

# Produce health care for men and their masculinities: a priority

Produzir cuidado à saúde de homens e suas masculinidades: uma prioridade

Producir cuidados de salud para hombres y sus masculinidades: una prioridade

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The production of health care for men must be presented as a priority of care across the planet. In almost all global contexts, men, especially those with cisgender gender identities, die earlier, have high morbidity, are more exposed to living with health risk situations and have shown a decline in the adoption of care practices considered healthy.<sup>1</sup>

In countries like Brazil, male morbidity and mortality explains that cisgender men have their health compromised by factors that could be avoided, such as external causes, which include traffic accidents and violence.<sup>2</sup> With more than 11 years since the creation of the National Policy for Integral Attention to Men's Health, in this same country, the indicators show few changes in the scenarios evidenced in previous years, regarding the health situation of the male public.<sup>3</sup>

Thus, efforts for an emergency attention to the production of health care for men to be directed can be based on countries such as the United States, England and Mexico, which together totaled an expenditure of more than 20 billion dollars annually due to the behavior understood as "toxic" to male health. Such behaviors are permeated by harmful and harmful stereotypes for men themselves, their families and society, and for these reasons it reinforces the need to enhance actions with men.<sup>4</sup>

The scenario of the health situation of men has revealed a pattern of similarity between countries in the world, especially with regard to the social constructions of masculinities, which need to be understood as the position of men in a given order of gender..<sup>5-7</sup>

Thus, the stimulation and naturalization of behaviors, attitudes and so-called male practices have been influencing men, in the most different territories, to direct less concern with health care and to be positioned in unfavorable scenarios for self-care.<sup>8-9</sup>

It is well known, in research on the topic of male health, that men “do not take care of themselves”. The fact is that most of these investigations directed the focus of attention to the perspective of institutionalized care, in relation to the search of men for institutional health units and services.<sup>10</sup> However, investigations of a longitudinal nature or with greater empirical density regarding the health care modes and / or practices validated by this public.

In the meantime, the need to invest a look directed to the different nuances of male care that, among other symbolic and representative elements, may involve aspects such as: relationships, understandings and meanings of what it means to “be a man”, ways of life and living, subjectivities and individualities, social relationships and interactions, the establishment of socio-affective, spiritual and religious ties. Body, organic and biological, cognitive, psycho-emotional, sexual and sexual manifestations. As well as, the environmental, bioenergetic, ecological, transcultural, communicational, technological connections, the works and crafts performed, the being and being in the world and the transcendence in transpersonality.

It is important to highlight that, in the development of actions for the production of men's health care, they must use the recognition of the diverse configurations, models, patterns and social inscriptions of masculinities, as a way of guaranteeing the specificities found in each group of men.<sup>11</sup> In the context of the formulation of professional interventions, it is essential that intersectional perspectives<sup>12</sup> under the prism of structuring markers be considered, namely: gender, sexual identity, race / color / ethnicity, social class, age / generation, work / employment / income, education / literacy / academic training, culture, beliefs, territory. Thus, phenomena such as machismo, patriarchy, racism, colonialism, must be revisited and tensioned.

In the midst of this reflection, the fact that the vulnerabilities that are present and those that are superimposed on men is also recognized in the production of care, so that inequities and new inequalities are not generated. In this sense, it is called for the formulation of actions to be sensitively equitable, coherently adapted, cross-culturally compatible with the demands and needs of male health care and converging with the principles and guidelines that govern the right to health.

Regarding the relational dimensions of gender, the urgent need to direct efforts towards the education and training of health workers (with the intention of restructuring services, professional actions, whether clinical / assistance or managerial and revisit the curricula, in the search to overcome existing biologicism, sexism and binarism of sex and gender. From this perspective, it is important to reflect on the issues to be demanded by trans / transgender men, transmasculine people, with non-binary gender identity and others, in order to produce inclusive care.

It highlights the importance of producing care for men's health in line with the lines of care existing in health care networks at their respective levels of complexity, and expanding to formulate lines that are essential and

necessary. Furthermore, it emphasizes the need to strengthen actions in the axes of policies, such as the National Policy for Integral Attention to Men's Health<sup>3</sup> in force in Brazil, which aims to contemplate the access and reception of the male public; paternity and care; sexual and reproductive health; prevalent diseases of the male population; prevention of accidents and violence and reaching the new axes of mental health and worker health.

In view of the political context, it is reiterated the essentiality of consolidating and strengthening health systems, such as public health policies, in order to make progress in the care of men's health, especially among the most socially and economically fragile countries. Furthermore, the attention of public managers, public policy makers, governmental and non-governmental organizations, health workers (s) and organized civil society is called upon to commit to promoting health and improving the quality of life of the population. in its peoples and continents, as well as the valorization of care as an effective act of maintaining life in all its dimensions.

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