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Who do I go to the doctor with? A study with men from the south of São Paulo

ABSTRACT | The aim of the study was to find out with whom men attend health services and who would be the companions. The research scenario was an outpatient clinic located in the south of the city of São Paulo and had the participation of 51 individuals. It was an exploratory and descriptive study, with a quantitative and qualitative approach. Data collection was performed using a semi-structured questionnaire. The numerical data were organized into themes, grouped in tables. The information was analyzed using the Collective Subject Discourse method. The results showed that 65% of men attend the service alone, 27% mentioned the wife, highlighting the existing partnership, 4% mentioned the mother, denoting a maternal bond, and 4% declared the presence of their children. It appears that men have assumed the leading role in their care. Even in the face of incipient work, there is a possibility of change.
Keywords: Men's Health; Masculinity; Health Promotion

RESUMEN | El objetivo del estudio fue conocer con quiénes acuden los hombres a los servicios de salud y quiénes serían los acompañantes. El escenario de investigación fue un ambulatorio ubicado en el sur de la ciudad de São Paulo y contó con la participación de 51 personas. Fue un estudio exploratorio y descriptivo, con enfoque cuantitativo y cualitativo. La recolección de datos se realizó mediante un cuestionario semiestructurado. Los datos numéricos se organizaron en temas, agrupados en tablas. La información se analizó mediante el método del Discurso Colectivo del Sujeto. Los resultados mostraron que el 65% de los hombres asisten solos al servicio, el 27% mencionó a la esposa, destacando la asociación existente, el 4% mencionó a la madre, denotando vínculo materno, y el 4% declaró la presencia de sus hijos. Parece que los hombres han asumido el papel principal en su cuidado. Incluso ante un trabajo incipiente, existe la posibilidad de cambio.
Palabras claves: Salud del Hombre; Masculinidad; Promoción de la salud.

RESUMO | O objetivo do estudo foi conhecer com quem os homens comparecem aos serviços de saúde e quem seriam os acompanhantes. O cenário da pesquisa foi um ambulatório localizado na zona sul da cidade de São Paulo e contou com a participação de 51 indivíduos. Tratou-se de um estudo exploratório e descritivo, com abordagem quanti-qualitativa. A coleta dos dados foi feita por meio de um questionário semiestruturado. Os dados numéricos foram organizados em temas, agrupados em tabelas. As informações foram analisadas utilizando-se o método do Discurso do Sujeito Coletivo. Os resultados mostraram que 65% dos homens comparecem sós ao serviço, 27% citaram a esposa, destacando a parceria existente, 4% mencionaram a mãe, denotando vínculo materno, e 4% declararam a presença dos filhos. Constata-se que os homens vêm assumindo o protagonismo nos seus cuidados. Mesmo diante de um trabalho incipiente, vislumbra-se uma possibilidade de mudança.
Palavras-chaves: Saúde do homem; Masculinidades; Promoção da Saúde.

Maria Cecília Leite de Moraes

PhD in Public Health, Faculty of Public Health, University of São Paulo. Post Doctorate by the School of Nursing of the Federal University of Bahia, Researcher of the Study Group for Children and Adolescents - CRESCER of EFJUFBA.
ORCID: 0000-0002-8717-6513

Sirlei Aparecida Novato Hodge

Nurse, Post-graduated in Public Health at Centro Universitário Adventista de São Paulo.
ORCID: 0000-0001-7517-4484

Robson da Costa Oliveita

Nurse, Master in Health Promotion by the Adventist University Center of São Paulo. Professor at Ibirapuera University.
ORCID: 0000-0001-6532-2893

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Approved on: 01/08/2021

Climene Laura de Camargo

PhD in Public Health from the Faculty of Public Health of the University of São Paulo, Post Doctor from the René Descartes University, Paris V, Sorbonne; Professor at the School of Nursing at the Federal University of Bahia, Coordinator and Researcher at the Group for the Study of Children and Adolescents - CRESCER at EFJUFBA.
ORCID: 0000-0002-4880-3916

INTRODUCTION

Gender distinguishes the difference between male and female, also marking a construct regarding standards of conduct. [1] In addition, it characterizes the relationships between the two groups, a factor that categorically mobilizes various aspects of life. From this statement, it is possible to infer that the observation of the state and health care includes the issue of gender. [1]

The weaknesses are attributed to women. Concomitantly, there is a historical relationship between care and women's health, which especially observes sexual and reproductive health, a fact that naturalized this performance. [2] Conversely, male individuals have great difficulty in accepting their vulnerabilities. [3] The denial of illness, suffering and pain is a reality among subjects in this group. This circumstance helps to highlight the frequent deaths from preventable causes. [4]

In recent times, to elucidate the statements mentioned, scholars have incorporated the concept of masculinity [5-6] gender-related studies. This conception would correspond to the roles and relations between the mas-

culine and the feminine and to the practices with which individuals of the two groups agree with their social places. They also cover the repercussions of these roles on personality and culture. However, it is admitted that comparative gender studies are inappropriate to explain behaviors in the search for help. [7]

The affirmation of masculinity conceals self-perception about the body, helping men to ignore their health status, to take care of themselves less or simply not to take care of themselves. (8-9) Furthermore, it is mentioned that the change in understanding in the perception of the need for health interferes in the search for assistance. [1] It is confirmed that male subjects seek help when in critical health. [10]

Furthermore, the aforementioned construct encourages self-medication; moreover, it promotes curative actions to the detriment of preventive ones. [11] Men are not proactive in health care, seeking medical care or counseling regarding health promotion. [12]

An addendum opens to remind you that the concern with male health habits and care led to the creation of the National Policy for Integral Attention to Men's Health (PNAISH - Política Nacional de Atenção Integral à Saúde do Homem) in 2009; fact that represented an important innovation in this field. [13] Among the established priorities, they favored bringing this community to their health care and pointing out to the general population about the singular male reality. [14]

Services are sometimes not in dialogue with PNAISH. And it is legitimate to state that, even in the present, systems do not distinguish the peculiarities of the subjects. [15] The format of the reception and the provision of services do not differentiate men, an aspect that would delay the advances intended for society. [1] It is worth noting that recent research shows higher mortality and lower life expectancy among the male population, factors that are associated with contextual issues. [16]

At the same time, contemporary works show some subtle changes in male attitudes, a factor that has a positive impact on health care. [3] There are signs of improvement with regard to health monitoring.

Observing the described scenario, it was considered opportune to understand aspects of male health care. Thus, the purpose of the study was to find out how men attend health services: if alone or accompanied.

METHOD

This article was structured based on the question: "with whom do you come to the health service?", One of the topics of the research "Knowing male attitudes". It was a field study, exploratory and descriptive, quantitative and qualitative approach, cross-sectional.

The research was carried out in the premises of the Advanced Post of the Adventist Hospital of São Paulo (outpatient service), located in the neighborhood of Capão Redondo, in the southern region of the city of São Paulo.

The convenience sample consisted of 51 male individuals, over eighteen years of age. The information was obtained through a questionnaire designed for the research. The instrumental was answered by the interviewee or by the researcher, when necessary.

All participants signed the Free and Informed Consent Form. The research was approved by the Research Ethics Committee (CEP) of the Centro Universitário Adventista de São Paulo - UNASP, under number 2,381,684. Data collection took place between the months of October and December 2017.

The justifications for the responses regarding the presence, or not, of a companion are arranged in a discursive form, since the responses were analyzed using the Collective Subject Discourse (CSD) technique. This method allows to tabulate and organize materials from testimonials.[17]

The DSC method includes the following procedures: selection of key phrases (kp) extracted from each answer given by the participants; identification of the central idea (CI) present in the key expression and identification of similar or complementary central ideas. The gathering of key expressions with similar or complementary central ideas is aggregated in a single discourse, which constitutes the collective conception. [18] The Collective Subject Discourse (CSD) is the manifesto of the synthesis discourse.

Answers about the existence and identification of a companion to the service are presented in tables composed of numbers and percentages.

RESULTS

The results obtained by the research are presented below. The tables show the numbers and percentages of responses obtained.

The data in table 1 highlight the solitary trip (64,7%) to the health service.

Table 1: Number and percentage of responses on the presence of companions - São Paulo, 2017

Categorias	N	%
A. Sem acompanhante (só)	33	64,7
B. Com acompanhante	17	33,3
C. Indiferente	1	2,0
Total	51	100,0

Source: Research "Knowing male attitudes" (in the original "Conhecendo atitudes masculinas") – 2017

Among the companions, the answers show the presence of the wife (53%).

The thematic groups present the discursive categories obtained in the research. It is interesting to note that individuals who attended the health service alone highlighted the fact that they were unaccompanied.

Thematic group: Lone trip

CI: Always alone

CSD: When I go to the doctor, I always go alone.

Among the companions, the presence of the wife (53%) as a companion is highlighted.

Thematic group: Wife's presence

CI: Dependence and partnership

CSD: I only come with my wife, without her I don't know what to do. I think it's very important for her to know how I'm doing.

It is worth noting the reports of maternal presence as a companion (11,7%), given that the research took place among the adult population.

Thematic nucleus: Presence of the mother

CI: Maternal care

CSD: I go with my mother, if my mother does not speak to me, nor come ...

In an antagonistic way, another 11,7% of the respondents indicated their son as a companion.

Thematic group: Presence of the child

CI: Children take care

CSD: I am always accompanied, my son always goes with me.

In the study, four of the interviewees (23,6%) did not mention the person who accompanied them. However, it was revealed that the companion's presence was related to his condition.

Thematic group: Undetermined patient

CI: Fragility

CSD: I only always come with you because I feel fragile.

Only one member of the group (2%) reported that attending health services does not depend on the presence of a companion.

Thematic group: Indifferent

IC: I go to the doctor anyway

CSD: If there is no one to come, I will go alone.

DISCUSSION

The number of men seeking unaccompanied health services drew attention The solitary trip to health services may be associated with the fear of exposing pain and suffering. Researchers [11] they show that men repress their health needs, as well as have difficulties expressing them. These aspects may explain the phenomenon of being alone in the health service. Another found that men try to solve their health problems in a practical way. [19] Such a statement reinforces changes in male behavior. [3]

Table 2: Number and percentage of responses about who are the companions - São Paulo, 2017

Categorias	N	%
A. Esposa	9	53,0
B. Mãe	2	11,7
C. Filho	2	11,7
D. Não discriminou	4	23,6
Total	17	100,0

Source: Research "Knowing male attitudes" (in the original "Conhecendo atitudes masculinas") – 2017

The wife as a companion distinguishes the complicity that is installed when being together and values the female presence in men's health care. In addition, the woman is a robust social actor and one of the main references in family care (20-10), assuming the leading role in these situations. [21] It has a unique space, supervising, acting, making decisions, monitoring and evaluating man's health and illness.

In view of the difficulties of men in seeking health care, the importance of the maternal role is observed, contributing so that many individuals only arrive at the service accompanied by the mother. [19] It is noted, once again, that women concentrate responsibility for family diligence, regardless of their age and social class. [22] And, when she is a maternal figure, she aggregates and articulates the care of her children, in different circumstances, especially in cases of illness. [20] Thus, it is observed that the maternal role includes the coordination of health, which ranges from the supervision of routines to the monitoring of the medical service. [23]

The responsibility of the children in the care of the parents was observed, often exercising the role of primary caregiver, either for financial or affective reasons. [24] Furthermore, this fact usually happens when the spouse is deceased or is not able to perform the task. The presence of the family member, subsidizes the care system [23], brings motivation to the treatment, seeks comfort and seeks a possible recovery. [25] A previous study discusses emerging obligations in family culture, in which the duty of retribution for past care prevails. [26-27]

The fragility discourse exposes several aspects of masculinity. It shows, in a striking way, the male limitation with regard to suffering; trait concealed in the historical and peculiar aspects of the genre. [3-19-28] It also points out that monitoring is mandatory, a fact that may be associated with the difficulty in exposing

vulnerabilities. [29] A trusted person, a mediator, can facilitate man's contact with the health service.

The concept of health care regardless of being accompanied is in line with the results of a recent research, in which the figure of the autonomous man emerges with regard to self-care. (2)

CONCLUSIONS

Even today, there is a strong participation of women in male health care, either as a wife or as a mother. They accompany men in their care, since only one member of the group (2%) reported attending the health service regardless of the presence of a companion.

The assistance core is consolidated in the presence of children as companions; an aspect that reinforces the importance of family presence both for health monitoring and for coping with diseases.

Even in the face of the well-known tradition on the issue of male health care, the presence of unaccompanied men to the services brought an important reference, which can evidence the relationship between the solitary trip to health services and the fear of exposing pain and suffering, a condition which takes shape by the expressive number found: 64,7%.

In view of results considered incipient, it is possible to glimpse a realignment or a new typology with regard to male health care. Further research will be needed to confirm the findings, however the future looks promising.

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