



Strategies to engage the male population in actions promoting male health: an experience report



Estratégia de adesão do público masculino às ações voltadas para a saúde do homem: relato de experiência

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Abstract

The male population is more likely to develop diseases, particularly chronic and severe conditions, leading to elevated mortality rates. This susceptibility occurs due to a cultural tendency to neglect healthcare services, resulting in delayed diagnoses and irreversible complications. The National Policy for Integrated Attention to Men's Health (PNAISH) was created to overcome this challenge. This study focuses on an action implemented at a basic health unit in Pernambuco to engage the male population in healthcare services. This action may reduce the male morbidity and mortality related to their health in the long term.

Keywords: Men's health; Primary health care; Health policy.

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Resumo

A população masculina é mais propensa a doenças, principalmente crônicas e graves, com maiores taxas de mortalidade. Isso decorre de uma cultura marcada pela falta do hábito de procurar pelo atendimento médico, resultando em diagnósticos tardios e complicações irreparáveis. Assim, para superar esse quadro, foi estabelecida a Política Nacional de Atenção Integrada à Saúde do Homem (PNAISH). Nesse contexto, o presente trabalho relata uma experiência em uma Unidade Básica de Saúde, localizada em um município Pernambucano, que utilizou estratégias para aproximar a população masculina dos serviços de saúde. Ao passo que, em longo prazo, pode ter como resultado a redução da morbimortalidade masculina por causas previsíveis associadas à saúde do homem.

Palavras-Chave: Saúde do homem; Atenção primária à saúde; Política de saúde.

INTRODUCTION

In 2008, the Federal Government introduced the National Policy for Comprehensive Attention to Men's Health (PNAISH) to address and prevent health issues of the male population. This policy was created because men have low adherence to preventive and health-promoting actions, increasing costs within the Unified Health System (SUS). This scenario occurs due to delayed access to specialized tertiary care, increasing complications and morbidities^{1,2}.

The PNAISH has been structured around five themes: access and reception, sexual and reproductive health, paternity and care, prevalent diseases in the male population, and violence and accident prevention^{1,3}. These themes aim to increase access to health services for the Brazilian male population (20 to 59 years old).

The significant challenge of the male population to access health services has been recognized in this policy. The challenge is often based on prejudice, sexism, a culture of misinformation, and reluctance to embrace healthcare practices². Additionally, men predominantly undertake extensive and demanding work activities, resulting in a mismatch between free time and the operating hours of the basic health unit (BHU). This mismatch reduces access to health services⁴. The health of the male population must be understood as a common and multifaceted entity since it encompasses aspects that may change according to age, nationality, race, social class, and sexual orientation⁵. Other factors, such as place of residence (i.e., rural or urban), incarceration status, physical and mental disability, and non-hegemonic gender identity, also influence the male health.^{5,6}

Given the substantial male population within the BHU area, measures are needed to mitigate the spread of diseases associated with male health, whether chronic or acute. These measures must focus on diagnosing and treating men already affected, and identifying those more susceptible to developing diseases. Comprehensive population-wide strategies are needed to prevent the emergence of these diseases. Moreover, male health issues are a significant public

health challenge in Brazil that contributes to a high rate of mortality compared with women.

OBJECTIVE

To describe a strategy implemented in a BHU of Pernambuco to engage the male population and enhance their adherence to initiatives aimed at their health.

METHODS

This cross-sectional descriptive study reported the experience of implementing the PNAISH using a strategy to engage the male population from April to November 2022. Participants were adolescents, young adults, and older adults who lived in the BHU area in a municipality from Pernambuco.

RESULTS

Primary care interventions, particularly health education strategies, were pivotal for reducing diseases related to male health in the community.

Professionals of the BHU in Paulista, Pernambuco, reported that men were not the most proactive attendees; however, they were inclined to seek consultations during advanced stages of diseases or when confronted with sexually transmitted infections.

Thus, medical students assigned to the BHU proposed a strategy focused on caring for and monitoring couples living in the area. They presented the potential benefits of incorporating this practice into primary care, and the multidisciplinary professional team welcomed the idea.

Adjustments to existing measures (i.e., popular health education initiatives) were recommended. The aim was to challenge the idea that men do not need to seek health services proactively and to optimize methods for engaging them. This strategy was crucial in Paulista, a city that significantly contributes to the population of the Metropolitan Region of Recife in Pernambuco.

CONCLUSION

The implemented strategy increased engagement and access, and improved the response of men to health services and programs. In addition, registrations of the male population in the BHU information system significantly increased in the covered area. The strategy also facilitated health promotion and disease prevention efforts, such as the widespread distribution of condoms to the male population, especially those whose spouses are accompanied in the service.

This experience enhanced the overall access to quality healthcare for the male population served by the BHU, operating within a gender-inclusive framework and aligning with the principles of comprehensive healthcare.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

JANN: investigation, data curation, visualization, and writing of the original draft. **LFMN:** investigation, data curation, visualization, and writing of the original draft. **MVFF:** investigation, data curation, visualization, and writing of the original draft. **MFO:** investigation, data curation, visualization, and writing of the original draft. **NGLT:** investigation, data curation, visualization, and writing of the original draft. **RRLGP:** conceptualization, formal analysis, project administration, supervision, writing (review and editing). All authors approved the final version.

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