

MEN'S WORKERS PERCEPTIONS ABOUT THEIR HEALTH NEEDS IN A UNIVERSITY HEALTH SERVICE¹

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ABSTRACT

This is an exploratory study that aimed to know the perceptions of men about their health needs, whether they are served by primary health care services, and the reasons that made them seek care at a university health service. Five semi-structured interviews were conducted with men, in which they were asked how they perceived the care of their health needs in primary health care units and why they were making use of a university service, instead of using the Primary Health Care. The thematic analysis of the data revealed three categories: "Lack of access to basic units due to the need to maintain a steady job"; "The desire to be embraced and create ties with professionals in the health service" and "The guarantee of individualized care" that takes into account their particularities as a man. This study made it possible to highlight the need for professional training and reorganization of the health service to meet the male population in order to meet their real health needs, considering, therefore, issues related to male gender.

Keywords: Men's Health. Primary Health Care. Gender and Health.

INTRODUCTION

Conducting a study on men's health requires an understanding of the concept of gender. Therefore, authors assumed the prospect of Joan Scott⁽¹⁾, who defines gender as an analytic category that is useful for the understanding of issues related to the exercise of being a woman and being a man in Western society. With the theoretical proposition of Scott⁽¹⁾, reflections on gender started to discuss the social constructions related to sex differences⁽¹⁾. With reference to such a theoretical perspective, it is considered that the social role played by men in Brazilian society corresponds to the current hegemonic model of masculinity, which presets that men should exercise behaviors that show them as strong, virile, invulnerable and provider beings⁽²⁾.

Such masculinity model determines male behavior patterns, which may lead men to experience destructive behavior to their health. This way of conducting life also induces men to seek health services when they need care related

to disease processes⁽³⁾. This behavior tends to reflect in male mortality rates, which are high, and male mortality are higher than female rates in virtually all causes and age groups⁽⁴⁾. Cardiovascular diseases, lung and prostate cancer and external causes are the major bouts of mortality in this population⁽⁴⁾.

Since childhood, boys are encouraged to exercise hegemonic masculinity, with incentive of some ideas like, "men cannot cry"; "men cannot show any pain"; "men cannot express their needs, including those relating to health"⁽⁵⁾. Faced with such social and cultural construct, there is the need to identify the conception that men have about health needs. For this purpose, authors adopted the following concept of need⁽³⁾: "Needs correspond to the objective and subjective aspects that humans need so that their lives rolls on in a vigorous and healthy way".

For this study, researchers used the taxonomy of health needs proposed by Matsumoto⁽⁶⁾ and systematized by Merhy⁽⁷⁾. This classification proposes a separation into four groups, the first being characterized by "good living conditions",

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including access to “good housing, food, transportation, leisure, suitable environment and live in social inclusion processes”. The second group of needs relates to “guarantee of access to all the technologies which improve and prolong life”, understanding that “whenever necessary, one can and should consume health services needed, always with an accountability reference for the care received within the system”. The third group refers to the “user embracement or attachment with a health professional or team”, since the bond with a professional or team enables the transformation of daily practices which make possible the development and growth of user’s autonomy, and speaking and listening are the main materials for this ⁽⁵⁾. The fourth set concerns the “autonomy and self-care”, i.e., being treated as the protagonist of knowing and doing, understanding that the subject is able to operate their own way of conducting life. To contribute to the transformation of male morbidity and mortality profile in Brazil in 2009, it was launched the National Policy for Comprehensive Care to Men’s Health ⁽⁸⁾ (PNAISH in Portuguese), seeking to promote comprehensive care to this population group, as well as meeting their health needs, focusing on the improvement of that service.

In this sense, studies that have investigated the needs in men’s health and the barriers to meet them within the Primary Health Care have found that men’s needs are related to prevention and care to diseases, such as prostate cancer, chronic diseases and need of flexibility in health facilities schedule in order to promote greater access to these men. As barriers, the lack of training of health professionals to meet this public as well as the low resoluteness of these services have been justified by the cultural aspects of masculinity ⁽⁹⁻¹⁰⁾.

From the scenario presented, the following questions arose: How do men, users of Primary Health Care services, perceive their health needs and responses of these services to their health needs? Why do these men seek a university health service, not the Primary Health Care? Thus, this study aimed to evaluate the men’s perceptions about their health needs and whether these are met by Primary Health Care services in the city

of Cuiabá, and the reasons that made them seek care at a university health service.

METHODOLOGY

This work is part of the matrix project entitled “Health conditions and care practices to the male population of Cuiabá-MT”. It is a qualitative study of exploratory nature. The qualitative approach was chosen because this kind of study enables the identification of answers to specific questions, which take into account the subjectivity of participants, and these answers that cannot be quantified, as these address beliefs, values and attitudes ⁽¹¹⁾.

To conduct the study, authors identified, with the help of the Municipal Health Secretariat (SMS) from Cuiabá, units developing actions related to PNAISH, totaling two units. After the initial contact, it was found that the needs presented by the male population were different in the two units, and that the male clientele of these units consisted of elderly participants of the HiperDia Program. However, once in a week medical consultations were offered to the male audience. Given the situation, authors asked these units to contribute to the study, but only the health team located in the East Regional Unit of the city volunteered to collaborate. Then, authors began the search for men aged from 20 to 59 years old, which is the target population of PNAISH. For this purpose, researchers approached men waiting for medical consultation in order to invite them to participate in the study. However, among the 14 surveyed men, none agreed to participate. As justification, they indicated that they were there only there to take the test request to PSA - Prostate Specific Antigen and the certificate to prove at work, and that they had no time or interest in participating in the study. As these men attended the unit only to request the test, it was configured as a quick consultation, and there was no time to participate in the study, making it impossible to carry out the data collection in that unit, as any other service or activity for men in this age group were offered at that place. Because of these difficulties, authors decided to seek the CASS - Coordination of Assistance to Employee’s Health, where care is provided to teachers, workers, students and outsourced employees of

the Federal University of Mato Grosso (UFMT), comprising employees of construction work to employees of cleaning services. The CASS offers care equivalent to that available in Primary Health Care units, with a multidisciplinary team (doctors, nursing staff, nutritionists, psychologist and social worker), and performs consultations and examinations, among other procedures.

The inclusion criteria were: being a man aged from 20 to 59 years; being user of CASS-UFMT and having intellectual conditions to answer the questions. The exclusion criterion was being university professor, because it is assumed that this is a population has a greater purchasing power, which, most often, is translated into access to private health plans.

Data collection ended when respondents' speeches began to be repetitive, that is, when all respondents reported the same needs and motives, with no more new aspect in the statements. Thus, the saturation criterion was applied⁽¹²⁾.

To ensure the confidentiality of participants, the names of the interviewees was replaced by the letter "M" followed by a number from 1 to 5, indicating the chronological order of interviews. The data collection period was from March to April 2015. First, in the waiting room of CASS, men were approached and invited to participate. After acceptance, the contacts of the participants were requested and subsequently, via telephone, the interview was scheduled, as defined by the interviewee. The interviews took place in the very CASS, who loaned one of their rooms for to perform them.

For the data survey, authors used the semi-structured interview technique. To conduct the interviews, the following questions were asked: *"What is a need in your life?"*; *"How does the CASS meet your needs?"*; *"Is there a health unit in your neighborhood? What kind of unit is it? If so, do you frequent it?"*; *"What makes you seek CASS, not the Health Unit in your neighborhood?"*; *"What does it mean for you to be healthy? And how does it interfere with your life?"*; *"What do you do to be healthy?"*; *"In your opinion, what does it take to have a good health?"*; *"Besides what you do to be healthy, what else do you consider important to live well?"*.

A field diary was used to take notes and to record observations and impressions during interviews, assisting the systematization of data and interpretation of results. Data were collected after the signing of the Informed Consent Form, and the interviews were recorded using digital recorder and later transcribed. After transcribing the interviews, the database was set up. For the analysis of qualitative data, content analysis technique was applied⁽¹¹⁾, implemented in the light of theoretical perspective on gender⁽¹⁾, and of other theorists who perform developments related to masculinity, and with the help of categorization of health needs⁽⁶⁻⁷⁾. The project was developed following the guidelines of Resolution No. 466, of December 12, 2012, of the National Health Council / MS, which regulates the conduct of research involving humans. The matrix project was submitted to the Ethics Committee of the Júlio Müller University Hospital and approved under the Protocol 953,428.

RESULTS AND DISCUSSION

Study participants were five men working in UFMT, CASS users, with ages ranging from 29 to 42 years; most had complete elementary school, only two said they had completed high school. On the functions they had at the university, respondents were security guards, drivers and gatekeepers, hired by companies that provide services to UFMT. The reported family income ranged from R \$ 900.00 to 2500.00.

HEALTH NEEDS FROM A MALE VIEW

With regard to men's health, health needs are influenced by the hegemonic masculinity model, which determines how they will understand and express their health needs. This is reflected in the statements of the respondents, who refer work as a major health need, as a source of financial provision, as can be seen:

(M2) My priority is my health, because without health I can't work [...] work, right? It's very important. Make more money too, right? Because then you live better.

(M1) For me, working is essential to take care of my children [...] take care of my mother.

(M4) Being healthy is to wake up early in the mood to go to work [...].

A similar result was found in a study that aimed to analyze the health needs of male users of a primary health unit of Belo Horizonte, in 2013⁽⁵⁾. Its results show that work is the main need reported by men, confirming one of the roles played by the male population in today's society: the role of family provider⁽⁵⁾. Thus, such needs are influenced and built within the power relations in gender structure⁽¹⁾. The fact that the man behaves as head and breadwinner of the family is reflected in prestige and social status⁽¹⁴⁾.

With women entering the labor market, it has brought up the reconfiguration of family structure, causing that the man is no longer the sole provider at home⁽¹⁴⁾. Despite this family and social restructuring, many men act influenced by the hegemonic model of masculinity, adopting behaviors that sometimes put them in a vulnerable situation, i.e., the belief that the role of family provider is uniquely of men persists in society, and this concept generates negative consequences related to their understanding of health needs⁽⁶⁾.

On the other hand, it is possible to infer that men do not see work only as a source of financial provision, but also as a health indicator, since to work and provide for the family one needs to be healthy. Corroborating this interpretation, the concept of social determinants of health refers to this idea, in which living and working conditions of individuals and population groups are related to their health status⁽¹⁵⁾.

The reports show that the subjects of this study consider leisure, entertainment and quality of life as needs, which can be seen in excerpts:

(M3) I like to play soccer, go to the club's pool [...] I have my friends there, and we forget the problems, right? [...] I like to go to the gym too.

(M2) Ah! I want to earn more to have a car, right? A home [...] be able to go to the movies with my daughters [...].

Based on the taxonomy of health needs⁽⁶⁻⁷⁾, one can infer that the needs to play sports, to improve financially (to provide better living conditions) and leisure time are characteristics classified as "good living conditions needs", one of the dimensions of the health needs of individuals and groups⁽⁶⁻⁷⁾.

THE EXERCISE OF MASCULINITY INTERFERING WITH THE SEARCH FOR THE HEALTH SERVICE

Men's social behavior is a reflection of the hegemonic model of masculinity, in which the depreciation of self-care is considered normal. As a result, it is seen low participation of these individuals in Primary Health Care⁽²⁾. From this view, it is clear that hegemonic masculinity affects the search and access to health services, since, in the men's vision, primary health units are "feminized" and "childish" environments, being considered as places where men should not participate⁽¹⁵⁾. Such circumstances were identified in the following excerpts:

(M5) My wife usually goes to the health unit [...] because she is a woman, right? Women have more patience for these things [...] men don't, right? Men don't like to wait. Every man is like this.

(M2) Oh! There is a lot of people there (at Health Unit) who need more than me, right? So why will I take the place of those who need? [...].

Failure to recognize that they are part of the Basic Health Units context, linked to the representation of slowness and poor solutions that this service offers, leads man to have a careless attitude to their health. According to the analyzed speeches, men believe they do not need care because they are not fragile and there are other people who need more care than them.

In this sense, authors point out that men do not seek services for fear of being affected by disease and having to rely emotionally and financially on their partners⁽¹⁶⁾. This feature is built and motivated within the hierarchical gender relations⁽¹⁾, reaffirming the fact of "being a man" in the hegemonic structure of masculinity of Western society. During the interviews, men showed great concern about being affected by diseases and being unable to work and provide for their families, as can be seen in the following statement:

(M1) If I get sick, this affects my family, right? Financially [...] and morally, too, right? Because I will stay at home and my family needs me [...] men were not born to stay at home. A man without health can consider himself as nothing.

When asked about the statements, they showed fear that their friends and neighbors (other men) see them seeking the health units, as these are located near their homes. In their speeches, it is clear the feeling of humiliation, because, in the view of society, it is not expected that men need to care about their health.

(M3) It is very humiliating, right? Westay there, sit (at Health Unit), because people in the neighborhood know me, and then they will think I am lazy, right? So, I go straight to the polyclinic, because if you go there, everybody knows you're in pain, much pain. Or, also, if I'm working, I come straight here, to CASS, right?

This perception leads men to seek for more complex services, causing overload in these spaces, with needs that could be addressed in Primary Care. In this sense, a study that aimed to evaluate the profile of adult patients seen in a non-hospital urgent and emergency unit of the state of São Paulo, in 2011, pointed out that most of the care provided was of low complexity, which could be provided in Primary Care⁽¹⁷⁾.

THE ORGANIZATION OF THE SERVICE TO MEET THE HEALTH NEEDS OF THE MALE POPULATION

The Primary Care is considered the gateway to the Brazilian Health System (SUS), as it is located close from the population of their coverage area, featuring a team of professionals who must create link with the population served, serving the user on their peculiarities and complexities⁽⁸⁾. With regard to assistance to the male population, it is necessary that the teams working in Primary Care rethink their daily practices, trying to identify the characteristics of the male population, so as to plan and execute a qualified care. Contrary to what is advocated by PNAISH, it is observed that assistance to men's health remains precarious, among other reasons, due to the unpreparedness of the professionals, as seen in the speeches:

(M1) The Family Health Program in my neighborhood is a disaster! It is terrible to get a consultation, it only meets ten people a day, we have to sleep there to be seen! It's complicated.

(M2) I don't attend the Health Unit because when I'm at home, the unit is closed. And at weekends it is impossible, right? So, I come here (in CASS), which I can come during my work schedule.

A similar result was found in a study⁽¹⁶⁾ that points to delays and the limited number of consultations, together with the reduced number of professionals, which are observed as barriers to the access of the male population. In addition, this study points out the time of operation of primary care units as incompatible with the time of the "working man".

Therefore, it would be appropriate that the units function in a different shift to meet this population, increasing effectiveness in serving the male clientele, in particular workers⁽¹⁸⁾.

The reports show that men access the health services available in their workplace because they can access this service during their working hours. This is an advantage of respondents in this study, since they have the possibility to use the health service offered in their workplace during their working hours. But this reality does not apply to all men, since most do not have this possibility. Therefore, it is even more evident the need for health services in Primary Care to meet the needs of the male population at times that are appropriate to this segment.

Considering the concept of health needs⁽⁶⁻⁷⁾, having as one of its dimensions the "guarantee of access to all the technologies which improve and prolong life", as well as "user embracement or attachment with a health professional or team", it is perceived in the statements of the subjects that these health needs are not met in primary health care units and that this happens in CASS, where they are always embraced and cared for in their demands.

During data collection, it was observed that there is a great demand of men in CASS, which encouraged authors to investigate what this service offers, which is not practiced in the Primary Care routine. When asked, in addition to reporting the possibility to attend the place during their working hours, men have stated that the host and the bond with professionals working there are one of the main reasons for searching that service, as shown in the following excerpts:

(M2) Wow! I love to be met here (in CASS), because we are well received, right? Webook the consultation and are met with no delay, and we don't need to miss work.

(M3) Look! This is great! The doctor is excellent! It's not in all places that people treat us in a nice way like this, you know? In the Health Unit, people look down their noses upon us, you know, right?

(M1) The staff here is very friendly. From up there, the doctor, to the staff from the reception desk. And I'm grateful for that!

Lack of host is one of the factors associated with the shortage of male demand for health services, and this is due to lack of professional qualifications to deal with this public⁽¹⁶⁾. From the following observation, it was possible to identify a great advantage in hosting in the CASS:

Field diary, 3/13/2015: By observing the unit's operating routine, I noticed that, unlike other service units, reception had a male professional, aged about 60 years old. Very communicative, he welcomed users well and was interested in all patients there. When these patients were male, I noticed that he would start talking about soccer, and men got interested and interacted with him. The room did not have decorative posters nor campaign ads of Government health care programs.

Grounded in this observation, it was found that the presence of a male receptionist and the absence of posters that allude to women and children make men feel "part" of the place, in addition to the different reception held by the professional, making it a more accessible place to the male population. Therefore, we must emphasize the importance of training and qualification, not only to those who provide the service itself, but to all the professionals who have contact with men during their stay in the health service in order to break the paradigm that the male population does not attend the Basic Health Units due to negligence, but because most professionals are not prepared to receive this public. For this purpose, it is essential that actions that pervade the context of teaching, research and care are used to improve the quality of care of services and health professionals. In the context of teaching and research, it is essential that aspects related to the context of care to men, with a focus on masculinity, are addressed

during the teaching and learning process of health professionals who will serve this population in the future. And in the context of caring for men, it is paramount, especially for nurses, the continuing education in order to qualify the team periodically in relation to the peculiarities related to the care to men⁽¹⁹⁾. In the same way, it becomes important to stress the responsibility of the municipal administration of Cuiabá in promoting training of professionals regarding the PNAISH and all aspects related to this policy⁽²⁰⁾.

FINAL CONSIDERATIONS

This study made it possible to analyze the perception of men seen in the CASS-UFMT in relation to the care offered by the Basic Health Units, highlighting the main health needs demanded by this population. In this sense, the main needs expressed were the guarantee of financial stability (through a steady job); the need to be welcomed and create link with the professionals of the health service. Therefore, it is necessary that professional are committed with their qualification, in order to provide comprehensive care. Authors also stress the important role that the CASS has played to attract the male population to that health service (thus ensuring their access), the different approach to their health needs and time of operation compatible with the need of this population, as well as the provided resoluteness and the bond that professionals establish with users, which makes it a model to be followed by Primary Care in the city of Cuiabá.

However, despite the great amount of data collected, the study has as limitation the impossibility to conduct the survey with Primary Care users in the city of Cuiabá, as planned initially, as well as the small number of interviews, caused by mishaps while driving research. Despite the limited number of subjects, all aspects that this study aimed to investigate were answered in the speeches of respondents.

PERCEPÇÕES DE HOMENS TRABALHADORES SOBRE SUAS NECESSIDADES DE SAÚDE EM UM SERVIÇO UNIVERSITÁRIO DE SAÚDE

RESUMO

Estudo exploratório que buscou conhecer as percepções de homens sobre as suas necessidades em saúde, se elas são atendidas pelos serviços de atenção primária de saúde, bem como as razões que os fizeram buscar atendimento em um serviço universitário de saúde. Foram realizadas cinco entrevistas semiestruturadas com homens, nas quais eles foram questionados sobre como percebiam o atendimento às suas necessidades em saúde nas unidades primárias de saúde e o porquê de estarem fazendo uso de um serviço institucional universitário, ao invés de utilizarem a Atenção Primária. Após a análise temática dos dados, emergiram três categorias: "Dificuldade de acesso às unidades básicas em função da necessidade de manutenção de um emprego fixo"; "O desejo de ser bem acolhido e criar vínculo com os profissionais no serviço de saúde" e "A garantia de atendimento individualizado", que leve em consideração as suas particularidades enquanto homem. A realização deste estudo possibilitou evidenciar a necessidade de qualificação profissional e reorganização do funcionamento do serviço de saúde para o atendimento à população masculina, com vistas a atender suas reais necessidades de saúde, considerando, para tanto, questões relativas ao gênero masculino.

Palavras-chave: Saúde do Homem. Atenção Primária à Saúde. Gênero e Saúde.

PERCEPCIONES DE LOS HOMBRES TRABAJADORES DE SUS NECESIDADES DE SALUD EN UN SERVICIO DE SALUD DE UNA UNIVERSIDAD

RESUMEN

Estudio exploratorio que tuvo el objetivo de conocer las percepciones de hombres sobre sus necesidades en la salud, si éstas son atendidas por los servicios de atención primaria de salud, así como las razones por las que les han hecho buscar atención en un servicio universitario de salud. Fueron realizadas cinco entrevistas semiestruturadas con hombres, en las cuales ellos fueron cuestionados sobre cómo percibían la atención a sus necesidades en salud en las unidades primarias de salud y el porqué de estar haciendo uso de un servicio institucional universitario, al revés de utilizar la Atención Primaria. Tras el análisis temático de los datos, surgieron tres categorías: "Dificultad de acceso a las unidades básicas en función de la necesidad de mantenimiento de un trabajo fijo"; "El deseo de ser bien acogido y crear vínculo con los profesionales en el servicio de salud" y "La garantía de una atención individualizada", que tenga en cuenta sus particularidades como hombre. La realización de este estudio posibilitó evidenciar la necesidad de calificación profesional y reorganización del funcionamiento del servicio de salud para la atención a la población masculina, con miras a atender sus reales necesidades de salud, considerando, para tanto, cuestiones relativas al género masculino.

Palabras clave: Salud del Hombre. Atención Primaria a la Salud. Gênero y Salud.

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