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Motivation of men in search of assistance provided by the family health strategy

ABSTRACT | Objective: to investigate the motivation of men in search of assistance provided by the Family Health Strategy. Method: a descriptive study, exploratory, with a quantitative approach, performed in a family health team in which the sample included 30 men registered in the coverage area. A semi-structured questionnaire was used in which the data were analyzed according to descriptive epidemiology. Results: these are men between 20-74 years; married; elementary school; predominance mason profession in which 67% work in the daytime. Of popular services, 68% correspond to medicine whose motivation demand was for consultations and exam. As for complicating factors, there is the strength of men; lack of time due to the hard work; and convenience. Conclusion: the motivation of men by demand service occurred curative nature of actions with a predominance of acute complaints where preventive practices are not part of everyday life.

Keywords: Masculinity; Men's health; Primary health care.

RESUMEN | Objetivo: investigar la motivación masculina en busca de asistencia en la Estrategia Salud de la Familia. Método: estudio descriptivo, exploratorio, con abordaje cuantitativo, realizado en un equipo de salud de la familia, la muestra incluía 30 hombres registrados en el área. Se utilizó un cuestionario semiestructurado en el que se analizaron los datos por medio de epidemiología descriptiva. Resultados: hombres entre 20-74 años; casado; enseñanza fundamental; predominio de albañiles que trabajan durante el día. De los servicios buscados, 68% corresponde a la medicina cuya motivación fue las consultas y exámenes. Cuanto a los factores de complicación, se destaca la resistenciamaasculina; la falta de tiempo debido a dedicación del trabajo; y la comodidad. Conclusión: la motivación masculina por la demanda del servicio se produjo la naturaleza curativa de las acciones con un predominio de las quejas agudas en las que las prácticas preventivas no son parte de la vida cotidiana.

Palabras claves: Masculinidad; Salud del hombre; Atención primaria de salud.

RESUMO | Objetivo: investigar a motivação dos homens na busca por assistência prestada pela Estratégia Saúde da Família. Método: estudo descritivo, exploratório, com abordagem quantitativa, realizada em uma equipe de saúde da família, de modo que a amostra compreendeu 30 homens cadastrados na área de abrangência. Foi utilizado um questionário semiestructurado cujos dados foram analisados conforme epidemiologia descritiva. Resultados: trata-se de homens entre 20 e 74 anos; casados; Ensino Fundamental; predominio da profissão de pedreiro os quais 67% trabalham no período diurno. Dos serviços procurados, 68% correspondem à Medicina cuja motivação da procura foi por consultas e exames. Quanto aos fatores dificultadores, destaca-se a resistência dos homens; a falta de tempo decorrente da dedicação ao trabalho; e ao comodismo. Conclusão: a motivação dos homens pela procura ao serviço ocorreu por ações de cunho curativo com predominio de queixas agudas na qual as práticas preventivas não fazem parte do cotidiano.

Palavras-chaves: Masculinidade; Saúde do homem; Atenção primária à saúde.

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INTRODUCTION

The man brings with him a male identity historically constructed in which he involves social roles, differentiating him from the female gender. Being a man is related to invulnerability, strength and virility and this is related to the devaluation of self-care in which men reveal greater difficulty in seeking health care because of their self-perception that the search for care is a female task. Thus, demanding health care is something that demeans the subjects created to assist and promote legitimate representatives of the male gender. This masculine image of "being strong" can result in practices of little care for one's own body, in or-

der to make men vulnerable to a series of situations. ^(1,2,3)

The indicators of morbidity and mortality in our country have drawn a profile that has been maintained for years, in which women are more affected by health problems, seek more medical consultations, consume more drugs and undergo more tests than men. However, there is a greater number of men hospitalized in serious situations, as well as the demand for emergency services and the mortality rate from serious pathological causes is higher among men. ⁽⁴⁾ The health services have a deficiency in absorbing the demand presented by men, provided by the organization of services that do not stimulate the access of these men and, because the public health campaigns themselves do not target this segment of the population. Thus, changes are needed in the strategies of health services and in the approach related to the male gender. ⁽¹⁾

For a long time, men's health has been lacking in an incentive policy aimed at disease prevention and health promotion. Taking into account the high rate of chronic diseases detected in men added to the high statistics of death in young adults, in August 2009, the Ministry of Health (MH) launched the National Policy for Integral Attention to Men's Health (PNAISH) which aims to encourage men to seek cultural change, since, in general, men only resort to services when they are already ill, having to be attended to by specialists, which generates an increase in public spending. ⁽⁵⁾

PNAISH aims to qualify health care for the male population from the perspective of lines of care. The recognition that the male population accesses the health system through specialized care and requires mechanisms for strengthening and qualifying Primary Health Care (PHC), so that health care is not restricted to recovery, ensuring, above all, the health promotion and

disease prevention. ^(5,6) The mobilization of the Brazilian male population to fight for the guarantee of their social right to health is one of the challenges of this policy, which intends to sensitize men to the recognition and enunciation of their social and health conditions, so that they may come as protagonists of their demands, consolidating its exercise and enjoyment of citizenship rights. ⁽⁶⁾

This study can be justified in view of the low demand and preventive adherence of men to health services, especially in PHC. Often, the demand for man for assistance services is of an urgent nature due to the symptomatic appearance of a certain pathology already installed or even to its progression culminating in the worsening of his prognosis. Thus, the study addressed the following guiding question: what is the motivation of men in the search for assistance provided by the Family Health Strategy (FHS)?

Therefore, the objective was to investigate the motivation of men in the search for assistance provided by the FHS.

METHODS

Monograph article entitled "The motivation of men in the search for assistance provided in the Family Health Strategy", presented to the Nursing Department of Faculdades Unidas do Norte de Minas/FUNORTE. Montes Claros, Minas Gerais, Brazil. 2013.

This is a descriptive, exploratory study, with a quantitative approach, carried out in the FHS of the neighborhoods Village do Lago, Clarice Athaide and Jaraguá 1 in which it presents 2593 inhabitants registered in the Basic Health Unit (UBS - Unidade Básica de Saúde), being located in the northern region of the municipality from Montes Claros, Minas Gerais. The study sample consisted of 30 men from this coverage area.

A letter of introduction, along with

a copy of the research project, and an Institutional Consent Form (ICT) was sent to the PHC Coordination of the Municipal Health Secretariat of the city of Montes Claros (SMS-MOC 'Secretaria Municipal de Saúde da cidade de Montes Claros') for authorization of the study. The institution was duly informed about the research guidelines and authorized the study to be carried out by signing the ICT in order to be aware. Data collection was carried out in the second half of 2013, during the month of October, by the responsible researcher.

The following inclusion criteria were adopted for participation in the study: (1) be registered on Form A; (2) be found at UBS during office hours on different days and times; (3) being over 20 years old; (4) having cognitive conditions to answer the interview; and (5) accept to participate in the research.

A semi-structured questionnaire, of its own elaboration and validated through a pre-test, was used as an instrument of data collection. The pre-test was carried out in September 2013 with other men in the same coverage area whose choice was random and whose one did not compose the study sample. Its realization aimed to evaluate the feasibility of applying the variables of the research questionnaire. After data collection, they were stored and tabulated using the Statistical Package for the Social Sciences (SPSS), version SPSS® for Windows 15, and represented in a table in order to present absolute frequencies (n), percentages (%) and measures of central tendency (MCT), which are: arithmetic mean (AM), mode (Mo), median (Me), weighted arithmetic mean (WAM) and standard deviation (SD). Data analysis took place through simple non-parametric and non-probabilistic descriptive epidemiology.

The study followed the ethical precepts established by Resolution

No. 466, of December 12, 2012, of the National Health Council (CNS - Conselho Nacional de Saúde), which regulates the conduct of research involving human beings. (7) The research project was assessed and approved by the Research Ethics Committee of the Faculdades Unidas do Norte de Minas (CEP FUNORTE), with the substantiated opinion nº 235.948/2013, Certificate of Presentation for Ethical Appreciation (CAAE) nº 13330813.9.0000.5141. Participants were instructed on the study guidelines and signed the Informed Consent Form (ICF).

RESULTS

The sample consisted of men aged 20 to 74 years, with a prevalence of the age group 40 to 60 years (46,6%). Regarding marital status, there was a predominance of married men (50%). As for education, the majority has high school (41%). Of these, 18% have not completed high school and 23% have completed. Most of the men were masons (20,1%) and worked during the day (66,7%), a factor that makes it difficult for men to access the health service, considering that the opening hours are in the period morning and afternoon. The service most in demand at the UBS is medical care (66,7%), in which the motivation for the search is mostly due to consultations (53,3%) and tests (40%). In the case of factors that hinder access to men in the UBS, male resistance and work prevailed (40% and 26,6%, respectively). It was also found that the frequency of demand for men, in most cases, comprised a period of less than six months (63,3%). It was observed that most men (93,3%) seek health care at least once a year (Table 1).

DISCUSSION

In this study, young adults aged

Table 1 – Socioeconomic profile and access to health services for men registered with the FHS. Montes Claros (MG), 2013.

Variável	n=30	%	MA	Mo	Me	MAP±DP
Faixa etária (anos)						
20-39	12	40,0		30	30	30,08±5,599
40-59	14	46,6	42,86	44	46,5	47,50±5,774
≥ 60	04	13,4		65	65	65,00±4,082
Estado civil						
Solteiros	12	40,0		-	-	-
Casados/União estável	15	50,0	-	-	-	-
Divorciados/Desquitados	03	10,0		-	-	-
Escolaridade						
Analfabeto	04	13,3		-	-	-
Ensino Fundamental	08	26,6		-	-	-
Ensino Médio	12	40	-	-	-	-
Ensino Superior	00	00		-	-	-
Não respondeu	06	20,1		-	-	-
Profissão						
Pedreiro	06	20,1		-	-	-
Servente de pedreiro	04	13,4		-	-	-
Vendedor	02	6,7		-	-	-
Comerciante	02	6,7		-	-	-
Eletricista	01	3,1		-	-	-
Operador de caldeira	01	3,1	-	-	-	-
Lavrador	04	13,4		-	-	-
Vigia	02	6,7		-	-	-
Auxiliar de coleta	02	6,7		-	-	-
Serviços gerais	02	6,7		-	-	-
Estudante	04	13,4		-	-	-
Horário de trabalho						
6h às 18hs	20	66,7		14	13	12,50±3,720
19hs às 5h	02	6,7	12,45	-	12	12,00±9,899
Outros	08	26,6		11	11	11,75±3,195
Serviço procurado						
Medicina	20	66,7		-	-	-
Enfermagem	09	30,0	-	-	-	-
Odontologia	01	3,3		-	-	-
Motivação da procura						
Consultas	16	53,3		-	-	-
Exames	12	40,0	-	-	-	-
Imunização	02	6,7		-	-	-
Fatores dificultadores						

Resistência	12	40,0	-	-	-	
Trabalho	08	26,6	-	-	-	
Comodismo	06	20,0	-	-	-	
Sem dificuldade	04	13,4	-	-	-	
Frequência da procura (meses)						
< 6	19	63,3	4	4	3,47±1,348	
6-12	09	30,0	6,16	6/8	8	8,55±2,127
> 12	02	6,7	-	21	21,00±4,242	

Source: The authors. Montes Claros (MG), Brazil.

MA = Arithmetic mean. Mo = Mode. Me = Median. MAP = Weighted arithmetic Mean (Média Aritmética Ponderada). DP = Standard deviation (Desvio Padrão).

40-60 years prevailed. Age is a non-modifiable risk factor for the acquisition of several chronic diseases. The young adult, aged between 20-59 years, mainly in males, is more prone to the development of these diseases over time and according to the increase in other risk factors.^(8,9) Marital status is another important factor in male health care, as married men, unlike single or divorced men, tend to take care of themselves under the influence of their spouse. The data found in this research is similar to that observed in the study carried out in Campina Grande, Paraíba (PB), in which it was found that the majority of the subjects are married men or live with another person.⁽⁹⁾

Within the sample studied, marital status does not correlate with the demand/not demand for health services, as married men do not significantly overlap with singles. Thus, they do not confirm the results of other research, carried out in other cultural contexts that claim that married men or those living with a partner seek more the doctor than single men.⁽¹⁰⁾

Education has an influence on the search for health services. It was observed that most of the sample in this study reported high school as the highest level of education. Of these, complete high school prevailed. Of

the study participants, none attended higher education. The improvement of information stimulates the search for health care in order to generate preventive actions for you and for other people. Having up-to-date knowledge is not synonymous with being in good health, as many men do not put into practice what they learn in view of male resistance in improving their quality of life (QOL). The data of this study corroborate with another scholar in which he affirms that, even men who have a university degree and have the correct knowledge about the theme addressed, they do not put it into practice.⁽¹¹⁾

The profession of bricklayer was the most declared by the men interviewed, in order to reveal that the study subjects are part of autonomous professional categories in which there is no employment relationship. Thus, the absence of a stable job can cause a decrease in family income and livelihood and hinder the search for health services for promotional and preventive actions. In addition, society contributes to the issue of the masculine gender, because, historically, only the man could work in order to be the provider of the house and the main responsible for the family support, while the women were responsible for the domestic service.⁽¹¹⁾

When it comes to working hours, this characterizes an obstacle to the search for health services within the male public, as the opening hours of the UBS, being this from 7 am to 17 pm, coincides with the working hours of the most men, so that the UBS will not be operational during the night. In this study, a minimal fraction of the sample performs their work activities at night. It is also observed that another part of the sample does not work full time or night, but part time, and may only be during the morning or afternoon shift, and still do not seek the health service. In another study, it is corroborated that one of the reasons why men do not seek health services is that the scheduling of appointments and exams is at the same working hours as men.⁽¹²⁾

Of the services made available to the public by UBS, there was a predominance of demand for medical care. It is noteworthy that the medical consultation is focused on curative actions, while nursing is focused on health promotion and disease prevention, with the nursing consultation taking longer, as it addresses education to change habits that may put at risk the individual's health. With this, men bring with them a common characteristic, this being the rush to leave for fear of losing their job, fear of having a bad diagnosis or prognosis, the question of masculinity, machismo when associating the search for health services with fragility, since man must always be a model of strength, virility and invulnerability. For this reason, men cannot fall ill or spend all the time in the UBS participating in promotional and preventive actions.⁽¹³⁾

The motivation of the man in the search for the health service is often of a curative nature, aiming at the accomplishment of medical consultations and exams for the most part, in view of the symptomatic manifestation of a pathology already installed. It should be noted that a small portion

of the sample is concerned with preventing in order to avoid pharmacological treatment. This data confirms that the men in this study seek health care only when they are really sick. Another study found that, for cultural reasons, men are more objective when looking for the service in order to present curative motivations - treatment of illness, certificate, examination for work - always with the justification that they have no time to lose. ⁽²⁾ A relevant aspect of the study is that 6,7% of men who sought preventive actions are elderly men who, due to their immunization against influenza, are more present in the health service.

PHC, the main gateway to health services, is markedly directed at women's health problems, as prevention and health care are socially characterized as essentially female tasks. ⁽¹⁴⁾ The reasons that lead men to the health service are: accident, pain, virus, conjunctivitis, hypertension and skin infection, that is, most of them go to the UBS only when they need curative actions and in none of the cases do they participate in groups for promotion health and disease prevention. This data corroborates with the study of another researcher in which he states that the vast majority of men only seek health care only in case of serious illnesses, accidents or physical impossibility ⁽¹⁾, reaffirming the provisions of the MH documents and other studies in which men only seek health care when they are already sick. ^(5,6,9) This is because there is a widespread culture in our society that man is a dominant, invincible being and, therefore, does not feel pain, so masculinity ends up being the main factor in the increase in mortality among men.

Of the complicating factors addressed by men in this study, resistance itself prevailed in the results, followed by dedication to work. Thus, these men are letting time pass and



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self-medicating so as not to worry about taking care of their health and seeking preventive care. When they go to the health service, the clinical condition is worsened. This prerogative is in line with other studies. ⁽¹⁵⁾ It was noted that 13,4% said that for them there is no difficulty in seeking health care. Emphasize that the workday, lack of time, the impossibility of leaving activities are not obstacles in the search for PHC services. ^(1,10,13,16) In Brazil, the idea that PHC units are services intended almost exclusively for children, women and the elderly is widespread. There are many justifications for the low demand or even absence of men in health services. This man's resistance to taking care of himself is not associated only with social conditions or the time, but with a culture in which men are conditioned as strong and resistant beings when compared to women. ⁽¹⁷⁾

One of the factors that can contribute to resistance or comfort is that the organization of the service is not directed to the needs of the male audience, a more attractive environment for the female and child audience, thus generating little male demand. The man, in general, demonstrates to be more concerned with work than with his own health and prefers to work sick rather than generate absenteeism, as the absence of work is not well evaluated by the employer and he needs to guarantee the sustenance of the house and of children, as the male gender is responsible for being the provider of the family. The fear of being fired after communicating that he is sick and especially a chronic illness, causing the search for the service only for acute issues such as pain and curative actions. ⁽⁹⁾

More than half of the men sought health services less than six months apart. In this study, it is possible to infer according to the results that most men seek UBS at least once a year. This fact is corroborated

in another study in which it states that, in order for men aged between 20 and 59 years to adhere, in addition to benefiting from PNAISH, it is also necessary that they seek services at least once a year, but not necessarily during campaign periods. ⁽¹⁸⁾

CONCLUSION

This study demonstrated that the FHS, located in the western region, met the recommendation of the PNAISH, however it did not meet the PHC guidelines, in particular, the Family Health which has as its main objective the promotion and prevention actions, as the motivation of men the

demand for health services occurred due to curative actions with a predominance of acute complaints. Several aspects related to the male universe and their health care were analyzed in order to explain the low demand of men for health services, among which the resistance of men associated with prioritizing work stands out, being necessary that there is a flexibility of the hours to serve the working public and ensuring functional accessibility.

As a limitation of the study, the reduced sample size due to the incompatibility of the men's hours in the FHS for the study stands out in order to hinder the performance of a

more in-depth analysis. In the FHS, reflections and problematizations are necessary that contribute to the creation of mechanisms to improve the attention given to men. It was found that preventive practices, for various reasons, whether structural or cultural, are not part of the daily life of this population, a fact justified by the concept that being a man means invulnerability, strength and virility and that the demand for health services hurts their manhood. Therefore, in terms of gaps, it can be highlighted that research is still needed to deepen the relationship between masculinity and health. 🐦

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