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## Nurses' role in including men in the Family Health Strategy

*Atuação de enfermeiras para inserção do homem na Estratégia de Saúde da Família*

**Rafael Bezerra Duarte**<sup>1</sup>

State University of Ceará, Fortaleza, Ceará, Brazil

**Maria Gêwada Marques**<sup>2</sup>

Vale do Salgado University Center, Icó, Ceará, Brazil

**Bruna Oliveira Lima**<sup>3</sup>

Vale do Salgado University Center, Icó, Ceará, Brazil

**Leidy Dayane Paiva de Abreu**<sup>4</sup>

School of Public Health of Ceará, Fortaleza, Ceará, Brazil

**Cleciãna Alves Cruz**<sup>5</sup>

Vale do Salgado University Center, Icó, Ceará, Brazil

**Alanna Cândido de Oliveira Barros**<sup>6</sup>

Regional University of Cariri, Juazeiro do Norte, Ceará, Brazil

**Mirna Neyara Alexandre de Sá Barreto Marinho**<sup>7</sup>

University of Pernambuco, Petrolina, Pernambuco, Brazil

**Maria Rocineide Ferreira da Silva**<sup>8</sup>

Ministry from the Health, Brasilia, Federal District, Brazil

### ABSTRACT

This study aimed to analyze the role of nurses in including men in the Family Health Strategy in Icó, Ceará. This exploratory, descriptive, qualitative research was conducted with eight nurses working in Family Health Strategy teams in the urban area of Icó, Ceará, Brazil, from August to September 2018 through semi-structured interviews. After collection, transcription, and organization, data were analyzed following Minayo's Thematic Content Analysis technique. The research followed the recommendations of Resolution N° 466/12. Similar contents can be grouped from the analysis of the information in the statements, giving rise to four categories: Category I – Nurses' (lack of) knowledge about PNAISH. In this category, we can observe that the nurses had little knowledge of PNAISH, hampering the provision of men's healthcare; Category II – Invisible men: Difficulties faced by nurses When working on men's health in the ESF. It was evident that men's resistance and opening hours were the main difficulties; Category III – Strategies used by nurses to promote men's health. We identified that nurses' main focus was Blue November; Category IV – Lack of continuing men's health training. We found that the nurses never participated in anything related to men's health. Conclusion: Therefore, it is necessary to perform continuing education and professional training to improve men's healthcare.





**Key words:** Primary Health Care. Nursing. Family Health Strategy. Men's Health.

## RESUMO

Este estudo objetiva analisar a atuação de enfermeiras para inserção do homem na Estratégia de Saúde da Família do município de Icó, Ceará. Uma pesquisa exploratória, descritiva de natureza qualitativa, foi realizada com oito enfermeiras atuantes em equipes da Estratégia de Saúde da Família da zona urbana da cidade de Icó, Ceará. A pesquisa foi realizada nos meses de agosto e setembro de 2018, por meio de entrevista semiestruturada. Após a coleta, transcrição e organização, realizou-se a análise dos dados, sendo seguida a técnica de Análise de Conteúdo Temática proposta por Minayo. A pesquisa seguiu as recomendações da Resolução No 466/12. A partir da análise das informações contidas nas falas, pode-se agrupar os conteúdos similares, os quais deram origem a quatro categorias: Categoria I – O (des)conhecimento de enfermeiras sobre a PNAISH. Nesta, pode-se observar que as enfermeiras tinham pouco conhecimento da PNAISH, o que pode dificultar na assistência à saúde do homem; Categoria II – Homens Invisíveis: Dificuldades enfrentadas pelas enfermeiras para trabalhar a saúde do homem na ESF. Evidenciou-se que resistência dos homens e o horário de atendimento são as principais dificuldades encontradas. Categoria III – Estratégias utilizadas pelas enfermeiras para promoção da saúde masculina. Identificou-se que as enfermeiras têm como foco principal o novembro azul. Categoria IV – Ausência de capacitação continuada relacionado à saúde do homem. Constatou-se que as enfermeiras nunca participaram de algo relacionado à saúde masculina. Faz-se necessário a realização de educação permanente e capacitação continuada dos profissionais para melhorar a assistência voltada à saúde masculina.

**Palavras-chave:** Atenção Primária à Saúde. Enfermagem. Estratégia Saúde da Família. Saúde do Homem.

## Introduction

Global trends indicate that indicators of poor men's health are increasing, along with the fees in unemployment. Social isolation is a significant contributing factor. Despite awareness of the development in policies addressing the health of men at the global level, there is a concern about the lack of involvement of the public in health services. It is often the case that these services are unable to adequately accommodate the male audience, which results in men's lack of participation in these spaces (LEFKOWICH; RICHARDSON; ROBERTSON, 2017).

In Brazil, the lack of inclusion of men in public policies constitutes a significant barrier to accessing health services, particularly those provided by the Primary Health Care System (PHC).



It is notable that, despite the PHC's focus on families, the majority of services are designed for children, women, and the elderly, leaving men without adequate attention. It is evident that the public is susceptible to a multitude of factors that can impede their well-being, including those of a social, cultural, personal, and behavioral nature, which are often intertwined with gender stereotypes (CARNEIRO et al., 2016; SOUZA et al., 2022; SILVA JUNIOR et al., 2022).

It is crucial to acknowledge the current epidemiological scenario, which demonstrates a high morbidity and mortality rate among males. This is evident in the higher mortality rates observed in males compared to females. Such an event would be associated with external causes, such as violence, homicides, accidents in traffic, suicides, and illnesses that are chronicled as chronic, including tuberculosis, leprosy, diabetes mellitus, high blood pressure, sexually transmitted infections, prostate cancer, and cardiac pathologies, as well as brain pathologies. These are related to work, among other factors (SOUZA et al., 2020).

It is evident that the Ministry of Health has taken the initiative to address the multifaceted challenges associated with the health of the male population. In this regard, the Ministry of Health has launched the National Policy on Integral Attention to Men's Health (PNAISH in Portuguese). This policy was established by Ordinance No. 1,944 on August 27, 2009, with the objective of improving the health conditions of men aged 20 to 59. It aimed to facilitate access to health services for this demographic, with a particular focus on the PHC (BRAZIL, 2009a).

Consequently, the nurse, an integral member of the multidisciplinary team within the Family Health Strategy (ESF in Portuguese), plays a pivotal role in men's health, particularly through their care practices and health promotion and disease prevention. It is evident that your skills are invaluable in developing actions to support the population of men in navigating the process of health and illness. Furthermore, as the landscape of healthcare continues to evolve, it is essential to identify alternative solutions that align with the needs of the male population (SANTOS et al., 2022).

In accordance with the findings of Nascimento et al. (2022), it is evident that the role of the professional nurse is pivotal in the delivery of healthcare services. However, it is essential to plan, execute, and evaluate educational practices in health through an individual and collective approach, with a focus on follow-up.



In light of the aforementioned discussions regarding men's health, this research aims to facilitate reflection among nurses on the strategies employed to promote the health of the male population, in accordance with the principles set forth by the PNAISH.

The research project has the aim of analyzing the performance of nurses in the implementation of the Family Health Strategy in the municipality of Icó, Ceará.

## **1 Methodology**

This research is exploratory, descriptive, and qualitative in nature. It was conducted at the county level in Ico, Ceará. The research focused on the ESF, with a particular emphasis on the Primary Healthcare Units (UBS in Portuguese) in the urban area of Icó. During the research period, the municipality had 20 ESF teams, distributed across 17 units. Of these, 12 were located in the rural zone and eight in the urban area.

Eight ESF nurses from the urban area of Icó participated in the research. The following inclusion criteria were applied: (1) the nurse must be employed by the municipality's ESF, (2) the nurse must have been employed by the ESF for at least six months, and (3) the nurse must have signed the Consent Form Post-Clarification. Those excluded from the study were professionals who had graduated or were on vacation during the period of data collection.

Data collection occurred in August and September 2018, following approval by the Committee on Ethics of the Center for Research and Advanced Studies of the University of São Paulo, which approved the study under the number 2,789,107. Semi-structured interviews were conducted with nurses at the UBS on days when they were available and scheduled with participants.

The interviews were conducted with the aid of a voice recorder, which was connected to a smartphone. Each interview was conducted in a private setting, namely a room within the UBS itself, in a tranquil environment, with the utmost respect for the confidentiality of the data collected. To preserve the anonymity of the participants, each statement was assigned a fictitious designation represented by the acronym "Enf," followed by an increasing number according to the order in which the interviews were conducted (e.g., Nurse 1, Nurse 2, Nurse 3...).

The data were organized according to sociodemographic variables and analyzed using the software Excel 2010 (Microsoft®). The results were presented in a table. For the purpose of interpreting the qualitative data, the thematic content analysis proposed by Minayo was



employed. Thematic analysis is a technique used to identify the core concepts that constitute a given communication. One analysis of meanings, values, and models of behavior gifts or underlying speech (MINAYO, 2013)

It is also noteworthy that this research was conducted in accordance with the ethical standards set forth in Resolution No. 466/12 of the National Health Council (CNS), which governs the ethical conduct of research involving human subjects (BRASIL, 2013). The study is free of any potential conflicts of interest or sources of financing.

## **2 Results and discussion**

To facilitate comprehension of the results, the discussions were divided into two categories. The first section of the study presents the participants' characterization, while the second section outlines the categorization of the data. The categorization was conducted using the technique of content analysis.

### **2.1 Categorization of Participants**

As previously stated, all participants were female, aligning with the study by Cordeiro et al. (2014). In studies by Santos et al. (2021) and Pontes et al. (2022), the majority of participants were also female. This reaffirms that nursing is still perceived as a profession that is predominantly feminine at the PHC.

With regard to the age range, the data revealed that six nurses were between the ages of 25 and 45. In the near future, it is recommended that the group be constituted as a heterogeneous entity in terms of age, encompassing both young adults and mature individuals. In this context, it can be argued that the participants are in a productive phase of their lives.

In terms of education, it is notable that seven of the participants have obtained specialization, while one has completed a master's degree. With regard to the duration of their training, six of the nurses have been engaged in this field for more than 11 years. It is evident that the professionals not only retained the knowledge acquired at graduation but also sought further training, taking into account the changes that occur in the healthcare sector and the need for improvements in the quality of care provided to the population, particularly the male audience.

With regard to the data pertaining to the duration of employment in the ESF, it was ascertained that four professionals had been engaged in the same area for a period



exceeding nine years. This finding is of particular significance in terms of the reinforcement of ties with the community in question.

Second Medeiros (2013) posits that the greater the time spent by professionals in one ESF, the greater the potential for them to gain knowledge and experience related to the vulnerabilities prevalent in their respective work areas. It is of paramount importance to cultivate a positive and productive relationship between healthcare professionals and the communities they serve. When professionals demonstrate trustworthiness and reliability, they foster greater trust and confidence from the communities they serve, which is a crucial aspect of effective healthcare delivery.

## 2.2 Categorization of Content

The content of the statements was analyzed, and similar contents were grouped together, resulting in four categories. Category I – Nurses' lack of knowledge about PNAISH; Category II – The invisibility of men. The difficulties encountered by nurses in addressing men's health within the ESF are outlined in Category I. Category II examines the invisibility of men in healthcare. Category III presents the strategies employed by nurses to promote the health of men. Finally, Category IV addresses the continued training related to men's health.

### **2.1.1 Category I – Inadequate familiarity among nurses regarding the PNAISH**

This category presents the knowledge of ESF nurses about the PNAISH, as well as their understanding of the purpose of this policy. Consequently, despite the creation of PNAISH several years ago and its endorsement in terms of principles and guidelines within the context of the Unified Health System (SUS), there is a necessity for further development of the policy, as highlighted below:

*"We've already heard about this. It's about making it easier for men to get care at the primary, secondary, and tertiary levels. It's for any age group. (Nurse 1)*

*"I got to know politics while studying for the selection process. Its objective is the same as all the other software, like this one. As he has the policy from the health of the woman, it exists for the health of the man." (Nurse. 5)*

*"I've already heard about this, but I'll admit I don't know much about it." (Nurse. 6)*

*"I've heard of people trying to get men to the health unit by offering educational activities." (Nurse. 7)*



It is evident from the statements that the nurses possess only a superficial understanding of the PNAISH. Frequently, this knowledge is acquired independently.

However, as an integral member of the interprofessional ESF team, the nurse is responsible for addressing the health needs of the male population, based on their specific requirements. This entails assisting them and meeting their demands, taking into account their characteristics. It is therefore necessary for professionals to have knowledge about the PNAISH in order to develop their paper according to the principles set out in the policy (HEMMI; BAPTIST; REZENDE, 2020). It has also been identified that some professionals are unaware of the policy or have only heard something about it. Consequently, they may encounter a series of difficulties in implementing it in their work routine, resulting in fragmented care for men's health. This must be something continuous, focusing on its particularities, with the main objective being adherence of that public to the service in health.

A PNAISH visa is a promotion from the health sector. It is aligned with the National Policy for Basic Attention in Health (PNAB) (ASSIS et al., 2018). Nevertheless, the policy is not widely disseminated, and its implementation is limited to the context of the ESF. Consequently, it is largely unknown to PHC professionals, which impedes its application and results in a deficit in healthcare for men.

In light of this, it is essential for nurses to recognize the current practices in the field of men's health and to incorporate them into their professional development.

### ***2.1.2 Category II – Invisible men: The challenges faced by nurses in improving the health of men at the ESF***

To gain insight into the "invisibility" of men at the PHC, Santos et al. (2022) posit that the structures of health work impede men's access to health services. Despite the inclusion of references to race/ethnicity and gender in the Ministry of Health, these factors remain underrepresented in the delivery of health services. It is important to note that the majority of health services offered by the PHC are intended for children, women, and the elderly, populations historically assisted by the software in health. Consequently, men may become "invisible" in this context.

In this category, we will examine the difficulties that nurses typically face at the PHC, including the lack of public masculine access to the service. In accordance with the aforementioned discourses, it can be observed that there are numerous challenges



encountered by nurses in their efforts to provide healthcare services to the general population within the ESF:

*"The issue is that most of us have work schedules at night, and the people know he has one in November. It's now that he has no prenatal care from his partner. They're coming. (Nurse 2)*

*"The problem is that they don't know he comes. The woman from them he comes to take medicine for, then on that occasion we say no... that he has to 'come', that we have to hear that they work, it's usually, it's the head of the family, and it's what brings the income to the home. In November, Blue works at night so he can see if they show up. The difficulty is their absence. Their companions report that they don't come, and they tell me they are working. (Nurse 3)*

*"I think the bigger problem is their own resistance. Why do men only look for the unit when they already have some symptoms that are affecting their daily lives? They're often brought by their wives, who drag them there and then they come and consult on their behalf. "I think there's a reason for this. We usually work during their shift." (Nurse 5)*

*"The problem is that the male patients don't want to come and do this search for quality of life improvement." (Nurse 7)*

The nurses' statements indicate that the primary challenge is related to the operational hours of the units, which aligns with the work schedules of the men, making it challenging to access services.

This result corroborates the study by Cordeiro et al. (2014), which found that the main difficulty men face in accessing UBSs is related to the schedules of these facilities. The majority of units are open only during commercial hours, making it difficult for the male public to use them, especially those who work, due to time incompatibility. In the study by Silva, Soares, and Santos (2020), the provision of care in health units was identified as a significant challenge for men, ranking second only to the difficulties faced by healthcare professionals.

In light of these challenges, there is still a significant delay in receiving care, which is further compounded by lengthy waiting periods and the time between scheduling appointments. The quality of service is also a concern, with studies indicating that the reception of services is deficient or non-existent (CASADO FILHO et al., 2021; SILVA et al., 2023).

In corroboration with the aforementioned studies, Melo (2018) highlights the prolonged time in operation of UBS as a contributing factor to the low accessibility of healthcare services for men, particularly in relation to their work activities. The prolonged scheduling of consultations and the absence of time for queries also contribute to this issue.





These findings highlight the continued prevalence of male chauvinism within society.

Consequently, it is recommended that the PHC undergo a reorganization to enhance its welcoming, agile, and resolute image, thereby reducing the length of waiting periods. Furthermore, the restructuring of UBS to extend their opening hours to the night period would provide an opportunity to assist both those in the formal labor market and self-employed workers, who, in the majority of cases, receive income based on the number of hours worked (CARNEIRO; ADJUTO; ALVES, 2019).

It is also evident that many of the individuals in question have expressed reservations about the care of their own health, as well as the implementation of actions within the scope of prevention and health promotion within the ESF. Contact occurs predominantly when there is some pathology already installed, setting up as a significant challenge for the professionals.

Mota et al. (2022) found that the search for a service doctor is more common among males than females. The neglect of prevention practices and the failure to recognize the initial symptoms of a disease result in men seeking out symptoms with greater frequency. As the disease progresses, the need for medium-complexity services arises, which in turn impedes the ability to perform certain activities.

One of the statements that attracted considerable attention was the observation by the interviewee that the difficulty in developing activities for men to join the ESF is part of the professional landscape. A nurse reported that she carries out actions involving men's health in a single moment of the year, which is in November, when she engages with the topic of Male Health:

*"(...) The problem starts with me, as a professional, for not having the property to develop the activities. The people only return to the men at the "Blue November" (...). (Nurse. 6)*

Another aspect of interest to Souza et al. (2020) is the apparent lack of male involvement in PHC. This may be related to the perception of PHC as a feminized space, with the majority of professionals being female.

The authors in question place particular emphasis on the concentration of activities at ESF that are aimed exclusively at the female public, as well as their aesthetic composition (including decoration, murals, posters, and so forth). They also highlight the software in health that addresses the health of women. In this context, it can be argued that men believe that UBS spaces are not adequately prepared to receive them.



It can be argued that the promotion of men's health represents a significant challenge on a global scale. This is due to the fact that men tend to be reluctant to seek help for their health concerns, regardless of their age, nationality, or ethnic or racial origin. These obstacles are often related to social determinants and a masculinity norm that is characterized by self-sufficiency, stoicism, and restrictive emotionality (SHARP et al., 2022).

The difficulties encountered by nurses in the PHC health services in integrating men into their care were also highlighted in two previous studies (SILVEIRA; MELO; BARRETO, 2017; SANTOS et al., 2021). In these studies, it was found that the lack of time, machismo, and incompatible schedules with the work period of men, as well as fear of losing one's job due to absences to seek care at ESF, are factors limiting the ability of the male population to access care.

The findings indicate that the factors enabling the search for care at ESF include the health of the male population. The strategies implemented by UBS in different areas of the territory contribute to the provision of health services for the public.

### ***2.1.3 Category III – Strategies employed by nurses for the promotion of male health***

Recognizing the existing problems that hinder men's access to ESF services can contribute to the implementation of strategies that include this population. A further elaboration is that the planning of actions that increase the participation of men in your caution can be the initial step in the search for positive results. One potential avenue for exploration is the convening of a discussion in the living room, in anticipation of the ESF's arrival, to address matters pertaining to family planning and sexuality. This could include discussions on the use of illicit substances, the distinction between lawful and illicit use, and various forms of violence, among other themes. The objective is to raise awareness among the target population (SILVA et al., 2014; SEIDLER et al., 2023).

In this category, the strategies employed by nurses at UBS to encourage male participation in the service were given particular attention. However, reports indicate that these strategies have only been implemented during the month of November, which is dedicated to men's health according to the annual calendar proposed by the Ministry of Health. They have been implemented on the basis of spontaneous demands and existing grievances.



*"We try to focus more on men's health during November, but we don't have a regular program for them. The men who come to us are already sick, so we're really just dealing with the illness. (Nurse 2)*

*"We work with all kinds of health issues, for children, women and men. But they rarely come in, so we try to get them to come in by inviting their partners to come with them for prenatal care. We also have childcare, and we talk to women about their health and how they can prevent illness in their partners. We offer quick tests, but we only have them at 'Blue November', so we also have conversation circles and offer quick tests to see if they integrate and come in more often." (Nurse 3)*

*"When it comes to men's health, we work with women's health too. At the time of 'Blue November,' we do something special for them. It encourages people to get more active in the walking group. When we're planning it, we actively look for hypertensive and diabetic patients. We also do this to find men who have these conditions so we can offer them treatment. (Nurse 5)*

*"A promotion from the health of man only happens at the 'Blue November,' on that day, it doesn't happen, no." (Nurse 6)*

*"It's tough to get men to prioritize their health. They say they're there to support the family, but we see low adherence. They only come to the unit when they're really sick. We try to reach out to them through community groups, churches, and events like 'Blue November' and 'Yellow September,' but it's hard to get them to engage with us." (Nurse 8)*

A restricted view is perceived in relation to human health. Greater focus is related to the problems already installed. The principle is to be carried out in November, in a good sporadic manner, for the movement "Blue November," in accordance with the guidelines from the PNAISH, which direct integral assistance for the health of man.

The international initiative "Blue November" originated in Australia in 2003 and was first celebrated in Brazil in 2008. It was subsequently incorporated into the country's health policy. Consequently, the month of November is dedicated to the awareness-raising and prevention of breast cancer, prostate cancer, and other illnesses. The implementation of healthcare strategies, particularly in the UBS, is crucial for the prevention of illnesses in general. It is therefore recommended that men seek service in the SUS (BRAZIL, 2022).

The study by Cortez et al. (2022) also revealed that health service campaigns targeting men are less frequent than those targeting women. These campaigns are often conducted during specific seasons, such as November, when they are intensified. Examples of such campaigns include "Blue November," which was carried out. Nevertheless, it is also important to discuss the reduction and prevention of traffic accidents, violence, and other causes of morbidity and mortality to which men are exposed (CARNEIRO et al., 2016).

One of the participants interviewed reported that she had already adopted a prenatal



care plan for her partner, which she considered an effective strategy for engaging men in a more active prenatal care. This approach allows them to gain a deeper understanding of the services offered by the unit.

In alignment with the recommendations of the World Health Organization (WHO), prenatal consultations represent a crucial opportunity for the development of actions related to men's health within the context of the Essential Health Services (EHS). The objective of the partner's prenatal care is to expand, facilitate access, and monitor men during this period. The health professional is responsible for elucidating educational practices that seek to enhance the appreciation of paternity (BRAZIL, 2016).

One potential avenue for reaching this audience is through community meetings held in groups in a setting that encourages coexistence and participation in campaigns held in churches. Silva et al. (2013) posit that community-based activities, such as workshops and debates on male health, can facilitate reflection and the dissemination of information about male health realities. These activities can be carried out in collaboration with health professionals to ensure the accessibility and relevance of the information provided.

It is also essential to consider the scheduling of these activities. Timing is crucial to ensure that they align with the schedules of those engaged in the workforce, thereby facilitating their participation.

It is observed that the low accession of male audiences in the UBS may be related to the lack of strategies and planning on the part of professionals, as identified in the following speech:

*"We even try to work on the strategy, but we run into resistance. It seems like men don't want to come in for their appointments when they hear "Blue November." Our programs for hypertensive and diabetic patients are in high demand, but men don't stick with them. There's a way to get men to come in, but it's not a one-size-fits-all approach." (Nurse. 1)*

It is crucial to develop activities that promote the health and well-being of men in PHC. This can be achieved by engaging men more actively in health-related initiatives, such as the formation of groups, projects, and programs that focus on the promotion of men's health. Additionally, it is essential to provide ongoing education for professionals on pertinent and challenging topics that arise in the workplace. This can facilitate a more comprehensive understanding of these issues and enhance the effectiveness of the intervention process (SILVA et al., 2014).



A study conducted in KwaZulu-Natal, South Africa, underscored the necessity for investment in health education practices, the establishment of men's groups within the unit, and the implementation of more flexible opening hours for men, to avoid missing time in queues while waiting. Furthermore, to attract and retain male patients for health services, it is essential to improve the structure of UBS. This should include the development of actions linked to real needs and specific preferences of the male public, to guarantee their involvement in care with their health (NDLOVU; ROSS; MULONDO, 2023).

Pereira et al. (2020) emphasize the significance of challenging established paradigms and adopting a constructive perspective on men's role in their own health. They underscore the importance of professionals and services, particularly primary health care (PHC), in creating an environment that is welcoming and conducive to engaging with this demographic. Consequently, the nurse can adopt a range of approaches to addressing the issues in question, which can be facilitated by assistance, management, education and research. These approaches must seek to address the real problems experienced by the male population.

Consequently, it is of paramount importance to prioritize improvements to the services provided by primary healthcare (PHC). This should include the development of a comprehensive plan of action and mobilization strategies that enhance human access, which encompasses the availability of materials in an appropriate ambience. It is therefore evident that the nurse must develop a paper that is significant in this context. To ensure that their praxis is guided by the appropriate guidelines, it is essential that they adhere to the principles of universality and equity.

#### **2.1.4 Category IV – Continuous training related to male health**

In this category, the discussion falls within the category of discourse pertaining to the ongoing training of nurses in the context of human health. It is evident that those interviewed had not participated in any previous training in this area, making it challenging to ascertain the extent of their understanding of the overlapping actions at PNAISH:

*"Never in my 11 years in this profession, never at my previous job, and never in any municipality I've worked in." (Nurse 1)*

*"No, not at all." It's tough to see the bigger picture when it comes to public health, especially when it affects other people. (Nurse 4)*

*"As far as I remember, I've never taken part in anything aimed at men's health. I don't think so." (Nurse 6)*



*"I don't remember taking part in training aimed at men. There are training programs for women on chronic diseases that involve men, immunization training, and women in their fertile years facing pro-cancer issues. But there are also programs for men facing similar issues. I don't remember participating in any of those." (Nurse 8)*

Nascimento et al. (2022) underscore the necessity for professionals to possess the requisite qualifications and awareness to enable effective action with this population. As formulated strategies for the insertion of man at ESF are developed, international studies also point to the importance of training and training health professionals for the provision of better health care to the male population in PHC (NDLOVU; ROSS; MULONDO, 2023; STEVENSON et al., 2023).

In light of these findings, it is essential to acknowledge that healthcare practices tailored for the general population should differ from the ongoing education process for nurses. However, if the curriculum for these courses includes themes related to male student health—considered crucial for fostering respect for masculinity and addressing specific demographic needs—it would be advantageous to incorporate them.

Cordeiro et al. (2014) posit that the continuous training gap also originates from the academic training period, during which students do not receive adequate training regarding the PNAISH. Nevertheless, the National Action Plan (2009-2011) of PNAISH (BRASIL, 2009b) has prioritized the development of strategies to increase men's demand for health services, including the training of health professionals to meet the needs of their male clientele.

In this context, actions aimed at training nurses as reference professionals for the PNAISH can serve as an instrument for the implementation of the aforementioned plan, thereby enhancing the professional's qualifications, expanding their knowledge, and directing their actions towards the promotion, maintenance, and restoration of men's health.

In order to achieve the principles of quality and humanization in comprehensive care for men's health, the PNAISH suggests that nurses have technical and articulation interinstitutional capabilities. This is with the goal of providing new shapes in thinking about men's health (OLIVEIRA; AGUIAR, 2020).

## **Final Considerations**

The research findings prompt critical reflection from health professionals, mainly nurses who work in the ESF and managers. This reflection allows for the development of a



new perspective that seeks comprehensive attention to men's health, with actions that can be implemented in the short, average, and/or long term. This new perspective is designed to reduce obstacles of a sociocultural nature that make it difficult for the general public to access health services.

As a limitation, it should be noted that the study was conducted with nurses only from the municipal urban area, due to the difficulty of accessing UBS in rural areas. Nevertheless, it is believed that the study's findings are of great relevance, as they may stimulate further research and the formulation of strategies to promote greater rapprochement between men, professionals, and health services, thereby initiating a new paradigm for the implementation of policies.

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## About the authors

<sup>1</sup> **Rafael Bezerra Duarte.** Master's degree holder and Ph.D. candidate in Collective Health at the Graduate Program in Collective Health (PPSAC) at the Ceará State University (UECE); Fortaleza-CE; E-mail: [rafaelduarte@univs.edu.br](mailto:rafaelduarte@univs.edu.br); Lattes: <http://lattes.cnpq.br/1776808077650592>; ORCID iD: <https://orcid.org/0000-0002-2280-0864>.

<sup>2</sup> **Maria Gêwada Marques.** Nurse from the Vale do Salgado University Center (UNIVS); Icó, CE; E-mail: [gewadamqs@gmail.com](mailto:gewadamqs@gmail.com); Lattes: <http://lattes.cnpq.br/7446609965956369>; ORCID iD: <https://orcid.org/0009-0000-7871-6146>.

<sup>3</sup> **Bruna Oliveira Lima.** Nursing student at the Vale do Salgado University Center (UNIVS); Icó, CE; E-mail: [enfabrunaoliveiral@gmail.com](mailto:enfabrunaoliveiral@gmail.com); Lattes: <http://lattes.cnpq.br/5894193900847748>; ORCID iD: <https://orcid.org/0009-0005-7805-8186>.

<sup>4</sup> **Leidy Dayane Paiva Abreu.** Ph.D. in Clinical Nursing and Health from the Graduate Program in Clinical Nursing and Health (PPCCLIS) at the Ceará State University (UECE); Scientific Editor of the journal CADERNOS ESP; School of Public Health of Ceará (ESP/CE); Fortaleza-CE; E-mail: [dayane.paiva@esp.ce.gov.br](mailto:dayane.paiva@esp.ce.gov.br); Lattes: <http://lattes.cnpq.br/0705244890058910>; ORCID iD: <https://orcid.org/0000-0001-8895-1481>.

<sup>5</sup> **Cleciãna Alves Cruz.** Master's in Collective Health from the University of Fortaleza (UNIFOR); Faculty member in the Nursing program at the Vale do Salgado University Center (UNIVS); Icó, CE; E-mail: [clecianacruz@univs.edu.br](mailto:clecianacruz@univs.edu.br); Lattes: <http://lattes.cnpq.br/7391016294866985>; ORCID iD: <https://orcid.org/0000-0002-9443-4955>.

<sup>6</sup> **Alanna Cândido de Oliveira Barros.** Nurse from the Regional University of Cariri (URCA); Juazeiro do Norte, CE; E-mail: [alannabarros@hotmail.com](mailto:alannabarros@hotmail.com); Lattes: <http://lattes.cnpq.br/0732366225555896>; ORCID iD: <https://orcid.org/0009-0004-4988-2793>.

<sup>7</sup> **Mirna Neyara Alexandre de Sá Barreto Marinho.** Ph.D. in Clinical Nursing and Health from the Graduate Program in Clinical Nursing and Health (PPCCLIS) at the Ceará State University (UECE); Faculty member in the nursing department at the University of Pernambuco (UPE); Petrolina, PE; E-mail: [mirna.neyara@gmail.com](mailto:mirna.neyara@gmail.com); Lattes: <http://lattes.cnpq.br/3138862809903523>; ORCID iD: <https://orcid.org/0000-0002-5853-6532>.

<sup>8</sup> **Maria Rocineide Ferreira da Silva.** Ph.D. in Collective Health from the Federal University of Ceará (UFC); Faculty member in the Postgraduate Program in Collective Health at the Ceará State University (UECE); General Coordinator of Interfederative and Participatory Articulation - Ministry of Health; Brasília, DF; E-mail: [rocineide.ferreira@uece.br](mailto:rocineide.ferreira@uece.br); Lattes: <http://lattes.cnpq.br/6463145896403157>; ORCID iD: <https://orcid.org/0000-0002-6086-6901>.