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RESEARCH

Procura por cuidados de saúde: questões de gênero e raça entre colaboradores negros de uma universidade

Seeking for health care: issues of gender and race among black contributors from a university

Búsqueda de atención de salud: cuestiones de género y raza entre colaboradores negros de una universidad

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ABSTRACT

Objective: Analyze the issues of gender and race involved in seeking for health care among black contributors from a university. **Method:** this is a qualitative study conducted by means of semi-structured interviews, whose subjects were 10 employees and outsourced workers from a university located in Feira de Santana, Bahia, Brazil. **Results:** in general, men do not seek health care the same way as women. Fears with regard to bringing his masculinity into question, due to undergoing exams, and to the risk of job loss, due to time off from work, suggest to a man that seeking for health care implies a conjuncture of unemployment, economic deprivation, and powerlessness to provide his family with a living. **Conclusion:** we identified influence of the categories race and gender and interference of social constructs related to them in seeking for health care among black men who are active in the labor market. **Descriptors:** Gender and health, Men's health, Public health, Health services.

RESUMO

Objetivo: Analisar as questões de gênero e raça envolvidas na procura por cuidados de saúde entre colaboradores negros de uma universidade. **Método:** trata-se de estudo de natureza qualitativa realizado por meio de entrevistas semiestruturadas, cujos sujeitos foram 10 funcionários e prestadores de serviço de uma universidade localizada em Feira de Santana (BA). **Resultados:** em geral, o homem não procura cuidados de saúde da mesma forma que a mulher. Receios relativos ao questionamento de sua masculinidade, por se submeter a exames, e ao risco da perda do emprego, por ausentar-se do local de trabalho, sugerem ao homem que a busca por cuidados de saúde implica uma conjuntura de desemprego, privação econômica e impotência para prover o sustento de sua família. **Conclusão:** identificou-se a influência das categorias raça e gênero e a interferência de constructos sociais relativas a elas na busca por cuidados de saúde entre homens negros que se encontram ativos no mercado de trabalho. **Descritores:** Gênero e saúde, Saúde do homem, Saúde pública, Serviços de saúde.

RESUMEN

Objetivo: Analizar las cuestiones de género y raza involucradas en la búsqueda de atención de salud entre los colaboradores negros de una universidad. **Método:** esto es un estudio de carácter cualitativo realizado por medio de entrevistas semi-estructuradas, cuyos sujetos fueron 10 empleados y trabajadores tercerizados de una universidad ubicada en Feira de Santana, Bahía, Brasil. **Resultados:** en general, el hombre no busca atención de salud de la misma manera que la mujer. Recelos con respecto a poner su masculinidad en duda, debido a someterse a exámenes, y al riesgo de pérdida de empleo, debido a la ausencia del trabajo, sugieren al hombre que la búsqueda de atención de salud implica una coyuntura de desempleo, privación económica e incapacidad para proveer a su familia. **Conclusión:** se identificó la influencia de las categorías raza y género y la interferencia de constructos sociales relacionados con ellas en la búsqueda de atención de salud entre hombres negros que están activos en el mercado laboral. **Descriptores:** Género y salud, Salud del hombre, Salud pública, Servicios de salud.

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INTRODUCTION

In 2007, the life expectancy of a Brazilian man reached 68.75 years.[1] However, Brazilian women, within the same period, had a life expectancy of 76.36 years.[1] The disparity of 5.61 years in life expectancy between Brazilian men and women was due to different reasons, but all of them were permeated by the social difference attributed to genders.

The historical background ensured, for men, in the public mindset, the superiority of their health in relation to women's health, providing a rationale for male attitudes towards the access to health goods and services. Another important point concerns "the fact that, in general, caring for ourselves and appreciating our body regarding health, also in terms of caring for others, are not issues involved in the socialization of men".[2:8]

However, within the male environment, the health status is not homogeneous and the health arrangements of black Brazilian men are more harmful to them than those experienced by white men. "Gender differences among the black population are greater than gender differences among the white population, i.e. in the health field, being male and black constitutes the most unfavorable condition".[3] Analyzing researches on men, we may say that this group population ranks first in mortality rates "in virtually all ages and for almost all causes".[4:36]

In 2009, the main reasons of death in the state of Bahia were diseases of the circulatory system. Out of these deaths, black men reached 32.3% of cases, against 9.0% of white men, 9.8% of white women, and 31.0% of black women.

Given that the nursing work process traditionally derives from care, education, and management actions, all aimed at caring for human needs, it is indispensable for nursing, when planning care for black men, to know the particularities and risks to which this group is exposed.

OBJECTIVE

This study aimed to analyze the issues of gender and race involved in seeking for health care among black contributors from a university.

Use of services

The National Survey by Household Sample (PNAD) conducted in 2008 found out that 53.8% of women and 46.2% of men who were interviewed pointed out the primary health centers as services regularly used, however, men cited the outpatient unit at their workplace, the drug store, and the emergency room more often than women.

"The process of using health services derives from the interaction between the behavior of the individual who seeks care and the professional who provides it within the health system".[7:190] Thus, in most cases, the individuals' characteristics are used to determine his first contact to the service and the quality of care provided to him by the

professionals is responsible for the subsequent visits.

Thinking of it, the focus of analyses involving men and health has become different. The studies aim, then, at the epidemiological implications of "the identity marks of a hegemonic view of *being* male".[8:4]

As a response to the men's health context finding out that men only seek health services when they already need to be hospitalized, leading to high system costs, psychological costs for the individual and his family, as well as pain and suffering, the Ministry of Health has launched, nationally, in August 2009, the National Policy for Comprehensive Men's Health Care, with the overall aim of:

> Promoting the improvement of Brazilian male population's health conditions, effectively contributing to reduce morbidity and mortality among this population, by means of rational confrontation of risk factors and by facilitating access to actions and services aimed at comprehensive health care.[9]

In the public health domain, the formulation of a public policy aimed at male particularities does not concern only the health promotion and prevention of this clientele. This clash, consequently, "is able to get gains for women's health issues that advance only to the extent to which male participation is achieved in this coping".[2:8] For this reason, we need to raise awareness in an effective and efficient way among this target audience, trying to avoid the naturalistic and essentialist view of social roles of genders, besides taking into account the male subjectivities, men's positions in power relations, and their contributing factors: generation, sexual orientation, social class, ethnicity, etc.

METHOD

This is an exploratory, descriptive, study with a qualitative approach. We used as a means for generating data the semi-structured interview, according to a guiding script divided into two parts, the first featuring the respondent socioeconomically and the second, consisting of eight open questions, aimed to extract from respondents themes such as *masculinity*, *self-care*, and *access to health services*.

The study subjects were 10 black men, employees and outsourced workers from the State University of Feira de Santana (UEFS), aged from 30 years. These men were selected having the social networks as a basis; this technique resorts to the social contact network, i.e. "people known to the researcher indicate other people to be interviewed, who, in turn, indicate other people they know".[10] The interviews conducted lasted, on average, 18 minutes; they were recorded in MP3 player and, then, fully transcribed.

This study was approved by the Research Ethics Committee of UEFS, under the Protocol 006/2009. In accordance with Resolution 196/96, from the National Health Council (CNS), all participants read and signed the free and informed consent term. To preserve their identity, respondents were designated by the abbreviation "RESP", numbered according to the sequence of interviews.

Transcripts were examined in the light of the Content Analysis technique, in three

phases: organization, classification, and analysis of excerpts. By means of several re-readings of the material, the fragments of narratives were grouped into three categories: Relation to health; Health care; and Seeking for health services. In this study, we present results regarding the analysis on the category Seeking for health services.

RESULTS E DISCUSSION

The narratives were gathered into three groups for analysis: a service for men, black men in health services, and work and seeking for health services.

Either in prevention or in emergency situations, seeking for services may take place in different ways, being permeated by the characteristics of both patients and services. In the case of patients, the influences derive from age, gender, ethnicity, individual concept of health and disease, among other factors. The peculiarities of the service interfering with the demand from patients may be location, service flow, profile of its professionals, etc.

Masculinity has been configured as a relevant factor in the relation between individuals and health services; many heterosexual men use these arguments to define the type of service (emergency or outpatient), the reason to seek for it (prevention, treatment, accidents, etc.), and the frequency. And even after demonstrations that male morbidity and mortality rates are higher for almost all causes, men's demand by primary health care services has proved to be insufficient.[10-12]

When asked about their demand for health services, respondents answered:

> *In my case, I am hypertensive... First, I have to look for the clinician so that this clinician determines a type of medicine for me to use*. (RESP 1 - 51 years old, married, complete Elementary School, with high blood pressure)
> *I go there every 15 [days] to look at the pressure, to see how it is. My pressure is high and sometimes I eat salt, fatty food or something else, then, my pressure increases, so I always have to see the doctor to regulate it*. (RESP 4 - 56 years old, married, complete High School, with high blood pressure)

Respondents reveal to have hypertension and they restrained their systematic demand for services to this situation. Respondent 4 admitted having harmful dietary practices, something which requires consultations with the clinician to decrease his blood pressure levels; this leads us to believe that, even on a fortnightly basis, the relation between Respondent 4 and the health service is curative.

Also relating the demand to a curative motivation, other respondents associated it with pain episodes.

> *Pain in the stomach, pain at the site, for these things we provide a massage and everything is okay, for me this is a little thing, now, a severe pain, which I do not know where it came from or what has caused it, then I consider it as something serious*. (RESP 2 - 34 years old, married, incomplete Elementary School)
> *When I am unable to perform my activities, when I see that it is something serious, then I have to go, but I do not usually look for a doctor due to silly issues, when I realize something does not bother that much*. (RESP 10 - 32 years old, married, complete High School)

The narratives highlight pain as the sole motivation for seeking the service, and, in

both cases, pain has to be disabling. The testimonies suggest that seeking for help "generally occurs for two reasons: when pain becomes unbearable and when there is some inability to work".[10:570]

Respondent 2, by reporting he uses simple technologies (massage) to solve his problem, brought to debate the idea of men who consume alternative treatments, massages, teas, and home remedies to solve health problems they judge do not need professional attention.[10,13]

During the interview, some respondents tried to justify the absence of men in the services.

> *I say cultural* [...] *that is what we have been learning in our society. Things, in a way, they are conveyed like this. You live in a house just like I lived with my family, father, mother, and eight children, I hardly saw my father looking for a doctor and I think this ends up going on.* (RESP 6 - 35 years old, single, complete High School, with no children)

According to Respondent 6, the fact comes down to a cultural issue. When the patient sought for reference in his memory, he recalled not having witnessed his father attending the services. This reflection reflects the idea of self-care as a practice deriving from a socialization process and, in this case, associated with women.

When asked if men seek the services the same way as women, some respondents answered:

> *No,* [...] *men are more sloppier, to tell you the truth,* [...] *women go to the doctor for anything.* (RESP 2 - 34 years old, married, incomplete Elementary School)
> *I think not, men are less careful, women are more uptight, when women feel something, they go to the doctor, men do not, when men go to the doctor, they are almost dying.* (RESP 4 - 56 years old, married, complete High School, with high blood pressure)
> *A lot of times, because men are too arrogant, they think anything happens to them, it is quite difficult for a man to seek a doctor, that is what I think.* (RESP 8 - 33 years old, married, incomplete Elementary School)
> *I think that is due to his physical strength, more or less.* (RESP 10 - 32 years old, married, complete High School)
> *Generally not, actually they do not go due to their own will, and women not, usually they are always seeking for a doctor.* (RESP 5 - 37 years old, married, complete High School)

Although some respondents have criticized men's behavior, the answers to the questions made were unanimous in stating that men do not seek the services the same way as women. Respondents also indicate that the differences are related to the type of service, the frequency of seeking for it, and the causative reason to seek for it.

At the time of justifying the different behaviors adopted by each gender, respondents 2, 4, and 8 established relations to behaviors they think to be inherent to women and men; men are sloppier and women are more uptight. "This opinion reinforces studies showing differences in gender roles observed in the social imagery, regarding care as something inherent to the female realm."[10:569]

In turn, Respondent 10 advocated for the view of a stronger male body, therefore, healthier than the female body and less in need of care. However, Respondent 5 pointed out the lack of men's will as a determining factor of this reality. Does this lack of will refer to men's inertia who, even aware of the risks, choose not to seek services?

While talking to some respondents, they provided an analysis of their behaviors regarding the need to undergo prostate exam.

> *Then I have to undergo a prostate exam and I never went, my wife is telling me all the time - go to the doctor and do the exam -, and I am going to do that now, now I am going to take courage and return.* (RESP 4 - 56 years, married, complete High School, with high blood pressure)
> *I am an example myself, very bad!* [laughs] *I have to undergo a prostate exam, but every day I have to schedule it, every day I am, you know, scheduling it... Men are ... are ... Sexist, men are afraid of prostate exam, because the guy says: "Ah,* [...] *the doctor has a hard finger".* (RESP 3 - 52 years, divorced, incomplete High School)

Respondents 3 and 4 recognize the importance of undergoing prostate exam, however, they admitted an escape attitude towards this circumstance. According to Respondent 4, before undergoing the exam he needs to take courage. The respondent's argument may be linked to two problems, both the possibility of discovering pathology, an issue that could bring consequences to his personal life, for instance, the need to rethink some of his conceptions regarding masculinity and this particular exam. In turn, Respondent 3 was more accurate about the randomness of male behavior, grounding it on sexism discussed posture, however, he left implied a concern that the procedure causes pain.

Respondent 3 cited his wife's behavior in warning him about the exam, confirming that, in many cases, "considering various diseases, marriage provides men's health with greater protection".[14:71]

Attention in health services

Understanding health as a female practice is not expressed only by the absence of men in the services, it is also noticed when the service is not organized enough to meet the demands of this clientele. The health programs most widely divulged and used prioritize attention to children, women, and elderly; even the family planning program, which proposes the couple's participation, has a systematization favoring women. In the everyday life of health services, we can see that "health care facilities are organized, indeed, to accommodate especially mothers and their children, leaving little space for men".[13:84]

We notice that a change in this reality permeates different actions and, "among other aspects, it is important to give room to men themselves to better understand the issues involved in their access to health services".[10:566]

When asked about how a service able to meet men's needs should be, a respondent answered:

> *It should be, you know, more secret, a place, you know, rather reserved so that men could open up themselves.* (RESP 8 - 33 years old, married, incomplete Elementary School)

This narrative expresses the view of the health service as a place for revealing the health status of those who seek it. When the patient is a man, the spread of an image of weakness assigned to him can be considered as an uncomfortable situation to the user. That is an aspect depicting this individual as a weak person. In social constructs regarding the virility of these men, weakness, looseness, and femininity are not part of the constructs regarding maleness, they are stereotypes usually attributed to femaleness or those who incorporate similar behaviors.

The secret and reserved environment, in this case, is intended to safeguard the maleness of every man provided with care, leaving implied

> [...] Men's difficulty to verbalize what they feel, because talking about

> their health problems may mean a possible demonstration of weakness, feminization before others.[11]

This way, the mere attendance to a place seen "as a feminized space, mainly attended by women and consisting of a professional team mostly formed by women, too"[11:106], is something which may put into question the virility and strength of a man who attends it.

Other statements regarding the services were made.

> *Firstly, there should be a social care to explain to him* [man] *what is happening to him, the way how he must go on with his life*. (RESP 5 - 37 years old, married, complete High School)
> *It should be more humanized, more organized, the staff should be more human-driven, I think the professionals are not much human-driven, they do not provide enough attention*. (RESP 10 - 32 years old, married, complete High School)
> *The service should be faster, [being provided with care by] certain specialized doctors is very difficult... They schedule exams for two, three, four months*. (RESP 3 - 52 years, divorced, incomplete High School)
> *It should be more agile, you know, there should be some readiness, because what we witnesses on a daily basis are the various difficulties to access a health service, especially in our public service*. (RESP 7 - 36 years old, married, complete High School)

The narrative by Respondent 5 resumes the idea of the health-illness process as a social succession, thus, he suggests that the first step should have a social background. In turn, respondents 10, 3, and 7 idealize the service as aimed at men by means of the counter-image of current services; according to Respondent 10 the service should be more humanized and respondents 3 and 7 think the service should offer a faster service.

The critical knots of care within the Unified Health System (SUS) also constitute a hindrance to men's access to health services, because

> [...] by seeking the health service for a consultation, they face lines, something that can cause them to "lose" a workday, without necessarily having their demands met in a single consultation and, due to economic issues, they cannot seek a private service.[10:569]

The difficulty to access the services constitutes a problem experienced by many Brazilians.[15] And, "although they are more in need of health services, individuals with lower income tend to consume less of these services".[16:82] In this context, most black Brazilians are exposed to injuries and illnesses, taking into account their restricted access to social apparatuses promoting quality of life.[17,18]

Black men in health services

The amount of studies evaluating the subject race/color as a factor influencing the individual's health status has grown lately. These researches deal with various issues, such as access to services, morbidity and mortality profiles, racial vulnerability, institutional racism, among others. When interpreting the information obtained by researchers, there is a tendency to attribute the health status of Brazilian Afro-descendants to the social conditions experienced by them, however, "the economic dimension explains only a part of the inequalities between blacks and whites, another part is explained by racism".[19:222]

When asked if, at some time, they realized their skin color as influential in the attention provided by health services, some respondents answered:

> *No, I think not, until now, when I went to the hospital they treated me really well, ever. Although I have gone just a few times to the hospital.*

> (RESP 9 - 32 years, married, incomplete Elementary School)
> *Not in terms of prejudice, skin care itself, because the care for black skin is different from that for white skin, but only in this regard.* (RESP 6 - 35 years old, single, complete Higher Education, with no children)

However, some narratives differed from the previous ones.

> *Look, I have found nothing, but I have already felt that sometimes there is a certain disregard, you know, there is, indeed, because I cannot recall it now, but I felt that it happened, and this took place recently.* (RESP 7 - 36 years old, married, complete High School)
> *There is, there is also because I am a black man, you know.* [...] *But many* [...] *blacks are humiliated, you know, due to their skin color.* (RESP 8 - 33 years old, married, incomplete Elementary School)

Respondents 7 and 8 pointed out skin color as something that generates a different attention by some health service. Respondent 7 brought up for discussion the subtle nature of institutional racial discrimination, by saying: "*Look, I have found nothing, but I have already felt [it]*".

Generally, when seeking for health services, patients have "the wish to be provided with adequate care and see their health problems solved".[20:65] However, failure to meet citizens' needs in health care facilities leads to the emergence of negative memories and experiences, which constitute the reference to detach them from health services.

Respondent 7 goes on with his claim:

> *I have already noticed with other people* [...] *it was a situation of prejudice, but I think that because the person who was feeling embarrassed* [...] *was not, you know, aware of that, he allowed that to be omitted, indeed.* (RESP 7 - 36 years old, married, complete High School)

The respondent reported an episode of institutional discrimination. On the occasion described, the discriminated person also realized to be suffering a discrimination, however, according to Respondent 7, due to lack of awareness, he allowed the case to be omitted.
We notice that, in this case, the omission takes a meaningful condition of "not acting, not manifesting, not expressing, when [he was] expected to do it".[21:1437]

Work and demand for health services

The inclusion of this category permeates two social images of the working act - occupation and responsibility. Both aspects may be observed at the same level, because their social interpretations towards the phenomenon work are converging. Being occupied means playing a role, having a productive function and being responsible means not escaping from the role or function a person was assigned to. For some men, having an occupation and taking it responsibly qualify them as socially productive, therefore, potential providers for their family. Being a man means being strong, capable of being a provider, something which reinforces the obligation related to the offspring safety according to men's conception. The discourse of fatherhood as a social burden has always been very strong and this legitimized men as material providers. This has also provided a framework for the constitution of father, the householder, responsible for its livelihood.[22] "Being a man also means achieving professional improvement, keeping the word, being honest and hardworking".[23:59]

Thus, risking his job to go to the health service leads men to face a conjuncture of unemployment, economic deprivation, and powerlessness to provide his family with a living,

as well as bringing his masculinity into question.

In this study, some respondents did not recognize work as a hindrance in the demand for health services.

> *This is not a hindering factor, because if he realizes his health has been compromised, he has to seek the health service.* (RESP 5, 37 years old, married, complete High School)
> *In my case, no. Whenever I need or whatever I need, I go to the doctor.* (RESP 6, 35 years old, single, complete Higher Education, with no children)

The respective respondents said that their work does not hinder them to seek services. Respondent 5 added that this factor cannot be used as an excuse by men for not attending health services.

> *This is an excuse of his own, because it does not involve lack of time, we have time to do many things ... Why not seek health care and treat ourselves?* (RESP 5, 37 years old, married, complete High School)

However, we must be attentive to the particularities of the work routines of these respondents. Respondent 5 follows a scheduled work system, he works for 12 hours and rests for 36 hours, then, within his time off he could attend the service. And Respondent 6 plays a bureaucratic role, something which allows him to negotiate his routine.

For other respondents, however, sometimes the work hinders access to the service.

> *Sometimes it interferes. It interferes because we work from Monday to Saturday and sometimes we cannot get to the health center. And sometimes, when we ask* [...] *there is the issue that they do not want to let us go.* (RESP 9 - 32 years old, married, incomplete Elementary School)
> *Sometimes it interferes because... The boss does not want to let us go, the company does not provide health insurance, does not provide a doctor once a month, and when we ask for two or three days to do that, there are complaints... if we need two more days to complete the exams... there are complaints and sometimes people are afraid of losing their jobs.* (RESP 3 - 52 years, divorced, incomplete High School)

Respondent 9 has initially supported his claim regarding incompatibility between the routines of services and workers. This consideration confirms literature data indicating that the provision of care during business days and hours constitutes, for some workers, a barrier to access the services.[10,11,13]

Grounded on another argument, Respondent 9 converges with Respondent 3, since both of them reported worker's difficulty in negotiating with the employer his attendance to the health service. We believe that this information reflects the weak employment relations experienced by these men. The outsourced worker is not provided with health insurance and at the time of negotiating a leave to go to the health service, another disadvantage is posed - fear of unemployment.

The fear of losing the jobs due to health-related reasons appeared in another testimony.

> *When a man stops his work... if he works under a formal contract, he stops working service to care for his health, he thinks of going back, if the company will be watching over him, if he will not be fired* [...], *if it will not doubt of any health problem and put him out.* (RESP 2 - 34 years old, married, incomplete Elementary School)

The narrative of Respondent 2 reports how the "inconvenience of having to miss a workday; potential loss of income related to absences due to illness; potential cost in losing promotions and maintaining employment"[14:72] may affect the use of health services by men.

However, it must be clear that the chronic experience of fear of losing their jobs on

the part of workers and the oppressive organizational relationships may set a situation of risk for mental illness.

CONCLUSION

In the testimonies, we could identify the influence of the categories race and gender on the characteristics of men's self-care, as well as describe the interference of social constructs of gender and race in men's demand for health services.

In the daily lives of some respondents, hegemonic masculinity is used to establish a distanced relation to health. Conditioning the demand for health services to the occurrence of emergency and urgency situations was observed in the research. For some study subjects, the presence in services is linked to following-up on chronic diseases. Little dedication is shown to preventive health actions. It was also found out that some respondents have already had their skin color as a determining factor for a different assistance when visiting a health service. And that, in many cases, the type of employment relationship influences men's demand for health services.

Thus, we believe there is a need for greater investment on this theme by conducting further studies within the collective health field. In turn, regarding the nursing professionals, it is a must to develop technologies capable of engaging and making men accountable for their health, in addition to making them aware of it given the need for health prevention and promotion actions.

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