



RESEARCH

STRATEGIES FOR THE PREVENTION OF PROSTATE CANCER

ESTRATÉGIAS PARA A PREVENÇÃO DO CÂNCER DE PRÓSTATA

ESTRATEGIAS PARA LA PREVENCIÓN DEL CÁNCER DE PRÓSTATA

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ABSTRACT

Objectives: To identify the difficulties for the prevention of prostate cancer and to describe strategies for the prevention of prostate cancer. **Method:** Exploratory, qualitative and bibliographic research carried out in the Nursing Database (BDENF) and in the Latin-American and Caribbean Literature in Health Sciences (LILACS). After pre-reading and selective reading, were selected 8 potential bibliographies. **Results:** After interpretative and thematic analysis, three categories emerged: Politics and organizational difficulties for the prevention of prostate cancer, Sociocultural difficulties for the prevention of prostate cancer and Strategies for the prevention of prostate cancer. **Conclusion:** The strategies must have as its focus the politics and the organization of services, to coadunate with the National Politics, as well as with the social and cultural reality of men. The educational activities can contribute to minimize such difficulties, diminishing the prejudices and increasing the male adhesion in the health services for the prevention of prostate cancer. **Descriptors:** Men's health, Cultural Aspects, Prostate.

RESUMO

Objetivo: Identificar as dificuldades para a prevenção do câncer de próstata e descrever estratégias para a prevenção deste tipo de câncer. **Método:** Pesquisa exploratória, qualitativa e bibliográfica realizada na Base de Dados de Enfermagem (BDENF) e na Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS). Após pré-leitura e leitura seletiva, selecionaram-se 8 bibliografias potenciais. **Resultados:** Após leitura interpretativa e análise temática, emergiram três categorias: Dificuldades políticas organizacionais para a prevenção do câncer de próstata, Dificuldades socioculturais para a prevenção do câncer de próstata e Estratégias para a prevenção do câncer de próstata. **Conclusão:** As estratégias devem ter como foco a política e a organização dos serviços, de modo que coadunem com a Política Nacional, assim como com a realidade social e cultural do homem. As atividades educativas podem contribuir para minimizar tais dificuldades, diminuindo o preconceito e aumentando a adesão masculina nos serviços de saúde para a prevenção do câncer de próstata. **Descritores:** Saúde do homem, Aspectos culturais, Próstata.

RESUMEN

Objetivo: Identificar las dificultades para la prevención del cáncer de próstata y describir sus estrategias para la prevención de este tipo de cáncer de próstata. **Método:** Investigación exploratoria, cualitativa y bibliográfica realizada en la base de datos de la enfermería (BDENF) y en la literatura latino-americana y del Caribe en Ciencias de la Salud (LILACS). Después de la pre-lectura y lectura selectiva, fueron seleccionadas 8 bibliografías potenciales. **Resultados:** Después de la lectura interpretativa y análisis temática, surgieron tres categorías: dificultades políticas organizativas para la prevención del cáncer de próstata; las dificultades socioculturales para la prevención del cáncer de próstata y; Estrategias para la prevención del cáncer de próstata. **Conclusión:** Las estrategias deben tener como su foco la política y la organización de los servicios, coherentes con la Política Nacional, así como con la realidad social y cultural del hombre. Actividades educativas pueden contribuir a reducir al mínimo tales dificultades, disminuyendo el prejuicio y aumentando la adhesión masculina en los servicios de salud para la prevención del cáncer de próstata. **Descriptor:** La salud del hombre, Los aspectos culturales, Próstata.

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INTRODUCTION

In Brazil, prostate cancer is the second most common neoplasm and in men, behind only the non-melanoma skin cancer. In the world it is the sixth most common type and the more prevalent among men, accounting for approximately 10% of the total cancer. Its incidence rate is about six times higher in developed countries comparing with developing countries.¹

It should be noted that the prostate is located just below the bladder neck, in which surrounds the urethra and crosses the ejaculatory duct. Is an endocrine organ and exclusive on men's reproductive system, since it produces a secretion that is chemically and physiologically appropriate for the proper functioning of the sperm. During childhood, the prostate is very small, but in adolescence there is an increase in the production of hormones, which initiates the enlargement of the prostate. This growth continues during the individual's life at a speed that can vary from one person to another. In some individuals, for reasons that are not well known, the prostate grows more quickly, in others the increase is slower and from 50 years old this growth is faster.^{2,3}

The origin of prostate cancer is unknown, however, it is assumed that some factors might influence its development. In its early stages rarely produces symptoms, but symptoms that are developed due to urinary obstruction, happen late in the disease. With the passage of time it is detached that it may be occur the need to expel the urine, weak urine or an increase in the number of urination, but these symptoms are also common in the benign growth cases. Thus, the presence of the above mentioned symptoms does not necessarily indicate the existence of cancer but requires a medical evaluation.⁴

It is recurrent the idea that prostate cancer can be detected early through screening methods R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3795-07

and that early diagnosis of the disease is the only way to avoid and reduce the mortality of this type of cancer. The Brazilian Urology Society recommends that men over 40 years and over 50 years that are within the risk group (African-American men; family predisposition and diet rich in protein and fats), consider the possibility of going annually to the urologist for prostate check-up, even if they do not have urinary symptoms.^{5, 6,7}

According to the National Institute of Cancer, to prevent the emergence of a type of cancer is to reduce the chances of a person developing the disease or increase the chances of cure. Among the preventive measures of prostate cancer, it is emphasized the clinical examination of the prostate digital examination, transrectal ultrasound and blood test for prostate-specific antigen dosage known by PSA, the English acronym for Prostatic Specific Antigen.⁵

Regarding the digital rectal examination, we must highlight the difficulties that interfere with achieving this exam, the cultural one, among others.

In this way, the research problem is: Which strategies nurses can perform to prevent prostate cancer, based on the difficulties encountered by men for the prevention of this disease?

In this perspective, the object of the research is: Strategies for the prevention of prostate cancer, based on the difficulties encountered by men for the prevention of this disease.

It is the interest of this research perceiving that there is still a cultural bias, by men, in the realization of the digital rectal examination.

It has an expectation of contribution, to clarify doubts that afflict and depart from men for the health services, in particular for the realization of the digital rectal exam, thereby contributing to the prevention of prostate cancer.

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It is highlighted that men health, in recent years, has been little considered by public health policies, which ultimately reduce to precarious attention services. However, recently, the Ministry of Health launched in August 28, 2009, the National Men's Health Policy, which aims to facilitate and expand the access of the male population to health services.⁸

The objective of this research is to identify the difficulties of men for the prevention of prostate cancer and describe strategies for prevention of prostate cancer.

METHODOLOGY

This is an exploratory research with qualitative approach. This was accomplished through a systematic review of the literature (RSL).

It should be noted that the exploratory studies are based on the descriptions collection detailed of the variables of the phenomenon depicted.

Regarding to the qualitative approach, this is particularly well suited to bibliographical studies, since the qualitative methods focus on the entire and the bibliographical research seeks to explain the problem from the theoretical references of books, articles, theses and/or dissertations.^{10, 11}

The RSL was developed in the Virtual Health Library (VHL), using the following databases: Nursing database (BDENF) and Latin American and Caribbean Literature Health Sciences (LILACS). For the data collection, use the descriptors: human health, cultural aspects and prostate.

We emphasize that the inclusion criteria were scientific productions available in full, that is, with complete texts, as long as they are not repeated in the databases, in Portuguese Language and published in the period from 2003 to 2010. Thus, the exclusion criteria were the publications in a foreign language, preceding the

year of 2003 and which are available only the summaries.

We initiate the collection of data according to the descriptors individually and then associate the descriptors in pairs in order to achieve better results. The detailed description of the bibliographies is in table 1.

Then there were selective reading and pre-reading, following inclusion and exclusion criteria aforementioned and the results of the Association, but was not selected any scientific production. Therefore, we decided to do selective reading and pre-reading in 53 abstracts found with the individual descriptor "men's health". It is highlighted that pre-reading aims to select the bibliographic documents that contain data or information susceptible of being used in the groundwork, in addition to obtaining an overview of the subject focused, unlimited vision, but essential to progress in knowledge¹². Selective reading is defined by the determination of the material that actually cares about the research.¹³ Therefore, after these readings, 8 scientific publications were selected, 7 from LILACS and 1 from BDENF, what can be seen in table 1.

Table 1 - Quantitative distribution of bibliographies found and selected in different databases.

Descriptors	Database		
	Lilacs	Bdenf	Total
Men's health	43/7	10/1	53/8
Cultural Aspects	470/0	36/0	506/0
Prostate	319/0	0	319/0
Men's health + Cultural Aspects	0	0	0
Prostate + Cultural Aspects	0	0	0
Men's health + Prostate	1/0	0	1/0
TOTAL	833/7	36/1	879/8

On this, after the election of 8 potential bibliographies, we have performed a interpretative reading, as this aims to relate what the author says about the problem for which it proposes a thematic analysis and solution¹³, which emerged three categories: 1) Organizational policies difficulties for the prevention of prostate cancer; 2) Socio-cultural difficulties for the prevention of prostate cancer and 3) Strategies for the prevention of prostate cancer.

RESULTS AND DISCUSSION

Organizational political difficulties for the prevention of prostate cancer

In this category were selected 4 (four) scientific productions that bring up the main organizational policies difficulties that interfere with men's health, according to table 2.

Table 2 - Distribution of potential bibliographies of the category "organizational policies difficulties for the prevention of prostate cancer".

Author	Year	Title	database	Type of publication
Paiva ¹⁴	2010	Knowledge, attitudes and practices about the detection of prostate cancer.	BDENF	Article EEN (UFRJ). 23(1):88-93.
Gomes; Nascimento; Araújo ¹⁵	2007	Why do men seek fewer health services than women? The explanations of men with low education and men with higher education.	LILACS	Article Public health 23(3): 565-74
Braz ¹⁶	2005	The construction of male subjectivity and its impact on men's health: bioethics reflection on distributive justice.	LILACS	Collective health Science [online] 10(1): 97-104
Figueiredo ¹⁷	2005	A man's health care: a challenge for primary care services.	LILACS	Collective health Science Article [online] 10(1): 105-09

The first article¹⁴ of this category aims to analyze the knowledge, attitudes and practices in

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relation to prostate cancer in men aged 50 to 80 years old, attached to a unit of the PSF in the municipality of Juiz de Fora - MG. The study was sectional, conducted by domicile investigation, including random sample of 160 men residents in the area described above. The research shows that men have opinions, they know about the subject, they but need more information for doubts and insecurities they have. In addition, the service must prioritize the surveys scan.

The second article¹⁵ looks for to analyze the explanations present in male speeches for the little men demand for health services. The research approach was qualitative, and this was made from a literature review and interviews with 28 men, being ten with low schooling, eight with a degree and ten doctors. Some of the reasons why men don't look for the health service are: opening hours of services to meet the demand of men; the precariousness of public services; bad service; the long lines; the number of vacancies for the consultations; and the lack of doctors, mainly males, that is the preference of men.

In the third article¹⁶, the objective was to reflect on the construction of male subjectivity and its impact on men's health. The study was conducted through an exploratory test in the theme of reflection. It is reported the lack of equality in the service of men's needs, with more health services geared to women's health and child than to men. There are no health services, except the emergency that meets this population, at times they can use. So we can say that health services are not equitable in relation to the male population.

In the fourth article¹⁷, the study aimed to discuss strategies that can be considered for services to a better reception for the needs of men's health. It is a study of practical experience that proposes a discussion about primary care services. The article shows that the basic health units need to have changes and need to develop works for the male

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population so that they can go to health services, reporting their health problems.

Summarizing this category, it was noticed that the authors^{14,15,16,17} agreed on the difficulties men have in the public health. Were raised several factors for this question, such as: health services should be prepared to receive and hold the active search of men in order to integrate them into the system, being necessary the professional training for men's health with appropriate information and extensive discussions, prioritizing the surveys scan. Another point that deserves attention is the precariousness of health services, because the long lines, bad service, the amount of insufficient vacancies, lack of doctors, primarily males, which are men's preference and the opening hours incompatible with men's work, these are extremely difficult organizational policies that together the lack of equity in meeting the needs of men, culminate in the distance and the high rates of disease, particularly prostate cancer.

Discussing that category, it is difficult for the population, to health services and even for men the discussion of promotion, prevention and integration of man health services, since no one was prepared for such a discussion. In addition, several comparative studies between men and women have proven the fact that men are more vulnerable to diseases, especially to serious and chronic illnesses, dying earlier than women. It is obvious that many losses could be avoided if the men perform regularly, primary prevention measures.^{5,18}

One of the main goals of the National Policy of Integral Care for Men's Health is to promote health actions that contribute significantly to the understanding of the male singular reality in their socio-cultural and economic-political contexts; also the respect for the different levels of development and organization of local health systems and

management types. These enable the increase in life expectancy and the reduction of morbidity and mortality rate for predictable and preventable causes in this population.¹⁸

Socio-cultural difficulties for the prevention of prostate cancer

In this category are inserted 8 (eight) articles that discuss socio-cultural difficulties that interfere with men's health. Such articles are in table 3.

Table 3 - Distribution of potential bibliographies of category "socio-cultural difficulties for the prevention of prostate cancer".

Author	Year	Title	Database	Publication Types
Paiva ¹⁴	2010	Knowledge, attitudes, and practice about the detection of prostate cancer.	BDENF	Article Rev EEAN (UFRJ). 23(1):88-93.
Gomes; Nascimento; Araújo ¹⁵	2007	Why do men seek fewer health services than women? The explanations of men with a Degree.	LILACS	Public Health Article 23(3): 565-74.
Braz ¹⁶	2005	The construction of male subjectivity and their impact on men's health: bioethics reflection on distributive justice.	LILACS	Collective Health Science [online] 10(1): 97-104.
Figueiredo ¹⁷	2005	Men's health care: a challenge for primary care services.	LILACS	Collective Health Science Article [online] 10(1): 105-09.
Gomes ¹⁹	2003	Male sexuality and men's health: a proposal for a discussion.	LILACS	Collective Health Science [online] 8(3): 825-829.
Gomes; Nascimento ²⁰	2006	The production of public health knowledge on the relationship man-health: a bibliographic review.	LILACS	Public Health Article [online] 22(5): 901-911.
Gomes; Schraiber; Couto ²¹	2005	Men focus on Public Health.	LILACS	Collective Health Science [online] 10(1): 4-4.
Laurenti; Jorge; Gottlieb ²²	2005	Epidemiological Profile of male morbidity and mortality.	LILACS	Collective Health Science Article [online] 10(1): 35-46.

The first article¹⁴ in this category identified that people of lower socioeconomic status have greater difficulty of access to health care, which are more favorable to health losses, which the prostate cancer be one of them. The low level of education and the lack of adequate knowledge decrease the information on the prevention or treatment of prostate cancer, reaching, on a

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larger scale, men with lower education level and socioeconomic power. There were found many smokers and alcohol users with high frequency of prostate cancer because it showed that these habits increase the risk factors for the development of prostate cancer.

In the second article¹⁵ it was shown several factors addressed by men from the two groups in the low demand in health services, being the main reason, their work. The fear of "losing the day's work" was present, reinforcing the historical roles assigned to men to ensure the sustenance of the house and the subsistence of the family. The way the man sees the work is different from how he sees health. Fear is the most feared factor in both groups. Fear of discovering something that goes bad and be exposed to another man or a woman, primarily in the prostate exam that is a difficult procedure.

The search for help only happens when something is not going well, when the pain is intense and unbearable and when they cannot work, but the first choice of treatment is a good home remedy or the nearest Pharmacy and, finally, if not disappearing symptoms or be cured, the search for a hospital is inevitable. For men, regardless of education level, be a man is to be "rough", "strong", "aggressive", "with sexual initiative (active)", "living on the street" and "like to get a little on the side (sexually unfaithful)". The woman is "gentle", "sensitive", "sweet", "sexually passive", "stays more at home" and "sexually faithful". For years, women have been created /educated to "take care" of the house, the kids, the husband, the father or the mother, when sick, and even of her. The man was not created for the practice of care, but rather to the work.

Men do not seek health services and have no habit of prevention, because they think they are higher, invulnerable and strong. Search the health services could be a sign of weakness and exposure what he feels. Talk of health problems is R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3795-07

an arduous task that could put in doubt the masculinity and men of feminization.

In the third article¹⁶ in this category the research approaches the social and cultural factors related to the construction of male subjectivity, being the contribution of this, the disadvantages in terms of men's morbidity and mortality compared to women.

It is noticed that the man has a less life expectancy than women, according to IBGE data. The women's demand to health services is bigger, while the man only searches for when his state of health is extremely serious and emergency. It is concluded that men's health is disadvantaged in relation to women's health. Men seek fewer health services, only taking advantage of the services when their health condition is already severe. This usually occurs because the men, from small, are designed to be strong and protective, never showing their emotions contrary to women.

The fourth article¹⁷ reports that the men have difficulties in reporting their health problems, since they are strong to sicken and not seeking the UBS thinking there is a feminized space and, also, by the time lost in waiting for assistance.

The fifth article¹⁹ in this category is aimed at discussing the aspects of male sexuality, that when approached lamely, could commit man's health. This is a drawing of exploratory testing. In this article, taking as a basis a patriarchal society, with the perceived tensions in the construction of male sexual identity and patterns traditionally built for years. Sexual initiation with prostitutes, the denial of homosexuality, the constant reference to certain standard of male sexual behavior, the desire to answer social expectations (especially from friends and women) and be equipped to function as male are in force for the affirmation of male identity facing the fear that men express to being questioned. It is explained that there are men who use other patterns to

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build their masculinity, such as: power, aggressiveness, initiative and sexuality.

In this sense, masculinity is not something given, but something that constantly seeks to conquer. To the author, this discussion has just begun, because it is necessary to find out the imagination that most men have and discover the images and meanings, assigned by the subjects, from cultural permanence that are structured around the male sexuality. According to the research, the digital rectal exam, as a measure of prevention of prostate cancer, as well as messing with men's imagination, is a procedure that removes numerous men of early prevention. Fear superposes everything, eg: the fear of being touched in his inside, the fear of pain associated with rape and the most feared: fear of a possible erection. These things, among other fears, arise the imagination of men immersed in the common sense.

The sixth²⁰ research is a study that aimed to analyze the production of public health knowledge on the subject "man and health". The approach was qualitative, made from a bibliographic review. It was observed that the issues most discussed or addressed by public health are: AIDS, violence against women, reproductive health and masculinity. With this, the article assembles its topics of discussion, based on these subjects raised by public health. It was concluded that men can put at risk to women's health as theirs as well, because the hegemonic models of masculinity can raise difficulties in the adoption of healthy habits. It is still necessary deeper researches in the relationship between masculinity and health.

In the seventh article²¹ the author highlighted that the belief that one must show invincibility, by the association of men in the need to expose to risk and the naturalization of sexual lack of control, are, among others, on the construction of masculinity pointed by socio and R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3795-07

cultural studies and that interfere with the health of these patients.

The eighth article²² had as its object the aspects of the differences between the health of men and women, focusing on issues related to biological factors (sex) and behavioral (gender). The authors point out that various illnesses affect more men, translating more mortality and being represented by a male 50% higher mortality among men 20 to 39 group years (3 male deaths for each female death). They emphasize that the great growth of prostate cancer, apparently, does not arouse the interest of the authorities and that the lack of a program geared toward men, addressing specific issues, as well as the largest female presence in health services are related to cultural and social factors, culminating in the low demand for men to health services.

Summarizing this category, analyzing the issues addressed by the authors^{14,15,16,17,19,20,21,22} they complete/add each other and some of them brings factors still not mentioned, but all agree on a crucial point: health care is not seen as a male practice, due to the creation. To ensure the subsistence and the livelihood of the family is his responsibility, not having another one and being adhere, will be sign of weakness, because the man is a strong and invulnerable human being. This pattern that society imposes on men is a stigma that not only distances them of health services as well as the influence on quality of life, leaving them at the mercy of various diseases.

The low level of education and low socioeconomic status culminate in the absence of adequate knowledge, which reduces the information on the prevention or treatment of prostate cancer. Related to these two factors, are living habits (smoking and alcohol), these increase the risks to the development of prostate cancer. The "fear" was an interesting factor seen in the articles. Men are afraid of losing a day's work to go to health services, because they have the risk of

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being fired that generates a lot of tension not only economic, but also of identity.

So, as the popular saying "Seek and ye shall find" and illustrated in this sense, the fear of discovering something that goes wrong afflicts men. Facing with a diagnosis of an illness, in the specific case of prostate cancer, would be a terrible fear. The demand for health services would be inevitable, looking for when they have a pain that is intense and unbearable and when they have lost their ability to work.

It was noted that some men see the rectal examination as a violation and humiliation, to the point of being considered the worst thing that can happen to them. The fear of being touched on the "bottom" of their body, through the practice of rectal examination, is raised by men. The touch, that involves penetration, can be associated with pain, both physical and symbolic, that is associated to the violation. Even if the man does not feel the pain, at least he experiences the physical and psychological discomfort of being touched on an interdicted part. The shame of being exposed in front of another man or a woman is also stressed by them not to seek health services.

Another fear highlighted by men is the possibility of excitement, causing the erection of the penis. It appears the great fear of thinking that the doctor may find that the man is enjoying being touched and this may be at risk his masculinity or be a cause for jokes. In the imaginary male, "the erection can be linked so strongly to the pleasure that it is impossible to imagine it just as a physiological reaction".

Discussing that category, the lack of commitment of the authorities, of the population and even of men, not being recognized as targets of health programs care due to preventive actions to address almost exclusively for women or the lack of programs to the attention of men's health, are reflections of cultural and social factors that R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3795-07

are being expressed for many years. Much of the non-adherence to assistance care measures, by men, elapses from cultural variables. The greater presence of women is a factor that secludes men of health services, raising difficulties to their access, because, for them, this is an obstacle for them to look for it, along with all other paradigms imposed by society, resulting in men the feeling of not belonging to that space^{6,18}.

The new policy launched in 2007 by the Ministry of health, puts Brazil in the forefront of actions directed to men's health. The actions of the National Policy of Integral Attention to Men's Health seek to break through the obstacles that prevent men attending health services. This policy builds on the finding that men, for a variety of cultural and educational issues, only look for the health service when they lose their ability to work. With that, it loses a valuable time for early diagnosis or prevention, as they arrive at the health service in extreme situations. In addition to creating mechanisms to improve the assistance given to this population, the goal is to promote a cultural change.^{4,8}

Strategies for prevention of prostate cancer

In this category were selected 6 (six) scientific productions that address strategies for prevention of prostate cancer, as shown in the table 4.

Table 4 - Distribution of potential bibliographies for prevention strategies of prostate cancer

Author	Year	Title	Databas e	Types of publication
Paiva ¹⁴	2010	Knowledge, attitudes and practices about the detection of prostate cancer.	BDEF	Article EEAN (UFRJ). 23(1):88-93.
Gomes; Nascimento; Araújo ¹⁵	2007	Why do men seek fewer health services than women? The explanations of men with low education and men with higher education.	LILACS	Article Public Health 23(3): 565-74.
Figueiredo ¹⁷	2005	Men's health care: a challenge for primary care services.	LILACS	Collective Health Science Article [online] 10(1): 105-09.
Gomes ¹⁸	2003	Male sexuality and men's health: a proposal for a discussion.	LILACS	Collective Health Science [online] 8(3): 825-829.
Gomes, Schraiber; Couto ²¹	2005	The man focus on public health.	LILACS	Ciências Saúde Coletiva [online] 10(1): 4-4.

Laurenti; Jorge; Gotlieb ²²	2005	Epidemiological Profile of male morbidity and mortality.	LILACS	Collective Health Science Article [online] 10(1): 35-46.
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The first article¹⁴ in this category highlights that prevention and early detection are basic strategies for the control of prostate cancer, which should be carried out through constant educational activities, persistent and dynamic for men, according to their value, education, among other variables. In addition, it must prioritize the urgent need for behavior change, by men and the health services, giving priority to tracking exams.

The second¹⁵ article shows that there is a lack of study on prevention and promotion of men's health, the health services are not able to absorb the demand presented by men such as access and health campaigns, along with the labor market which does not stimulate demand for the health service. It is concluded that the lack of specific health units for the care of man is exposed by them, since giving voice to the men themselves, to better understand the issues involved in access to health services, can change this context.

The third article¹⁷ points out that the UBS to increase its focus of attention to the male population, have to identify the needs of man, as it helps in the organization of health actions. To identify those needs, it can be used for the epidemiological profile of this population, as this helps to identify the problems that most afflict men and may create actions of promotion and prevention of the male population.

In the fourth article¹⁹ the research is highlighted the need for training of health professionals to meet these men and prevent prostate cancer. These professionals also suffer with the influences of the aspects that circulate in the social imaginary linked to male sexuality. The fear is also generated during the procedure by professionals. As a result, more studies should be developed between men of different social

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conditions and health professionals, in order to promote discussions on prevention and promotion.

In the fifth article²¹, the scientific production entitled "the man focus on public health" proposes to include the man in the field of public health, considering the gender perspective, in order to enhance the uniqueness of the masculine gender and highlight new demands of male "resignification", resulting from displacement in the gender field, so it can seek contribution to their health. The man, when influenced by the genre, can put at risk his health as women's. By this fact, it brings a new focus to the fight against certain illnesses and the promotion of health.

The sixth article²² highlights that the research for a good strategy of prevention and health promotion, must take into account the behavioral change throughout the population, in which gender differences in relation to male habits are still prevalent.

Summarizing this category, the authors^{14,15,17,19,21,22} point out the need to reflect on gender differences in understanding of the compromises of men's health. Furthermore, the lack of studies on the male commitment toward healthy lifestyle and health promotion is still a need in the area of health.

The health units are not prepared to meet and absorb the demand presented by men such as access and campaigns aimed at prevention and health promotion. This strategy must take into account not only this arrangement, but a primary factor which certainly interferes with the accession of men to health services, "the behavioral change" in the population (men and women) and those working in health care units (health professionals). Besides the prejudice and fears faced by men in the prevention of prostate cancer and the promotion of health, professionals also suffer influences linked to male sexuality, and cannot be disposed the possibility of

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embarrassment of these professionals. In this sense, not always the health professionals are adequately prepared to deal with the symbolic aspects involved in the prevention of prostate cancer.

There are two more ideas presented in the third article¹⁴ in this category for discussion. There are two barriers to the access of men to health services: the first is the lack of specific healthcare units to men's care, once with the unique service it would be easier to express their health problems and be exposed because there would be more men than women, making the common practice and being more secure, confident and integrated and the second is the conduct of the labor market to prevent the men's demand for healthcare services, and could even compromise healthy human being.

The access to information could leave the men more sensitive, making them to think better in the conduct of their health. The appropriate knowledge is a characteristic that promotes positive behavior changes, although it is not the only determinant of health practices. However, studies show that the lack of adequate knowledge can be a decisive factor for the examination of prostate cancer.¹³

When it is highlighted the realization of examinations for early diagnosis by digital palpation, examination of PSA and the importance of lifestyle changes, having healthy habits as the decrease in consumption of alcohol, not smoke, have a food low in fat, maintain weight, the practice of physical exercises, among other disease prevention measures, it is noted that most men is lacking of knowledge concerning preventive practices of prostate cancer. It is important the educational campaigns, taking into account the perceptions, beliefs and information levels of men, in order to trace educational strategies in order to better guide them with a view to adherence to preventive habits.

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Discussing that category, it is important to promote discussions towards the directions assigned to male sexuality, not only of those who do the rectal exam, but also of those who plan the prevention campaigns. Soon, it is looking for to help men overcome prejudices and fears, showing them that prevention and early detection for prostate cancer control is a great way to avoid mortality, keeping away the prejudice and fear which afflicts and affect men's health.⁴

Finalizing this discussion, it is important to note that the authors in this category reported that the tracking exams for prostate cancer are, surely, the most important step of this treatment, because it is at this early stage of the disease that it has the opportunity to offer men a, effective and cheaper treatment method, as well as contributes to the maintenance of the quality of lifestyle, as the scans are practical checkups associated with campaigns for the reduction of diseases. However, the implantation of tracking policies, experts say, requires preventive practices are effective in reducing mortality rates of a given disease. And, according to the INCA, this does not happen with prostate cancer. On the other hand, according to the INCA, at the moment there is no evidence that the tracking for prostate cancer to identify individuals who need treatment or that this practice reduce mortality from prostate cancer. In this way, the INCA does not recommend tracking for prostate cancer, since the decision of the use of the trace as a public health strategy must be based on quality scientific evidence.^{1,23}

However, it is observed that the adoption of healthy habits of life can prevent the onset of diseases, including cancer. Accordingly, it is recommended: practice physical activities for at least thirty minutes per day; have a diet high in fiber, fruits, vegetables and legumes; reduce the amount of fat in the diet, mainly of animal origin;

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prevent the abuse of alcohol; do not smoke; and keep the right weight.^{1,7}

CONCLUSION

In this study, it was possible to identify the difficulties of men in the prevention of prostate cancer. Among the difficulties, there were shown the organizational policies that are associated with precariousness of public services, to poor attendance, the long lines, the lack of free time, the hours of operation of the services, incompatible male workload and a lack of doctors. The social and cultural difficulties are characterized by low level of schooling, by socioeconomic status, lifestyle habits, by all sorts of fear and by the idea of male invulnerability.

After the identification of the above difficulties, there were looked for strategies for the prevention of prostate cancer. For the organizational policy, were highlighted educational activities to help to ask for doubts and insecurities, the attempt to extend the opening hours of the health service, but being this time reserved for men who work, create health units aimed at the man, the realization of active search and training of employees to meet the masculine gender. And the sociocultural, psychological support for men, that before and after the consultation, can report their problems, explain that the appointments are between them and the healthcare professional, ensure confidentiality and explain that the digital rectal exam is simple, but they may encounter some reflexes that are part of the physiology of the body and not by desire or sexual option.

It is evidenced that after the National Policy of Integral Attention to Men's Health, there are some movements in the area of nursing in relation to the insertion of vocational training, whether in academic life or through permanent

education, but these movements need to be intensified.

It is important to note that the nurse should contribute to the prevention of diseases, as is provided for in the code of professional ethics, since it is necessary to work with the demystification of fears and prejudices, inherent in the masculine gender, as for not conducting the examination of prostate cancer. To this end, are suggested organizations and implementations of educational activities to integrate men in health services, seeking to put into action the National Policy of Integral Attention to Men's Health.

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