CARE CONCEPTS AND PRACTICES FROM MEN'S VIEWPOINT[1]

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ABSTRACT: Seeing care from men's perspective is a challenge, given that it has always been associated with women. The objective of this qualitative, exploratory and descriptive research was to describe the concepts and practices of care based on men's perception. Narrative interviews were undertaken with 13 men aged between 20 and 30 years old, living in the catchment area of a Family Health Care unit. Based on the thematic analysis, the results showed that the men conceive of care in a wide, unique way; they constitute beings of care for family members, friends and colleagues; they practise care through diverse actions and attitudes; and, in a reciprocal relationship, feel themselves to be cared for by women-mothers-wives-sisters. This study's relevance for nursing was established, as it will contribute to the planning of practices which are innovative and consistent with these subjects' conceptions.

DESCRIPTORS: Men's health. Nursing. Culture.

CONCEPÇÕES E PRÁTICAS DE CUIDADO NA VISÃO DE HOMENS

RESUMO: Olhar o cuidado na perspectiva dos homens é um grande desafio, visto que sempre esteve associado à mulher. Por meio de pesquisa qualitativa exploratória e descritiva, teve-se por objetivo descrever as concepções e as práticas de cuidado a partir da percepção de homens. Foram realizadas entrevistas narrativas com 13 homens entre 20 e 30 anos, residentes na área de abrangência de uma Estratégia de Saúde da Família. A partir da análise temática os resultados demonstraram que os homens concebem cuidado de forma abrangente e singular; se constituem seres de cuidado para familiares, amigos e colegas; o praticam por meio de ações e atitudes diversificadas; numa relação de reciprocidade se sentem cuidados pelas mulheres-mães-esposas-irmãs. Foi constatada a relevância deste estudo para a enfermagem, uma vez que contribuirá com o planejamento de ações inovadoras e condizentes com as concepções desses sujeitos.

DESCRITORES: Saúde do homem. Enfermagem. Cultura.

CONCEPCIONES Y PRÁCTICAS DE CUIDADO EN LA VISIÓN DEL HOMBRE

RESUMEN: Mire cuidadosamente la perspectiva de los hombres es un gran desafío porque esto siempre ha sido asociado con las mujeres. Por el medio de una pesquisa cualitativa exploratoria e descriptiva, el objetivo fue describir las concepciones y las practicas de cuidado a partir de la percepción de hombres. Fueran realizadas entrevistas narrativas con hombres entre 20 y 30 años, residentes en la área de alcance de una Estrategia de Salud de la Familia. A partir del análisis temático, los resultados mostraron que los hombres conciben cuidadosamente y de forma global los seres singulares constituidos por cuidado de familiares, amigos y colegas, la práctica a través de acciones y actitudes variadas, en una relación recíproca sentirse cuidado por mujeres-madres-esposas-hermanas. Se observó la importancia de este estudio para la enfermería, ya que ayudará con la planificación y las acciones innovadoras en consonancia con las opiniones de estos sujetos.

DESCRIPTORES: Salud del hombre. Enfermería. Cultura

INTRODUCTION

All species, including humans, survive because mutual care exists, and as a result of this care everything lives, reproduces, takes care of itself, relates to others and transforms.[1] To ensure life to the group and the species, men and women organize themselves around certain fundamental needs, "[...] such as sustenance, protection from bad weather conditions, defense of territory and safeguarding their resources".[2:28]

To men fell the task of undertaking activities requiring strength – such as hunting and defense of territory; and to women, activities linked with food, clothing and habitat, which are thought of as calmer, more humble and less spectacular activities. This division of tasks by sex, laden with symbolic values, demarcated men and women's place in social and economic life, based on a variety of ways of life and customs which led to different groups having their own rituals and beliefs.[2]

Since then, care has been associated with women, for whom all the cares compete, revolving around all that grows and develops – a viewpoint which includes children, the sick and the dying.[2] In this way, women came to be considered symbols of care – and men to be considered to be not socialized for this role.

Referring to care's naturalization as something innate to women and alien to the male universe, "fortunately, for an ethical perspective which valorizes flexibility and open-ness to the new, people do not internalize gender attributes and hegemonic models as on an assembly line".[3:87] On the contrary, one can perceive that it was women, observing their place in society, who started the movements criticizing power relations, and claim their space in the job market and transformed the experience of sexuality and family structure. In the same way, men also perceive the existence of masculinities which are built around the hegemonic model.[3]

Based on the supposition that these questions are socially- and culturally-constructed, it becomes necessary to relativize this patriarchal culture. Not viewing the care and the care alone from the female perspective, but understanding in the differences how care is processed in the male universe. In this direction, studies have indicated that the social responsibility for care, historically attributed to the female gender, is gradually ceasing to be exclusively of women, bearing in mind that some male carers were found who were affectively involved with the care of the family, their children, ill people and with self-care.[4-7]

In the face of the above, one may ask: what are the knowledges and care practices developed and carried out by men, aged between 20 and 30 years, resident in the catchment area of a Family Health Strategy (ESF) unit? In this context, the research presented in this article aimed to describe the concepts of care and care practices based on the perception of men resident in a mid-size municipality in the interior of Rio Grande do Sul.

This study's rationale finds support in the professional experience of the authors when they note, in daily care routines and in the teaching-learning space, attitudes and behaviors which prioritize women's and children's health to the detriment of male subjects, who are not considered in their specific characteristics.

This study's contribution, therefore, is of great social and academic relevancy for men's health care, as it will contribute to a greater proximity between these subjects and health professionals and health services. Specifically, for nursing, the contribution is linked to the restricted knowledge which the health professionals have of the male universe. Also, because the understanding of men's vision of the world, and of their values and beliefs in relation to care will give nurses the possibility of rethinking care practices directed at men's health and of collaborating with the implementation of the National Policy for Comprehensive Care for Men's Health.

METHODOLOGY

This is a qualitative investigation with an exploratory, descriptive character. For selecting the subjects, the following inclusion criteria were used: men, aged between 20 and 30, belonging to the ESF catchment area; the exclusion criteria was: subjects who had some illness recorded in the 'A' File on the Primary Health Care Information System (SIAB). The collection period occurred between February and June 2010.

The age range chosen is justified because it represents the greatest mortality from external causes in Brazil,[8] as well as because of these service users' invisibility in the Family Health Unit (USF), ascertained through a search of the outpatient treatment records for the period prior to the research. This population, therefore, is not known to the health team. The catchment area of the USF was chosen because it is a gateway to

primary care, an area through which the National Policy for Comprehensive Care for Men's Health provides for the strengthening of health actions and health services for men.

The exclusion criteria, morbidity in the 'A' File, was made with the aim of investigating the conceptions and care practices which go beyond care centered on the illness, and give a voice to the subjects who were not in contact with the health team due to some illness, that is, men who generally do not attend the health center.

Taking into account that in qualitative studies there is a concern with deepening the knowledge on the object in question, the number of participants was decided on the principles of empirical saturation of data and internal diversification.[9] The first is understood as the moment at which the search for new subjects ceases to add any new data to the investigation. The second is related to the need to maximize the internal diversification, that is, to attain the greatest diversity possible and cover the different perspectives of the problem.

To this end, using the principles referred to and the inclusion and exclusion criteria described above, two subjects were separated from each micro-area and, in ascending order, (number obtained from the 'A' File of the SIAB), Home Visits (HV) were carried out for previous contact, explanation of the objectives, authorization of the study, and arrangement of a place and time for the interview. Twelve subjects opted for the interview at home and only one was held in the health center. Thus, with 13 interviews, the empirical saturation and the internal diversification were covered, as the socio-demographic data are differentiated between the informants.

The decision was made in this study to use narrative interview, which is structured with guiding axes which lead the subjects to report how specific events took place, to narrate their experiences, and narratives which they heard or participated in.[10] For obtaining the narratives, the following phases were followed: preparation, initiation, central narration, questions, and the conclusive phase,[11] based on the guiding axes: Care for oneself; Care of the other; and Being-Cared-for. Such axes were conducted with the following questions: speak about some event in which care was present and in which you participate or participated; speak of a situation in which you felt cared for by somebody; tell your experience in relation to self-care.

The thematic analysis was organized into three phases. The first, the pre-analysis, the second, the exploration of the material, and the third, the treatment of the results, the inference and the interpretation.[12] The pre-analysis was constituted by the operationalization and systematization of the initial ideas, at which time the transcription of the interview happened, and which as a result represented the first contact with the data. In sequence, the floating reading was undertaken so as to obtain a more direct contact with the statements and then, the constitution of the corpus, which permitted the organization of the empirical material in such a way that it was possible to obtain a general view of the collected data.

The phase of exploration of the material was characterized by the transformation of the raw data, which was classified by means of cutting out, numbering and grouping. Thus, on achieving the nucleus of comprehension of the text, five categories were selected which emerged from the accounts of the subjects on the matter in question: meaning of care, care with the other, being cared for, care for oneself, and health services and care for men. This article shall present the first three categories, because they express with greater emphasis the knowledges and care practices in the perception of the people researched.

Finally, there was the phase of treatment of the results obtained and their interpretation. This was when, based on the empirical material from the review of the literature, inferences were proposed and interpretations made, envisioned in the theoretical framework, as well as other paths being opened around theoretical dimensions recommended by the reading of the material.

To ensure and valorize ethical conduct during the entire process of this research, the individuals' rights were respected, taking into account what is prescribed by Resolution 196/96 of October 1996, of the National Health Council. It should be emphasized that the research project received a favorable decision regarding its execution under ref. CAAE 0330.0.243.000-09 of 26th January 2010, of the Federal University of Santa Maria's Research Ethics Committee. To guarantee the subjects' anonymity, these are represented by the letter S (Subject) followed by the number 1, 2, 3 up to 13.

RESULTS AND DISCUSSION

The data presented in this article is founded on three categories: meaning of care; care with the other; and being cared-for.

The care from the viewpoint of men

Throughout the narratives, it was possible to grasp that all the subjects conceive of care in an encompassing way, such that they expressed it in the following ways: *being with, giving support, accompanying*.

[when the father was hospitalized] *whenever we could we were there together, sitting around him* [...] *I care for him this way, in the early afternoon and at the weekends that we're together, when I'm at home* [...] *at breakfast time, when we drink some chimarrão*, we sit together out in front* [of the house] (S8).

Now I'm here because I need to stay with mother, for the time being, she needs me, since Dad died she has been like this, depressed, she needed me to be nearby, so I'm giving some support until she gets better from this (S9).

In these reports there is the indicator that the subjects place themselves in the place of the other so as to understand the situation confronted through "being together", "staying with", and in this way promote in the being cared for, the opportunity for growth, that is, it involves encouraging the other to the point of helping him or her to care for him- or her-self. It is observed that the care that they carry out expresses the "being with". This means that to care for another person we must understand him or her and his or her world, as if we were within him or her. For this, we need to be with him or her, "[...] to feel within how life is for her, what she makes effort to be, and what she needs to grow".[13:57] The fact of *being with* another person suggests, fundamentally, remaining in her favor; and this involves incentivizing her to believe in herself.

Other narratives expressed the care as an attitude of zeal, worry, help and attention:

[...] *what we worry about is my daughter, to look after everything, where she walks, where she goes, what she's doing, we're always after her, to see what happened, because we worry* [...] (S13).

[...] *I help my wife at home, I wash the dishes, clean the house, make the food because she's pregnant and can't lift weight* [...] (S2).

In these statements, the men announce the care not as a simple action, but as an attitude which brings about responsibility and involvement with the other. Caring involves more than a moment of attention, zeal and commitment, it represents therefore an attitude of occupation, concern, responsibilization and affective involvement with the other, "more than an act; it is an attitude".[14:33]

In the narration of S8, the care is expressed in reciprocity: [...] *from them* [the employer] *I can't complain, because when Dad got ill, it was them who helped me, they, like* [said] *'whatever you need, you come here and tell me, don't be embarrassed' and I said: 'Thanks! I'm grateful'. So if they rang me now, I'd run to help them! And with my uncle, if he needs me, I'll care for him, I feel good doing that, you know?* (S8).

It stands out, throughout this narrative, that the subject expresses himself emphatically, demonstrating his conviction of his readiness to give himself for others, so as to repay the attitude of help received at some point of vulnerability through which he had passed. This data, also found in other studies,[4,15] confirms that the need for relating between people is inherent to the human condition to live in society. Therefore, to allow social relationships to occur, human beings make themselves available to give themselves, in the form of presents or attitudes, with the intention of having in exchange some sign that they were noticed and accepted and, in turn, that there will be a paying back of the donation in various ways, whether symmetrical or non-symmetrical.[15]

The narratives presented up until now reflect how the care is understood by the men in this study. For them, the care occurs in a diverse way and encompasses the comprehensiveness of the person being cared for and of the carer, standing out as something intrinsic, permeated by unusual attitudes which valorize the presence of the other.

From the guiding axis which requested the subjects to narrate a happening in which the care was present and in which they participate or participated, the narratives given evidenced that of the thirteen men researched, ten provided care to family members and friends in the case of illnesses, keeping people alive, and in situations of risk or vulnerability.

The narration of the care in the cases of illness was undertaken in a safe way and with propriety by the men in this study. This may be observed when the majority of the men report caring for somebody in their family such as parents, children, siblings, grandparents, companion or in-laws.

With my mother-in-law... it was me who took her to the doctor most, I stayed with her there, always helping with things like food and so on, and with my wife

* A drink, characteristic of the south of South America, a habit bequeathed by the indigenous cultures, strongly rooted in Brazil, especially in Rio Grande do Sul.

[when she had her baby] *always arranging things too, changing the dressing, giving medicine at the right time, preparing food for the other children* (S4).

In the analysis, it was ascertained that the practice of care carried out by the men in the cases of illness is linked to various actions, such as: transport, hygiene, dressings and administering medicines; and attitudes such as: accompanying, advising, and being with. In this study, therefore, it is possible to state that the subjects constituted beings of care not only in substituting women, but through an attitude in doing so. In others, in a different way, the care given by the men is evidenced in a substitutive character, that is, in the absence of the woman, they provide the care to the children, the house and neighbors.[16-17]

In addition to care in cases of illness, nine men reported situations of care for maintaining life, such as food, hygiene, protection and company. These questions were linked principally to care with children, sons or daughters, or siblings.

[...] *I heat up the bottle for the baby, I give him the bottle, I wake up our little girl so she can get ready and make her bed, I get my son dressed and take him to the crèche and my little girl comes with me to get the bus and go to the kindergarten* (S5).

This report elucidates that the informants care for children under their responsibility, providing attention, actions for maintaining life and protecting them from possible risks to which they may be exposed. Therefore, supported by some studies[18-19] it is believed that we are facing a new image of men as carers, which may be attributed to the changes which have occurred in the bases of the patriarchy, where women cease occupying essentially the private space and the men are presented with the possibility of experiencing the care for the other and paternity in a way that is both broader and more meaningful.

Thus, in promoting care for the maintaining of life, these men have the possibility of personal self-realization. In this respect, the task of caring for another person is fundamentally a human condition, that is, a human being, to achieve full realization, needs to exercise the task of caring for another human being.[20]

Another datum found in the narratives was situations of care with friends or colleagues from work or university. The care given by the subjects occurred in situations of risk or vulnerability:

I have lots of friends and we're always caring for each other, one caring for the other [...] *one friend of mine fell into the water and was drowning, I saved her, it was horrible, I don't know how I managed to get her out of the water, the current was so strong and when I saw her she was drowning, I was far away, I don't know how I managed to save her* (S9).

[...] *another situation where I helped somebody was with a work colleague who was emotionally unstable, he never went out socializing, any little thing he would explode, so I had to help him until there was success, patience, you know, listen to the guy about his problems* (S3).

One can perceive in these narratives that the subjects express for their friends a care which ranges from attitudes of patience, help or accompanying, right up to exposure to risk of death. This indicates a period of transition between the hegemonic masculinity and the new masculinity, that is, in the narrative of S9, the attitude of exposure to risk refers to the social construction of men, which to him, designated the need to constitute himself as a strong, fearless being so as to perform the role of protecting and defending territory and family. In the other statements, on the other hand, the men declared that they care when they remain by somebody's side, which contributes to that person achieving their objectives in their own time. Such an attitude ratifies that these men experience other forms of expressing masculinity.

It is worth emphasizing that the expressions of care "accompany" and "patience" are understood here as an attitude of respect to another's rhythm. Accompanying somebody does not mean indicating or imposing a path for this person to follow, but to walk alongside them, respecting their freedom to decide their itinerary and the rhythm of their steps, that is, bearing in mind that each subject has his own physical, mental and emotional rhythm, caring for somebody is to adapt oneself to their rhythm.[14,20]

The findings shed light on the care that men gave to their family members and friends, thus corroborating studies which indicate the increasing participation of men in care actions.[21-23]

The men in this study were also requested to narrate situations and events in which they felt cared for by somebody. Regarding situations which required care, the subjects referred basically to hospitalizations, due principally to surgical procedures resulting from some type of accident. These situations are in line with data from the Ministry of Health, in which external causes such as falls, traffic accidents or poisonings, predominantly in the age range 20 to 29, occupy first place in hospital morbidity.[24]

In the situations reported by the subjects, 12 of them felt cared for by a woman (wife, mother, companion, sister) and only one referred to having felt cared for by God. It was evidenced in the reports that the woman is the principal carer for these men, providing these subjects with companionship, help, food, hygiene and incentive to seek treatment.

[...] *my wife, my mother, my sister too, they stayed with me the whole time, placing food in my mouth, changing dressings, I was never left alone, one of them was always nearby, to help, to stay with me* (S10).

[...] *the pain didn't go away, I was taking medicine and it didn't work, until my wife said: 'you have to get that seen', from the first day she was saying that it had to be seen, but you go on putting up with the pain, thinking it'll get better* [...] *until I couldn't bear it any longer* (S7).

This data corroborates other studies where the woman occupies first place as the person responsible for the care, principally in cases of illness.[25-26] Traditionally, the role of carer falls to the woman, whether she is mother, daughter, or wife, explained by the fact that for a long time, women did not exercise work activities outside the home. However, having looked at the data presented up until here, concerning the care exercised by the men in this study, it is believed that the finding refers to an attitude of care among the members of the family, as an attitude of reciprocity. In this case, it is agreed that the family is a health system but also, as such, a dynamic unit which possesses its own unique care process, in which it supervises and interacts with the state of health of its members, takes decisions, and monitors and assesses the health and illness of its components.[27]

It is opportune to refer to the importance of the woman regarding the encouragement to seek the health services when necessary. In many cases it is the woman who mediates the relationship of the male service users with the health services or with health in a general way.[28] Therefore it is important to consider this finding as it affects the possibility of having a woman (companion, mother, sister, daughter or friend) as an ally of the health services to establish links with these subjects.

On the other hand, it is necessary to consider and overcome the image which health professionals build of the woman as carer and man as non-carer, bearing in mind that this can easily lead the health professionals to direct themselves to the women when these accompany men, disregarding the latter as real subjects.

Only one subject affirmed to having been cared for by God, and emphatically and with demonstrations of gratitude reported his escape from an accident where there was a risk of death.

[...] *ah, once when we were* [traveling], *there was an accident* [...] *and I went to have a look, on the other side of the road, I went to the middle of the road, and there I stopped, you know, and I went back, it seemed like something pulled me back, and as I stepped back, a car hurtled past, and then, my friend said: 'Are you crazy? Are you going to get killed?'* [laughs] *so I believe it you know, that it was God who saved me from that,* [...] *I believe strongly in God, I think it was Him, as they say, only Him and nobody else* (S8).

The care attributed to God reveals the unconditional faith that S8 places in this Being, which leads one to infer that religiosity allows a person to understand the meanings of events as part of a wider proposal or project, through the belief that nothing occurs by accident and that happenings in life are determined by a higher force.[29] It is worth emphasizing that the majority of studies which address the issue of faith, religiosity and spirituality develop their discussions based on situations of vulnerability in relation to serious illnesses and death.[29-32] In the above-mentioned situation, the subject felt that he had been in a situation of imminent death.

Regarding the occurrence of only one subject who appointed God as his carer, this is believed to be related to the fact that 38.4% of the men in this study do not belong to a religion, which may reflect the subjects' age, as, in general, the young are less interested in spirituality and religion when compared to older adults. When people become older, they increase their reading of the Bible and participation in religious meetings and consequently faith in God also tends to be expressed more.[31] This finding indicates to nursing the importance of stimulating the practice of spirituality among the young, as people in greater contact with religion probably will have greater facility in facing and adapting to stressful and confrontational situations when compared to people who are not religious/spiritual.[32]

FINAL CONSIDERATIONS

Care, for men, in this study, was shown to be very significant. For them, the care is in the presence, in the accompanying, in the worry, in the zeal, in the reciprocity, in the dialog, in the leisure, in the coexistence with the family and in

the attitudes of faith and religiosity. This means to say that the care, from the perspective of these beings, goes beyond the pre-established concepts, breaking, through these attitudes and manifestations, secularly instituted values and concepts.

This research's data gives differentiated forms to the men, revealing them as beings who care and who are aware of the importance of the role to be performed, both in family relationships and in interacting with friends and colleagues. With audacity and warm-heartedness, they care for their children, parents, parents-in-law, siblings and friends. This care, given in situations of illness, maintenance of life, with possibilities of risk or vulnerability, occurs through actions such as responsibility for transport, hygiene, food and specific care for treating illnesses, as in attitudes revealed in the accompanying, advising and being with the person being cared for. This result indicates, as has been the case in other studies, that the male experience in relation to caring for other persons is being revealed.

Regarding being cared for, it was observed that the situations which require needs for care are principally hospitalizations resulting from accidents. Among the care received, what stands out is company, help, food, hygiene, and incentive to seek care.

Therefore, to think of care as essentially female, or as being outside the male universe, is to generalize. Generalizations tend to become dangerous because they can lead to the development of stereotypes, prejudice and discrimination. Thus, this study is shown to be relevant to nursing, as it revealed the knowledges and care practices from the perspective of men to be wide and diverse, which permits health practices to become closer to the men's perceptions in relation to the care. Such findings can contribute both to care actions directed at these subjects and to nursing training.

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