

Beyond the prostate: Brazil's national healthcare policy for men (PNAISH)

Key messages

- Tackling the 'men's health gap' – including the causes of death and ill health related to norms of masculinity and risk taking behaviour – can have gender transformational impacts for both women and men.
- Involving men in health decisions related to family planning, caregiving, early childhood development and maternal and newborn health is key to improving the health and wellbeing of women and children.
- Partnerships between policy makers and civil society actors and academics working on men, masculinities and health are key to ensuring that policies are developed, implemented and measured in sustainable, relevant and gender transformative ways.
- Training and awareness raising for healthcare professionals on the gender dimensions of men's health is essential if policies on paper are to make an impact in practice.
- Long term work is needed to build political commitment for health policies with the potential for gender transformation, and to support the successful implementation of such policies from national to regional levels.



A collection of PNAISH campaign posters. Image from National Men's Health Policy Coordination Unit – CNSH/DAPES/SAS/MS

Introduction

Issues around men's health are multi-layered and complex. They affect not only men's lives, but those of women, girls and boys. National policies on health provide a key potential framework to support work with men and boys for gender equality, but only three countries globally – Australia, Ireland and Brazil – have men's health policies. This case study looks at Brazil's National Healthcare Policy for Men (PNAISH). PNAISH was launched in 2009 with the aim of improving the health outcomes of men aged 20 to 59 years old.

It emerged out of a context where Brazilian men were dying of unnecessary external causes such as automobile or occupational accidents, urban violence, or ill health due to drug use. These causes of death can be linked to behaviours associated with norms of masculinity, which lead to greater risk taking. Men were also dying unnecessarily from chronic diseases; a factor exacerbated by norms of masculinity that position men as 'weak' if they seek medical advice. In addition, masculinity norms combine with socio-

economic determinants of health such as race, ethnicity, class, education, age, (dis)ability and sexuality to impact on both risk taking behaviours and access to health services.

There is clear evidence that the ways that gender norms are perceived, constructed and acted upon have significant impacts on health outcomes and behaviours for both women and men. But health research and programming rarely address the links between men's health and harmful masculine norms. While PNAISH's original priority was to address 'male' diseases and health issues, its focus has now shifted to a more gendered approach which aims to make visible and break down such norms. Men's health is seen through a gendered lens that considers issues of power, violence and men's upbringing.

PNAISH has five strategic areas of work:

- Mobilisation and access of male populations to health services
- Addressing violence and accident prevention among men
- Preventing chronic diseases among men
- Engaging men in sexual and reproductive health
- Father involvement in prenatal care for partners

Evidence of the impact of PNAISH is limited as yet, due to the Ministry of Health's restricted capacity to collect, monitor and evaluate data. However, it is clear that the policy has been influential in pushing for a gender transformational approach to men's health within the Brazilian public health landscape, while bringing targeted attention towards men's health needs.

How were men and boys engaged in the intervention to successfully promote gender equality aims?

Some areas of PNAISH seek to directly involve men as active and positive agents in both their own health and wellbeing, and that of their partners and children. The policy's Prenatal Care for Partners strategy builds on evidence showing that prenatal visits can be a key entry point to involving men in preventative care, paternity and caregiving, and can also increase testing for and transmission of sexually transmitted infections. Data from one municipality where the strategy has been implemented – Riberao Preto – show a steady increase in men/partners accompanying women to at least one prenatal visit,

during which exams to detect syphilis, Hepatitis B and C, and HIV are offered. By encouraging health providers to engage men in family planning and prenatal consultations, PNAISH helps to create spaces for men to take care of their own health and wellbeing too.

PNAISH also aims to provide healthcare professionals with the knowledge and tools they need to actively engage men in healthcare spaces and processes. Guidelines and manuals for health administrators have been produced, including on the topic of engaging men around gender-based violence prevention, and involving men as partners during prenatal consultations. Training for local health workers has also been developed, including on men's engagement in sexual and reproductive health, fatherhood and gender-based violence prevention.

What processes and strategies were used?

In order to generate the shift from a medical approach to men's health to one that is more holistic, nuanced and gendered, a range of strategies and processes have been put in place at the federal, state and municipal levels. These include the following:

Partnerships with civil society and academics with expertise on masculinities and health

Partnerships between PNAISH and Instituto Papai, Instituto Promundo, Instituto Noos and the Rede de Homens pela Equidade de Gênero (Network of Men for Gender Equality) have produced impactful advocacy and awareness raising work; for example around increased paternity leave. Partnerships with Fundação Oswaldo Cruz (Fiocruz) and Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira (IFF) have enabled evaluation of PNAISH's early implementation.

“The researchers, state and municipal leaders, health administrators, civil society, everyone united themselves around the men's health field. So I think that this unified movement was very important for the policy to continue.”

EDUARDO SCHWARZ, FORMER PNAISH MEN'S HEALTH UNIT COORDINATOR



A couple and their newborn baby after delivery in an emergency care unit (UPA – Unidade de Pronto Atendimento do Sistema Unico de Saude [SUS]) in Brazil.

National Men's Health Policy Coordination Unit – CNSH/DAPES/SAS/MS

Producing guidelines and manuals

PNAISH and its civil society partners have produced, formalised and disseminated guidance on more comprehensive policy approaches to masculinities and health which have fed into PNAISH implementation. Guidelines for healthcare professionals on a range of topics around men's health and wellbeing have also been produced.

Training for leaders and healthcare professionals

PNAISH coordinators have made continuous efforts to sensitise leadership within the Ministry of Health around issues related to gender, masculinities and health. Training courses for healthcare professionals on gender related issues in health have been developed. As part of a partnership between PNAISH and the Federal University of Santa Carolina, an online course on gender-based violence has reached 3,000 healthcare workers, providing a learning space for issues not traditionally part of medical training.

Support to state and municipal health units

PNAISH distributes funds to municipal health units for the implementation of projects on men's health.

These projects have been diverse in nature; from activities around Men's Health Day or Father's Day, to prostate cancer prevention work, to projects that take a comprehensive approach, promoting men's health on an equal level to that of women and children.

Lessons learnt

PNAISH has generated new discussions and ideas around masculinity, health, fatherhood and men's caregiving roles, and created a tool box of strategies, lessons and considerations to guide those looking to implement similar policies. It illustrates a model of successful partnership working for a gender transformative approach to policy making on health and wellbeing, and shows that the health needs of men need not be pitted against the needs of women, but in fact are complementary.

However, evaluation has shown that PNAISH faces challenges in ensuring that it is institutionalised and sustained at federal level, and that it is effectively implemented at local level. Another challenge is ensuring that PNAISH's gender transformative elements are understood, implemented and upheld within the context of local health units and providers and that strategies to address diversity among men and their health needs are carried out in practice.

PNAISH demonstrates the importance of taking the following actions when developing health policies with the potential for gender transformation:

- Develop a strategy to ensure political commitment and sustainability. This should include participatory processes to involve medical, civil society and academic actors in policy development, as well as efforts to build ownership at Ministry of Health level.
- Create and formalise civil society and academic partnerships to help build a comprehensive gendered approach to policy development, implementation and evaluation.
- Develop clear guidance for state and municipal health administrators to ensure smooth implementation. This could include the production of guidelines for developing health services that address men's health needs, and for using sex and age disaggregated data in health information systems and monitoring.
- Ensure that strategies and projects address diversity among men and the links between gender identities and other socio-economic factors such as class, race, age or sexuality.

- Offer training for healthcare professionals on health, wellbeing, gender and masculinities.
- Develop an evaluation plan to measure the outcomes of men's health policies for men, women and families.
- Integrate both gender-based and urban violence into men's health strategies. This could involve collaboration between the healthcare and education sectors in order to engage and raise awareness of the gendered issues related to violence.

Further reading

Edström, J.; Hassink, A.; Shahrokh, T. and Stern, E. (eds) (2015) *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*, EMERGE Evidence Review, Promundo-US, Sonke Gender Justice and the Institute of Development Studies, Brighton: IDS

Spindler, E. (2015) 'Beyond the prostate: Brazil's national healthcare policy for men (PNAISH)', *EMERGE Case Study 1*, Promundo-US, Sonke Gender Justice and the Institute of Development Studies (IDS), Brighton: IDS

Methodology

This Story of Change is based on the EMERGE case study:

Spindler, E. (2015) 'Beyond the prostate: Brazil's national healthcare policy for men (PNAISH)', *EMERGE Case Study 1*

The case study methodology was based on a review of key PNAISH primary documents and published academic studies, in addition to five key informant interviews conducted with government, civil society and academic actors.

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