



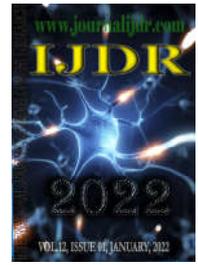
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MEN'S HEALTH POLICY: MALE EXPERIENCES

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ABSTRACT

Objective: Describe the experiences of male perpetrators of domestic violence on PNAISH. **Method:** This is a qualitative study with a descriptive-exploratory character. Data collection took place at the School of Nursing at the Federal University of Bahia in the city of Salvador with 14 men who participated in the reflective groups. The collection was carried out in two parts, the first with a semi-structured questionnaire and the second using a human board game with questions aimed at PNAISH. Data were organized using the Discourse of the Collective Subject (DSC) with the support of the NVIVO10 software. **Results:** The present study shows that men only seek health facilities when they have physical illness or pain, hardly as a form of prevention. They understand that alcohol and smoking together with stress are harmful to sexual health, it also highlights the male follow-up to their wives during prenatal care and shows science regarding the risk factors for cardiovascular diseases. The study reveals the transgenerational aspect of violence and the men's difficulty in seeking psychological help. In addition, it reveals the positive male view of companies as partners in health care. **Final considerations:** The theme seeks to bring positive results for self-care for men, within the context of violence, since they are seen as the author of aggression and it is difficult to see the consequences of this act on the health of men.

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INTRODUCTION

Men's health care is an extremely relevant topic due to the high rates of morbidity and mortality, mainly related to external causes, which generate financial impacts for the Unified Health System (SUS). Considering the social construction of gender, with a focus on masculinity that regulates the constitutive elements of being a man, such as power over women, which gives rise to conjugal violence, the challenge of this reality permeates the transformation of this public and consequent self-care of their health. This poor adherence of men to health services is a complicating factor. Understanding that they are more susceptible to illness and mortality than women in almost all age groups (LAURENTI; JORGE; GATLIEB, 2005). Of the 353,207 deaths aged 20 to 59 years old in 2019, 67% were men, most dying from external causes (33.6%), followed by diseases of the circulatory

system (BRASIL, 2021a). External causes also directly impact male morbidity. In 2010 data from SIA/SUS indicated that the number of consultations by male individuals aged 20 to 59 years old were 3,217,197, an average of 0.06 consultations/man/year (CHAKORA, 2014; MOURA et al., 2012; MOURA et al., 2014). In addition to generally looking for the units later, focusing on emergencies and not on preventing health problems. Since in 2019, of the 4,388,212 million hospitalizations in the age group between 20 and 59 years old, there was a male predominance, with a predominance of external causes (BRASIL, 2021b). This lack of prevention ends up generating financial impacts on public sectors. With a lack of disease prevention, men most of the time only seek public service through the urgency and emergency units, generating high costs for the union. In 2019, in Brazil, the SUS recorded 7,395 admissions of men due to external causes, generating an expense in the public coffers of

8,644,047.06 (BRASIL, 2020). As part of the attempt to break this paradigm, the National Policy for Integral Attention to Men's Health was created in 2009, established by Ordinance GM/MS nº 1944. This policy contains priority axes for its development, which are: Access and Reception; Sexual and Reproductive Health; Fatherhood and Care, Prevalent Illnesses in the Male Population; Prevention of Violence and Accidents followed by two transversal axes that are focused on Mental Health and Occupational Health (BRASIL, 2008). Even with the policy, some obstacles are still observed, such as the axis of violence. Regarding the prevention of violence, for example, it is an axis that, despite being contained in the policy, seeking to mischaracterize this gender issue of the male-spouse-aggressor (BRASIL, 2016) is still brought up in an incipient way. Understanding violence as relational, it is necessary to understand the implications of the phenomenon for men's health, seeking to better understand the topic. It is known that this is the public that practices violence and, therefore, it is necessary to deconstruct gender and masculinity issues, seeking care for male health. Given the above, the objective of the study is defined: To describe the experiences of men who perpetrate marital violence on PNAISH.

METHODOLOGY

Qualitative, descriptive-exploratory study approach. It is believed that this is the most appropriate method, since the research questioning is to analyze the repercussions of domestic violence on men's health. The approach with the participants of this study occurred through Reflective Groups with Men and linked to the matrix project. The collection period took place in the first half of 2021, starting in March. The collaborators were fourteen men experiencing domestic violence who were responding to the criminal process and included in the actions and activities of the Special Operation Ronda Maria da Penha, in the Project titled "Round for Men". Exclusion criteria: Men who were arrested at some point during the criminal process, considering that there were health repercussions arising from the prison process. The inclusion criteria used was: Men who were responding to the lawsuit and participated in at least 75% of the meetings of the reflective group. The collection was carried out in two parts. The first contained a structured questionnaire containing closed questions (Age, race/color, length of relationship, etc.). The second part was a human board game (FIGURE 1) that contained PNAISH-oriented questions.

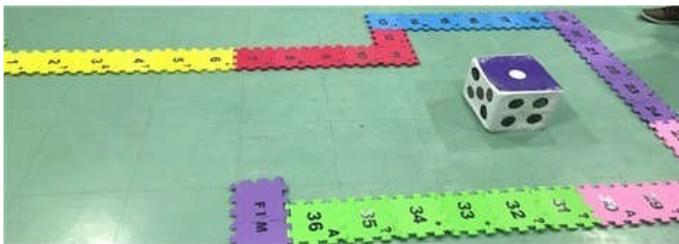


Figure 1. Human Board Game

To start the game, the participants were divided into two groups, and the representatives threw the dice to go around the board, winning the one who answered the questions, fulfilled the proposed challenges and managed to reach the last square. Each block of colors on the board symbolized a PNAISH axis. Whenever the participants in the dynamics threw the dice, they moved the pin towards a number. Depending on where the pin was placed on the board, the participant answered questions related to their health experience or performed some activity related to the themes of the axes in an attempt to advance in the game. Regarding the "Access and Reception" axis, the question was: Do you usually make use of the health service? Tell us your experience. In the axis "Diseases and chronic conditions in the male population", the following questions were asked: How is your health and what have you been doing to take care of it? Regarding "Sexual and Reproductive Health", it was asked: What is your opinion about condom use? Regarding the axis "Fatherhood and

Care", it was asked: Do you have a child? If yes, did you have the opportunity to accompany your wife during prenatal care? Tell us about your experience. Regarding the axis "Prevention of violence and accidents", the following question was asked: Have you ever been involved in an accident or situation of violence? If yes, tell me how was it. In the cross-sectional mental health axis, the question was: How is your mental health and how do you take care of it?; And in the last axis of worker health, the question was "How do you take care of your health at work? What does the place where you work do for the health of the worker?" The workshops lasted an average of 90 minutes, being recorded with the help of a tape recorder and transcribed in a text editor. Data organization was performed using Discourse of the Collective Subject (DSC). It is a methodological way of recovering the social presentations obtained, where semantic opinions are grouped in general, widely used in open questioning (LEFEVRE; LEFEVRE, 2014). This step took place with the support of the NVIVO10 software, created to favor the organization of qualitative data. After this stage, seven categories emerged that were analyzed according to the axes of the National Policy for Comprehensive Attention to Men's Health (PNAISH), according to its guiding principles and scientific documents and articles focused on this theme. The study is linked to the matrix project entitled "Confronting domestic violence within the scope of the SUS: social technology involving women, men and primary care professionals" approved by Public Notice 003/2017 - Research Program for the SUS: Shared Management in Health of Bahia – PPSUS/BA. Funded by the Bahia State Research Support Foundation (FAPESB) in partnership with the National Council for Scientific and Technological Development (CNPq), the Bahia State Health Secretariat (SESAB) and the Ministry of Health (MS). The research is approved by the Ethics and Research Committee of the School of Nursing at the Federal University of Bahia under opinion 2,639,224/2018. To guarantee the anonymity of men, alphanumeric coding (letter H) was used, followed by sequential numerals (H1, H2, ... H10). Those who accepted to participate signed the Free and Informed Consent Form (FICF). In this way, the ethical precepts recommended by Resolutions 466/12 and 510/2016 of the National Health Council were respected (BRASIL, 2012; BRASIL, 2016).

RESULTS

Description of Participants: This study included the participation of 14 men in judicial process for conjugal violence, aged between 25 and 62 years old. Most declared themselves black (8), followed by brown (5) and one white. As for the level of education, five (5) declared they had completed high school, three (5) had completed higher education, four (4) had completed elementary school.

Access and reception: In the speeches of men who respond to judicial process for marital violence, they claim to seek health facilities only when they are feeling some pain or solving another problem, hardly as a form of prevention, they guarantee that they are well received at the units. They are usually welcomed by the reception, feeling free to take care of their health.

When I go to the health unit, it's usually because I'm feeling some pain, or I need to take my child for a vaccine, get some medicine at the pharmacy, or I need a medical certificate. The reception of the health units is usually is carried out by the reception team, which are generally friendly and guide us about scheduling days, room where the consultation or vaccination will take place, dressing room. Arriving at the health service, I feel welcomed to take care of my health (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

Sexual and Reproductive Health: These men believe that the excessive use of alcohol combined with smoking and stress interfere with their sex life, while cuddling, affection and foreplay are factors that help to have a good performance. They also claim that they do not like to use condoms, and only use them for fear of making the woman pregnant.

The exacerbated use of alcohol, sedentary lifestyle, smoking, tension and stress after fights all these factors lead to erection problems, I already failed when I went to have sex with my ex-girlfriend. The factors that help are: cuddling, affection, foreplay, foot massage. At sex, I don't like to use a condom, but I confess that I'm afraid of catching diseases and making a woman pregnant. Because to have a child you need to plan both. (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14)

Parenthood and Care: Participants understand that being a good father is to accompany and support the wife since prenatal care, participating in raising the child, guiding, caring, changing diapers, playing and mainly educating, all based on example. In addition, the study showed that men accompany their wives in prenatal care.

Being a father happens as soon as you know your wife is pregnant, vibrate with her, accompany her in prenatal consultations, hear the heart beat, be side by side in all situations, guiding the child towards life, adverse situations, taking care, changing her diaper, sunbathing, playing, praying for peaceful sleep. I have to show her what it is to be a great human being, because we must never set a bad example for our children, because if I don't do that, they will learn from life, and life I think is the hardest way (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

Diseases prevalent in the male population: Those involved are aware that smoking, poor diet, sedentary lifestyle, stress and nervousness are a risk for the development of cardiovascular diseases, which together with prostate cancer are responsible for a large number of deaths in males. They claim to take precautions because they have or know a family member with illnesses.

We must take care of cardiovascular disease risk factors: smoking, sedentary lifestyle, unhealthy diet, nervousness, as men die a lot from heart attacks. That's why I take care of my health, I'm hypertensive and diabetic and I go to the doctor regularly, take my medications, exercise 3 times a week even so after some fights at home my blood pressure went up, I got dizzy and my eyes darkened. My grandfather died of prostate cancer and that's why I take care of myself, I've had a colonoscopy and soon I will have a prostate exam. We need to take care of ourselves, have annual checkups, eat well, exercise, but I confess that sometimes the week is so busy that I don't prioritize and prefer to rest or have fun with my friends (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

Prevention of Violence and Accidents: Participants report that it is difficult not to reproduce domestic/marital violence because they have experienced this problem in childhood with their parents, and it directly impacts masculinity. They claim to know colleagues who also respond to the process for “fight and break everything at home”. Afterwards comes regret, guilt and angina. They admit that a lot of dialogue and patience is important to resolve problems peacefully

Regarding marital violence, the other day a co-worker who was distressed and told me that he did not accept some things his wife did and beat her up and broke everything at home, including television, porcelain, it looked like he was going to explode from so much stress that even his chest hurts today also responds to judicial process. It's difficult to prevent violence at home, as it was something I saw my father doing with my mother and I reproduced it, for this it takes a lot of dialogue, patience and respect with each other, because we men were raised not to take insults to our home (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

Mental health: Those involved claim to have depressive feelings during life, such as anguish, sadness, pain, headache, and many of these feelings were due to living with family members, and/or after episodes of domestic aggression. Despite recognizing the need to seek professional help, they report never having sought psychological help, talking to people close to them, they see the need for spaces for discussions and deconstruction.

I had depression when I was 17 years old. I felt some fears at night, anguish, sadness, pain in the body, in the head, it was traumatic and much of my depression came from relationship problems with family members and I returned to it after domestic aggressions. I have never looked for a psychologist or psychiatrist because when I have a problem, I talk to anyone to feel better and listen to different opinions. We need spaces so that we can externalize what we've done, reflect and see that our situation belongs to many men present and we reflect a lot on the actions performed, this will improve our mental health (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

Worker's health: The companies in which individuals work follow the recommendations regarding the worker's health, both with regard to the requirements of annual consultations and the possibility of psychological help, as well as the mandatory use of PPE. Even though it is an imposition, men adhere well to the programs, becoming a partner in the search for quality men's health.

I realize that in my work there is a whole care with our health, from annual checkups, exams to check if everything is ok, consultation with a doctor and even psychologists when we need it. As a worker, they require the use of helmets, masks, gloves to prevent accidents and notify if we do not use them. It is a way of preventing accidents at work (H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13, H14).

DISCUSSION

The study reveals that men generally seek health services due to problems with physical illness, pain, seeking medication and/or the need for their children. A study carried out in Montes Claros-MG confirms that the reasons that lead men to health units are: Accident, pain, virus, skin infection and hypertension, that is, most seek curative solutions, with acute complaints or when the condition pathological is already installed. (SILVA et al.,2021). It is observed that men do not attend health services as a way of preventing health problems, as it should be done to minimize complications. In addition, the research demonstrates a positive male perception about the reception in health care units. This result is refuted in another study carried out in the Northeast, in which men claim to be unwelcome compared to women and children, and are often treated rudely by professionals, which is one of the distances from the male presence in the units (SOUSA et al., 2019). It is emphasized the importance of health professionals in the units to organize themselves to welcome the male public, which reverberates in the positive perception of the reception and willingness to take care of health. Regarding the sexual and reproductive health of respondents, they claim that alcohol abuse, sedentary lifestyle, smoking and tension are harmful factors in their sexual life. This result is corroborated by another study that brings hypertension, smoking, obesity and sedentary lifestyle as a risk factor for erectile dysfunction (SOUZA et al., 2011). Men on the other hand revealed that cuddling, affection and foreplay are factors that help to have a good sexual performance. Furthermore, our study showed that men do not like to use condoms. This result is reinforced in an analysis carried out in Rio de Janeiro-RJ in which participants considered condoms as uncomfortable, limiting erection and sexual pleasure (FRANCISCO et al., 2016). On the other hand, the study points out that men only use condoms to prevent reproduction, a fact that is pointed out in a survey carried out in São Paulo and Recife that reveals that the male public only uses condoms when their sexual partners do not use other contraceptive methods. (GARCIA; SOUZA, 2010).

Regarding the fatherhood axis, the members recognize the importance of helping mothers in raising their children (changing diapers, bathing, educating, etc.). This result is corroborated in a study carried out in Rio Grande do Sul-RS that indicates greater participation of men in the division of daily tasks and in caring for their children (BERNARDI, 2017; SOARES; COLOSSI, 2016).The male experience focused on fatherhood also showed that the presence in

the partner's prenatal consultations awakened this public to take care of their children. National and international studies reveal that parents who accompany their wives in prenatal, childbirth and puerperium experience ambiguous feelings of joy, fear and anxiety, but it triggers a feeling of greater care for their children, bringing benefits to their growth and development stages (HOLANDA et al., 2018, WALDVOGEL; EHLERT, 2016). In the male discourse, there is an understanding of the importance of preventing cardiovascular diseases, understanding that it is necessary to reduce risk factors, such as: smoking, sedentary lifestyle and stress. These statements are confirmed by other authors who point out the relationship of cardiovascular diseases with the lifestyle of men who consume more cigarettes, alcohol and are more sedentary (MUSSI; TEIXERA, 2018), a scenario that increases male morbidity and mortality related to cardiovascular disease. The speech reveals that sometimes they prioritize work, rest and fun with friends over health care. This speech is supported by other studies that reinforce the idea that men prioritize work and other work issues than self-care (MUSSI; TEIXERA, 2018; SOUSA, 2020).

The collective discourse also mentions that it is difficult to prevent and/or avoid conjugal violence, as it is something perpetuated since childhood, when they witnessed the father as the author of physical aggression against their respective mothers. This problem is consolidated by research carried out in Salvador-BA and Porto Alegre-RS, which reinforce the transgenerational face of violence, that is, children who have experienced intra-family violence are more likely to reproduce it, becoming aggressive adults (COLOSSI; MARASCA; FALCKE, 2015). This study also reveals that men know colleagues who respond to criminal prosecution of domestic violence for physical violence, such as "fight and break everything at home". This result is corroborated by a study carried out in the city of Serra – ES that presents physical violence as the main form of violence against women, with the use of kicks, punches and slapping as the main types of injuries (LEITE et al., 2015). Furthermore, a study carried out in Fortaleza-CE reveals that the prevalence of violence against women rarely occurs in isolation, usually the occurrence of physical violence is accompanied by psychological and/or sexual violence, an aggravating factor of the phenomenon (VIEIRA et al., 2013). In the mental health axis, the male speech shows depression due to living with family members and/or after episodes of domestic aggression. This result is corroborated by a study carried out in Colombia, which demonstrates a higher probability of depression in men who experience/experienced poor family functioning (with recurrence of stressors), lack of support and a dysfunctional family environment (PÉREZ; RODRÍGUEZ, 2016). Furthermore, a study carried out in the United States reveals a tendency between practicing domestic violence and developing psychological illnesses such as: Depression, stress and post-traumatic syndrome (RHODES et al., 2009). Which demonstrates the bidirectional face of intimate partner violence.

The behaviors presented by the research participants reflect the strong influence of gender stereotypes and that the search for psychological help represents a sign of weakness and fragility, characteristics incompatible with the hegemonic figure of the strong and invulnerable man (LANGDRIDGE, 2017). In this way, the men in the study point out the need to talk to people close to them and refer to the importance of spaces for discussions and deconstruction based on dialogue and patience to solve problems in a peaceful way. The creation of spaces for collective discussions in order to externalize and reflect the actions practiced without judgment, aiming to soften the psychological suffering of the act committed was also pointed out in our study (ESTRELA, 2019; NASCIMENTO, 2021). In the investigation, the guests show the employers' concern with their mental health, offering psychological treatment if necessary. In addition, men claim that companies are also concerned about their physical health, as they strictly monitor the use of PPE and notify when they are not used. This result is strengthened by a survey carried out in Minas Gerais, in which a large portion of respondents declare that they use the equipment because they have to, that is, it is necessary to punish employers to ensure worker safety, in addition to

often use incorrectly (GIRELLI; MAGRO, 2017; PRATES et al, 2016).

CONCLUSION

The study reveals the tendency of men not to seek health units as a form of prevention, in addition to the understanding that tobacco, alcohol and stress are harmful factors to their sex life. It was evidenced in the study the follow-up of men to their wives during prenatal care and that participation at this time brings an awakening related to care for the child. During the study, the transgenerational face of violence became perceptible, which has repercussions both for those who suffer and for those who practice it. Participants recognize that they use PPE because they are required by the company, evidencing that men assume risky behaviors, however, they recognize the importance of this measure as protection for their health. Given the above, the results brought the experiences of male perpetrators of domestic violence about the PNAISH, making it possible to analyze the different contexts in the health of those involved, including the repercussions of domestic violence, in addition to encouraging care. The study brings benefits to health professionals and the general population, including men themselves.

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