

**Men in primary care: an analysis of qualitative research***El hombre en la atención primaria: un análisis de la investigación cualitativa**O homem na atenção primária: uma análise de pesquisas qualitativas***Carolina Pimentel Machado<sup>1</sup>**

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Men in primary care: an analysis of  
qualitative research. Glob Acad Nurs.  
2021;2(Sup.4):e209.  
<https://dx.doi.org/10.5935/2675-5602.20200209>**Corresponding author:**

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Guimarães da Fonseca  
Executive Editor: Kátia dos Santos  
Armada de Oliveira

Submission: 06-24-2021

Approval: 08-30-2021

**Abstract**

The aim of this study was to investigate, through qualitative research, the speeches of men in Primary Health Care. Method: this was an integrative review, in which qualitative articles that show the speech of men in research carried out in primary care were researched. to Health through interviews showing their satisfaction and dissatisfaction. Results: the particularity of each men's speech was analyzed, creating five categories. Conclusion: the results demonstrate that welcoming and bonding are the main positive points for the users' return. And that the precariousness of health services acts as a strong impediment for this man to access health care. In this study, the health care needs of men were visualized through their reports.

**Descriptors:** Men's Health; Primary Health Care; Health Policy; Gender Inequality; Primary Health Care.**Resumén**

El objetivo de este estudio fue investigar, a través de una investigación cualitativa, los discursos de los hombres en Atención Primaria de Salud Método: se trata de una revisión integradora, en la que se investigaron artículos cualitativos que muestran el discurso de los hombres en investigaciones realizadas en Atención Primaria. a la Salud a través de entrevistas que muestren su satisfacción e insatisfacción. Resultados: se analizó la particularidad del discurso de cada hombre, creando cinco categorías. Conclusión: los resultados demuestran que la acogida y la vinculación son los principales puntos positivos para el retorno de los usuarios. Y que la precariedad de los servicios de salud actúa como un fuerte impedimento para que este hombre acceda a la atención médica. En este estudio, las necesidades de atención médica de los hombres se visualizaron a través de sus informes.

**Descriptores:** Salud del Hombre; Atención Primaria de Salud; Política de Salud; Inequidad de Género; Atención Primaria de Salud.**Resumo**

O objetivo desse estudo foi investigar, através de pesquisas qualitativas, as falas dos homens na Atenção Primária à Saúde. Método: tratou-se de uma revisão integrativa, na qual foram pesquisados artigos qualitativos que mostram a fala dos homens em pesquisas realizadas na atenção primária à Saúde por meio de entrevistas mostrando suas satisfações e insatisfações. Resultados: foi analisada a particularidade de cada fala dos homens, sendo criadas cinco categorias. Conclusão: os resultados demonstram que o acolhimento e o vínculo são os principais pontos positivos para o retorno dos usuários. E que a precarização dos serviços de saúde age como um forte impeditivo para este homem acessar atendimento à saúde. Neste estudo visualizaram-se as necessidades dos cuidados de saúde para os homens através de seus relatos.

**Descritores:** Saúde do Homem; Atenção Primária à Saúde; Política de Saúde; Iniquidade de Género; Atenção Primária à Saúde.

## Introduction

In Brazil, men's health has been included on the public health agenda since the launch of the National Policy for Comprehensive Care for Men's Health (PNAISH), formalized on August 27, 2009. This policy raises questions for the construction of health care of men with a focus on scientific studies addressed with more frequency and specificity to require greater participation of men and greater interaction of professionals with the male gender to facilitate those seeking help in the prevention of diseases<sup>1</sup>.

The Ministry of Health's proposal concerns the creation of a policy to better meet the specificities of the male gender. PNAISH was formulated to promote health actions that significantly contribute to the understanding of the unique male reality in its various sociocultural and political-economic contexts. Basically, the policy translates society's longing for recognizing that male health problems are real public health problems.<sup>1</sup>.

## Methodology

This is an integrative literature review, in which research was carried out in the Virtual Health Library (VHL) database platform, with access to the Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO).

In this regard, we decided as a guiding question to analyze what men have been talking about in Primary Health Care to assess what contributions they have left. As a facilitator in defining the guiding question, we used the PICo strategy as the study design, where P: men of legal age; I: primary care; Co (Context): What older men have been talking about in primary care<sup>2</sup>.

To obtain the results, an evaluation of qualitative articles that show the man as a research subject, included in a unique way in the process, was carried out. Nowadays, we

can see that sociocultural barriers are related to gender stereotypes that see men as strong, virile and invulnerable<sup>3</sup>.

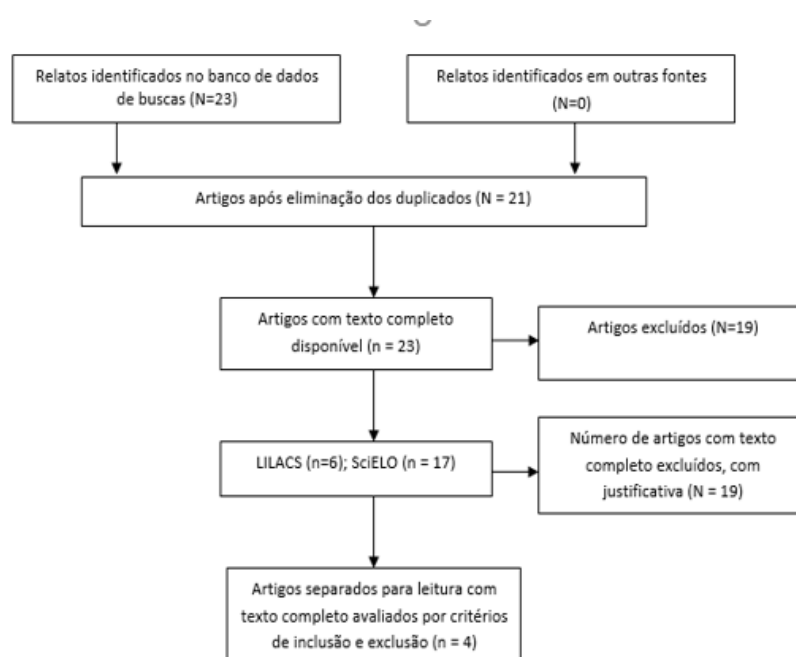
As the male gender is represented almost invisibly in the subject of health prevention, it was proven that men still enter health services through secondary or tertiary care, that is, they have specialized care as their gateway and not PHC (Primary Care the health). The proposal of our evaluation starts from the idea that qualitative research is based on the assumption that there is a dynamic relationship between the real world and the subject, an inseparable link between the objective world and the subjectivity of the subject, becoming possible to analyze its particularities without losing sight of the whole phenomenon studied<sup>4,5</sup>.

Qualitative research focuses on interpreting the respondent's information. She attaches great importance to the context of the investigated universe, defending greater proximity between the researcher and the studied phenomena<sup>5</sup>. Therefore, given these points, we aim to better understand this scenario and assess, from the man himself, what can be done to improve primary health care.

The search was carried out between April 2, 2019 and May 12, 2019. The descriptors used in the study were defined using the electronic tool Descriptors in Health Sciences (DeCS), totaling five descriptors: Men's Health; Primary attention; National Policy for Comprehensive Attention to Men's Health; Health Care Needs Assessment; Unified Health System, with two main descriptors being crossed: Men's Health AND Primary Care. In the selection phase, filters were selected, including Language: Portuguese; thematic area: nursing; type of literature: article.

The Prisma instrument was used to facilitate the visualization of article searches. A checklist table with Prisma recommendations on the necessary items that this research should contain was included as an annex.<sup>6</sup>.

Figure 1. PRISMA model. Rio de Janeiro, RJ, Brazil, 2019



Results

Chart 1. Separate articles for reading the full text, with its characteristics. Rio de Janeiro, RJ, Brazil, 2019

Title	Year	How many participants	Data base	Objective of work
Saúde do Homem e Atenção Primária: O Olhar da Enfermagem	2013	18 men from 25 to 59 years old	LILACS	Know the reasons for the low demand of men for the primary care service, using the qualitative approach
O Acesso do Homem ao Serviço de Saúde na Atenção Primária	2017	8 men	LILACS	Investigate the aspects that influence men's access to primary care health services
Necessidades de saúde de homens na atenção básica: acolhimento e vínculo como potencializadores da integralidade	2013	27 men aged 20 to 59 years	SciELO	To analyze the health needs of male users of a basic health unit in the city of Belo Horizonte, Minas Gerais
Como homens idosos cuidam de sua própria saúde na atenção básica?	2018	10 elderly men (from 60 years old)	SciELO	Understanding the care of elderly men with their own health

Four articles that met the requests for inclusion criteria were analyzed and selected. LILACS: of the six articles, two were experience reports, in one the participants were health professionals who develop interventions in a tobacco control group, and one was a quantitative study. Two articles were then used.

SciELO: of the 17 articles, six escaped from the topic addressed, in five, the interviews were carried out with nurses, and in four the interviews were outside the scope of primary care. Two articles were used.

In the review of the studies, clear differences were found between the reports, also considering that in one of the articles the subjects were elderly men. When analyzing and evaluating the complexity of the information, we observed that it was possible to create five thematic categories to better construct the results.

**Man as a strong and virile being, always demonstrating invulnerability. Consequently, he seeks the health service late**

The perception of the difficulty men have in accepting their vulnerability is of great recognition. For several reasons, Brazilian men still carry ancient cultures in their conceptions when it comes to their health.

It is important to remember that the male image of "being strong" can result in practices of little care for their own bodies, making men vulnerable to a series of situations. They place themselves in a condition of alienation about health care, which creates a barrier for the manifestation of qualitative health needs<sup>7,8</sup>.

*"I may be diabetic and have high blood pressure, but I've never taken medication. I never needed it. And if I go to the doctor, he will tell me to take it every day. What am I going to take this for??!"<sup>8</sup>.*

*"Man is slower; I know that men are very rested, they don't take care of their health, right? There's a lot you don't want, it only*

*runs on the day it sees that the animal is getting it, that it runs, right? To take care of yourself"<sup>9</sup>.*

*"I don't understand, I came here because there was no way, I was falling"<sup>10</sup>.*

*"If you go around asking men who has had a prostate exam, who has already had it will be even embarrassed to talk"<sup>10</sup>.*

*"I had colic, then I started to evacuate blood [...] blood; all I ate was plain water, water really foul; then I started looking for Dr"<sup>10</sup>.*

*"Man is not concerned with adopting healthy habits and taking care of his own health, except in cases where they are dying. Most men have this habit"<sup>9</sup>.*

**The man who takes responsibility for his health exclusively for himself**

There were reports in which it is observed that men did not blame the other for the lack of care for their health, but rather they blamed themselves and stated that, for them to take care of themselves, it only depended on themselves.

*"In addition, it can be seen that the man himself ends up blaming himself for not having guaranteed access to a quality service, as well as to preventive care"<sup>9</sup>.*

In this observation, Primary Care needs to play an important role with these men, especially on the part of nurses, who, in a large portion of care, act as a gateway. The creation of a bond can lead to a much healthier health practice for those men who do not take care of themselves, but with the help of professionals, this bond can happen.

*"Prevent yourself immediately, in the beginning, don't let the problem tighten"<sup>10</sup>.*

*"It's for us to take better care of our health, always seek to consult"<sup>10</sup>.*

*"Prevention is looking for the hospital, all your life"<sup>11</sup>.*



*"See the doctor when you are feeling"<sup>11</sup>.*

*"[...] you're taking care, treating yourself, everything is fine"<sup>11</sup>.*

*"Uncomfortable (look for the past), but at the same time necessary"<sup>11</sup>.*

*"There are people who arrive tired from work, for me it doesn't hurt. Many men report this issue of hours, but women are also part of the labor market and are still able to seek and take care of their health"<sup>9</sup>.*

### The precariousness of health services, according to men's reports, in Primary Health Care

During the review of the studies, many statements were seen related to the precariousness of items in primary health services, which influences the low demand for these services by men. Such factors, which would need to be corrected, are: delay in care, dealing with queues, lack of bond with the health team, lack of trust in the team, extensive bureaucracy, delay in scheduling appointments and lack of programs and actions aimed at the men.

All these statements are shown as impeding causes for men to seek primary health services. And as incredible as it may seem, for all these causes there are already policies aimed at their improvement, such as the creation of a link by the guidelines and principles of humanization of care, PNAISH, including, above all, the principle of universality that governs the SUS as stipulated in the law 8.080, of 1990, which determines access to health services at all levels of care, which is not fulfilled according to the reports<sup>1</sup>.

Thus, it is essential to discuss masculinities for professional health services and for the population to break with the notion of men's invulnerability and to make the needs of this group resonate.<sup>8</sup>.

*"I believe that this lack, this lack of demand by men to seek out the health system, I think it is the lack of structure in the health system itself. Because it is very difficult for you to be consulted; if you have money to pay, you pay; if you don't have it, it's very difficult"<sup>11</sup>.*

*"You wait for two, three hours [...] it is one of the problems that takes away this systematization of health control by the person, which discourages; she only goes when she's in pain, because she already knows she's going to face a battle"<sup>11</sup>.*

*"The people who served us took care to spread to others what was happening to us; I mean, look at the lack of professionalism of people in a small town"<sup>10</sup>.*

*"That the medical care here [...] is bad, it is! I can't deny that, because I've already seen it, understand? For the poor here [...] business is very difficult"<sup>10</sup>.*

*"I waited two years to see a prostate specialist. When I was referred to the specialty center, they asked for an exam that the SUS does not do"<sup>8</sup>.*

### Questioning the difference in care in relation to gender - man versus Woman

Reading the testimonies also raised a question: the difference between the treatment received by men and that received by women.

Taking into account age, such as the elderly, reported that their women take care of their peculiarities,

such as medicines, consultation days. Emphasizing the issue that up to this point women are more included in health matters than men themselves, thereby also taking away the responsibility of their partners with their own health.

The way in which the questions of the male public were exposed regarding the existing difference in health actions, includes: more programs and activities aimed at the female public, where women, from the men's point of view, are the most informed about issues related to prevention, by health professionals.

*"No, that's the one who controls [...] It is she who does this, who marks everything and knows everything. And come along with me, she's the one who says: come, let's go to the consultation"<sup>10</sup>.*

*"Come me and her. She who motivates me to look for and reminds me of the remedies"<sup>10</sup>.*

*"Here in this case, only if the person looks for it, there is no specific program to say, no, let's do it at least once a year, do the specific X exam for men, right? Because for women there is, for women people say that they want to do a campaign for the breast thing, the cervix thing. Man, people don't do that. There is no saying that we are going to take a month for [...], because there is, people say that there is a month of the prostate thing, but people do not do this campaign"<sup>10</sup>.*

*"I believe the man has not been informed enough; on the other hand, women had investment (education, information, media and the government), while men were always on the sidelines. They are starting to invest, but sporadically, so the assistance provided to men is different. It does not have a focused strategy in relation to men's health. Is there a day for the preventive exam, is the day focused on preventive exams for men? There is not. There is an absence of strategies focused on men's health"<sup>9</sup>.*

### Men's recognition of the service provided by professionals in Primary Health Care

During the reading, the positive point is the recognition of patients when there is a relationship of humanization between professionals and them. The interaction and the way the professional works with men change the entire vision of these users, even about what they had already formed in mind. The process of building reception was seen as a favorable sign for proposals aimed at gradually bringing this public closer to health services, greatly increasing the chances of returning to care or continuing treatment.

Understanding how men build their masculinities and understanding the issue of gender is essential to help create mechanisms for welcoming this population group<sup>12</sup>.

*"You have to have empathy. For example, elderly people, when they go somewhere, like a health clinic, and are well received, it's something else. But when he goes to the health center and is not well received, he won't even want to come back"<sup>8</sup>.*

*"I think the service here is good, I have nothing to complain about. Depending, something you have to do outside, you have to wait to call and such [...] I'm waiting for the urologist"<sup>7</sup>.*

*"It's good because it serves us well. He attends well, every life he comes, we are assisted"<sup>10</sup>.*

*"I'm fine, the doctor encouraged me, she was interested in helping me"<sup>11</sup>.*



*"From the beginning I felt very good [...] the Doctor [...] was a very attentive person to me, he sat down with me, opened books and showed me how the (HIV) thing was. From that moment on, I lost all the fear I might have had about the thing and started to follow what they asked me to do"<sup>11</sup>.*

Assessing the reports in general, it was identified that eight testimonies are related to the fact that the man feels strong and virile; eight subjects stated that the responsibility for taking care of health belongs to the man himself, who should seek care, without, however, mentioning the inclusion of health professionals to help them in this process; five interviewees identify the difference between the treatment given to women and that given to men; nineteen commented on the precariousness of health services, including the reasons; and nine report about the good service provided by professionals and point to the generation of a bond as the main point for them to return to the service.

## Discussion

The arguments of the qualitative studies included in this research show in what concerns the addressed theme and the guiding question about what men have been talking about in PHC. The contributions left by the men in question are of great applicability in analysis, showing professionals who deal with them what can be improved.

In the National Policy for Comprehensive Care for Men's Health versus Primary Care, it is observed that the implementation of this policy, among other aspects, involves changing paradigms so that care for their health and with the health of their families. There are many challenges that we accept to face when we are dealing with the defense of life and the guarantee of the right to health<sup>1,12</sup>.

This requires numerous actions ranging from the organization of health services, through the training of professionals and even educational activities with male segments. These actions, in turn for them to be successful, need mechanisms that support them<sup>13</sup>.

Bearing in mind this policy, which aims to assess the commitment made by the municipalities, the results found in this research are discussed in order to promote greater awareness of health professionals' nurses to better welcome men in the context of health prevention.

Based on what men have been talking about, we seek to know what their vision of health prevention is, and what position they have on this issue, as care is not seen as a male practice, which creates obstacles in the change process. It is therefore essential, on the part of professionals, to provide humanized care<sup>14</sup>.

According to the National Humanization Policy (Humaniza SUS), this is how embracement is understood as the practice of welcoming is, accepting, listening, giving credit to wrapping, receiving, attending, admitting<sup>12</sup>.

Welcoming as an act or effect of welcoming expresses, in its various definitions, an action of approximation, that is, an attitude of inclusion<sup>15</sup>.

Based on this reasoning, the testimonies studied involve several questions, which will be reaffirmed below, based on the categories involved described above.

It is noticeable that invulnerability is a male characteristic, so valued by those who do not want to be the object of stigma. Therefore, it is very difficult for men to take on the role of patient and they often deny the possibility of being ill and seek a doctor only as a last resort, since otherwise they could be assuming a passive, dependent and fragile role<sup>16</sup>.

Unfortunately, this culture still exists in our midst, and it is necessary, through programs aimed at men, to end this thinking and optimize the presence of men in primary health care. A study that talks about the importance of the father's participation in prenatal care in Primary Care says that it is important for professionals to be able to welcome the father as a partner of the pregnant woman, but not only in this way, as a man, taking advantage of the opportune moment of visit to the health unit for routine exams, rapid tests and updating of the vaccination calendar. Every moment that we have the presence of this man in a health facility becomes opportune<sup>17</sup>.

The behavior of not frequently seeking health services, highlighted by the elderly in this investigation as typical of males, was related to the cultural imagination about what it means to be a man; the fear of discovering they are sick and the shame of exposing their body<sup>18</sup>.

It can also be seen that the man himself ends up blaming himself for not having guaranteed access to quality service, as well as preventive care<sup>9</sup>. Some men think that care only depends on them, but the multidisciplinary PHC team is also part of this. Considering the reports, we observed that nurses mainly have the important role of establishing a relationship with the patient, making them understand that, if they work together to rebuild their health, the result can be considerably better.

There is, however, a contradictory situation, in which, even though nursing is in the front line of reception, male users of the service are unaware of the work of this professional category, which ends up centralizing the patient's demands in the medical figure and in the medical consultation<sup>8</sup>.

The differences pointed out between the treatment offered to women and the one given to men, they are better treated than they are in PHC, there are more programs and actions aimed at women – due to the fact that public services are usually perceived as feminized spaces, frequented mainly by women.

In this way, we understand that a more targeted service to men is essential, so that they come to feel more included in order to eliminate this feeling of discrimination in relation to women.

The precariousness of health services was one of the themes that stood out the most in the surveyed reports. The listed items with disabilities are seen by men as objects of great value for not seeking services.

Faced with this issue, there is a complexity of actions that need to change, in various aspects and in various parts, requiring not only an exclusive view of PHC professionals, but also a more focused look at the male user from the sectors government responsible for the imposed bureaucracies, and delays in care, in addition to increased





actions in PHC and in the media on the prevention of men's health.

The most important thing in this process is the potential of health work to build conditions together with men so that they can recognize their vulnerabilities and be active in meeting their needs. For this to be possible, there must be an intention to recognize health needs, to build less prescriptive practices, considering the authorship of the subjects in the health-disease process, as well as the social inclusion of these individuals<sup>8</sup>.

We realized that when men recognize quality humanized care, which articulates technological advances with humanized care, and through which their demands and expectations are understood, they feel good, which favors the search for care<sup>11</sup>.

Therefore, as a positive point in the research, in which men demonstrated satisfaction with the care they received, we can extract that welcoming, good listening, interest in the patient, patience and the search to meet the particularities of each individual create relationship ties pleasant for the professional and for the man, through which the desire to return is built in him, putting his health as a priority and not making excuses for difficulties involving work or schedules, but understanding that prevention is the best way.

### Final Considerations

From the objective, and from the articles selected for this review, it was shown that men's voices need to be heard more and more, as it is mainly through them that the reasons for the problem of low demand among men for basic services can be discovered. and obtain direction for the actions necessary to change, improve or maintain any elements of that service. It so happens that many studies,

such as articles excluded from this review, instead of focusing on the male voice, have health professionals involved in the problem as interviewed subjects, which makes it difficult to discover the real needs of male users.

Given all that has been described, it can be reflected that there are adaptations for several priority groups, such as women, children, and the elderly; why not listen to men and try to attend to their peculiarities? Are men a less important group than others? We also see that nursing should pay more attention to its duty to care for men, in an ethical, responsible, and more welcoming way.

The contribution that this study brings is very relevant as it demonstrates a combination of what men have said in some studies, we see that even in interviews conducted in different places, men agree with the same feeling and thought. This perception is of great value for the work of nursing, where it is possible to analyze what must be transformed and what can be done to include the male public in health services.

It also demonstrates to the nursing staff that, even though they are "in front of the host", they are not seen. So, we understand that nursing professionals should seek to be seen more when welcoming, in health promotion, in programs and actions aimed at men and in making them aware of the need for health and disease prevention.

It is of great importance to continue research on this topic to help promote improvements, bring men's private issues further into society, so that they no longer feel fragile when they think about taking care of their own health. In this sense, we hope that nursing will make efforts to create and strengthen bonds with users and articulate itself in a way that promotes a reduction in harm to men's health.

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