



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

CASE REPORT ARTICLE

HEALTH EDUCATION AS A POSSIBILITY FOR HEALTH PROMOTION OF MEN EDUCAÇÃO EM SAÚDE COMO POSSIBILIDADE PARA A PROMOÇÃO DA SAÚDE DO HOMEM EDUCACIÓN PARA LA SALUD COMO POSIBILIDAD DE PROMOCIÓN DE LA SALUD DEL HOMBRE

Priscila da Silva Domingues¹, Donizete Vago Daher², Andressa Ambrosino Pinto³

ABSTRACT

Objective: to report the role of health education as a possibility of health promotion of men participating in an educational group, and work to build a bond between these men and the health service. **Method:** a descriptive study, type as an experience report about the activities of health education made in the group << Discussing men's health>>. The scenario was the Family Doctor Program Souza Soares, in Niterói/RJ/Brazil. The participants of the group were men between 25 and 59 years old. **Results:** education practices in health in the group contribute to deconstruct some conceptions about health care. **Conclusion:** Health education is an important tool for the production of bonding and also acts as a facilitator of men's access to health services. **Descriptors:** Human Health; Health Education; Primary Health Care.

RESUMO

Objetivo: relatar o papel da educação em saúde como possibilidade de promoção da saúde de homens participantes de um grupo educativo e trabalhar a construção de vínculo entre estes homens e o serviço de saúde. **Método:** estudo descritivo, tipo relato de experiência sobre as atividades de educação em saúde realizadas no grupo << Discutindo a saúde do homem >>. O cenário foi o Programa Médico de Família Souza Soares, no município de Niterói/RJ/Brasil. Os sujeitos participantes do grupo foram homens entre 25 a 59 anos. **Resultados:** as práticas de educação em saúde realizadas no grupo contribuem para desconstruir algumas concepções sobre o cuidado em saúde. **Conclusão:** a educação em saúde é uma importante ferramenta para a produção de vínculo e atua, também, como facilitadora do acesso de homens aos serviços de saúde. **Descritores:** Saúde do Homem; Educação em Saúde; Atenção Primária à Saúde.

RESUMEN

Objetivo: describir el papel de la educación para la salud y la posibilidad de promoción de la salud de los hombres que participan en un grupo educativo y trabajar para construir un vínculo entre estos hombres y el servicio de salud. **Método:** se realizó un estudio descriptivo de calificaciones, experiencia tipo sobre las actividades del grupo de educación para la salud << Hablando de La salud masculina>>. El escenario era el Programa Médico de la Familia Souza Soares, en Niterói/RJ/Brasil. Los participantes del grupo eran hombres de entre 25 y 59 años. **Resultados:** las prácticas de educación en materia de salud en el grupo de contribuir a deconstruir algunos conceptos sobre el cuidado de la salud. **Conclusión:** la educación es un instrumento importante para la producción de vinculación y también actúa como facilitador del acceso de los hombres a los servicios de salud. **Descriptores:** Salud Humana, La Educación Sanitaria, La Atención Primaria de Salud.

¹Nurse and Resident in Collective Health from the School of Nursing Aurora de Afonso Costa, of the Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. E-mail: prydomingues@hotmail.com; ²Nurse, Doctor Professor of the Department of Medical-Surgical Nursing and Master's Professional Program in Health Education of the School of Nursing Aurora de Afonso Costa, Fluminense Federal University/EEAAC/MPES/UFF. Niterói (RJ), Brazil. Doctorate from the University of Campinas, Department of Preventive and Social Medicine/Unicamp. Campinas (SP), Brazil. E-mail: donizete@predialnet.com.br; ³Nurse graduated from the Nursing School Aurora de Afonso Costa, of the Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. E-mail: andressaambrosino@hotmail.com

INTRODUCTION

The model of health care conducted by the Family Health Program (FMP) in Niterói / RJ / Brazil, established in 1992, is anchored on the principles of disease prevention and health promotion, as recommended by the Public Health System (SUS). This model was inspired by the Cuban health care family. The PMF operates with the concept of Basic Working Group, comprised of a team coordinator, a team of supervisors (consisting of general practitioner, pediatrician, gynecologist, obstetrician, health worker, social worker, nurse, psychiatrist or psychologist) who provide technical support and methodological core team consisting of general practitioners and nursing assistants. Each team is responsible for more than 1300 people and is covering all age groups in a given territory. The PMF works with a list of activities: home visits, active searching, updating information, situational diagnosis of the assisted population, health education, social assistance to the promotion, participation in training, among others.

As in other models of care, there historically, in this model, groups of individuals with priority care, they are: pregnant women, children, women and elderly. With the implementation of the National Policy for Integral Attention to Men's Health (PNAISH) in 2009, the adult male, aged 25 to 59 is now also target health care. In this sense the services and health professionals must reorient their practices with regard to host, link generating, watching, and caring adult male Brazilian who demands health needs, while respecting its history, its uniqueness and specificity.

Historically, health care is connected to the female. In designing built by modern Western societies like Brazil, which is updated daily, being a man means being healthy, having physical strength and full availability to work. In this design, access to basic health care, self-care and adherence to established treatments appear as activities of women and for women. It was with the purpose of overcoming these conceptions that built the PNAISH, which aims to "Reorganization of health, through an inclusive proposal, in which men deem health services as well as male spaces and, in turn, health services recognize men as subjects who need care."

It is important that health professionals have an integral vision of the individual to be careful and establish actions to welcome the man in their specificity and uniqueness,

without preconceptions establishing sensitive listening and problem-solving in order to contribute to the production process of bonding with this user-mingling in the health education activities promoted in health services.

The implementation of groups working in health education primary care services has thus the intention of making men users have access to information on: ways to health care, participation in co-management and rights and duties as citizen. This space can also contribute as a setting for sharing experiences and reflection on ways of care between these users and professionals, in order, work habits and reorientation of conceptions that men conquer autonomy over their actions and are players in their own care.

The critical conception of education that aims to be an education for awareness, for change, for freedom calls for a close relationship between professionals and the public. In this educational relationship, the production of knowledge becomes collective, generating a mutual modification, because both are different people with knowledge.

Thus, this study aims at describing the practice of health education in a group called "Discussing the health of man," which includes the participation of men enrolled in a basic health unit. We sought to thus reflect collectively about access modes, promotion of human health, participation, create bonds, as well as discussing ways of thinking about health and the importance of these subjects to assume the role of their care.

METHOD

Descriptive study of the type experience report, the activity performed by the resident of the Nursing Course Graduate Level Specialization, under Form Training for Nurses Service in Mold Home, about the educational group "Discussing health man "performed in a health facility.

The group consisted of young adult men, enrolled in the Family Health Program (FMP) Souza Soares, in Niterói / RJ / Brazil. Inclusion criteria for participation in the meetings were: adult male aged between 25 and 59 years old, be registered with that service and take part in the group. The meetings were held quarterly during the second half of 2011. This study aims to reflect on the group as a forum for sharing experience and exchanging knowledge and practices, shifting modes of thinking and taking care of adult men.

Domingues PS, Daher DV, Pinto AA.

Health education as a possibility for...

Based on the reduced demand (or access) of services for adult men basic health care and the significant increase of non-communicable chronic diseases in this population, this group of professional service, led by the resident nurse, who decided to hold meetings to discuss issues related to human health. The starting point was therefore to distribute invitations to adult men come attend meetings at the health unit. All components of the healthcare team worked to publicize the first meeting, using it to the waiting room, the consultations and home visits in enrolled area. The invitation was about the importance of discussing men's health. The community welcomed the idea and contributed to the dissemination activity.

The subjects initially selected by the health team and, after the first meeting, the subjects of the study were: conceptions of man on health and disease, access to services and self care; The role of tobacco and alcohol in my life, the STDs and AIDS in ahead; man and the mission of fatherhood; Unraveling living with prostate cancer, diabetes and hypertension.

The practice of health education appropriate to the achievement of meetings was based on the principles of liberating education teacher Paulo Freire, which aims at problematizing education, mediated by dialogue and knowledge exchange among participants of the group, seeking the emancipation of individuals. This creates the possibility of the individual regain conception of himself as a citizen, able to act to change their reality and their surroundings. For, "to teach is not to transfer knowledge but to create the possibilities for their own production or construction." In this sense we try to, supported by this pedagogy, working towards the subject of the meeting, non-reproduction of knowledge, but an everyday construction of new knowledge from this process.

RESULTS AND DISCUSSION

The selection of themes discussed by the group of subjects participating professionals and educational meetings, reflects the actuality of these, which are present in everyday informal conversations that take place in different social spaces where these guys pass.

As previously mentioned, the themes selected initially by the health team and, after the first meeting, the subjects of the study were: conceptions of man on health and

disease, access to services, and self care; The role of tobacco and alcohol in my life; STDs and AIDS in ahead; man and the mission of fatherhood; Unraveling living with prostate cancer, diabetes and hypertension. Such questions are important, since statistical and scientific research attest to the high incidence of these men of Brazil. For example, we can mention the indicators related death for men aged 15-59 years old:

The highest percentage of deaths due to external causes (ICD 10 - Chapter XX), and secondly, are diseases of the circulatory system (ICD 10 - Chapter IX), third, tumors (ICD 10 - Cap II), fourth in the digestive diseases (ICD 10 - Chapter XI), and finally, fifth, respiratory diseases (ICD 10 - Chapter X).

In this regard the National Policy for Integral Attention to Men's Health (PNAISH) was established in 2009 with the purpose of outlining the guidelines for basic care services accommodating man, having him fully and respecting their uniqueness. Work is thus aimed at reviewing rooted conceptions that take care of themselves is inherent to the female condition, and reorient the man in order to make him the protagonist of his care.

The educational activities carried out in the "Discussing human health", guided on an understanding of the need to overcome the socio-cultural barriers and institutional force in relation to access and link the man to the service of primary care, presenting this space as important for the exchange of knowledge and reflection on the different modes of health care. Such actions become effective work to promote the access of the people to primary care services; this should be the gateway to the health system.

The dynamics of the encounters began with the presentation of the theme of the day, but all participants felt welcomed and free to discuss, question or include other issues arising from their specific needs, the fact that the meetings became sensitive areas and sharing experience and strengthen ties of friendship and solidarity.

One of the most interesting of the group was its diversity. With people of different ages, social and schooling, the group reinvented and renewed every meeting. In a moment came a participant bringing a television news media about the role of man, which stirred the discussions, in another, one of them reported a loss of loved one. In this vibrant movement, where there was room for happiness, experience of grief and exchanges, all felt empowered.

Domingues PS, Daher DV, Pinto AA.

Health education as a possibility for...

The relationship between young adult men, widowers, married, single, employed, unemployed, retired, happy, sad and health hazards that took place in the group, produced the exchange of experiences and rich experiences, and each encounter was observed that the subjects felt important part of that small-big world. Over the encounters, feelings such as friendship, solidarity, sharing and sensitivity were touched upon. Questions never before exposed and debated as the commitment of sexuality with the onset of prostate cancer were brought to the scene and collectively discussed.

The activities of health education in the study group showed this to be an indispensable tool in primary care units, because they act as spaces of information, exchange of knowledge and redirection lifestyle.

What we can observe is that the basic health units there are a growing demand for older men to meet their health needs. That is, the older men accessing the services most frequently, unlike the young adult men. And that fact was reaffirmed in the reflections conducted in group meetings. It was noticed, too, the difficulty of men exposing male issues, eminently feminine universes of basic health units.

The strategy of health education and space group represented a significant learning for all participants. Health professionals as mediators dialogue effected in meetings, review and could also reorient their practices. Another relevant point of the experience was that the previous experiences of older men helped with the younger ones, helping them to realize the importance of care and also towards other members of their social network. Thus the meetings are in the group problem-solving, retracing ways of thinking and acting, being a space of exchange effective.

With regard to the concept of masculinity prevailing in contemporary Western societies, it was found that he has interfered so compromising for human health, especially in young adult men, making them vulnerable to diseases, both acute and chronic. Thus man to be influenced by hegemonic gender ideologies can play concepts and practices that compromise their health. This is ratified in group meetings.

From this kind of experience is the possibility of exceeding the design service and professional scenarios as mere subjects and unilateral transfer or transmission of

knowledge. Instrumentalize is subject to the abandonment of submission and passivity with regard to access and health care.

It was proven that, for man participant in the meetings, it was easier or treats family and reflects on issues inherent in their world with another man. This is due to the fact that this post socially, that they remain subject to rulers and manly, what approaches and kill the power. The hegemonic masculinity facilitates the exercise and expression of the power of men, while the building.

Certain forms of "courage", those that are recognized and required by the armed forces or the police (...) find in their principle paradoxically with the fear of losing the esteem and consideration of the group (...), to see referred to the typically female category, the "weak" (...). The will to domination, exploitation or oppression was based on fear "manly" to be excluded from the world of "men" without weaknesses, which are sometimes called "hard" because they are hard to with their own suffering and especially to the suffering of "others."

The feminization therefore would be submission in relation to power (male). So it is as complex a man to share her experiences in groups where there is also the presence of women. In the study group where there were only male presences, they could express themselves and share experiences in a more tranquil.

It was evident, too, that the subjects empowered to each meeting, held for the exchange of knowledge, leaving most of the meetings strengthened to cope with the care of the self. At the end of each session the subject was defined next, and so forth.

The proof of the importance of the meetings for the subjects was due to the fact that they valued the knowledge originated from users, enabling reflections on their experiences, approaching thus unscientific knowledge of science through dialogue between professionals and users, seeking to break with the verticality of the relationship between these actors, which was socially constructed. The educational process is a political process that favors the actors involved in the process of alienation, transformation and emancipation of individuals, establishing a democratic position between educators and students.

It is necessary to establish links between the man and the health service and vice versa, accepting it without prejudices, with active listening and problem-solving in order

Domingues PS, Daher DV, Pinto AA.

to promote access to such service men. Having as one of the guidelines of the current PNAISH the reorganization of health, so that men consider health services also as male spaces and in turn, the health services recognize men as subjects who need care.

In this sense it is necessary that the man be received by the service, understanding the host as a device guiding the process of seeking work in solving health actions, including affection, bonding and user participation.

It is complex to sensitize men to the search for care and make him realize the importance of periodic demand for health services in order to promote the health of these subjects, but also the prevention of disease and its complications. It is noted in this context that there is a greater pursuit of health services by women.

Men are not located in the hub of care (absent some participatory, impatient, ignorant of social codes that permeate care in AP, seeking healing practices, etc..), While women are assigned the place of care (more presence, more adherence to the proposals of professional knowledge and acceptance of social codes that permeate care, patients, etc.).

In turn, the reduced demand for the service of man adult primary care, and progressive impairment of health of these subjects, are due to lifestyle structured in a specific model of masculinity, which conceives man as being strong and invulnerable, not incorporates fundamental aspects as his own care, appreciation of the body towards health and care for others. It is evident that "man needs assistance and attention of those who care, so that the actions contributing to the care of their specific needs."

FINAL CONSIDERATIONS

Despite being proven that the Brazilian man accesses a priority, emergency services, currently perceives a slow and progressive movement toward these individuals to the services of primary health care. This movement may be influenced by the increasing demand for chronic diseases such as hypertension and diabetes and the importance of socialization of health education activities aimed at working to promote health and prevent these types of injuries.

The National Policy on Comprehensive Health Care Human (PNAISH) was conceived with the purpose of protecting specific care to these individuals, aiming to promote health

Health education as a possibility for...

and prevent disease in this specific population group and, gradually, this policy becomes appropriate and worked by health professionals. However, there are still many spaces to be filled in respect of the full deployment of PNAISH.

It is necessary that health teams are trained to develop health education activities as those in the group "Discussing the health of man." The activities of health education must, in this sense, be incorporated into the process of training of health professionals, meeting the objectives of SUS when he says that it is for professional development assistance activities through the promotion, protection and recovery health, achieving integrated care and preventive actions.

Thus, knowing the PNAISH and work deconstructing concepts that drive the man of self-care, investing in access movement and production of bonding become challenges for all health professionals or primary care or hospital care. Understanding and meeting the man in their uniqueness and specificity.

Finally, and just as important, it is necessary that healthcare professionals and managers of primary collective works develop health education to review the design of this scenario as eminently feminine. The production link between users, professionals and managers may be one of the strategies so that access to these services the man becomes a reality.

By entering, receiving and working with men adult education practices in primary care services if the amplitude will be giving assistance already provided to the extent that the care already offered to women, children and elderly, add up now, offered to man, integrating and including all these subjects as protagonists of self-care.

REFERENCES

1. Hübner LC; Franco TB. O programa médico de família de Niterói como estratégia de implementação de um modelo de atenção que contemple os princípios e diretrizes do SUS. Physis [Internet]. 2007 Jan/Apr [cited 2011 Out 10];17(1):[about 5 p.]. Available from: http://www.scielo.br/scielo.php?pid=S0103-73312007000100010&script=sci_arttext
2. Brasil. Ministério da Saúde. Portaria Nº 1.944 de 27 de agosto de 2009: Institui no âmbito do Sistema Único de Saúde a Política Nacional de Atenção Integral a Saúde do Homem [Internet]. 2009 [cited 2010 Apr 23]. Available from:

Domingues PS, Daher DV, Pinto AA.

Health education as a possibility for...

http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2009/prt1944_27_08_2009.html

3. Machado MFAS, et al. Integralidade, formação de saúde, educação em saúde e as propostas do SUS - uma revisão conceitual. *Ciência & Saúde Coletiva* [Internet]. 2007 [cited 2012 Apr 1]; 12(2):335-342. Available from:

http://www.epsjv.fiocruz.br/upload/d/Integralidade_formacao_e_educacao_em_saude.pdf

4. Freire P. *Pedagogia do oprimido*. 43 ed. Rio de Janeiro: Paz e Terra; 2006.

5. Freire P. *Pedagogia da Autonomia: saberes necessários à prática educativa*. 25 ed. São Paulo: Paz e Terra; 2002.

6. Brasil. Ministério da Saúde. Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes [Internet]. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas [cited 2009 Oct 29]. 2009. Available from: http://portal.saude.gov.br/portal/arquivos/pdf/politica_nacional_atencao_integral.pdf

7. Gomes R. *Sexualidade Masculina, Gênero e Saúde*. Rio de Janeiro: FIOCRUZ; 2008.

8. Brown GA M, Fuentes CC, Astete AC. Análisis de las concepciones de la masculinidad a la base de la intervención en hombres propuesta por el plan de seguridad pública del Ministerio del Interior. *Revista de Psicología, Chile* [Internet]. 2012 June [cited 2012 July 16]; 21(1):[about 5 screens]. Available from:

<http://www.revistasaludpublica.uchile.cl/index.php/RDP/article/viewPDFInterstitial/19992/21154>

9. Bourdieu P. *A dominação masculina*. Rio de Janeiro: Bertrand Brasil; 1999.

10. Toledo MM, Rodrigues SC, Chiesa AM. Educação em Saúde no enfrentamento da hipertensão arterial: uma nova ótica para um velho problema. *Texto Contexto Enferm, Florianópolis* [Internet]. 2007 Apr-June [cited 2011 June 16]; 16(2):233-8. Available from: <http://www.scielo.br/pdf/tce/v16n2/a04v16n2.pdf>

11. Macedo CA, Teixeira ER, Daher DV. Possibilidades e limites do acolhimento na percepção de usuários. *Rev. Enferm. UERJ* [Internet]. 2011 Jul-Sep [cited 2012 June 13]; 19 (3):457-62. Available from: <http://www.facenf.uerj.br/v19n3/v19n3a20.pdf>

12. Machin R, et al. Concepções de gênero, masculinidade e cuidados em saúde: estudo com profissionais de saúde da atenção

primária. *Ciência & Saúde Coletiva* [Internet]. 2011 [cited 2012 Jan 12]; 16(11):4503-12. Available from:

<http://www.scielo.org/pdf/csc/v16n11/a23v16n11.pdf>

13. Pereira Junior RM, Brito RS de, Oliveira EMF de. Integralidade no cuidado da enfermagem ao homem pela educação em saúde no enfrentamento do câncer de próstata. *J Nurs UFPE on line* [Internet]. 2011 July [cited 2011 July 12]; 5(5):1220-26. Available from:

http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1660/pdf_556

Domingues PS, Daher DV, Pinto AA.

Health education as a possibility for...

Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/03/30

Last received: 2012/11/11

Accepted: 2012/11/12

Publishing: 2012/12/01

Corresponding Address

Priscila da Silva Domingues

Rua Dr. Celestino, 56, Ap. 1101 – Centro

CEP: 24020-091 – Niterói (RJ), Brazil