



# Vulnerability of young men and their health needs

*Vulnerabilidade de homens jovens e suas necessidades de saúde*

*Vulnerabilidad de hombres jóvenes y sus necesidades de salud*

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## ABSTRACT

**Objectives:** To identify the health behaviors of university students, young men, to know the perception of them about caring for their health, and to describe practices adopted for the prevention of sexually transmitted infections. **Method:** Descriptive and exploratory study, with a qualitative approach, developed with 25 students aged 18-29 at a public university in Rio de Janeiro. To the data analyzed, the content analysis technique was applied. **Results:** Those university students perceived caring as a female practice. They were unaware of their health peculiarities, with the perception that they do not get sick. Because of that, they only seek health services in emergency health conditions. **Conclusion and Implications for practice:** There are challenges to overcome in the practice of men's care. As the vision of the invulnerability of these men, there is an absence in the search for health services. Furthermore, a sort of unprepared health services does not meet the needs of these young people through strategies that contemplate them uniquely and holistically. The gaps identified allow us to raise inevitable questions and bring about changes in attitudes toward situations in the male context. It is necessary to reverse existing vulnerabilities and consequences on the men's health of these men.

**Keywords:** Men's health; Social Vulnerability; Masculinity.

## RESUMO

**Objetivos:** Identificar as condutas de saúde dos homens jovens universitários; conhecer a percepção dos homens jovens universitários sobre o cuidar de sua saúde; e descrever as práticas adotadas para a prevenção das infecções sexualmente transmissíveis. **Método:** Estudo descritivo e exploratório, com abordagem qualitativa, desenvolvido com 25 jovens universitários entre 18-29 anos numa universidade pública do Rio de Janeiro. Para análise dos dados, utilizou-se a técnica de análise de conteúdo. **Resultados:** Os homens jovens universitários percebem o cuidar como feminino, desconhecendo suas próprias particularidades, com a percepção de que não adoecem e, com isso, só procuram o serviço de saúde em situações de emergência. **Conclusão e Implicações para a prática:** Existem desafios a serem vencidos na prática da assistência, como a visão de invulnerabilidade desses homens, a ausência na busca pelos serviços de saúde, o despreparo dos serviços de saúde para atender às necessidades desses jovens, com base em estratégias que contemplem, de forma singular e holística, essa população. As brechas identificadas no estudo permitem levantar futuras questões e provocar mudanças de atitudes voltadas a situações do contexto masculino, a fim de reverter vulnerabilidades ainda existentes e, também, as consequências dessas atitudes na saúde desses homens.

**Palavras-chave:** Saúde do homem; Vulnerabilidade Social; Masculinidade.

## RESUMEN

**Objetivos:** Identificar las conductas de salud de hombres jóvenes universitarios; conocer la percepción de ellos sobre el cuidado de su salud; y describir las prácticas adoptadas para la prevención de las infecciones de transmisión sexual. **Método:** Estudio descriptivo y exploratorio, de enfoque cualitativo, desarrollado con 25 universitarios entre 18-29 años en una universidad pública en Rio de Janeiro. Se utilizó la técnica de análisis de contenido. **Resultados:** Los jóvenes perciben el cuidado como algo femenino, sin darse cuenta de sus propias peculiaridades, con la percepción de que no se enferman y, con esto, solo buscan el servicio de salud en situaciones de emergencia. **Conclusión e Implicaciones para la práctica:** Hay desafíos que superar en la práctica de la atención, como la visión de la invulnerabilidad masculina, la ausencia en la búsqueda de servicios de salud, servicios de salud no preparados para satisfacer las necesidades de estos jóvenes a través de estrategias que contemplan de manera única y holística esa población. Las lagunas identificadas nos permiten plantear preguntas futuras y provocar cambios en las actitudes relacionadas con situaciones del contexto masculino, a fin de revertir las vulnerabilidades existentes y también las consecuencias de estas actitudes en la salud de estos hombres.

**Palabras clave:** Salud del hombre; Vulnerabilidad Social; Masculinidad.

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## INTRODUCTION

The male presence in the health scenario has become a major challenge for public policy and health professionals. Studies show that men represent higher rates of mortality and morbidity than women, showing that their inclusion in the primary care service is less expressive than the female.<sup>1</sup>

According to the Brazilian Institute of Geography and Statistics ("IBGE"), in 2016, male mortality was concentrated in the age group between 15 and 29 years, highlighting that an adult male in this age group was 4.5 times less likely to complete the next year of life when compared to women in the same age group.<sup>2</sup>

Men's health has been gaining ground in public policies, since historically, in Brazil, its actions were specifically aimed at women, adolescents, children and the elderly. Men's health care was restricted to actions related to the treatment of chronic diseases, such as diabetes mellitus and hypertension. Only in 2008, the Ministry of Health launched the National Policy for Integral Attention to Men's Health (NPIAMH).<sup>3</sup>

On the other hand, culturally, men do not have the habit of taking care of themselves, since their presence in health services is barely visible, even today. We sought to understand the justifications of men for this phenomenon and the first of them was the association of the act of caring to the female and non-male nature. Associated with this, men find it difficult to verbalize their feelings, and may show weakness, another feature said to be feminine. Justifications regarding work were also presented as a central cause.<sup>4</sup>

Thus, studies that seek to understand the relationship between gender and masculinity have endorsed the debate about men's health and bring masculinity as a practical configuration around men's position in gender relations; today there is a culturally hegemonic masculinity that serves as a model for this population.<sup>5</sup>

According to the Youth Statute, people between 15 and 29 years old are called young people. The sexually active population concentrates people of different ages and also young people, which total 51 million Brazilians.<sup>6</sup> From these data, it is evident the need to approach young men differently, as a unique group that has its own identity and knowledge. Their behaviors and attitudes must be understood from their universe and from the meanings they attribute to the different facts and events of life.<sup>7</sup>

Youth is characterized by vulnerability arising from the characteristics of one's age, lack of decision-making skills, difficulties and, why not say, the inexperience of these young people in dealing with their feelings and the feelings of others. Similarly, responsibility is not always present with regard to their involvement in affective and sexual relationships. It is a phase in which you enjoy discoveries and everything is new. For these reasons, this aspect of development represents a condition of vulnerability.<sup>8</sup>

The risk behavior that young people assume in the 21<sup>st</sup> century brings us to their vulnerability in the individual, social, economic and family context. Nowadays, discussing this subject is extremely relevant, especially when considering the young college student, who may be better informed; however, seeking

care for their health occurs when their symptoms begin to cause harm, which may lead to a care of high complexity.

Men are more prone and vulnerable to disease than women because of their greater exposure to behavioral and cultural risk factors. The gender stereotypes of society also influence the devaluation of health care practices and cause in men aggravation as a result of not seeking health services.<sup>9</sup>

Vulnerability, when linked to public health, is related to the risks that a given population has to acquire, or not, a disease. In this case, the male population has high risks, since, naturally, they are not caring for their health, for reasons imposed even by society.<sup>10,11</sup>

Male vulnerability is linked to both the individual and the collective. When related to the individual, whether or not they are aware of the risks posed by sexually transmitted infections, for example, directly influences the sexual habit of these men. As well as related to the collective, the fact that the man is characterized as a manly figure, has an uncontrollable sexual desire, always has to take risks are values instigated since childhood that directly hinder preventive campaigns, for example.<sup>11</sup>

Social, economic, cultural, ethnic, psychological and behavioral factors are determinants capable of influencing the occurrence of health problems and risk to the population. The major diseases leading to the death of the male population are linked to cardiovascular diseases such as acute myocardial infarction and ischemic diseases, cirrhosis and hepatitis, malignant neoplasms such as prostate and lung cancer, and external causes such as suicide and violence.<sup>12</sup>

The justification of this research is based on the fact that it is a topic little discussed in the academic environment, highlighting the need for reflection on health promotion and prevention of injuries to young men, intervention on risk factors that the male population is exposed to and on the recognition of health as a right of citizenship.

Therefore, the objectives of the study were to understand the perception of young college men about taking care of their health, describe the practices adopted by young college men and discuss the vulnerabilities of young college men focused on disease prevention.

## METHOD

This is a descriptive study with a qualitative approach, having as setting a public university located in the city of Rio de Janeiro.

Considering the scope of the study scenario, an academic unit of health science was selected. Twenty-five young college men participated in the study, and the number of participants was determined according to the saturation criterion. In this strategy, the researcher, through his work in the field, realizes that he was able to understand the logic of the participants, the group or the community studied and that this knowledge reflects the totality of the multiple dimensions of the object of study in question.<sup>13</sup>

Inclusion criteria were: those aged 18-29 years; without restriction regarding the student's academic period or time.

Participants were randomly selected according to their presence in the study setting.

The study followed the ethical aspects and the determinations contained in Resolution 466/2012 of the National Health Council (NHC/MH), which regulates research conducted with human beings, and was approved by the Ethics and Research Committee under Opinion No. 3,316,951 and CAEE 10955619.6.0000.5282.

As a data collection instrument, the semi-structured interview was used, which starts from certain basic questions supported by theories that are of interest to the research and which will then offer a wide field of interrogation.<sup>13</sup>

Data collection occurred during their academic activities, in compliance with the annual calendar. In order to safeguard the identity of respondents, identification codes were used. The letter I, of interviewee, was chosen, followed by a cardinal number identifying the order of the interviews performed. The interview was recorded in an attempt to understand how the study participants understand their health needs, for later data transcription and analysis according to Bardin.<sup>14</sup>

After collection, the data were transcribed and organized. Intending to know the meanings behind the speeches placed during the interviews, the method used was the content analysis, because all that is said is susceptible to being subjected to such a method.<sup>14</sup>

The object of content analysis is the word, individual aspect of language; its objective is the meanings of the words, trying to understand the actors and the environment in which they are inserted. The analysis is organized in three stages: a) pre-analysis; b) exploration of the material and c) treatment of the results, inference and interpretation.<sup>14</sup> For the systematization of the findings, a fluctuating reading was performed, clipping of the registration units (RUI), verification of the context units; RU classification and coding in order to aggregate them, generating categories.<sup>10</sup>

Based on the data obtained and subsequent evaluation, it was possible to organize them into two categories, namely: Young men's perception of taking care of health and of their vulnerabilities; and Practices adopted by young men to prevent sexually transmitted infections.

## RESULTS

### Young men's perception of taking care of health and of their vulnerabilities

The research participants bring the perception of taking care of their health, with regard to health promotion and disease prevention as a feminine role. For them, men culturally grow with a vision of a strong figure who cannot cry or feel pain and who often has the role of foundation of their families and, therefore, should not show weaknesses.

*[...]I'm not taking very good care of my health. Women take better care of themselves [...]* (I.16)

*[...]men express themselves less, for sure, we have a lot of not wanting to cry in public or alone, this shows weakness. [...]* (I.15)

The centrality of women as a representative of care is still present and sustained until today, which can be analyzed in the speech of one of the participants, who states that the preventive form of follow-up examinations is not a natural practice for men, but to women. Therefore, the participant in question ends up considering himself feminine.

*[...]I take a routine exam every 6 months normally. I am 60% female and 40% male [...]* (I.1).

It is important to emphasize the importance of a social and cultural deconstruction about the vision of care that goes beyond demonstrating weaknesses, as it refers to a way of being, attitudes and understanding of their needs and thoughts.

The entry of students in higher education causes a series of changes in their daily lives, allowing new knowledge and experiences. On the other hand, concomitant with this knowledge, there are demands and pressures, which ends up affecting the health of college students. In addition, there is an exacerbated competition in the modern world, which causes the young person to place a great burden of responsibility and demand upon himself. By asking participants if they take care of their health, the following answers come up:

*[...]I don't take care of myself, I don't have time. [...]* (I.9)

*[...] due to the rush of everyday life, unfortunately, what we least care about, at least me, is about my health and, when I see it, I already have a health problem. [...]* (I.17)

The university environment can be considered, in some way, as a risk factor to the health of this young person, because the lack of time does not only affect the access to health services, but also the diet and the practice of healthy lifestyles, such as physical exercises, which are important to maintain healthy balance.

*[...] my health, I confess that is very poor with regard to care. I am part of a routine that consumes me almost twenty-four hours a day. It's a time that I could be devoting to my health. Although I could in the meantime consume healthier products or do some kind of exercise, drink less [...]* (I.18)

It is important for the young person to understand their limits and to understand when the body needs rest and health needs attention. In addition, universities could insert integrative activities that would allow this student to practice physical exercise so that, even in an academic environment, health could be better maintained.

The National Policy for Health Promotion leads to a reflection on the object health, besides bringing the promotion as a challenge to be faced and overcome on a daily basis. It is

known that there are several difficulties related to health care, such as: the sanitary reality, the relationship of citizens with the state, different lifestyles, the fight against inequalities. This care only occurs satisfactorily if, necessarily, there is the demand and interest of users for health services intended for promotion, which is one of the biggest challenges that must be overcome.

In this context, the difficulties encountered by young men in the search for health care still prevail.

*[...] once, I went to the family clinic to see how my health was doing, but they wouldn't accept because they could only help me if I had a problem, if I don't have a problem then there's no need, that's what they said. [...]* (I.20)

Once this practice is not implemented, the seeking to prevent diseases in health services, the individual will be increasingly predisposed to risks and, consequently, more vulnerable to acquiring diseases.

*[...] I cannot, in the public service, seek prevention. They only seek to offer treatment. They say that men don't look for, but when I try to they don't want to make an exam. I feel helpless in this sense of prevention. [...]* (I.11)

There is still a gap to be filled, since not all health units have the Policy for Integral Attention to Men's Health (NPIAMH) in place to serve the male population. The policy is fundamental to expand the access of men to health services at different levels of care, promote and respect the ethics and rights of men, taking into account their socio-cultural, political and economic characteristics. In the course of this research, it emerged that men are unaware of the existence of this policy, because of the 25 participants, only two knew it.

*[...] no, does anyone know? [...]* (I.10)

It is noteworthy that the "low demand" for these services occurs because the health unit has more programs aimed at women than men, and this is one of the reasons that, according to the participants, make men only look for them when they are sick. This statement is perceived in the following statements:

*[...] I think the campaigns are aimed at other audiences, such as women, children and the elderly, and it turns out that men are left out. [...]* (I.9)

*[...] it serves more to the health of women, the elderly and children, but there is no strong campaign for men's health. You only see Blue November, which is the prostate. [...]* (I.8)

When asked about how they seek care to take care of their health thinking about avoiding health problems:

*[...] I only search in an emergency; as a way of prevention, I don't. [...]* (I.25)

*[...] I even think about seeking, but I have no initiative. I end up searching only when I am very sick. [...]* (I.6)

*[...] when I see that I am very bad, almost dying, then I look for it. [...]* (I.16)

Another situation present in the daily life of young men regarding the care of their health is the ignorance of their particularities. For the majority of the population, the prevailing thought is that men only suffer from prostate-related health problems, high blood pressure, diabetes, smoking, tuberculosis – among other diseases, whether chronic or not – but it is known that, as well as there are specific diseases of children, women and the elderly, there are also diseases that affect the male population.

*[...] I'm too young to have health problems [...]* (I.20)

*[...] I'm too young to have prostate problems, only after 50 years. [...]* (I.22)

Because there is no publicizing, knowledge and greater dissemination about the diseases that can affect the male population, for various reasons and, especially, due to inadequate hygiene, makes men unaware of their own particularities. When faced with unusual health conditions such as Chronic Noncommunicable Diseases (CNDs), they do not seek help or believe that it is not something that requires attention and will soon pass. In addition, many men do not know their own genitals, so they also do not initially recognize when something is going wrong.

*[...] I never had a specific male need. [...]* (I.18)

In contrast to the view of vulnerability, there is invulnerability, which is understood when an individual is not in a vulnerable state, that is, of fragility. For many men, this has already become an absolute truth; some say they abide to all the knowledge they need for their health to the point that they know they are not vulnerable. When asked if they felt vulnerable about their health, some answers were:

*[...] not in this moment, because I feel healthy to the point of not having to seek medical attention. [...]* (I.8)

*[...] I don't feel so, I'm okay. [...]* (I.16)

### **Practices adopted by young men to prevent sexually transmitted infections**

Young college men are in a moment of life of discoveries, and so, many are exposed to various risk factors for contracting certain diseases. When related to individual vulnerability, whether or not they are aware of the risks they are taking can lead them to contract sexually transmitted infections, remembering that it is considered, to this population, that care is feminine, that they are young to acquire diseases and spend most of their time at the university, where parties are effectively present.

Even with all the campaigns currently running on the benefits of condom use, many young people still have the view that there is only a need to use them to prevent pregnancy.

*[...] I always use condoms. I don't want to have another surprise child. [...]* (I.1)

Some men find it difficult to introduce condom use into the relationship as it brings the idea of infidelity and may cause concern to their partners. Preventing and protecting yourself are well-known synonyms when it comes to sex, be it vaginal, oral or anal. This practice can come in many forms and one of the main ones is the use of condoms, which is the cheapest and easily accessible method, with free distribution in health services, besides avoiding the transmission of sexually transmitted infections.

However, not all young people use condoms, even though they are aware of the risks they are facing.

*[...] no, even knowing that we are vulnerable. [...]* (I.17)

*[...] not every time. At the time, I forget to take it and I go on anyway. [...]* (I.13)

It can be noticed that, during some speeches, the participants report that an affective commitment is reason for not using a condom, that is, if there is trust, the care decreases and its use becomes unnecessary.

Issues related to gender, power, culture and common sense become definitive when deciding on condom use, thus defining relationships and preventive measures.

In addition, as women look for health services, many young people, because they believe their partners are taking care of themselves, do not worry about using condoms and performing self-care.

*[...] but now that I'm in a serious relationship I don't use it, it's harder to use. [...]* (I.4)

*[...] I mean sometimes I use a condom, sometimes I don't use it. [...]* (I.16)

Another situation pointed out by the young participants is that condom use is bad and uncomfortable, despite understanding that the use is correct.

*[...] I know the use of condoms is correct, but it is very bad. [...]* (I.15)

*[...] I do not use condoms, as it is unpleasant. [...]* (I.23)

The statements show that the young university man believes it is impossible or little possible to acquire a STI, however, the reality portrayed in the latest epidemiological bulletin of the Brazilian Ministry of Health shows that the growth of AIDS in youth remains an important concern.

*[...] I do not use condoms because it is uncomfortable, but I'm not at risk of a STI either. I take care of myself [...]* (I.23)

## DISCUSSION

The discourses that young college men bring about their health needs reflect the gender issue in relation to care. From the very beginning, there has always been a division of labor where men had to hunt in order to bring the livelihood to his family. This fact further reinforces the idea that the man was not "created" to take care of himself. For women, work was more restricted to home, family protection and childcare. This form of thinking has remained to this day, assuming a naturalness between the woman-care relationship.<sup>15</sup>

Socially and culturally, there are barriers imposed on men so that they don't show signs of weakness and insecurity. These difficulties hinder men's demand for health services and make them not have the habit of resorting to specialists and, if they do, will break an imposed barrier.<sup>16,17,18</sup>

The National Policy for Integral Attention to Men's Health is a great advance, seen from a perspective in which men have gained a place in public policies and guaranteed rights on the care of their health. One of the main objectives of this policy is to promote health actions that contribute significantly to the understanding of the singular male reality in its various socio-cultural contexts.<sup>17</sup>

Given the speeches and literature, it is noticeable that there are many challenges to be overcome. These include: men's view of health care as a preventive form; the adequacy of health services to meet the needs of this population, both in relation to programs as well as training of employees for the reception and the opening hours of these units. These strategies are fundamental, as promoting health is something that must be implemented and built collectively and as a community, so as not to advance to more serious diseases that need more invasive care.<sup>18,19</sup>

However, it is necessary to implement changes in health services, especially in order to increase the equity and comprehensiveness of actions provided to men. These actions only become effective if their needs are understood and met.<sup>19-23</sup>

Therefore, comprehension only occurs if there is understanding of what is affecting health. Some diseases can be prevented simply, such as performing simple hygiene, properly, to prevent the growth of microorganisms.

Consequently, education about men's health is important in educational environments, guidance to health service users about their particularities and even prenatal care, a space in which mothers are oriented on how to take care of their male child. Finally, in health units, with the promotion of self-examination, proper hygiene so that there is knowledge of the particularities and, at the same time, with encouragement to self-care.

From the speeches of the interviewees, it can be observed that the biggest concern related to condom use is focused on pregnancy. The prevalence of the concern with pregnancy prevention over STD/AIDS prevention is high among the young

population, which has pregnancy prevention as the main focus of condom use in their relationship.<sup>20-22</sup>

There are a multitude of vulnerability factors, both individual and social, that can compromise the constant use of condoms among young people, such as forgetfulness, decreased pleasure, discomfort and even knowing their partner's fidelity, since being faithful seems to be a feminine condition, as faithfulness to women is often a matter of love and self-esteem.<sup>21-23</sup>

It is important to deconstruct this thinking, which is often built due to lack of knowledge and based on the experiences of others. Therefore, it is necessary to reinforce even more, that there are, besides condoms, other methods to prevent pregnancy. Condoms, in addition to pregnancy, are the only form of prevention against Sexually Transmitted Infections (STIs), which have as their main route of contamination the unprotected sex act, reinforcing the harms if such STIs are not prevented correctly.

## CONCLUSION AND IMPLICATIONS FOR PRACTICE

The health area has a lot to reflect on the theme. Therefore, in choosing the object of this study, we had in mind to develop a research that could raise and discuss issues for the area of nursing practice in the context of young college men and their vulnerabilities.

It is noteworthy that the present study had limitations inherent in a qualitative investigation, since this methodology does not aim to measure and generalize the investigated facts. Another limitation is related to the fact that the study was developed in only one public university and, therefore, may not reflect the reality of young people from other universities, who live in a different social and historical context.

This study brings contributions to the field of prevention, understanding that, by the dissemination of knowledge, it is possible to clarify young college men about the various doubts associated with the context of STI. Similarly, it warns them to take care of their own health, positively impacting them to adopt new, more effective and safer sexual and health behaviors.

Given the reports obtained, it is clear that young college students are exposed to multiple factors that can make them vulnerable in some aspects of their health. Among them are the view of care as a feminine role, the university environment, vulnerable behavior, leading them to the exposure to diseases and even risking their lives.

It is proposed to nursing professionals to reflect on the health of young men, given the fact that men, in general, die earlier than women. Therefore, this study brings the importance of health education as an ideal pillar to strengthen this young person's bond with health services, avoiding emergency contact, which happens only when the adverse event occurs.

It is necessary to think about this young man in his socio-cultural context, strengthening his inclusion in the health service at the primary care level, in order to clarify his doubts and possible vulnerabilities. It is important that health services enter universities,

considering them as a space for intersectoral actions, with view to promoting a social reintegration of coping with STIs, as well as other diseases that affect this population. From the findings presented, it is possible to identify the challenge and highlight the importance of thinking about prevention as the current health education response in this context.

STIs have been – and still are – treated in a general manner, except for HIV, which stands out in prevention policies. This lack of visibility of infections and their respective forms of transmission, symptoms and health consequences provokes a struggle with something unknown by these young people and evokes doubts and uncertainties, in a way that they cannot visualize and identify the danger that surrounds them.

Finally, it is concluded that it is necessary to invest in health education of this population. The best and most effective way to win this fight is through knowledge.

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