

Men's Health Aimed at Health Promotion

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Introduction

Home health is a topic of increasing relevance in the field of public health, especially due to the high rates of morbidity and mortality that affect this population. Historically, health care has been more frequently associated with women, children and children, leaving a significant gap in attention to the specific needs of men.

This topic is justified by the urgent need to understand and address the factors that affect our health services. Research indicates that men are more likely to make additional medical appointments and less inclined to adopt preventive self-care practices. This resistance contributes to late detection of diseases and, consequently, to worse health prognoses. Furthermore, we understand the cultural, social and institutional barriers that influence this behavior and are fundamental for the development of more effective and inclusive health policies.

In Brazil, the creation of the National Policy for Comprehensive Health Care of the Home (PNAISH), in 2009, marked significant progress in meeting the specific needs of the population. However, the effective implementation of these policies still faces many challenges, including adequate training of health professionals and adaptation of Primary Health Care (PHC) services to better serve children. This study aims to analyze these challenges and provide practical solutions to improve male health services, with a focus on promoting more holistic and accessible care.

The data suggests that men will live in half seven years unless women are more susceptible to serious illnesses such as cancer, diabetes and heart disease. This health panorama is aggravated by the lack of a culture of prevention and the stigma associated

with men's grooming, which is often seen as a sign of weakness. By investigating the causes of reluctance and identifying strategies to promote a culture of self-care among people, this study aims to contribute to the construction of a more equitable and efficient health system.

The objective of your work is to focus on the promotion and prevention of home health.

In order to explain the concepts related to the theme, a theoretical survey was carried out, covering bibliographic research in books, articles and other scientific research of physical or virtual access that will cover the studied topic.

Promotion and Prevention of Home Health

The first studies on the health of both men and women carried out by North Americans in the 1970s, motivated by feminist theory and politics, which we consider the men as responsible for aggravations to the health of others, especially women [1].

Over the past two years, the health of the home has been developed, but it is still in the implementation phase. Understanding the dynamics of these programs can help sickness professionals develop actions that promote quality care for the demand of young and adult men. These programs insert aspects of productive, social and economic life into both homes, promoting healthy habits [2].

The idea that the Primary Health Care Units (UAPS) provide services intended primarily for children, women and children is quite common [3]. For Carrara, Russo and Faro, it is challenging to include the tributes in health care due to the absence of a

culture of care with health as a social quest [4]. It should be considered that men live in half seven years unless women are more prone to conditions such as cancer, high cholesterol, diabetes, heart disease and high blood pressure [5].

This reality is seen as a result of the socialization of two men, where health care is not a common practice in the masculine sphere. Resistance factors, such as care schedules, are a means of discovering the predominant presence of women both as patients and as health professionals, turning the spaces of the Basic Health Units into feminized ones, creating an additional barrier to care Segundo Silva et al., the traditional models of masculinity afastam the mens do self-care, levando-os ausentar dos serviços de health [3,6]. The values associated with family education place men as providers and protectors, creating male models who are not involved in self-care practices and who can stimulate hostile and negligent behaviors toward themselves. This culture tends to generate low levels of self-care practices, aggravating their health.

Occurrences of injuries and deaths among most common children in the age range of 25 to 29 years. Respiratory diseases, tumors, hypertension and accidents are generally linked to serious and long-term health problems [3].

Segundo Leite et al., the reduced efforts of the male population for health services make it difficult to access Basic Care, preventive measures and health promotion and protection measures [6]. A research carried out by Silva et al. identified that the reasons for male resistance to health actions are related to masculine culture, to the organization of services in the Family Health Strategy (ESF), to socioeconomic conditions and to the lack of knowledge of Public Health actions [5].

We also recognize the importance of health prevention and maintenance actions, showing insensitivity to educational work. An example is prostate cancer, which affects a large part of the male population, with estimates that one in every 12 men is diagnosed throughout their lives. However, many men are still considered strong and invulnerable, or that prevent them from practicing healthy activities [5].

The absence of a specific program for home health could be two main reasons for not carrying out periodic examinations, which could prevent and minimize problems through an early diagnosis. In response to this need, the Ministry of Health created, on August 27, 2009, the National Policy of Comprehensive Home Health Care, with the objective of facilitating and maximizing access to home health services, in addition to improving assistance offered, promoting a cultural change [7].

Criticism intensifies with the idea that primary care lacks professionals trained to attend to the specificities of male health, correlating life and work situations of the population with possible aggravations to health, and demarcating areas of health protection and promotion. It is necessary to look at people, with techniques and epidemiological knowledge of the problems that affect or can affect them, in order to develop ways to attend to their health needs [4].

The nurse, in addition to being a health professional, acts as an educator, clarifying questions and encouraging the male

population to take care of themselves [3]. In a study carried out by Leite et al. regarding the search for attention, I observed that the men with a complete higher education present a greater capacity to problematize the topic, I have concrete ideas, but not placing that knowledge in practice [8].

When asked about the method of suffering, 57% of the two men reveal this feeling, justifying their dependence on third parties and the absence of daily activities that can influence their family's livelihood. The rest of the stories do not fear anything, because they prove that it is a natural process that everyone is involved in at some point in life [3].

Due to the necessary adequacies in our health services, the sick teams encounter difficulties in implementing the home health policy in their Family Health Units. Lack of professional training for this care, teaching material on the subject and adequações of health units [9].

It is possible to affirm that, through preventive forms, many things can be avoided, but male resistance to prevention is still noticeable, due to conservative thoughts and lifestyle habits that are difficult to change. Is so visible in years that seek changes in behavior. In the absence of health services, it can be attributed to two groups of barriers: sociocultural and institutional [10].

Reasons for low home demand for primary health care services APS is a care service that serves as a basis and complements atuação two other levels of health care. It deals with the most frequent problems among the population, providing services to prevent, treat and rehabilitate, aiming at the recovery of health and well-being. Additionally, it organizes and simplifies access to resources intended to promote, maintain and improve health [11].

Factors such as masculine cultural fathers, propensity to assume risks, linkage of masculinity to resistance and family upbringing that defines the home as a provider and protector are noted as reasons for the reluctance of men to seek health services.

Segundo Knauth, Couto e Figueiredo, the cultural factors that contribute to the lack of adesão two years of health services are linked to the belief that "homem não fica doente" [12]. According to Vieira et al. of itself and does not identify itself as the public other than the Basic Health Units (UBS) [13].

Faced with the multiplicity of emotions that people experience, such as the need to identify any serious illness or terror of death, a research conducted by Alves et al. indicated that 57.62% of two male interviewees expressed their feelings [14].

Gomes, Nascimento e Araújo conferem this vision, explaining that the homens do not add to the Health Services due to the shame of being exposed to the health professionals [15]. They allege that, due to certain gender disparities, the exposure of the female body is considered more natural for health professionals than the male body.

Segundo Gomes, the absence of programs or activities aimed at homens is one of the reasons why we do not procure Primary Health Services [16]. According to Figueiredo, another reason for this resistance is the high presence of female sex health

professionals in basic health posts [2]. The men are reluctant to share their true needs, finding difficulties in creating bonds with professional sex and revealing their particularities and intimacies, resulting in inefficient care and no solutions to their health problems. Furthermore, we perceive UBS as locals associated with women, causing a feeling of exclusion.

Moura et al. demonstrate that the male population is absent in APS because Health Units promote actions focused on the health of children, women and children, without generating specific activities for men [17]. According to Gomes and Nascimento, the men indicate that APS services are the main children, women and children [18]. It is also alleged that the men do not frequent UBS due to the lack of specific programs or activities for them, suggesting a lack of integration between the health needs of the men and the structure of the health services.

Gomes, Nascimento and Araújo highlight that the attention schedule of health services does not correspond to the needs of men, because it overlaps their work schedule [15]. The study by Bonito, Landó and Costa and Julião and Weigelt suggests that without conducting consultations or exams, due to the lack of interest of the managers of the units in attending to the children, the shame of the exposure of the body is large [9,19]. The number of people is the main reasons for male absence at UBS.

According to Gomes, men avoid showing frailties in their health so as not to run the risk of being diagnosed with a *doença* or to procure medical assistance and need to start a treatment [16]. These fears disturb the idea and understanding of the people in their popular knowledge, intensifying the reluctance to seek medical care.

Gomes, Nascimento and Araújo explain that the lack of habit of seeking doctors or health professionals can lead people to feel ashamed of being exposed to health services [15]. They allege that, due to gender disparities, medicine may be incentivized to use more natural oil to expose the female body compared to the male body.

The male population does not adhere the Primary Care Services not only due to lack of self-care, but also due to the dismantling of the PHC care model [20]. According to Alves et al. Julião e Weigelt, Nunes, Barrada e Landim, identify our studies of the main obstacles that hinder the relationship between homens and APS services: incompatible schedules, difficulty of access, problems in obtaining work authorization and quests. gender as health professionals in care units [9,21,22].

The men affirm that the lack of synchrony between their work schedules and the schedules of the health units is one of the reasons why we do not use the health services, justifying themselves as family providers. These schedules are problematic for both men and women, making it difficult for the population to access health services and increasing the need for high-complexity media services [23].

Another reason to avoid health services is the conception of home as a provider and responsible for the sustenance of the family. Some men argue that it is not up to them to solve domestic problems and that, in some situations, a woman works

out of pride, reinforcing the division of roles between men and women in a culturally established society [24].

Second Schraiber et al. and Oliveira et al., the exclusion of health services is related to the role of family chef [25,26]. Additionally, it is necessary to make adjustments to the functioning of Basic Health Units, mainly in educational approaches, in order to encourage the presence of two people in health services and encourage permanent training of the team composed by different professionals.

According to the investigation of Moreira, Fontes and Barboza, nurses affirm that the obstacles to including the homens in the PHC units stand out in three areas: the individual, the professionals of UBS and the services offered [27]. Not that he says respect for men, obstacles include little male search for health services, lack of preventive attitudes in relation to self-care and income linked to work. Given these obstacles, the lack of male presence represents the main avenue for the execution of strategies.

Thus, it is necessary to question the lack of homage in our health services, relating to the possibilities of not recognizing their singularity, or indicating the invisibility of Health Policies in valuing them and including them as protagonists of their actions [28].

The link with this necessity is that Primary Health Care is understood in Brazil as the care offered by the Public Health Services network. The Health Centers or Basic Units have specific cultural orientation for the care of children and children [28].

Male participation in Primary Care is still inferior when compared to female participation. Men rarely seek preventive health care, resulting in non-use of Specialized Services as an access point, when the disease is already advanced, or increasing morbidity and costs in the Single Health System (SUS) [7].

In relation to the lack of provision of services for APS services, it is noted that there is a preference for services that solve problems quickly, such as pharmacies, prompt aid and prompt care [2].

Knauth, Couto and Figueiredo highlight that male presence continues to lower health services [12]. The men are slowed down by these demands due to slowness and lack of clarity in attention, medium and resistance, as well as difficulties in receptivity.

For health professionals, it is a continuous challenge to deal with the reluctance of both men and women to seek preventive care. It is important to promote constant care practices among this community before health reaches a critical stage that requires specialized care for treatment and recovery [29].

Oiticica in Lima and Lima highlight that some elements influence the search for two homes for health services, such as the absence of specific initiatives to serve the male population and the lack of adequate spaces that guarantee their privacy [30,31].

According to Knauth, Couto and Figueiredo, there are no strategies and programs aimed at men aged 20 to 59 in the health units analyzed [12].

The lack of health care affects both companies and individuals, leading to a reduction in business productivity and financial losses for people.

The study by Oliveira et al. indicates that older men, with low schooling and social security, are more likely to seek medical attention. Young men in active communities face challenges in seeking help from APS [26]. The possession of a health plan is related to having high schooling and earning five minimum wages [32].

Likewise, it is important that health professionals review and discuss the lack of additional health services to clarify the difficulties that arise in this situation. Due to cultural and educational aspects, a society still enxerga or homem as resistant and powerful, without suscetibilidade to doenças [9].

The participação do pai no pre-natal

The culture of gender differences and the division of tasks between the sexes is always present in society. Traditionally, the roles assumed by countries and more were different: I played the role of primary caregiver, while the country was the provider of the family's material needs. Thus, the country exercises a distant authority, without being involved in tasks such as exchanging colds, preparing food or dealing with colic, leaving more to emotional reference for children [33].

However, a new vision of gender differences has been observed, as men have assumed a more egalitarian position in relation to their companions. This is also reflected during the pregnancy, as the men acquire greater awareness of the importance of their participation in this period [34].

For the country, pregnancy functions as a period of preparation for the new roles that will have to be assumed by the baby and its needs. The participation of non-prenatal parents can collaborate for the early formation of the bond between parent and child.

The country participates in numerous ways in the pregnancy of its companions, both directly, accompanying ultrasounds and consultations, and indirectly, offering itself as a figure of support for the pregnant woman and expressing her emotional involvement [35].

The man also plays an important role as a companion, transmitting security to women and helping her to support her children intensely. With these small attitudes, men and women can establish solid bonds, guaranteeing that future generations of children are emotionally balanced, secure and happy [36].

During pregnancy, there is a pattern of sequential changes in the emotional involvement of two countries, composed of three phases. The first phase ranges from the fear of pregnancy, accompanied by a great initial shock, linked to its confirmation, when the country can experience reactions of discomfort, stress and ambivalence. In the second phase, the country still does not perceive pregnancy as a reality, because the physical sinais are still not evident, resulting in an emotional distance characteristic of that period. In the last phase, the men begin to experience the gestação as real and important in their lives, managing to define themselves as a country [37].

The participation of two countries in the birth of children is an excellent example of shared experiences. In most families in which both parents are present, parenthood is characterized by similar undertakings and a unity between spouses.

Pregnancy, childbirth, birth and puerperium are events filled with deep feelings, which involve the entire family and pregnant home. During pregnancy, there are moments with strong positive potential for stimulating the family bond. Nesse context, or homem, to exercise paternity, confront or novo and experience conflicting feelings. As the gestational process becomes involved in the relationship with a woman, it builds and consolidates its role, which also provides material provision, establishing active parenthood [34].

During pre-natal, labor, childbirth and post-partum, the emotional support offered to the companion has significant benefits, providing an experience with an important meaning for your life. The presence of something known promotes the emergence of feelings of comfort and security for women, minimizing the feeling of solidity at the moment [33].

The term companion refers to the person who is next to the woman during the care, which could be a family member, or companion for her or any other person from her school, guaranteed by law through Law nº 11.108, of April 7, 2005 [35].

It is obvious that the participation of a companion, especially the pai, during the prenatal consultations has benefits for everyone, including the companion himself, who becomes familiar with the process and preparation for the birth. This allows him to begin to face the changes that parenthood will bring and strengthen the mother-father-baby bond. Thus, even the pai no cenário de assistência pré-natal is reconstituted by health policies and pregnant women as an important element for the melhoria of assistance, allowing both to assume their new roles in society.

The presence of the pai during childbirth brings various benefits to maternal health, in addition to those obtained through non-prenatal participation and non-laboral labor, reinforcing the importance of reproductive life in the home. For men, this experience often represents an expression of masculinity in social interaction, related to parenthood, pregnancy and care as a non-postpartum woman and as a newborn. This participation contributes to overcoming the archaic stereotype that the man is not part of this scenario. In her research, the author highlights the paternal perspective during labor, labor and birth, where the country emphasizes that, after experiencing the birth process, we begin to understand the importance of accompaniment throughout the gestational period [36].

In the exercise of paternity and during the accompaniment of pregnant women, the men experience crucial changes, moving on to reconcile their role of support and active presence. These changes benefit the active presence of pai nos cared for with mãe and eo filho, enriching their contribution not to care, including in domestic tasks [37].

The actual homem stops being just an inseminator and becomes actively involved, developing feelings of love, support, attachment and responsibility with the family. Therefore, paternal

insertion of care in pregnancy, childbirth and puerperium must be encouraged by public health policies and health professionals, so that the presence of the child in the childbirth scene marks the beginning of a transformation in family relationships [35].

According to the research of Moreira and Carvalho, it is essential to find ways to include the services of APS services to combat the lack of visibility of them in the health area [38]. Within this scenario, it is suggested that the participation of partners in prenatal care is an opportunity for these partners not only to support their partners during pregnancy and childbirth, but also to worry about their own health and share the experience of waiting for a filho. In addition to this care, the issues of “be sexual” and “being pai” can be effective in the implementation of health initiatives with men of various characteristics.

For many years, pregnancy was seen as a woman’s obligation, without the involvement of her partner, leaving all the responsibility for raising the child to me. Therefore, it was necessary to reassess and implement practical actions that promote more involved and attentive parenting [39].

Prenatal accompaniment should include not only aspects related to pregnant women, but also encompass the entire care process. Thus, we can understand the scope of the physical and emotional changes that we can lead to the appearance of sinuses and bodily symptoms [1].

In the absence of information and presentations in APS that represent men as pai, it can lead to the idea that the Health Unit is predominantly female. Is so possible to make a woman think that only she has to go through pregnancy, without needing to count as the involvement of the partner [40]. PNAISH updates the way in which human health questions are addressed, to include the analysis of gender questions. Note-there is an updated perspective in relation to gender disparities, as men adopt a more equitable position in relation to their partners. This is more evident during pregnancy, as men perceive more and more the relevance of their situation as a country at this moment. The presence of the child during the prenatal period can contribute to the early development of the link between parent and child.

Thus, when participating in pre-natal consultations, the child prepares to play his role as a parent, contributing to making the pregnancy experience more pleasant and human for him [39].

In Foz do Iguaçu, Ribeirão Preto and Rio de Janeiro, tests are being carried out, such as Pré-Natal do Homem, Pré-Natal do Parceiro e Unidades de Saúde Parceiras do Pai, which valorizes male participation in health care during pre-natal. The Ministry of Health has supported and promoted these actions. Contudo, as scientific data bases that address the participation of men during pregnancy, raising the consideration of the country’s role, also raises questions in the open, requiring more field research [41].

The Ministry of Health advises that health professionals in the public network encourage children to carry out preventive examinations during the pre-natal accompaniment of their companions. The presence of women is essential for the partner to participate in pre-natal consultations and a health professional can also monitor the health of the child. The goal is to examine

diseases that can affect the health of the home, the mother and the fetus [7].

In the study by Ribeiro, Gomes and Moreira, it was perceived that in the Southern region, the measures adopted, such as Pré-Natal do Homem, are strategies created since 2011, with the objective of enveloping the children without prenatal accompaniment for women, including participation in medical consultations and examinations [41].

This approach shows concern with the health of women and babies, due to the lack of regulation for male clinical tests such as PSA (prostate-specific antigen) in men over 40 years of age is evident [41].

The beginning of open clinical examinations, such as this, indicates that children must be included in the APS considering their paternal identity, but also guaranteeing their right to health as citizens [41].

Conclusion

The promotion and prevention of home health is in the field of development, reflecting sociocultural and institutional challenges that hinder male access to health services. In the absence of a culture of self-care, allied to factors such as the method of discovering skills, the predominance of female health professionals, and care schedules that are incompatible with the work routine of two men, we contribute to a low level of care services. Primary.

Despite these challenges, initiatives such as the National Policy for Comprehensive Home Health Care, launched in 2009, seek to reverse this framework, encouraging even two homes in our health services and promoting a cultural change that valorizes the care of their own health. The participation of non-pregnant countries is an example of how men and women can be more integrated into health care, benefiting not only the pregnant woman and the baby, but also reinforcing active and responsible parenting.

It is essential that health professionals are trained to address the specific needs of men’s health and that health services develop strategies to facilitate access and access to men. The implementation of targeted programs, the flexibility of service hours and the promotion of educational campaigns are fundamental steps to overcome existing barriers and improve morbidity and mortality rates among the male population.

Thus, the transformation of male perception in the relationship to self-care and public health depends on continuous and integrated efforts, both by health professionals and public policies, to create a more supportive and inclusive environment that encourages men to take care of their health in a manner proactive and regular.

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