

Strategies for coping with men's difficulty in accessing primary care

Estratégias de enfrentamento à dificuldade de acesso de homens na atenção básica

Estrategias para afrontar la dificultad de los hombres para acceder a la atención primaria

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RESUMO

Objetivo: descrever a experiência do Projeto Sábado do homem no Subúrbio Ferroviário, Salvador, Bahia, Brasil. **Metodologia:** Estudo qualitativo, descritivo, do tipo relato de experiência acerca da implantação de um projeto exclusivo para a população masculina de forma a aumentar a acessibilidade deste público na atenção primária a Saúde (APS), com foco no Distrito do Subúrbio Ferroviário, realizado no período de outubro de 2016 a fevereiro de 2024. O presente estudo obedeceu aos aspectos éticos da pesquisa, conforme a Resolução nº 510/2016. **Resultados:** De um modo geral, acontece um sábado por mês, com atividades desenvolvidas no formato de circuito de saúde, contemplando as seguintes ações: acolhimento qualificado da população masculina; verificação de pressão arterial, glicemia capilar, antropometria; atendimento em sala de vacina; consulta de atenção integral à saúde do homem, incluindo Saúde Sexual e Reprodutiva, Pré-Natal do parceiro, doenças prevalentes neste público; procedimentos odontológicos; aconselhamento e realização de testes rápidos para Hepatite B, C, HIV e Sífilis; rodas de conversa e atividades de educação em saúde com temas diversos e de relevância para saúde do homem. **Considerações finais:** A experiência em tela aponta caminhos para a ampliação do acesso às ações e serviços para a saúde favorecendo a presença masculina nesses momentos alternativos.

Descritores: Homem; Atenção Primária À Saúde; Saúde; Política.

ABSTRACT

Objective: to describe the experience of the Man's Saturday Project in Subúrbio Ferroviário, Salvador, Bahia, Brazil. **Methodology:** Qualitative, descriptive study, experience report type about the implementation of an exclusive project for the male population to increase the accessibility of this public in primary health care (PHC), focusing on the Subúrbio Ferroviário District, carried out in period from October 2016 to February 2024. The present study complied with the ethical aspects of the research, in accordance with Resolution nº 510/2016. **Results:** In general, one Saturday per month takes place, with activities carried out in the format of a health circuit, covering the following actions: qualified reception of the male population; checking blood pressure, capillary blood glucose, anthropometry; vaccination room service; comprehensive care consultation for men's health, including Sexual and Reproductive Health, partner's prenatal care, and diseases prevalent in this population; dental procedures; counseling and rapid testing for Hepatitis B, C, HIV and Syphilis; conversation circles and health education activities with different topics relevant to men's health. **Final considerations:** The experience on screen points to ways to expand access to health actions and services, favoring the male presence in these alternative moments.

Descriptors: Man; Primary Health Care; Health; Politics.

RESUMEN

Objetivo: describir la experiencia del Proyecto Sábado del Hombre en Subúrbio Ferroviário, Salvador, Bahia, Brasil. **Metodología:** Estudio cualitativo, descriptivo, tipo relato de experiencia sobre la implementación de un proyecto exclusivo para la población masculina con el objetivo de incrementar la accesibilidad de este público en la Atención Primaria de Salud (APS), con foco en el Distrito Subúrbio Ferroviário, realizado en el período de Octubre de 2016 a febrero de 2024. El presente estudio cumplió con los aspectos éticos de la investigación, de acuerdo con la Resolución nº 510/2016. **Resultados:** En general se realiza un sábado por mes, con actividades realizadas en formato de circuito de salud, abarcando las siguientes acciones: recepción calificada de la población masculina; control de la presión arterial, glucemia capilar, antropometría; servicio de sala de vacunación; consulta de atención integral de la salud del hombre, incluyendo Salud Sexual y Reproductiva, atención prenatal de la pareja y enfermedades prevalentes en esta población; procedimientos dentales; asesoramiento y pruebas rápidas de hepatitis B, C, VIH y sífilis; círculos de conversación y actividades de educación para la salud con diferentes temas relevantes para la salud del hombre. **Consideraciones finales:** La experiencia en pantalla apunta a formas de ampliar el acceso a acciones y servicios de salud, favoreciendo la presencia masculina en estos momentos alternativos.

Descritores: Hombre; Atención Primaria De Salud; Salud; Política.

ORIGINAL

Introduction

Men's health is a theme that has been gaining prominence in the last fifteen years after the creation of the National Policy for Comprehensive Men's Health Care (PNAISH)¹. However, the growing increase in morbidity and mortality for this public is notorious, which requires coping actions in order to mobilize the male population to access health services and consequent self-care².

Morbidity and mortality between men and women present striking differences: men die earlier, mainly due to external causes (accidents and violence), are more susceptible to cardiovascular diseases, due to more frequent risk behaviors, seek health services less, due to time constraints and, mainly, due to the false self-perception of being physically and mentally infallible².

Most of the time, men do not use primary care as a gateway to health services, they seek services based on the signs and symptoms presented by the body, resulting in higher costs for the Unified Health System (SUS), worsening of the disease due to late seeking care and consequently damage to quality of life³.

The overall mortality rate in Brazil in the age group of 20 to 59 years is equal to 3.5, being 2.3 times higher among men than among women, evidenced by gender differences: men are more involved in situations of accidents and violence, leading to premature death (external causes), due to risk behaviors, such as abusive consumption of alcoholic beverages⁴. The behavioral differences in risk/protection and morbidity and mortality attest to this fragility and support the importance of planning, development and execution of health education strategies, specific to the male public, in addition to reinforcing the need to sensitize them to understand their own fragility and responsibility for their health⁵.

Precisely because there is a recognition that men take less care of themselves and are more exposed to dangerous situations and that such behaviors constitute important public health problems, in 2008 the National Policy for Comprehensive Attention to Men's Health (PNAISH) was created in Brazil⁶. This policy was created with the objective of promoting health actions that enable the increase in life expectancy and the reduction of morbidity and mortality rates from preventable and avoidable causes in the male population, for this, priority axes of actions were determined, grouped into thematic areas that include: Access and Reception; Prevalent Diseases in the Male Population; Sexual and Reproductive Health; Fatherhood and Care, Health Promotion and Prevention of Violence and Accidents, ensuring problem-solving capacity in men's health care⁷. The Ministry of Health argues that interventions should be consistent with the uniqueness of men, considering the various sociocultural and political-economic contexts, as well as stimulating male self-care⁶.

It is important to consider that even after the implementation of the policy, the relational perspectives of gender present in the social imaginary, which associates care with the female sphere and relates being a man to invulnerability, strength and virility; the fear of discovering some disease; In addition to the Family Health Units, they remain focused on the female population, and it is necessary to rethink the entire dynamics of the units' operation, adapting the period of care and facilitating access, since men consider these factors impeding due to issues of shock with working hours⁸.

To seek to change this scenario and execute the guidelines of the National Policy, in 2016, it was proposed by the Municipal Health Department of Salvador that some Family Health Units (USF) operate on Saturdays to provide exclusive care to the male public with difficulty in attending during the week, due to the impossibility of being released from work or other issues. There are an average of 40 units, of the 120 existing in the municipality of Salvador, that serve the male population, offering medical, nursing and dental care on spontaneous demand from 8 am to 5 pm one Saturday a month. In the Railway Suburb District, it has six units inserted in the aforementioned project with success in the actions carried out in the aforementioned project. Thus, the objective is to describe the experience of the Man's Saturday Project in the Railway Suburb, Salvador, Bahia, Brazil. It is hoped that this report will provide subsidies so that other municipalities/states/countries can implement this project, focusing on prevention and promotion of men's health.

The relevance of this study is based on the need to identify and strengthen strategies that can effectively contribute to the implementation of the National Policy for Comprehensive Men's Health Care, as well as to favor the overcoming of factors that limit the male public in the search for health care and to provide the organization of health actions. through the perception of men themselves and consequent reduction of preventive diseases, expansion of male health care, reduction of mortality, improvement of healthy lifestyle habits and reduction of costs for the SUS.

Method

This is a qualitative, descriptive study of the experience report type⁹ about the implementation of an exclusive project for the male population to increase the accessibility of this public in primary health care (PHC), with a focus on the District of Subúrbio Ferroviário.

This report emerged from the implementation of the Sábado do Homem Project developed in Subúrbio Ferroviário in five units with a Family Health Strategy implemented from October 2016 to February 2024.

The Subúrbio Ferroviário Sanitary District aggregates 35 neighborhoods in Salvador, with a territorial extension of 63.33 km². It has, as a particularity, the sanitary administration of two islands (Bom Jesus Island and Maré Island). In 2015 its population was 351,664 inhabitants, being the third district with the largest population and one of the lowest in demographic density, 5,553 inhabitants/km². Regarding its population profile, in 2020, the DSSF had a male population of 47.7%. Despite the smaller male population, mortality from external causes ranks second among the causes of death in the DSSF population. It is observed that deaths due to aggression (homicide) and traffic accidents (motorcycle accidents) correspond to more than 50% of deaths in the period analyzed, and in 2010 the mortality coefficient from external causes reached 97.48/100,000 inhabitants.

Considering that the male population is exposed to various diseases and health problems and has difficulty accessing health services, the Sábado do Homem Project was created in 2014 by the Municipality of Salvador and implemented in five units in the Suburb District: USF Ilha Amarela, USF Beira Mangue, USF Rio Sena, USF São Tomé de Paripe, USF Fazenda Coutos³. The project aims to capture the male demand that does not have the opportunity to

attend the units on weekdays and promote a welcoming environment, integrating this population into the activities developed and seeking to fully meet health needs.

This action is aimed at the male population, composed of cisgender men (a term used to refer to the individual who identifies, in all aspects, with the gender assigned to him at birth) and transgender men (it is the term used to refer to the individual who does not identify with the gender assigned to him at birth) primarily in the age group of 20 to 59 years. The actions are focused on the axes of PNAISH: access and welcoming, prevention of violence and accidents, fatherhood and care, sexual and reproductive health, diseases prevalent in the male population, transversalizing care to mental health and workers' health.

To support the report, a bibliographic collection was also used containing scientific articles from national and international databases, as well as books that support men's health care and guiding documents proposed by the Ministry of Health.

The present study complied with the ethical aspects of the research, according to Resolution No. 510/2016, of the National Health Council, which incorporates bioethical references, such as autonomy, non-maleficence, beneficence, justice and equity, aiming to ensure the rights and duties that concern the participants, the scientific community and the State¹⁰.

Results

In general, there is one Saturday per month, with activities developed in the format of a health circuit, contemplating the following actions: qualified reception of the male population; blood pressure check, capillary glucose, anthropometry; service in the vaccination room; comprehensive men's health care consultation, including Sexual and Reproductive Health, partner's prenatal care, prevalent diseases in this public; dental procedures; counseling and rapid tests for Hepatitis B, C, HIV and Syphilis; conversation circles and health education activities with diverse themes and relevance to men's health. It is expected, in this way, to reduce queues and waiting, as well as idleness.

However, all users must be free to choose which service they will use, allowing them to refuse to participate in any service offered. It is important to emphasize that PHC is in a prominent position, as it is a gateway to the SUS and has as its guiding axes the prevention of health problems and diseases, health promotion and intersectoriality.

To carry out the activities of Men's Saturday, at least 25 men are needed with scheduled appointments in the various categories per shift of service (morning and/or afternoon). To make it possible for the men of the community to schedule the appointment, it was necessary to widely disseminate the work of the professionals of the UBS, with emphasis on the participation of the Community Health Agents in this dissemination, going to homes, bars, tire shops and other places of male agglomeration. In addition, it is important to keep the dates of Men's Saturday updated in the UBS units in a visible place (Mural/Reception/Office, among others).

The actions carried out are based on the axes of PNAISH, namely: 1- Access and Reception in order to provide health care to men, facilitating and ensuring access, the quality of care necessary for health promotion, coping with

risk factors for diseases and health problems, monitoring and treatment of diseases/conditions observed; referrals to other levels of care were made in order to ensure the resolution of the health problems of the male population; 2- Sexual and Reproductive Health for the implementation of sexual and reproductive assistance; encouragement of the inclusion of men in the planning actions of their sexual and reproductive life; rapid testing/counseling; I encourage the use of condoms as a double protection measure for untimely pregnancy and Sexually Transmitted Infections (STIs); referral for voluntary male surgical contraception under the terms of specific legislation, with referral to the municipality's reference services; 3- Paternity and Care - Stimulus to the implementation and implementation of the partner's prenatal actions, carrying out educational activities in order to clarify the benefits of the father/partner's participation in all stages of pregnancy; encouragement of the participation of the Father/Partner since the pregnancy test; Disclosure of the Companion Law No. 11,108/2005, encouraging this companion to be the Father/Partner; stimulating men's capacity for care and offering them opportunities for listening, learning and exchanging experiences; 4- Prevention of Violence and Accidents - Promotion of comprehensive care for the male population at risk; promotion of health education activities addressing the prevention of risk behaviors; 5- Prevalent Diseases in the Male Population - Update of the men's vaccination card according to age group; identification, referral and/or treatment of STIs/HIV/AIDS; identification, referral and/or treatment of diseases prevalent in the male population (diseases of the digestive, circulatory and respiratory system, some infectious and parasitic diseases, lesions, poisoning and consequences of external causes); promotion of health education activities addressing health promotion and disease prevention.

In order to organize the services provided in each professional category, we list the activities: Doctor: comprehensive care consultations for men's health; shared care; collective activity; partner's prenatal care; request for exams; referral for consultations with specialists; active search for respiratory symptomatics to investigate tuberculosis; active search for people with leprosy or for diagnostic investigation; for trans men, include cervical cancer screening and clinical breast examination; Nurse: comprehensive men's health care consultations; shared care; Collective activity, rapid tests (HIV; Syphilis; Hepatitis B and C); pre- and post-rapid test counseling (HIV; Syphilis; Hepatitis B and C), prenatal care of the partner; Reproductive planning; request for exams; necessary referrals; active search for respiratory symptomatics to investigate tuberculosis; active search for people with leprosy or for diagnostic investigation; for trans men, include cervical cancer screening and clinical breast examination; Dentist: dental consultations; care for small emergencies; shared care; collective activity; necessary referrals; Nutritionist: anthropometric assessment with nutritional guidance; specific service; shared care; collective activity; request for biochemical tests; Psychologist: specific service; shared care; collective activity; psychosocial assessment; pre and post rapid testing counseling (HIV, Syphilis and Hepatitis B and C) and referrals; Social Worker: specific service; collective activity; shared care; psychosocial assessment; pre and post rapid testing counseling (HIV, Syphilis and Hepatitis); reproductive planning and referrals; Physical educator: specific service; collective service; collective activity; physical evaluation and referrals; Physical therapy: anthropometric assessment; specific service; shared care; collective activity;

physical evaluation and referrals; occupational therapist: specific care; collective activity; shared care; Psychosocial assessment; physical evaluation and referrals; pharmacists: pharmacy administration; specific service; shared care and referrals; nursing technicians: nursing procedures: measurement of blood pressure, capillary glucose, measurement of curative anthropometric measurements, administration of immunobiologicals, among others; oral health assistant: supervised brushing and fluoride application; administrative technicians: issuance of a duplicate of the SUS Card; scheduling appointments for specialists; Internal service scheduling; medication dispensing; organization of medical records, reception and delivery of test results; community agents: dissemination of the activity on the day; waiting room; Reception/participation in the organization of the activity.

In addition, it is recommended that the complementary services of the units open on Saturdays be offered according to demand, including: Curative; Collection of material for laboratory tests; Rapid tests; Vaccination; Dispensing of basic medicines; Distribution of condoms; Issuance of a duplicate of the SUS Card; External appointments for specialist appointments and/or exams.

Discussion

The experience in question points out ways to expand access to health actions and services, favoring the male presence in these alternative moments, such as a Saturday in the month. With a view to mitigating this problem, strategies were created that are aligned with the precepts of the National Primary Care Policy and the PNAISH⁸. In May 2019, the "Saúde na Hora" program was created by Ordinance No. 930, with the target audience being SUS users assisted in Primary Health Care, with the objective of expanding access to actions and services by extending the hours of service, favoring the male presence in these alternative moments¹¹. Despite this, only 1,987 (5%) of the country's health centers participate in the program, in 387 (7%) municipalities. Of this total, 900 of them started operating with extended hours, with the states with the highest numbers of adherence to the program: São Paulo, with 407 health units, and Minas Gerais, with 288¹². Considering the guiding axes of men's health care, other ministerial documents are added to the 2009 PNAISH, namely: Ordinance No. 1,459/GM/MS, of June 24, 2011, which establishes the Stork Network which, among other principles, aims to guarantee the sexual and reproductive rights of women, men, young people and adolescents; Ordinance No. 77/GM/MS, of January 12, 2012, which provides for the performance of rapid tests, in Primary Care, for the detection of HIV and syphilis, as well as rapid tests for other diseases, within the scope of prenatal care for pregnant women and their sexual partners; the Primary Care Booklet, No. 32, which refers to Low-Risk Prenatal Care, published in 2012, which describes as the partner's rights the performance of "partner's prenatal care" and access to monitoring of the pregnant woman during her stay in the maternity hospital, including during childbirth¹³. In this sense, it is noted that there are several actions that health services should offer to the male population, regulated by the documents mentioned above and that should permeate the daily practice of health professionals, essentially those who work in PHC.

It is important to note that on this men's Saturday the partner's prenatal strategy is carried out was created in 2011¹⁴ by the Ministry of Health and

intensified in 2015 with the launch by the Ministry of Health of the partner's Prenatal Guide for health professionals to prevent diseases and combat this inequality, encouraging active and caring fatherhood before, during and after birth¹⁵. It is important to note that the Partner's Prenatal Consultation procedure was included in the list of the Unified Health System through Ordinance No. 1,474, of September 8, 2017¹⁶. Still in 2020, many managers encourage professionals to sensitize men to attend their partner's prenatal consultations to increase the number of consultations carried out for men¹⁷. This strategy of opening on Saturdays with various professional categories is aimed at increasing male adherence to health services, considering that studies reveal that although men are considered the most exposed to health problems, in contrast, they are also the ones who least seek Primary Health Care services, when compared to women¹⁸. A study conducted with men revealed that the absence of men in primary health care services is associated with both structural factors, considering the unavailability of service schedules compatible with male demands, and cultural issues, since historically the "health posts" were created with a focus on promoting maternal and child health¹⁹. Another study showed that work-related issues, difficulty in accessing services, lack of units focused on men's health and the representation of care as a female task are the main reasons for the low demand for health services and when they need care they already have a disease or aggravation already installed²⁰.

In this sense, there is an urgent need to rethink man as an essential focus of investigation, prioritizing his life, returning to our lens not only to understand his limits, his subjectivity, emotions, desires, but essentially, his truths and values, moving him away from this productive order that is so exclusionary.

Conclusion

In view of this, it can be concluded that the experience in question points out ways to expand access to health actions and services, favoring the male presence in these alternative moments, such as a Saturday in the month, despite the numerous barriers that prevent the full implementation of the axes recommended by PNAISH. The experience points out the step-by-step of how the process for the operation of the man's Saturday strategy should be organized, from the number of scheduled appointments to the professional categories that should be involved in the process, including the know-how of each category based on the PNAISH axes.

Considering the local-regional specificities, the state and municipal federative entities need to know their male population and, from there, organize and implement strategies for the axes, and it is up to the federal level to review the policy and financial support for the implementation of these initiatives.

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