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RESEARCH

Saberes e práticas do enfermeiro acerca do câncer de pênis

Knowledge and practice of nurses about the cancer of penis

Conocimiento y prácticas de enfermeras acerca del cáncer de pene

Luana da Silva Costa¹, Juliana Kelly Ferreira Teixeira², Susane de Fátima Ferreira Castro³

ABSTRACT

Objective: Describing and analyzing the knowledge and practice of nurses in family health strategy about penile cancer. **Method:** A qualitative, exploratory, and field research of descriptive character performed in basic health units in the eastern regional of Teresina-PI, in the months of August and September 2013. The subjects were 10 nurses. They answered a semi-structured and analyzed questionnaire from grouping of statements into thematic categories. **Results:** The research explains the lack of knowledge about penile cancer by the part of nurses in primary care, presenting fragmented practice, decontextualized from the needs of man as a holistic being. **Conclusion:** The Family Health Strategy sets a scenario of knowledge about penile cancer replete with gaps, which requires reflections that can contribute to a construction of an integral and integrated attention to man's health. **Descriptors:** Nursing, Men's health, Penile cancer.

RESUMO

Objetivo: Descrever e analisar o conhecimento e a prática do enfermeiro da estratégia saúde da família sobre o câncer de pênis. **Método:** Pesquisa qualitativa, de campo, exploratória, caráter descritivo, realizada nas unidades básica de saúde, da regional leste de Teresina-PI, nos meses de agosto e setembro de 2013. Os sujeitos foram 10 enfermeiras que responderam a um roteiro semiestruturado e analisado a partir do agrupamento das falas em categorias temáticas. **Resultado:** A pesquisa explana a carência de conhecimento sobre o câncer de pênis por parte dos enfermeiros da atenção básica, apresentando prática fragmentada, descontextualizada das necessidades do homem como um ser holístico. **Conclusão:** a estratégia saúde da família configura um cenário de conhecimento acerca do câncer de pênis repleto de lacunas, o que exige reflexões que possam contribuir para a construção de uma atenção integral e integrada à saúde do homem. **Descritores:** Enfermagem, Saúde do homem, Câncer de pênis.

RESUMEN

Objetivo: Describir y analizar el conocimiento y la práctica de las enfermeras en la estrategia salud de la familia acerca del cáncer de pene. **Método:** Búsqueda cualitativa, de campo, exploratoria, descriptiva, realizada en unidades básicas de salud en la región este de Teresina-PI, en los meses de agosto y septiembre de 2013. Los sujetos de la investigación fueron 10 enfermeras. Estas respondieron a un cuestionario semi-estructurado y analizado a partir de la agrupación de declaraciones en categorías temáticas. **Resultados:** La búsqueda explica la falta de conocimiento acerca del cáncer de pene por parte de las enfermeras en la atención primaria, presentando práctica fragmentada, descontextualizada de las necesidades del hombre como un ser holístico. **Conclusión:** La estrategia salud de la familia establece un escenario de conocimiento acerca del cáncer de pene repleto de intervalos, que requiere reflexiones que pueden contribuir a una construcción de una atención integral e integrada a la salud del hombre. **Descritores:** Enfermería; La salud del hombre; Câncer de pene.

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INTRODUCTION

The penile cancer, also called penile carcinoma, has considerable impact on developing countries. This disease mainly affects men in their fifth decade of life and is associated with low socioeconomic status, poor hygiene and phimosis which is characterized by difficulty or inability to expose the glans penis.¹

In Brazil, penile cancer represents 2,1% of all cancers in men, indicating infrequently in the country. However, in the North and Northeast occurrence is 15%, showing that, in these regions, socioeconomic and educational conditions are poor, situations implicated as factors favoring the increase of this disease.²

In addition, the male population who lately seeks health services suffers from severe and chronic conditions. The incipient demand for these services, especially with regard to the preventive aspects of health problems, has become a major factor for late diagnosis of numerous diseases such as penile cancer, which affects an increasing number of men.

In this context, the National Policy for Integral Attention to Men's Health (PNAISH) recognizes barriers that hinder looking man by the health services, such as the institutional order, problems regarding the accessibility, beyond the visible unprepared professionals health to welcome these individuals, respecting their particularities, which contributes to actions that make it impossible to form bonds between men and these professionals.³

Still with regard to the barriers that men seek health services, PNAISH mentions the socio-cultural nature as gender stereotypes, rooted for centuries in patriarchal culture, beliefs that leverage-based practices and values of being a male. The disease is considered as a sign of weakness that men do not recognize as inherent in their biological condition. The man believed to be invulnerable, which ultimately contribute to this care less of yourself and more expose to risk situations.³

The result of this scenario is a time-consuming search of the male population for health services, an entry that gives in particular the tertiary sector and the presence of clinical manifestations, which reflects in a late diagnosis, compromising the established therapeutic approaches. In the context of penile cancer, that reality can contribute to amputation of that body, triggering the man a load of feelings of anguish, despair and insecurity.

The amputation of the penis can cause psychosocial problems that will interfere with sexual life, family and social man. The visual discovery of the removed member leads man to make a reflection on the segment of his future life, so many feel vulnerable, expressing denial, shame, which can evolve to even suicidal.⁴

Prevention, in this scenario, should be the guiding path, in order to avoid that men will experience this experience with significant potential to destroy longings, desires, wants and change an entire life course. Therefore, we conjecture about the Family Health

Strategy (FHS) and the nurse practice in this scenario, as a promising way to achieve positive results in preventing penile cancer.

Therefore, it is important to intensify prevention campaigns disseminating knowledge, since the relationship between cancer and poor hygiene and phimosis and infection by human papilloma virus (HPV) has a draining effect for man. These prevention campaigns provide the man diagnose this cancer in the early stage may well be able to cure or increased survival.

The nurse presents, in general terms, an important role in the process of promotion, prevention and self-care. The need to adopt a qualified hearing in primary care is something urgent, helping patients to gain insight into the penile cancer, equipping men to prevent and recognize the disease as well as face or adapt the limitations occurred for penile cancer.

Given the above, this study aimed to describe and analyze the knowledge and practice of the nurse's family health strategy about penile cancer. Justified the interest of this research as a public health problem and it is explored even superficially in the literature, giving priority to the current epidemiological studies, disregarding thus more qualitative issues, which lead to a broader understanding the nuances that permeate this theme in health services.

Thus, the study of the subject intends to contribute to reflections on health care for the man who can lead knowledge changes and practices of nurses and other professionals in the health services, promoting the construction and sedimentation of knowledge and planning more effective preventive actions with male clients.

METHOD

This study was a qualitative research field, exploratory, with descriptive, held in the Basic Health Units, with nurses of the Family Health Strategy in the eastern district of Teresina - Piauí.

The study subjects were 10 nurses, selected regardless of age, sex and ethnicity, which were active in more than three years in the FHS without physical or mental impairment for the study and agreed to participate by signing the term of free and informed consent (IC).

Data production occurred through a semi-structured in two parts. Part A dealt with information that made possible to the role of nurses in the study and part B was a questionnaire with open questions about knowledge of penile cancer and the actions adopted in practice for prevention of penile cancer.

Data collection occurred during the months of August and September 2013, the interview lasted on average 30 minutes, individually and in a private room, ensuring privacy

of the interviews. The interviews were recorded in electronic device and later transcribed for analysis according to the theoretical framework.

Data analysis involved three steps: Pre-analysis, which involved the selection of documents to be analyzed, being restated in accordance with the collected material, choosing paths that guided the final interpretation of the work. In the second step, the holding material was, in which text clippings were performed in units of record, and subsequently made construct indices that allowed quantification. Next is classified and added to the data, thus building, the thematic categories. The third stage was the treatment of the results and the interpretation of the interviews, reaching thus a clearer view of the information in light of the proposed objectives.⁵

The project was submitted to the Research Ethics Committee (CEP) of the University Center - UNINOVAFAP, and was approved under the No protocol 0450009.397/13, and only after the approval of this panel, the data collection was started. The study complied with the ethical principles of Resolution 466/12 of the National Health Council, which deals with research involving humans and on the ethical aspects beings.

The research brought benefits as the possibility to promote the knowledge and practice of nurses about the prevention of penile cancer, leading to a reflection on what is covered human health, the FHS, gateway to the national health system and, consequently allowing the construction of educational strategies for improving the quality of life of the male population.

The research subjects, on the above on the subject of the work, were exposed to suffer risks such as: constraint, to report on their knowledge and practice about the prevention of penile cancer, skin fostered fear of sending information which might not consistent with the literature guidelines specialized and effective legislation in the area of human health for both, will be reserved for subjects of the study nurses anonymity of the merits of the information and that the research purposes permeate not make value judgments from the shared speeches for them, but to analyze the reality of health professionals, as well as for the construction of actions that can be coated on human health attention for improvement. Furthermore, it was guaranteed the freedom to give up participating in the study at any time of its completion, without harm to his person.

RESULTS AND DISCUSSION

Characterization of study subjects

The study subjects were ten nurses aged 27 to 59 years old, all female, without physical and/or mental impairment that would prevent significant answer the questions. It was observed that six nurses only have the title of specialization, with two Master's degrees

and two with complete specialization and Masters in progress. The time of formation of respondents varies from 4 to 32 years and the time of work in the FHS is between 3-13 years. All interviewees complained of not having training in penile cancer.

The speeches made during the interviews allowed the construction of two categories: Incipient knowledge of the Penis Cancer and Fragmented Practice nurses on human health.

Incipient knowledge about cancer of penis

From the analysis of participants' speech, when asked about the very knowledge about penile cancer, it was noted some difficulty in weaving explanations about a topic, so many reported little knowledge regarding the subject, science-based superficial, noting also that the incidence in their practice of this cancer is low, in addition to the total lack of training on this subject in primary care.

The prevention about hygiene to prevent own smegma which is one of the things that causes penis cancer. (Interviewed 8)

[...] it's something that's not my field and I didn't look for me also elaborate further on that is never right, but I believe there's something about HPV, cervical cancer because has and is the man who passes often, not often, almost 100 percent of the time it's asymptomatic. (Interviewed 5)

Look, what I've read about penile cancer statistics show that about hygiene, hygiene of man right. Other than that, I haven't read anything about penile cancer. (Interviewed 1).

The knowledge demonstrated on the topic addressed by the participating nurses of the study was restricted mostly, mention of smegma as a risk factor for the occurrence of penile cancer. However, this does not consist of only condition that occupies the role of risk factors for the disease under study, so that phimosis, poor hygiene, containment of smegma own, HPV infection, low education, low economic class are factors that contribute to man the development of cancer in the penis.

It is known that the relationship between penile cancer and phimosis can generate a call smegma substance which can be retained on the prepuce and the glans chronic conditions favoring with or without inflammation by bacteria, which in turn can lead to the development and the progression of penile tumor.⁶

The penile cancer is related to the lack of proper intimate hygiene and a contributing factor in this poor hygiene, the existence of phimosis it difficult to clean the penis. A very aggravating factor would be the lack of population as this type of cancer. Public policies in education and prevention do not give a highlight deserved this disease.⁷

HPV is a sexually transmitted viral disease that affects more citizens who are sexually active. HPV 18 is found in about 10% of cases of penile cancer, while HPV 16 is recognized in 80-90% of malignant neoplasms of the penis positive for infection.⁸

The penile lesion may extend when not treated in the early stages to the foreskin, invading adjacent tissues as the sub-epithelial, connective, spongy and cavernous body, and can reach organs such as the prostate and bladder. The lesion on the glans is represented almost 48% of cases of penile cancer, while the foreskin observe a rate of 21% in both areas and 9%, while the coronal groove is 6% of the lesions.⁹

It is noticed that the knower in the interviews is a knowledge with little theoretical basis, anchored in everyday teaching, from a story or some isolated case heard, revealing a deficiency on this issue.

In the ballast of this discussion, we note that the subjects attach their incipient knowledge of penile cancer to the fact of not receiving patients with this pathology in basic health units under their responsibility, creating an understanding that it is a situation not experienced by the community, as evidenced by the following discourse.

No, I never got any case of penis cancer like that for people at the hospital not forward we take; the person will make amputation, treatment. (Interviewed 1)

Had no record any case of cancer of the penis in the area, I have 6 years in this team and not. (Interviewed 3)

In the basic attention in regards to penis cancer agent still had no contact with anybody regarding this pathology. (Interviewed 10)

Such statements are in countercurrent of national and regional statistics that show an alarming picture, characterized by a high incidence of this cancer in Brazil and Piauí, representing a significant portion of men to be diagnosed in an advanced stage of the disease, creating the need often amputation of the penis, generating situation of suffering an impact on various dimensions of human life.

The cancer estimates the National Institute of Ministry of Health of Cancer (MS) for 2010 indicate that the penile cancer in the North and Northeast is 15% representing one of the highest percentages in Brazil, affecting 1,3 to 2,7 for 100 thousand. 90% of patients with penile cancer seek the urology service at an advanced stage, with large tumor and enlarged lymph nodes.^{2,10}

In 2006 and 2007, the Brazilian Society of Urology (SBU), according to research identified 283 new cases of penile cancer in Brazil, with 53,02% in the North and Northeast and 45,5% in the Southeast. Regarding the age of the patients, 78% were more than 46 years old, while 7,41% were under 35, showing a large percentage of men in old age. In this context it was found that 60,4% had phimosis and 6,36% were infected with HPV.¹¹

In 2009, the SBU to conduct an epidemiological study found that in the state of Piauí is large number of cases of penile cancer, with approximately 50 cases per year or a new case every week. Men take about 6 months to a year when a wound appears in the penis to search the urologist, due, mainly, to a certain embarrassment to search for a specialized service. In three years were identified 160 cases of this disease in Piauí.¹¹

As described in the interviews the participants have never had any cases of penile cancer in their practice demonstrating that men do not seek or basic care for such disease or not having a certain vigilance of these cancers.

Yet in order to explain a bit based knowledge in the theory of penile cancer, the subjects of the research nurses mention the lack of training on the theme in question, emphasizing the total lack of training covering any topic related to human health, as exemplified below:

Has almost no training about human health, had a program at the Foundation Lineu Araújo, but I guess only those who were trained were working there [...] I at least here the municipal Foundation FHS nurse we did not receive any training on human health. (Interviewed 1)

Never had training about the penis cancer, has tuberculosis. (Interviewed 5)

We had 1 day last year training on human health, but basically it's just that. (Interviewed 6)

To be honest this topic is little discussed so that [...] in addition to training Foundation agent never had not, in relation to cancer of penis, is more concerned about women's health. (Interviewed 10)

According to the National Policy of Permanent Education, training is one of the strategies used to address the problems of development of health services, prioritizing intentional and planned actions whose mission is to strengthen knowledge, skills, attitudes and practices that the dynamics of none has other means.¹²

Human health is still irrelevant to the look of the FHS nursing professionals, who from the understanding of the professional world view, leave aside the values and beliefs of men in relation to care, and seek only to conditions recommended by the MS. Its graduation that promotes the construction of a vision of comprehensive care is important to understand the complexity linked to male issues, making it possible to destroy the paradigm about invulnerability and fragility of man.

From this perspective, during the course graduation the contents presented in the classroom and the curriculum practices in the FHS emphasize the health of women, children and the elderly related to hypertension and diabetes, by FHS teachers and nurses and students for specific programs already exist for this group.

The National Policy on Permanent Education reports that the problem in continuing education of health professionals is aimed at limiting the capacity building related to routine questions and hardly in the review of practices. Thus, the transformation of a practice in health services implies not only to develop new skills, but reshape them with interventions able to change the status of institutional organizations.¹²

Therefore, given the lack of training reported by the subjects is important to note that disability is not only in the absence of content in nursing degree or during the health service environment but also in the interests of health workers to seek to provide a service holistically to the community, especially to human health.

Fragmented practice of the nurse on the health of man

The incipient knowledge of penile cancer discussed in the previous category, anchored in the absence of training on the subject, and in the absence of cases that reach the basic health units, leads to a fragmented practice by professionals. This report, when asked about the attention to human health, especially in relation to the theme penile cancer, that their actions are directed to the group of hypertensive and diabetic patients, drawing an audience that does not see the man in his entirety.

[...] We have the attendance, it is the group of hypertensive patients that we do and evaluate as a whole, and not just in the hypertension group we assess as a whole. (Interviewed 1)

[...] I almost don't work with men, but only in the hyperdia that is elderly man and yes, but back to other hypertensive diseases. (Interviewed 4)

It is clear from the interviews that nurses have similarities in their actions, and they always centered on a scheduled daily routine, the predefined calls niches, which reflects more attention to the group of hypertension and diabetes and ultimately fail to explore other needs attention of the male patients.

In this regard it is noted that the teams suffers direct influence of MS, especially in the way of organizing their health actions, by presenting activities planned for the days of the week and mostly actions are more focused on curative for hypertensive and diabetic patients because they are existing programs. Although to highlight the integration of actions in their productivity reports, just by giving more thought to the records of curative actions.¹³

In the statements constructed during the interviews showed that the service the specific needs of man as a holistic is overlooked by professionals. The interviewees relate their care actions to man the pathologies of hypertensive and diabetic patients and only that day assess human health, but do not conduct orientation activities of promotion and prevention of penile cancer required human health, therefore draw the man serving the primary care service aimed only health recovery actions.

In this perspective the PNAISH recognizes that man only to use the service through the specialized care, by entering the health service through outpatient and hospital care of high and medium complexity, it shows that primary care should be strengthened and its qualified staff in order to draw man to the user of primary care service.¹⁴

The organization of the family health strategy teams is vertical and guided mostly by the MS standardization, with actions specific to women's health, children and senior citizens, outlining a production of compartmentalized health in a static daily routine, such as evidenced in the statements below:

[...] Usually what we do are the Basic programs that already comes with FHS is the hyperdia, but all come back for blood pressure, diabetes, exercise all other types of quality in relation to erectile dysfunction, another kind of thing penis cancer. (Interviewed 3)

[...] We answer by timeline; in case the demand is scheduled every day of the week from Monday to Friday has a target audience. (Interviewed 6)

[...] We have every Thursday a group, for example, the first week has hyperdia, first and second week, the third woman, the fourth family scholarship. (Interviewed 9)

[...] All we do here through the protocol family is the MS, protocol all FHS, then we see what's to do in this protocol that are what health education, lectures and orientation. (Interviewed 9)

A study in Bahia emphasizes that the FHS has been trying to replace the traditional model of care for an innovative model and against the hegemonic model, in which the focus and the family, organizing the partnership, confidence, regular communication and transparency, and cooperation to meet the family's needs considering the environment, lifestyle, promotion and prevention of health as its basic fundamentals.¹⁵

In the interviews it is noticed that the actions developed by the FHS cannot contemplate the core to the family, demonstrating the failure to carry out an active search in the client's family members to identify their real health needs, she focuses on patient demand spontaneous demand the health service. In this context, we have that their actions are guided by advocating MS giving more importance to hypertensive patients, diabetic, pregnant women and children during routine visits.

Before the speech of the interviewees there was a lack of action in the promotion and disease prevention human health. The FHS teams and nurses do not realize health education groups to report on the prevention of penile cancer and other specific diseases of man. Thus it is clear a fragmented practice, isolated for much of the nurses and the FHS team that does not favor more attention to specific character in man needs thus creating a set of barriers for not looking for the man to primary care service.

With regard to the FHS working method follows in his theory the inherited tradition in Health Surveillance will although MS knows that the worker process is directed to interdisciplinary practices. More nothing guarantees that there may be a break from the medical model - centered, because the work mode and the assistance are linking to the health/disease process which ultimately draw a fragmented and centered care model.¹³

Within this scenario is evidenced also an isolated practice by most of the nurses and the FHS team as a whole, which makes no mercy greater attention to reach the specific needs of man, distant from the perspective that the concept of teamwork reports, and the lack of preparation of the FHS, which ends up defining a service to man only to refer you to another service, as we can witness in the statements below:

[...]Haven't had any of my knowledge, I just went with the doctor; more nursing to my knowledge. Unless the doctor has taken to the office and has not passed on. (Interviewed 8)

[...] And so, when you have any problem or abnormalities with the man. We forward for human health and the specialized service that references and Lineu Araújo... everything else forwards where the urologist is. (Interviewed 6)

[...] In case I see a nurse seeing a patient in this state, I forward them to the doctor and the doctor forwards pro expert who is the urologist. (Interviewed 9)

[...] When they report a problem we do forwarding, more so toward prevention doesn't. (Interviewed 7)

All health action should be taken together. Teamwork should be interdisciplinary, following a different position in relation to care, discipline and the labor process, adopting a cross daily practice, with effective interdisciplinary, coordinated and integrated communications for better resolution of the identified health problems.¹⁶

The respondents report that most have not prepared to provide adequate health care delivery man and ultimately refer you to another reference service. Thus assistance is seen as a discontinuity of health care.

This creates a break interdisciplinary assistance, strongly determining fragmented health systems, isolated and incommunicado. It is noticed that specialized services are needed, but for it to be held integral and effective way the primary care service should be composed of committed professionals, able to plan actions and organize a new model that integrates across the board in integrating health care networks.¹³

Educational practices by the FHS are carried out instructional and authoritarian manner, without dialogue, which makes an individualized, self-employment, with isolated decisions. Recognize the needs of man more because of their way to seek the health service, only to curative actions, eventually find it difficult to act.¹⁷

However, it is evident a need to reorganize the work process of the FHS teams, carrying out a review of care practices, aimed at male population. Should be prioritized listening to the needs of man, looking qualify the bond man, family and community and seeking innovations to improve this interaction.

As a way of basing the gaps in the FHS, regarding men's health, specifically to penile cancer, the participants of the study nurses blaming the individual for not seeking health services, not reaching the responsibility of professionals in the midst of disease prevention and health promotion.

Despite the PNAISH existing for four years; there is a lack of that policy in practice, showing that it has made little progress in today's society. The influence of cultural aspects is very strong in the sense that women are encouraged early on in health care, there several campaigns directed at women, while men were somehow unattended for a long time. Through the interviews that live in the FHS has the right to know about the reality in the health service.

[...] and then the man does not seek the attendance by shame and because I don't feel right there when it comes too late when they appear wounds. (Interviewed 5)

[...] detecting it is a little late because the man seeks less the service and so when you say penis is hard enough. (Interviewed 6)

[...] in relation to human health logically to have there are cases that man who comes with STDs but not much, to find little demand in the health unit, as I also work in the Urgency, I believe I still see more men coming to the urgency because of STDs than to health unit which is the basic attention. (Interviewed 10)

The absence of the man in the health service is understood as a cultural issue, understood by reference to a gender identity, as he gives the woman a face specifically biological, giving importance to aspects assigned to reproduction, contraception and

pregnancy. The male is seen as having strength, virility, objectivity, emotional detachment, while the woman has characteristics of fragility and sensitivity.¹⁸

Thus, through cultural dimensions man has a very high strength in the search for primary care service, not having the habit of attending the service in order to prevent, valuing the healing practices, going to look for it later when already at the limit of their health.

PNAISH looks at that men who are fed mainly to the specialized health service, medium and high complexity, thus proposing to strengthen and upgrade the primary care "for health care is not restricted to recovery, above all, ensuring the promotion of health and the prevention of avoidable health problems".^{3:5}

Health services can be considered poorly trained in receiving the demand by men, because your organization does not encourage access and own campaigns not turn to this segment. Also labor market does not formally allows the adoption of this practice, then at some point the man can feel the role threatened provider.¹⁹

However, the FHS is a device generated for achieving significant changes in the Brazilian Public Health therefore provides important changes in the way of completing the work in health, with potential to contribute to the construction of a new, more focused assistance form for humanizing practice and holistic.²⁰

Faced with this look of attention to health, the FHS is the health system gateway everywhere where is deployed. With the principle improve the health of the population around them through a care model aimed at community and family, including from the health promotion and prevention as well as early identification and treatment of diseases.²¹

The nurse has a very important role in the team performing actions that prevent and promote health, paying attention and taking care of families around providing good care in nursing. Health promotion requires aggregation and application of various knowledge and professional skills, requiring greater attention to permanent health education. And prevention is structured through the dissemination of information as well as policy recommendations to change habits.

However, it has been a practice as static at the FHS, arranged to pre-defined audiences, which complicates any implementation of changes. Evidence of this is that women's health has established place in the health production scenario, exalted by the speeches of the participants in the study.

[...] As a matter of fact we do everything turned to women; cervical cancer is directed generally to this theme. (Interviewed 7)

[...] The woman we focus much cervical cancer, but the man we don't really [...] (Interviewed 3)

[...] Wednesday's Cytology, examination of cervical cancer prevention and reproductive planning [...] we end up not giving account and it's more focused on women's health. (Interviewed 6)

In the analysis of the reports, it appears that the practice exercised in the FHS is more geared to women, with educational activities, consultations for prevention of cervical cancer, prenatal care, reproductive planning. Anyway, having no space for the male audience in the health service schedule.

Following the establishment of Integral Assistance Program for Women's Health (PAISM) in 1984, which was to meet the health needs of this social segment, which is more vulnerable to getting sick for several reasons. In its implementation PAISM stimulated not only that the assistance was in addition to the biological characteristics, but also for understanding the inequalities in living conditions, in relations between men and women, work overload and the responsibility for housework and raising children, and engage in issues related to sexuality and reproduction, the difficulties related to contraception, prevention of sexually transmitted diseases. And with the implementation of the Family Health teams, these shares were allocated among the priorities for the strategy.²⁰

The way the nurses work in health with families and communities were defined from NOAS, placing responsibilities of municipalities, the minimum actions of Primary Care, such as women's health, child health, tuberculosis control, elimination of leprosy, control of hypertension and diabetes mellitus and oral health actions.²⁰

Note that for many issues the woman became focus of assists health programs especially after PAISM deployment, which began to attract a certain way the female audience for primary care by encouraging these women to the promotion and health prevention. The male audience was unattended by public policies that did not recognize the man as fragile.

In this sense, the adoption of devices with respect to professional training of health workers is needed, through the inclusion of the theme man-health in the curricula of universities, and health professionals training institutions together with PNAISH.²²

The study subjects demonstrated knowledge about cancer of penis. This reflects somewhat the low demand of men to the health service because aside from the lack of training of nurses, health unit tends to have a focused fragmented practice for specific groups such as women, children, diabetics and hypertensives.

Thus men who already have resistance for cultural reasons to seek primary care service will prioritize expert service coming most often in critical health situations. Taking this into account, the qualification of primary care professionals is of such importance in the sense that they will work with these men prevention and promotion providing increased quality of life.

CONCLUSION

The research explains the lack of knowledge of penile cancer by primary care nurses, they have a vague knowledge with little information on the subject, the lack of training of these professionals reflected somehow in search of these men to the service. It is noticed that the man tends not to seek primary care service, seeking specialized care.

The fragmented practice in nursing work hinders comprehensive care to the man; the team is not prepared to deal with this public directing focus to hypertension, diabetes, women and children due to the existence of campaigns and protocols for these groups. It is also noticed the lack of involvement and communication between the FHS team regarding penile cancer.

Through cultural note that the man standards have difficulty recognizing his health needs, ignoring the sickness because he finds as the provider, the male, the man of the house. The shame of exposing his body to the health professional or afraid to find out that something is wrong are common features that make men to later seek the health service.

It is important that health professionals recognize the male wishes, so you can offer a qualified service doing that they feel welcomed. It is a desire that can conduct actions developed with men, contributing to nursing practice for an effective PNAISH, providing improvements in the quality of life of this population.

Worth noting also the difficulties and constraints experienced during the research, especially regarding the application of interviews, occasions when the subjects showed clear insecurity to addressing the proposed theme, something enhanced by the presence of the electronic device used to record the speeches, generating many refusals, extending the study driving and, in some moments, discouraging the researchers. In addition, the lack of studies on the subject, especially with the prospect discussed here constituted as an important limiting factor for the completion of the work.

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