

Knowledge, Behaviour and Health Practices of Men Concerning the Prostate Cancer

Conhecimento, Comportamento e Práticas em Saúde do Homem em Relação ao Câncer de Próstata

Conocimiento, Comportamiento y Práctica en Salud del Hombre en Relación con Cáncer de Próstata

Roberta Menezes¹; Mariana Menezes²; Elen Ferraz Teston³; Silvia Matumoto⁴; Jossiana Wilke Faller^{5*}

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ABSTRACT

Objective: The study's purpose has been to describe the knowledge, behavior and health practices regarding the prostate cancer in adults. **Methods:** It is a cross-sectional and descriptive study with a quantitative approach, which had 130 participating men. Data collection took place from March to April 2015, using the Health Belief Model. **Results:** Although they report having knowledge about cancer, only 30% had done the prostate-specific antigen dosage and 17.6% the rectal examination annually. Most comprehend the susceptibility and severity of this cancer, and believe that they are capable of doing something for themselves and benefiting from such care. Regarding the barriers, 16.9% had non-preventive behavior. **Conclusion:** Fear of pain, shame, and lack of courage to take the exam are barriers to these individuals. The health team should opportunistically approach these aspects by using strategies that increase men's access to health care and encourage self-care practices..

Descriptors: Beliefs, Behavior, Human health, Prostate neoplasms.

¹ Nursing Graduate by the UNIOESTE. Universidade Estadual do Oeste do Paraná (UNIOESTE), Brazil.

² Bachelor in Hospitality by the UNIOESTE. Universidade Estadual do Oeste do Paraná (UNIOESTE), Brazil.

³ Nursing Graduate by the Universidade Estadual de Maringá (UEM), PhD in Nursing by the UEM, Professor at UNESPAR. Universidade Estadual do Paraná (UNESPAR), Brazil.

⁴ Nursing Graduate by the USP, PhD by the USP, Associate Professor at USP. Universidade de São Paulo (USP), Brazil.

⁵ Nursing Graduate by the UNIOESTE, PhD student enrolled in the Nursing Postgraduate Program by the USP, Professor at UNIOESTE. Universidade Estadual do Oeste do Paraná (UNIOESTE), Brazil.

RESUMO

Objetivo: Descrever o conhecimento, o comportamento e as práticas em relação ao câncer de próstata em adultos. **Métodos:** Estudo quantitativo, realizado com 130 homens. A coleta de dados ocorreu no primeiro semestre de 2015, por meio do Modelo de Crenças em Saúde. **Resultados:** Embora relatem conhecimento sobre o câncer, 30% realizam a dosagem do Antígeno Prostático Específico e 17,6% o exame de toque retal anualmente. A maioria percebe a susceptibilidade e a severidade do câncer e acredita que é capaz de fazer algo por si mesmo, beneficiando-se com esses cuidados. Quanto às barreiras, 16,9% apresentaram comportamento não preventivo. **Conclusão:** O medo da dor, a vergonha e a falta de coragem para realizar o exame constituem barreiras a esses indivíduos. A equipe de saúde deve oportunizar abordagens considerando esses aspectos, utilizando estratégias que ampliem o acesso dos homens ao serviço de saúde e estimulem a prática do autocuidado.

Descritores: Crenças, Comportamento, Saúde do homem, Neoplasias da próstata.

RESUMEN

Objetivo: Describir el conocimiento, el comportamiento y las prácticas en relación al cáncer de próstata en adultos. **Métodos:** Estudio cuantitativo, realizado con 130 hombres. La recolección de datos ocurrió entre marzo a abril de 2015, a través del Modelo de Creencias en Salud. **Resultados:** Aunque reportan conocimiento sobre el cáncer, el 30% realiza la dosificación del Antígeno Prostático y el 17,6% el examen de tacto anual. La mayoría percibe la susceptibilidad y la severidad del cáncer y cree que es capaz de hacer algo por sí mismo y beneficiarse con esos cuidados. En cuanto a las barreras, el 16,9% presentó comportamiento no preventivo. **Conclusión:** El miedo al dolor, la vergüenza y la falta de coraje para realizar el examen constituyen barreras a esos individuos. El equipo de salud debe oportunizar enfoques considerando estos aspectos, utilizando estrategias que amplíen el acceso al servicio de salud y estimulen la práctica del autocuidado.

Descritores: Las creencias, Comportamiento, La salud humana.

INTRODUCTION

Although cancer affects several age groups, its highest incidence occurs in people over 65 and its prevalence is higher in men than in women. Cancer cases are less frequent than cardiovascular diseases, therefore, they are the second leading cause of death worldwide.¹ Age is a considerable risk factor for some diseases, including Prostate Cancer (PC), being rare before the age of 40 and most common after 50 years old.²

In Brazil, the biennial 2016/2017 estimate points to 600,000 new cases of cancer. This epidemiological profile is similar to that of Latin America and the Caribbean, with prostate cancer leading in the ranking of the most incidents in all regions of the country, with an estimated sixty-one thousand new cases. The evolution of the diagnostic methods, in the information system and the increase in the life expectancy, justify, in part, the increase in the incidence rate of this type of cancer.³

The proposal of the National Policy of Integral Attention to the Health of the Man, by the Ministry of Health, aims to promote health actions of the male population in the perspective of lines of care that safeguard the integrality

of the attention, in order to strengthen and qualify the primary attention, thus ensuring the promotion of health and prevention of preventable diseases. This goal is justified considering that the man enters the health system through specialized care, not primary care, generating consequences and aggravations of morbidity due to delay in care and higher cost for the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].⁴

Men recognize that they have health needs, although they hesitate and delay in seeking health care services, and only do so when they can no longer deal with their symptoms alone. They justify work-related difficulties and also the greater male physical capacity, an attribute that makes them feel invulnerable and immune to illness.⁵ This resistance to the use of services increases the financial burden of society and the physical and emotional suffering of the patient and family, in the struggle for the conservation of the health and quality of life of these people.

The use of health services by men is based on a complex behavior and must be analyzed by several factors such as predisposition, capacity building, and health need. These factors include the susceptibility of the individual, access to services and the need, in other words, the health status.⁶ In general, research points to sociocultural barriers and institutional barriers.^{7,8} Include in institutional barriers the health professionals themselves, who report having difficulty identifying men's health needs and planning actions based on them.⁵

Accordingly, as the PC is recognized as an important public health problem, whose mortality rates are increasing and the population is resistant to health services, it is necessary that policies and programs be implemented in order to reduce morbidity and mortality for certain diseases. Thus, it is relevant to identify the behavior in the health of the man, since the perceptions of illness and health care practices reveal to be different between the general.⁹ In the field of the production of the knowledge on the subject, a gap with respect to man's interpretation of his own health and his reflection on self-care practices, which may subsidize health professionals in the construction of care actions for this population, with prevention and early detection as the PC target.

These factors motivated the accomplishment of this study, aiming to describe the knowledge, behavior and health practices regarding the PC in adults.

METHODS

It is a cross-sectional and descriptive study with a quantitative approach, which had 130 participating men, all over 40 years old, living in the *Foz do Iguaçu* city, Southern Brazil. The data were collected in the first half of 2015, together with employees of public and private companies, which included areas of transportation, security, and cleanliness of the municipality. For the selection of the

individuals, the sampling technique was used for convenience, according to the authorization and availability of the employees in each company. The interviews took place in the work environment itself, at times of entry and exit or intervals of employees.

Data collection was guided by a structured, standardized instrument based on the Rosenstock's Health Belief Model, adapted and validated by Virgulino¹⁰. This model seeks to explain human behavior in five dimensions: Perception of being susceptible to a particular grievance; Perception of severity/aggravation verified through the notion of the harmful effects of the disease on life; Perception of self-efficacy, which refers to personal belief in one's own ability to do something, in this case, in the care of one's own health; Perception of barriers regarding the identification of situations or factors that impede or hinder actions aimed at self-care and; Perception of benefits, which is related to the subject's viewpoint on health care.

The self-administered questionnaire contains 26 questions and covers knowledge about the disease; characteristics and behaviors of health and; age, skin color, marital status, children, religion, schooling (in levels), work, family income (in minimum wages), occupational status and working hours. The answers to the vast majority of questions are of simple choice, within a predefined list. Responses to belief items are on Likert-type scales (disagree and totally disagree; totally agree and agree). The values of the scales in the questionnaire were structured in the positive direction, in other words, the higher the scale value, the greater its health perception.

It was established as inclusion criteria age equal or superior to 40 years old, with cognitive ability to communicate in written form and who have signed the free and informed consent in two ways. The data were compiled and analyzed by simple descriptive statistics of the variables by calculating the minimum, maximum and average values.

This study met the fundamental ethical and scientific requirements, according to the Brazilian Ministry of Health, National Health Council - Resolution No. 466/2012, and under the Legal Opinion No. 988.635 of the Research Ethics Committee from the *Universidade Estadual do Oeste do Paraná*.

RESULTS AND DISCUSSION

The survey consisted of 130 men, 48.4% within the age group from 40 to 49 years old (n=63), 62.3% white (n=81). The majority was married (82.3%/n=107), lived with spouses and children (63.8%/n=83), with a mean of two children (56.1%/n=73). Considering the schooling, 34.6% (n=45) had elementary education and 34.6% (n=45) showed family income between one and two minimum wages. When questioned about the search for health information, 53.1% (n=67) they reported searching for health professionals, such as physicians, nurses and pharmacists, and 33.1% (n=88) cited

their wives. The main sources of information regarding the PC were either television or radio (67.7%/n=88).

Being aware about prostate cancer was first evaluated by a self-assessment and by a questionnaire. As a result of the self-assessment, 55.3% (n=72) of the men considered their knowledge as "little" and only 21.5% (n=28) believed to be well-informed about the PC (**Table 1**).

Table 1. Distribution of individuals according to sociodemographic variables and understanding in regards to prostate cancer. *Foz do Iguaçu city, Paraná State, 2015.*

VARIABLE	n	%	VARIABLE	n	%
Age (y/o)			Schooling		
40 - 49	63	48.5	Elementary school	45	34.6
50 - 59	46	35.4	High school	39	30.1
60 - 69	20	15.4	College	38	29.2
> 70	01	0.7	None	08	6.1
Skin color			How many children		
White	81	62.3	0 to 02	73	56.1
Brown	35	26.9	03 to 05	53	40.7
Black	14	10.8	≥ 06	04	3.2
Marital status			Income (minimum wage)		
Married	107	82.3	< 1	23	17.7
Single	12	9.2	1 to 2	45	34.6
Divorced	08	6.2	3 to 5	40	30.8
Widow	03	2.3	> 5	22	16.9
Living with			Where do you look for information about cancer		
Wife and children	83	63.8	TV or Radio	88	67.7
Wife	24	18.5	Jornal or Magazine	76	58.5
Others	23	17.7	Health professional	74	56.2
			Friends	74	56.2
How much do you know about cancer			Occupational status		
Little	72	55.4	Transportation	47	36.2
Reasonably	30	23.1	Cleaning	21	16.2
Pretty much	28	21.5	Security	14	10.7
			Administration	11	8.5
			Others	37	28.4
To whom do you ask for information about health			Do you want to know more about cancer		
Health professionals	67	53.0	Yes	124	95.4
Wife	43	33.0	No	06	04.6
Others	20	14.0			
Total	130	100	Total	130	100

Source: Research data. *Foz do Iguaçu city, Paraná State, 2015.*

The knowledge about PC and its prevention was evaluated through questions of true and false, obtaining an average of 67.7% correct answers. The items with the highest number of errors were the statements "Prostate cancer can be prevented by regular physical exercise", "Smoking contributes to the onset of prostate cancer", "Alcoholic beverages contribute to the development of cancer of the prostate", "Men should take rectal examination annually from the age of 60 "and" The main symptoms of prostate cancer are weak urinary stream and pain in the testicles", these statements are relative to risk factors, prevention and symptomatology of PC as shown in **Table 2**.

Table 2. Distribution of the questionnaire statements according to the right and wrong hits related to prostate cancer, by considering the interviewed men's answers. *Foz do Iguçu city, Paraná State, 2015.*

Statement	Right		Wrong	
	n	%	n	%
Prostate cancer is the most common type of cancer among men in Brazil (V)	116	89.2	14	10.8
Rectal examination is an important exam in the diagnosis of prostate cancer (V)	121	93.1	09	6.9
The "PSA" is a blood test used in the diagnosis of prostate cancer (V)	117	90.0	13	10.0
Some men may have prostate cancer and not be aware of it (V)	123	94.6	07	5.4
Prostate cancer can be cured if it is discovered (diagnosed) early on (V)	121	93.1	09	6.9
Prostate cancer can be prevented by regular physical exercise (F)	63	48.5	67	51.5
Smoking contributes to the onset of prostate cancer (F)	40	30.8	90	69.2
Alcoholic beverages contribute to the onset of prostate cancer (F)	40	30.8	90	69.2
Men should take the rectal exam annually, from the age of 60 (F)	60	46.2	70	53.8
Men should take the PSA exam annually, from the age of 45 (V)	90	69.2	40	30.8
Prostate exams need only to be done when symptoms appear (F)	92	70.8	38	29.2
The way to discover prostate cancer in advance is through examinations (V)	117	90.0	13	10.0
The main symptoms of prostate cancer are weak urinary stream and pain in the testicles (F)	26	20.0	104	80.0
Age is the major risk factor for the development of prostate cancer (V)	76	60.8	51	42.5
There is no cure for prostate cancer (F)	103	79.2	27	20.8

Source: Research data. *Foz do Iguçu city, Paraná State, 2015.*

Concerning health perceptions, 65.4% (n=85) of the interviewees consider their health as good - excellent. Regarding the frequency of the physician, 44.6% (n=58) did it annually, 24.6% (n=32) only when they did not feel well and 9.2% (n=12) never went to the doctor. In relation to the urologist, the frequency is lower, 22.6% (n=32) go annually, and 28.5% (n=37) reported never having had an appointment with this specialist. Furthermore, 69.2% reported being indifferent to be a woman or a man the urologist physician (n=90). The majority, 36.1% (n=47), did not know about family cancer history, but 38.5% (n=50) had close male relatives with a history of cancer. Observing the current or previous diagnosis of some type of cancer, 5.4% (n=7) presented antecedents, and one of them was prostate.

Considering the PC screening, only 30% (n=39) reported having Prostate-Specific Antigen (PSA) dosage on a yearly basis and about 46.9% (n=61) reported that they had never had this test. Regarding the frequency with which they performed the rectal examination, only 17.6% (n=23) performed it annually, and 61.5% (n=80) reported that they never did it (Table 3).

Table 3. Characteristics and men's health behavior in regards to prostate cancer. *Foz do Iguçu city, Paraná State, 2015.*

VARIABLE	n	%	VARIABLE	n	%
Health status			*CA diagnosis		
Bad - Reasonable	45	34.6	No	123	94.6
Good - Excellent	85	65.4	Yes	07	05.4
Medical appointment			Urologist appointment		
Annually	58	44.6	Annually	32	22.6
Two years or more	17	13.1	Two years or more	14	10.8
Just once	11	8.5	Just once	27	15.8
I never did	12	9.2	I never did	37	28.5
When my health is bad	32	24.6	When I feel something is odd	20	22.3

Urologist preference	Family history of CA				
Male	28	21.5	Does not exist	33	25.3
Female	12	09.3	Unknown	47	36.3
Indifferent	90	69.2	Father - Brother	22	16.9
			Grandfather - Uncle - Cousin	28	21.5
How often do you take the PSA exam	How often do you take the rectal examination				
Annually	39	30.0	Annually	23	17.6
I never did	61	46.9	I never did	80	61.5
Two years or more	08	06.2	Two years or more	08	6.2
Just once	19	14.6	Just once	18	13.8
I do not know the exam	03	2.3	I do not know the exam	01	0.9
*PC diagnosis					
No	129	99.2			
Yes	01	0.8			
Total	130	100	130	100	

*CA - cancer. *PC - prostate cancer.

Source: Research data. *Foz do Iguçu city, Paraná State, 2015.*

In regards to the health beliefs and behavior (Table 4), the results showed that the man perceives himself susceptible to the personal risk of contracting a disease (73.8%), perceives the severity of the risk (73.1%), or It identifies the severity of the disease due to the degree of emotional disturbance in thinking about the illness and its consequences, such as pain, death, material expenses and family disorders, believe in the capacity to do something (72.3%) and believe on the effectiveness of the action for health and the perception of its positive consequences (93.8%).

Table 4. Description of the dimensions and the relationship of men's health beliefs and behavior related to prostate cancer. *Foz do Iguçu city, Paraná State, 2015.*

Dimension	High - medium		Low - none	
	n	%	n	%
Susceptibility	96	73.8	34	26.2
Severity	95	73.1	35	26.9
Self-efficacy	94	72.3	36	27.7
Benefits	122	93.8	08	06.2
Barriers	22	16.9	108	83.1

*High - medium: Totally agree and agree; Low - none: Disagree and totally disagree.

Source: Research data. *Foz do Iguçu city, Paraná State, 2015.*

Concerning the perception of barriers, which refers to the identification of situations or factors that prevent or hinder actions directed at self-care, 83.1% (n=108) do not perceive negative aspects for health action that could interfere in prevention.

The population of this study is in the age group at risk for PC, since both incidence and mortality increased significantly with advancing age.¹¹ The condition of being married, a situation of the majority of the investigated, was considered as a protective factor for men, since family support has already been pointed out by another study as a contributing factor for self-care.¹²

The lack of information and instruction on the prevention or treatment of PC is associated with low levels of schooling.¹³ In relation to the means of obtaining information, television,

and radio, mass communication vehicles, were important in order to obtain and spread information about the aggravations and the disease, its causes and ways of prevention.¹⁴

Although they reported subjectively little knowledge about prostate cancer, most of them obtained answers in the questions, considered as a good result, being the smaller hits related to prevention, tobacco and alcohol relation with PC, conducting exams and symptoms. In general, these data resemble another study, such as the lack of knowledge of the causes, signs, and symptoms of cancer.¹⁴

However, the knowledge demonstrated by men was not enough to take preventive measures, as they reveal an inadequate frequency of medical consultations and of early cancer screening, which would not be expected from behavior in these dimensions in this model. Thus, this contradiction may have been caused by the small sample and low schooling of the interviewees, a fact that has already occurred in another study using the Health Belief Model.¹³

With regards to health behavior, shown in **Table 3**, it defines as any activity performed by a person who believes to be healthy, in order to prevent or detect the disease at an asymptomatic stage.¹² Behavioral theories seek to increase knowledge and contribute to a better understanding of human behavior, considering environmental and psychosocial factors.¹³ It assumes that health behavior is related to a sequential process: the acquisition of correct knowledge leads to a favorable attitude that, in turn, can lead to healthy practices.¹⁵

Since the male and female genders show different behaviors, it is believed that the non-adherence to the self-care and prevention measures, by the man, derives from the cultural variables, since they appear strong and with invulnerable health, judging they do not need health services.¹ Gender stereotypes, rooted for centuries in a patriarchal culture, empower practices based on beliefs and values of what it is to be masculine.

The disease is considered as a sign of fragility and vulnerability, which men do not recognize as inherent in their own biological condition, which helps them take care of themselves less and expose themselves to risk situations. Health actions for men should consider heterogeneity, since the meaning of masculinity is a permanent and socioculturally constructed process.⁴

Therefore, adherence to screening tests for the PC, such as rectal examination and PSA, considered to be of great importance for diagnosis, whether early or late, were insufficient in this study. In this context, the rectal exam may be seen as a type of violation, or an abuse to masculinity.¹⁶

In relation to the disease prevention behavior, the same can be explained by the relationship between the perception of susceptibility, severity, self-efficacy, benefits, and barriers. Perceived susceptibility refers to the individual assessment of the chances of acquiring or experiencing a disease. The perception of severity/aggravation is verified by means of the notion of the harmful effects of the disease on the life. The perception of self-efficacy refers to the personal belief in

one's own ability to do something, in this case, in the care of one's own health, the perception of benefits is related to the opinion of the subject on health care and the perception of barriers concerns the identification of situations or factors that impede or hinder actions aimed at self-care.¹³

Regarding the five dimensions investigated, the perception of susceptibility to PC demonstrated that men identified risks of having cancer. Nevertheless, these individuals do not present behavior or prevention measures in relation to the disease, since prevention practices were not prevalent. Understanding, attitudes, and practices provide quality and increase of man's survival, considering that prevention and detection are basic strategies for the control of this disease.¹⁷

Respondents recognize that cancer is a serious disease, and that if left untreated can lead to death, being a disease that can affect family, social and financial life beyond self-esteem. This is confirmed by the Rosenstock belief model where the degree of severity can be judged both by the degree of emotional arousal created by the thought of a disease as well as by the types of difficulties that the individual believes a particular health condition will create for him.¹³

Therefore, recognizing the disease as a limiting factor in life conditions, respondents demonstrate self-efficacy, that is, they believe that the individual has control over the events that can affect their life, as shown by the statements "I am responsible for my health", "I feel like I have control over my body", "I feel healthy taking care of my own health". Self-efficacy is a behavior of motivation, because it is a performance evaluation, and plays a fundamental role in acquiring and changing behavior.¹⁸

The belief of self-efficacy is regarded as an individual's belief that he can perform a specific behavior or task in the future from personal judgments about his own performance abilities in a given domain of activity. Individuals with high self-efficacy usually tend to perform more challenging tasks, invest more effort, and persist more than those with low self-efficacy.¹⁹

The direction that action will take is influenced by beliefs about the efficacy relative to available alternatives to reduce the threat of disease in which the individual feels subjected. Your behavior will depend on how beneficial the alternatives would be to your health. During the research it was noticed that the concept of self-efficacy in the area of health is still little known, due to the paucity of studies that associate self-efficacy with health and none related to PC.

The perception of benefits, a belief about the importance of treatment for health, is an individual conclusion that a new action can bring positive results, ie an action can be seen as beneficial if it acts in reducing the susceptibility or severity of the disease,²⁰ which is of great value for the recognition of the man facing the importance of the treatment for his health.

In the analysis of the statements, respondents believe that the health problem can be prevented by an action bringing benefits to their life, this shows in the statements corresponding to prevention as "the rectal examination helps in the

early detection of PC”, “I believe that PC can be cured if it is discovered early on”, “I follow the medical recommendations, I take better care of my health”. Given the aforesaid, the perception of benefits would imply greater adherence to the performance of the annual tracking. Nonetheless, these data only confirm the perception of benefits, since, in daily practice, few interviewees performed the rectal exam and PSA, even though they recognized as cancer screening and diagnostic exams.

A study of 54 men with PC in a chemotherapy ambulatory from a university hospital in *Paraná* State, Brazil, shows that they perceive to be susceptible to disease and severity, recognize the benefits of the search for health care, but the belief in these benefits have not materialized in practice, observed by not seeking preventive services.²¹ This behavior can be understood by the perception of barriers, an individual view of all negative aspects of health action that interfere with prevention. The greater the occurrence of prevention by the individual, the less will be their perception of barrier, since they do not see negative aspects in the accomplishment of self-care.

Considering the men of this research, few showed barriers such as fear of pain, shame and lack of courage, in other words, beliefs related to preventive tests that inhibit the search for healthcare services. Aspects identified in other studies were dissatisfaction, annoyance, and pain, constituted by the negative aspects of the action.²² A question pointed out by men not to seek health services is linked to their position of provider and fear that the doctor will discover that something is wrong with their health, then jeopardizing their belief in invulnerability.

Thus, the way people perceive the disease may act as an impediment to direct it to a behavior, the benefits of the action are evaluated according to the barriers to it, besides the presence of stimuli for action, important for triggering the perceptions of susceptibility and severity and motivate the person to act.

Hence, the importance of health education programs, training of the multiprofessional team to develop an approach and a specific language with the realization of campaigns and preventive programs that meet the needs and understand the behavior of these individuals, with a view to encouraging them to self-care.

CONCLUSIONS

Herein, it was found that men have little information about the PC, especially regarding prevention, risk factors and screening for investigation, indicating the need for production of new studies and debates that are directed toward disseminating knowledge about this disease, at all levels of health care for men. The dimensions of the Health Belief Model, susceptibility, severity, self-efficacy and benefits made possible the apprehension of the knowledge about the PC in the studied group.

Although most consider their health status to be excellent, few visit a physician annually and perform preventive exams such as PSA and rectal examination, demonstrating a contradiction between speech and reality. Even in current times, these tests present as a stigma, being the main difficulty in adherence to diagnostic methods. Many men are unaware of the role of the urologist, a fact that is aggravated by the lack of services of this professional in the public health network.

Hence, it is necessary to strengthen and qualify primary care for the implementation of care actions to human health, with educational activities in workspaces as businesses, for families, activities in public events aimed at health promotion and prevention to injuries prevent PC.

The implementation of health education programs and effective policies to enable the multiprofessional team to develop an appropriate approach and language use, as well as campaigns and preventive programs that meet the needs and specificities of men.

Conclusively, it is reiterated the importance of considering the access barriers to healthcare services, experienced by men, while planning strategies for the health team. Such strategies may bring these individuals towards understanding their own health condition, then making them to take disease prevention measures, as well as measures that guide self-care.

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***Corresponding Author:**

Jossiana Wilke Faller

Rua Jorge Sanwais, 3692

Jardim Guarapuava, Foz do Iguaçu, Paraná, Brasil

E-mail address: jofaller@hotmail.com

Telephone number: +55 45 99137-7650

Zip Code: 85.856-230

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