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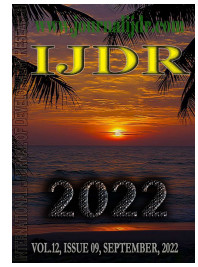
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RESEARCH ARTICLE

OPEN ACCESS

PERCEPTION OF MEN USING BASIC HEALTH UNIT SERVICES IN A CITY IN THE STATE OF PERNAMBUCO ABOUT PROSTATE CANCER

Eronildo José dos Santos¹, Alfredo José de Almeida Neto², Janice Vasconcelos Oliveira³, Simone Souza de Freitas⁴, Emília Natali Cruz Duarte⁵, Cristiane Rodrigues da Silva Machado⁶, Cristiana Barbosa da Silva Feliciano⁷, Luciana dos Santos Alves⁸, Jacilene Natalia de Lima Pereira⁹, Fabiana Venancio Santana Silva¹⁰, Paula Dayane Silva Santos¹¹, Maria Fabiana Gonçalves da Silva¹², Taciana Cristina Lima da Silva¹³, Emanuela de Oliveira Silva Souza¹⁴, Jessika Luana da Silva Albuquerque¹⁵, Maria Eliane Ramos de Oliveira¹⁶, Fabiana de Medeiros¹⁷, Talita de Andrade Silva¹⁸, Athos Phillip de Carvalho Chaves¹⁹, Gerlane Barbosa do Nascimento²⁰, Josineide Carvalho de Oliveira²¹, Milena Bianca da Silva²², Juliana Regina da Silva Ribeiro²³, Maria Adriana Pessoa da Costa²⁴ and Jaedson Capitó de Santana²⁵

¹Specialist in General ICU and Nephrology from the Metropolitan Faculty of Sciences and Technology -FAMEC, ²Doctoral Student in Public Health from the Inter-American Faculty of Social Sciences -FICS, ³Master in Human Health and the Environment -CAV-UFPE, ⁴Master's Student in Nurse at the University of Pernambuco-UPE, ⁵Master in Public Health -ppgisc / ufpe, ⁶Specialist in Public Health by Uninter-SE, ⁷Specialist in Nephrology by CEFAPP-PE, ⁸Women's Health and Obstetrics by Novo Horizonte, ⁹Nurse at the University Center of Várzea Grande- Mato Grosso -UNIVAG, ¹⁰Urgent and Emergency Nursing at the Faculty of Venda Nova do Imigrante FAVENI, ¹¹ Resident in Orthopedics and Traumatology Nursing at Hospital Otávio de Freitas by SES-PE, ¹²Nurse at UNIVISA Faculty, ¹³Specialist in Nephrology by the Course Agency, ¹⁴Specialist in the Infectology Nursing Residency Modality, ¹⁵Specialist in Public Health - Faculdade novo horizonte -FNH, ¹⁶Specialist in Urgency and Emergency at Faculdade Alpha do Recife, ¹⁷Specialist in Public Health, Mental Health and Chemical Dependency from the Faculty of Human Sciences ESUDA Caruaru, ¹⁸Specialist in Urgency and Emergency and Family Health by the CEFAPP Group, ¹⁹Specialist in Public Health by the Caruaruense Higher Education Association - ASCES-UNITA, ²⁰Multiprofessional Residency in Cancer Care and Palliative Care ASCES- Unita Centro Universitário Tabosa de Almeida, ²¹Specialist in Urgency and Emergency/ICU by the ALPHA Faculty, ²²Specialist in Urgency and Emergency and ICU by CEPEN, ²³Specialist in Emergency and ICU from the University of Pernambuco-UPE, ²⁴Specialist in Nephrology - FAMEC, ²⁵Master's student at Faculdade Nossa Senhora das Graças (FENSG/UPE)

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*Corresponding author:

Fagner José Coutinho de Melo

ABSTRACT

Brazil has prostate cancer as the second leading cause of death in men, overcome by illnesses cardiovascular. There is at the world 10 million people with cancer, and there will be 16 million people with cancer in the year 2021. This study aimed to meet the profile epidemiological and level in knowledge about prostate cancer in men in the community in Redemption, at the County in Victory in Holy Anthony - PE. This is a study developed by a household survey with a sample carried out with 153 interviewees residing in the area attached to the UBS of Redemption. According to the results, the population studied showed that 43.13% had never taken the exam and what had accomplished the exam in prevention of cancer in prostate, 39.08% 48.36% had symptoms and of these 19.60% reported having had a case of prostate cancer in the family 89.54% evaluated their knowledge unsatisfactory about breast cancer prostate. It is concluded that at failures in primary care in relation to health monitoring of man, demonstrates the need for subsidies so that the family health strategy can effectively intervene in the community.

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INTRODUCTION

In the 21st century, with all the modernization of high technological standards, the Brazil still has prostate cancer as the second leading cause of death from disease in men, just surpassed by cardiovascular diseases (BRAZIL, 2008). The last I estimated worldwide pointed o cancer in prostate as being o second most frequent type in men, with about 1.1 million new cases in year 2012. Approximately 70% of diagnosed cases in the world occur in developed countries, with the highest incidence rates being observed in Australia, Europe western and America From north (BERTODO, 2010). Currently, the World Health Organization, 2003 considers cancer as a public health problem. According to data released by this agency, there is at the world 10 millions in people with cancer and, if none alteration for done, will be 16 millions in people with cancer at the year in 2020 (CAMPANUCCI, 2011). Those values correspond to an estimated risk of 70.42 new cases per 100,000 men, without consider non-melanoma skin tumors. Prostate cancer is the most frequent among men in all regions of the country, with 91.24/100 thousand in the South, 88.06/100 thousand in the Southeast, 62.55/100 thousand in the Midwest, 47.46/100 thousand in the Northeast and 30.16/100 thousand in the North⁴. With the increase in world life expectancy, it is expected that the number of new cases of prostate cancer will increase by about 60% by the year 2015 (FIGUEIREDO, 2005). A detailed diagnosis of the health situation of Brazilian men recognized what the form in socialization gives population male compromise their health status significantly, and that the health status of men in Brazil corresponds to a public health problem (GOMES et al., 2007). Such recognition is expressed through the National Policy for Integral Health Care of the Man (PNAISH) established in the under the Unified Health System (SUS) in August 2009 (GOMES et al., 2007). In which the Ministry of Health declares that “men have difficulty in to recognize your needs, cultivating o thought Magic what reject the possibility of getting sick” and takes on the challenge of breaking down barriers “sociocultural and educational” and ensure the expansion of health actions and services (INCA- Institute National of Cancer, 2012). The PNAISH also notes that men access health services through specialized attention, that is, for services of medium and high complexity, and therefore, proposes to strengthen and qualify primary care “so that health care does not become restrict to recovery, guaranteeing, above all, the promotion of health and the prevention of grievances avoidable” softening, so, sufferings to the patients sequels most severe and high costs to the safes public¹⁰. At themes involving "men, health and cancer in prostate" he comes being discussed in scientific research, in increasing proportions, above all, by the professionals in the area of health, in an attempt to better intervene in the countless demands peculiar to men, as well as in primary care health services and, thus, contribute to the reduction of morbidity and mortality indicators that reflect the profile gives health of men Brazilians¹¹. Men's health care has been neglected for a long time by the different health sectors at different levels of government. However, at the same time, with the approval of the National Policy for Integral Attention to Men's Health, it if the increasing occurrence of discussions involving the health-disease process of clientele male¹². Insert the man in health actions at the level of primary care and implement interventions what aim to meet your demands specific, it is a huge challenge. Nonetheless, It is a step fundamental for what those users be visas by the health professionals as beings endowed with needs, who need to be included in these actions in promotion gives health and/ or prevention in grievances¹³. The aspects established in this policy reveal, on the one hand, the challenges to be be faced by managers and health professionals, especially, and on the other hand, the urgency to be made feasible throughout the national territory, as it represents a need gives referred population and fur recognition From grievances The health of this what if constitute in a big problem in health public¹⁴. Regarding the association of the absence of men, or their invisibility in these services, there is a characteristic of masculine identity related to their process of socialization, where it is noticed that men prefer to use other health services, most in emergency care, as pharmacies and first aid, what would answer more objectively to their demands, being

attended to more quickly and exposing your problems with one greater ease (World Health Organization, 2015). This one job justified for the high incidence in cases new in cancer in prostate in all regions of the country, as the challenge remains to show how to finds the real situation of this public health problem that increasingly affects men¹⁶. In view of the above, this study proposes to offer subsidies in the sense of delimit O profile of those men and, so, constitute in element for one Warning special and directional approach to patient care at the primary and secondary levels of Warning The health. Still what no be possible prevent o diagnosis in cancer in prostate, it can be performed early and, thus, start treatment the to save lives and prevent sufferings still bigger for these people and their relatives¹⁷. The research aims to show and clarify to society the real knowledge that men have about prostate cancer and the social and environmental variables that present as barriers and are associated with the deficit in man's demand for the primary care public (SUS) to carry out its routine prevention, being in party responsible for compromising the relevant increase in new cases of this pathology throughout the country¹⁸. It seeks to provide subsidies that can change the reality in which the current health policy for Brazilian men is found, which, for your turn, already exists and it is guaranteed per law, although still no he was materialized at practice (SILVA, 2013). Knowing the epidemiological profile of prostate cancer in a given area associated with the level of knowledge of a certain specific group is fundamental for the formulation in strategies in promotion and prevention what allow o control and the reduction from cases (MORALS, 2014). This study aimed to know the epidemiological profile and level of knowledge about prostate cancer in men over 45 years of age from community in redemption, victory in Holy Anthony – PE.

METHODOLOGY

The work was developed through field research investing in a collecting data in a specific place, seeking understanding or interpretation of the social phenomenon. Thus, the choice of the quantitative method was given to try to understand the nature of knowledge of the individuals studied in relation to cancer pathology (CA) of prostate. Therefore, this work is characterized as a quantitative research in prevalence descriptive exploratory and observational. The present work was carried out in the neighborhood of Redenção, urban area of Vitória de Santo Antão, located in the southern part of the state of Pernambuco, 55 km from the City from Recife. The target population of this study was composed of men who are in the age group over 45 years old, living in the Redenção neighborhood of the city of Vitória de Santo Antão-PE and registered in the Family Health Strategy of this community. Therefore, The sample he was composed per 153 men, independent of your grade in schooling, level Social and cultural. The following inclusion criteria were adopted for the field research: men with age over 45 years, irrespective of the existence of a previous history of cancer of the prostate or not, residing in the Redenção neighborhood of the city of Vitória de Santo Antão - PE, registered and attended by Strategy of health gives Family (ESF). You criteria of exclusion are opposed to the inclusion, that is, they were excluded of this sample those who are not registered in the area covered by the Health Strategy of the Redemption Family, men who do not live in the neighborhood and those who, after two Consecutive visits were not found at home, other than those under the age of 45 years. The work had as a data collection instrument a questionnaire composed of questions closed clear and objective, in order to reach you questions raised in the general and specific objective. The questionnaire was designed based on researches performed and published. O contents of questions contemplated at the questionnaire covers different variables, such as: socioeconomic, demographic, environmental and cultural. History of urological complaints, family and personal history for the prostate cancer, knowledge, attitudes and practices related to prostate examination were also addressed. The data determined through the questionnaire were discussed and analyzed. Data collection took place in person by the researchers through home visits carried out from Monday to Friday during business hours and with the fundamental participation of the community health agent (ACS) of

each micro area existing at community in Redemption, at the intention in no to occur resistance, embarrassment or insecurity on the part of the interviewees. During the approach the subjects gives search were enlightened about From goals of job and them he was given the guarantee of identity preservation, in addition to the possibility of withdrawing from the research in the the moment they wished, being presented to them the Term of Free Consent and Informed Consent (ICF), in two ways, one for the researchers and the other for the subject. O quiz contained thirty and one (31) questions objective, direct and specific. During The Realization gives search were considered scratches related the same, such as: loss of study content; opposition to participating in the research, which it happened with five (05) subjects addressed. All you participants gives search They were aware in what The same in time any I would go bring them scratches in nature physical, psychic and emotional, while the benefits are viable and guaranteed to society. Among them can be mentioned: the survey of men's knowledge about prostate cancer makes it possible to implementation of actions aimed at education and consequent clarification about the addressed topic that is expected to reflect the increase in the population's demand index men for primary care, and thus health promotion and disease prevention, emphasizing the prevention of cancer in prostate. For analysis and interpretation of the data were considered the information contained in the questionnaires, which were answered by the target population of the study, the from the mentioned variables, enabling their statistical organization of variation percentage represented through tables. Data were entered into a database specific data and analyzed using o software Microsoft excel 2010. The study is in accordance with Resolution No. 466, of 2012, obtaining a favorable opinion from the Research Ethics Committee of Faculdade Estácio in Sá, under CAEE 1281161.

RESULTS

Table 1. Description of the sample of men from the Admitted area of the UBS de Redenção in the County in Victory in Santo Antônio - PE

Variables sociodemographic	No	%
<i>Age</i>		
45 to 50	25	16.34%
51 to 55	19	12.41%
56 to 60	21	13.72%
61 to 65	23	15.03%
66 to 70	22	14.37%
71 to 75	23	15.03%
76 to 80	12	7.84%
81 to +	08	5.22%
<i>race/ethnicity</i>		
White	26	16.99%
brown	113	73.85%
black	14	9.15%
<i>state civil</i>		
Single	18	11.17%
Married	119	77.77%
Divorced / Separated	03	1.96%
Widower	14	9.15%
<i>education</i>		
Illiterate	21	13.72%
1st The 4th Series	92	60.13%
5th The 8th Series	25	16.34%
Teaching medium (2nd grade)	15	9.80%
<i>Occupation</i>		
It works	48	31.37%
No works	105	68.62%
<i>Income familiar</i>		
Up until a wage Minimum	107	69.93%
In a The two minimum wages	40	26.14%
Most in two salary minimums	06	3.92%
<i>vices</i>		
smokers	08	5.22%
Alcoholics	26	16.99%
smoker and alcoholic	04	2.61%
Without vices	115	75.16%
<i>Practice activity physical</i>		
Yea	65	42.48%
No	88	57.51%

DISCUSSION

The present study identified that the participants of the sample present a low socioeconomic status, this characteristic can be observed in areas with scope of the FHS in several municipalities. Several studies show that people with low socioeconomic status present greater difficulty in accessing the system health, becoming more exposed to risk situations, where prostate cancer is a from them (SILVA, 2013) Observation similar he was done with relationship The schooling, being predominant individuals who attended the 1st to 4th grade, where a qualitative study carried out in the Rio de Janeiro together with two groups: one (group 1) with men aged between 45 and 57 years, with low or no schooling and the other (group 2) with men aged between 40 The 64 years old with teaching higher, demonstrated what o group 1 supposedly for to have lower purchasing power when compared to group 2, is less concerned with health care issues, devoting more attention to work and family support (MORALS, 2013). Men in the group with less schooling reported that when seek health services face queues and may miss a day of work without that necessarily have their demands resolved in a single consultation and for questions economic no they can search o attendance private (SCHRAIBER et al., 2010; SILVA, 2013). Referent to the levels in schooling, identified himself one situation quite unfavorable, o that reflects a situation of interference with points negatives at promotion and prevention of the health of individuals, as less enlightened men can attend appointments less frequently or not attend UBS at all per unaware The importance gives Query and so possess information insufficient (PINHEIRO, 2002). Having information about prostate cancer was a great collaboration for some research subjects, which made it possible for them to carry out the examination of the Touch rectal in form conscious and spontaneous, demonstrating what how much most informed, the greater the concern with health. The subjects who held the information about prostate cancer tended to value the digital rectal examination and the be more aware of the importance of carrying out this exam (MORALS, 2013). The analyzed data referring to life habits showed that most no has vices, or be, no It is alcoholic nor smoker, although those ones what if behave differently expose themselves to risk factors for prostate cancer. So, studies show what o smoking, habits food, nitrites, tar and aflatoxin, ionizing radiation and natural ultraviolet, drugs with carcinogenic, suppressors immunological, use in hormones, agents infectious, occupational exposure to chemical, physical, biological agents and environmental pollution in are generally considered to be the main risk factors for cancer. Among you participants gives search, one smaller portion practice activity physical, confirming the characteristic of individuals with favorable exposure to risk factors cancer related prostate. In relationship at variables in knowledge, it was found what the majority From interviewed individuals knew of some type of early detection test in cancer in prostate, being o Touch rectal o most known (21.56%). Portion partially similar (22.22%) unaware of all cancer prevention tests in prostate, This one factor he can be related The low schooling gives majority From participants that often hinders access to information, guidance, dissemination gives illness or up until same difficulty in assimilate information proper (SCHRAIBER et al., 2010; SILVA, 2013; MORALS, 2013). One factor important It is what 98.03% already heard speak of cancer in prostate, however, among the means of obtaining this information, friends predominate. This fact raises concern, as it is a community covered by the Strategy Health gives Family (ESF), Expected what at information be coming from of this device, in addition this information, in some way, may present a influence negative what he can to affect The search per exams in detection precocious of cancer of prostate. This is already reflected in the analysis of the data of this study, where, in terms of what causes more fear about the evaluation of the prostate, the machismo predominated in relation to performing the digital rectal exam, in addition, machismo and prejudice make them look for the hospital instead of the UBS, thus this information being disseminated in between you individuals he can distance them still most From calls preventive. Difficulty for men's access to these services is the shame of exposure

Table 2. Knowledge about of cancer in prostate evaluated in men in area attached gives UBS in Redemption in the municipality of Victory in Santo Antão – PE

Variables in knowledge	No	%
<i>Already he heard speak in HERE in prostate?</i>		
Yea	150	98.03%
No	03	1.96%
<i>if Yes where he heard talk about HERE in Prostate?</i>		
TV, Radio, newspapers	60	39.21%
Friends	66	43.13%
Strategy Health gives Family	05	3.26%
Others services in health	13	8.49%
Others	06	3.92%
No he heard speak	03	1.96%
<i>You know any exam in detection of CA in prostate?</i>		
Yea	119	77.77%
No	34	22.22%
<i>if yea, Which are they they?</i>		
Touch rectal	33	21.56%
PSA (exam in blood)	24	15.68%
ultrasound	09	5.88%
Touch rectal / PSA (exam in blood)	29	18.95%
Touch rectal / ultrasound	06	3.92%
PSA (exam in blood) / ultrasound	05	3.26%
PSA (exam in blood) / ultrasound / Touch rectal	13	8.49%
No you know	34	22.22%
<i>Some time already searched O service in health (PSF) for Query?</i>		
Yea	69	45.09%
No	84	54.90%
<i>if yes what main complaints for The demand?</i>		
hyperdia	41	59.42%
Exam in routine	14	20.28%
Others complaints	14	20.28%
<i>Which service in health more used per you?</i>		
Hospital	79	51.63%
UBS	50	32.67%
Clinic Particular	19	12.41%
Pharmacy	05	3.26%
<i>if you demand O hospital, O what O takes The look for it most of what The Strategy in Health of the Family in your community?</i>		
Lack in information about the services offered to men at UBS	06	5.82%
Difficulty at marking for O attendance at UBS	48	46.60%
Lack in focused prevention The health of man at UBS	49	47.57%
<i>In your opinion, O what makes it difficult The demand to service in health?</i>		
Fear of diagnosis	43	28.10%
Lack of time	06	3.92%
Chauvinism and preconception	82	53.59%
Lack in Information about O access to service in health	03	1.96%
Lack in knowledge about The health of men	19	12.41%
<i>Which It is O cancer of prostate for you?</i>		
Illness incurable	10	6.53%
Illness curable	142	92.81%
Illness contagious in person The person	01	0.65%
<i>They offered you guidelines The respect gives prevention of cancer in prostate?</i>		
Yea	46	30.06%
No	107	69.93%
<i>if yea, on what level this information if frame?</i>		
Bad	02	4.34%
Regular	09	19.56%
Good	30	65.21%
Excellent	02	4.34%
Great	03	6.52%

of your body before the health professional, particularly the anal region, in the case of prevention to cancer of prostate²⁰. Among those interviewed, 45.09% say they have already looked for the Basic Unit of Saúde, however, for the most part, they did so because of hyperdia. Contrary to what was identified in this work, a study carried out in Vitoria da Conquista - BA, in 2013, identified that 58% of men had already sought the UBS to request the exam or to meet a little most about it is theme^{12,13}. The observed picture demonstrates that effective programs are not carried out directed to men's health in the FHS, possibly because of the stigma that the man does not seek primary attention. Thus, according to the literature, when analyzing the health care, it is clear that the work developed in these units

happens with focus directed The women, child and old man and The assistance turned The health of man happens indirectly, when they are included in care groups preventive like hyperdia^{15,16,17}. The hospital appeared as the most sought after health unit to the detriment of UBS. This observation is in accordance with several studies, where it is mentioned that urgent care is the predominant form of access for men in health services. However, this form of care can lead men to feeling that they do not belong to the space of preventive health, and moves them away more and more of the search for it (FIGUEIREDO, 2005). Other studies also point to the male presence in the search for emergency services such as pharmacies or emergency room^{5,6,7}. Perhaps they prefer to use pharmacies or emergency room because

Table 3. Opinions (attitudes) in relation to the detection of prostate cancer among the interviewees from the area attached to the UBS de Redenção in the municipality of Vitória de Santo Antão – PE

Opinions related The detection of HERE prostate	No	%
<i>In your opinion The leave in what age you men must start O exam in prostate?</i>		
With less than 40 years old	20	13.07%
In between the 40 - 60 years old	111	72.54%
Above From 60 years old	22	14.37%
<i>THE Realization of exam in Prostate he must to be carried out with whatfrequency?</i>		
Annually	84	54.90%
THE each two years old	50	32.67%
THE each five years old	07	4.57%
Only with start in signals and symptoms	12	7.84%

Table 4. Practices in relationship to the exams in tracking of cancer in prostate in between the interviewees from the area attached to the UBS de Redenção in the municipality of Vitória de Santo Antão- PE

Related practices to exam in prostate	No	%
<i>You already realized O exam in prostate?</i>		
Yea	87	56.86%
No	66	43.13%
<i>if yea, he was some doctor what requested O exam in prostate for you?</i>		
Yea	54	62.06%
No	33	37.93%
<i>Which reason gives solicitation?</i>		
Had symptoms	34	39.08%
Routine in Prevention	39	44.82%
Decision own	14	16.09%
<i>When he was The last time when realized O exam in prostate?</i>		
THE less than a year	35	40.22%
THE any less in two years old	24	27.58%
THE any less in five years old	20	22.98%
THE most in five years old	07	8.04%
<i>Which more cause fear about the evaluation gives prostate?</i>		
The exam of Touch rectal	06	3.92%
O embarrassment at the act of the exam	24	15.68%
O result Final of exam	41	26.79%
Chauvinism	74	48.36%
Fear in To die	08	5.22%
<i>At your family already had cases in cancer in prostate?</i>		
Yea	30	19.60%
No	123	80.39%
<i>Which he was O final result of that episode?</i>		
it is in treatment	06	20%
Cure	15	50%
Death	09	30%

Table 5. Association in between knowledge, attitudes and practice proper in between you interviewees from the area attached to the UBS de Redenção in the municipality of Vitória de Santo Antão – PE

Variables in knowledge, attitudes and practices front The possible signals and symptoms in HERE in prostate.	No	%
<i>As you evaluates your knowledge about O cancer of prostate?</i>		
Satisfactory	16	10.45%
unsatisfactory	137	89.54%
<i>Against in possible signals and symptoms what show a cancer in prostate, which would be your attitude?</i>		
To search for a service in health for adults clarification	23	15.03%
Go direct to urologist	129	84.31%
To take medication Natural in House per account own	01	0.65%
<i>O what It is prevention?</i>		
Take care gives illness already installed	02	1.30%
To maintain care basics and necessary for what The illness no show up	144	94.11%
To do O treatment right and strict gives illness	05	3.26%
Avoid contact with people what have The illness	02	1.30%

they respond more objectively to their demands, as they in these spaces their problems are solved more easily^{8,9,10}. When questioned about the reasons for seeking more hospitals that the FHS, the difficulty in scheduling the service and the lack of prevention turned for The health of men. One study accomplished per Gomes, Nascimento and Araujo (2007) reports that men complain about the lack of professionals and of frequent postponement of consultations or exams, or even the absence of a urologist, who seems to be the most appropriate professional in the UBSs.

Thus, it is understood that men's search for emergency care is due to the absence of programs that meet the health needs of men in the UBSs, as well as reinforcing that those who seek the unit for hyperdia care, do so why It is a program existing and with functionality at ESF. Checking up o knowledge about gives definition in cancer in prostate 92.81% it says to be one illness curable. When questioned if received some guidance regarding the prevention of prostate cancer, 69.93% answered no. This information brings a concern related to prevention, as it can leave them confident because it is a curable disease, causing

them to seek care only when they have symptoms. This reality is considered a critical aspect, because the interviewees are all from an area covered by the FHS and demonstrate that they do not receive guidance related to an illness considered a health problem. A qualitative study carried out in São Paulo identified that the lack of information was one of the reasons why they did not perform the digital rectal examination, being a factor that most if reproduced in the you speak from subjects of this study¹⁰. At the same study in many statements, not feeling any symptoms was mentioned as a reason for not performing the touch rectal, so justifying the context above¹¹. When asked about the frequency of performing the touch exam rectal surgery, 7.84% say that it should be performed only with the onset of signs and symptoms and 43.13% had never performed the exam and among those who had performed the exam, 39.08% presented symptoms. The absence in symptoms referent to cancer in prostate is a barrier that can be taken as an indicator of ignorance of the actions preventive measures in these men, since they think that, in order to perform the exam, it is necessary to be sick¹². Miranda, Cortes and Martins (2004) carried out a study with medical faculty from the faculty of medicine, aged 51 years and over and observed that they never did a rectal examination and a PSA dosage as a practice early detection of prostate cancer and 36.2% never had a touch rectal, with the same objective. Of that form we can discourse what you men have low adherence to prostate cancer prevention tests in the absence of symptoms. When asked from what age should a man start the exams for early detection of prostate cancer, 72.54% reported being between 40 and 60 years old; with regarding frequency, 54.90% responded annually and 40.22% performed less than one year. When analyzing this data, it is identified that many of them know the correct age of start the preventive examination for prostate cancer, but few performed it within the recommended period. Thus, it is believed that a set of factors prevent the realization yearly of this exam, where chauvinism, he was the most frequent among you respondents (48.36%). A quantitative study reports that one of the difficulties for men to access health services is the shame of exposing the body to a professional in health, particularly the region anal. Related to family history, 19.60% reported a case of prostate cancer in the family, where 20% they were in treatment, 50% reached cure and 30% he was the death. About the history of prostate cancer in the family, the data of this study are presented in accordance with a study carried out in an ESF in the city of Cajazeiras-PB that also identified that 20% of the interviewed individuals had family members with cancer prostate cancer. Men above 45 years old age and family history of parent or sibling with prostate cancer before age 60 years is an important marker and can increase the risk by 3 to 10 times in relative to the general population and may reflect both inherited and styles of life shared between the members gives family. Regarding knowledge, attitudes and practices in the face of possible signs and symptoms of prostate cancer, 89.54% reported that their knowledge about prostate cancer it is unsatisfactory. In this way, it is observed that they are aware that they do not have sufficient knowledge about prostate cancer, only confirming some results of the lack of knowledge presented in this study and in some literatures presented in the discussion. The results presented by a study in the municipality of Rio de Janeiro indicate that there is a significant number of respondents who do not have knowledge of prevention methods recommended by the Ministry of Health; one large portion of the studied group did not know how to identify the risk factors associated with prostate cancer, even after receiving information on the subject; noticed- if one difficulty for assimilate you knowledge with at practices preventive¹⁹. Related The attitude front The symptomatology, at practices, Search for directly urologist, show up to be suitable for that episode, but presenting features in what they are worried for the cure and no for the prevention, understanding that the information is actually coming from friends, as demonstrated in this study.

CONSIDERATIONS FINALS

The population studied has a knowledge adequate base, however it is only up to the Family Health Team to improve this knowledge, as the area studied it has roof per FHS, therefore one must to have one

larger Warning at promotion and prevention on the health of this population specific, until by that you are activities priorities of that strategy. In this study it was observed what you men present coherent opinions on the subject, but present a gap in the Realization in measurements cancer prevention prostate. This study was not limited to producing new discoveries about the deficit of adherence to men's health in primary care, but also be useful as a basis and as a starting point to outline new strategies for basic and dynamic actions, which glimpse reach up a larger number in men what if raise awareness gives real importance of adhering to auxiliary tests used in the early detection of cancer in prostate and, possibly break The chain incident of diagnosis late gives illness. After collecting and analyzing the data, the need for implementation was confirmed, expansion, solidification and execution of a plan that involves health actions aimed exclusively at men, with a focus on prevention and early detection for prostate cancer control. Such activities should aim at the immediate implementation of the program turned for to meet at needs in health gives class male, encompassing actions aimed at changing their behavior in relation to health, emphasizing in each action provided the exams of tracking carcinogenic. Anyway, The Warning primary he must articulate with several others sectors governmental in search of a greater strengthening that can generate subsidies and opportunities for new positive discussions on the topic. In short, causing a reflection in the entire health team correlated to their practical assistance in the health of the man and that impel them to continue producing new researches that focus on health of this genre.

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