

Representations of masculinity in adherence to rectal examination as prevention against prostate cancer

Amthauer, Camila

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Amthauer, C. (2016). Representations of masculinity in adherence to rectal examination as prevention against prostate cancer. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(3), 4733-4737. <https://doi.org/10.9789/2175-5361.2016.v8i3.4733-4737>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

As representações da masculinidade na adesão do toque retal como prevenção contra o câncer prostático

Representations of masculinity in adherence to rectal examination as prevention against prostate cancer

Representaciones de masculinidad en miembro del tacto rectal como prevención contra el cáncer de próstata

Camila Amthauer¹

Como citar este artigo:

Amthauer C. Representations of masculinity in adherence to rectal examination as prevention against prostate cancer. Rev Fund Care Online. 2016 jul/set; 8(3):4733-4737. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4733-4737>

ABSTRACT

Objective: the objective of this study is (re) thinking health actions transiting in that territory, and, in fact, such actions include the entire universe of feelings, doubts and uncertainties that permeate male thinking when it comes to the rectal exam. **Method:** the method is the design of test characterized as a reflective exercise on a theme, seeking a new way of looking at the subject. **Results:** masculinity is constructed by the influence of the social imaginary, and cannot ignore symbolic aspects that affect the decision to take the examination. This examination does not only affect the prostate, it touches on the symbolism of the aspects of what is “being a man”. **Conclusion:** it is for health professionals to understand what happens in the “man’s world” in order to think about health actions to reduce morbidity and mortality rates of this disease that has been affecting the health and quality of life of men.

Descriptors: cancer of prostate; masculinity; gender and health.

¹ Nurse, Specialist in Public Health. Master Student in Nursing, Graduate Program in Nursing, Federal University of Rio Grande do Sul PPGENF/UFRGS. Porto Alegre (RS), Brazil. E-mail: camila.amthauer@hotmail.com.

RESUMO

Objetivo: o objetivo do estudo é (re-)pensar as ações de saúde que transitam nesse território e se, de fato, tais ações contemplam todo o universo de sentimentos, dúvidas e incertezas que permeiam o pensamento masculino quando se trata de realizar o exame de toque retal. **Método:** o método empregado é o desenho de ensaio, caracterizado como um exercício reflexivo acerca de um tema, buscando uma nova forma de olhar o assunto. **Resultados:** a masculinidade é construída por influência do imaginário social, não podendo desconsiderar aspectos simbólicos que interferem na decisão de realizar o exame. Tal exame não toca apenas na próstata, ele toca em aspectos simbólicos do que é “ser homem”. **Conclusão:** cabe aos profissionais da saúde compreender o que acontece no “universo masculino” a fim de pensar ações de saúde para reduzir as taxas de morbimortalidade dessa doença que vem afetando a saúde e qualidade de vida dos homens.

Descritores: câncer de próstata; masculinidade; gênero e saúde.

RESUMEN

Objetivo: el objetivo del estudio es (re) pensar las acciones de salud en tránsito en dicho territorio y de hecho este tipo de acciones incluyen todo el universo de los sentimientos, las dudas e incertidumbres que impregnan el pensamiento masculino a la hora de la prueba rectal. **Método:** el método es el diseño de la prueba que se caracteriza como un ejercicio de reflexión sobre un tema, en busca de una nueva forma de ver el tema. **Resultados:** la masculinidad se construye por la influencia del imaginario social, no se pueden ignorar los aspectos simbólicos que influyen en la decisión de realizar el examen. Este examen no solo afecta a la próstata, ya que atañe a un símbolo de lo que significa “ser un hombre”. **Conclusión:** es para los profesionales de la salud para entender lo que sucede en el “mundo de hombres” con el fin de pensar en las acciones de salud para reducir la morbilidad y mortalidad de esta enfermedad que ha estado afectando la salud y calidad de vida de los hombres.

Descriptores: cáncer de próstata; masculinidad; género y salud.

INTRODUCTION

The epidemiology of prostate cancer in Brazil

Cancer has been characterized as an important public health problem in developed and developing countries, being responsible for more than six million deaths every year, representing about 12% of all causes of death in the world.¹ In Brazil, the problem gains relevance through the epidemiological profile that the disease has been showing and, with it, the theme has conquered space in the political and technical agendas in all spheres of Government.²

In recent decades, cancer has reached a larger dimension. The World Health Organization (WHO) estimated that, in 2030, there will be 27 million incident cases of cancer, 17 million deaths from cancer. In Brazil, estimates carried out for 2012 and 2013 showed the occurrence of approximately 385 thousand new cases of cancer. Non-melanoma skin, prostate, breast, cervix, lung and stomach cancer are among the most incidents. It is expected 257,870 new male cases and 260,640 for females.²

Some estimates point to prostate cancer as being the second most common type of cancer among men, with 915 thousand new cases in 2008. In absolute values, it is the sixth most common type in the world and the most prevalent, representing about 10% of all cancers. Approximately 75% of the cases diagnosed in the world occur in developed countries, where the world incidence rate has increased approximately 25 times.^{2,3}

The only well-established risk factor for the development of prostate cancer is age. Approximately 65% of the cases of prostate cancer are diagnosed in patients over 65 years old, with only 0.1% of cases diagnosed before 50 years old. With growing life expectancy, it is expected that the number of new cases increases about 60% by 2015. Still, race and family history of the disease are also considered risk factors for this kind of neoplasia.^{2,4}

However, many men can develop the disease without showing any symptoms. This happens because this kind of disease is characterized as asymptomatic, inducing men to the belief that if they do not show symptoms is because they are not sick.⁵ Consequently, the early detection of prostate cancer is very important in order to increase the possibilities of cure. The digital rectal examination is among the preventive measures emphasized.

When it comes to implementation of digital rectal examination prostate cancer as a preventive measure, regardless of the controversy about its effectiveness, the discussion cannot disregard symbolic aspects that interfere directly in the decision to perform test/diagnosis, creating barriers for most men, once the digital rectal examination can be seen as a violation or a compromise of masculinity.⁶

METHODS

Considering the possible relationship that masculinity carries with the not compliance for rectal examination as a measure of prevention for prostate cancer, and the (pre) existing concepts related to performing this type of test, the method employed in this study is the test design. This method was chosen because of its characteristics as a reflective exercise, with an exploratory approach, about a subject or object of study, seeking a new way of looking at the matter,⁷ and from that new vision, re (thinking) the actions of health promotion and prevention policy transiting in that territory, and if in fact such actions include the entire universe of feelings, doubts and uncertainties that underpins male thinking when it comes to performing the rectal examination.

RESULTS

Men and women have different thinking and ways of acting because they are influenced by the construction of femininity and masculinity dictated by their culture.

Culturally constructed standards can give rise to feelings and behaviors that differ by gender. The possible indifference towards self-care by men can be explained from the perspective of social construction established.⁵

In this sense, gender as an originating principle of thought and action constructs gendered cultural attributes from a relational perspective. The masculinities and femininities constitute symbolic spaces that structure the identity of subjects⁸ and may be seen as a symbolic space of structuring sense that models attitudes, behaviors and emotions to be followed. Those who follow such models, in addition to being certified as men, are not questioned by others who share these symbols.⁹ In this way, masculinity is a social construction perceived and experienced in different historical and cultural contexts, from the time and between the groups of a society, where their meaning can be modified throughout life.¹⁰

Among the differences imposed by the peculiarities of gender, virility is the recurring reference in the speech about what is being a man, regardless of the situation experienced by these men or the stage of life in which they are.¹² Thus, it becomes important to consider elements relating to the practices and unhealthy behaviors adopted by men from a gender perspective to consider the dimensions of social inequality and power to the extent that these are manifestations in order to demonstrate patterns of hegemonic masculinity recognized as characteristic of being man.⁸

The constructions of masculinities, established in opposition to the feminine universe, counteract behaviors based on the importance of healthcare. The male image of "being strong" may result in little care practices with their own bodies, making man vulnerable to a series of situations.⁸ Men get sicker because they are negligent with the care relating to their health and don't have a preventive mode, showing a less care and less demand for healthcare, once this care and this demand are represented as a sign of weakness.¹²⁻³ For men it is very difficult to fill the role of patient and often the possibility of being sick and finding a health care professional is denied.⁵

The possibility of losing his virility, agility and efficiency contained in the meaning of being a man, under the risk of failing to match the values prescribed by the social pattern of the male gender, is constituted as one of the reasons that drives men to not care about their health. The existence of an unfavorable male model for maintaining men's health highlights the relevance of research about the influence that gender assigned behaviors have on disease prevention.¹³ This brings us to the fact that all aspects involving masculinity, whether historical, cultural and/or social, reflecting the behavior of men and therefore, giving these individuals a sense of invulnerability, that takes them to ignore preventive measures that are fundamental to health care.

Rectal examination is a procedure that affects male imagery. To do the digital rectal examination is a practice that can arouse in man's fear of being touched on the

"bottom". This fear can give rise to countless other fears. The fear of pain, both physical and symbolic, can be in male thinking. The touch, which involves penetration, can be read as a violation and that often is associated with pain, as the physical or psychological discomfort of being touched in an off-limits part. It is assumed that these fears can affect the imagination of men immersed in common sense. Even for those who can print rationality versus the digital rectal examination, we cannot rule out the possibility of the embarrassment involved that are not aware to these men.¹⁴

The rectal examination should not be seen only as a physical penetration, with the objective of early diagnosing a pathology. This procedure does not just touch only in the prostate. Rectal examination, symbolically, can be associated with the violation of being male. It touches on a symbolic aspect of being male that, if left unquestioned, could not only derail the preventive measure but also diminish men's healthcare importance in general.⁵

It is important the clarification of the difficulty for men in taking care of health, justified by rigid behavior patterns, linked to a male social model. For this it is necessary to pay attention to public policies related to the prevention of health, on one hand, to extend the campaigns directed to the male population and, on the other hand, based on reflections arising from gender specificities identified as, for example, the prejudices, erroneous beliefs relating to disease to weakness and/or decrease of virility, or dealing with the underlying social and economic issues.¹³

In this sense, it is highlighted as an important element the fact that health policies are historically aimed at women's health and at the care of children, not structured to receive and welcome male demands.⁸ It crystallizes socially constructed oppositions as if they were data from nature: it discourages men to seek health services and sees women as caregivers and essentially the only responsible for the sphere of health.¹⁵ It is possible to observe different attitudes in relation to health: healing practices for men and preventive practices by women. Although there has been a progressive accumulation of reflections within health promotion under a gender perspective, the care for themselves, in terms of health, and also the care of others are still missing from the process of socialization of men.⁸

CONCLUSION

Masculinity is constructed by influence of the social imaginary. To understand what happens inside the "male universe" becomes important when talking about rectal examination as prostate cancer prevention. The reference of a masculine gender perspective has its significance regarding what digital rectal examination represents to men in terms of involving their historical, cultural and social aspects. The way men build and experience the health-disease process is peculiar to each one. We have to know, as health professionals, when the representations of masculinity can interfere with recognition of men as to their health care needs.

It is the responsibility of health professionals to clarify possible doubts and seek alternatives to increase adherence by men to prostate cancer prevention, such as health education activities, for example, in order to reduce morbidity and mortality rates of this disease that has been taking such proportion as regards the health and quality of life of men.

REFERENCES

- 1 Guerra MR, Gallo CVM, Mendonça GAS. Risco de câncer no Brasil: tendências e estudos epidemiológicos mais recentes. *Rev Bras Cancerol.* 2005; 51(3):227-34.
- 2 INCA. Instituto Nacional de Câncer. Próstata. 2012. [access on may 10 2013]. Available at: <http://www2.inca.gov.br/wps/wcm/connect/tiposdecancer/site/home/prostata>
- 3 INCA. Instituto Nacional de Câncer. Estimativa 2012 - Incidência de Câncer no Brasil. 2010. [access on oct 9 2013]. Available at: <http://www2.inca.gov.br/wps/wcm/connect/inca/portal/home>
- 4 Dornas MC, Júnior JADR, Filho RTE, Carrerette FB, Damião R. Câncer de próstata. *Revista do Hospital Universitário Pedro Ernesto*, UERJ; Jan/Jun 2008, ano 7.
- 5 Gomes R, Nascimento EF, Rebello LEFS, Araújo FC. As arranhaduras da masculinidade: uma discussão sobre o toque retal como medida de prevenção do câncer prostático. *Cien Saude Colet.* 2008; 13(6):1975-84.
- 6 Nascimento MR. *Câncer de próstata e masculinidade: motivações e barreiras para a realização do diagnóstico precoce da doença.* Anais do XII Encontro de Estudos Populacionais da ABEP. Caxambu; 2000,1.
- 7 Tobar F, Yalour MR. *Como fazer teses em saúde pública: conselhos e ideias para formular projetos e redigir teses e informes de pesquisas.* Fiocruz, Rio de Janeiro; 2002.
- 8 Machin R. et al. Concepções de gênero, masculinidade e cuidados em saúde: estudo com profissionais de saúde da atenção primária. *Cien Saude Colet.* 2011; 16(11):4503-12.
- 9 Oliveira PP. *A construção social da masculinidade.* Belo Horizonte: Editora UFMG/Rio de Janeiro: Instituto Universitário de Pesquisas do Rio de Janeiro; 2004:347.
- 10 Kimel MS. Homofobia, temor, verguenza y silencio en la identidad masculina. In: Valdez T, Olavarria J. (org) *Masculinidades, poder e crisis.* Chile, Isis Internacional; 1997. p 49-52.
- 11 Machado V. As várias dimensões do masculino: traçando itinerários possíveis. *Estud Fem.* Florianópolis; Jan/Abr 2005;13(1):179-99.
- 12 Costa RG. Saúde e masculinidade: reflexões de uma perspectiva de gênero. *Rev Bras Estud Pop.* Jan/Jun 2003; 20(1).
- 13 Costa-Júnior FM, Maia ACB. Concepções de homens hospitalizados sobre a Relação entre Gênero e Saúde. *Psicologia: Teoria e Pesquisa.* Universidade Estadual Paulista (UNESP); Jan/Mar 2009; 25(1):55-63.
- 14 Gomes R. Sexualidade masculina e saúde do homem: proposta para uma discussão. *Cien Saude Colet.* 2003; 8(3):825-9.
- 15 Nascimento P. Homens e saúde: diversos sentidos em campo. *Cien Saude Colet.* 2005; 10(1):18-34.

Received on: 19/02/2014

Required for review: No

Approved on: 28/02/2015

Published on: 15/07/2016

Contact of the corresponding author:

Camila Amthauer
Federal University of Rio Grande do Sul
PPGENF/UFRGS
Porto Alegre (RS), Brazil
E-mail: camila.amthauer@hotmail.com