***Original Research Article***

**ANALYSIS OF MALE POPULATION KNOWLEDGE ABOUT THE MEN'S HEALTH PROGRAM IN THE MUNICIPALITY OF BELÉM-PA**

**SUMMARY**

**Objective:** o investigate the level of knowledge among the male population regarding the Men's Health Program in the municipality of Belém-PA. **Methods:** This is a cross-sectional study with a quantitative approach, conducted with 174 male individuals aged 20 to 59 years. Participants were assessed based on their understanding of the Men's Health Program. The level of knowledge was evaluated through a questionnaire scored from 0 to 5 points, considering factors such as the male population's attendance in primary care services and possible strategies for healthcare contribution to the Men's Health Program. The data obtained were analyzed using descriptive statistics with the aid of Excel software. The study was not submitted to the Research Ethics Committee, as it qualifies as an opinion-based study. **Results**: The findings revealed a fragmented understanding of the Men's Health Program. Topics such as the duration of prenatal care (with a 70.1% accuracy rate) and unaddressed diseases (47.7%) were relatively well understood. However, crucial details—such as the topics discussed within the program (Questions 1 and 3, with a 25.3% accuracy rate) and the age group covered (18.4% accuracy rate) still showed significant gaps among a large portion of the male population. **Conclusion:** The study concludes that the male population surveyed has inadequate knowledge of the Men's Health Program, which contributes to the lack of engagement in preventive measures, health promotion, and self-care.

**Keywords:** Adherence; Men's Health Program; Challenges; Knowledge; Male Population.

**INTRODUCTION**

Men’s health has become a global concern due to data indicating that women have a significantly higher life expectancy than men. Since the 1980s, statistics showed that the male population had an average life expectancy of 59.6 years, while women lived up to 66 years. In the current context, these figures have increased over the decades, prompting discussions and, consequently, the creation of a policy aimed at reducing male morbidity and mortality: the National Policy for Comprehensive Men's Health Care (PNAISH), established in 2009.1

Aligned with PNAISH, the Men's Health Program was designed to address key areas related to the significant burden of morbidity and mortality among the male population identified by the policy. These key areas include: access to healthcare services, sexual and reproductive health, fatherhood and caregiving, prevalent diseases among men, and the prevention of violence and accidents. The inclusion of these pillars aimed to strengthen, develop, and reorganize health actions while also raising awareness among policymakers, healthcare professionals, and the population to encourage men's active participation in primary healthcare units.2

It is crucial to highlight that the main causes of health issues and deaths among men are largely attributed to external factors such as violence and traffic accidents. According to data from the National Traffic Department (2023), approximately 67.3% of traffic accident victims were male. Furthermore, 61.8% of sexual violence cases and 42.8% of physical violence incidents involved men aged 20 to 59 years, with young adults being the most affected group.3

Furthermore, another major concern is the prevalence of diseases among the male population. One notable example is prostate cancer, which is the second most common type of cancer affecting men.4 However, beyond prostate cancer, diseases of the circulatory, respiratory, and digestive systems have also become significant causes of male mortality.

Considering this scenario, health education initiatives play a crucial role in transforming healthcare practices, extending beyond direct therapeutic effects. They are essential strategies for integrating health promotion into primary care, ensuring that all groups, including men, are actively included.5

However, low adherence among the male population has often been linked to a lack of or insufficient quality of healthcare services. This, in turn, may be associated with inadequate training of healthcare professionals to address the specific needs of this population, leading men to seek hospital services for immediate problem resolution.6

The lack of implementation of Men's Health Program actions within primary care has significantly contributed to the limited knowledge among men, ultimately resulting in low adherence to the program in primary healthcare units. This study aimed to analyze the male population's knowledge about the Men's Health Program and the impacts of its thematic areas.

**METHODS**

This is a descriptive, cross-sectional study with a quantitative approach. The purpose of this methodology was to understand the male population's perception of the Men's Health Program. The research yielded significant results that aligned with the study's objectives. A quantitative study provides an objective means of analyzing opinions, attitudes, and behaviors related to a specific topic, not only through statistical data and graphs but also by considering the lived experiences and insights conveyed to the researchers, focusing on the meanings and reasons behind certain occurrences.7

The study was conducted in a public commercial area in the Campina neighborhood of Belém, Pará. Printed questionnaires were distributed in the morning, from 8:30 AM to 2:30 PM, during peak movement hours, over a one-month period. The study population consisted of men residing in the metropolitan region of Belém, aged 20 to 59 years—the age range covered by the Men's Health Program—who expressed interest in participating and completing the questionnaire. Individuals unable to read, healthcare professionals, or anyone working in the field were excluded from the study.

Data collection was carried out through a structured, printed questionnaire developed by the researchers. It consisted of 15 closed-ended questions designed to be easily understood by participants. The questionnaire addressed relevant aspects of the Men's Health Program, the frequency of male users in primary healthcare services, and strategies to enhance their inclusion. The collected data were transcribed into a statistical software database, generating reliable information such as percentages, absolute, and relative frequencies.

Studies involving human participation in scientific research must be approved by a Research Ethics Committee (CEP) in compliance with ethical guidelines outlined in Resolution No. 466/2012, ensuring that studies are designed to prevent potential harm to participants. However, this study qualifies as an opinion survey and does not fall under CEP requirements. According to the sole paragraph of Resolution No. 510/2016: "Public opinion research with unidentified participants will not be registered or evaluated by the CEP/CONEP system."

**RESULTS**

In this study, the responses from 174 completed questionnaires were analyzed. The questionnaire used for the research was divided into three sections to allow the research team to assess the following objectives: level of knowledge, frequency of male population attendance at primary healthcare units, and strategies to improve their inclusion in the program.

The first section aimed to evaluate men's knowledge of the key pillars of the Men's Health Program. According to Table 1, the results highlighted different aspects of the topic, including prenatal care monitoring, covered themes, addressed diseases, and the program’s age coverage.

The findings revealed a fragmented understanding of the Men's Health Program. Certain topics, such as the duration of prenatal care monitoring (with a 70.1% accuracy rate) and unaddressed diseases (47.7%), were relatively well understood. However, critical details—such as the specific topics discussed within the program (Questions 1 and 3, with a 25.3% accuracy rate) and the age range covered (18.4% accuracy rate) demonstrated significant knowledge gaps among a large portion of the male population.

**Table 1 -** Assessment of Knowledge Level About the Men's Health Program

|  |  |  |
| --- | --- | --- |
|  **Questions** | **N** | **%** |
| 1. Which topic of the Men's Health Program is addressed for both men and women within the primary healthcare unit?
 |  |  |
| 1. The stork network
 | 17 | 9,8% |
| 1. Occupational health
 | 113 | 64,9% |
| 1. Reproductive Planning
 | 44 | 25,3% |
| 1. For how many months should a man accompany his partner's prenatal care?
 |  |  |
| 1. 3 months
 | 26 | 14,9% |
| 1. 9 months (Correct)
 | 122  | 70,1% |
| 1. 6 months
 | 26 | 14,9% |
| 1. What other topics are included in the program?
 |  |  |
| 1. Oral and Dermatological Health
 | 74 | 42,5% |
| 1. Alzheimer's and Work Accident Risk
 | 56 | 32,2% |
| 1. Prevention of Violence and Traffic Accidents (Correct)
 | 44 | 25,3% |
| 1. Which disease is not addressed by the men's health program?
 |  |  |
| 1. Scoliosis (Correct)
 | 83 | 47,7% |
| 1. Parasitic Diseases
 | 63 | 36,2% |
| 1. Prostate Cancer
 | 28 | 16,1% |
| 1. The men's health program covers from age 20 up to what age?
 |  |  |
| 1. 60 years
 | 47 | 27% |
| 1. 59 years (Correct)
 | 32 | 18,4% |
| 1. 65 years
 | 95 | 54,6% |

**Source:** the authors themselves, 2024.

The analysis of the second stage (Table 2) of the questionnaire focused on evaluating the frequency with which men attend basic health units. This stage was highly relevant in identifying the low frequency with which the male population seeks care in primary healthcare, resulting in 82.2% of men not regularly visiting a basic health unit for prevention and self-care, with only 17.8% of the population seeking care frequently.

Additionally, many individuals from this population pointed out their work schedule as a major barrier to visiting primary care more often, with 54.6% indicating that their work hours prevent them from seeking care, while 45.4% of men have flexible work hours.

However, during data collection in the second stage, dissatisfaction among many men with primary care services was also noticeable, yielding the following results: 70.1% of men agree that it is better to seek hospital services than primary care; 29.9% disagree and prefer primary care over hospital services. Furthermore, when asked about the likely locations where men would seek treatment, the following percentages were obtained: Hospital 28.2%; Private Clinic 51.1%; Basic Unit 20.7% (Table 2).

**Table 2 -** Frequency of the Male Population in Primary Care Services.

|  |  |
| --- | --- |
| **Questions** | **%** |
| 6. Do you usually visit the health unit frequently? |  |
| yes | 17,8 % |
| no | 82,2% |
| Does your work schedule prevent you from seeking routine consultations at basic health units? |  |
| yes | 54,6% |
| No | 45,4% |
| 8. Do you believe it is better to seek hospital medical care for disease prevention instead of services within the basic unit? |  |
| Yes | 70,1% |
| No | 29,9% |
| 9. Do you participate in events and lectures at the unit that address the need for prevention, the adoption of healthy habits, and the main diseases affecting the male population and their risks? |  |
| Yes | 17,8% |
| No | 82,2% |
| 10. Which of these environments are you more likely to seek treatment in? |  |
| Hospital | 28,2% |
| Private Clinic | 51,1% |
| Basic unit | 20,7% |

**Source:** the authors themselves, 2024.

The final stage of the questionnaire assessed the male population's opinion regarding the strategies proposed by the team. The proposals suggested educational nursing actions in locations that are more accessible to men and the inclusion of more actions within the units themselves, which received mostly positive results. Actions in public environments: 79.9% agreed and 20.1% disagreed; actions in the workplace: 92.5% agreed and 7.5% disagreed; actions in leisure areas: 79.9% agreed and 20.1% disagreed; reproductive health consultations with male professionals: 58% agreed and 42% disagreed; more prevention actions within the units themselves: 90.2% agreed and 9.8% disagreed (Table 3).

**Table 3 -** Strategies to Influence Men's Participation in the Program..

|  |  |
| --- | --- |
| **Questions** | **%** |
| 11. s it more feasible to participate in educational actions related to men's health in public environments such as shopping malls, squares, etc.? |  |
| Agree | 79,9%  |
| Disagree | 20,1% |
| 12. Is it more beneficial if health actions or lectures are promoted by basic units within the workplace environment? |  |
| Agree | 92,5% |
| Disagree | 7,5% |
| 13. I would easily participate in nursing consultations if the actions were held in leisure areas I frequent. |  |
| Agree | 79,9% |
| Disagree | 20,1% |
| 14. I would feel more comfortable discussing reproductive health with male professionals. |  |
| Agree | 58% |
| Disagree | 42% |
| 15. I would feel more welcomed in the Basic Unit if there were more men's health prevention actions. |  |
| Agree | 90,2% |
| Disagree | 9,8% |

**Source:** the authors themselves, 2024.

**DISCUSSION**

According to studies, although nurses in healthcare units are aware of the existence of the National Policy for Comprehensive Health Care for Men (PNAISH), they have limited knowledge, preventing professionals from recognizing men's health needs, which results in a lack of educational actions to integrate the male population into primary care. 8 Thus, the superficial knowledge of this group regarding the program is often tied to their detachment from the healthcare network, the lack of professional training, and their unpreparedness to welcome this population, creating exclusion and contributing to the lack of access to information.

The exclusion of men by the primary care team not only results in low attendance, as shown in Table 2, with 82.2% of men not regularly visiting the basic health unit, but also leads to dissatisfaction with these services, causing them to prefer hospital care, as indicated by the 70.1% in Table 2. This preference also contributes to the patriarchal culture that associates self-care solely with women. 9

Men, as individuals, carry primitive characteristics, meaning that the idealization of masculinity in society includes qualities such as strength, virility, work, and invulnerability, all of which are important for constructing the male identity. Currently, the concept of health within the male population is focused on three aspects: personal hygiene, care for sexuality (use of condoms and treatment for sexual impotence), and sports practices as a form of self-care. 2

Studies highlight that from the male perspective, the social construction of masculinity is associated with resistance to showing vulnerabilities such as weakness, fear, or insecurity. These cultural and educational values often lead men to seek medical assistance only in critical situations or when their ability to work is compromised, which can have a negative impact. 10

It is also known that men, due to their role as providers, prioritize collaborative activities, placing health care concerns second. When they become ill, they tend to seek faster services, as they do not find basic health units with extended hours offering available care. As a result, they turn to high-complexity services, which provide immediate and effective results, justifying that they do not find this in primary care.11

In light of this scenario, where basic health units operated only during normal hours, the Ministry of Health's Department of Primary Health Care (SAPS/MS) created the "Saúde na Hora" Program. 12

 The program offered support to users by providing the same health services throughout the extended hours of the units' operation. Its goal was to offer health actions during more flexible hours for the population, such as evening and lunchtime hours, expanding the coverage of the Family Health Strategy, Primary Health Care, and Oral Health care; strengthening management in the organization of Primary Health Care; reducing costs in other levels of care and decreasing waiting times in emergency and urgent care units.. 13

Non-compliance with the six consecutive competencies outlined in Ordinance GM/MS No. 6, dated September 28, 2017, would result in the cancellation of the adherence of Basic Health Units (UBS) and Family Health Units (USF) to the "Saúde na Hora" Program. The program addressed the accessibility issue related to the operating hours of basic health units, expanding access to health services such as medical and dental consultations, exams, and other services. However, only 7% of municipalities adhered to the program, proving that not all municipalities and managers made the effort to participate in a program that brought benefits both to the municipalities that chose to be part of it and to the users.14

The "Saúde na Hora" program ended on April 15, 2024, with the publication of Ordinance GM/MS No. 3,544, which canceled the participation of Family Health Units and Basic Health Units in the program. In conclusion, it is undeniable that the lack of participation from managers can lead to limitations in the effective development of teamwork and training within a basic health unit, negatively impacting and distancing users from primary care.

The lack of qualification and training of professionals in men's health may be influencing the low participation of men in Basic Health Care (ABS) initiatives. This highlights the importance of training these professionals. Furthermore, it is essential to consider the profile and needs of those who will be trained. Therefore, the training of nurses in this context represents a challenge rooted in academic education and continuing education. Thus, ongoing education becomes a valuable resource to reduce or resolve existing obstacles, so that men's care can be planned and integrated into daily life from a comprehensive care perspective. 16

A study conducted in João Pessoa, PB, on the difficulty of integrating men into Primary Health Care (ABS) confirms that health professionals, according to nurses, face challenges related to deficits in training in men's health and a lack of knowledge about PNAISH. These factors contributed to the formation of a subcategory that helped form the category of difficulties in men's integration into ABS, associated with the professionals. Continuous training of nurses and the nursing team in Primary Health Care is an obligation of healthcare institutions, aiming to update knowledge and prepare them to face the social and technical issues that arise in this new work dynamic. 16

The nurse plays a crucial role in implementing strategic approaches that can promote male engagement in health services, especially through educational initiatives in primary care. These actions aim to establish a meaningful bond between men and health services, ensuring a human and effective welcoming. This approach allows men to feel that they are part of an environment that values them, free from prejudice, encouraging them to seek and engage with available services and health professionals. Furthermore, educational activities can help change the way men perceive the importance of primary care services, encouraging them to prioritize prevention, health promotion, and self-care. 17

**CONCLUSION**

The study showed that male individuals are not fully aware of the Men's Health Program, which serves as an obstacle to their use of primary health care services. It is also evident that, alongside this lack of awareness, there exists a culture that nurtures behaviors and thoughts contributing to this impasse.

Thus, the importance of the participation of the multidisciplinary team and managers of health units in engaging men in primary care becomes evident. Educational actions can raise awareness and ensure this population is welcomed, encouraging greater engagement with their health and promoting preventive care for serious illnesses and external factors affecting their health.

Nursing professionals play a vital role in encouraging the pursuit of male health, as they can interact more closely and create welcoming environments in health centers, while also breaking down the taboo related to machismo, which associates health with three aspects: personal hygiene, sexuality, and sports. Additionally, it is crucial to demystify the notion that prevention is linked to undermining masculinity.

During the study, possible strategies were suggested for promoting the services offered by basic health units and the men's health program. As seen in Table 1, expanding activities within and outside the units to conduct nursing educational actions in locations more accessible to men, and involving them in the care plan, produced favorable results. Regarding health interventions in public spaces, actions at workplaces and leisure venues, reproductive health consultations with male professionals, and more prevention actions within the units, these strategies were designed to better integrate the male population and decentralize health prevention and promotion activities.

**COMPETING INTERESTS DISCLAIMER**:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

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