"). It also brings the need to examine the barriers

to access in the light of specific issues of the masculine gender, contemplating the subjective aspects of being a man and doing the recommended examinations by public health protocols.

This is a complex and emerging issue, thus it requires a nurse's expressive dedication, since it is the most involved professional in health education and preventive assistance. However, one can see that there is still no consensus on the regularity of the prostate touch. In accordance with the recommendations of the Brazilian Society of Urology, men aged over 50 or over 40 years with a family history of prostate cancer should perform the procedure on an annual basis even without clinical manifestations.[3]

Moreover, the National Cancer Institute points to the importance of raising awareness of this public, but reports the fact that there is no scientific evidence demonstrating the reduction of mortality associated with the annual examination. These protocol-related conflicts may be influencing the frequency of men over demand for examination. It was realized in the study that the majority of respondents (61.5; CI 95: 875, 47, 2) performed the examination at least once, but the intervals were greater than the minimum recommended by the Society of Urology.[3,7,11]

There is still a worrying fact that few health professionals, including doctors and nurses, give orientation to this audience about the importance of preventive procedures related to this cancer. For this reason, assistance models that include educational strategies the promote health and quality of life seem urgent. Measures aimed at the empowerment of men about early detection of prostatic changes can benefit this group and assist in the decision-making process for carrying out the examinations.[12-4]

The study also demonstrates that only 28 men who performed the examination did that in public health services. Despite the deployment of the National Program for Prostate Cancer Control and, later, of the National Program for Men Health, many municipalities still encounter difficulties in providing preventive methods for this population.[2,6,15]

Another aspect which seems to impede this access is the relationship with individuals with lower socioeconomic conditions. One possible explanatory hypothesis for this phenomenon is surrounded by the lack of consensus regarding the indication of the Unified Health Service. In this sense, the practice of screening ends up being more recommended in private and covered by health insurance clinics, leaving low-income populations and schooling more exposed to this disease.[15,17]

Thus, it is not possible to decouple the role of the responsible by the adoption of public policies from professionals, in the aspect of health education of the population. Faced with this fact, the relevance of the practice of health education and the involvement of the public in primary health care services for the exercise of citizenship are reinforced.[13]

Informational actions and campaigns often performed in some locales, as in the case of the scenario study, may be somewhat effective, since more than half of the sample surveyed performed the examination at least once. On the other hand, it is perceived that these actions are focused on awareness-raising and the need for performing the examination, without exploring the procedure is done. This effect can help translate the fear as an important barrier identified. Studies with different constructs show the difference between the necessity imposed in doing and the incorporation and the actual adoption of preventive practices are mediated by the perception of need, the benefits and barriers imposed by the procedure.[10]

The shame was also singled out as being an important barrier to the examination. Sexuality and gender specific issues also deserve to be better exploited in the actions of individual and collective health. The need to respond to a particular standard of masculinity also affects the request, on the part of men, for health services. For men, it is very difficult to take up the role of patient; they frequently deny the possibility of being ill and seeking a health service. It is imperative to mention that the rectal exam involves symbolic aspects of being masculine and therefore requires seriousness and ethics by all professionals involved in the process. For some men, the rectal exam does not only touch his prostate, but also his manhood.[5,18-9]

The dynamic established by couples also seems to influence the search for preventive examinations.[19] The women, historically occupying the role of care-giver and home manager, can play interesting roles in relation to the practice of their partners' care. Gomes[6] points out that the possibility of admitting weakness fragility, or feeling that the disease could reduce its production capacity, could put at risk the invulnerability assigned to men and therefore their manhood. Thus, facing a possible diagnosis of prostate cancer, the fantasy of loss of virility emerges on men.

The need to rethink the planning model of

health strategies also is presented as a matter of urgency, since the weekly workload is singled out as the main barrier to male public's access to the examination. As stated in another study conducted in the municipality of Nova Iguaçu, this population experiences an interesting process of commuting. In the morning, they migrate in search of work to the state capital, returning during nighttime, what ends up generating the exclusion of this working population from the primary care level. From this perspective, it is understood that the (re) formulation of the hours of operation of the health care units must meet the population movements in the region.[10]

Finally, the way to capture this audience for the examination can be better performed through Primary Health Care, with later reference to the expert professional. For this you need a health education to be raised, so that behavior can change, because it is an instrument of social transformation. In this sense, it is believed that these actions can support the reformulation of habits and the acceptance of new values. And so there must be a policy committed to the health services, in which users and health professionals act as the protagonists in planning and management of health actions.[13]

CONCLUSION

The study made it possible to identify that the key aspects which arise as barriers to men's access to the prostate examination were shame, fear of the result, fear related to pain, forgetting the schedule and weekly workload incompatible with the time of the health services. Among the sub-groups which have a relationship with the barriers were married men, around 40 years old and belonging to the lower economic classes. It is understood that all these subjective factors are directly related to the dynamics experienced by these individuals in the family and in the society in which they live. It is noteworthy that the cultural aspects involved in the social role of men present themselves as mediators of the whole process, requiring on the part of health professionals educational strategies involving reflections on the role of examination in men's health.

Therefore, it is believed that although the sample was tiny, the random selection of respondents and the heterogeneity of the group can be corroborated to the soundness of the data presented. In any event, a multi-municipal analysis, with a larger universe and contemplating other study designs, seems to be needed for greater deepening of the focused theme.

REFERENCES

1. Ministério da Saúde. Estimativa 2010: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2009. 96 p.

2. Ministério da Saúde. Programa Nacional de Controle do Câncer da Próstata: documento de consenso. Rio de Janeiro: INCA; 2002.

3. Sociedade Brasileira de Urologia [Internet]. Rio de Janeiro: SBU; c2010. Câncer urológico [updated 2010 Sept 3; cited 2010 Sept 3]. Available from: http://www.sbu.org.br/

4. Nascimento MR. Câncer da próstata e masculinidade: motivações e barreiras para a realização do diagnóstico precoce da doença. [texto na internet] 2005. [cited 2010 Sept 10]. Available from: http://www.abesp.nepo.unicamp.br/

5. Gomes R, Nascimento E, Rebello L, Araújo F. As arranhaduras da masculinidade: uma discussão sobre o toque retal como medida de prevenção do câncer prostático. Ciênc saúde coletiva. 2008; 13(6):1975-84.

6. Ministério da Saúde. Programa Nacional de Atenção Integral a Saúde do Homem. Brasília: Ministério da Saúde; 2008.

7. Gomes R, Rebello EF, Araújo FC, Nascimento EF. A prevenção do câncer de próstata: uma revisão da literatura. Ciênc saúde coletiva. 2008; 13(1):235-46.

8. Nova Iguaçu. Prefeitura Municipal de Nova Iguaçu [Home na internet]. Nova Iguaçu: Prefeitura Municipal de Nova Iguaçu [cited 2008 May 22]. Dados principais. Available from: http://www.novaiguacu.rj.gov.br/dados_principais.php

9. Associação Brasileira de Empresas de Pesquisa (ABEP). Critérios de Classificação Econômica Brasil. São Paulo: ABEP; 2003. 4 p.

10. Rafael RMR, Moura ATMS. Barreiras na realização da colpocitologia oncótica: um inquérito domiciliar na área de abrangência da Saúde da Família de Nova Iguaçu, Rio de Janeiro, Brasil. Cad Saúde Pública. 2010; 26(5):1045-50.

11. Ministério da Saúde. Rastreamento para o Câncer da Próstata – Diretrizes. Rio de Janeiro: INCA; 2002.

12. Vieira LJES, Santos ZMSA, Landim FLP, Caetano JA, Sá Neta CA. Prevenção do câncer de próstata na ótica do usuário portador de hipertensão e diabetes. Ciênc saúde coletiva. 2008; 13(1):145-52.

13. Fontes WD, Barboza TM, Leite MC, Fonseca RLS, Santos LCF, Nery TCL. Atenção à

saúde do homem: interlocução entre ensino e serviço. Acta paul enferm. 2011; 24(3):430-3

14. Schraiber LB, Gomes R, Couto MT. Homens e saúde na pauta da Saúde Coletiva. Ciênc saúde coletiva. 2005; 10(1):7-17.

15. Ministério da Saúde. Política Nacional de Atenção Integral à Saúde do Homem – princípios e diretrizes. Brasília: Ministério da Saúde; 2008.

16. Paiva EP, Motta MCS, Griep RH. Conhecimentos, atitudes e práticas acerca da detecção do câncer de próstata. Acta paul enferm. 2010; 23(1):88-93.

17. Amorim VMSL, Barros MBA, Galvão CCL, Goldbaum M, Carandina L, Porto AMCG. Fatores associados à realização dos exames de rastreamento para o câncer de próstata: um estudo de base populacional. Cad Saúde Pública. 2011;27(2):347-56.

18. Bourdier P. A dominação masculina. 2 ed. Rio de Janeiro: Bertrand Brasil; 2002.

19. Brito RS, Santos DLA. Men and preventive health: systematic literature review. Rev enferm UFPE on line [Internet]. 2010 [cited 2011 June 15];4(esp):1118-123. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1054/pdf_111

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Corresponding Address

Ricardo de Mattos Russo Rafael
Universidade Iguaçu (UNIG)
Faculdade de Ciências Biológicas e da Saúde (FacBs)
Curso de Graduação em Enfermagem
Av. Abílio Augusto Távora, 2134
CEP 26275-580– Nova Iguaçu (RJ) Brazil