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CARE AND LIFE, FAMILY AND WORK: MULTIPLE SENSES OF MEN'S SOCIAL REPRESENTATIONS OF HEALTH

CUIDADO E VIDA, FAMÍLIA E TRABALHO: SENTIDOS MÚLTIPLOS DAS REPRESENTAÇÕES SOCIAIS DE HOMENS SOBRE SAÚDE

CUIDADO Y VIDA, FAMILIA Y TRABAJO: MÚLTIPLES SENTIDOS DE LAS REPRESENTACIONES SOCIALES DE HOMBRES ACERCA DE SALUD

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ABSTRACT

Objective: to analyze the structure of social representations of health among male dockers. **Method:** exploratory and descriptive study, with a qualitative nature, conducted with 80 dockers in Santarém, Pará, Brazil. For producing data, we adopted the free word association technique, with the inducing term "health". Data were processed using the software *EVOC*, version 2003. The study was approved by the Research Ethics Committee of the State University of Pará (UEPA), under the Protocol 017/2011. **Results:** the set of subjects showed a positive representational structure, with a probable focus on the idea that to have a healthy "life" there is a need for "care", "good diet", and "hygiene". The representations are structured into the categories: health requires "healthy habits"; health is a "vital condition"; health promotes "positive feelings"; and health involves "social relations". **Conclusion:** subjects' health representation is objectified in existence/life and in responsibility for care and healthy habits. There are multiple meanings and, thus, it is crucial to understand the meaning of health for formulating health policies. **Descriptors:** Social Representations; Men's Health; Nursing.

RESUMO

Objetivo: analisar a estrutura das representações sociais de saúde de trabalhadores portuários do sexo masculino. **Método:** estudo exploratório e descritivo, de natureza qualitativa, realizado com 80 trabalhadores portuários em Santarém (PA). Para a produção de dados foi adotada a técnica de evocação livre de palavras, com o termo indutor "saúde". Os dados foram processados no programa *Evoc*, versão 2003. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade do Estado do Pará (UEPA), sob o Protocolo n. 017/2011. **Resultados:** o conjunto dos sujeitos apresentou uma estrutura representacional positiva, com provável centralidade na ideia de que para ter uma "vida" saudável é preciso "cuidado", "boa alimentação" e "higiene". As representações se estruturam nas categorias: saúde requer "hábitos saudáveis"; saúde é "condição vital"; saúde promove "sentimentos positivos"; e saúde envolve "relações sociais". **Conclusão:** a representação de saúde dos sujeitos é objetivada na existência/vida e na responsabilidade pelos cuidados e hábitos saudáveis. Há sentidos múltiplos e, por isso, é essencial a compreensão do significado de saúde para a formulação de políticas de saúde. **Descritores:** Representações Sociais; Saúde Do Homem; Enfermagem.

RESUMEN

Objetivo: analizar la estructura de las representaciones sociales de la salud de trabajadores portuarios del sexo masculino. **Método:** estudio exploratorio y descriptivo, con carácter cualitativo, realizado con 80 trabajadores portuarios en Santarém, Pará, Brasil. Para la producción de datos, se adoptó la técnica de evocación libre de palabras, con el término inductor "salud". Los datos fueron procesados con el *software Evoc*, versión 2003. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad del Estado de Pará (UEPA), bajo el Protocolo 017/2011. **Resultados:** el conjunto de los sujetos presentó una estructura de representación positiva, con probable centralidad en la idea de que para tener una "vida" saludable hay una necesidad de "cuidado", "buena alimentación" e "higiene". Las representaciones se estructuran en las categorías: salud requiere "hábitos saludables"; salud es una "condición vital"; salud promueve "sentimientos positivos"; y salud implica "relaciones sociales". **Conclusión:** la representación de salud de los sujetos se objetiva en la existencia/vida y en la responsabilidad por la atención y los hábitos saludables. Hay múltiples sentidos y, por lo tanto, es esencial la comprensión del significado de salud para la formulación de políticas de salud. **Descriptor:** Representaciones Sociales; Salud Del Hombre; Enfermería.

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INTRODUCTION

The National Policy of Comprehensive Care for Men's Health is a priority for the Brazilian government, as it is understood that health problems among men constitute a public health issue. Men, as individuals, must be addressed considering this fact, making it necessary to promote actions able to see them both in terms of their uniqueness and regarding the socio-cultural and political-economic contexts in which they live. This policy emphasizes the stimulus to self-care and, especially, the recognition that health is a basic social right, as well as a right of citizenship, of all Brazilian men.¹

Professionals from the public health field recurrently discuss men's situation, however, there are few studies grounded in comprehensive and concise discussions regarding men's health.² For a long time, studies addressed men as if they were all equal. Nowadays, we notice the importance of an analysis focusing on social relations and their knowledge. Each man's uniqueness must be taken into account within the group to which he belongs.³

We realize the inequality in access to health services when comparing the male to the female clientele in health facilities. There is the idea that women need more actions and programs. This reality becomes more apparent when we observe that most studies highlight problems concerning women.⁴

Men's health is still poorly addressed and this is reflected on the "poor" care for this population at health services. What we can see is that justice is not a principle adopted in men's health, since discrimination and inequality are manifested in access to health services among the male population. Yet, unfortunately, the principle that all are equal regarding their rights and duties is not put into practice.⁵

The absence of men in primary health centers (PHCs) is also related to cultural aspects; the image of a strong being attributed to men, related to the image of care as something essentially female and the consequent feminization of care construct barriers preventing men from seeking preventive actions. Thus, men have greater predisposition to illness, as they are more exposed to risk factors, mainly those related to the kind of work pursued.⁶

Properly allocating resources, or even access to them, means ensuring to all men the right to enjoy something that belongs both to them and women. In the panorama of health

and considering data on male mortality, the disadvantage of men when compared to women becomes very clear. Men find it very difficult to find health services but emergency care facilities when there is time available in their schedules. Worrying about the other is not only an issue regarding law, but also ethics.⁵

Just as women were liberated from centuries of male oppression, man needs to break free from prejudices of others' ideas, believing that health care is as important as being the caregiver and the family provider. Looking at oneself is crucial. Men's vulnerability is due to, most of the times, psychological factors and these aspects make them act a certain way. Wrong thinking, sometimes, leads them to do wrong and the consequences are damage that may be irreversible for their physical or mental well-being.⁵

Men die earlier and due to potentially avoidable reasons because they are more enthusiastic practitioners of violence, as well as legal or illegal drug users in a larger scale and more frequently involved in automobile accidents due to irresponsibility. A man must be considered as a whole (holistic view) who participates in socio-cultural, biological, and behavioral realities that are reflected on the way how, as a consequence, specific health actions will unfold.¹

The surveys conducted indicate that masculinity may hinder a man's life and lead him to not adopt healthy habits, endangering not only his life, but also a woman's life.² We may not speak of men according to the former model of expressing masculinity anymore, which was grounded in the belief that men have the power represented by strength and virility. Today, there is a more sensitive man, in spite of a resistance faced not only by men, but also by some women who think that a polite and good-looking man is not "real man".⁷

There is need for bringing man to face an actual, symbolic, and scientific perspective of care. By means of proper insertion of man into preventive care, we may grasp and recognize inequalities to generate, thus, a collective care, new discourses and discoveries.²

To analyze this issue, it is relevant to approach social representations, as they construct worldviews and everyday knowledge systems, which provide actions taken by the individuals with reference and guidance, as well as their communication and interpretation of reality.⁸ Thus, the theoretical framework that grounds this survey is the Theory of Social Representations,

with greater emphasis on the complementary approach known as the Theory of Central Core.⁹⁻¹¹

Considering the theory of central core as a complementary approach of the theory of social representations, proposed by Serge Moscovici, means that the first must provide more detailed descriptions of certain hypothetical structures, as well as explanations of their operation that are consistent with the general theory.^{9:51}

The key idea of the theory of central core is that every representation is organized around a central core, which determines, at the same time, its significance and its internal organization; it is “a subset of the representation, consisting of one or some elements whose absence could disrupt the representation or provide it with a completely different meaning”.⁹⁻¹¹

The structural approach explains two features of social representations, which seem to be contradictory: “social representations are, at the same time, stable and mobile, rigid and flexible” and “social representations are, at the same time, consensual, but also marked by strong interindividual differences”.^{9:72}

There is no contradiction, since the social representation is a unitary entity, but it consists of a double internal system: a central and a peripheral system. The central core is a subset of the representation, consisting of one or a few elements whose absence could disrupt the representation or attribute a radically different meaning to the representation as a whole. On the other hand, it is the most stable element of the representation, which is more resistant to change.⁹⁻¹¹

The central core structures a social representation and it has two functions: A generating function – it is the element by which the meaning of the other constituent elements of the representation are created or transformed. Through it these elements gain a sense, significance; an organizing function – it is the central core that determines the nature of ties binding together the elements of representation. It is, in this sense, the unifying and stabilizing element of representations.^{11:163}

A representation is likely to evolve and be superficially transformed by a change in the sense or nature of its peripheral elements. Thus, the peripheral system promotes the interface between reality and the central system and it is more sensitive to context

conditions allowing the interconnection of experiences and histories.¹⁰⁻¹²

A representation is characterized as a knowledge form socially created and shared, which is distinguished from other forms of intellectual or sensory knowledge because it implies a specific relation between knowledge subject and object, the subject is self-represented in the representation she/he creates for the object, i.e. the subject reflects her/his identity in what she/he represents.¹³

Taking into account that the educative/caring action taken by the nurse can produce changes in the meaning of health care for social actors, considering that different communicative genres produce different representation systems, having in mind that nurses need to get close to cognitive pluralities of these actors so that they can deploy public policies, such as the National Policy of Comprehensive Care for Men's Health, we set as objective analyzing the structure of social representations of health among dockers in Santarém, Pará, Brazil, with a view to highlight the implications for nurse's educative/caring action.

METHOD

This is an exploratory and descriptive study with a qualitative nature. The survey took place in the town of Santarém, at the dockers' union, the preparers' union, the supervisors' union, and the repairmen's union, under the surveillance of the Workforce Management Board (OGMO).

Out of a total of 132 men enrolled in OGMO, 80 men were research subjects, aged from 20 to 51 years, within a strategic age sampling (25 to 59 years) adopted by the National Policy of Comprehensive Care for Men's Health. This age group, according to the policy, is the predominant portion of workforce; furthermore, it plays a significant socio-cultural and political role.

The inclusion was made according to the following criteria: being aged between 20 and 59 years; being enrolled in one of the unions registered in OGMO; expressing agreement to participate in the survey; signing the free and informed consent term. We excluded from the survey subjects who refused to participate in it and those who had some visible mental deficit.

Data production was conducted in the second half of 2011, by means of the free word association technique with the inducing term “health”.¹⁴ We asked for the expression

of 5 words or phrases that came to mind immediately when the inducing term was heard, and, then, a classification of these words or phrases by order of importance, from 1 to 5. For processing data we used the software *EVOC*, version 2003¹⁵, and the terms produced were distributed into a quadrant with 4 positions.¹⁵

Through the evocations previously obtained and organized a corpus was constituted. *EVOC* 2003 calculated and reported the simple frequency of each word evoked, the weighted average of occurrence for each word according to the order of evocation and the order of weighted averages for all terms evoked.

By means of these data we constructed the box with 4 positions, corresponding to 4 quadrants with 4 sets of terms. In the top left (upper left quadrant) there are the truly significant terms for subjects that probably constitute the central core of the representation under study. The elements observed in the right upper quadrant of the box with 4 positions are named *first periphery*, containing the peripheral elements with greater relevance, having higher evocation frequencies, but lower significance, according to respondents.¹⁰ The lower left quadrant consists of contrasting elements, those with low frequency, but high priority. The elements in the right lower quadrant form the second periphery, which are possibly recent representation elements, associated with the more immediate context that aggregate the most particularized characteristics of representation in the practical context, getting closer to the group's concrete experience. After analyzing the structure of representation, we categorized it having the contents revealed as a basis.

To interpret the results we adopted the premise that the terms meeting, at the same time, the evocation criteria with higher frequency and occupying the first places at the hierarchy made by the subjects could set

the hypothesis of central core of the social representation.^{9,10,15}

The survey complied with Resolution 196/96, from the National Health Council (CNS), and the research project was approved by the Research Ethics Committee of the State University of Pará (UEPA), under the Protocol 017/2011. All subjects have signed the free and informed consent term.

RESULTS

• Characteristics of subjects

The study found out that the subjects who evoke are dockers within the age group from 20 to 51 years, with a predominance of men between 26 to 35 years; 55% reported having complete High School, 61.25% are married or have a marriage-like relationship, 50% are longshoremen, 71.25% earn from 1 to 2 minimum wages, 92.50% have a health service close to their households, 87.50% said that a health agent visits their households, and 56.20% seek a health service for consultation. Although they refer to seek a health service, they undergo regular examinations in the union itself, something which does not make this man a regular user of the system and an effective practitioner of self-care.

• Settings of the structure of social representations

The average number of evocations per subject was 4.08 and the total number of evoked words was 327. After semantic standardization to determine the dictionary and corpus, we obtained 78 different terms. Figure 1 shows the distribution of words evoked forming the box with 4 positions of the inducing term "health". This box was obtained with a cutoff point at the minimum frequency 6, with intermediate frequency 15 and the average order 2.5. We have 13 words or terms evoked, that are distributed into the 4 quadrants.

AOE		< 2.5		≥ 2.5		
Average frequency	Term evoked	Frequency	AOE	Term evoked	Frequency	AOE
≥ 15	Good diet	16	2.125	Physical activity	17	3.059
	Care			Well-being	41	2.610
	Hygiene	17	1.941	Happiness	18	2.722
	Life	15	2.200			
< 14		26	2.192			
	Family	9	2.222	Sleep well	6	3.167
	Work	8	2.000	Important	9	2.889
				Tranquility	7	3.714
				Everything	12	2.833

Figure 1. Box with 4 positions of evocations of the inducing term “health”. Santarém, 2011.

In the upper left quadrant we have the probable *central core* of representation on health with the following words and phrases: good diet, care, hygiene, and life. These terms or words expressed in a frequency greater than or equal to 15 and average evocation lower than 2.5, thus, they are the most important in a hierarchy from 1 to 5.

The elements found in the right upper quadrant of the box with 4 positions are named first periphery, containing the peripheral elements of greatest relevance, having a higher frequency of evocation, but lower significance, according to the subjects.¹² Words and expressions belonging to this quadrant are: physical activity, well-being, and happiness. These terms are expressed at a frequency greater than or equal to 15 and they obtained average evocation greater than 2.5.

The lower left quadrant consists of contrasting elements, those with low frequency, but high priority; the words making up this quadrant are: family and work. These terms are expressed at a frequency below 14 and, at the same time, they obtained an average order of evocation (AOE) lower than 2.5.

The elements at the right lower quadrant form the second periphery, possibly recent representation elements, associated with the more immediate context that aggregate the most particularized characteristics of representation in the practical context, getting closer to the concrete group experience. Words and expressions found in this quadrant are: sleep well, important, tranquility, and everything. These terms are expressed at a frequency below 14 and, at the same time, with average greater than 2.5.

DISCUSSION

The probable central core is organized around the left upper quadrant, with the most frequent and most important elements among the evocations. The central system is the result of collective memory and the system standards to which a particular group refers

connected to group history; it is consensual, defines homogeneity, it is stable, coherent, rigid, resistant to change, less sensitive to the immediate context, it creates the significance of social representation and determines its organization.¹⁰⁻¹²

According to the terms in this quadrant, we may infer the following structuring meaning for health among surveyed men: to have a healthy “life” there is a need for “care”, “good diet”, and “hygiene”.

As for the qualitative properties of the central core (symbolic value and associative power)⁹, an existential symbolic value was highlighted. Life comes from living, experience, alive, it means existence and way of life, and it reveals a positive sense. The associative power is observed, given that both hygiene and good diet are modes of care, from an external (hygiene) and internal (good diet) perspective. “Good diet” carries the word *food*, originated from feeding, with the sense of nourishing, supporting, and related to “care”, which derives from caring for, looking after, care giver, with the sense of caution, diligence, attention, vigilance, and prudence. “Hygiene” is derived from cleaning, with the sense of cleanliness, neatness, and it originates the word hygienic, with the sense of healthy and clean. Thus, it is associated with hygienic care and food to achieve health.

Regarding the quantitative properties (salience and connectedness)⁹, the term life stands out, with greater salience and power of connectedness to the other elements.

The generating function of the central core provides a meaning to the representation of the object, it creates and may transform the object’s meaning. The term life may be exercising this function, in our view, because the value of the central element that determines the meaning of the other elements must be higher.¹⁰⁻¹²

The organizing function unifies and stabilizes the representation and it determines the main idea that unites the elements. The terms care, hygiene, and good

diet may be exercising this function, as they determine the bonds connecting elements.

According to the object's nature and the situation's purpose, the central core may also have two dimensions.¹⁶ A normative, which contains the standards and rules of the context, ideological, evaluative, and socio-affective aspects (in this study it may be represented by the term life); a functional, which indicates what is important to the achievement/attainment of the object (in this study, care, hygiene, and good diet).

In the peripheral system, more precisely at the 1st periphery, the terms physical activity, well-being, and happiness keep strict connectivity to the central core. In the 2nd periphery, there are terms keeping a closer relation to the reality experienced. In the contrast zone, where there are the terms family and work, subgroups within the group show up as possible and the heterogeneity between subjects is manifested. Family is understood as the most steady health center for their members.¹⁷

The periphery of representation serves as the buffer between a reality that puts it into question and a central core that may not be easily changed. Disagreements to reality are absorbed by peripheral schemes, which thus ensure the (relative) stability of representation.¹⁵ This premise reinforces the fact that the periphery points out socio-psychic dimensions (health is well-being, happiness, tranquility, for instance), which ensure the central stability of the bio-physiological dimension (health is care, hygiene, and diet). There is a relation between health and work. For the French school of ergonomics, work activity means the way how human beings mobilize their capabilities to achieve production aims. We have the assumption that work invites the entire body and intelligence to tackle what is not provided by the technical and organizational structure, thus setting a living space that determines the construction and deconstruction of health.¹⁸

There is evidence that man has no available time, and he often fails to attend an appointment so that he does not miss a working day. Men think they may be discounted in their remuneration due to delay or even absence from the workplace, simply because they sought health care.^{3,5}

It is worth noticing that, in this survey, it is likely that the social practice of subjects (male dockers) has triggered such social representations, since the group is committed to work and union activity.

Considering studies conducted in the social representations field, it is important to have a moment subsequent to the formation and analysis of the 4-position box, which is put into action in the creation of categories by means of the words or expressions evoked.⁹

To do this, the terms evoked regarding the object health were organized into 4 categories: health requires "healthy habits" (good diet, care, hygiene, physical activity, and sleep well); health is a "vital condition" (life, important, and everything); health promotes "positive feelings" (well-being, happiness, tranquility); health involves "social relations" (family and work).

There are variations in the definitions of health, both within the same society and in different societies. Among individuals belonging to a capitalist society, responsible for their own life, health is regarded as the most precious asset, allowing access to conditions that ensure their very existence.¹⁹ Work emerges in this context as having a direct relation to health.

It is worth highlighting that the social determinants of health are the conditions in which people live and work out social characteristics within which life goes on, influencing health and the way how social conditions affect health, such as socioeconomic, cultural, ethnic and racial, psychological, and behavioral factors, which influence the occurrence of health problems and the risk factors for a population.²⁰

Studies demonstrate that men face institutional barriers, they are not properly heard at the centers, that is why they do not attend such facilities on a regular basis. The fact that a large part of health services consists of female professionals also prevents men to find an adequate space to talk about life, such as, for instance, to report their sexual impotence. In general, there is a lack of strategies to raise awareness and attract men to outpatient facilities.^{4,6}

Family plays a significant role as an information source on health and health care, as well as regarding the motivation for male self-care, encouraging prevention, and avoiding risks. Men relates health to the work activity, because work is related to the manifestation of health and even to quality of life.²¹

It proves to be a complex representation, the subjects believe that health is a vital condition, full of positive feelings, which influences on their social, family, and work relations. For maintaining it, there is a need to practice care and adopt healthy habits.

We must be aware, however, that some studies claim that men are afraid, afraid of discovering a serious illness, something which reinforces the absence of men in health services. Admitting a disease is, for them, accepting to be fragile and this is inadmissible in face of the fixed (for some of them) and strong (for almost all) idea of masculinity, of "being a real man".^{7,22}

As for nurse's educative/caring action, it is noteworthy that even having the objective of assisting other groups (children, women within reproductive age, elderly), the professional must, somehow, include men, since men's thinking has a big importance within the family environment. The representation of these men concerning health is closely linked to the family. There is a relation between health and work, i.e. without health there is no work. The situation of family provider and protector still makes men significant characters, as they represent the family head, the family center, the foundation. Their families may suffer in case of men's absence or illness.

There is a need to hear men before designing/planning/deploying care, because the meanings attributed to health and the way how these phenomena come true must be taken into account. From the moment a man begins to realize his importance, he seeks better care, not only for the family, but also and especially for himself.

There are studies which found out that men do not care for themselves, because there is prejudice on the part of men regarding health and the influence that the cultural construction of masculinity has on their actions, especially in case of caring for the health of their own, which can endanger their life. Men seek less often than women primary care services. Many health problems could be avoided if there was greater awareness among men about the importance of adopting regular preventive measures.^{6,7}

CONCLUSION

The elements setting assumptions of the central core of social representations of health were based on existence/life and on care and healthy habits, and they are loaded with positive feelings and marked by multiple interactions and social relations. They show the place that men occupy in society, the relation established between them and the others, their need to keep a strong image, and strengthen, especially, the objectification of health as related to the male status of family provider, the one who works to care for and

maintain the proper livelihood of those he loves.

Men, by seeking health services, feel insecure about having to overcome barriers that emerge in their workplace, due to asking to leave it for a moment. This absence to care for their health is a matter of concern, because they cannot have their problem solved quickly and something which was supposed to be fast can take a whole day. Having to leave their activities to seek the health service and failing to feel well assisted, or even lacking proper care, in addition to waiting, leads men to get increasingly more detached from health services.

There are multiple meanings, and it is crucial to understand the meaning of health within a society before and during the formulation and deployment of a policy aimed to achieve it. We notice the importance that nurses take educational activities, so that male workers are able to experience this human dimension with quality and safety.

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