

Male Mortality in the Trairi Potiguar Region: Creating Visibility for Men's Health

Mortalidade Masculina na Região do Trairi Potiguar: Produzindo Visibilidades à Saúde dos Homens

Mortalidad Masculina en la Región de Trairi Potiguar: Generando Visibilidad para la Salud de los Hombres

RESUMO

Introdução: A Política Nacional de Atenção Integral à Saúde do Homem (PNAISH) foi criada com o intuito de fomentar a oferta de cuidados em saúde à população masculina, no âmbito do Sistema Único de Saúde.

Objetivo: A partir de uma investigação sobre masculinidades e práticas de cuidado à saúde, com foco na microrregião do Trairi Potiguar, objetivou-se realizar uma leitura crítica dos indicadores de saúde da população residente na região, no que tange às causas de mortalidade de homens na faixa etária de 20 a 59 anos. **Mé-**

todo: Foi realizado um levantamento dos indicadores de saúde dessa população na base de dados DataSUS, considerando a microrregião do Trairi e o município de Santa Cruz, compreendendo o período de 2017-2022, com foco específico nas informações relativas à mortalidade. **Resultados:** As informações produzidas revelam índices alarmantes relacionados às causas externas, situada como a principal razão de óbitos entre os homens, especialmente os mais jovens, tanto no município, quanto na região, sobretudo quando comparados ao cenário nacional. **Conclusão:** O trabalho demonstra a necessidade de investigar mais a fundo as iniciativas políticas desenvolvidas a respeito da saúde do homem no contexto pesquisado, com vistas a mitigar as questões relacionadas à sobre mortalidade masculina por causas consideradas evitáveis.

DESCRITORES: Saúde do Homem; Masculinidade; Política de Saúde; Mortalidade; Causas Externas.

ABSTRACT

Introduction: The National Policy for Comprehensive Men's Health Care (PNAISH) was established to promote health care services for the male population within the Unified Health System (SUS). **Objective:** Based on an investigation into masculinities and health care practices, focusing on the Trairi Potiguar microregion, this study aimed to critically analyze health indicators related to mortality causes among men aged 20 to 59 residing in the area. **Method:** A survey of health indicators for this population was conducted using the DataSUS database, covering the Trairi microregion and the municipality of Santa Cruz from 2017 to 2022, with a specific focus on mortality data. **Results:** The findings reveal alarming rates of external causes (e.g., violence, accidents) as the leading reason for death among men, particularly younger individuals, both in the municipality and the region, especially when compared to the national scenario. **Conclusion:** The study highlights the need for further investigation into policy initiatives concerning men's health in the studied context, aiming to mitigate issues related to excess male mortality from preventable causes.

DESCRIPTORS: Men's Health; Masculinity; Health Policy; Mortality; External Causes

RESUMEN

Introducción: La Política Nacional de Atención Integral a la Salud del Hombre (PNAISH) fue creada con el objetivo de fomentar la oferta de cuidados en salud a la población masculina, en el ámbito del Sistema Único de Salud (SUS). **Objetivo:** A partir de una investigación sobre masculinidades y prácticas de cuidado de la salud, con foco en la microrregión de Trairi Potiguar, se objetivó realizar una lectura crítica de los indicadores de salud de la población residente en la región, en lo que se refiere a las causas de mortalidad de hombres en el grupo etario de 20 a 59 años. **Método:** Se realizó un levantamiento de los indicadores de salud de esta población en la base de datos DataSUS, considerando la microrregión de Trairi y el municipio de Santa Cruz, comprendiendo el período de 2017-2022, con foco específico en las informaciones relativas a la mortalidad.

Resultados: Las informaciones producidas revelan índices alarmantes relacionados a las causas externas, situadas como la principal razón de óbitos entre los hombres, especialmente los más jóvenes, tanto en el

município como en la región, particularmente cuando se comparan con el escenario nacional. **Conclusión:** El trabajo demuestra la necesidad de investigar más a fondo las iniciativas políticas desarrolladas respecto a la salud del hombre en el contexto estudiado, con vistas a mitigar las cuestiones relacionadas a la sobremortalidad masculina por causas consideradas evitables.

DESCRIPTORES: Salud del Hombre; Masculinidad; Política de Salud; Mortalidad; Causas Externas.

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INTRODUCTION

For at least two decades, there has been growing attention in Brazil from academia and in the field of public policy to discussions that address the health of the male population as an object of concern⁽¹⁻³⁾. Since then, managers, health professionals, trade associations, members of social movements and researchers have pointed out the persistence of obstacles which have been explored in depth in studies which seek to debate the relationship between men, health and care practices, especially in the context of Primary Health Care (PHC)⁽⁴⁻⁷⁾.

Based on these discussions, these obstacles have been understood from both sociocultural and structural per-

spectives, in view of the maintenance of hegemonic gender constructions established in society^(8,9). The growth of production in this field has made it possible to question and denaturalize persistent understandings in the daily life of health services⁽⁹⁾, where the absence of men is justified discursively by their supposed lack of interest in issues affecting health, notwithstanding the reinforcement of gender stereotypes that emphasize greater male resistance and, as a result, a false understanding of lower vulnerability to health problems.

These issues have implications for the current public health scenario, in which men are resistant to developing care practices, since caring for themselves or others are not characteristics incorporated into their socialization

processes, which consequently leads to high morbidity and mortality rates, given the greater exposure of the male population to risk situations⁽¹⁰⁻¹²⁾.

In order to act on this scenario, in 2009, the Brazilian Ministry of Health published the National Policy for Comprehensive Men's Health Care (PNAISH), with the aim of promoting actions to promote men's health, with emphasis on PHC, emphasizing the development of comprehensive care for this public, considering their subjectivities and singularities⁽¹³⁻¹⁴⁾. The aim was to understand the main causes of male illness and mortality in order to develop mitigation strategies for public health services^(5,13,15).

Currently, more than 15 years after its creation, the PNAISH still presents difficulties for its implementation, so

we believe it is necessary to establish mechanisms to strengthen it as a public policy capable of generating changes in the social and health scenario⁽¹⁶⁾. Thus, the PNAISH presents the possibility of covering men's health at the various levels of care in the Unified Health System (SUS), in order to open up space for strategies to raise awareness, promote health and train teams. Despite the challenges to be overcome in terms of organizational structure, qualification of professionals, among others, it is from this that we can build a stronger, more equitable and comprehensive SUS^(6,16-18).

In order to contribute to this field of academic-political production, this article derives from a study which sought to understand the knowledge and health care practices developed and updated by men living in the Trairi region, in the state of Rio Grande do Norte, with special emphasis on their use of and access to health services. Throughout its development, the study aimed to map the health indicators of the male population living in this region and get to know the local health network, identifying possibilities and potentialities for their care.

The section presented here refers to one of the dimensions of this study, and involves carrying out a critical analysis of the mortality indicators of the male population in this context, with the aim of raising questions about the health situation of men in order to put pressure on the (in)existence of political initiatives, related to public management, regarding the health of the male population in the interior of the state of Rio Grande do Sul.

We believe that this study has the potential to promote the strengthening of PNAISH within the SUS, especially in the local context, by focusing on masculinities, generating information and analysis that can stimulate and value health promotion for this

population, as well as contributing to criticality and reflection in the academic and professional fields.

METHOD

The research that gave rise to this work, which has a qualitative-quantitative approach and is exploratory-descriptive in nature, is linked to the Federal University of Rio Grande do Norte (UFRN) and was carried out at the Trairi Faculty of Health Sciences (FACISA), in Santa Cruz/RN.

The study's theoretical and epistemological orientation is based on the constructionist perspective of social psychology, which sees knowledge as a historically situated social practice and methodological designation as a process of ethically oriented decisions⁽¹⁹⁾. From this perspective, its construction is based on everyday research, a way of doing research that highlights the transformations in social life and the processes involved in the production of meanings about reality, by mu-

tually involved actors, including the researchers themselves, inserted in a dynamic field-theme and permeated by everyday events that strain the very way of researching^(20,21).

From this perspective, this article is one of the results of the inclusion of researchers in the field-theme of men's health in the Trairi Potiguar region, and its production process derives from a set of exchanges based on contact with different actors and devices that mobilize meaning, among them the Health Information System (SIS), here considered discursive artifacts that document events in space-time about the health situation of the local population, and are available to be freely analyzed, here taken, due to this status, as documents in the public domain⁽¹⁹⁾.

That said, the process of constructing the information ("data collection") took place in the second quarter of 2024, through access to the DataSUS database (Chart 1).

Table 1. Characterization of the database used in the study, according to name, access link and purpose

Database	Access link	Description/Objective
DataSUS	http://tabnet.datasus.gov.br/cgi/deftohtm.exe?sim/cnv/obt10br.def	To provide health data on access to services, morbidity, quality of care, as well as information on healthcare, registers, financial resources and socio-demographic and socio-economic data.

Source: Prepared by the authors.

Considering the territorial scope defined for the study, one of the methodological designs used was to collect data on health indicators for the male population covering the municipality of Santa Cruz/RN, the Trairi Potiguar micro-region and the Brazilian scenario, through DataSUS, based on health information systems.

For the survey, the period from 2017 to 2022 was established, with a specific focus on information relating

to male mortality in the 20 to 59 age group (PNAISH's target audience), with an emphasis on external causes, diseases of the circulatory, digestive and respiratory systems and neoplasms, since these are the main health problems addressed by PNAISH, as the main causes of male mortality in the country⁽¹³⁾.

The data was collected by defining the variables of interest, which led to the use of filters when handling the database. In this way, the following

were selected in detail: year, location, sex, age group and ICD chapter, generating a table for each territorial section (municipality, region, country), according to how the database works.

After selecting the filters and accessing the data, it was consolidated into summary tables in order to bring all the information together in a single tool (Chart 2). After this stage, the

information was analyzed, seeking to associate the information obtained with findings from the literature and reflective incursions into the field-theme of the broader research.

Quadro 2. Modelo de quadro-síntese elaborado para armazenar as informações obtidas a partir da base de dados.

Municipality/Micro-region/Country	Male	Fem.	Total
Total	quantity	quantity	Sum of data
Municipality/Micro-region/Country	quantity	quantity	Sum of data

Source: Prepared by the authors.

RESULTS

Access to the DataSUS Information System made it possible to identify an up-to-date picture of the mortality of the male population living in the municipality of Santa Cruz/RN

and the Trairi Potiguar region, highlighting the five main causes of death among this population, and allowing comparisons to be made between the indicators for these locations and the reality found in the same period, nationwide.

In the municipality of Santa Cruz,

considering men aged between 20 and 59, for the five groups of causes investigated, 200 male deaths were recorded between 2017 and 2022, with external causes being the main reason recorded, accounting for more than half of the deaths surveyed (Chart 3).

Table 3. Distribution of health indicators for the male population aged 20 to 59, according to the five main causes of mortality, in the municipality of Santa Cruz/RN, 2017-2022

Causes	2017	2018	2019	2020	2021	2022	TOTAL
Neoplasms	3	3	6	3	4	5	24
External causes	22	12	25	18	15	25	117
Diseases of the Circulatory System	5	5	11	7	6	9	43
Diseases of the Respiratory System	0	1	2	1	0	2	6
Diseases of the Digestive System	1	0	0	1	4	4	10

Source: Prepared by the authors based on consultation with DataSUS/MS/Brazil, 2024.

In the case of the Trairi Potiguar region, external causes continue to be the main reason for the 1,352 deaths

recorded in the male population between 2017 and 2022, with 585 notifications. However, the significant number of male deaths caused by diseases of the circulatory system (the

second leading cause) and neoplasms (the third leading cause) should be highlighted (Chart 4).

Table 4. Distribution of health indicators for the male population aged 20 to 59, according to the five main causes of mortality, in the Trairi micro-region, 2017-2022

Causes	2017	2018	2019	2020	2021	2022	TOTAL
Neoplasms	38	45	55	55	57	50	300
External causes	116	108	91	101	79	90	585
Diseases of the Circulatory System	30	44	60	64	61	71	330
Diseases of the Respiratory System	4	9	7	3	8	11	42
Diseases of the Digestive System	21	14	8	16	21	15	95

Source: Prepared by the authors based on consultation with DataSUS/MS/Brazil, 2024.

The trend found in these two contexts can also be seen on the national stage, when there were more than 579,000 deaths among the male

population due to external causes in the same period of time, followed by diseases of the circulatory system and neoplasms (Chart 5).

self-inflicted injuries and assaults. In terms of morbidity, external causes also accounted for around 80% of hospital admissions, with a predominance in the 20-29 age group ⁽¹³⁾. Following on from external causes, the male mortality data also indicated the following as causes of death: secondly, diseases of the circulatory system; thirdly, neoplasms; fourthly, diseases of the digestive system and fifthly, diseases of the respiratory system ⁽¹³⁾.

With a view to considering possible updates to this panorama, based on the data survey carried out here, in 2024, and 15 years after the publication and implementation of PNAISH, considering the period 2017-2022, it can be seen that there are no changes in the order of presentation of the major causes of mortality in the three scenarios studied, either in the municipality of Santa Cruz and in the Trairi micro-region, or in Brazil (as shown in tables 3, 4 and 5). In this update, external causes come first (responsible for 35% of male deaths, out of the five major causes), followed by diseases of the circulatory system (25% of deaths); thirdly, neoplasms; fourthly, diseases of the digestive system and, lastly, diseases of the respiratory system.

In the case of the municipality of Santa Cruz and the Trairi Potiguar region, this pattern continues, although it varies with regard to the proportion of mortality due to external causes, which represent approximately 43.7% of deaths among men in the region (considering the five main causes), and more than 58% in the municipality, an alarming figure, especially when compared to the national and regional rates.

It is also worth noting that, in both the municipality and the region, there is a greater concentration of deaths among men in the 20-29 age group, totaling 41 records between 2017 and 2022 in Santa Cruz and 252 occurrences in the Trairi region. Proportionally, this indicates that in the municipality, around 35% of male deaths from ex-

Table 5. Distribution of health indicators for the male population aged 20-59, according to the five main causes of mortality in Brazil, 2017-2022

Causes	2017	2018	2019	2020	2021	2022	TOTAL
Neoplasms	64.565	64.927	65.319	63.395	63.931	65.016	387.153
External causes	102.989	96.702	90.708	95.126	95.983	97.530	579.038
Diseases of the Circulatory System	69.557	69.005	68.941	66.566	70.672	73.071	417.812
Diseases of the Respiratory System	19.638	20.553	20.762	21.705	21.529	21.365	125.552
Diseases of the Digestive System	23.207	22.645	22.538	22.786	24.047	24.172	139.395

Source: Prepared by the authors based on consultation with DataSUS/MS/Brazil, 2024.

The set of information shows that, in the period in question, just the five main causes of death surveyed revealed a total of 1,648,950 notifications, highlighting that at least 35% of these could have been avoided, which is an important issue to be problematized.

DISCUSSION

For the development of this work, we started from a relational gender perspective, adopted here as a guide to reflect on the processes of producing health (and illness) for men ⁽²²⁾. This perspective allows us to consider the subjects, men and women, in a unique way, encompassing the social, economic, political and historical-cultural aspects involved in their construction. Thus, we believe that the ways in which masculinities are socially constructed, exercised and incorporated in different ways by different men, are closely related to the ways in which they deal with their own health and look after themselves and others ^(23,24).

The health indicators of the male population were determining factors in the formulation of the PNAISH in the 2000s. At the time, a survey carried

out by the Brazilian Institute of Geography and Statistics (IBGE) in 2005 revealed that the male population in Brazil comprised a total of 90,671,019 men (49.2% of the total population) ⁽¹³⁾. The highest concentration of men was in the 10-19 age group (21.3%), followed by children aged 0-9 (20.1%) and young adults aged 20-29 (17.9%). From then on there was a decrease in the percentage rates as the age groups got older, with men aged 60 and over making up only 7.7% of the population ⁽¹³⁾.

An epidemiological profile of male morbidity and mortality was discussed by Laurenti et al ⁽²⁵⁾ who highlighted the differences in health characteristics and indicators for men and women. According to these authors, there was a clear predominance of mortality indicators for the male population in relation to the female population, pointing to the greater vulnerability of men, since in practically all age groups and considering almost all causes, men died more than women.

When the main causes of mortality in the male population aged 15 to 59 were surveyed, it was found that most of these (78%) were related to five main groups, the first of which was external causes, including transport accidents,

ternal causes occur among men aged between 20 and 29. In the region, this rate comprises 43% of cases.

These figures are significant and deserve attention, given the trend in mortality among young men due to causes that could be avoided if preventive health programs could be implemented, with a view to promoting the adoption of care practices related to male forms of socialization, since external causes include violence, accidents and self-inflicted injuries^(26,27).

It should also be borne in mind that, compared to women, mortality rates remain high in the male population⁽¹²⁾. Given the data collected and discussions about the literature reviewed in the broader research process, it is possible to point to hypotheses to understand the high mortality rates, even after PNAISH. And, beforehand, it is worth pointing out that the existence per se of a public policy aimed at men's health is not/has not been enough to generate substantial changes in this situation.

In this sense, it is necessary to analyze whether and how actions for men's health are being constructed and developed in the day-to-day running of services. As Ferreira⁽¹⁸⁾ says states, it is important to understand the male universe and its subjectivities, so that actions are attractive and really aimed at men. It is therefore important to reflect on how and when health actions are developed for this population in the Trairi micro-region, considering the high rates shown by mortality indicators, whether in terms of addressing violence and/or preventing accidents, especially traffic accidents, among which we can highlight those involving motorcycles (a common means of transportation in the region), since their occurrence has become an important public health issue for men^(28,29). Or even the prevention of diseases of the circulatory system in recent years (the second biggest cause observed), which represent a type of injury that is more frequently

addressed in the daily routine of PHC.

In view of this, the question arises: are men living in this region able to access actions to promote and prevent illnesses common to their respective age groups, and in line with their social determination, developed in the local Basic Health Units? Do the actions, when carried out, have the intention of meeting the real demands and needs of the population in question? These questions lead us to reflect that, even after the publication and implementation of PNAISH, the views of managers and professionals are not taking masculinities into account⁽¹⁶⁾.

On the other hand, it is worth noting that the approach to neoplasms, especially prostate cancer, as already reported in the literature⁽³⁰⁾, continues to be part of men's health agendas throughout the country⁽³¹⁾. In the Trairi Potiguar region, this issue has been no different from the national level, when we see specific actions, generally carried out in the month of November, aimed at promoting the health of the male population, with prostate issues as the main object of discussion. This emphasis, however, is at odds with what is observed in the information systems, when it can be seen that neoplasms account for 22% of the deaths surveyed, and their proportion is notably lower than deaths from external causes in this territory.

It is possible to discuss how this fact corroborates the study by Adamy et al⁽³²⁾ which states that managers generally associate PNAISH directly with actions to detect prostate cancer and offer medical consultations, so that care for men is reduced to these aspects and does not take place in an integral way. The focus is on the biomedical model of health, so that historical, cultural and social factors are not taken into account, and care is focused only on the biological body, under a conception of health restricted to the absence of or-

ganic diseases. We also understand that when analyzing mortality indicators, it is necessary to point to issues that go beyond the biological, which is corroborated by epidemiological data.

Considering the municipality of Santa Cruz, the difference in these indicators is even greater, since neoplasms account for 12% of all deaths surveyed, while external causes account for almost 60% of male deaths. Therefore, a unique look at this context, on the part of local public policy makers and operators, would allow for the development of more epidemiologically appropriate and culturally competent health interventions, compared to the existing, albeit insufficient, ones. In this sense, it is important to pay attention to the need to include men in their own health production process, as protagonists, enabling them to be allies of health services, in order to break away from the concept of men reduced to "bodies with penises and prostates"^(11,33).

From this perspective, we reiterate the importance of analyzing epidemiological data as a mechanism for strengthening the PNAISH, making it possible to see its possibilities and challenges on a daily basis, with a view to building planning processes that guarantee the inclusion of the male population in the objectives and goals of health care and management. Furthermore, this action should not be without the necessary qualification of professionals, the active participation of users and health councils, as well as the adequate availability of resources, taking into account the singularities of the territories^(6,16). We therefore believe it is essential to map indicators, value and strengthen the policy, taking into account the needs and demands of "real men", in order to offer comprehensive and equitable care to the male population.

CONCLUSION

The results of this study point to the importance of critical analysis of health

indicators for the process of continuous monitoring of men's health, at municipal and health region level. The data found demonstrates the worrying situation of men's health, from a national perspective, but especially in the local context, where there is an increase in male mortality due to external causes, which are barely visible in the health services. Furthermore, there are few initiatives aimed at mitigating this situation, either due to the lack of actions that include men in the day-to-day running of health services, or due to the lack of incentives within the public administration to induce them, which makes the PNAISH an almost obsolete device in this area.

As limitations of this work, it is necessary to discuss the difficulties identified during the collection of mortality indicators available in the DataSUS

database. One of these relates to the unavailability, during the collection period, of data for the years 2023 and 2024, making it impossible for us to have information from these periods. It is worth considering that this is a limitation due to the way the platform works, since in the context of health information systems, data is updated by the end of the first half of the following year, taking into account the deadlines set by the Ministry of Health for municipal and state secretariats to finish entering their respective information.

However, it is considered that the analytical reading carried out on the basis of the available data was able to generate pertinent and important reflections to consider how the PNAISH still needs to be strengthened. This needs to happen from the management level to the level of care services, given

that the current picture of male mortality is similar to that found almost two decades ago, thus questioning the effectiveness of this policy in promoting changes in the health reality.

Finally, this section has demonstrated the need to investigate in greater depth what initiatives are being implemented with regard to men's health in Santa Cruz and in the Trairi Potiguar micro-region, to analyze the vision of managers, users and health professionals with regard to the health of the male population, as well as the proposals for strengthening and valuing the PNAISH. These analyses can contribute to a greater visibility of men's health and an understanding of the socio-cultural aspects and territorial singularities that determine it.

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