

NURSING CONSULTATION FOR MEN'S HEALTH IN PRIMARY HEALTH CARE: STRATEGIES AND CHALLENGES

CONSULTA DE ENFERMAGEM À SAÚDE DE HOMENS NA ATENÇÃO PRIMÁRIA À SAÚDE: ESTRATÉGIAS E DESAFIOS

CONSULTA DE ENFERMERÍA PARA LA SALUD DEL HOMBRE EN LA ATENCIÓN PRIMARIA DE LA SALUD: ESTRATEGIAS Y DESAFÍOS

Marli Lopes Siqueira¹, Suele Oliveira Cunha Costa², Anderson Reis de Sousa³, Delmo de
Carvalho Alencar⁴, Alyne Leal de Alencar Luz⁵, Álvaro Pereira⁶

How to cite this article: Siqueira ML, Costa SOC, Sousa AR, Alencar DC, Luz ALA, Pereira A. Nursing Consultations for men's health in primary health care: strategies and challenges. Rev Enferm Atenção Saúde [Internet]. 2021 [acesso em ____];10(2):e202123. doi:10.18554/reas.v10i2.4245

ABSTRACT

Objective: To know the effectiveness of nursing consultations for men's health in Primary Health Care in a city in northeastern Brazil. **Method:** Exploratory study, with a qualitative approach, carried out with Primary Health Care nurses, in July and August 2015. The data were submitted to the Collective Subject Discourse method. **Results:** There was an absence of a specific agenda for men's health and low male demand for nursing care, with low appreciation for the nurse's performance. The Nursing Consultation is planned based on Primary Health Care programs, with spontaneous demand, structured with an emphasis on complaints and treatment of diseases, permeated by obstacles arising from hegemonic masculinities. **Conclusion:** There were nurses' difficulties to reach the male population in health promotion actions, revealed as an incipient and fragmented practice, permeated by difficulties to be successfully developed.

Descriptors: Nursing; Nursing Process; Men's Health; Primary Health Care.

¹ RN, Faculdade Nobre de Feira de Santana (FAN), Feira de Santana, Bahia, Brasil. Faculdade Nobre (FAN), Feira de Santana-Bahia. <http://orcid.org/0000-0003-1855-0302>

² RN, Faculdade Nobre de Feira de Santana (FAN), Feira de Santana, Bahia, Brasil. Faculdade Nobre (FAN), Feira de Santana-Bahia. <http://orcid.org/0000-0002-2797-5567>

³ Doctorate student in Nursing and Health by the Nursing and Health Post-graduation Program of Escola de Enfermagem da Universidade Federal da Bahia (UFBA). Salvador, Bahia, Brasil. Escola de Enfermagem da Universidade Federal da Bahia (EEUFBA), Salvador-Bahia. <http://orcid.org/0000-0001-8534-1960>

⁴ Doctorate student in Public Health by Escola Nacional de Saúde Pública da Fundação Oswaldo Cruz (ENSP/FIOCRUZ). Rio de Janeiro, Brasil. Escola Nacional de Saúde Pública. Fundação Oswaldo Cruz (ENSP/FIOCRUZ), Rio de Janeiro-RJ. <http://orcid.org/0000-0002-6555-7921>

⁵ Doctorate student in Epidemiology in Public Health by Escola Nacional de Saúde Pública da Fundação Oswaldo Cruz (ENSP/FIOCRUZ). Rio de Janeiro, Brasil. Escola Nacional de Saúde Pública. Fundação Oswaldo Cruz (ENSP/FIOCRUZ), Rio de Janeiro-RJ. <http://orcid.org/0000-0003-1414-1026>

⁶ Doctor in Nursing Philosophy by Universidade Federal de Santa Catarina (UFSC). Professor da Escola de Enfermagem da Universidade Federal da Bahia. Salvador, Bahia, Brasil. Escola de Enfermagem da Universidade Federal da Bahia (EEUFBA), Salvador-Bahia. <http://orcid.org/0000-0003-1615-5528>

RESUMO

Objetivo: Conhecer a efetividade da consulta de enfermagem à saúde de homens na Atenção Primária à Saúde em uma cidade do nordeste brasileiro. **Método:** Estudo exploratório, com abordagem qualitativa, realizado com enfermeiras da Atenção Primária à Saúde, no período de julho e agosto de 2015. Os dados foram submetidos ao método do Discurso do Sujeito Coletivo.

Resultados: Evidenciou-se ausência de agenda específica para saúde de homens e baixa procura masculina pelo atendimento de Enfermagem, com baixa valorização da atuação da enfermeira. A Consulta de Enfermagem está planejada a partir de programas da Atenção Primária à Saúde, com demanda espontânea, estruturada com ênfase na queixa e no tratamento de doenças, permeados por entraves oriundos das masculinidades hegemônicas. **Conclusão:** Percebeu-se dificuldades das enfermeiras em abranger a população masculina nas ações de promoção à saúde, se revelando como uma prática incipiente e fragmentada, permeada por muitas dificuldades para ser desenvolvida a contento.

Descritores: Enfermagem; Processo de Enfermagem; Saúde do Homem; Atenção Primária à Saúde.

RESUMEN

Objetivo: Conocer la efectividad de las consultas de enfermería para la salud de los hombres en la Atención Primaria de Salud en una ciudad del noreste de Brasil. **Método:** Estudio exploratorio, con enfoque cualitativo, realizado con enfermeras de Atención Primaria de Salud, en julio y agosto de 2015. Los datos se presentaron al método de Discurso del Sujeto Colectivo.

Resultados: Hubo una ausencia de una agenda específica para la salud de los hombres y la baja demanda masculina de atención de enfermería, con baja apreciación por el desempeño de la enfermera. La consulta de enfermería se planifica en función de los programas de atención primaria de salud, con una demanda espontánea, estructurada con énfasis en las quejas y el tratamiento de enfermedades, impregnada por obstáculos derivados de las masculinidades hegemónicas. **Conclusión:** Se percibieron las dificultades de las enfermeras para llegar a la población masculina en acciones de promoción de la salud, revelándose como una práctica incipiente y fragmentada, impregnada de muchas dificultades para desarrollarse con éxito.

Descriptor: Enfermería; Proceso de Enfermería; Salud del Hombre; Atención Primaria de Salud.

INTRODUCTION

The literature has stated that men are more vulnerable to diseases, especially serious and chronic diseases, which leads to a life expectancy, on average, seven years lower than that of women. The increased vulnerability and high morbidity and mortality rates are justified, in part, by the fact that men do not seek primary care services, which results in the aggravation of morbidity and delay in care.¹

According to the Ministry of Health¹, the cultural elements of stereotype and male gender are the main reasons for men's non-access to primary care services provided in basic health units. This phenomenon is constituted with roots implanted for centuries in society, in which the male gender was constituted as a reference of strength, work and development of society. In this perspective, the disease is seen among this population as a sign of weakness

and fragility and is not properly recognized by men as inherent to their own biological condition.²

Therefore, in order to promote health actions that contribute significantly to the demands of the male population, the National Policy for Men's Integral Health Care was instituted in 2008. This policy begins to recognize that male diseases also constitute real public health problems, thus inserting a new context of action for the health system, whose axes basically focus on: violence, tendency to exposure to risks with consequences in indicators of morbidity and mortality, sexual and reproductive health, with emphasis on prevention issues.³

However, the challenge of reaching the male public adherence to health programs is launched, considering the complex singularity that involves man in his gender and stereotype profile and considering the origins of the social role in which man is inserted. In addition, the scarcity of programs aimed at men's health almost makes male specialized care impossible, leading these individuals to repress their needs, seeking services less than women do. Thus, Nursing needs to draw up care plans for men that offer informative support in relation to general health care.⁴

The nurse, in the Primary Health Care context, has specific attributions, which

include the Nursing Consultation (NC).⁵ The NC performance has its legal framework supported by the Law of Professional Practice, No. 7,498/86, which legitimizes it as the nurse's specific activity. In addition, it is anchored by Resolution 544 of 2017, which annulled Resolution 159 of 1993, which specifically describes the NC.⁶

The NC involves decision-making based on scientific knowledge and procedures that are constantly systematized and evaluated, becoming an important instrument for developing clinical thinking necessary for nursing care.⁷

In this perspective, this study aims to know the effectiveness of the Nursing Consultation on men's health in Primary Health Care in a northeastern Brazilian city.

METHOD

This is an exploratory, qualitative study conducted with 22 nurses working in 15 Family Health Units (FHU) in primary care in the city of Feira de Santana, Bahia, Brazil.

Data were collected during July and August 2015. The inclusion criteria were: nursing professionals who had been working for at least one year. The exclusion criteria were: professionals who worked in the management and administration of services, without direct contact with user care or who were absent from work activities due to vacation or medical leave.

The data collection technique was an individual interview, lasting an average of 40 minutes, using under a semi-structured guide, which allowed the sociodemographic and professional characterization of the participants. The nurses were invited to participate in the study, being oriented about the purpose, giving them the opportunity to give up at any time, without any harm.

The interviews were recorded, fully transcribed and organized. For this strategy, as a support tool, the consolidated criteria for Reporting Qualitative Research (COREQ) were met.

For the treatment of empirical material, systematization was performed through the NVIVO Software®, and the method of organization and presentation of data was adopted, based on the Collective Subject Discourse (CSD), which allowed generating the methodological figures: Key Expressions, Central Ideas, Anchors and CSD.⁸⁻⁹ This method is based on the Theory of Social Representations and sociological assumptions.⁹ The analysis is anchored from the normative framework of Nursing Consultation, supported by Resolution 544 of 2017, which annulled Resolution 159 of 1993 of the Federal Nursing Council.⁶

The study was approved by the Research Ethics Committee at the *Faculdade Nobre* (FAN), under Opinion no. 1.241.569/2015. The participants signed

the Informed Consent Form (ICF). All stages of the study were based on Resolution no. 466/12 of the National Health Council.

RESULTS

CENTRAL IDEA SYNTHESIS 1: PLANNING, ORGANIZATION AND STRUCTURING OF THE NURSING CONSULTATION

Central Idea Synthesis 1A: Absence of a specific agenda ad low male demand

*In my work, consultations are held for men, scheduled weekly in Family Planning, *HIPERDIA and Prenatal, being performed by spontaneous demand, based on the complaint brought by them. There is no specific shift to meet men's demand, we have already tried to open it, but it is complicated to leave a nursing agenda open just to meet men, because the demand is low. The consultation is scheduled by the service according to the programs already existing in the unit. We do not schedule specific days for them, we just consider the free demand, and do not designate days for their consultation, because our search is unsuccessful, they do not come and when they come, it is already to treat some problem. But if they come over, we embrace them, and I am not going to answer it, precisely because it is a difficult-to-search audience. The men who seeks most nursing consultations are those who already have some chronic pathology, such as Arterial Hypertension and Diabetes Mellitus, let us say, who are already the right patients to perform the consultation. (CSD of nurses working in PHC).*

**HIPERDIA – Program for Prevention and Treatment of Hypertension and Diabetes of the Ministry of Health, Brazil.*

Central Idea Synthesis 1B: Devaluation of the Nursing Consultation

The man who mostly seek medical consultation do not value my care as a nurse, because they want to cure something, and we do not prescribe any medication, just the coverage ones or if there is a doctor's signature, so, I believe, they think it is better to go to the doctor than going go to the nurse. What I think is that they do not trust the nurse's performance, I do not know if they are ashamed, or another reason. This also becomes more noticeable when community health agents bring me the demands, which are greater for the clinical physician, than for the nurse. To solve this situation, we have tried to develop the strategy of working together with community health agents, in order to rescue them. We have a schedule of monthly and weekly activities given by the Municipal Health Department, which we follow precisely. To this end, I try to approach this p9ublic, performing waiting room, health actions, educational activities, health fairs, as a way to attract this public and be able to comply with the requested schedule. (CSD of nurses working in PHC).

CENTRAL IDEA SYNTHESIS 2: OPERATIONALIZATION OD THE NURSING CONSULTATION

Central Idea Synthesis 2A: Structure and direction of the Nursing Consultation

I initially embrace men and approach them in general, see them as a whole, try to find their needs and ask about their pathology, what they are feeling. I try to find out if you they have a family history of any chronic illness and I advise to always seek consultations. My approach is succinct and simple,

because if you question too much they feel suffocated, do not speak too much and do not return anymore. Assessment of age, pathology, use of medications, frequency of laboratory tests, hydration, diet, healthy habits, hygiene, smoking, drinking, living conditions, physical activity and health risks. After knowing those issues, I ask questions, I try to know how and when they use their medications, I highlight the importance of water intake, balanced diet, the correct use of medications, I explain the importance of prostate examination, regardless of age, because, all these men can be multipliers of information about this type of examination, since they may have someone in the family unawareness of it who needs to take the test, and/or acquaintances who follow the male line of reasoning, create resistance to such a procedure, and thus be able to have a good quality of life. I perform evaluation and measurement of blood pressure, glycaemia. I try to talk to him to solve the problems, including our unit, men's health groups, which are always at waiting rooms discussing relevant topics, such as Sexually Transmitted Infections, Family Planning, vasectomy, among other topics. These actions end up increasing the demand for vasectomy. Under our clinical eye, we try to solve, if not, we refer to some doctor or clinician, nutritionist, even dentist and refer to the vaccine room, because most men do not have updated vaccine card. (CSD of nurses working in PHC).

Central Idea Synthesis 2B: Obstacles created from the hegemonic coconstruction of masculinities

Man's health is very complicated, it has been a constant challenge. The male population is resistant and does not have a constant frequency in the health

unit or in the programs, often requiring active search in the homes, together with the Health Workers. The Nursing Consultation with men is more difficult, because I must be able to talk to them, otherwise, they may not like it and cease to come. Sometimes I am during a call, and suddenly they are gone, they do not wait. Men want to be medicated, do not have the patience to wait for care and do not follow the measures passed on during the Nursing Consultation, and because of this, the consultation ends up being brief and more focused on their complaints, as a way to solve problems more quickly. Male prevention has been very difficult, they show up in contexts of health rehabilitation. I observe this reality when we do the groups and activities to see if they adhere to the service, but they do not attend, or even when they generate reappointments in the care due to absences or give-ups. Many [wives] say that their husbands do not have time to come to the unit. Even to sign the ligature minutes, in contraception, they have faced difficulty, because they do not have time to come to the service due to time limitation. During family planning consultations, the challenge has been to accompany women. The support ends up being those with chronic diseases or underlying pathologies, in advanced age or in a situation of urgency and emergency. (CSD of nurses working in PHC).

Central Idea Synthesis 2B: Difficulties to apply Nursing Consultation

I find it hard to direct care to men, because they do not attend the consultation, are often at work. I try to screen them, but it is difficult because I do not know the community, so my information is limited to the Community Health Worker's information, and based on this information I try to schedule a home visit to go after the men. (CSD of nurses working in PHC).

Central Idea Synthesis 2C: Strategies to execute the Nursing Consultation

There is no specific strategy, I take advantage of the presence in the prenatal consultation or family planning and reinforce the importance of their presence in the consultations, and when they do not come, I talk to the wives directly to take the test archive and convince them to come to the service, or, if they are present, I already direct care and embrace them. They attend more the campaign of the blue November and look for more because of the PSA, if their test is altered, they are referred to touch, but if it were to make the touch specifically, they still have a certain resistance and prejudice should not, I believe it is the gender issue. A strategy considered by me is the pamphlets that the health department makes available, which are specific to men and communication with the CHW, indirectly, and whenever necessary, we make the active search for those missing patients. (CSD of nurses working in PHC).

DISCUSSION

Socially, men receive a posture that denotes invulnerability and the cultivation of the utopian idea that men do not get sick, since the disease is a sign of frailty. This attitude comes from the education given to children that emphasizes the opposition of genders, so that the male pattern seeks the affirmation of virility from the distancing of so-called female behaviors, structuring a hegemonic construction of masculinities.³

Men usually seek health services when there is an acute condition that compromises their health, not understanding the importance of health promotion actions, since going to health services is understood as a sign of frailty and a typically feminine behavior.¹⁰ This construction is historical because it is based on the still hegemonic model in force, which transposes into the care dynamics in the health system, which does not often recognize the needs demanded by the male public, nor does it provide opportunities for expanding men's access to services, making them not recognized as subjects of care.¹¹

Moreover, the process of hegemonic construction of masculinities affects the male non-stimulation to exercise self-care and establish a healthcare culture, as well as to develop a routine care with health services and professionals, expressed in men's little participation in this daily life, thus, be better understood.¹¹

In addition to the culture that values behavior based on gender opposition, some other reasons lead to men's absence in health units, such as the lack of care systematization and the precariousness of care in the public service. Men prioritize work activities, to the detriment of health care, so that for them, the idea of going to a health service means wasting time that should be destined to work.¹²

However, work constitutes a relevant dimension in the human condition, and is established as a form of care, which is not necessarily restricted to going to a health service, thus being necessary to rethink the creation of new strategies of male insertion in PHC services, such as the extension of hours, shifts and days of care.

The discourse revealed that the HIPERDIA health program, aimed at users with Hypertension and Diabetes Mellitus, is one of the great attractions that leads men to health units in Primary Care, especially those of advanced age, not being contemplated as a focus of attention and interest from nurses, adolescent men and young adults. This finding is worrisome, since young men and adults between 20-29 years of age are among mortality statistics, mainly due to external causes, cardiovascular, respiratory and digestive diseases.¹³

In the scenario investigated, there was a great male demand for medication therapy and/or medical prescription by nurses, showing to be a barrier in the nursing work process, which hinders the insertion of men in other programs, such as family and reproductive planning, actions to promote present and responsible parenthood, prenatal care, child growth and development, collective activities, body practices, oral health care, immunization, among others. This also affects men's

unawareness of the relevance and essentiality of the nurse's work in PHC, weakening the visibility of the dimensions of Nursing work.

Culturally, men seek health services when there is already a manifested condition, prioritizing curative care. Because of this behavior, they seek medical care in health units, to have quickly the prescription that solves their organic alteration. Health promotion and disease prevention activities are attributed by the male population to female needs, without such orientations, which are usually given by nursing.^{3,5,7,12}

Given this scenario, it is important to think about the intensification of collaborative and interprofessional health work, from the creation culture of joint activities, as a way to strengthen teamwork in the Family Health Strategy, whether through collective care, the operationalization of singular therapeutic projects, matrix support, the creation of joint health agendas, among others, as well as increasing men's demand in health services and strengthening the role of the nurse's performance.

Another important point to be considered, from the reports, is the incipient or absent initiative of the nurse to develop activities that transpose the regulations of the federal government or the municipal health department. Nurses are concerned

with fulfilling what is asked for them, feeling bored when there are new forms, new goals to be met, not unveiling the guarantee of comprehensive men's health care and the development of the production of specific care. In this sense, the essentiality of the nurse's work in men's health care must go beyond the technical dimension, restrictive to compliance with norms, routines and schedules, to guide care as a social practice, which comprises men, their family and their insertions in society.

Nurses should strengthen the implementation of the NC, since its institutionalization is a process of nursing practice, and is implemented in an appropriate care model compatible with the health needs of the population.⁶ Their intervention is low cost and simple application, however, its development is involved in interpersonal and psychomotor cognitive skills, as well as critical thinking and clinical expertise.¹⁴

The blaming of men for the absence of health services should be a posture abandoned by the health team, since the nurse must know the reality of the families enrolled in her area, for an adequate planning and development of individual and collective actions. Once the profile of the male population is identified, the nurse has tools, such as home visits and health education, to reach those men who would hardly go to the unit spontaneously, in

addition to promoting a participatory approach that allows the user to participate in a protagonist way in the process.¹⁵

The operationalization of the NC does not present a systematization of consultation, it lacks subsidies and theoretical assumptions ordering and guiding for its execution in the field of practice, being guided from the operationalization of health programs, already established by the Brazilian Ministry of Health. In the discourses, the construction of a nursing care with specificity to the demands of male health, even considering the need to ensure specialized attention to health needs, from the survey of problems, diagnoses, goals and specific nursing outcomes. The non-incorporation of these precepts may imply the non-access of this public to the NC, given the low recognition and belonging of men to the care produced by nurses in PHC. Before this problem, health services need to sensitize men to health promotion actions, performing active search, if necessary.^{4,16,17}

In addition to this difficulty faced in accessing the male population, the need for permanent education of human resources in health stands out to act in men's health. In this sense, considering that NC is based on the principles of universality, equity,

problem-solving capacity and integrality of health actions, health education is essential to achieve these principles in practice.¹⁸

CONCLUSION

The study demonstrated low male demand for Nursing care, with low appreciation of the nurse's performance and production of Nursing care by users, which influences the development and advancement of Nursing Care.

The NC application context is permeated by obstacles arising from the hegemonic social contextualization of masculinities, which affect men's relationship of proximity with the health care context promoted in the services, such as the difficulty faced by nurses in accessing the male public in the territory where they operate. The strategies used to solve the problem do not seem to succeed, given the context of male distancing from the strategies promoted in the services.

The study presented as limitations: the difficult access to nurses to conduct the interviews, their non-qualification, regarding the production of men's health care and the absence of theoretical foundations of the consultation, with directions to the health demands of the male public.

REFERENCES

1. Ministério da Saúde (Brasil). Política nacional de atenção integral à saúde do homem [Internet]. Brasília, DF: Ministério da Saúde; 2008 [citado em 22 set 2021]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_homem.pdf
2. Pereira J, Klein C, Meyer DE. PNAISH: uma análise de sua dimensão educativa na perspectiva de gênero. *Saúde Soc.* [Internet]. 2019 [citado em 12 dez 2019]; 28(2):132-46. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902019000200011&lng=pt&nrm=iso&tlng=pt
3. Alves BMS, Araújo CJS, Almeida SLS, Guimarães ALS. Atuação do enfermeiro da atenção básica diante das dificuldades para a implementação da política de saúde do homem. *Rev Enferm UFPE online* [Internet]. 2017 [citado em 24 out 2019]; 11(Supl.12):5391-401. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/110143>
4. Arruda GO, Marcon SS. Reflexões sobre o cuidado ao homem adulto doente no âmbito familiar: uma perspectiva de gênero. *Rev Enferm UFSM.* [Internet]. 2016 [citado em 11 nov 2019]; 6(2):298-306. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/19344>
5. Silva KM, Santos SMA. A consulta de enfermagem na estratégia de saúde da família: realidade de um distrito sanitário. *Rev Enferm UFSM.* [Internet]. 2016 [citado em 24 out 2019]; 6(2):248-58. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/18079>
6. Conselho Federal de Enfermagem (Brasil). Resolução COFEN nº 544, de 09 de maio de 2017. Revoga a Resolução nº 159/1993, que dispõe sobre a Consulta de Enfermagem. Brasília, DF: COFEN; 2017. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-05442017_52029.html
7. Teston EF, Peternella FMN, Sales CA, Haddad MCL, Cubas MR, Marcon SS. Efeito da consulta de enfermagem no conhecimento, qualidade de vida, atitude frente à doença e autocuidado em pessoas com diabetes. *REME Rev Min Enferm.* [Internet]. 2018 [citado em 01 nov 2019]; 22:e-1106. Disponível em: <http://www.reme.org.br/artigo/detalhes/1242>
8. N Vivo 10 for Windows. [Burlington, MA]: QSR International; 2014. Disponível em: <http://download.qsrinternational.com/Document/NVivo10/NVivo10-Getting-Started-Guide-Portuguese.pdf>
9. Lefevre AMC, Crestana MF, Cornetta VK. A utilização da metodologia do discurso do sujeito coletivo na avaliação qualitativa dos cursos de especialização “Capacitação e Desenvolvimento de Recursos Humanos em Saúde - CADRHU”, São Paulo - 2002. *Saúde Soc.* [Internet]. 2003 [citado em 12 out 2019]; 12(2):68-75. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-12902003000200007&script=sci_abstract&tlng=pt
10. Arruda GO, Corrêa ACP, Marcon SS. Fatores associados aos indicadores de necessidades em saúde de homens adultos. *Acta Paul Enferm.* [Internet]. 2014 [citado em 22 nov 2019]; 27(6):560-6. Disponível em: <https://www.scielo.br/pdf/ape/v27n6/1982-0194-ape-027-006-0560.pdf>
11. Moura EC, Santos W, Neves ACM, Gomes R, Schwars E. Atenção à saúde dos homens no âmbito da Estratégia Saúde da Família. *Ciênc Saúde Colet.* [Internet]. 2014 [citado em 22 nov 2019]; 19(2):429-38. Disponível em: https://www.scielo.br/scielo.php?pid=S1413-81232014000200429&script=sci_abstract&tlng=pt
12. Bidinotto DNPB, Simonetti JP, Bocchi SCM. A saúde do homem: doenças crônicas não transmissíveis e

- vulnerabilidade social. *Rev Latinoam Enferm.* [Internet]. 2016 [citado em 11 dez 2019]; 24:e2756. Disponível em: https://www.scielo.br/pdf/rlae/v24/pt_0104-1169-rlae-24-02756.pdf
13. Pereira LP, Nery AA. Planejamento, gestão e ações à saúde do homem na estratégia de saúde da família. *Esc Anna Nery* [Internet]. 2014 [citado em 11 dez 2019]; 18(4):635-43. Disponível em: https://www.scielo.br/scielo.php?pid=S1414-81452014000400635&script=sci_abstract&tlng=pt
14. Imazu MFM, Faria BN, Arruda GO, Sales CA, Marcon SS. Effectiveness of individual and group interventions for people with type 2 diabetes. *Rev Latinoam Enferm.* [Internet]. 2015 [citado em 15 nov 2019]; 23(2):200-7. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692015000200004
15. Teixeira DBS, Cruz SPL. Atenção à saúde do homem: análise da sua resistência na procura dos serviços de saúde. *Rev Cubana Enferm.* [Internet]. 2016 [citado em 22 nov 2019]; 32(4):126-36. Disponível em: <http://scielo.sld.cu/pdf/enf/v32n4/enf11416.pdf>
16. Barros CT, Gontijo DT, Lyra J, Lima LS, Monteiro EMLM. “Mas se o homem cuidar da saúde fica meio que paradoxal ao trabalho”: relação entre masculinidades e cuidado à saúde para homens jovens em formação profissional. *Saúde Soc.* [Internet]. 2018 [citado em 15 out 2019]; 27(2):423-34. Disponível em: <https://www.scielo.br/pdf/sausoc/v27n2/1984-0470-sausoc-27-02-423.pdf>
17. Silva TFA, Rodrigues JEG, Silva PSM, Barros MAR, Felipe GF, Machado ALG. Nursing consultation to persons with diabetes mellitus in primary care. *REME Rev Min Enferm.* [Internet]. 2014 [citado em 01 dez 2019]; 18(3):710-6. Disponível em: https://cdn.publisher.gn1.link/reme.org.br/pdf/en_v18n3a15.pdf
18. Silva AN, Silva SA, Silva ARV, Araújo TME, Rebouças CBA, Nogueira LT. A avaliação da atenção primária a saúde na perspectiva da população masculina. *Rev Bras Enferm.* [Internet]. 2018 [citado em 01 dez 2019]; 71(2):255-63. Disponível em: https://www.scielo.br/pdf/reben/v71n2/pt_0034-7167-reben-71-02-0236.pdf

RECEIVED: 19/01/20

APPROVED: 03/03/21

PUBLISHED: 09/2021