THE OPINION OF COMMUNITY HEALTH WORKERS REGARDING THE POLICY SPECIFIC TO MALE HEALTH

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ABSTRACT: This exploratory and descriptive research, with a quantitative approach, aimed to ascertain the opinion of Community Health Workers working in the Family Health Strategy regarding the health policy specific for attending the male population. 64 Community Health Workers participated in the study, who worked in four Primary Health Centers located in the West Health District of the city of Natal in the State of Rio Grande do Norte. The data were collected in July – September 2012 using a questionnaire and were treated using descriptive statistics. It was ascertained that, although some participants showed they did not know about the National Policy for Men's Integrated Healthcare, the majority expressed positive opinions about it, a fact mainly explained by its preventive and educational character. The knowledge evidenced was shown to be incipient, showing the need for the above-mentioned policy to be publicized among these primary care professionals, with a view to its attainment in the health services.
DESCRIPTORS: Men's health; Community health workers; Family Health Program; Public health.

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INTRODUCTION

The Family Health Program was launched in 1994, by the Ministry of Health, with the purpose of reorienting the assistential model then in force in Brazil. However, this came to be considered a strategy, for prioritizing actions for preventing ill-health and promoting and recovering families' health in a continuous and comprehensive way. Thus, the Family Health Strategy seeks to organize primary care in accordance with the organizational and doctrinal principles of the Unified Health System[1].

However, in order to achieve such principles, the care provided to the community is undertaken multi--professionally. In this way, the teams are composed, at a minimum, of a family physician, a nurse, an auxiliary nurse and six Community Health Workers (CHW), and may also have a dentist, a dental assistant and a dental hygienist[2].

Focussing on the CHWs, these present specific characteristics in their work process, with the fact that they live in the community in which they work deserving to be emphasized, as, because of this, they are familiar with the residents' main needs and anxieties. This enables them to recognize the health-illness determinants, a fact which is relevant for them to carry out actions based on the context experienced by the residents in the area covered by the Family Health Strategy [3-4].

Due to the CHWs' closeness to the community, the relationship which they establish is based on bonds of trust, which result in the appearance of links with the population. These, in their turn, allowing these workers to be recognized as health promoters in the different activities undertaken. The home visit is integrated in this context; it is considered of extreme importance in the Family Health Strategy , as it contributes to the gathering of personal information for each family, including on individuals who rarely contact the health service, as is the case with men.

Regarding this issue, various studies have been undertaken in the ambit of primary healthcare regarding the male public, which, in general, is neglected in the health institutions. This is because, due to the fact of the Primary Care Centers promoting actions directed at population groups, the scarcity of assistential programs directed at men causes gaps in the attendance of these individuals[5-6].

This context reflects the gender stereotype disseminated socially, which attributes characteristics of strength, power, ability and invulnerability to men. These adjectives tend to impact negatively on the health of this public, given that seeking preventive care can be interpreted as a sign of male weakness. As a result, the men repress their health needs and delay seeking care[7], a circumstance which leads to their being disadvantaged in the mortality indicators.

Among the main causes of premature deaths in men are those triggered by chronic-degenerative diseases, as well as by external causes[8]. This situation is related to the ideal of masculinity adopted by men, who – feeling themselves to be invulnerable – tend to expose themselves to dangerous situations, making themselves more vulnerable, thus creating a paradox.

The unfavourable situation of male health led the Ministry of Health to elaborate, in 2008, the National Policy for Men's Integrated Healthcare. This has the aim of facilitating men's access to the health services and of improving their living conditions. This policy's implementation, articulated with other health policies, is based on principles and guidelines, whose objective is to attend this population group at the different levels of care. Furthermore, it emphasizes the quality of the care offered, reorganizing the actions so as to transform the Primary Care Centers into spaces which are also male[9].

Achieving the above-mentioned objectives, however, requires the training and qualification of the professionals working in the Family Health Strategy . Furthermore, these workers' effort is essential, as their interest is essential in the undertaking of strategies directed at the male public, as also in putting the National Policy for Men's Integrated Healthcare into practice. As a result, considering the fact that the Family Health Strategy workers are responsible for the care process, knowing their opinion about the National Policy for Men's Integrated Healthcare is of extreme importance for this policy's consolidation in the ambit of primary care. In this context, the relevancy of the CHWs stands out, as their proximity to the residents of the area covered by the Family Health Strategy can contribute, encouraging the men to adhere to the programs undertaken by the Primary Health Care Centers, making them active subjects in the healthcare.

In the light of the considerations above, the question is asked: What is of the opinion of the CHWs on the specific health policy for attending the male population? This being the case, the present study aimed to ascertain the opinion of the CHWs who work in the Family Health Strategy concerning the specific health policy for attending the male population.

METHOD

The present study is part of the project entitled "The conception of health professionals on the insertion of specific programs attending men in primary healthcare". It is exploratory-descriptive research with a quantitative approach, undertaken in the West Health District of the city of Natal, in the State of Rio Grande do Norte, Brazil. Although the city is divided in five administrative regions, the above-mentioned district was chosen due to the significant number of Family Health Strategy teams. The selection of the Primary Health Care Centers was made through a simple random draw, with four Primary Health Care Centers being selected.

64 CHWs participated in the study, who were selected considering the following inclusion criteria: to work in the UBS selected and to live in the community in which they work. Those on holiday or medical leave were excluded from the sample. It is noteworthy that only three CHWs refused to participate in the study.

Data collection occurred in the period July – September 2012, using a questionnaire containing questions covering socio-demographic variables and variables specific to the study object. The potential participants were initially contacted so as to explain the aim of the research, and to ascertain their availability to participate in the study. If they showed interest, they were requested to sign the Terms of Free and Informed Consent, which stressed the guaranteeing of their anonymity, as well as the use of their information purely for scientific ends, as stipulated by Resolution 466/12[10]. The interviews occurred individually in a room in the UBS itself, which was made available, that is to say, the community was not attended there at the time of data collection.

It is highlighted that this stage was preceded by authorization from the Municipal Health Department, authorization from the managers of the UBS selected, and approval by the Research Ethics Committee of the Federal University of Rio Grande do Norte, under Decision N. 293/2011 and CAAE N. 0114.0.051.000-11.

The data collected were tabulated in the program Microsoft Word 2007, were analyzed using descriptive statistics, and were presented in the form of tables. The discussion of the results was based on the National Policy for Men's Integrated Healthcare, as well as the scientific literature on primary care and the Family Health Strategy .

RESULTS

Based on the data obtained, it may be observed in Table 1 that 50(78%) CHWs were female and 14(22%) male. Regarding age range, 20(31%) were aged between 36 and 40 years old, followed by 16(25%) who stated that they were aged between 41-45 years old. In relation to marital status, 35(55%) individuals stated that they were married and 22(35%) stated that they were single. Regarding educational level, 48(75%) subjects stated that they had finished senior high school and only 1(1%) stated that they had not finished their studies. Regarding the length of service as CHWs, the fact was determined that in the sample studied, no individuals had worked in this role for a period of below five years.

Table 1 - Socio-demographic characteristics and length of service of Community Health Workers. Natal-RN-Brazil, 2012

Variable		n	%
Sex			
	Female	50	78
	Male	14	22
Age			
	30 - 35 years	15	23
	36 - 40 years	20	31
	41 - 45 years	16	25
	46 - 50 years	08	13
	51 - 55 years	04	06
	56 - 60 years	01	02
Marital status			
	Married	35	55
	Single	22	35
	Divorced	06	09
	Widowed	01	01
Education			
	SHS* Incomplete	01	01
	SHS* Complete	48	75
	HE** Incomplete	14	23
	HE** Complete	01	01
Length of service as CHW			
	1 -5 years	0	0
	6 -10 years	20	31
	11 -15 years	23	36
	16 -20 years	21	33
Total		**64**	**100**

* Senior High School, ** Higher Education

In relation to the CHWs' knowledge regarding National Policy for Men's Integrated Healthcare, Table 2 shows that 14(22%) were unaware of the policy and 50(78%) showed that they had some understanding of it, acquired, mostly, in the UBS where they worked.

When asked about their opinion regarding National Policy for Men's Integrated Healthcare, it is important to emphasize that the largest number of positive answers had to do with the existence of a specific policy for men's health, even among those who stated that they did not know it. As a result, as may be observed in Table 3, the majority considered the existence of National Policy for Men's Integrated Healthcare to be important.

Table 3 - Importance attributed by Community Health Workers to the National Policy for Men's Integrated Healthcare. Natal-RN-Brazil, 2012

Variable	n	%
Good	18	28
Very good	04	6
Great	13	21
Excellent	01	1
Important	24	38
Did not give an opinion	04	6
Total	**64**	**100**

According to Table 4, among the reasons presented regarding the opinion expressed, the preventive and educational character of the National Policy for Men's Integrated Healthcare was mentioned by 14(22%) CHWs. In addition to this, the possibility to encourage men to seek the health services and to encourage these individuals to care for their health was indicated, respectively, by 12(19%) and 11(17%) participants. In spite of 16(25%) CHWs not being able to give reasons for considering the policy to be positive, they also expressed opinions favorable to its existence.

Table 2 - Way in which knowledge on the National Policy for Men's Integrated Healthcare was acquired among Community Health Workers. Natal-RN-Brazil, 2012

Variable	n	%
Primary Care Center	23	46
Lectures with health professionals	11	22
Media	16	32
Total	**50**	**100**

Table 4 - Reasons expressed by the Community Health regarding the positive character of the National Policy for Men's Integrated Healthcare. Natal-RN-Brazil, 2012

Reasons	n	%
Has a preventive and educational character	14	22
Encourages men to seek the health services	12	19
Encourages men to care for their health	11	17
Increases men's access, broadens their attendance	07	11
Increases professionals' interest in men's health	03	5
Promotes specialized attention to men's health	01	1
Could not say	16	25
Total	**64**	**100**

DISCUSSION

The analysis of the data showed women to predominate among those researched, which is explained by the strong presence of women in the health sector. This is related to the female stereotype ingrained culturally, which attributes to women adjectives such as docile, delicate and patient, characteristics which are fundamental in undertaking care[11-12]. In spite of these characteristics being held as relevant for professionals whose focus is care for the other – as is the case of the CHW's professional category – it is understood that this large female contingent in the UBS establishes barriers and inhibits men from verbalizing their health problems. Furthermore, it is an obstacle to men feeling that they belong in the primary care services[5,7].

Regarding the participants' age, it was observed that most CHWs are in the age range of 36 to 40 years old. This finding matches the productive age for adults in Brazil, which starts at 15 years old and ends at 59 years old. Furthermore, it corroborates the results of another study in which the predominant age range of the CHWs was 30-39 years old[13]. Regarding marital status, it was ascertained that the majority of CHWs are married, a context similar to that found in other studies undertaken with these professionals[14-15].

In relation to educational level, this was presented as higher than that required under Law n. 11,350, which establishes that to work as a CHW one must have finished junior high school[16]. This fact was also observed in other studies, which identified this situation as important for qualification of these professionals[13,15]. In this context, it is valid to emphasize the significant percentage of the sample studied who

stated that they were attending higher education. This fact may be associated with the current conditions of access to universities, promoted by the federal government, through educational assistance programs, which facilitate people's entrance into higher education.

Regarding the mean length of service of CHWs, the significant period participants had to spend in this role was confirmed to be an aspect considered positive by the community. This positivity is related to a lower turnover among these workers, and, consequently, greater establishment of links with the population. For the work of the CHWs, becoming close to the people resident in the Family Health Strategy 's area is fundamental for undertaking their activities.

Regarding the CHWs' knowledge regarding the National Policy for Men's Integrated Healthcare, 50(78%) showed that they had some understanding of it; and, among these, 23(46%) acquired this knowledge in the UBS where they work and 11(22%) mentioned having obtained this information in lectures with health professionals. These results are relevant, as they give grounds for believing in the existence of discussions on health policies among the Family Health Strategy workers. It is recognized that the spaces of the UBS are appropriate in the promotion of strategies of Continuous Education in Health for the professionals. This is a means of establishing transformations in the work process, qualifying the health services and expanding access to them, and its implantation contributes to improvements in the health workers' performance, as it enables them to handle the different situations of the health scenario[17].

The media was another means of acquiring knowledge on the National Policy for Men's Integrated Healthcare, mentioned by 16(32%) of the CHWs, evidencing the role exercised by the means of communication in relation to the passing on of information on health policies and strategies. Furthermore, the fact that a significant number of these workers obtained this knowledge only through the media also allows the evidencing of the vertical character of these actions in this field of knowledge, which can hinder the implanting and putting into effect of new public policies.

Although 14(22%) participants stated that they did not have knowledge regarding the National Policy for Men's Integrated Healthcare, it is important to emphasize that all expressed an opinion on the existence of a health policy directed at the male public. This being the case, the majority of the CHW's considered the policy to be beneficial to men's health. This finding is relevant, as these professionals' favorable opinion contributes to greater acceptance of a new policy, above all when this is specific to one population group with which they are not accustomed to dealing in their work routine.

In recognizing the existence of the National Policy for Men's Integrated Healthcare as positive, various rationales were given, but the preventive character and the possibility of facilitating male access to the health services were emphasized as the main reasons for the National Policy for Men's Integrated Healthcare being considered beneficial. Considering the preventive character, it is recognized that undertaking preventive strategies directed at men is challenging. This conception is anchored, particularly, in the cultural standards, which are capable of imposing barriers to these individuals seeking the UBS before they present symptoms which denote that the disease has become established[18].

Other rationales for the positivity of the National Policy for Men's Integrated Healthcare were mentioned by the CHWs, namely: encouragement for the men to seek the primary care services; encouragement to the male group to care for itself; an increase in accessibility and a broadening of the attendance to the male public in the services and of health professionals' interest in men's health. It is believed that these responses are related to the knowledge – even if incipient – acquired by the CHWs regarding the Program, as the reasons mentioned are related to the policy's objectives and principles.

Within the ambit of these principles, it is necessary to encourage the male public to go to the primary care institutions, and also to promote this group's access to the health services in a hierarchized way and in the network. For this, it is imperative to involve men in the actions undertaken in the health services, with the aim of them learning that these spaces are also for men[9].

However, the rationale for the benefits of the National Policy for Men's Integrated Healthcare indicated by 1% of the CHWs regarding the possibility for specialized care in the field of male health are not in accordance with what is stipulated by the Ministry of Health[9]. This is because this conception of the entrance of men into the health system through specialized care strengthens the idea that these individuals remain distant from preventive actions undertaken in the context of primary care.

Another aspect which deserves to be analyzed relates to the fact of 16(25%) CHWs not having indicated reasons for understanding the National Policy for Men's

Integrated Healthcare as beneficial. This, possibly, is linked to some subjects' unawareness regarding the aims of the policy directed at men's health, demonstrating the need for this to be widely publicized in the primary care sectors.

CONCLUSIONS

The results obtained through this study made it possible to respond to the research question. Thus, the data show that in spite of the incipient knowledge regarding the National Policy for Men's Integrated Healthcare's aims, the CHWs have a favorable opinion regarding this policy. This positivity, anchored in aspects directed at the prevention of harm to male health, is linked to the CHWs' previous understanding about the principles and the guidelines of the SUS, which must be considered in policies directed at the population's health.

In the light of this, the need is evidenced for the National Policy for Men's Integrated Healthcare to be better discussed among primary care managers and professionals, in order for it to be put into effect in the health services. In this regard, these workers are essential, above all because of their specific characteristics within the Family Health Strategy team, which can be considered in publicizing the policy to male service users. Based on this, it is hoped that these workers may encourage men to seek the health services, so as to minimize risks and guard against preventable threats to their health.

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