Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

NOTE PREVIEW ARTICLE

MEN'S HEALTH IN PRIMARY CARE: A CHALLENGE FOR FAMILY HEALTH STRATEGY

A SAÚDE DO HOMEM NA ATENÇÃO BÁSICA: UM DESAFIO PARA A ESTRATÉGIA SAÚDE DA FAMÍLIA

LA SALUD DEL HOMBRE EN LA ATENCIÓN PRIMARIA: UN RETO PARA LA ESTRATEGIA DE SALUD FAMILIAR

Mércio Gabriel de Araújo[1], Cristyanne Samara Miranda de Holanda[2]

ABSTRACT

Objective*:* to know the health actions given to male subjects by the professionals of the Family Health Strategy (FHS) of São José do Seridó – RN, in accordance with the National Policy of Integral Attention to Men's Health (PNAISH). ***Methodology****:* exploratory and descriptive research with qualitative approach. The subjects will be the professionals who compose the FHS basic staff of the municipality under study. Data collection will take place from semistructured interviews. The data about characterization of the subjects will be submitted to descriptive statistics. The speeches will be organized and analyzed through the thematic analysis of Minayo. The study was submitted to the Ethics Committee in Research and approved under the protocol 052/11. ***Expected results****:* it is expected that the research would assist the discussion of man's participation in health services, in a way to promote actions that contribute to the understanding of masculine singular reality in sociocultural, political and economic contexts. It is assumed that the study identifies how the primary care professionals comprehend PNAISH and understand how it is being developed in the ESF, contributing to a diagnosis of health actions aimed to male subjects**,** supporting the evaluation and planning of these actions at the municipal level. ***Descriptors***: health policy; family health program; men's health.

RESUMO

Objetivo: conhecer as ações de saúde prestadas ao homem pelos profissionais da Estratégia Saúde da Família (ESF) do município de São José do Seridó-RN, em conformidade com Política Nacional de Atenção Integral a Saúde do Homem (PNAISH) ***Metodologia:*** pesquisa exploratória e descritiva com abordagem qualitativa. Os sujeitos do estudo serão os profissionais que compõem a equipe mínima da ESF do município em estudo. A coleta dos dados será realizada a partir da entrevista semiestruturada. Os dados referentes à caracterização dos sujeitos serão submetidos à estatística descritiva. Os discursos serão organizados e analisados pela análise temática. O projeto de pesquisa foi submetido ao Comitê de Ética em Pesquisa com parecer favorável sob protocolo 052/11. ***Resultados esperados:*** espera-se propiciar a discussão da participação do homem nos serviços de saúde, no sentido de promover ações que contribuam para a compreensão da realidade singular masculina nos contextos sociocultural e político econômico. Presume-se que o estudo identifique como os profissionais da atenção básica compreendem a PNAISH e como está sendo desenvolvida na ESF, colaborando para um diagnóstico das ações de saúde voltadas ao homem, subsidiando a avaliação e o planejamento dessas ações no âmbito municipal. ***Descritores:*** política de saúde; programa saúde da família; saúde do homem.

RESUMEN

Objetivo: conocer las acciones de salud dadas al hombre por los profesionales de la Estrategia de Salud Familiar (ESF) de la ciudad de São José do Seridó-RN, en conformidad con la Política Nacional de Atención Integral a la Salud del Hombre (PNAISH). ***Metodología:*** investigación exploratoria y descriptiva con enfoque cualitativo. Los sujetos del estudio serán los profesionales de la ESF. La recolección de datos se realizará por entrevistas semi-estructuradas. Los datos para la caracterización de los sujetos serán sometidos a la estadística descriptiva. Los discursos serán organizados y analizados a través del análisis temático de Minayo. El estudio fue sometido al Comité de Ética en Investigación y autorizado por el protocolo 052/11. ***Resultados esperados:*** se espera que la investigación ayude a la discusión sobre la participación del hombre en los servicios de salud, para promover acciones que contribuyan a la comprensión de la realidad singular masculina en los contextos sociocultural, político y económico. Se presume que el estudio identifique cómo los profesionales de la atención primaria comprenden la PNAISH y su desarrollo en la ESF, contribuyendo a un diagnóstico de las acciones de salud para el hombre, subsidiando la evaluación y la planificación de estas acciones en el municipio. ***Descriptores*****:** política de salud; programa de salud familiar; salud del hombre.

[1]Undergraduate degree in nursing from the University of State of Rio Grande do Norte/UERN, Campus Caicó, Scientific Initiation Student/ PIBIC/ UERN. Member of research group: Nursing in health- disease process individual/collective, in the health education and assistance in management of health services. University of State of Rio Grande do Norte/UERN. E-mail: mercio_gabriel@hotmail.com; [2]Nurse. Doctoral student in Health Sciences, Federal University of Rio Grande do Norte (DINTER UERN/UFRN). Professor of Nursing Undergraduate course at the University of State of Rio Grande do Norte, Caicó Campus. Researcher of the Institutional Program for Scientific Initiation Scholarships PIBIC/UERN. Member of research group: Nursing in Health- disease process Individual/Collective in health education and assistance in management of health services. E-mail: csmhn@hotmail.com

This research project was selected for the program of institutional scientific initiation (PIBIC/UERN) as edict number 053/DP-2011/ PROPEG/UERN. Research group the nursing in health- disease process individual/collective in health education and assistance/management of health services.

INTRODUCTION

The discussions in the health field historically been more focused women's issues, due to numerous factors that led women to gain hegemonic spaces considered for males. Gender relations have become more understanding them as discussed in any dialogue about the conditions of men and women in conflict situations both cultural and economic, physical or psychological.[1]

The concept of gender emerged from the social sciences and was applied to the social construction of gender, just the word sex has come to distinguish the biological dimension of the social dimension. In this sense, it is understood that human beings are born male or female with distinct physical characteristics, yet it is through the social environment he becomes a man or woman.[1]

Thus, many studies have been in order to understand the health / disease of man in different segments such as race / color, ethnicity, sexual orientation, class, generation, religion, among others. However, it was only 90 years to materialize the notions of power, inequality and gender inequities, providing the articulation of these themes. Thus, studies of men began to take shape, especially on the concepts of hegemonic masculinity.[2, 3]

Given the gender approach realizes the need to discuss man's participation in health as a right guaranteed before the 1988 Constitution, making it essential to recognize that diseases and disorders of the male are public health problems. While it is imperative to promote health activities that contribute significantly to the understanding of reality singular masculine in their socio-cultural and politico-economic.[4, 5]

With this, the Ministry of Health established in 2008 the National Policy of Integral Attention to Men's Health (PNAISH), aiming to enhance policies, which influence the improvement of living conditions of individuals through discussions about smoking, alcohol, hypertension, external causes, redirecting his gaze to actions based on health promotion and disease prevention.

The man is a challenge for health services, because the intrinsic values and concepts included in the construction of male identity is an obstacle in the formulation of actions to ensure their rights as citizens, since man is not perceived as subject participant practices health. However, the discussion about the spaces that contribute to their entry and stay in these services, and primary care, considered the gateway to the health system, are facilitators for the resolution of this issue, strengthening the links between public service and contributing to the universal , completeness and fairness of assistance.[6]

It is observed that the actions of the ESF are based on the development of programs aimed at specific groups like children, adolescents, and elderly women, portraying a lack of assistance aimed at preventing health problems in men.[7]

In this perspective, it is essential to create mechanisms for strengthening and upgrading of primary care, not only favoring the recovery, but health promotion and disease prevention.[6, 8]

It is known that the figure of man historically depicted as strong, invulnerable and manly in his absence provides health services, since demand for services can demonstrate powerlessness, insecurity, fear and weakness which supposedly endanger their masculinity. This lack in basic health units is also related to the unavailability of actions and activities aimed at the male population.[9, 10]

Health policies are indispensable tools for strengthening and improving the quality of life, understand how the implementation of these policies happen it is essential to discuss how health.[11,12] For this, health professionals should retain knowledge of the principles and guidelines of PNAISH to promote their work on stock and services provided for this group.

The research will be held in São José do Seridó, located in the Eastern Seridó. The city has a population of approximately 4231 inhabitants (IBGE, 2010), and has two (2) of the FHS teams responsible for coverage of the urban and rural, which will enable knowledge of the actions undertaken in the municipality in accordance with PNAISH.

The prospective study to identify how health actions guided by PNAISH are being implemented in the municipality, in order to contribute to a diagnosis such as basic health care is organized to meet this new demand. Works with the hypothesis that there is a deficiency in the operation of PNAISH in primary care, given that the policy is being implemented in the ESF, and that there are many challenges to be faced to achieve them. In this perspective, the research question of this study is: What are the services offered to man in the ESF in São José do Seridó-RN?

GENERAL PURPOSE

● To meet health activities provided by professional man of the Family Health Strategy (FHS) in São José do Seridó-RN, in accordance with the National Policy of Integral Attention to Men's Health (PNAISH).

SPECIFIC OBJECTIVES

● To identify the actions taken by the FHS directed to Man.

● To describe the health services offered to the male population by health professionals of the ESF.

● To discuss the importance of PNAISH to promote the health of man.

METHODOLOGY

This is an exploratory and descriptive qualitative approach, which will be developed in two (2) Basic Health Units Family (UBSF) that form the primary of São José do Seridó / RN. The city has a population of approximately 4231 inhabitants (IBGE, 2010) and is located in the eastern region of Seridó.

● Population and Sample

The study subjects will be sixteen (16) professionals who make up the skeleton crew of two FHS UBSFs the municipality. We will work with the categories of doctor, nurse, nurse and community health agents registered in the ESF in São José do Seridó / RN.

Professionals participate in the research of those categories at the time of enrollment of the subjects are developing their professional activities in the municipality under study ESF.

Will be excluded from the sample professionals who meet on vacation or away from their work activities and refuse to sign an Informed Consent Form (ICF). Also not part of the survey dentists and dental assistants, since the topic of oral health is not addressed in PNAISH.

● Data collection Instrument

To obtain the data will be used as a tool for collecting semi-structured interview. The interview will be distributed as follows: The first part will cover the identification and characterization data of the study subjects and the second will bring the questions that will be developed building on the proposed objective in the research and theoretical framework.

● Treatment and Data Analysis

Data collection will take place from the semi-structured interview technique. The interviews are recorded in MP4 device, and transcribed in its entirety including the lines of the interviewer, allowing the issues elaborated part of the process of data analysis.

Data collection will take place after contact with the subjects to clarify the research objectives and their participation in the study. The information will be collected on schedules agreed by those involved in the research so you do not bring harm to both. The interview will take place in UBSF in which the provider is exercising its functions.

The interview is organized into two parts, with issues related to characterization of the sample and questions directed to the achievement of objectives.

The data for characterization of the subjects will be submitted to descriptive statistics. The speeches will be organized and analyzed taking as reference the thematic analysis of Minayo. The analysis will be guided by the steps proposed by the author: pre-analysis, which includes the choice of materials to be analyzed; exploration of the material to be identified textual nuclei. And the processing and interpretation of data in accordance with the proposed theoretical framework.[13]

● Ethical considerations

The study was submitted to the Ethics Committee in Research of the University of Rio Grande do Norte (CEP-UERN) and authorized by the protocol 052/11, approved on 06/10/2011 with an opinion.

The researcher will only have access to the research site after the acquisition of Institutional Letter of Acceptance provided by the Municipal Health Secretariat of São José do Seridó / RN. The information collected will be transcribed and the audio recorded on CD and stored in the archives of the Department of Nursing, University of Rio Grande do Norte, Campus Caicó for 5 (five) years, under the responsibility of the research coordinator. Participants will be able to access their data at any time during the collection. Participation in the survey by the professionals of ESF will be voluntary and the information will be used so that the names remain in anonymity in a confidential character.

REFERENCES

1. Paiva EP, Motta MCS. Gênero e saúde Reprodutiva: Breve Reflexão. Esc Anna Nery Rev Enferm. 2005; 9 (2):261-4.

2. Alves GG, AERIS D. As práticas educativas em saúde e a Estratégia Saúde da Família. Ciênc Saúde Coletiva. 2011;16 (1):319-25.

3. Brito RS, Santos DLA. Men and preventive health: systematic literature review. Rev enferm UFPE on line [Internet]. 2010 [cited 2012 Feb 20];4(esp):1118-23 Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1054/pdf_111

4. Schraiber LB, Gomes R, Couto MT. Homens e Saúde na pauta da Saúde Coletiva. Ciênc Saúde Coletiva. 2005; 10(1): 07-17.

5. Couto TM et al. O homem na atenção primária à saúde: discutindo (in) visibilidade a partir da perspectiva de gênero. Interface comum saúde educ. 2010; 14(33): 257-70.

6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes. Brasília: Ministério da Saúde; 2008.

7. Brito RS, Santos DLA, Maciel PSO. The man within the family health strategy. Rev Enferm UFPE On Line [Internet]. 2010 [cited 2012 Feb 20];4(esp):1868-75 Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1228/pdf_259.

8. Gomes MF, Nascimento EM, Araújo FC. Por que os homens buscam menos os serviços de saúde do que as mulheres? As explicações de homens com baixa escolaridade e homens com ensino superior. Caderno de Saúde Pública. 2007; 23 (3): 565-74.

9. Melo RM, Brito RS. The perception of men/companions with regard to their presence at the birth of a child. Rev enferm UFPE on line [Internet]. 2011 [cited 2011 Dec 31] 5 (10):2585-9 Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2085.

10. Figueiredo W. Assistência à saúde dos homens: um desafio para os serviços de atenção primária. Ciênc Saúde Coletiva. 2005; 10 (1):105-9.

11. Alves GG, AERIS D. As práticas educativas em saúde e a Estratégia Saúde da Família. Ciênc Saúde Coletiva. 2011;16(1):319-25.

12. Sousa MF, Hamann EM. Programa Saúde da Família no Brasil: uma agenda incompleta? Ciênc Saúde Coletiva. 2005; 14(1):1325-35.

13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec; 2008.

Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/04/30
Last received: 2012/05/08
Accepted: 2012/05/09
Publishing: 2012/08/01

Corresponding Address

Cristyanne Samara Miranda de Holanda
Universidade do Estado do Rio Grande do Norte – Campus Caicó.
Rua André Sales, 667 — Paulo XI
CEP: 59300-000 — Caicó (RN), Brazil