



## Challenges for men's adherence to health services in primary health care

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### ABSTRACT

Several issues corroborate men's negative relationship with primary health care services, causing the male population to suffer from the most diverse obstacles related to their male health. The aim was to identify the main factors that lead men to have a low rate of adherence to health services in primary health care. The bibliographic search was carried out using the SciELO, Lilacs and BDEF databases. The following descriptors were used in combination with the Boolean operator AND: Men's health AND Primary health care AND Client adherence. Articles written in Portuguese or English and freely available in full from January 2017 to December 2023 were included. Studies published in annals, monographs, dissertations, theses and that are not freely available in full were excluded. The sample consisted of 10 articles. Factors inherent to the culture in which man has been inserted were observed, Incompatibility of schedules, a sense of invulnerability and a perception of insignificance were the main results. It was possible to conclude that the issues that make it difficult for men to have a better relationship with their health are rooted in themselves and therefore require a holistic approach. It was possible to conclude that the issues that make it difficult for men to have a better relationship with their health are rooted in themselves and therefore require a holistic approach. It is therefore of the utmost importance for men to be informed about these effects, as well as being monitored by the multi-professional primary health care team, in order to promote health planning.

### RESUMO

Diversas questões corroboram a relação negativa dos homens com os serviços de atenção primária à saúde, fazendo com que a população masculina sofra com os mais diversos obstáculos relacionados à sua saúde masculina. O objetivo foi identificar os principais fatores que levam os homens a terem baixa taxa de adesão aos serviços de saúde na atenção primária à saúde. A busca bibliográfica foi realizada nas bases de dados SciELO, Lilacs e BDEF. Foram utilizados os seguintes descritores em combinação com o operador booleano AND: Saúde do homem AND Atenção primária à saúde AND Adesão do cliente. Foram incluídos artigos escritos em português ou inglês e disponíveis gratuitamente na íntegra no período de janeiro de 2017 a dezembro de 2023. Foram excluídos estudos publicados em anais, monografias, dissertações, teses e que não estejam disponíveis gratuitamente na íntegra. A amostra foi composta por 10 artigos. Foram observados fatores inerentes à cultura em que o homem está inserido, incompatibilidade de horários, sensação de invulnerabilidade e percepção de insignificância foram os principais resultados. Foi possível concluir que as questões que dificultam o homem ter uma melhor relação com sua saúde estão enraizadas neles mesmos e, portanto, exigem uma abordagem holística. Foi possível concluir que as questões que dificultam o homem ter uma melhor relação com sua saúde estão enraizadas neles mesmos e, portanto, exigem uma abordagem holística. Portanto, é de suma importância que os homens sejam informados sobre esses efeitos, bem como sejam acompanhados pela equipe multiprofissional de atenção primária à saúde, a fim de promover o planejamento em saúde.

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## Introduction

Primary health care is of paramount importance in the life of every citizen, as it is the most important gateway to a more elaborate range of care for the health of the individual, so primary health care is the first level of care, which is given by a group of actions towards the individual or community, which aims to prevent diseases, promote and protect health, diagnosis, rehabilitation, treatment, harm reduction and health maintenance (BRAZIL, 2022).

Men's health began to be taken more seriously in international research in the 1980s, above all due to the fact that, although men have more prestige and power, they still have higher mortality rates for the vast majority of causes of death (COUTO; GOMES, 2012).

The male population faces some dilemmas when it comes to preventing illness and disease. Men tend to seek medical assistance only when they have some sign or symptom, and leave the idea of prevention far behind when they are asymptomatic. This can happen because they think that their lifestyle will change if they find themselves with a disease, thus changing their habits and customs that lead them to happiness in their daily lives (DANTAS; FIGUEIREDO; COUTO, 2021).

Bearing in mind that men only seek help when they have signs and symptoms, and neglect prevention. We can see that the male population has a high prevalence of risk factors for chronic non-communicable diseases, and they mostly have poor eating habits, lack of physical exercise which leads to obesity observed in this population (BRAZIL, 2019).

In addition, we can observe in the study by Silva, et. Al (2021), that the male population has higher suicide rates as the following data reveals: 27,101 deaths by suicide were recorded in northeastern Brazil, of which 21,541 were men. Characterizing the sad range of fatal possibilities, in which men lead the way. Taking this into account, in 2015 the male population's main cause of morbidity was external causes, such as head trauma, which stood out in this period, with 60,033 total hospitalizations between genders, which in turn accounted for 82% of male hospitalizations (BRASIL, 2017).

Based on this data, we can see that the measures established for a better relationship between men and prevention suffer from stereotypes rooted in the male population, which in turn hinder the relationship between health professionals and men, raising the importance of professionals who really feel interested in changing the current scenario, providing specific care to the male population (DANTAS; FIGUEIREDO; COUTO, 2021).

Looking at other issues involving the male/health relationship, such as the pregnancy of their partners, the burden of a pregnancy can be heavy, so a helping relationship between fathers would be important. But men are not adequately involved in family planning, and it can be observed that they have a certain arrogance that this is a woman's job, and that they are often the only ones to take care of unplanned pregnancies (PADILHA; SANCHEZ, 2020).

Therefore, when analyzing the current profile of the health-disease process of the male population, the importance of men's participation in actions that involve the promotion and prevention of diseases is notorious, and already considering their individualities, a careful look by health professionals is of paramount importance (SANTOS, et. Al, 2017).

Given the facts in Brazil, the Ministry of Health (MS) implemented the National Policy for Comprehensive Men's Health Care (PNAISH) in 2009, which highlighted Primary Health Care as an extremely important factor in promoting care for men. The main objective of PNAISH is to promote actions with a view to guaranteeing greater access for men to health services, especially Primary Health Care (SOUSA, et. Al, 2021).

However, this is not a simple task, as men are very unique when it comes to preventing diseases and illnesses, many issues are involved, as highlighted by data from the virtual health library, it can be observed that men are afraid of discovering a disease when they attend medical care, or that they think they will never get sick and because of this they do not take the necessary care measures, and almost never seek health services (BRASIL, 2017).

Given the notorious fragility in the link between men and health, highlighted by the various morbidity and mortality rates that affect the male population more rigidly, this study is necessary to help the current scenario of men's health, thus giving rise to the following guiding question: What factors are exposed in the literature, which reveal and influence men to have a lower rate of adherence to health care?

The aim of this article is therefore to identify the main factors that lead men to have a low rate of adherence to health services in primary health care.

## **Methodological procedures**

This is an integrative review which, according to Souza; Silva; Carvalho; 2010, is based on a detailed search and analysis process that results in a synthesis of knowledge and an aggregation of the use of study results in practice.

Initially, the following guiding question was created: "What factors influence men to have a low rate of adherence to primary health care?". This stage was carried out using the PICO strategy, which consists of an acronym for Patient or Population, Intervention, Comparison and Outcome (Santos, Pimenta & Nobre., 2007). Chart 1 shows the characterization of the PICO strategy used in this study.

**Table 1.**

*Description of the acronyms used in the elaboration of the research question, Characterization of the PICO strategy (2022). São Luís - MA, Brazil, 2023.*

<b>Acronym</b>	<b>Definition</b>	<b>Description</b>
<b>P</b>	Population	Men
<b>I</b>	Intervention	Influencing factors
<b>C</b>	Control or comparison	Not applicable
<b>O</b>	Outcomes	Adherence to primary care

**Source:** Adapted from Santos, Pimenta & Nobre, (2007).

The research sites used were the Virtual Health Library (BVS-BIREME), databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Database on Health Sciences (Lilacs), Nursing Database (BDENF) using as Health Descriptors (DeCS) men's health, primary health care, client adherence, related by the Boolean operator AND.

The selected articles are available free online, the sample addresses the male population, the time frame was chosen from 2012 to 2023 in the Portuguese language in which they are in accordance with the theme, and which include the descriptors men's health, primary health care and client adherence.

Articles published in languages other than Portuguese, which were incomplete, which did not fit into the time frame of the last 10 years or which were outside the current topic were excluded. The sample was drawn from the articles found after using the inclusion and exclusion criteria

The current work was carried out using articles that are in line with the proposed theme, and which have a time frame of 10 years. The data was collected using a table in Word version 2010 containing the following information: title, author, year, objective, database, methodology, main results

After obtaining the data through the use of descriptors, and after organizing the selected articles, an intimate reading was made of each article, which provided a basis for the current situation of the proposed theme.

It is important to remember that the article did not need to be submitted to the research ethics committee, as it was a literature review, so the ethical issues were left intact, as well as the precepts of each author cited.

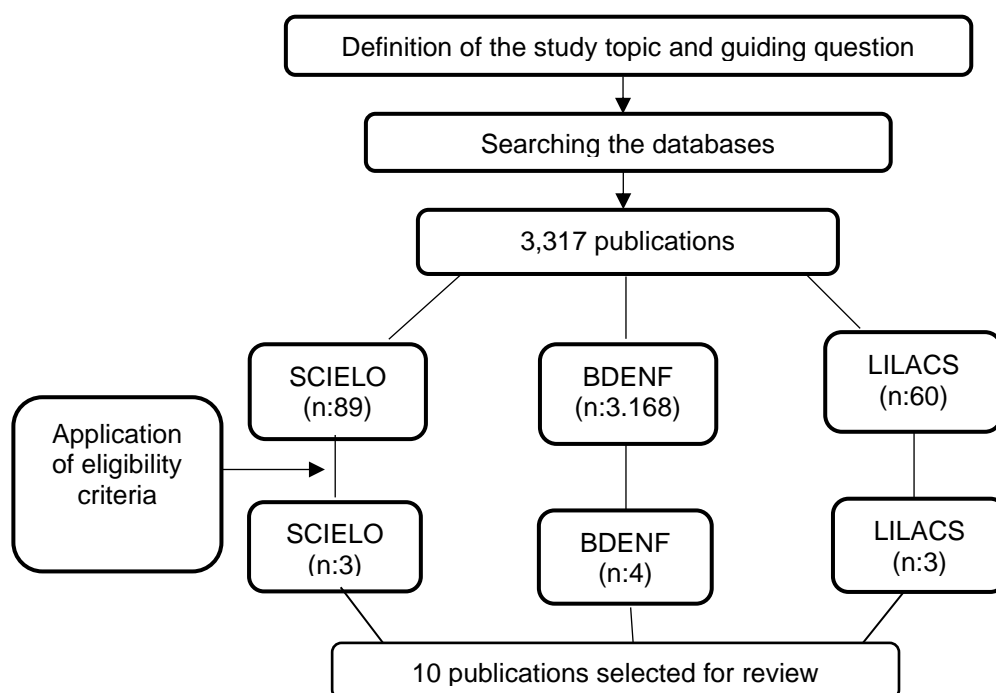
## **Results**

Initially, the descriptors were used to search for articles that were available in the online databases mentioned above. In total, 89 (eighty-nine) articles were found in SCIELO, 3,168 (three thousand one hundred and sixty-eight) in LILIACS and 60 (sixty) in LILIACS. After

reading the title, some were excluded because they did not address the topic of interest to this research. With the titles selected, the next exclusion criterion was to read the abstracts. At this stage, other articles were discarded. Once all the stages had been completed, 10 (fourteen) articles were selected, 4 (four) from BDENF, 3 (six) from LILIACS and 3 (four) from SCIELO. Figure 1 shows the exclusion and selection process in flowchart form.

**Figure 1.**

*Flowchart of the sampling methodology São Luís - MA, Brazil, 2022.*



**Source:** PEREIRA; SOARES, 2023

To prepare the current integrative review, 10 articles were selected from the period 2017 to 2023. Table 2 shows the articles selected and used in the current integrative review, based on a detailed analysis which includes the authors' names, the title of the study, the database, the type of study and the year of publication. It can be seen that the period with the most publications on the subject of the current research was from 2021 to 2022. The qualitative study was the most widely used among the articles selected, followed by the quantitative study.

**Table 2***Description of the articles selected for the integrative review, São Luís - MA, 2023.*

<b>N°</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>TYPE OF STUDY</b>	<b>DATABASE</b>	<b>YEAR</b>
1°	QUEIROZ, et al.	How do elderly men take care of their own health in primary care?	Qualitative, analytical and interpretative.	Scielo	2017
2°	MIRANDA, et al.	The vision of rural workers in northern Minas Gerais on health care in the context of primary health care.	Qualitative	Scielo	2018
3°	MIRANDA, et al.	Needs and demands of male rural workers in relation to primary health care.	Qualitative	Scielo	2019
4°	LIMA, et al.	Men's Perceptions of Primary Health Care in the Interior of the State of São Paulo.	This is an exploratory study with a qualitative approach.	LILACS	2020
5°	FERREIRA, et al.	Understanding men's health needs in home care: a strategy for counter-hegemony.	Qualitative, analytical and interpretative.	BDENF	2021
6°	SANTOS, et al.	Men's health in primary care from the perspective of nursing professionals.	Qualitative	BDENF	2021
7°	BRAGA; FONSECA.	Self-perception of the quality of life of men using the Family Health Strategy	Quantitative description	LILACS	2021

		in Manguinhos, Rio de Janeiro			
8°	ROCHA, et al.	The male population's understanding of health care.	This is a descriptive-exploratory study with a qualitative approach	LILACS	2022
9°	BONDAN	Elderly men's view of health care in a family health strategy.	Qualitative	SciELO	2022
10°	PACHECO, et al.	Evaluation of men's adherence to primary health care in the municipality of Itaperuna/RJ and its repercussions.	Descriptive with a quantitative and exploratory approach	BDENF	2023

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Source: PEREIRA; SOARES, 2023.

Chart 3 highlights the articles chosen for the integrative review, which make up the factors of men's low adherence to primary health care (PHC) services. In the study by Queiroz, et. al (2017), it was noted that the men interviewed reported a certain degree of indifference between the sexes in relation to prevention and health promotion actions, pointing out that the opposite sex has greater visibility and prioritization in relation to men.

**Table 3**

*Articles selected for the integrative review that present factors for men's low adherence to PHC, São Luís - MA, 2023.*

N°	AUTHOR/YEAR	OBJECTIVES	FACTORS BEHIND MEN'S LOW ADHERENCE TO APS
1°	QUEIROZ; et al/2017	To understand how elderly men care for their own health.	A look of indifference on the part of the male population towards the prevention and promotion actions of the opposite sex, in the sense of prioritizing women in this matter.
2°	MIRANDA; et al/2018	The hope is to help integrate public policies aimed at men's health, workers' health and	Men's sense of invulnerability, and the

		health in the countryside, strengthening health promotion and maintenance actions so that these men can become their own caregivers.	lack of time related to work.
3°	MIRANDA, et al/2019	To understand the main needs and demands of rural working men in relation to a Primary Health Care team located in a territory in the north of Minas Gerais, Brazil.	The devaluation of actions aimed at prevention and promotion for the male population and the feeling that men are invisible to primary health care services.
4°	LIMA, et al/2020	To document and analyze the perception of men aged 50 and over about the men's health care offered by the PHC in the municipality of Sandovalina-SP.	Low number of men's health campaigns.
5°	FERREIRA, et al/2021	The aim of this study is to understand the health needs of men cared for at home.	One report showed a profile of masculinity with a feeling of invulnerability and cultural hegemony.
6°	SANTOS, et al/2021	To describe how nursing professionals view men's health in primary care.	Fear of discovering an illness, machismo, lack of time, impatience, resistance, complacency, because they don't seek help until they have something uncontrollable.
7°	BRAGA;FONSECA, et al/2021	The aim of this study is therefore to assess the self-perception of QoL of men who use the ESF of a team in the Manguinhos area and to describe their sociodemographic profile with a view to recommending action strategies in the ESF to increase and improve adherence to health care and positively affect QoL.	He points out that men only seek care when they already have a disease, which indicates a certain lack of knowledge about the importance of prevention and health promotion actions.
8°	ROCHA, et al/2022	Analyze the male population's understanding of the Primary Health Care system and health care.	Men's view of health is closely linked to their surroundings, such as political, economic and social issues, which are influenced by gender issues.



<b>9°</b>	BONDAN/2022	With this in mind, this study aims to identify the views of elderly men on the health care they receive in a Family Health Strategy.	They have little knowledge of the actions available in primary health care
<b>10°</b>	PACHECO, et al/2023	With this study, we hope to acquire information about the adherence of the male population to the municipality's Basic Health Units, the profile of these patients, as well as the reasons why they don't seek primary health care, the diseases that most affect this class, and the repercussions of men's illness on their family context.	Low resolution of primary care services.

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**Source:** PEREIRA; SOARES, 2023.

In their research, Miranda et. al (2018) observed that men feel invulnerable to diseases, and that they have less time because of work. 2019 There are constant reports of devaluation of actions aimed at men's health, which once again feel invisible to primary care services (MIRANDA, et.al, 2019). The same perspective was observed by Lima, et. al (2020) in their interviews, the lack of campaigns in relation to men's health was noted in the men's speeches.

## **Discussion**

In the midst of cultural hegemony, men have stumbled down a road of machismo and feelings of invulnerability (FERREIRA, et. al, 2021). Immersed in machismo, men may believe that discovering a disease can be a sign of weakness, which is why they fear such a discovery, and this with the collaboration of lack of time, impatience, resistance, and complacency, are contributors to a low level of adherence by the male population in primary care (SANTOS, et. al, 2021). Collaborating with this data, Braga; Fonseca (2021) highlight the lack of knowledge of the importance of prevention and promotion actions, since they only seek help when they have acute symptoms.

It was possible to observe in the research by Rocha, et. al (2022), that men's view of health is influenced by their surroundings, which is often a culture shrouded in machismo and influenced by gender issues. It was possible to observe a low level of knowledge among the male population in relation to what is available in primary care (BONDAN, 2022). Finally, Pacheco, et. al (2023), in their study, highlighted the low level of resolution of the services in question as a factor that reduces men's adherence to primary health care services.

According to the research by Marques; Moraes; Uehara, (2020), it was possible to observe factors that hinder men's adherence to primary health care services, firstly the culture in which men are inserted from birth, and then the opening hours of health units.

In the same way, Solano et al (2017) also exposed men's culture as a factor, as he noted that men only go to health clinics when the ailment that afflicts them is already at a high stage, and pointed out that the roots that involve patriarchy with the idealized image of masculinity with strength, virility, and social distance, can lead to men's vulnerability on several occasions, thus contradicting the very ideal of masculinity of being strong and invulnerable.

As a contributing factor, Lima; Galvão; Silva (2022) stated that the fear of discovering an illness among the male population is great enough for them to avoid the services offered in primary care, since for them, not knowing that they have an illness is the same as not having a screen, thus making this population somewhat comfortable. Likewise, he reports that many men are ashamed to show their bodies to professionals, and that taking the previous statement into account, they create an imaginary of what might happen to them and their bodies if something is diagnosed.

In their studies, Carneiro; Adjuto; Alves (2018) talk about the male population's reports of lack of time, which is related to the opening hours of health centers, since they operate during business hours, which in turn invalidates greater adherence by the male population.

On the other hand, Bittencourt et. al (2022) reported the lack of knowledge of health professionals about policies aimed at men as a factor in low male adherence, since men find it difficult to be welcomed by health units, and points out that professionals with in-depth knowledge of men's health policies are of paramount importance to increase the adherence of the male population, aiming at a better relationship between the two.

In his work, Solano et al (2017) highlighted the issue of dissatisfaction with the functionality of the network as a factor in men's withdrawal, which is of low resolution, which in turn, with the increase in patient demand, becomes crowded and unattractive to the male population, taking into account that there should be no crowds of patients queuing at primary care units.

Still on this issue, Alves et. al (2017) states that a corroded structuring of health services together with a lack of resources, unfavorable physical space to receive the male population, and the lack of systematization in care firmly interfere in the decline of men's demand for primary care services, thus stating that the lack of various resources causes a look of dissatisfaction in the quality of care provided, which in turn contributes to the distancing of the male client.

## Conclusion

This article sought to highlight the factors that cause the male population to distance themselves from primary health care services, in order to help improve the unique issues that involve the relationship between men and their health. Thus, after reading several works spanning years, it was possible to highlight factors that correlate in the works observed, namely the perception of the invulnerable man; the incompatibility of health service schedules in relation to work; prioritization of women in terms of campaigns carried out by health organizations; and the culture in which they were inserted.

It should be emphasized that the current study was able to resolve the proposed questions, and with the addition of pointing out that, after reading the chosen works, it can be seen that the reports of the male population were valid and plausible, which points to the importance of the current study in highlighting the main speeches of men when asked about issues involving men's health.

It is therefore necessary to carry out more detailed research into the current study, as it is clear that the issues highlighted here are deeply rooted within the male population. Therefore, these factors, which may seem clichéd, have certainly not been properly unraveled to the point where we want to improve men's current perception of their health, issues that are so deeply rooted that they need to be looked at from every possible angle. It is therefore of the utmost importance to carry out a more detailed assessment of the factors that hinder men's relationship with their health, so that we can better understand this population, and only then build appropriate measures to improve each man's health.

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