Original Article

TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

IMPLEMENTATION STRATEGY FOR MEN'S HEALTH ACTIONS: ACTION-RESEARCH POTENTIALITIES AND CHALLENGES

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ABSTRACT

Objective: to analyze the implementation strategies for adult men's health actions in Primary Care.
Methods: action-research conducted with 12 adult men and 14 health professionals from a Family Health Unit in the municipality of Salvador, Bahia, Brazil. Multiple data production techniques were employed, namely: systematic observation, semi-structured interviews, field diaries and contextualized photography, across the action-research stages. Thematic Content Analysis and interpretation based on the axes of the National Policy for Comprehensive Men's Health Care were used.
Results: three categories emerged from the conceptions of men and health professionals: health care for men, differentiated strategies, and lessons learned.
Discussion: the culture of the strong, unyielding provider man who does not get sick and considers illness as a sign of weakness exacerbates toxic masculinity, requiring a transformation through acknowledging that men are not inherently averse to care but, rather, they are socially shaped.
Conclusion: recognizing the institutional barriers became important for the discussion regarding access to health services. The action-research challenges and potentialities enabled the elaboration of an action agenda to enhance access and welcoming at the study health unit.

DESCRIPTORS: Men's health. Primary Health Care. Health workers. Education in health. Nursing professionals.

HOW CITED: Rodrigues JP, Amorim RC, Carvalho RC, Sousa AR, Souza SL, Almeida AM, Matheus FAV, Silva RS. Implementation strategy for men's health actions: action-research potentialities and challenges. Texto Contexto Enferm [Internet]. 2023 [cited YEAR MONTH DAY]; 32:e20230187. Available from: https://doi.org/10.1590/1980-265X-TCE-2023-0187en

ESTRATÉGIA DE IMPLEMENTAÇÃO DE AÇÕES EM SAÚDE DOS HOMENS: POTENCIALIDADES E DESAFIOS DA PESQUISA-AÇÃO

RESUMO

Objetivo: analisar as estratégias de implementação de ações em saúde para homens adultos na Atenção Primária.
Métodos pesquisa-ação realizada com 12 homens adultos e 14 profissionais de saúde de uma Unidade de Saúde da Família no Município de Salvador, Bahia, Brasil. Empregou-se multitécnicas de produção de dados: observação sistemática; entrevista semiestruturada; diário de campo e fotografia, contextualizados, entre as etapas da pesquisa-ação. Utilizou-se a Análise de Conteúdo Temático e a interpretação baseada nos eixos da Política Nacional de Atenção Integral à Saúde do Homem.
Resultados: das concepções dos homens e dos profissionais de saúde emergiu-se três categorias: cuidados em saúde para homens, estratégias diferenciadas e lições apreendidas.
Discussão: a cultura do homem forte, provedor que não adoece e que coloca a doença na condição de fraqueza, potencializa a masculinidade tóxica, necessitando transformá-la pelo reconhecimento de que o homem não é naturalmente avesso ao cuidar e sim moldado socialmente.
Conclusão: reconhecer as barreiras institucionais tornou-se importante para a discussão do acesso aos serviços de saúde. Os desafios e as potencialidades da pesquisa-ação possibilitaram a elaboração de uma agenda de ações para ampliação do acesso e acolhimento na unidade de saúde do estudo.

DESCRITORES: Saúde do homem. Atenção primária à saúde. Trabalhadores de saúde. Educação em saúde. Profissionais de enfermagem.

ESTRATEGIA DE IMPLEMENTACIÓN DE ACCIONES EN MATERIA DE SALUD MASCULINA: POTENCIALIDADES Y DESAFÍOS DE LA INVESTIGACIÓN-ACCIÓN

RESUMEN

Objetivo: analizar las estrategias de implementación de acciones en materia de salud masculina para hombres adultos en Atención Primaria.
Métodos: investigación-acción realizada con 12 hombres adultos y 14 profesionales de salud de una Unidad de Salud de la Familia en el municipio de Salvador, Bahía, Brasil. Se emplearon múltiples técnicas de producción de datos, a saber: observación sistemática; entrevista semiestructurada; diario de campo y fotografía, contextualizados entre las etapas de la investigación-acción. Se utilizó Análisis Temático de Contenido e interpretación basada en los ejes da Política Nacional de Atención Integral a la Salud Masculina.
Resultados: surgieron tres categorías a partir de las concepciones de los hombres y los profesionales de salud: cuidados de salud para hombres; estrategias diferenciadas; lecciones aprendidas.
Discusión: la cultura del hombre fuerte y proveedor que no se enferma y que categoriza a las enfermedades como una condición de debilidad potencia la masculinidad tóxica, con la debida necesidad de transformarla admitiendo que los hombres no son naturalmente reacios a cuidarse sino moldeados socialmente.
Conclusión: haber reconocido las barreras institucionales revisitó importancia para debatir el acceso a los servicios de salud. Los desafíos y las potencialidades de la investigación-acción permitieron elaborar una agenda de acciones para expandir el acceso y la recepción en la unidad de salud del estudio.

DESCRIPTORES: Salud masculina. Atención Primaria de la Salud. Trabajadores de salud. Educación en salud. Profesionales de Enfermería.

INTRODUCTION

Men's health care in countries, especially in the Americas, requires strengthening[1]. The everyday actions focused on the male population in health services are still not a reality, mainly in the Primary Health Care (PHC) context[2]. Global initiatives have been encouraged by entities such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO) in recognizing the need for promoting healthy masculinities and the risks posed by toxic masculinity models to the health of men, women, children and society[3].

In the literature, especially the Brazilian one, there is a historical series that reveals a diagnosis of the low adherence of the male population to health services. This scenario reveals an association with a culture of hegemonic masculinity and the understanding that men do not get sick, contributing to the construction of gender identities in which the masculine reinforces certain attributes, such as being aggressive, strong, rational, a provider, dominant, sexually unlimited, opposing sensitivity and care, including their own health[4–5].

As harmful consequences of this masculinist construction, barriers to health promotion and prevention care are observed, with a significant increase in the morbidity and mortality rates revealed through early deaths of men, mainly due to external causes (accidents and violence) and cardiovascular diseases, intensified by risk behaviors. In addition to that, the reduced use of health services is due to time constraints and, mainly, to the self-perception of being physically and mentally infallible. These factors played a crucial role in formulating the principles and guidelines of the National Policy for Comprehensive Men's Health Care (*Política Nacional de Atenção Integral à Saúde do Homem*, PNAISH)[6–7].

Previous studies also strongly emphasize the various hindering factors and barriers to men's access to and welcoming in Primary Health Care (PHC) services, which are intensified in immigration contexts[8]. In the Nursing field, findings indicate issues in training, management and the work process, as well as challenges encountered in communities and in the establishment of bonds and interactions[9]. However, a literature review pointed out that there are competencies and skills in Nursing related to men's health to be explored, justifying conduction of this study, which aims at overcoming the problems experienced in daily health care by employing encouraging efforts to achieve better results[10].

Gaps in the literature regarding successful experiences and best practices in men's health still need to be overcome, especially in terms of the participatory movement, articulated between research and intervention. In this sense, Action-Research, whose research problem emerges from the practice and based on experiences, such as in the particular case of nurses and multiprofessional teams working in the Family Health Strategy (FHS), contributes to the analysis and implementation of actions in services, as it is an research practice approach that continuously evolves in reflection and action spirals[11–12]. However, potentialities and challenges can also be found in using the method within the practice setting, which should make its utilization more sensitive, critical and problem-oriented in order to find coherent and appropriate strategies for researching and acting in the face of a phenomenon.

In this context, and considering that after 13 years of having implemented the National Policy for Comprehensive Men's Health Care (PNAISH) in Brazil, there are gaps in access and reception for men; this calls for an ongoing educational and professional development agenda that encompasses the various health needs and demands[13]. It is noted that this study has direct implications for the production of scientific knowledge and for practice in the Nursing field and other health areas that need to be explored.

In light of the above, this study was guided by the following question: Which are the challenges and potentialities in using implementation strategies for health care actions targeting adult men in Primary Care? The objective of this study is to analyze the implementation strategies for health care actions targeting adult men in Primary Care.

METHOD

An action-research study, with the purpose of emphasizing participation and equality between researchers and participants[12]. The study protocol met the criteria set forth in the *Revised Standards for Quality Improvement Reporting Excellence – SQUIRE 2.0.*

The research was conducted in a peripheral neighborhood within the Pau da Lima health district in Salvador, Bahia, Brazil. The health territory is characterized by a significant population, predominantly of Black ethnic/racial background, with an inadequate primary care coverage network. The research locus was a Family Health Unit (FHU), which consists of the following staff: one Manager, two Administrative Assistants, four Physicians, four Nurses, four Dentists, four Oral Health Assistants, six Nursing Technicians, six Community Health Agents (CHAs), one Pharmacy Technician, one Cleaning Agent, and one Laboratory Technician, totaling 34 workers.

Based on systematic observation, actions were ordered, records were made, the scenario was analyzed, and interpretations of the actions employed in the field were conducted. A field diary[14] was also used for documenting personal observations, impressions and perceptions for later interpretation. Individual in-depth interviews[15] were conducted, guided by a semi-structured script that included sociodemographic and occupational characteristics and the empirical phenomenon under investigation. Finally, the methodological resource of photography was used to illustrate the routine of the service, the environment (physical structure), and the actions implemented with the target audience (interactions)[16]. Given the multiple techniques outlined, the design of the subsequent stages was established.

The first stage involved conducting the diagnosis, which included understanding the study locus, assessing the situation, and identifying and defining the main problems. Consequently, the physical structure of the unit, its operational dynamics, the services offered to men, as well as their satisfaction[11–12].

In the second stage, the planning process involved interaction of the diagnosis, which was supported by the objectives of the actions designed, the means required to achieve them, and the participants who carried out the activities proposed[12]. To do so, the planning was aligned with the schedule established by the Municipal Health Department, which included meetings with the professionals, joint presentation and definition of the actions, such as exclusive welcoming for men with guaranteed access to the services offered at the FHU; and survey of sociocultural aspects, occupation and educational background of the participants[17].

The third stage included execution of the actions[12]. The men participated through scheduled appointments and educational activities in the strategy called ‘Men’s Saturday’, established in the municipality at the FHUs. To such end, there was participation in three health actions with a monthly interval, allowing time for (immediate) evaluation and planning of the subsequent stages. These Men’s Saturday events were documented through observation and photographs.

The fourth stage involved immediate evaluation based on the pre-defined criteria: identification of the participants’ expectations for potential changes in care, conducted at the end of each day. Subsequently, meetings were held with the health team to review the men’s feedback and analyze the results of the appointments and interviews conducted. In addition to that, a satisfaction survey regarding the Men’s Saturday strategy was employed for the participants who attended, using a *Likert* scale: structure: excellent; good; fair; poor, along with an open-ended question for justifying their answers to the closed-ended questions.

The data obtained were systematized, organized and subjected to coding through derivation of codes. Subsequently, a Content Analysis was carried out[18]. For this, the statements were broken down, resulting in a grouping of thematic categories and subcategories.

Below is a Figure 1 depicting each stage in the research development.

Figure 1 – Description of the stages in the research development. Salvador, Bahia, Brazil, 2023.

Interpretation of the findings was supported by the PNAISH normative framework, based on its principles and guidelines, particularly regarding the Access and Welcoming axis for the male population in health services[6,19].

The research ethical aspects were adhered to, following the recommendations set forth in Resolution 466/2012 of the National Health Council. The research protocol was approved by the Research Ethics Committee.

RESULTS

The action-research methodology allowed for an understanding of the challenges and potentialities, based on the men seeking care in this health unit and on the health professionals who are part of the team, through listening to their voices and intervening in the problems identified. The field notes allowed recognizing the scenario – the health territory/health district under investigation, characterization of the infrastructure, existing resources and technologies, the dynamics of health professionals, appointment schedules and service flows, and the presence and movement of male patients in the units. In addition to that, it was possible to identify health demands and needs and map the challenges and potentialities in the implementation strategy for men's health promotion at the FHU.

The spirals and movements in the participants' testimonies led to the emergence of three analysis categories, based on the identified conceptions of the men and health professionals, following the exploration of the fully transcribed material; followed by a thorough reading with subsequent extraction of passages into registration units and submission to a study guided by the theoretical foundation, with the aim of enabling data coding, classification and aggregation into categories.

The research participants were: Group 1: 12 men, aged from 20 to 59 years old, mostly single, with schooling levels from Complete Elementary School to Complete High School. Those who had children ranged from one to eight offspring. Those who expressed professing a religion indicated: Adventist (1), Candomblé (1), Catholic (5), Christian (1), and Evangelical (3). Among the occupations mentioned by the participants were assistant cook (2), barber, massage therapist, mechanic, mason, doorman, product stocker, sales supervisor, and street vendor. Three participants reported being unemployed, and one was on sick leave due to health issues. All participants were residents in the areas covered by the FHU.

Group 2: 14 professionals from the FHU team, mostly female, aged from 28 to 60 years old, married, with one to three employment contracts, and having completed Higher Education. They had technical training in the Nursing areas – Nursing Technician (2), Clinical Pathology (1) and Community Health Agent (3), and Higher Education in Biology (1), Nursing (2), Medicine (4) and Dentistry (2). It is worth noting that some professionals had more than one level of professional training. Selection of the men and professionals took place in the process of systematic observation[13], guided by a script that was internally validated by the research team. The following factors were considered for observation to such end: 1. Male users of the GHU, based on the specific or general appointment requests; to whom the users directed themselves and how they behaved; 2. Health professionals: which ones approached the men, how they interacted in the spaces of the FHU.

Health care for men: Challenges and dilemmas

Most men are aware of the necessary habits to maintain their health, but they only partially adopt these measures, and some admit not following such care, creating an ambiguous and challenging scenario permeated by dilemmas:

[…] *early in the morning, I... I don't eat much; I try to eat a little and take my medication. I go to the doctor every month.* (M3 – 59 years old); […] *I come for vaccinations, prenatal monitoring when my wife was pregnant, and now I bring my child for appointments and vaccinations* […] *but... I also come when I feel something, then I look for care here or at the Emergency Care Unit when I feel something.* (M2 – 22 years old); […] I come regularly, always trying to take care of myself (M4 – 54 years old); […] *I come for dental treatment and to accompany my wife to her appointments.* (M10 – 50 years old).

The behavior of going for morning walks, eating well, taking routine medications, updating the vaccination record and undergoing dental treatment are reported by the male participants as ways to maintain their health. However, the challenge arises from the prevailing gender culture, self-care devaluation and the difficulty accessing basic services, which are social barriers. In other words, it is part of a social, cultural and political construct:

[…] *I come when I feel something. Today, I'm not feeling well with a cough and the flu.* (M12 – 56 years old); […] *What brings me to the health center is that I have diabetes and high blood pressure, so I came to seek improvement.* (M5 – 52 years old).

"Differentiated strategies": The professionals' voice and perspective

For the most part, the participating professionals reported lack of specific actions for a men's health agenda. The services provided are generalist, without paying special attention to male health demands as recommended by the PNAISH:

[…] *It's the same for everyone, but men are not the same, there's no equality in treating men differently because they don't come.* (P1 – 40 years old, Nursing technician); […] *In the São Marcos FHU, I don't see a specific program for men. The programs the unit offers are for the general*

population. (P2 – 42 years old, nurse); […] *I perceive certain lack of differentiated strategies from the perspective of motivating the male population to seek health services.* (P3 – 28 years old, physician).

In the case of the FHU under study, the organizational structure is focused on immunization and prenatal care, which benefits groups historically prioritized in Primary Care actions and, consequently, limited the scope of actions for other groups, as evidenced in the content. In this sense, the men's health actions addressed in the Men's Saturday Program in the action-research territory showed the need for improvements to the service, such as better promotion on the unit's bulletin boards regarding service days and appointment scheduling to ease access.

In addition to that, the men reveal that the Men's Saturday strategy helps those who work during weekdays and that they receive excellent care. However, some barriers such as delayed test results hinder follow-up:

[...] *The service was excellent every time I came here. I find the care here very attentive because it's a public unit, and I found it to be very attentive and caring for the patients.* (M2 – 22 years old); [...] *I've already seen a doctor and had an examination. The test that takes 3 or 4 months for me to get the results is challenging. I don't know exactly what's available for men here because I only need the general practitioner, and there's only a general practitioner for men, and I can get the service, I'm well assisted.* (M4 – 54 years old); [...] *I'm careless; I'm not one to take care of my health, and I don't seek health services very often. I focus a lot on work, so I only have free time on Saturdays and Sundays* [...] *I think the Saturday service is ideal* [...] *for someone who works like me, it's the only day I have to take care of my health, and it's the only day I can come because the services don't operate.* (M9 – 26 years old); [...] *it's very good here. On my part, I only have good things to say*.[...] *in my case, it's the patient who should take care of themselves because there's guidance, but then we think we're doing well when we don't feel anything and then we disregard what was explained. Saturday helps a lot. Today, I was going to the Emergency Care Unit, but it was open here, so I came because I'm tired and have a cough.* (M12 – 56 years old).

Lessons learned

Potentialities were apprehended, which presented themselves as lessons to be learned. It was perceived through the professionals' narratives that there is a need for improvement and investment in courses focused on serving this population group. New practices and ideas were suggested, such as increasing the flexibility of Saturday service hours and making these services available in the weekly schedule. The importance of men finding other men at the FHU was also emphasized, as a facilitating aspect for sharing specific health issues:

[…] *having Men's Day once a week. A day with open demand exclusively for men, so that whenever they arrive, they get assistance, and they would only find men at the health center and* […] *share their problems* […] *with other men.* (P1 – 40 years old, nursing technician); […] *Monthly Saturdays focused on men's health, not just targeted actions* […] *in Blue November.* (P3 – 28 years old, physician); […] *offer training for professionals, both doctors and nurses, and nursing technicians; increase flexibility of the service hours and expand Saturday appointments. I believe that by offering more Saturdays, we could attract more men.* (P10 – 36 years old, physicians).

In addition to the reports from the professionals, the male participants also emphasized the importance of Saturday appointments and the expansion of vacancies for specialized care:

[…] *I think that it's great to have Saturdays like this; there should be more of them because we do everything in one day and have access to the doctor. There should be one Saturday, then one Saturday off.* (M10 – 50 years old); […] *I'm well assisted here. When there's something they can't handle, they provide a referral and send me elsewhere. If everything was here, it would be good.* […]

because […] *it's very difficult to keep coming here to make appointments outside. For example, I have a neurologist, so I searched and searched, but nothing. It's been two months now.* (M8 – 28 years old).

In this way, it is important to recognize institutional barriers as a challenge to access the health services at the São Marcos FHU and the difficulty obtaining specialized care when needed. For this purpose, the phenomenon under study was expressed through the spiral movements, reflecting the theoretical and philosophical perspective of action-research, based on its interconnected, consecutive and integrated stages. In this way, health education actions for adult men in the Primary Health Care (PHC) setting were challenging and, at the same time, full of potentialities to be experienced by the men themselves and improved upon by the health professionals at the FHU.

By employing the diagnosis of the observed reality, the challenges of infrastructure and assessment of men's health needs in the territory emerged, as well as the potentialities for service reorganization in relation to the existing supply and demand.

The planning specified the challenges of intersectoral articulation, the availability and mobilization of health teams, the availability of materials and supplies at the FHU, and the dissemination of health communication strategies with male users in the territory. The potentialities included construction of a new health agenda for the male population, expansion of access and service provision, and existence of an active health team. In addition to that, the action generated challenges in recruiting male users, organizing the services to comprehensively meet their needs, preparing teams for gender-based work and masculinities in men's health care, in addition to conducting the research along with the care provided. The potentialities that emerged included strengthening health education, expanding the development of strategies such as "Men's Saturday", and optimizing the mobilization of different actors in the territory: male socialization settings, family members, women and community social organizations.

Finally, in the evaluation phase, the challenges that emerged were related to the ongoing assessment of the actions developed by the teams, listening to men's feedback on the service, and the professionals' performance and the strategy developed. The potentialities manifested themselves as the opportunity for teams and men to listen and use health evaluation techniques in the service (Figure 2).

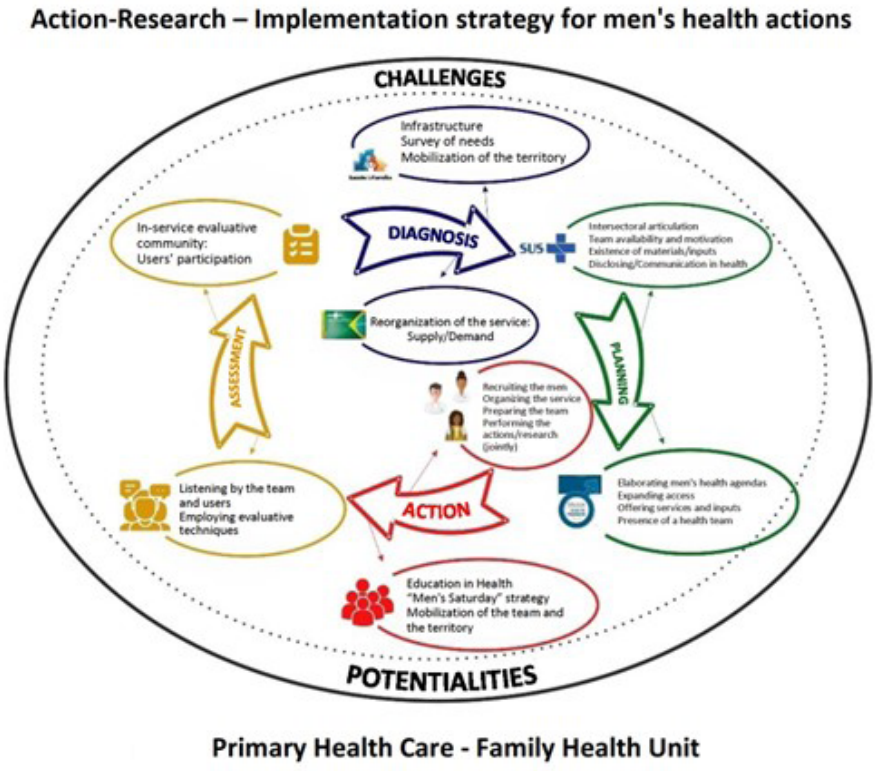

Figure 2 – Explanatory pictogram of the action-research strategy for implementing health actions targeted at men. Salvador, Bahia, Brazil, 2023.

DISCUSSION

The study investigated the strategies for implementing health actions for adult men in the Primary Health Care context. Through the methodological approach in the field, Action-Research challenges and potentialities were evidenced. Our findings revealed gender-related dimensions in the perceptions and health behaviors of the male population, as well as structural and organizational aspects of the FHU services, from a methodological perspective, in the field research conducted. In terms of potentialities, Action-Research proved to be aligned with the need for implementing transformations and improvements in the service routine, considering the previous needs assessment involving various stakeholders and processes. However, challenges were evident, such as the constant need for dialogue and articulation within and across sectors, with the teams, with the men, and with the community. There was also integration and subsequent analysis/interpretation of data from various sources and techniques employed, as well as convergence between each stage of Action-Research development, aiming at methodological, scientific and practical rigor.

In terms of the "users" dimension, our study revealed that men exhibit some positive health care behaviors, expressed through practices such as morning walks, routine medication use, vaccination record updates, good nutrition and dental care. However, due to social, cultural and access difficulties seeking health care, preventive health is oftentimes compromised. This is corroborated by national studies that indicate that men tend to resort to the health system when they have serious health issues or when they find themselves unable to work[19–21]. These results reinforce the need to better recognize, value and enhance the care practices, as well as the meanings and significance attributed by men to health care, strengthening their connection to Primary Health Care services. Therefore, it is crucial to seek strategies to address vulnerabilities in territories, especially in peripheral areas, and reaching adolescents and young men[22,23], just as it was in this study.

The study pointed out that men perceive the "Men's Saturday" strategy as positive for self-care, as they are well assisted and it allows for appointments during the weekend. However, they mentioned barriers such as delayed test results and difficulty scheduling appointments with specialized services, which hinders follow-up. In addition to the delay in scheduling diagnostic tests or specialized appointments, another factor contributing to men's distance from health services is the high demand backlog, oftentimes resulting in longer waiting times to schedule appointments, which can be at odds with men's expectations regarding prompt access to care. In this way, the importance of the institutional barriers as a challenge for accessing health services and the difficulty obtaining specialized care when necessary are acknowledged. The objective is to develop measures that promote access not only through isolated actions but with the purpose of providing comprehensive care, as advocated by the PNAISH[24,25].

Such being the case, men suffer more from severe and chronic health conditions and have higher mortality rates than women due to the leading causes of death[26]. In this study, the findings corroborate the existing literature, which indicates that men's use of Primary Health Care services is lower when compared to women.

This condition can be related to toxic masculinity, which promotes the culture of the strong, provider man who does not get sick and perceives illness as a sign of weakness. Transforming this culture involves recognizing that men are not inherently averse to care but, rather, that they are socially molded, with the consequent need to provide and practice education in childhood based on care values and models.

Thus, it is possible to highlight the low accessibility of the male population to the services in the FHU under study, as well as the lack of specific service offers and the need for action in the sociocultural dimensions through educational initiatives and changes in the strategies of this health service from a gender perspective, with preventive practices, whether structural or cultural in nature.

Health services have difficulties absorbing the demand brought by men due to their organization, which does not encourage men's access and the fact that public health campaigns are less focused on this population segment[25,26]. The professionals' narratives mention lack of specific actions for men's health, considering them to be generalist, contrary to what is proposed by the PNAISH. This indicates the need for advancements in professional skills in health, such as the medical practice[27], as well as overcoming barriers and difficulties in men's access to Primary Health Care services, given specific health demands related to sexual and reproductive health[28], control of diseases[29], mental health[22], in addition to considering the social determinants of health, territorial specificities and the neglected health inequalities related to men's health and the social construction of masculinities[30]. This should take into account territoriality and the ethnic and cultural diversity of the male population to be served, as well as other global challenges related to the male population[31–32], in addition to the pursuit of gender equality in the relationships within health services, whether in Brazil or in other countries[33].

This study has limitations, including the use of research within the weekly agenda of the FHU under study, vertical management within the Technical Area of Men's Health in the municipality researched, which hindered systematic use of all research techniques, lack of data triangulation in this study, and absence of external evaluation by individuals not involved in the research phase.

Regarding the contributions to Nursing, the study highlights the challenge of promoting qualification of the professionals and the development of innovative permanent education and training projects within the multiprofessional team. Therefore, it is considered that it was possible to analyze the barriers to men's adherence to this health service using the methodology proposed and the elaboration of an action plan in accordance with the Technical Standards of the Municipal Health Department of the municipality researched, with the objective of expanding access and welcoming at the FHU. Finally, further studies on men's health are essential to contribute to implementing the actions proposed by the National Policy for Comprehensive Men's Health Care, especially in the COVID-19 post-pandemic period.

CONCLUSION

This action-research study enabled transformations in the perspective of health professionals and users. It proved to be important for strengthening intracategory bonds, both among and with men, through the planning and implementation of men's health strategies at the FHU. Thus, it promoted an understanding of the challenges and potentialities of educational actions involving men in the routine of the services within the territory, revealing the health needs required by men, as well as the needs of health professionals for care production, aiming to fulfill the policies focused on men's health, their specificities and scientific basis to guide decision-making and health care.

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NOTES

ORIGIN OF THE ARTICLE
Extracted from the dissertation – Implementation Strategy for Men's Health Actions: Action-Research in Salvador, Bahia, presented at the Professional Master's Degree Program in Nursing of *Universidade Estadual de Feira de Santana*, in 2022

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH
Approved by the Ethics Committee in Research of the *Universidade Estadual de Feira de Santana*, opinion number 5,183,337 and Certificate of Presentation for Ethical Appraisal 52259821.8.0000.0053.

CONFLICT OF INTEREST
There is no conflict of interest.

EDITORS
Associated Editors José Luís Guedes dos Santos, Maria Lígia Bellaguarda.
Editor-in-chief: Elisiane Lorenzini.

TRANSLATED BY
Leonardo Parachú.

HISTORICAL
Received: August 8, 2023.
Approved: October 4, 2023.

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