

Planning, management and actions of men's health in the family health strategy

Planejamento, gestão e ações à saúde do homem na estratégia de saúde da família
Planificación, gestión y acciones de salud del hombre en la estrategia de salud de la familia

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ABSTRACT

Objective: To analyze the situation of planning, management and actions on health from the perspective of the implementation of the Policy of Attention to Men's Health in the Family Health Strategy in the city of Jequié. **Methods:** It was a qualitative study. We interviewed municipal managers of health services, health professionals of the Family Health Strategy and men ranging in age from 25 to 59 years old, residents in included areas of the health units studied; it was conducted a documental analysis of the Health Plan and Management Reports at the Municipal Health and subsequently, the content analysis, thematic mode. **Results:** There are not assistance activities; of prevention and promotion to men's health developed and the procedures of implementation of men's healthcare are incipient. **Conclusion:** It is needed to broadening the dialogue and reorganize the planning and management strategies to understand the real men's needs and articulate with the actors involved the implementation of attention actions to men's health.

Keywords: Men's Health; Family Health Strategy; Health Planning; Health Management.

RESUMO

Objetivo: Analisar a situação do planejamento, da gestão e das ações de saúde diante da perspectiva de implantação da Política de Atenção à Saúde do Homem na Estratégia de Saúde da Família no município de Jequié. **Métodos:** Tratou-se de um estudo qualitativo. Entrevistaram-se gestores municipais dos serviços de saúde, profissionais de saúde da Estratégia de Saúde da Família e homens com 25 a 59 anos residentes nas áreas adscritas das unidades de saúde estudadas; realizou-se análise documental do Plano de Saúde e Relatórios de Gestão na Secretaria Municipal de Saúde e análise de conteúdo, modalidade temática. **Resultados:** Não há atividades assistenciais; de prevenção e promoção à saúde masculina desenvolvidas e os processos de implantação da atenção à saúde do homem encontram-se incipientes. **Conclusão:** É preciso ampliar o diálogo e reorganizar as estratégias de planejamento e gestão para compreender as reais necessidades masculina e articular com os atores envolvidos a implantação das ações de atenção à saúde do homem.

Palavras-chave: Saúde do Homem; Estratégia Saúde da Família; Planejamento em Saúde; Gestão em Saúde.

RESUMEN

Objetivo: Analizar la situación de la planificación, gestión y acciones en salud desde la perspectiva de la aplicación de la Política de Atención a la Salud de los Hombres en la Estrategia de Salud de la Familia, en la ciudad de Jequié. **Métodos:** Estudio cualitativo. Fueron entrevistados los administradores municipales de servicios de salud, profesionales de la Estrategia de Salud de la Familia y hombres de 25-59 años; se realizaron el análisis documental y, posteriormente, el análisis temático de contenido. **Resultados:** No hay actividades asistenciales de prevención y promoción a la salud del hombre desarrolladas y los procedimientos de implementación de la atención se encuentran incipientes. **Conclusión:** Necesitamos ampliar el diálogo y reorganizar las estrategias de planificación y gestión para la comprensión de las reales necesidades masculinas y articular con los actores involucrados en la implantación de las acciones de atención a la salud de los hombres.

Palabras-clave: Salud del Hombre; Estrategia de Salud Familiar; Planificación en Salud; Gestión en Salud.

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INTRODUCTION

In Brazil, the aging population presents the feminization as one of its features and this phenomenon occurs because of higher male mortality when compared to women. Such mortality vary in magnitude depending on the age group and has the external causes and circulatory major causes of death diseases, overcome only in the group above 50 years old by neoplasms¹.

Even with the high male mortality, men seek less health services than women do. This occurs due to the influence of social, cultural and gender paradigms, since the care is not a practice of male health. Such problems can harm the health prevention, because being socially seen as strong, manly invulnerable when looking for health services, may be associated with weakness and femininity^{2,3}.

With this reduced demand, men are not willing to be absent from work, are not educated for preventative care of their health, have fear of falling ill and dependent on others. Thus, they seek health services in the presence of any disease or illness affecting their performance at work, looking instead to get medication or analgesia, ignoring preventive and curative consultations^{2,4}.

Such appreciation for curative actions as well as the high morbidity and mortality of the male population, show the need for a restructuring of the relationship between men and health services to promote quality of life of the male population and significantly to reduce the burden financial shares in public health.

Thus, to reorient health services to the promotion, protection, prevention and rehabilitation of men's health the Ministry of Health (MOH) use the National Policy for Integral Attention to the Men's Health (PNAISH) together with the National Policy of Primary Care (PNAB) associated with the Family Health Strategy (FHS) based on the humanization of health practices to consider the uniqueness, the socio-cultural environment of the user and strengthen programs and services in the healthcare networks^{5,6}.

Therefore, the men's health problems once recognized as a public health problem require an allocation and strategic management of resources, to provide the balance of the service offering to the actual needs of the male population. In this way, the strategic management appeared in proposals of reflection health management, such as the analysis and co-managing groups, the micro-politics of health work and light technology for health planning. The concepts and methods of these studies can be a reference for the construction of participatory planning processes that include the involvement of managers, health professionals and users⁷.

Therefore, the following guiding question: What is the situation of planning, management and health actions in the

implementation of the Policy for Integral Attention to Men's Health in the Family Health Strategy in Jequié?

In this context, the study was to discuss the understanding of managers responsible for implementation of policies on the population's health, health professionals and users about the planning, management and provision of services of attention to men's health and improve the discussion about strategic planning and management best suited to implement services that respect the uniqueness, social, cultural, ethnic, religious and gender diversity. This is because Bahia is the state with the largest number of men in the Brazilian Northeast together with the state of São Paulo in the quantity of men in the population¹.

With this problem discussion, the study aimed to analyze the situation of planning, management and use of health actions from the perspective of implementing the Policy for Integral Attention to Men's Health in the Family Health Strategy in Jequié.

METHODOLOGY

This is a clipping from a qualitative, descriptive study conducted in the city of Jequié, in the State of Bahia. The research scenario was the Municipal Health Service (MHS) and the Family Health Units (FHU) of the urban area. The study subjects were city managers of health services, health professionals of higher education of the FHU and men aged 25-59 years old.

The selection of the seven Family Health Units in the study followed the criteria: minimum full team, according to the criteria established by the Ministry of Health; units with 80% to 100% of the enrolled and followed families; units with only one team.

The total of subjects were 27 individuals, divided into three groups: Group 01 - Formulators of policies; Group 02 - Health professionals of higher education and Group 03 - Male Population.

Group 01 had 03 formulators of policies. Formulators of policies are the group of managers directly involved in defining the objectives, priorities and strategies of a policy, in its programs and projects, either globally or in adjustments and adaptations to the locations⁸.

Group 02 had 13 professionals working at the FHU selected for the study. In this group, five are nurses, four are doctors and four are surgery dentists. The selection of professionals was by drawing with replacement and stratification by professional category. There was a replacement of the professionals refusing to participate by the next in line concerning the profession of refusal or withdrawal.

Group 03 had the service users, composed of 11 individuals and formed by the following inclusion criteria: being a man aged 25-59 years old, for composing the

target age group of PNAISH and be registered in the FHU of the coverage area, regardless of attending the health service or not.

There was the use of key informants as a strategy to capture subjects in Group 03. They are people who have special knowledge about the population studied⁹ and in this study, the key informants were the Community Health Agents (CHA) from the selected FHU.

Since this is a qualitative study, the amount of interviewees was unlimited. In the meantime, the criterion of saturation of information establish the total of study participants from repetition or redundancy of data.

There were three types of interviews elaborated with issues regarding the planning, managerial aspects of health care and the man from the perspective of the implementation of PNAISH in order to adapt the approach of different groups of respondents, so all the subjects had a complete understanding of the questions. To this end, there was a pilot study in June 2013 in one of FHU of the urban area of the municipality of Jequié not selected to compose the research scenario, testing data collection instruments.

Because it is a *corpus* consisting of 03 groups of respondents we decided to identify the individuals speech by the letter "I" and the number of the interview, followed by the representation of the group with the letter "G" and the group number for example I1-G1-G2 I3, I5, G3.

The authors funded the study and submitted to the State University of Southwest Bahia Committee of Ethics in Research - CEP/UESB: approved under Opinion N^o 283 588 and CAEE: 13012213.5.0000.0055 to comply with Resolution 196/1996. At the time that the participants agreed to participate voluntarily in the study, we proceeded to signing the Informed Consent Form (ICF).

Data collection was between July-October 2013 through semi-structured interviews and documentary analysis. The documents analyzed were the Municipal Health Plan and Municipal Management Reports from 2010, 2011 and 2012, subsequent to the institution in 2009, of the PNAISH in the SUS. There was the reading of those plans and reports in MHS and book report of information that directly or indirectly related with the integral care of men's health.

After transcribing the information, there was the content analysis funded by the thematic categorization of speech, separating the reports into categories executed in three steps: Pre-analysis, material exploration and reference interpretation¹⁰ identifying a large category: Planning and Management of Care for Men's Health in the Family Health Strategy and two subcategories: Intrinsic aspects of Planning and Management and intrinsic aspects of the supply of attention to Men's Health services.

RESULTS AND DISCUSSION

Planning and management of care for men's health in the Family Health Strategy

The planning and management of the nuances that involve the provision of a specific attention to the male population were didactically divided into Intrinsic aspects of Planning and Management and Intrinsic aspects of the supply of health care services in order to clear what is closest of administrative levels, as well as that debate closer to the supply of services, assistance and men.

Intrinsic aspects of Planning and Management

With regard to intrinsic aspects of planning and managing the implementation processes of PNAISH in the Family Health Strategy we noticed from the speech of the subjects, that there is not a formulated strategy, plan of action signed to structure the integral health care of the men's health in the FHU.

[...] We did not have a plan for it to be implemented to the care for men's health [...] we are still programming in (I1-G1);

[...] There is no project that makes the program flow (I1-G2).

Despite this, there is an interest in elaborate a service of special attention to men's health in the city, because there is a recognition of the need for managerial administrative organization for the implementation of PNAISH as well as a managerial understanding that preventive work, compared to curative care, may encumber fewer public coffers, according to the statements below.

[...] We are trying to organize the elaboration in the units (I1-G1);

[...] We are trying to readjust and reform the physical structure [...] (I2-G1);

[...] We are trying to implement it [...] we are elaboration it. (I3-G1);

[...] if we work with prevention, it will spend much less [...] hospitals and emergencies are full of patients who do not work with prevention and this is a concern because patients become highly complex with a higher cost to the state (I3-G1).

The considered initial of organization mentioned above refers to some specific actions already taken to restructure the scenario of public policy of the municipality, as seen in the following reports:

[...] we started the reform of the health units and all of them are on structure adjustment [...] (I2-G1);

[...] we did the mapping in order to cover the whole territory [...] we request the opening of four FHU [...] (I3-G1);

[...] We added to the PMAQ and there is the men's health (I7-G2); [...] We are buying programming services specialized in urology (I1-G1).

Given this, even noting the actions taken and the recognition of the need for organization of physical and administrative structure, it is assumed that planning as a management tool for the implementation of the PNAISH in the FHS is developed so precarious and far from the ideal. The act of planning in health is not limited to actions to combat the specific problems, but one based strategy on the recognition of the real needs of the population and the establishment of goals.

In order to corroborate the thought developed above, students⁷ claim that planning is a rationalization of human actions and is the definition of propositions as well as in promoting its feasibility for solving problems and meeting individual and collective needs.

It is necessary to rethink the planning issues in order to observe the local reality, meeting the people involved in this process, proposing health actions based on previous feasibility study, setting goals and constantly evaluate the progress in implementing the integral care in men's health in the FHS.

It is good to mention that the reform initiated in the units and the adequacy of the structure, the remapping, and adherence to the National Program for Improving Access and Quality of Primary Care (PMAQ) represent an important advance to the promotion of men's health, since it is essential to deal with this population in an environment free of embarrassment, welcoming and technologically structured to provide better working conditions and better communication relations¹¹.

The PMAQ promote the development of processes capable of increasing the capacity of federal, state and municipal administrations in an offer services to ensure improved access and quality of health care, according to the specific needs of the population, that have as one of its challenges cancel the paucity of management processes⁶.

More specifically, the current situation of the difficulties related to planning, management and implementation of public policies of the municipality, budget and financial problems emerged prominently in the reports of the interviewed.

There is a debt of sixteen million (I3-G1);

[...] There are few resources [...] the municipalities bear much of the cost of these programs (I2-G1);

[...] The greatest difficulty is to buy the services [...] We have the budget, but not too much [...] a PSF we received of fifteen thousand monthly we spend twenty-nine thousand, the rest is from the municipalities. There is a financial difficulty (I3-G1);

[...] Today we have a great difficulty to manage due to the insufficient allocation of resources (I2-G1).

Based on the speech of the respondents, that managers consider the lack of financial resources as a major difficulty for the planning, management and implementation of health care services in the population.

That insufficient funding may restrict the ability to organize an affordable and effective public healthcare. Ensuring regularity and expansion of participation in public spending on health actions and services is essential to improve the performance of the Unified Health System (SUS)¹².

In this sense, to achieve optimal levels of financial and administrative management of health services is not a simple task. The main strategy for overcoming the barriers budget must execute on a planning to ensure regular flow of resources for health in the minimum levels established by constitutional amendment N^o 29 of 2000 (EC-29)¹³ subsequently sanctioned as a Complementary Law N^o 141 of 2012.

Despite the financial investment planned by the Ministry of Health to fund PNAISH as National Action Plan⁵, the success of the proposed integral care to men's health is not only the financial factor, but the planning and operationalizing strategies of male inclusion with the recognition of sociocultural and epidemiological situation in each region of the country.

To this end, a study conducted in southern Brazil¹⁴ reinforces the need of training for professionals and health managers to perform management and the provision of integral care for men's health, questioning the reality of each FHU and develop inclusive strategies of attention, to meet the peculiarities of the male population.

Soon, the professional training with integral attention to men's health is an intrinsic aspect and imbricated in planning and management for the implementation of PNAISH, and, accordingly, none of the respondents had participated in trainings involving attention to men's health, according to what is explicit in the statements below.

[...] I have not participated in any training in this area (I1-G2);

[...] Related to human health itself, we do not have (I2-G2);

[...] We never had any training in this area (I9-G2);

[...] There was no training to work in this perspective (I12-G2).

Here we can highlight the report of a respondent from Group 01, of formulators of policies, who understand that medical professionals do not need to do training.

[...] We will not have problems related to the doctor's care. In fact, we do not even need to train doctors [...] (I1-G1).

In this perspective, researchers¹⁴ disagree with the training of doctors when they say that all health professionals, without distinguishing professional categories, should be trained to focus on the male population, in addition to clarifying the importance of dialogue between professionals and health managers to promote the efficient provision of men's care.

There is an urgent need to promote training of managers and professionals working in the FHS of the municipality, to promote understanding of the National Policy for Integral Attention to Men's Health, as well as knowledge of the nuances of the work health care of the male population. According to the PNAISH, technical training of health professionals to meet the man is essential to that the principles of humanization and quality, involving the promotion, recognition of the rights of men and respect for ethics are met⁵.

In the group of users, although they express less in the planning and management of health services, men consider that the general and administrative matters of the public health care network are in a system corruption. Thus, they believe that there is a need for political reform to overcome the problems of health care of the population, according to the reports.

[...] It is very hard, the people complaining for years (I4-G3);

To improve only with policy reform, less corruption and more investment in health (I6-G3).

To overcome the above problems men identify the need for planning, organization, physical restructuring of health care environments, vocational training and recognition by professional health needs that they have and express, summarizing the whole issue raised by them, according to the reports below.

[...] We have to make a list of health needs (I11-G3);

[...] It has to keep it straight, pay employees, not missing the medicines, have more tests to the people (I7-G3);

[...] Improving facilities for the professional exercise their function, not doing tests in five minutes and tell them to go home (I9-G3);

Doctors should find out what is happening in health care and show what should improve, no use complaining that only earns little and bring no solution to the problem (I11-G3).

In this context, a study in Rio de Janeiro¹¹ corroborates the findings described above and emphasizes that men bring demands related to the conduct of services and gaps existing in the specific service and highlight that must be a better training for the professionals, improving the physical structure, reformulation of managerial and organizational aspects of health services with efficient resource allocation as well as reception and more efficient communication processes.

It is worth mentioning that in the Municipal Health Plan and the Management Reports of the years 2010, 2011 and 2012, there were not references of association of any kind with the policy of integral care for men's health, reinforcing the statement of the formulators of policies that there was not an official discussion or planning, about the possibility of the deployment of attention to the male population services.

Intrinsic aspects of the supply of health care services to Men's Health

With regard to the intrinsic aspects of the provision of care services to Men's Health from the perspective of implementing the PNAISH in the Family Health Strategy, there is a great convergence in the responses that there is not in the municipality any specific care service to the man from the speech presented below.

No units still offering the services [...] (I1-G1);

There's nothing prepared to men's health (I1-G2);

[...] We make anamnesis, physical and clinical examination, but there is not something specific to men (I4-G2).

Although there is a consensus of the majority, for one respondent in the group of health professionals there is a specific service to attend men, they do not seek it.

[...] is here, now men do not seek it (I2-G2).

This divergence is the result of non-recognition of the key elements for implementing PNAISH, especially the first and fourth elements described respectively in policies, that for the implementation it should be man's access to health services at different levels, organized in a network as well as the early identification of the male population in primary prevention activities in order to improve the degree of solving the problems and user monitoring⁵.

However, with regard to the care of men attending health services, the respondents claim that the attention is in a generic program, nonspecific or by spontaneous demand of the FHU, as expressed below.

[...] Programs that include men are Hiperdia and Family Planning [...] (I1-G2);

The service is provided for patients who come to us (I4-G2);

[...] there is the need for a service, he seeks the unit, but there is nothing specific in the typical week for man (I5-G2).

A multicenter study in Pernambuco, Rio de Janeiro, Rio Grande do Norte and São Paulo corroborates the findings described above that guided the understanding that man is satisfied generically in the emphasis on public health services in Brazil¹⁵.

This multicenter study highlighted that the presence of man in health care services focuses on hypertension and diabetes, medical and dental consultation programs as well as specific activities such as physiotherapy and mental health, beyond what are prioritized curative actions¹⁵.

In this context, men interviewed in this study reinforce the spontaneous demand and curative care.

I need when I get sick, I have a problem, flu, a thing like that (I1-G3);

I go when I have a problem [...] (I7-G3);

I do not do any kind of prevention (I10-G3).

This situation reinforces the need to mobilize the male population ensuring the social right to health, so that men are the leaders of their demands with a focus on quality of life. For this, it is essential to guide them about the promotion, prevention, protection, treatment and rehabilitation of injuries and illnesses that affect man as well as reorient health actions through a comprehensive proposal for they understand the health services as cozy spaces⁵.

Another issue highlighted by respondents in relation to the male demand for primary care services was lower

demand for the services of men compared with women's demand at FHU.

[...] Eighty to ninety percent of patients are women (I2-G1);

Woman seeks more public health than men (I2-G2);

I attend more women (I9-G2);

Women look for more because they care themselves and the man has prejudice (I9-G3).

Regarding the compression of the respondents, that there is a lower demand for basic health care services, a study in the Family Health Units of Rio Grande do Sul agreed with the existence of lower demand by man and emphasized that in the male population with productive age demand is still low¹⁴.

Another issue was the emergence of cultural stereotypes and gender in reports of formulators of policies, to understand how some sociocultural paradigms, such as the act of taking care of the house is inherent to women, man is the family provider and works harder than women, acceptable reasons for non-adherence of the male population to services and preventative health activities.

The woman is easier [...] the woman is a housewife and takes care of the children and the man who is going to work, is who will support the family [...] (I1-G1);

[...] During the morning and the day, he is working and not looking at the health unit and this complicates the basic aspects of men's health (I2-G1).

Although there are social, cultural and gender barriers related the integral attention to men's health, the formulators of policies makers should recognize the cultural and gender barriers from the perspective of the implementation of PNAISH in the FHS, sustaining in the thought that the strategies developed by managers and health professionals should be able to overcome such difficulties and bring people of preventive health services as a respondent reporting of the Group 01 of formulators of policies highlighted below.

The man wants to be untouchable, he has his difficulties in attending the unit, but surely we will rescue him and work in prevention with them (I3-G1).

We highlight that nationally there is a difficulty of managers in developing mechanisms for approach and participation of men in health services¹⁵. As a strategy to resolve this

obstacle, the Ministry of Health proposes to incorporate into management practices of health a new benchmark ethical philosophy and political theory, particularly related to gender services and expanded to the dialogue between universities, professionals and managers to promote recovery of critical and historical contextualization of the nuances of healthcare for the man^{16,17}.

The socio-cultural and gender paradigms were in the speeches of professionals and users.

[...] That is old thinking that I'm better than women, stronger than women (I2-G2);

The man is always working and the wife stays at home more and have more time to be able to go for an appointment. [...] (I1-G3);

[...] Ashamed to take off the clothes [...] (I4-G3);

[...] Prejudice to the rectal examination [...] when you get there is full of women and men feel uncomfortable, most patients are women and the man is embarrassed (I9-G3).

The difficulty that man has to undress in front of health professionals and the prejudice that surrounds the prostate exam were also identified in a study in Rio de Janeiro¹⁸. It claims that not debating these issues can influence health professionals not recognize the need for privacy of the men in the healthcare environment and strengthen through attitudes, the prejudices and stereotypes of a distorted symbolic construction of male sexuality and the rectal exam.

Men see the fact that the units are more frequented by women, in addition to other socio-cultural and gender barriers, as a barrier to accessibility and communication in preventive health care^{14,18}.

Thus, the social, cultural and gender issues need to be addressed in all areas where they develop, discuss, plan and execute actions to integral care for men's health. The various actors involved, such as managers, professionals, and family members are inserted into the implementation process in a way that health education, communication, humanization, respect for diversity and equity are valued in the relationship of health care policy for the promotion, protection and recovery of health.

According to men, not only gender issues are the influence for man not approaching to health services. They highlight the strengths and difficulties that influence this dynamic relationship among the male population and health services.

With regard to the obstacles, they highlight the difficulty of access to the medical professional, exams and other services of the healthcare network, as well as relating the difficulty of access to work commitments.

Arriving at work without the certificate (I1-G3);

I'm always working [...] (I2-G3);

Some tests like the heart one that I had to pay (I7-G3);

Difficulty finding a doctor and getting the exam (I9-G3).

However, most respondents talked about the proximity of FHU with the home and the fact that it is a free service.

It is close [...] you left early and five o'clock in the morning is already there and before at seven you can be at work (I1-G3);

It's free and close too. We do not need to take the car or motorbike (I4-G3);

It is easy because it is close to home, and we do not pay (I7-G3).

There was also, as well as in studies in Brazil^{4,14,18}, the issue of appointments and work schedules as a factor of great importance to the distancing of men of actions and preventive health services.

In this sense, there is a need to discuss the issues of planning and managing the provision of health services to the possibility of easing the timing of attention to the male population, in order to bring preventive actions for these individuals.

In order to strengthen the inference highlighted above there are reports^{14,15} that in services with availability on Saturdays and Sundays, third shift (night) or even service 24h, there was a greater male presence than those who do not have these periods.

With regard to the difficulty of finding a doctor and do examinations in the health system, they reinforced it by the expressions described below.

It should have a doctor, be easy to be attended and to get the certificate (I1-G3);

If a doctor, a place and without queues, things would improve (I4-G3).

The planning and management cannot be giving attention to the principle of disclosure of information about the potential of health services and their use by the user described in Law 8080 of 1990 and, on the other hand, there is compliance with the weekly working hours by the doctors, provided in the PNAB⁶.

A better time informed about the services associated with compliance of weekly hours worked by health professionals, as well as the strengthening of the health system, individuals

could expand the recognition of the potential of access, trust in solving the primary health care, approaching the service and claim their rights as citizens.

Associated with the other problems that permeate the male approach of health services, there are, at the units, strategies for attracting these clients and respondents estimate that,

There was not much interest in that part yet, or teams, or managers, seeking men [...] (I6-G2);

[...] We have to do a work within the community so that man go to find the service and the care in health facilities [...] (I1-G1);

We have to do more campaigns, give more information through radio, television oh yes may be they start to become aware (I8-G2).

It is necessary to organize and strengthen more the management and planning, recognition of the need and interest in developing integral care to men's health in the FHS. We have to start working in the community awareness and education of the male population about the benefits and importance of prevention in health care, as well as promotion in the media relevant to this educational process information, rather than simply offering the services in the National Policy of Integral Attention for Men's Health.

FINAL CONSIDERATIONS

The participants in this study showed that management of the implementation process of the Integral Care Policy for Men's Health is incipient, since there is not a strategy designed to implement an integral care service to men's health in the municipality.

The professionals in the process of implementation of PNAISH recognize the need to reorganize the system of managerial and structural environment in which it develops primary care, adherence to the viability of the strategies of the municipality integral attention to men's health and makes clear that some specific actions have been initiated towards the restructuring and reorganization of services, such as the reform of health facilities; remapping of areas covered; the opening of four FHU; adherence to PMAQ and buying specialized urology services.

It was also possible to identify the study of the essential training for formulators of policies and health professionals of FHS as to integral care for men's health, since none of the professionals surveyed had ever been able to meet the man in a specific way. It is considered that professional training is

essential for the development of actions that are structured on ethics, humane and respect the rights of individuals.

Regarding the provision of specific services of attention to the male population in the three groups of FHS respondents made it clear that there is still no medical work; prevention and health promotion to male developed to meet this population. Furthermore, it is noteworthy that there is also a wide disparity in the comparative number of men and women attending primary care, and they access the services of considerably less than them that is a spontaneous demand. The service takes place mainly in the generic form of hypertension, diabetes, medical and dental appointments, so they are prioritized curative services.

Another issue that emerged with great emphasis in the study were social, cultural paradigms, with emphasis on gender as barriers to male approach of promotion and preventive health services.

In addition to gender, men interviewed in Group 03 do not recognize very well the services that are offered at FHU, and we list only the vicinity of the unit with the residence and the gratuity of services as facilitators of approach and adherence the FHS, beyond that the respondents of group 01 and 02 recognize the need to create strategies to attract men to health activities, flexible service hours to the male, as well as promoting better information about the provision of services in the community.

Thus, with regard to planning as a management tool for the implementation of the PNAISH in FHS, we must broaden the dialogue and develop urgently a planning method that takes into account the local reality, the uniqueness of individuals, professional training, recognition of gender issues, the efficient allocation of financial resources and it is based on the humane and respect for human diversity, so goals are set and assessments are directed towards the development of integral care for men's health.

It is worth noting that the study has limitations regarding its generalization, since Brazil is a country of vast geographical territory and of great cultural, social, economic diversity, among others. However, it is understood that their theoretical and practical application is consistent in order to encourage recognition of the managerial, administrative and welfare nuances of healthcare for the man in the various Brazilian regional realities.

Anyway, before all this problem it is essential to reorganize and strengthen management strategies and planning in order to capture the real needs of the male population and articulating with all working in the implementation of PNAISH in FHS actions for development and development of integral care to men's health associated with the dissemination, awareness and education of the male population about the benefits and importance of preventive health.

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