

Implementation of the National Policy for Men's Health: case in a Brazilian capital

Implementação da Política Nacional de Saúde do Homem: o caso de uma capital Brasileira
Implementación de la Política Nacional de Salud del Hombre: el caso de una capital Brasileña

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ABSTRACT

Objective: To analyze the implementation process of the National Policy for Integral Attention of Men's Health (PNAISH) in Cuiabá using gender as reference, according to Ministry proposal. **Methods:** This is a qualitative study, conducted with semi-structured interview with Secretary Municipal Health management team members in the period of 2009 to 2013. The Annual Work Plans and Reports Management were analyzed in the same period. The policy analysis was used as methodological tool and implemented the thematic analysis technique. **Results:** The results showed actions proposal for sexuality and reproduction with a focus on early prostate cancer detection and interaction with private sector companies as strategies for its implementation. **Conclusion:** The study found that these actions, in general, did not foster the necessary change of vulnerable behaviors related to gender, not occurring effective implementation of PNAISH.

Keywords: Gender and Health; Men's Health; Health Management.

RESUMO

Objetivo: Analisar o processo de implementação da Política Nacional de Atenção Integral à Saúde do Homem (PNAISH) em Cuiabá, tomando por referência gênero, conforme proposta Ministerial. **Métodos:** Pesquisa de abordagem qualitativa, com realização de entrevista semiestruturada com os membros da equipe gestora da Secretaria Municipal de Saúde do período de 2009 a 2013. Complementarmente foram analisados os Planos de Trabalho Anual e os Relatórios de Gestão do mesmo período. Foi utilizada a ferramenta metodológica análise de política e implementada a técnica de análise temática. **Resultados:** Os resultados evidenciaram a proposição de ações voltadas para a sexualidade e reprodução com foco na detecção precoce do câncer de próstata e a articulação com empresas do setor privado como estratégias para sua implementação. **Conclusão:** O estudo constatou que estas ações, de maneira geral, não favoreceram a necessária mudança de comportamentos vulneráveis relacionados ao gênero, não ocorrendo a efetiva implementação da PNAISH.

Palavras-chave: Gênero e Saúde; Saúde do Homem; Gestão em Saúde.

RESUMEN

Objetivo: Analizar el proceso de implementación de la Política Nacional de Atención Integral a la Salud de los Hombres (PNAISH) en Cuiabá, tomando como referencia el género, conforme la propuesta ministerial. **Métodos:** Estudio cualitativo, llevado a cabo por medio de entrevista semiestruturada con miembros del equipo de gestión de la Salud Municipal, entre 2009 y 2013. También fueron analizados los Planes de Trabajo Anual e los Informes de Gestión del mismo período. Se utilizó la herramienta metodológica Análisis de Políticas e implementada la técnica de análisis temático. **Resultados:** Demostraron la proposición de acciones para la sexualidad y la reproducción con un enfoque en la detección temprana del cáncer de próstata y la interacción con las empresas del sector privado como estrategias para su implementación. **Conclusión:** Estas acciones, en general, no favorecen el cambio necesario de conductas vulnerables relacionadas con el género, no ocurriendo la aplicación efectiva de la PNAISH.

Palabras-clave: Género y Salud; Salud del Hombre; Gestión en Salud.

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INTRODUCTION

The Ministry of Health (MS) established in 2009, the National Policy of Integral Attention to Men's Health (PNAISH)¹ in order to propose humanized and resolute actions and empowering health professionals to man's care, through the proposition of strategies for the promotion of equity for different social groups. With a view to the implementation of the policy, MH have chosen 26 municipalities that had high rates of mortality in this population to initiate the process.

In 2008, Cuiabá presented alarming figures relating to male mortality rates, which are already configured as a public health problem in the municipality. Facing such a situation, the Capital of the State of Mato Grosso was one of the cities selected by the MH as a municipality for the pilot implementation of PNAISH, considering the total of deaths by external causes, cancers and circulatory diseases, 72.35% corresponded to deaths of men aged 20 to 59 years old (DATASUS, 2013), data showing the importance of the implementation of the policy in the municipality, as a strategy for change in this panorama.

Despite the municipal administration, 2009 have fulfilled the commitment to implement the policy, as they claim the documents of the Municipal Secretary of Health (MSH), the male mortality persisted, as can be seen in the observation data DATASUS concerning 2011. Despite the Policy is implemented in Cuiabá, in the everyday life of the municipal health services, it is observed that, as a rule, few actions specifically aimed at this population were implemented by the authorities at various levels of complexity.

Such epidemiological picture, greatly motivated the realization of this case study on the implantation of PNAISH in Cuiabá, since, in spite of the policy be implemented according to ministerial decision, generally, the actions achieved little contributed to the change in the profile of mortality of the municipality male population, as demonstrated by DATASUS.

Another aspect considered for the definition for conducting this study is that in recent years, there have been numerous changes in the political and administrative management of the municipality, generating the discontinuity of the actions proposed by the MSH, since every new manager who assumed the role of Municipal Health Secretary, new proposals were forwarded, new technical teams were formed and new priorities in established health by determining the change in the operation of management at various levels of health care, a fact that interfered in the process of implementation of PNAISH.

Such a finding justifies this study, that is, a study that suggests to examine the implementation of the plan of action, actions practice through concrete proposals and actions/measures conducted by municipal managers.

The PNAISH proposes that the Family Health Strategy is taken as preferred space for the implementation of the Policy of Men's Health¹, pointing out the importance of considering the issues relating to the gender to its implementation because it con-

siders that the hegemonic male behavior results in the man's little demand for health services, especially in primary health care.

Therefore, the implementation process and implementation of the PNAISH requires that managers and health workers take a differentiated behavior, based also on gender issues for realization of the planning and implementation of actions directed to the male population.

With regard to the plan of action of Cuiabá for the implementation of the Policy, it is observed that the proposal, in general, little have collaborated to change professional and organizational practices that favor the access of the population to health services, in order to create ambience for the male presence in the basic care, preferential entry door in the *Sistema Único de Saúde* (SUS).

This fact justifies the invincibility of man, by the use of violence associated with masculinity, credibility within his fortress and not being ill, health care being a behavior considered feminine, which configures as an obstacle to search health services by men, especially in primary health care.

However, a study that addresses the prospect of man as a SUS user, points out that they want to take care of their health, but complaint on issues relating to the host and the organization of the services².

The marginalization of the male population, with regard to access to health services, is based in gender culture and social policies of the feminist movement that tries to put an end to the historic inequality of women, thus promoting opposite prejudice, since men realize not belonging to health services spaces, designed as female spaces. Discussions from the feminist field little problematize men and masculinities, either as object, either as subject, except as being opposed to the debate on autonomy and the body of women³.

Currently, it is necessary to go beyond the stereotypes that victimize women and guilt men about health-care in a social context, it is necessary the reflection on the social and cultural constructions of masculinities and femininities, since gender relations point more to the "diversity of that difference as a response to the dichotomy and inequality"^{4,46}, when here, there are diversity conceived as multiplicity or heterogeneity, unlike difference that expresses the sense of distinction, to identify characteristics that cannot be confused.

The masculinity and femininity are in practice/in the experience of/to be a man and a woman, from the position that men and women occupy in the structure of gender relations. That is, there are several ways to express masculinity and femininity, extrapolating the usual way socially and culturally established, without losing its legitimacy.

Specifically with regard to meeting the health needs of men, it is considered that health policies can contribute to overcoming obstacles to health care from inequalities of gender⁵, for both the first step would be the recognition of the impossibility of being "neutral" policies in relation to such inequalities, because

not answering these inequalities, it would contribute to its maintenance.

The conduction of the process of implementation of public policies may reinforce prejudices, since health services generally do not offer to men, efficiently, attendances compatible with their needs. To this end, it is necessary a paradigm change as much as regards the perception of the male population in relation to their health care and the health of their family², as on organizational change of health services and the profile of workers who should act with this population.

Despite the PNAISH assume gender as a central concept to be used for the planning and organization of assistance geared to the male population, it is not pointing the same direction. Concrete actions proposed show signs of medicalization of trend male body, along the same lines of the proposals relating to interventions on the female body⁶.

On the assumption that gender is a cross-cutting theoretical element for the analysis of health⁷, events for process not only within families, but also in the labour market and in social institutions and organizations and policies⁸, in this study gender occupies the centrality of the discussion on the process of implementing PNAISH in a capital city of the Central-West region of Brazil.

Against the above, the objective of this study was to analyze the process of implementation of this policy in Cuiabá, based on actions taken by members of the municipal management team, on the theoretical reference gender, as ministerial proposition.

METHODOLOGY

Exploratory and descriptive study of qualitative approach, type case study, which sought to understand how the implementation of PNAISH, in the perspective of the team managing the MSH of Cuiabá, in the period from 2009 to 2013.

The option for the case study based on the specifics of the process occurred in the municipality that has the Policy implemented, but still faces difficulties in its implementation.

It was assumed as a criterion of inclusion for definition of the subject of this study: having been member of MSH management team from Cuiabá in the period 2009 to 2013; have participated in the implementation process of PNAISH in the municipality. With the application of the inclusion criterion there were identified 14 (fourteen) subjects, and 1 (one) of them were not able to participate. Thus, 13 professionals participated as subjects of this study.

The subject of this research were professionals who occupied: the Board of Basic Care: 1 nutritionist, 1 sanitarian, 1 hospital administrator; the Board of Secondary Care: 2 nurses; the Coordination of basic care: 3 nurses; the Secondary care Coordination: 1 nurse; Technical leaders in the area of human health in primary care: 2 nurses and 1 doctor; Secondary care: 1 nurse.

In order to preserve the identity of research participants, the subjects of this study were identified in excerpts as Units of Analysis (UA), followed by the number of the chronological order

that the interview was held (UA1, UA2, etc.).

For the location of the subject it was used the MSH that identified and provided contact forms. Initially it was established telephone contact, at which point they were informed about the research project and requested their participation. After that, it was scheduled a date and location of their choice, for realization of the semi-structured interview.

Before starting the interview, the researcher reported their rights, ensured the confidentiality of the speeches and called for the signing of an informed consent. After asking permission to digital recording, conversations were transcribed soon after by the researcher.

The interviews were as the guiding questions: what are your knowledge about the PNAISH? How was the Policy implemented in its management (actions defined by the Team Manager)? What is your vision about the implementation process?

In this study, it was assumed the policy analysis methodology as a tool to guide the treatment of data. This is a study type with pre-established features, implemented through the approach of four dimensions: the context, the actors, the process and the content⁹, conforming different angles of the same object.

This manuscript is a reflection on the process dimension, which proposes an analysis of the strategies used by social actors involved in the implementation of the policy, negotiations and their purposes.

Thus, with a view to better understanding the process of implementation of PNAISH in Cuiabá, the triangulation of data was performed. Initially a documental analysis of annual work plans (AWP) for the period from 2010 to 2013 and the annual management reports (AMR) for 2010 and 2011, to better understand the proposals of municipal managers. It is worth noting the fact that the AMR of 2012 not being available for review until the end of the data collection, and that the implementation of the PNAISH Project of the municipality was not found/made available.

Then, there were analyzed interviews conducted with the subjects of the study, having as reference the analysis of policy that has guided the formation of the corpus of analysis that was treated with the thematic technique analysis¹⁰ by following the following steps: 1) exhaustive and repeated reading the interviews, making a relationship question to apprehend the relevant structures. 2) mapping of individual speeches based on emerging themes, defined from the exhaustive reading in accordance with the subjective of the research (especially the indexes words and phrases). 3) synthesis of interviews, based on the words and/or phrases indexes interpreted by the researcher, grouping and regrouping the most relevant themes with finalization of the analysis views pointed to thematic units: sexual and reproductive health: prioritization biomedical of aspects and private companies ahead of the process of articulation with the MSH. Completed the process of analysis, the data were discussed from the theoretical referential of gender.

This research was approved by the Ethics Committee

in Research of the Hospital University Júlio Muller with the protocol number 179,098/2012, taking into account the resolution of December 12, 2012 466 of the National Health Council/MH that regulates the performing of the research involving human beings.

RESULTS AND DISCUSSION

Sexual and reproductive health: prioritization of biomedical aspects

The sexual and reproductive health needs are considered priorities proposed by PNAISH. In Cuiabá, one of the practices identified was the inclusion of men in actions concerning Reproductive Planning, these actions performed, mostly by the Secondary Care.

According to the subject of this study, responsible for this level of complexity in health care, the inclusion of men in Reproductive Planning often restrict the participation in the last session of the woman who wants to do the tubal ligation, because at this moment his presence is mandatory, to require agreement of the woman and her partner/husband, as a definitive method of contraception.

Including in family planning meetings the man only goes when we say "the man has to come because he has to sign the document for you to do it". (AU 3).

The PNAISH has as one of its objectives the implementation and implementation of assistance in sexual and reproductive health, in the context of integral attention to the woman and the man's health, adult or young, proposing the extension and qualification of care in male and female reproductive planning, including infertility assistance¹.

Decisions concerning reproductive life of the couple should occur when shared in individual universe and it must be done safely. Study conducted with men and women about reproductive planning showed that the desire of participation of men, by women, and the men's interest in participating are a fruitful ground for resizing roles¹¹, which demonstrates that, in some measure, changes in the hegemonic model of masculinity have creep, as it pertains to this aspect.

The management report of the year of 2011 shows that, of the male population user of SUS in Cuiabá,

Only 263 men were assisted in reproductive planning services, and 130 from them were sent to perform the vasectomy, but only 5 performed the procedure. (RG 2011).

Such data shows existence of a repressed demand in the municipality. Facts as this may contribute to the discredit of the public health services of the municipal network, while in the eyes of those men who have failed to achieve their purpose, the credibility of the service is impaired by moving them further from health services.

The institution of PNAISH, in accordance with the SUS scale

has determined financial allocation for payment of outpatient vasectomy, to the detriment of the procedure performed in hospitals. This initiative aims to facilitate access to the procedure, if the man wishes, decreasing costs for hospitalization and waiting list for hospital beds. The non-realization of the vasectomy, as the PNAISH proposition ambulatory, decreased the attracting men interested in undergoing the procedure, since they have operational dilemmas of MSH, relating to the contractual and financing to carry out the procedure in hospitals.

In addition to the administrative dilemmas, completing this procedure have prejudices regarding risks that men believe exist relating to the exercise of their sexuality, which also limits the search for the method.

Regarding difficulties relating to reproductive planning for implementation of the PNAISH, one of the subjects had no clear whether there were difficulties:

[...] family planning is an older policy, the man has to go for him to sign, how to perform the vasectomy. So for us, it hasn't changed too much... (AU 3).

The excerpt makes it possible to infer that the implementation of PNAISH in the city of Cuiabá has not had great influence on actions that have been developed with regard to the presence of men in reproductive planning service.

Aimed at promoting organizational change carers services to human health, to facilitate their search and stay in these spaces, in 2010 was conducted by MSH of Cuiabá a raising event with the participation of all professionals in the basic care and secondary care, and that focused the care that should be provided by the professional to SUS male population.

For example, the issue of prostate cancer, the urologist explained. It was rather discussed the importance of digital rectal examination, that there is a barrier of medical professionals, explained to the technique and everything. It was well talked. About family planning, about STDs, it was talked about it. On the treatment of STDs in men. I thought it was very good. [...] (addressed) how to answers, treat, which tests to ask, everything that was told. Yes. Yes, the procedure, tests, physical examination, clinical examination. (UA 10).

It was not a training, it was a sensitization. There were three days. I discussed about mental health, STDs, of course, prostate cancer. One day it was mental health, the other day was about STDs and the other about prostate cancer. (UA 10).

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The excerpts show that this awareness the focus remained

centered on aspects of sexuality and reproduction. Considering that the subject of this research were team members of MSH, and for such reason had technical support to direct actions, it calls attention to over-use of the aspects relating to the biological, pathological, treatment, disregarding gender related aspects for proposition of actions directed to the health of this population.

The data demonstrate that actions relating to the implementation of human health in Cuiabá were mostly focused on the organic issues, more specifically in the field of sexual and reproductive health, with a focus on early detection of prostate cancer.

It is considered that this situation come from the prevailing professional culture that generally is to a reduction of the body, such as biomedical the only approximation of health needs considered as valid. Thus, the inclusion of aspects of culture may only be enrolled in health practices if this mode of proceeding is criticized in its various dimensions¹².

We need to consider that gender is one of the organizing dimensions of social relations that produces inequalities, then health policy under the SUS needs to recognize the existence of these inequalities and answer them, with a view to promoting equity of gender⁵.

In this sense, the courses offered to professionals are essential to the implementation of a policy created for the reformulation of concepts about what is being a man, that promotes reflection on quotes provided as appropriate to act socially as a man and to exercise the masculinities.

The approaches in the trainings should promote the reflection on the determinants of health and seek collective strategies to rebuild behaviors that put men in conditions of vulnerability.

This is the great challenge of permanent education in health practices: "to produce auto-interrogation of themselves in the act care producer; putting politically in ethical discussion, at both individual and collective place, of the work"^{13:173}.

The findings point to the need for training and professional qualification, action that may contribute to implementation of changes in the imagination of professionals and managers who conceive man as a being who does not seek health care and end up, in some ways, contributing to the permanence (historic) relational culture in health care¹⁴.

The scientific literature shows that men's health needs are not limited to the prostate problems and other illnesses relating to biological aspects. We need to consider the psychosocial and cultural aspects, without restricting care to emergency or assistential actions¹⁴. However, as noted in the excerpts, this capability is still little observed in the rationality of the actions proposed by the MSH management team of Cuiabá, participants of this study.

The speeches demonstrated that the theme more worked in awareness was the early detection of prostate cancer, since in the context of reproductive planning, of STDs and of mental health care, prostate care was as anew theme to be merged into health

care provided by primary care and secondary care.

[...] These trainings encompassed several things: STDs, condom, which already exists. So we guide even more. [...] in the prostate. (UA 9).

This rationality is evidenced in the reports concerning the implementation of the PNAISH in the capital, which are quantitative purposes on:

[...] the amount of men who underwent PSA (Prostate Specific Antigen) [...] amount of men who made rectal examination [...] amount of referrals for consultation specializing in urology and mental health. (RG, 2011).

A similar result was found in a study conducted with nurses from a health center of the city of Rio de Janeiro that aimed to meet and analyze the vision of these professionals regarding health care and which found a reduced vision to prostate problems¹⁵.

In this study a few subjects showed to understand the need to consider psychosocial aspects for the implementation of PNAISH. To accept such thing means acknowledging that the provision of specialized services not necessarily determines the increased demand in search of male care in basic health and specialized units, but that it is vital to the host for their needs widely.

I think the technical part he [health professional] has prepared, but he needs to always improve, especially the part of the host. That's something that still has a lot of disabilities. In the technical part, how to diagnose, how to deal, treat, I think in that respect it's no problem. (UA 4).

[...] Because you don't need much to make attendance at primary network, it is actually open space for man, welcome him, break the ice with the man. But I think there's still more awareness of the entire team, especially if you look at the family health program. [...] So, it's a job to primary level, I see that it is extremely important to sensitize more the team. What's the point of the material if the team isn't looking for man? (UA 10).

Such statement did not ensure that concrete proposals were forwarded by the managers with a view to sensitizing the professionals working in direct assistance to the man, which would favor the understanding of psychosocial aspects need to be considered in the organization of services, as the excerpt below.

The team in order to assist the man from the moment he arrives in Polyclinic, we still need a lot of training, see what is the intention of the men's health policy. Because you often go there and the professionals don't know what is the intent of this policy. In practice, we do not notice (AU 3).

The different understandings about what is necessary for

the implementation of the PNAISH hindered the process, with regard to meeting the needs of biomedical order, whether with regard to psychosocial background needs. The differences can be detected between the levels of attention in the same lapse of time, and in the opposite situation-same level of attention in different periods.

However, various subjects pointed to biomedical questions as guidance to services organization, taking as a reference the actions directed to the female population, a fact that leads some authors to give name to these biomedical actions as medicalization of male body⁶.

A similar result was found in a study that analyzed the implementation of PNAISH in five Brazilian municipalities, in which professionals turnover led to different levels of knowledge about policy and guidelines on routine deployment of services¹⁶.

It is considered that the valuation of the biological aspects of human health related to the detriment of the social and cultural aspects related to gender follows against the policy, since this relies on the evidence of social, cultural and institutional barriers that determine different health outcomes when compared populations of men and women⁵, considering the great challenge of a policy geared towards men is to mobilize the male population to fight for their right to social security health⁶.

Private companies ahead of the process of articulation with the MSH

The implementation strategy of PNAISH in Cuiabá more referenced/valued by respondents was the alliance with companies in the private area. However, it calls attention the fact that this is not an initiative of MSH, but companies who sought the Secretary, as it is evidenced in the excerpt that follows:

[...] many construction sites looking for the Secretary to say "is there a men's health policy, you can explain the company?". It's been happening a lot since last year, from August. Many companies came saying "look, I've got about 600 men who work with me and I heard it has a policy and I wanted to know how it works". So we go to the place and explain that the health of the man came to improve the attendance [...] (UA 5).

In 2010 the National Social Service for Industry (SESI), supported on PNAISH, has formulated a document guiding companies to articulate with the State and municipal health Secretaries in order to strengthen the educative actions in industries' health.

This document aims to have solutions to the problems that prevent the exercise of a healthy lifestyle, combined with existing practices for prevention of work-related accidents, considering the absence of the man at work affects institutional and personal level, considering that the company/institution ceases to rely on its workforce for the production and the personal financial loss

of its absence.

So, it is possible to infer that the pursuit by the Secretaries were more related to the orientation of the SESI than the own Edition of PNAISH. In spite of this we can say that for MSH of Cuiabá such initiative conformed as a possibility of concrete action for the implementation of the policy.

However, it calls the attention to the fact that the themes addressed by the companies were not the same proposed by MSH, but rather defined internally, they are: STDs, first aid and immunization. Assuming that the MSH, in some measure, passed to companies part of the responsibility for the implementation of the policy.

The alliances established for the implementation of policies must find ways to operate together, abstracting interests of the parties⁹. In this context, the alliance does not meet the interests of both sides and to the goals of the companies, since the health care-related behaviors of men were apparently remained.

[...] We sometimes lectured [...] in those industries in the industrial district, which have more men working. All who spoke, but I was right there. [...] couldn't get the aim of bringing him to unit (UA 11).

The use of collective spaces and contexts mostly male and privileged locus of discussion on health promotion is essential, because we must go where the men are, since men generally do not seek/frequent services for resolution of their health needs.

The main goal of the alliance with the areas where there are massive presence of men is not restricted to take knowledge of health, but also to make them aware that healthcare is not just a woman thing⁴.

Study that addressed the influence of education on health, through the realization of educational practices in companies, found that the lectures promoted greater awareness about the importance of prevention, to seek medical advice periodically and to adopt healthy living habits. However, it has the timetables as something negative for employers for the implementation of this practice, corroborating the importance of coordination between the private area and the State and municipal health secretaries in order to partnering that help managers in dissemination of male health promotion¹⁷.

The health unit is regarded as a location inappropriate to achieve the male population on the basis of the social imaginary that values the invulnerability of man and their form of hiring in the Brazilian labor market determines the permanence at that location for long periods, making his attendance to health services. Thus, the labour space conforms as preferred location for the development of preventive actions to reach this population group.

The subject of this study recognize that one of the diffi-

culties of man access the health service is the release of the employer. However, it is necessary to consider also that, sick men reflect both in decrease of productive force employment institutions, as the high cost of rehabilitation of health for the health system.

[...] The man has already lost a day of work, lost his job because he has to treat themselves and the bosses don't care, they want them to work. They don't know that man also gets sick, so they are dying. (UA 5).

Considering the work gives moral virtue dignified to man, firming it towards society and providing social recognition¹⁸, his absence to attend health services/basic health units, as a rule, is not well accepted by own men seen that due to the organization of work there implemented, there is a risk of losing the whole period of work.

In this way, the relationship with the private area companies must occur with the concern over the results and impact of actions. Guidelines and moments of reflection in places with high concentration of men are valid because warn men about emerging health problems, but the change of vulnerable behaviour arising from the relationship between the genera is possible only through the mutual interest of public and private institutions, to transform the current panorama.

The articulation between MSH and the industries of the municipality can potentially contribute to a large extent, with the change in the epidemiological profile of the male population, considering behavioral changes can be achieved through promotion and prevention interventions with specific groups with common interests, being, therefore, essential that occur and strategically planned.

FINAL CONSIDERATIONS

To look reflexively to the actions taken/proposed by members of the management team of MSH from Cuiabá to PNAISH implementation enabled the observation that the municipality presents situation similar to that found in other locations where similar studies were conducted.

Best meaning this fact it can be said that, basically the actions proposed are in the field of practices directed to attend the health needs relating to biomedical aspects, such as those that relate to sexual and reproductive health, with emphasis on the prevention of prostate cancer and reproductive planning.

It is necessary to emphasize the effective articulation between MSH and private area companies as a valid strategy and prospect of positive results for the implementation of PNAISH. However, it is important to emphasize the need for the establishment of alliances that produce positive results on a bilateral basis, in which the interests of the municipality are also addressed, with a view to discuss again the behavior of men in relation to the care of their health.

Therefore, it is important the viability of the team manager of

the municipality to promote the implementation of health practices also focused on the conceptions ressignification of professionals regarding the relationship man/healthcare.

The use of the gender approach in the discussions aims to achieve changes in the organization of health services at the municipal level, from a sociocultural look. These changes potentially favor the presence of men in these spaces from providing services that truly meet the needs in health presented by this population group.

This study had as its limitation the inability to analyze the actions agreed involving the tertiary level of care, composed mostly by private services at the contract stage, acquiring a complexity that is incompatible with the time available for this study.

Another limitation was the no access to PNAISH implementation project in the city, a fact that made better/greater understanding of the process proposed by the management team, since it should be thoroughly planned actions.

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