


**MEN'S HEALTH IN FOCUS: REFLECTIONS ON AN EDUCATIONAL ACTION IN THE COMMUNITY** <https://doi.org/10.56238/sevened2024.039-006>

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**ABSTRACT**

The male population is more prone to disease due to its greater exposure to risk factors. Some diseases are particularly important in this population, such as prostate and colorectal cancer. The objective of this study was to report the experience of a health education action on men's health with a focus on prostate and colorectal cancer, in the context of Primary Care. A health education action was carried out with an approach to the prevention of prostate and colorectal cancer in the waiting room of a Family Health Unit (FHU). The strategies used were: lecture, dynamics of myths and truths, and the distribution of educational leaflets along with a gift. The low initial participation in the first intervention by male patients demonstrates that men's health education presents challenges. The improvement in participation, in a second moment, demonstrated the importance of using different strategies and interactive resources. In addition, attention should be paid to the limitations of the use of leaflets and booklets. The waiting room, when used appropriately, can be a powerful tool for education and health promotion.

**Keywords:** Health Education. Men's Health. Primary Health Care.

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## INTRODUCTION

Society's gender stereotypes contribute to the devaluation of health practices and cause aggravation as a result of their negligence (Martins et al., 2020). Due to this factor, the male population is more prone to disease due to its greater exposure to behavioral and cultural risk factors. Thus, the demand by men for health services is considered lower, which makes specialized care necessary for this group (Separavich; Canesqui, 2013).

Some diseases are particularly important in this population, such as prostate and colorectal cancer. Prostate cancer is one of the most common cancers in the world, the most frequent in men, and responsible for a large proportion of all cancer-related deaths (Sung et al., 2021). Colorectal cancer, on the other hand, is the third most diagnosed cancer in men, immediately after lung cancer (Santos et al., 2023). In addition, there is a higher incidence of this type of cancer in men compared to women (Conti, 2020).

Preventable risk factors for prostate cancer include smoking, diet, physical activity, specific medications, and occupational factors (Bergengren et al., 2023). Adherence to recommendations for cancer prevention is associated with reductions of 5 to 17% in colorectal cancer incidence and 10 to 13% in mortality. Therefore, the development of effective and sustainable interventions that promote lifestyle changes for the prevention of these diseases is of high interest for public health (Huybrechts et al., 2021).

Health education is one of the pillars of the work developed in the Unified Health System (SUS), especially in Primary Health Care, being an important component of several public policies when it comes to the care provided to the population (Fittipaldi; O'Dwyer; Henriques, 2021). It is not limited only to the transmission of information, but seeks to stimulate reflection, awareness and autonomy of the user in the care of their health. It is a powerful instrument to deconstruct myths and prejudices, encourage self-care and promote sustainable behavioral changes, which contributes to a more informed and healthy society (Brasil, 2013). Thus, the objective of this study was to report the experience of a health education action on men's health with a focus on prostate and colorectal cancer, in the context of Primary Care.

## REPORT OF THE EXPERIENCE

During the discipline of Medicine Integrated to Community Health (MISCO) of the Medicine course of a municipal public university in Goiás, a health education action was carried out in order to raise awareness in the community and, in particular, the male population about the prevention of prostate and colorectal cancer. The activity was carried

out in the waiting room of a Family Health Unit (FHU) located in Conjunto Riviera in the city of Goiânia – GO.

The theme emerged from classroom discussions about the health of the adult public and vulnerable populations. The literature presents the male population as more vulnerable to some health problems and diseases, especially chronic non-communicable diseases, with high morbidity and mortality rates when compared to female populations. In the period dedicated to Blue November, an international movement that aims to raise awareness about men's health, the group of students planned an educational activity aimed at caring for this public.

The action consisted of a lecture, dynamics, distribution of educational leaflets and gifts to the community. In the presentation, the concept, epidemiology, signs and symptoms, diagnosis, treatment and prevention of the two types of cancer were addressed. In a second moment, a space was reserved for questions and interaction with the users present. Subsequently, a dynamic was carried out, where some statements on the theme were exposed so that the public could interact by answering whether they thought that these were myths or truths (Figure 1). After the answer, the speakers provided a brief explanation, confirming or disagreeing with the proposed assertion. Finally, educational leaflets were distributed along with gifts (figure 2).

Figure 1. Academics at the time of the explanation of the theme. Goiânia, 2024.

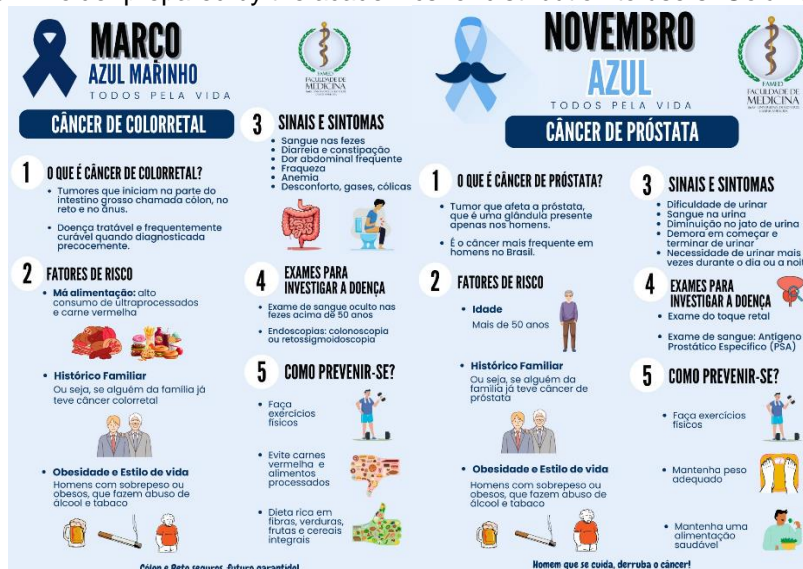


Source: the authors.

The activity was repeated twice in order to reach a greater number of people, since the waiting room is a dynamic space with a high turnover of patients. The first intervention was performed before the start of the FHU care in the morning. Initially, little interaction with the male public was observed. However, during the activity, the interaction and receptivity demonstrated by the desire to solve the doubts they had on the subject, as well as to

participate in the dynamics, were increasing. At this time, good cooperation was also observed on the part of the USF employees. The second intervention occurred one hour after the first, where the presence of users was greater, but with less interaction.

Figure 2. Folder prepared by the academics for distribution to users. Goiânia, 2024.



Source: the authors.

## DISCUSSION

Health care for the male population has been neglected for decades in Brazil. It was only in 2009 that the Ministry of Health created the National Policy for Comprehensive Attention to Men's Health (PNAISH). Some of its objectives are to expand access to information on preventive measures against the diseases that affect this population and to encourage care for one's own health, aiming at regular preventive exams and the adoption of healthy habits (BRASL, 2009). In this sense, educational actions such as the one reported in the present study are of great relevance for the orientation of this population.

Despite the relevance of this type of intervention, the low initial participation of male FHU patients in one of the actions demonstrates that despite the progress in the creation of PNAISH, men's health education presents challenges marked by the social construction of masculinity. It is associated with ideals of strength and invulnerability, which results in an aversion to seeking medical care and discussions about health (Gomes, Nascimento; Araújo, 2007).

Men's health is a topic of great concern, since mortality and the occurrence of diseases differ between the sexes, and there are several conditions and conditions that are more frequent in men (Timm et al., 2024). Comparatively, men attend health services less than women and it is challenging to involve them in health promotion activities (Hohn et al., 2020; Rounds; Harvey, 2019).

This gap left in male health coverage implies a growing recognition of men's health problems, with an increase in male mortality rates and shorter life expectancy, which justifies greater attention to the health of this group (Roberston; Baker, 2017; Jack; Griffith, 2013).

In the initiative carried out, the greater subsequent participation by the male public of the USF demonstrated the importance of using different health work strategies that favor the achievement of the proposed objective (Andrade et al., 2020). Therefore, actions carried out through interactive lectures and activities using different resources, especially those that prioritize the dialogic relationship such as the one used in our intervention, are viable educational strategies to increase patient adherence when compared to traditional methodologies (Negrão et al., 2018).

On the other hand, attention should be paid to the limitations of didactic resources such as leaflets and booklets, because although they can raise awareness about health promotion issues, their messages are not necessarily effective in changing patients' behavior and lifestyle. Thus, these educational instruments should always be linked to other preventive actions, such as those carried out by the students in this report. In addition, it is recommended that the posters and/or brochures distributed in such a campaign are preferably dedicated to a single theme or at least related themes as carried out in our intervention (Gignon et al., 2012).

Studies conducted among men have shown that men prefer community-based health promotion programs, such as health fairs, a strategy already used on some occasions that aims to increase health awareness, such as in medical care aimed at underserved populations with great disparity (Oliffe et al., 2020; Wippold et al., 2022; Salman et al., 2021).

The environment has a great influence on health education actions, which was evidenced during the presentation made by the students at the USF. The waiting room can be an important space to transmit care practices, articulating actions with members of the health team (Andrade et al., 2020). In this context, health professionals play a vital role in the learning process when they value the waiting room as an environment of welcome and dialogue. It is emphasized that welcoming is fundamental in people's accessibility to health services, being one of the main forms of humanization and health care. Offering it adequately, listening to the population that seeks the service, meeting their needs and comprehensive care are crucial items in this process (Negrão et al., 2018).

It is also important to consider other possibilities of space for health education, with initiatives focused on the health needs of men and on what is revealed as a barrier to



access to the service. Mokuia et al. (2024) emphasize the importance of addressing aspects such as confidentiality, stigma, emotional readiness, financial and gender issues in health environments, with a view to improving access to and use of health services by men.

In this sense, going beyond the waiting room approach tends to reflect the professionals' concern for the user's deeper issues, since in this space, the listening time may not be adequate to break the exposure barrier.

In a study carried out in Bahia, primary care nurses highlighted that men stay away from health services due to lack of time, haste to be seen and the predominance of the macho culture – which is invulnerable, unable to get sick; however, due to the processes of reception, expansion of the range of services and problem-solving, this demand has been increasing over time (Vieira et al., 2020). Concomitant with these advances, the occupation of the territory's social equipment by the professionals of the Family Health Strategy (FHS) is an important tool to reach this public.

Fontan and Silva (2024) highlight the role of the community health agent in the FHS team because they are the professional with the greatest access to families, who relates scientific knowledge to popular knowledge, translating the health demands of the population and collaborating with the integrality of care.

In addition, involving the family and close relatives in educational activities, even with predominantly male themes, can be a positive factor in improving men's adherence to health service initiatives. To this end, it is necessary for professionals to recycle and value principles such as communication, information, education and qualified listening; because only then will they be able to intervene in order to modify the male universe (Salci et al., 2013).

## CONCLUSION

Educational activities are relevant in the context of health because they democratize access to knowledge and work under the aspect of co-responsibility and autonomy. Lectures and interactive activities together with the use of educational leaflets suggest that they are useful tools for the promotion of men's health. The waiting room, when used appropriately and with the support of professionals in this environment, proves to be a powerful tool for education and health promotion.

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