

## DIFFICULTIES IN THE IMPLANTATION OF THE NATIONAL POLICY OF INTEGRATED HEALTH CARE OF MAN<sup>1</sup>

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### ABSTRACT

The Brazilian Ministry of Health launched the National Policy on Integrated Health Care of Man in 2009 and among the goals of their action plan was to deploy this policy in all municipalities by 2011. The objective of this work was to know, according to the perception of service and management professionals, difficulties in the process of implementing this policy for Integrated Healthcare Man in Cuité (PB). This research is a qualitative approach and in the data collection semi-structured interview was used. The sample consisted of eleven health professionals, nine of service and two of management. The analysis of empirical data obtained was performed using the technique of content analysis, thematic modality. The results showed low male demand for health services for cultural reasons, lack of training for the service professionals to act in accordance with the policy and little involvement of the governmental spheres to ensure the sustainability of actions. So, it is necessary to put the man's health as a priority for an effective policy implementation with the commitment and support of local managers.

**Keywords:** Health Policy. Men's Health. Nursing.

### INTRODUCTION

The health policies take a new direction with the main intention of (re)organization of health systems and services by controlling the incidence of diseases in populations through surveillance and government interventions. This is a result of facts review of the case arising Health Reform to improve the health sector<sup>(1)</sup>.

Since then, policies for specific populations, such as the National Policy for Integral Attention to Women's Health were implanted; National Policy for Protection of Rights of Children and Adolescents; Statute of Children and Adolescents; National Health Policy for the Elderly; National Immunization Program; among others. And, in 2008, was the National Policy for Integral Attention to Men's Health.

Thus, the Ministry of Health states that the National Policy for Integral Attention to Men's Health should be aligned with the National Primary Care Policy. Thus, the basic network should be the gateway of the male population in

health services, strengthening the network actions and health care<sup>(2)</sup>.

The necessity to implement such a policy is due to the increasing of morbidity and mortality index among men, since many of their causes are considered preventable and avoidable, besides the fact that the life expectancy of men is less than women<sup>(3)</sup>. This fact is considered a public health problem by the Brazilian government. However, health services and management in their three levels of government seems to find difficulties in implementing this policy.

As it is for the political commitment, the main attribute is related to the willingness of managers to foster the development, implementation and monitoring of the National Policy for Integral Attention to Men's Health, stimulating knowledge and awareness through primary care services with organization of a health network, for the health care of men<sup>(4)</sup>. Therefore, it is up to managers and health professionals to determine factors that may be hindering the effective implementation of the National Policy for Integral Attention to Men's Health.

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The interest in developing this study was based on the completion of the Extension Project "Healthy Man: promoting health, preventing diseases through educational practices," a partnership of the Federal University of Campina Grande and the Health Department of the Municipality of Cuité - PB where it was noted the absence of health actions for the male audience. Given this fact, the question is: What are the possible difficulties found in the implementation of the National Policy for Integral Attention to Men's Health in the municipality of Cuité process - PB?

In the attempt to achieve answers to the above question, the present study aims to know, as perceived by professionals and management service, difficulties in the process of implementation of the National Policy for Integral Attention to Men's Health in the municipality of Cuité - PB.

## METHODOLOGY

This is an exploratory and descriptive research with a technical feature of the qualitative approach in the area of the municipality of Cuité-PB, located in arid mesoregion of Paraíba and microrregion of Curimataú having nine teams of the Family Health Strategy acting in nine Basic Health Units. The interviews were conducted by a student of Nursing and occurred in February and March 2012, with eleven health professionals, being nine nurses working in the Family Health Strategy and two professionals working in the health management of the municipality, intentionally selected for performing functions directly related to the implementation of health policies. It is noted that from the members of management who participated in the research, one had a degree in Pharmacy and the other in Nursing.

Two scripts of semi-structured interviews with open and closed questions were used as the instrument of data collection, one for the nurses of the Family Health Strategy and the other for professionals in the health management of the municipality. Both of them with questions about men looking for health, implementation of the National Policy for Integral Attention to Men's health, men's health actions developed in the

municipality, training of health professionals and the involvement of health managers in implementing this policy.

The interviews were scheduled in advance and conducted in the workplace. They were recorded with consent of the interviewees and later they were transcribed. Data were analyzed based on the technique of Content Analysis, thematic mode, following the steps: initial reading; constitution of the *corpus*; selection of the context units and units of record; coding and categorization<sup>(5)</sup>.

The interpretation of the material was taken after successive readings of the contents extracted in the speeches of the participants in order to capture relevant information that would be unnoticed. In order to maintain confidentiality of information and identity of the professionals interviewed, their speeches were identified through numbers preceded by the letter P from professional.

The Ethics Committee in Research of the Federal University of Campina Grande (UFCG) - University Hospital Alcides Carneiro (HUAC), approved the project by process No. 20110911-057, as established by the National Health Council, by Resolution 466 of 12/12/2012, which refers to research involving humans<sup>(6)</sup>.

## RESULTS AND DISCUSSION

The results obtained from the content analysis pointed to the Central Unit Theme: Difficulties in the implementation of the National Policy for Integral Attention to Men's Health. This was divided into the following categories: Little search of men for health services; lack of training of service professionals and health managers' disengagement with political feasibility.

### Little search of men for health services

The study found that there is difficulty in performing health activities for men, as they seek health services, just before the presentation of signs and symptoms already housed, as noted in the statements

[...] The demand is very small, unfortunately they only seek when they are already sick [...] (P9)

[...] He looks for the service when he comes to the cardiologist, when he comes to ultra-sound, when he comes looking for a treatment [...] (P10)

[...] There is still the cultural question of man does not seek the health center only when he's really sick [...] (P5)

[...] The man often only tries to go to the clinic when there is really no way of not going, i.e., when he is already sick [...] (P8)

With these speeches, it is realized that men seek for health care when the problem is already installed, i.e. the demand of men in services is limited to the actions of curative nature. So we can see men most valuing healing practices, not recognizing to need preventive guidelines, they seek the service when they have manifested disease, a characteristic that differentiates women because prevention or health promotion practices are regarded as mandatory, "natural" for them. The fact that the male population to seek for health services when a problem is already installed, perpetuates the healing vision of the health-disease process and ignores the measures of prevention and health promotion available under the Primary Care<sup>(7)</sup>.

Men are not captured by primary care services, as we can see in women, then when they go into the health service is primarily for outpatient and hospital care of medium and high complexity, setting up a profile that favors the morbidity disease because of the late search to care<sup>(8)</sup>. And that may contribute to increase the mortality of men, considering that many diseases when discovered later end up progressing to death. This lack of search for preventive care may be evidenced in respondents' narratives:

[...] They think they do not get sick, they rarely seek the unit being sick, imagine to prevent something that might happen to [...] (P4)

It is perceived through the speech that there is little demand from men in primary care, and so can be said that the inclusion of men in health activities is challenging, because they did not recognize the importance of the care and the value of the body towards health man<sup>(9)</sup>.

Moreover, it seems clear that the values of masculine culture reflect among men with invulnerability, taking these individuals to have fewer risk behaviors and preventive practices<sup>(10)</sup>. Strengthening this thought, the speech of

research's participants show that cultural issues away men care of their health:

[...] It is people difficult to access, even because of the masculinity, all that culture [...] (P3)

[...] Men are stubborn, you know, [...] they think that as a man, the man does not need, the man does not get sick. (P7)

[...] They do not seek the health unit, I think even the prejudice, machismo [...] (P4)

[...] The great challenge that we see is this cultural barrier, she comes to break, you know, exactly paradigms [...] to man be aware of the importance of taking care of their health [...] (P2)

The culture is a determinant of health education factor, since the men were educated not to cry and keep the stance of "males", especially by the stereotype of man based on his strength and masculinity, so the disease would demonstrate their weakness<sup>(11)</sup>.

To be a man is associated with invulnerability, strength and virility, features that put in risk the masculinity and approach the man to femininity to seek health services. Thus, this search occurs only when they feel a lot of pain when they feel unable to carry out the work activities being relevant looking for additional tests<sup>(12)</sup>.

It is known to exist in our society an evidence of models of hegemonic masculinity and it is understood that these models influenced by men can bring to their health impairments, such that, the man seen as a powerful being who cannot show signs of weakness, fear and insecurity<sup>(10)</sup>.

In cases where research participants reported the demand for health services by men, it is common that such demand is related to accidents as can be detected in the speeches below:

[...] When some accident at work happens, that's when they seek the unity, otherwise, they do not seek (P6)

[...] The man did not go to the doctor, do not seek a hospital, then the majority of care for men is often associated with accidents at work [...] (P8)

[...] They do not seek for the unit as women, because they work, you know, and they are afraid to miss work and get less money from work. (P6)

[...] When a workplace accident occurs, that is where they want to drive, otherwise do not seek for it. (P6)

With this, we can say that the man is the provider of the support of the home and family, hinders their access to health services because they are afraid of being laid off or have lost wages, which would undermine family income and there is thus a need for interventions in labor laws to flexible working hours for men can be inserted in primary care or health actions can be brought to their desktop.

Men worry and care less because they have health concerns about time off work and avoid it, and also the difficulties before performing some tests, reflecting social prejudices<sup>(13)</sup>.

Seeking health services only when health is already affected, certainly justifies the importance of Health Policy toward the man, if we consider that he usually works in places with risks of specific diseases and injuries, our social clinical vision should be expanded and more skilled<sup>(14)</sup>.

Given the statements presented, the low demand for health services by men is primarily linked to cultural issues that influence the lack of prevention of health problems.

### **Lack of training for service professionals**

Some professionals in their speeches demonstrate a partial understanding of the National Policy for Integral Attention to Men's Health, when they recognize the importance of their goals, mainly to facilitate and increase access of the male population to basic health services, as noted below:

[...] This policy is precisely to take care of the man's health and also to expand the coming of that man to the unit, to get this health service. (P3)

Nevertheless, it is noticed a predominance in discourses with poor knowledge which reflects the need for better professional qualifications, as evidenced in the statements below:

Here no one has come, to say how is it. (P7)

[...] I never stopped reading about it, become more informed, I do not have actually much information how it really works. (P6)

In this context, it can be said that health professionals need to have a technical-scientific knowledge about policies and programs initiated by the Ministry of Health to improve the ability to intervene in a comprehensive manner in the

various situations of illness and health of the population. The qualification of health workers, especially those in primary care is necessary due to the theoretical, political and organizational occurred, but also advances the diversity of the area of attention to users, which requires daily new situations to be faced.

The National Policy for Integral Attention to Men's Health is governed by principles, among which we can highlight the universality and fairness in actions and services, capacity building of health care providing guidance to the male population, as well as the technical skills of health care for the man<sup>(11)</sup>.

However, it is perceived that health professionals are not prepared to offer an attention that has real impact that it can see the health of man as a whole, as well as establishing the Ministry of Health<sup>(15)</sup>.

Moreover, it is necessary that health professionals have a greater sensitivity to the interactions between gender conceptions and demands brought by men in service use<sup>(16)</sup>. Thus, there is difficulty on the health professionals in dealing with the needs of man and in some cases, we also observed a lack of interest or even little motivation to seek knowledge or deepening political, as can be seen in the following speeches:

[...] Because most professionals do not know how to deal with men and so further action is necessary. So something greater than awareness of professionals, as we may be getting this man in our unit activities that we may develop, even to call them, that way we could be working [...] (P10)

[...] I'm not so insistent, as for not being insistent and to know that the population is already difficult, the male population, maybe because of it, I have not started or have been thinking about starting, never [...] (P4)

Then it is noted the lack of sensitivity of health professionals, especially nurses, to deal with the male people and that this may be closely related to their daily practice that it has always been dedicated to the care of women, elderly and children. It is perceived that the training is very focused on work with specific groups is the inclusion of content and methods that enhance the look of the professional community and man be seen as a member and having specific needs.

Thus, the nurses as educator, requires theoretical and practical training to develop their critical and innovative vision to apply the best of their knowledge according to the needs of the community<sup>(17)</sup>.

As a professional working in health education, nurses can play an important role through educational activities for health promotion and disease prevention, answering questions and encouraging men to take care of them, as it is developed with children, women and seniors through programs and other activities<sup>(9)</sup>.

The professional nurse is one of the most involved with the community, because beyond the individualized attention in moments of reception, consultation, care practices, they also participate in home visits and group health education. Thus, participation in the organization of actions based on actual conditions detected, it is also their responsibility<sup>(11)</sup>.

Therefore, the training of health professionals should be a priority of governments to the political health of man start working and it must be implemented in order to raise awareness among agents about the importance of raising men for primary care services.

Also the health services need to be transformed to include the health needs of men and thus no longer be seen as a feminized space, i.e. of exclusive use of women<sup>(16)</sup>.

### **Health managers' disengagement with the political feasibility.**

It was possible to view the interviews related to the implementation of the National Policy for Integral Attention to Men's Health with the political interests of health managers of the three spheres of government. The development of policy remained on the idea that, being an implemented Brazilian health policy, many Basic Health Units could find difficulties in the implementation of this policy by 2011 as the government's proposal<sup>(11)</sup>.

Health professionals feel sorry for low ratio of government agencies, showing that this integration exists only for "appearance" and with slow intersectionality<sup>(17)</sup>. Such information can be seen in the following speeches:

*[...] If we do see this involvement [...] somehow left out, because we are charged more for other*

*things [...] I do not see so much involvement of the management of this people [...] (P3)*

*[...] This involvement has not happened [...] I do not think it started or the management and neither the professional itself, so the team within the program family health [. ..] (P10)*

It is noticed that the lack of interest of managers ultimately affects the health professionals that are charged to improve their performance in other areas leaving the health of man in the background.

The proposal of a PNASH has gained prominence on the national scene and one of its axes is associated to the creation of men's health program in the three spheres of government, in coordination with other public policies expected to be put into practice by the year 2011<sup>(3)</sup>. However, it is notable that in the municipality of Cuité this prediction did not materialize.

It is worth noting that it is up to management to ensure the sustainability/continuity of men's health but it is not observed in the testimonies of professionals and managers in any municipality. Health workers wait for guidance from the management of health services and even managers blame the lack of actions, and they blame disengagement with health policy to higher management.

*[...] I do not know if it's lack of effort, lack of creativity, but I think it was from the first management [...] (P1)*

*[...] The difficulties in actually implementing a policy focusing on the health of man, comes from a weakness that we see vertically, i.e. the Ministry of Health itself [...] it has not been whether to have mandatory , a map, as it has been related in women's health programs [...] (P8)*

*[...] It is of interest to deploy our policy, but with so many problems, so many projects, and assignments, we end up not giving a priority [...] we are waiting for this moment to improve conditions for deploying national policy supporting the three entities [...] (P8)*

The interviewees' speeches resumes to a single point, the disengagement of the activities and actions relating to their government's responsibilities, as well as the presence of other priorities for services.

It is the responsibility of managers to implement health policies, seeking care models

through the highest quality of their services, in addition to technical and scientific expertise, economic and financial viability<sup>(10)</sup>. An effective insertion and implementation of public health policies should initially responsibilities of the healthcare managers<sup>(17)</sup>.

It is known that a contract were made between the spheres of government to insert and implement the National Policy for Integral Attention to Men's Health. Then now it is the time to evaluate the actions taken in each municipality to define new criteria or even strengthening those already established for health managers actually engage in the process to rescue the man's health policy.

### FINAL CONSIDERATIONS

Through this study it was possible to identify some barriers in the implementation of the National Policy for Integral Attention to Men's Health in the municipality of Cuité, such as low demand for health services by men, the lack of training of health professionals and also the disengagement of health managers with the feasibility of the policy process.

It is then evident weaknesses of this policy, which has as one of its principles to capture men for preventive actions and one of its objectives IS the training and qualification of professionals in correct primary care to the man. The lack of commitment of the management in the health policy has been

marked, since before there is the involvement of professionals in man's health care is critical that states and municipalities provide the necessary conditions for the inclusion of man in primary care services. It is very common to find in the Basic Health Units a dedicated service to pregnant women, the collection of cytological, to hypertension and diabetes, the children but it is very rare to find a specific day to day care to men.

This is a reality that needs to be modified and that the National Policy for Integral Attention to Men's Health must be reviewed and evaluated on an urgent basis so that we can create more effective tools for implementation, such as protocols and manuals that can facilitate the work of professionals who are on the edge, in direct contact with the man. It also requires that the implementation actions are constantly monitored by the federal level to ensure that all spheres of government agreed to assume the responsibilities and especially regarding the use of funds for the health of man.

Knowing the obstacles in the implementation of the National Policy for Integral Attention to Men's Health in the municipality of Cuité - PB, it is hoped with this study to have further reflections and discussions of specific methods to this insertion occurs, since the reports of the research subjects converge to difficulties that can and should be worked by the three spheres of government in ensuring care to men.

## DIFICULDADES NA IMPLANTAÇÃO DA POLÍTICA NACIONAL DE ATENÇÃO INTEGRAL À SAÚDE DO HOMEM

### RESUMO

O Ministério da Saúde lançou a Política Nacional de Atenção Integral à Saúde do Homem em 2009 e entre as metas do seu plano de ação estava implantar essa política em todos os municípios brasileiros até 2011. Este trabalho objetivou conhecer, segundo a percepção dos profissionais do serviço e da gestão, as dificuldades no processo de implantação da Política Nacional de Atenção Integral à Saúde do Homem no município de Cuité – PB. Trata-se de uma pesquisa de abordagem qualitativa. Na coleta de dados, foi utilizada a entrevista semiestruturada. A amostra constituiu-se por onze profissionais de saúde, sendo nove profissionais do serviço e dois da gestão. A análise do material empírico obtido foi realizada de acordo com a técnica de Análise de Conteúdo, modalidade Temática. Os resultados mostraram que as dificuldades encontradas foram: baixa procura masculina pelos serviços de saúde por questões culturais; ausência de capacitação dos profissionais do serviço para atuar conforme a política; e pouco envolvimento das esferas governamentais a fim de garantir a sustentabilidade das ações. Com isso, percebe-se a necessidade de colocar a saúde do homem como ação prioritária no município para a efetiva implantação da política com o compromisso e apoio dos gestores locais.

**Palavras-chave:** Política de Saúde. Saúde do Homem. Enfermagem.

## DIFICULTADES EN LA IMPLANTACIÓN DE LA POLÍTICA NACIONAL DE ATENCIÓN INTEGRAL A LA SALUD DEL HOMBRE

### RESUMEN

El Ministerio de la Salud puso en marcha la Política Nacional de Atención Integral a la Salud del Hombre en 2009 y entre los objetivos de su plan de acción estaba implantar esta política en todos los municipios brasileños hasta 2011. El objetivo de este trabajo fue conocer, de acuerdo con la percepción de los profesionales del servicio y de la gestión, las dificultades en el proceso de implantación de la Política Nacional de Atención Integral a la Salud del hombre en el municipio de Cuité - PB. Se trata de una investigación con enfoque cualitativo. Para la recolección de datos se utilizó la entrevista semiestructurada. La muestra se constituyó por once profesionales de la salud, siendo nueve profesionales del servicio y dos de la gestión. El análisis del material empírico obtenido se ha realizado mediante la técnica de Análisis de Contenido, modalidad Temática. Los resultados mostraron que las dificultades encontradas fueron: la baja búsqueda masculina por los servicios de salud por razones culturales, la falta de capacitación de los profesionales del servicio para actuar de acuerdo con la política; y la poca participación de las esferas gubernamentales a fin de asegurar la sostenibilidad de las acciones. Con esto, se percibe la necesidad de poner la salud humana como acción prioritaria en la ciudad para una implantación eficaz de la política con el compromiso y apoyo de los gestores locales.

**Palabras clave:** Política de Salud. Salud del Hombre. Enfermería.

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