COMPREHENSIVENESS IN MEN'S HEALTH CARE: A CHALLENGE IN PRIMARY CARE

Atenção integral à saúde do homem: um desafio na atenção básica

Atención integral a la salud del hombre: un desafío de la atención básica

Original Article

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ABSTRACT

Objective: To understand the health professionals' perception of the National Policy for Integral Attention to Men's Health (PNAISH - Política Nacional de Atenção Integral à Saúde do Homem). **Methods**: This is a qualitative and descriptive study, performed with 11 professionals of the Primary Health Care Unit, between February and April 2015 in the city of Quixadá, CE. The sample was randomly selected until the theoretical saturation was reached. From the theme, some guiding questions were asked, addressing the definition, objectives, principles, guidelines, actions, difficulties and potential of the implementation of the PNAISH. Data analysis was based on the Collective Subject Discourse technique. **Results**: It was evidenced that the health professionals interviewed do not know the PNAISH and few of them realize its importance for the comprehensive attention to men. There are several difficulties in the implementation of PNAISH, such as the deficiency in material and human resources, in addition to the lack of interest on the part of the man himself in caring for his health. **Conclusion**: Man's care is a complex and dynamic process, in which the PNAISH has a fundamental significance for the embracement of the male population in the health services. However, it is noteworthy that this policy should be more publicized among the health professionals. The study revealed that most of the professionals interviewed do not know the PNAISH and few understand its importance to the comprehensive integrated evaluation of man.

Descriptors: Health Centers; Public Health Policy; Primary Health Care; Men's Health.

RESUMO

Objetivo: *Compreender a percepção dos profissionais de saúde sobre a Política Nacional de Atenção Integral à Saúde do Homem (PNAISH).* **Métodos:** *Trata-se de um estudo qualitativo e descritivo, realizado com 11 profissionais da Unidade Básica de Saúde, entre fevereiro e abril de 2015, no Município de Quixadá, CE. A amostra foi escolhida aleatoriamente até que houvesse a saturação teórica. A partir da temática, indagou-se algumas questões norteadoras sobre definição, objetivos, princípios, diretrizes, ações, dificuldade e potencialidade da implementação da PNAISH. A análise dos dados foi baseada na técnica do Discurso do Sujeito Coletivo.* **Resultados:** *Ficou evidenciado que os profissionais entrevistados não conhecem a PNAISH e poucos compreendem a sua importância para o acompanhamento integral do homem. Há várias dificuldades para a implementação da PNAISH, tais como a deficiência de recursos materiais e humanos, e ainda a falta de interesse do próprio homem em cuidar da sua saúde.* **Conclusão:** *Ficou evidenciado que grande parte dos profissionais entrevistados não conhecem a PNAISH e poucos compreendem a sua importância para o acompanhamento integral do homem. O cuidado do homem é um processo dinâmico e complexo, tendo a PNAISH fundamental importância para o acolhimento da população masculina nos serviços de saúde, porém urge ressaltar que a referida política deve ter uma maior divulgação voltada aos profissionais da saúde.*

Descritores: *Centros de Saúde; Políticas Públicas de Saúde; Atenção Primária à Saúde; Saúde do Homem.*

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RESUMEN

Objetivo: *Comprender la percepción de los profesionales sanitarios sobre la Política Nacional de Atención Integral a la Salud del Hombre (PNAISH).* **Métodos:** *Se trata de un estudio cualitativo y descriptivo realizado con 11 profesionales de la Unidad Básica de Salud entre febrero y abril de 2015 en el Municipio de Quixadá/CE. Se escogió la muestra de modo aleatorio hasta que hubiera la saturación de la teoría. A partir de la temática, algunas cuestiones norteadoras respecto la definición, los objetivos, los principios, las directrices, las acciones, la dificultad y potencialidad para la implementación de la PNAISH fueron realizadas. El análisis de los datos estuvo basado en la técnica del Discurso del Sujeto Colectivo.* **Resultados:** *Se evidenció que los profesionales entrevistados no conocen la PNAISH y pocos de ellos comprenden su importancia para el seguimiento integral del hombre. Hay varias dificultades para la implementación de la PNAISH tales como la carencia de recursos materiales y humanos y también la falta de interés de los hombres para el cuidado de su salud.* **Conclusión:** *Se evidenció que la mayoría de los profesionales entrevistados no conocen la PNAISH y pocos comprenden su importancia para el seguimiento integral del hombre. El cuidado del hombre es un proceso dinámico y complejo con fundamental importancia de la PNAISH para la acogida de la población masculina en los servicios de salud pero hace falta resaltar que la referida política debe ser más difundida entre los profesionales sanitarios.*

Descriptores: *Centros de Salud; Políticas Públicas de Salud; Atención Primaria de Salud; Salud del Hombre.*

INTRODUCTION

The male population is known to attend less frequently the Primary Health Care services than the female population. Such behavior is influenced by several factors that lead to an increase in the morbimortality of the man, contributing to the poor quality of health of this public[1,2].

Such factors are of social, behavioral, cultural, personal nature, among others, to which are added the scarcity of actions of health promotion and disease prevention directed at the male public, a fact that can be influenced by the lack of training of health professionals, the inertia of public policies on health care in Brazil, and weak structural support in order to guarantee the continuity of actions[1,3-6].

Since 2009, the National Policy for Integral Attention to Men's Health (*Política Nacional de Atenção Integral à Saúde do Homem - PNAISH*), specific to the male public, has been launched in Brazil, representing an innovation in the field of health[7]. According to PNAISH, studies have shown that 60% of deaths in the country corresponded to men and that the life expectancy of this population would be 7.6 years lower than the women's. In this way, this policy seeks to draw the attention of men, so that they take care of their health, and of the population in general, so that it understands the singular masculine reality[8].

Thus, the PNAISH presents as an area of attention the male population aged 20 to 59 years, aims to improve the health conditions of men and reduce the morbidity and mortality of this population through actions of promotion, prevention and basic health protection, facilitating the access to health services, qualifying and humanizing comprehensive health care for men[8]. Therefore, it is important to highlight that the PNAISH came to awaken and sensitize both men and health professionals about the importance of man's health care, seeking a better understanding of the male health-disease process and the strengthening of Primary Health Care[9].

During the experience at the Integrated Residency with Emphasis on Family and Community Health, there was an opportunity for a greater appropriation of the PNAISH and, in both the territorialization process and the nursing care, the perception of the absence of the male audience and the eeduced number of actions developed on men's health in the unit. The objective of this study was to understand the health professionals' perception of the National Policy for Integral Attention to Men's Health, considering that these professionals act in Primary Care, regarded the main "gateway" of the Unified Health System (*Sistema Único de Saúde - SUS*), and are fundamental for the development of actions that seek the promotion, prevention and recovery of men's health.

METHODS

A descriptive study of qualitative approach, carried out between February and April 2015, in a basic health unit (BHU) in the city of Quixadá, Ceará. The use of this methodology is justified because it seeks to understand and contextualize the health professionals' perception of the National Policy for Integral Attention to Men's Health, since the qualitative research seeks to understand the process through which people construct meanings and write what they are, privileging the subjective aspects of the subject[10].

The surveyed BHU has a geographically extensive and diverse territory, being possible to detect cultural, economic, geographic, political and epidemiological divergences, and it attends to an estimated population of 3,500 families.

The study population was composed by the BHU health professionals, totaling 32 professionals in January of 2015, among whom there were nurses, doctors, dentists, oral health technicians, nursing technicians, and community health workers, who develop their activities in conjunction

with the Family Health Strategy (FHS) team. The sample was randomly chosen until there was a theoretical saturation, that is, when the information provided by the research participants presented, in the researchers' evaluation, a certain redundancy, no longer contributing to the theoretical reflection[11]. It should be noted that all interviews were conducted by a single researcher with experience in this type of approach.

The subjects were considered in sufficient number to generate repeated information, with successive and satisfactory inclusion of professionals for a dense discussion of the formulated questions, that is, the numeric amount of interviewees used in the study did not interfere with the quality of the results obtained, as the qualitative research focuses on the information and the deepening in the data analysis[12]. Thus, the sample was not intended for numerical representativeness, but rather a deepening into the theme, being composed by 11 health professionals of the surveyed BHU.

The following inclusion criteria were used: working at the surveyed BHU, being able to answer the questions asked during the study, being over 18 years old, and signing the Informed Consent Form in advance. Subjects who did not answer to one or more questions and were not physically and/or psychologically able to participate in the study were excluded.

As instruments and procedures, non-participant observation and the semi-structured interview script were used, along with the use of a recorder (Sony®, model ICD PX 240) and field diary.

Data analysis was based on the Collective Subject Discourse (CSD) technique, which considers discursiveness as the main characteristic of collective thinking, preserving it in all stages of the research. This methodological technique seeks to organize the qualitative data of different natures, presenting as its proposal the analysis of the collected material, highlighting the central ideas (CI) and their key expressions, composing first-person singular discourses[13,14].

The collected and transcribed information was organized in a summary chart highlighting the central ideas regarding the following questions: What is your opinion about men's health? Do you know PNAISH? If you do, what do you know about PNAISH (goals, principles and guidelines)? Which health actions are performed for this population in the BHU? What are the difficulties faced in the implementation of the National Policy for Integral Attention to Men's Health in the BHU? What are the potentialities for implementation of the National Policy for Integral Attention to Men's Health in the BHU? What could be done for the male population in the BHU?

The study was approved by the Research Ethics Committee of the School of Public Health of Ceará (ESP/CE), under opinion no. 962,460.

RESULTS AND DISCUSSION

For presentation of the results of this research, the questionnaires were divided into 6 groups that resulted in CSDs numbered from 1 to 6 with CI specifications, which were also enumerated according to the number of variables that emerged in each discourse.

The sample was composed of 11 health professionals from the surveyed BHU and the following results highlight the central ideas of the collective subject discourses.

Regarding CI 1 (Chart I), health professionals consider that men do not take care of their own health, since they believe that they are more resistant to diseases, and seek health services only when they are in pain, as pointed in the following CSD: "*Men do not like taking care of their health. The man himself, he very rarely seeks the health unit, he only looks for it mostly when in pain. He thinks that he is more resistant than the woman, but he is more vulnerable to illness, injuries and health problems*" (CSD 1, CI 1).

This idea highlighted by the professionals is characteristic of a majority of men who adopt a behavior based on a masculinity model that exposes them to unhealthy attitudes, which can result in health problems;

Chart I - Summary chart on the Central Ideas concerning the question: What is your opinion about men's health? Quixadá, Ceará, Brazil, 2015.

CSD 1				
Central Idea 1: Men do not take care of their health	**Central idea 2:** It is important	**Central idea 3:** Equality in follow-up	**Central Idea 4:** Difficulty working in men's health	**Central idea 5:** Men's health within the Family

however, some authors[15] emphasize that it is imperative to avoid reducing the analyses only to the hegemonic characteristics, it is necessary to see the man with putting focus on their social relations and interactions. CSD 1 for CI 3 (Chart I) corroborates these authors when affirming that: "*When it comes to health, there is no man or woman, there is a human being who needs all the care*".

Other authors[1,16] state that the socioculturally constructed masculinity still prevails, bringing the idea that the man never gets sick, an idea of invulnerability, of risk behavior and of instinctive and uncontrollable sexuality, in conjunction with a devaluation of self-care. This results in difficulties in verbalizing one's own health needs, since this attitude may demonstrate weakness and feminization. In this way, the man does not take care of himself and only looks for the health service in the last consequences.

In CSD 1, CI 2 (Chart I), professionals consider the men's health important, but there is little incentive to working with this target audience, which needs attention and care by the health team: "*I think that having this program for men is important, but I see no incentive. The man is a target audience and we, healthcare professionals, should be attentive to this target audience*".

For a long time, services and strategies of health and communication have focused on policies and actions aimed at promoting the health of children, adolescents, women and the elderly, and men were excluded from these public policies, remaining on the margins of these health care strategies[3]. There are several assumptions for this, such as the low presence of men in the BHU, the male identity associated with the devaluation of self-care and insufficient health concern, and the search for emergency care services[17].

Only in 2009 did the State recognize the health status of men in Brazil as a public health problem, and the man was highlighted as a target audience for health actions, with the launch and implementation of the National Policy for Integral Attention to Men's Health. The PNAISH aims to promote the improvement of the health conditions of the Brazilian male population, effectively contributing to the reduction of morbidity and mortality in this population through the rational confrontation of risk factors and by facilitating the access to comprehensive health care actions and services.

This policy highlights the need for changes in patterns that correspond to the male population's perception of the care for their health and their family's health, and presents the mobilization of the male population as a challenge in the struggle for their rights to health[8].

Another aspect to be highlighted in CSD 1 regarding CI 4 (Chart I): "*In the Family Health Strategy, I see that we have not been able to meet this demand for development of activities more focused on men's health*". It is evident the difficulty in working on the male health in the FHS, mainly because the man first seeks the services of medium and high complexity. According to the Ministry of Health[8], men enter the health system through specialized care, indicating that, when they seek health services, they already have their health compromised and disease installed, which makes it necessary the strengthening and qualification of primary care, which is the gateway to the Unified Health System, since it ensures health promotion and obstruction of preventable conditions.

In this context, professionals also pointed out in CSD 1, CI 5 (Chart I), the influence of men's health in relation to their role in the family context, as responsible for protecting, guiding and leading the family: "*The health of the man influences a lot in the context of a family*". Corroborating this finding, one study emphasizes the need for greater participation of men in health care[17].

In CSD 2, CI 1 (Chart II), professionals report not knowing the PNAISH, not knowing of its existence. This may be related to the fact that it is a new policy, which was launched only in 2009, and the lack of training of health professionals working in primary care. A study[18] carried out with FHS professionals highlighted the lack of care for

Chart II - Summary chart on the Central Ideas concerning the question: Do you know PNAISH? If you do, what do you know about PNAISH (goals, principles and guidelines)? Quixadá, Ceará, Brazil, 2015.

CSD 2			
Central idea 1: Do not know of it	**Central idea 2:** I know it, but never read about	**Central idea 3:** I know it, I have read about, but greater appropriation is required.	**Central idea 4** Principles and guidelines

men's health, since there is generally a reduced supply of assistance and of promotion and prevention activities for this male population.

A similar response can be highlighted in CSD 2, CIs 2 and 3 (Chart II), in which professionals report knowing about this politicy, but with limitations, not knowing the objectives, principles and guidelines that guide the policy on men's health. Thus, it was evidenced that there is insufficient data and knowledge about PNAISH on the part of the health professionals interviewed.

It is important to point out the existence of a fragility in the information provided to health professionals about the PNAISH, given that, many times, it is not passed on by the Health Secretariat. The deficiency in this knowledge is also due to the lack of awareness among professionals to seek information for the improvement and development of actions directed at the man, since, in order to implement the PNAISH, the professionals must know their objectives, principles and guidelines, assuming as premise the planning of health promotion actions directed at this population[19].

Another aspect to be stressed out in CSD 2 is CI 4 (Chart II), in which only one interviewee claims to know the principles and guidelines of the PNAISH, but point the need to further appropriate this policy, which, despite being launched recently, is crucial to initiating changes in the embracement of the male population in the health services[4]. Some authors[5] emphasize the importance of the qualification of professionals working in primary care, mainly because of the theoretical, organizational and political advances that have occurred in recent years, as well as the diversity of performance among the professionals.

Chart III - Summary chart on the Central Ideas concerning the question: Which health actions are performed for this population in the BHU? Quixadá, Ceará, Brazil, 2015.

CSD 3			
Central idea 1: Blue November Campaign	**Central idea 2:** Difficulty working with the man	**Central idea 3:** The Hypertension and Diabetes Program	**Central idea 4:** Specifically, there are no actions

CIs 1 and 3 (Chart III) highlight some health actions directed at the man, carried out at the BHU, such as the Blue November Campaign, of educational character, specific to the male public, which addresses the prevention of prostate cancer as well as the medical and nursing attention to the patient with hypertension and diabetes. This latter action, however, is not specific to the male audience: "*Campaign of the month of November, with actions aimed at prostate cancer, encouraging them to undergo the PSA and the rectal touch examination*" (CSD 3, CI 1); and "*Medical and nursing follow-up in the control of hypertension and diabetes, this is the occasion when we have a greater number of men*" (CSD 3, CI 3).

In basic care, one can perceive a restricted view about men's health, with a tendency to restrict, mainly, to the problems of the prostate, in opposition to the principles and guidelines of the PNAISH, that recommends a comprehensive approach to men's health care[4,17]. In a review study[9], which addressed the theme of men's health and masculinities in PNAISH through studies published between the years 2005 and 2011, the authors highlighted the importance of the digital rectal examination for prostate cancer prevention, without diminishing the relevance of the prevention of traffic accidents and violence, which cause suffering for men and families.

Based on the professionals' discourse, the CI 2 (Chart III) considers that working in men's health is very difficult. The inclusion of men in health actions is a challenge for the health system, since men's health is not yet fully addressed[20]. The care and attention to health of the male population is a dynamic and complex process[3]. In this way, health professionals should be trained to work with this public, taking care of their particularities and concern for integrality in care[18].

A recent study[21] reinforces the importance of enhancing men's participation in routine clinical examinations, prenatal strategy in parenting and family planning, however, stressing the need to meet their demands, because they are impatient, appreciate receiving material stimuli in exchange for participation in activities (for example, condoms, hygiene material, among others) and maintaining the bond with professionals, strategies that allude to zeal, attention, and satisfaction with the services provided.

Concerning CI 4 (Chart III), professionals report that there are no specific actions for the man in the BHU. General care also includes care for men, but there are no activities designed to promote the comprehensive health of the male

population. A considerable part of the primary care service prioritizes population groups regarded more vulnerable, through actions developed and directed at the health of the woman, the child and the elderly, barely favoring the attention to the man's health[1,4,18]. Hence, specific attention to this public would provide professionals and the man himself with a better knowledge of the specificities and the real masculine needs[22].

Thus, it was noticed that actions that specifically contemplate the male collectivity are not carried out, not considering the real needs of this target public, nor the health indicators referenced in the PNAISH, being occasional the activities directed specifically to the man. Data found in agreement with another study[1], carried out in the city of Quixadá, CE, with men's opinion about primary care, in which they emphasized that men seek the health services for curative purposes, for the resolution of diseases already installed, thus presenting demands related to the orientation in PNAISH, dialogue with health professionals, specialized care, and alternatives that facilitate their access to the health service.

A 2013 study[23] adds the importance of breaking with the conception of man, currently reduced to "bodies with penis and prostate". It is necessary to change the simplistic

Chart IV - Summary chart on the Central Ideas concerning the question: What are the difficulties faced for the implementation of the National Policy for Integral Attention to Men's Health in the BHU? Quixadá, Ceará, Brazil, 2015.

CSD 4				
Central idea 1: Lack of material and human resources	**Central Idea 2:** Lack of interest on the part of men	**Central idea 3:** There are no difficulties	**Central idea4:** Lack of sensitization and awareness	**Central idea 5:** Lack of knowledge of PNAISH

focus of only judging them as guilty of their choices, treating men's health as something complex and multifactorial. To this end, prevention and health promotion stand out as important and concrete measures in the challenge of integrality and humanized assistance.

In CI 1 (Chart IV), the professionals emphasize the lack of material and human resources as difficulties for the implementation of the PNAISH in the BHU. Resources do not make it to the BHU and, if existing, they are not passed on. The lack of space in the unit for carrying out educational actions, such as lectures and workshops, also represents a problem. In this way, an improvement on the part of the public power is required, such as the financial transfer with planning and the hiring of more professionals.

The lack of structure and systematization of health services related to human and material resources, as well as the adequate physical environment for quality embracement of the male population, are factors that reinforce men's low demand for primary health care services[4].

In regard to CI 2 (Chart IV), it is verified that the lack of interest of the man himself is also a problem for the PNAISH implementation. Professionals affirm that there is a difficulty in getting to the man to make them aware of going to the BHU and taking care of his health, that is, the professionals believe that a great difficulty in working with the health of the man consists in making them reach the service prior to getting sick. This characteristic of man is often related to cultural and gender issues, causing them to seek the health services only when ill[1].

Men are more resistant to seeking health services, particularly the primary care, because they believe that prevention and self-care are related to frailty, as opposed to the exposure to situations of risk and invulnerability to which a hegemonic view of masculinity is related[24]. Nevertheless, it is also important to note that not only does the cultural issue make it difficult for men to join the health services, but issues of access to the service also constitute a barrier[9].

A differentiated discourse emerges in CI 3 (Chart IV), which highlights that there are no difficulties in implementing the PNAISH in the BHU. In this speech, the professionals state that, provided that there is the commitment of the whole team, there will be no difficulties in carrying out actions of men's health and, therefore, in implementing the policy in question. Teamwork is important and features an advantage in relation to individual work, once the knowledge, decisions and responsibilities are shared and hence enable the development of an integrated and productive work[25].

Regarding CI 3 and 4 (Chart IV), the discourse presents as difficulties the lack of sensitization, awareness and knowledge on the part of the professionals who work in the health area. It can be perceived, in the study, that a small number of health professionals are prepared to work

with the male public, and this is mainly related to the lack of continuous training on men's health, thus rendering it difficult the embracement of and comprehensive care for the population. As most of the professionals are not trained, a few actions specific to the male gender are available in basic care[4,18].

According to the Ministry of Health[8], the technical qualification of health professionals for the care of men and the availability of supplies, equipment and educational materials are guiding principles of the PNAISH. Consequently, as recommended by one of the guiding principles of the policy for men, the reorganization of health actions is required, through an inclusive proposal in which men consider the health services also as masculine spaces and, in turn, the health services recognize men as subjects in need of care.

In CI 1 (Chart V), the professionals highlight as potentialities for the implementation of the PNAISH the commitment and efforts of the BHU team, who face all the difficulties and do their best in order to promote quality health for the community:

"First, so the professionals' willpower, which I think so, that the girls, they dribble all the difficulties and do whatever is possible, not only for the man, but for all the ongoing programs here at the unit. Care and concern that the team has for always seeking to provide the community with the best. We have a very good team, engaged and committed to the user" (CSD 1, CI 1).

Chart V - Summary chart on the Central Ideas concerning the question: What are the potentialities for the implementation of the National Policy for Integral Attention to Men's Health in the BHU? Quixadá, Ceará, Brazil, 2015.

CSD 5		
Central idea 1: Committed team	**Central idea 2:** Multiprofessional Residency	**Central idea 3:** Access

CI 2 (Chart V) considers, based on the professionals' discourses, the multiprofessional residency team as a potentiality for the implementation of men's health in the BHU through the PNAISH. The multiprofessional residency is a powerful strategy of continuing education that works with the family health team, promoting interprofessionality, integrality and intersectoral approach in attention, management and popular participation. With this view, it will help promote men's health in the health facility where they are working.

Regarding CI 3 (Chart V), access is pointed as a potentiality in the implementation of the PNAISH: "*the good location of the unit and easy access allow the man, as well as his family, to seek health services*". Access is important for the implementation of practices in health services from the point of view of integrality of care, since it allows the provision of care based on needs, is associated with resolubility, and surpasses the geographic dimension, comprising economic, cultural and functional aspects of the supply of services[22,26].

In CI 1 (Chart VI), professionals consider as actions proposed for the male population the exploitation of the opportunity when the man goes to the health unit, by embracing and sensitizing them on the importance of self-care and prevention of diseases.

The inclusion and embracement of men in health services is important for them to feel that they are participants in the care process, and actions should be developed by the

Chart VI - Summary chart on the Central Ideas concerning the question: What could be done for the male population in the BHU? Quixadá, Ceará, Brazil, 2015.

CSD 6				
Central idea 1: Seize the opportunity (embracement)	**Central idea 2:** Health promotion	**Central idea 3:** Go where the man is	**Central idea 4:** Men's day	**Central idea 5:** Training of professionals

basic care, which is a privileged place for the development of these practices, because of its greater proximity to the community, and for its dedication to preventive and health promoting actions[18,27].

In CI 2 (Chart VI), the professionals emphasized that the actions of health promotion and prevention of diseases directed at the male public should be carried out and intensified through awareness-raising and educational campaigns on a diversity of themes liable to draw the attention of the man, according to CSD 6 below:

"I think the way is through campaigns. First, we should study and see what to do, and then inform and guide these men. Awareness-raising and educational campaigns, this I think to be the fundamental. Developing an event that would draw the men's attention, so that they, interested in this event, would arrive at the health service, sensitizing the male population through works on health education and actions of health promotion and prevention of diseases, such as lectures on alcoholism, drugs, domestic violence, prostate cancer, chronic diseases. Monitoring the already sick men. And also talking about their rights" (CSD 6, CI 2).

According to the Ministry of Health[8], men can be sensitized to become responsible for their care and their family's, by means of educational actions, providing the reduction of the existing barrier between men and health units, and even breaking them.

CI 3 (Chart VI) considers the importance of encouraging and seeking these men by going where they are and sensitizing them mainly through community health workers and community leaders.

In a study[21] with professionals and users of health services from three municipalities in three Brazilian regions (Northeast, Southeast and South), who had some experience with activities involving men in primary care, the professionals interviewed emphasized the opportunity to encourage and maximize men's participation in health care and, with that view, one cannot lose the chance to prevent diseases, injuries, and stimulate men to take care of their health.

Some strategies for advancement in the prevention and promotion of the men's health can be cited: the allocation of health professionals for the care of men in their workplaces, attendance to the specific demand for contraception and health education with the elaboration of educational booklets[21,23].

Regarding CI 4 (Chart VI), it presents the idea of including the men's health in the calendar of attendance of the family health team, with supply of specific service to the male public. By doing so, the services have to adapt, in a certain way, to this population, and will then be able to attract it to the health units but, before that, some changes will be necessary, such as the expansion of the BHU's hours of operation[28].

In CI 5 (Chart VI), the importance of the qualification of the health professionals in the PNAISH is pointed out, so that the health of the man can be worked up in a comprehensive way, attending to the necessity of the male population. It is observed that management support is of paramount importance in the process of overcoming the difficulties pointed out in this study, since, through this, the spaces of promotion of male health and prevention of diseases are made available. In turn, the man must recognize the importance of care for their health and perceive the BHU as adequate space for the accomplishment of such objective.

Caring for the man is a dynamic and complex process, and the PNAISH is of fundamental importance for the embracement of the male population in the health services. However, it is important to mention that this policy must be adjusted to the real needs of the community, with a greater dissemination among the health professionals, especially the those working in the Family Health Strategy, making primary care a true health system gateway for the man.

This study has as limitations the analysis restriction to health professionals of a single BHU, which hinders the generalization of the results; nevertheless, from this article, new approaches and strategies can be carried out by means of the information highlighted by the professionals, as well as a broader comprehension of PHAISH, since the integrality of the men's health constitutes a challenge in the basic attention.

FINAL CONSIDERATIONS

It was evidenced that most of the professionals interviewed do not know the PNAISH and few understand its importance to the comprehensive follow up of the man. Thus, the poor professional education about this policy demonstrates the possible lack of training on men's health, which directly influences the care for this target audience.

From the present study, it is assumed that the health professionals of the surveyed BHU consider important the men's health; however, there is little incentive to work with this public, which needs attention and care by the health team. In addition, for a long time, the man remained on the margins of the public policies in Brazil.

It is also noticed, through the professional discourses, the existence of several difficulties for the implementation of the PNAISH, such as the lack of material and human resources enabled for another policy implementation, as well as the lack of interest of the man himself in taking care of his heath. Hence, the professionals pointed out several

difficulties that need to be analyzed and solved, mainly the support of health management and the reorganization of health actions, as recommended by the policy.

During the elaboration of this study, it was verified that the BHU carries out specific actions for the male public, most of the time not specifically directed at the man, disregarding the real needs of this target public and the health indicators referenced in the PNAISH. Therefore, a continuing education program that trains and sensitizes the professionals about the PNAISH is required, since it will enable the effective implementation of the aforementioned policy.

Notwithstandingly, in spite of the difficulties presented herein, the interviewed professionals emphasized that it is possible to implement the PNAISH, because an engaged and committed team is able to overcome the problems, making it possible for the community the access to quality health.

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