

SUSCEPTIBILITIES, THOUGHTS AND ATTITUDES RELATED TO MEN'S HEALTH

Vulnerabilidades, concepções e atitudes relacionadas à saúde do homem

Susceptibilidad, concepciones y actitudes relacionadas con la salud de los hombres

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ABSTRACT

Objective: The study's goal has been to analyze the susceptibilities related to men's health, as well as to highlight the thoughts and attitudes about health according to men's viewpoint. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was carried out from august to december 2012 with employees from a higher education Institution and using a semi-structured interview script. Data analysis was performed through the content analysis technique. **Results:** The analysis resulted in the following three categories: thoughts and attitudes about health according to men's viewpoint; susceptibilities related to men's health; and, male resistance to searching for health services. **Conclusion:** Men's habits, thoughts and lifestyle influence their low demand for health services, poor diet, sedentary lifestyle, and both traffic and work accidents.

Descriptors: Susceptibilities, Sexuality, Public health, Nursing.

RESUMO

Objetivo: Este estudo objetivou analisar as vulnerabilidades relacionadas à saúde homem, bem como evidenciar as concepções e atitudes sobre saúde na ótica dos homens. **Método:** Para tanto, realizou-se um estudo descritivo/exploratório com abordagem qualitativa, de agosto a dezembro de 2012 com funcionários de uma Instituição de Ensino Superior, utilizando um roteiro de entrevista semiestruturado e análise dos dados através da técnica Análise de Conteúdo. **Resultado:** Da análise resultaram três categorias: concepções e atitudes sobre a saúde na ótica dos homens; vulnerabilidades relacionadas à saúde do homem; e resistência masculina para a busca dos serviços

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de saúde. **Conclusão:** Os costumes, pensamentos e estilo de vida dos homens, influenciam na baixa procura dos mesmos aos serviços de saúde, má alimentação, sedentarismo, acidentes de trânsito e de trabalho.

Descritores: Vulnerabilidades; Sexualidade; Saúde pública; Enfermagem.

RESUMÉN

Objetivo: Este estudio tuvo como objetivo analizar las vulnerabilidades relacionadas con la salud de los hombres, así como destacar las concepciones y actitudes sobre la salud desde la perspectiva de los hombres. **Método:** Para este propósito, se realizó un estudio descriptivo / exploratorio con un enfoque cualitativo, de agosto a diciembre de 2012 con empleados de una institución de educación superior, utilizando un guión de entrevista semiestructurada y análisis de datos utilizando la técnica de análisis de contenido. **Resultado:** El análisis dio como resultado tres categorías: concepciones y actitudes sobre la salud desde la perspectiva de los hombres; vulnerabilidades relacionadas con la salud de los hombres; y resistencia masculina a la búsqueda de servicios de salud. **Conclusión:** Las costumbres, los pensamientos y el estilo de vida de los hombres influyen en su baja demanda de servicios de salud, mala alimentación, inactividad física, accidentes de tránsito y laborales.

Descritores: Vulnerabilidades; Sexualidad; Salud pública; Enfermería.

INTRODUCTION

During the last century, around the 1970s, the first studies related to human health, mainly related to health deficits, appeared in the United States of America. From 1990, the discussion on human health began to incorporate, among other aspects, gender issues related to being healthy and being ill in male segments.¹

Since the second half of the twentieth century, studies on human development have sought a life-course approach as a process characterized by dynamic interrelations between the person and the environment, with mutual influences.² The patterns of use of health care are complex and a variety of ideologies of masculinity, norms, and gender roles are likely to play a role in discouraging the search for help from men.³ Studies across sub-Saharan Africa, for example, identify how men are often linked to social and cultural norms, fueled by gender expectations, which leads to the disadvantages of men in the morbidity and mortality profiles in relation to women.^{1,4}

Numerous national and international studies have investigated human health issues, resulting in men falling ill and dying more than women, for all types of causes and across all age groups, confirming the increase in rates of male morbimortality;^{3,5,6-9} also, due to the fact that men seek and/or use health services less frequently than women.^{1,3,10-12}

According to the Pan American Health Organization (PAHO), for every 1,000 men, the proportion of deaths is 8.7; for women, based on the same number, the proportion is 5.6.⁵ Epidemiological coefficients show that male mortality is 50% higher than female mortality, with the highest rate within the age group from 20 to 39 years old.¹² For this reason, men's involvement in health practices is considered a factor in the evolution of public health, and the health of the male population is considered indispensable for discussion because of their indicators of health problems.^{13,14}

Gender is understood as a condition inspired by sociocultural factors, responsible for building social relations. Due to a heterosexual perspective of the world, the man becomes a prisoner of old values and concepts, having to be always proving his virility, since the society created for him an image of strength and invulnerability, being the sickness, sign of fragility.¹⁵⁻¹⁸ Such paradigms disallow the expression of feelings such as love, tenderness, pain, and fidelity.¹²

These normative cultural aspects still interfere, in the self-care and the search of the men to the health. Bearing this in mind, the Ministry of Health promulgated in 2008 the National Policy for Integral Attention to Human Health, to promote health actions that contribute to the understanding of male singularity, generating an increase in life expectancy and reduction of morbidity and mortality rates through the expansion and facilitating access to health.^{1,5,8,9,11,12,15,16,18}

Taking into account the fact that injuries to males are true public health issues, the gain that such a policy has brought to Brazilians is incalculable, since in line with the strategies of humanization in health, it strengthens the actions and services in networks and care of the health.¹⁸ Hence, this study is justified by the need to expand studies on men's access to health, highlighting the low demand for health due to the interference of sociocultural factors, such as male historical invulnerability. The present study aimed to analyze the susceptibilities related to men's health, as well as to highlight the thoughts and attitudes about health according to men's viewpoint.

METHODS

It is a descriptive-exploratory study with a qualitative approach, which was carried out from August to December 2012 with employees from a Higher Education Institution, located in a capital from the Northeast region of Brazil. Fourteen employees were interviewed, with a heterogeneous age group and education level, thus allowing a wide view of the research object.

The criteria for inclusion of the participants were as follows: employees with a legal relationship in the institution; being male; within the age group from 20 to 59 years old; have an interest and willingness to participate in the research. The exclusion criterion included employees who were away or from the service license, and the unavailability to participate in the survey.

The interviewees were previously oriented about the object of the research and, after accepting it, signed the Free and Informed Consent Term. The data collection was done through a semi-structured interview script, which contemplated reaching the proposed objectives of the study.

As a way of preserving anonymity, we chose to replace the names of the participants with the capital letter "P", followed by Arabic numerals: P1, P2, P3... P28. The number of participants was delimited by the theoretical saturation process, according to which, as the data were obtained and/or analyzed, the relevance structures were deepened, progressively responding to the objectives outlined, pointing

out a certain recurrence and consistency before the issues under study.¹⁹

The data were analyzed through the technique of Content Analysis, which according to Bardin,²⁰ is a set of communication analysis techniques. Content Analysis can be an analysis of “meanings” (thematic analysis), although it can also be an analysis of “signifiers” (lexical analysis, analysis of the procedures).

Therefore, the results were analyzed through thematic categories, which includes thematic analysis. The thematic analysis consists of discovering the “nuclei of meaning” that make up the communication and whose presence, or frequency of appearance, can mean something for the chosen analytical objective.²⁰

The research was approved by the Research Ethics Committee from the *Centro Universitário UNINOVAFAP*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. C0211.0.043.000-11, according to the Resolution No. 466/2012, which deals with the guidelines and norms of research involving human beings, such as the guarantee of the confidentiality and the freedom to either refuse or withdraw at any stage of the study.

RESULTS

In this stage of data synthesis will be approached the results of the research according to the content analysis technique. From this scrutiny, resulted the following three categories: Thoughts and attitudes about health according to men's viewpoint; Susceptibilities related to men's health; and, Male resistance to searching for health services.

Thoughts and attitudes about health according to men's viewpoint

The health perspective in relation to the male population has been changing over the years concerning the consideration that man does not get ill. Given the aforementioned, health services have been expanding methods and strategies, with a greater understanding of the barriers to male involvement and new tactics to include men in clinical settings.¹³

Men's view of health is referred to in the sphere of well-being. The conceptions about health are revealed by men in a partial way, since in the reports, men express themselves in axes linked to daily activities, such as sports, leisure, and food:

[...] Health is essential, and today I care more about health; when I was younger from 17 to 20 years old, I was not going as often as I go now. I think health is wellness. (P2)

Health... is the guy having more... having a life that combines physical activity with a good diet, knowing that he is not sick... Living in a healthier way, at work as well [...]. (P3)

Physical and mental well-being. (P5)

A well-being, taking care of the body... [...]. (P6)

[...] Health is related to the practice of sports (which I do not do). (P10)

From the analysis of the participants' speeches, it is possible to detect changes in relation to the conception of earlier times of masculinity; the deponents presented an integral vision of health, not only delimiting the disease. This fact reflects an understanding of the non-disease state related to the adoption of preventive habits.¹¹

Nonetheless, regarding the personal health care, participants revealed that they do not usually take care of their own health.

[...] I should be much more careful. I do not think I take care of the way I should. We work, get stressed, and when he gets home he does not have that “stamina” of going to the gym. [...] Soon our work here we become very sedentary, spend the day sitting and when going to eat, it is not the ideal food. Then I end up getting fat. Most of us here have already gained weight. (P6)

Thus, the participants showed that when they enter the labor market they become sedentary due to the overload and stress in the professional environment, they also emphasized the inadequate feeding in relation to the service and their food customs; factors that reflect on the increasing increase of cardiovascular diseases and chronic diseases like diabetes and hypertension that are closely linked to obesity and lack of physical exercise.

The man at this stage acquires harmful behavior and commitment to health, causing emergence patterns of illness. Regarding the demand for health services, the participants revealed that they only searched when the disease was already in place, generating great discussions in the scientific community, since the participants showed that the work-related exams were sufficient for having life quality.^{1,3,5,12,18}

[...] Generally, the majority of the population only look for help when they are sick, do you understand?! You hardly go to the hospital to take routine check-ups. [...] Normally, I do not do routine exams. We usually do periodic work-related exams here. (P3)

Men often deny the existence of pain or suffering, of vulnerabilities, to reinforce the idea of masculine strength by demarcating differentiation with the female gender.¹⁷ In the following speech, the participant revealed that they had already been hospitalized for motorcycle accidents, and have some confidence in their discourse on health, with expressions of safety on health, corroborating with the data above.

[...] I already had gallbladder surgery, I was already hospitalized because of a motorcycle accident, I already had motorcycle accidents. I say that I am armored, in general,

I only have an ulcer... throat [...] my immune system is very good. (P9)

[...] Yes, just an accident involving transportation; so much that I have already crashed 42 times. Sometimes I drink, then I do drive. (P12)

Susceptibilities related to men's health

The greater susceptibility of men, relative to women, in Brazil and in the world, and also in the present study, could be explained by the greater exposure to risk due to the adoption of certain lifestyles.⁶

According to the participants' remarks about susceptibility to their own health, some have reported being vulnerable due to a lack of healthy habits such as eating and physical activity.

All of us, right?. So, because of the issue of you needing to do physical activity, proper nutrition, 'right'? (P3)

[...] I consider myself susceptible because of the same habits: not doing physical activity, lack of regular feeding times. (P6)

[...] I also work on my own so sometimes I get very tired and go to sleep hungry, sometimes I eat something or not, it depends a lot. So it's the question of even eating habits as well as physical activity... I'm kind of unruly with it. (P4)

The sedentariness comes because of work and lack of time. I sit around all the time. I get out of here, I go to college and sit all the time, I get home, I sleep and the other days anyway. With regards to food, I try my best by eating salads, eating healthy things [...]. (P11)

In order to achieve integrality in the health care of the male population, relational aspects such as: age, socio-economic condition, social determinants of health, cultural contexts should be considered, and health is understood as a multiple and complex social production.¹¹

A study performed with bank workers has resulted similar to this study, because the researchers involved in the research associate stress with overwork, being a great burden for health.²¹

In this aspect, another factor of vulnerability to health pointed out by the participants was related to accidents, especially when associated to alcoholic beverage intake, as follows:

I drink socially. "Not to be out of my mind." Sometimes I drive, right? But when I drive, I have been drinking little. (P3)

[...] I think I'm more exposed to accidents, because I'm a biker. (P10)

[...] although sometimes yes, we drink and go driving drunk. (P14)

According to the World Health Organization (WHO), 1.25 million people die every year in the world as a result of accidents.²² Traffic accidents, despite being considered avoidable, are a serious public health issue worldwide, with severe consequences and high social costs.²³

In addition to these assumptions was evidenced by the participant's vulnerabilities due to the ingestion of alcoholic beverages associated with the exposure to traffic. Work accidents were also one of the factors pointed out, due to the type of work performed, which makes it more vulnerable to the risks of illness.

[...] I am under risk because of my profession, and it may bring problems related to unhealthiness. I read in a survey. And in the sector that work has the high index of contamination, high bacteria found. (P12)

A research carried out using hospital data from 2006 to 2008 in two areas of Southern China revealed that of 8,929 occupational accidents, 82.88% affected men, expressing a high prevalence of male workers in occupational accidents.²⁴

Regarding the use of condoms during sexual intercourse, most men did not use condoms during this activity, mainly because they had a fixed partner. In this way, they believe they are protected from Sexually Transmitted Diseases.

[...] I have sexual intercourse without a condom, but with a fixed partner. (P1)

[...] No, I do not [...] I have a fixed partner. (P4)

[...] No! Fixed partner... (P6)

[...] In a way, yes! Because during the year, sometimes I have 3 girlfriends, sometimes we do not use it. (P9)

Participants' discourses represent the need for a safe sex approach and need to intensify educational actions regarding the use of condoms.

The monogamous sexual partner relationship, however scarce it may be in today's society, does not guarantee protection against Sexually Transmitted Diseases. Health professionals must take into account any and all patients, since during nursing consultations, medical consultations and other professionals with the male population, the discussion

regarding the use of condoms should be considered even if there is a spouse.²⁵

Male resistance to searching for health services

There is a preponderant resistance of men to seek health services in primary care and it has been found that they seek when something is afflicting, in other words, when there is a health problem:

[...] I seek (the health service) 90% when I'm not well, 10% spontaneous. (P2)

[...] Only when I am affected, when there is a problem. When the problem starts happening. When I'm noticing any changes in my body, I look for the professional. I do not usually search in advance. (P6)

[...] As for the demand for the health service; I look for it under extreme emergency! (P3)

[...] I only go when I am very bad. (P1)

The Brazilian man dies prematurely. It is because they seek health services too late, and this causes the disease to be discovered at an advanced stage, initiating treatment late, then making recovery difficult and increasing the risk and possibility of death.^{3,5,18}

DISCUSSION

According to the reports that have emphasized the relationship of well-being in health to healthy eating, corroborating with a study carried out in Santos city, São Paulo State, which related nutrition to the biological component and feeding to the social, cultural and senses.²⁶

In the men's perception, the concept of health practices is the practice of physical exercises, as a search for a healthy life. The practice is related to psychological and hormonal effects, providing improvement of self-esteem, body image, and socialization, reduction of muscular tension and anxiety, minimization of insomnia and medication consumption.¹⁵

Considering the self-care and work-related representation, men would not find in the organizational field the same social authorization to absent themselves from their work activities.¹⁶ Given this, the limiters of healthy eating related to the short time to food and food choices recognized as unhealthy, which may characterize the greater susceptibility of men to diseases, especially chronic diseases.^{12,26} related to the health-disease-care factor such as hypertension, diabetes, heart and respiratory problems, prostate cancer, among others.⁵

Faced with this vulnerability, the numerous cases of traffic accidents with the male population are also listed. It is estimated that approximately 1.2 million people in the

world die annually due to traffic accidents, being considered the eighth cause of deaths in the general population and the first within the age group from 15 to 29 years old. According to estimates calculated by the agency, in 2020 will be 1.9 million deaths in traffic and in 2030 will be 2.4 million.²³

Studies reveal the preponderance of male and young adult patients in virtually all types of external causes of hospitalization, possibly due to behavioral and lifestyle differences between men and women.²⁷

By highlighting male susceptibilities, unprotected sex is increasingly a negative outcome for men. Therefore, the advancement of the HIV/AIDS epidemic has boosted the need for men to be involved in health promotion and prevention efforts, due to the increase in cases of heterosexual transmission.¹⁷

Sexuality, besides demanding support for professionals to discuss with men, it is also associated with prejudices.¹ The subject sexuality is treated from the character of eventuality and informality, or even approached under a focus of neutrality, prohibitions and lack of human sexual embodiment. This has made it fragile to train professionals in this context, since they need to be free of myths, beliefs, and taboos so that in fact they contribute with the adequate social management of the subject.²⁸

Regular male interaction with a medical professional can help to normalize the frequency of consultations, allowing them to build trust with health professionals, and be more inclined to be proactive in their health management or seek help when problems arise.³

The relevance of this study can be highlighted from the contribution of knowledge and discussion about susceptibilities, thoughts, and attitudes related to men's health. Studies like this one, which seek to deepen understanding about aspects of susceptibility that interfere with men's health, as well as their own health evidence and thoughts. Nevertheless, the main limitation was the unavailability of some employees to participate in this research.

CONCLUSIONS

The results showed that the overload of work and the lifestyle that the male population experiences in their daily life to the detriment of their customs and behaviors with respect to health, affect both their physical and social state. Another important finding was the knowledge about health concepts, emphasizing psychosocial aspects and not restricted only in biomedical concepts, but the vision of health as a whole.

The benefits of physical activity and healthy eating were highlighted as essential factors for well-being in health contexts, as well as negative aspects of self-care were highlighted, represented by men's low demand for health services, sometimes due to intense routine labor or even by the lack of knowledge and/or intrinsic thoughts of invulnerability; which is of great relevance to the scientific community while representing the male sociocultural difficulties in relation to health.

Given the participants' reports, automobile accidents represent one of the main causes of damage to health and/or death, as well as accidents in the work area, which are also included in negative results for men life expectancy.

The intrinsic sociocultural thoughts may also have influenced the non-acceptance of the employees to participate in the research, thus highlighting the main limitation of this study. The present study might contribute to the formation of a series of reflections and studies on the susceptibilities with regards to men's health, as well as evidence, thoughts, and attitudes about their health according to their own perspective.

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