BARRIERS TO THE IMPLEMENTATION OF THE NATIONAL POLICY FOR COMPREHENSIVE MEN'S HEALTH CARE: UPDATED PERSPECTIVES ON MASCULINITIES, TECHNOLOGIES, AND EPIDEMIOLOGICAL CHALLENGES

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Abstract: The National Policy for Comprehensive Men's Health Care (PNAISH), implemented in 2009, represents an important milestone in Brazilian public health. However, more than a decade after its launch, significant barriers persist that compromise its effectiveness. This article presents an integrative literature review that analyzes the sociocultural, institutional, and epidemiological factors that hinder the implementation of PNAISH, incorporating updated perspectives on masculinities, technological innovations, and epidemiological data from the period 2023-2025. The research identified that hegemonic masculinity continues to be a central obstacle, now understood in light of concepts such as toxic masculinity and its implications for mental health. Additionally, it was observed that emerging technologies such as telemedicine and artificial intelligence have significant potential to transform access to men's health, although their implementation is still limited. It is concluded that the effective implementation of the National Policy for Comprehensive Men's Health (PNAISH) requires a multifaceted approach that integrates the deconstruction of gender stereotypes, the strengthening of primary care, the incorporation of technological innovations, and an intersectional perspective.

Keywords: men's health; health policies; masculinities; health technologies; primary care.

INTRODUCTION

Men's health in Brazil emerged as a formal concern of the health system with the creation

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of the National Policy for Comprehensive Men's Health Care (PNAISH) in 2008, officially launched on August 27, 2009 by Ordinance No. 1,944 (Ministry of Health, 2008). This policy was developed in response to a worrying epidemiological scenario, in which men presented significantly higher morbidity and mortality rates when compared to women, especially from preventable causes (Leite et al., 2010).

The need for a specific policy for men emerged from an important observation: most health services, especially primary care, were almost exclusively focused on women, children, and the elderly, leaving the male population in a vulnerable situation (Ministry of Health, 2008).

The National Policy for Comprehensive Men's Health Care (PNAISH) was designed with the objective of "promoting the improvement of the health conditions of the male population of Brazil, contributing effectively to the reduction of morbidity and mortality in this population, through the rational confrontation of risk factors" (Ministry of Health, 2008, p. 31).

Brazil has established itself as the only country in Latin America with a specific health policy for men, an important recognition that men's health requires differentiated attention and tailored strategies. However, more than a decade after its implementation, studies indicate that the National Policy for Comprehensive Men's Health (PNAISH) still faces significant challenges in its operationalization (Medrado et al., 2025).

Recent data from 2025 reveal a paradoxical scenario: although Primary Health Care (PHC) recorded 106 million visits to men up to September 2025, there is still a great lack of awareness among the population about the existence of the National Policy for Comprehensive Men's Health Care (PNAISH). Additionally, experiences considered successful in involving men in health care coexist with structural challenges related to administrative and financial crises in the health system and the impact of urban violence (Medrado et al., 2025).

In this context, this article proposes to revisit the barriers that compromise the effectiveness of the PNAISH, incorporating updated perspectives on three fundamental dimensions: (1) sociocultural barriers, now understood in light of contemporary concepts of hegemonic and toxic masculinities; (2)

institutional barriers that persist in the health system; and (3) the opportunities presented by emerging technological innovations of the last two years (2023-2025), such as telemedicine and artificial intelligence.

METHODOLOGY

This study constitutes an integrative literature review, following the methodological assumptions described by Whittemore and Knafl (2005). The integrative review is the broadest methodological approach among reviews, as it allows the inclusion of experimental and non-experimental studies for a complete understanding of the phenomenon analyzed, combining data from theoretical and empirical literature.

Strategy Search

The research was conducted in electronic databases, including LILACS (Latin American and Caribbean Literature in Health Sciences), SCIELO (Scientific Electronic Library Online), and Google Scholar, with complementary searches in government portals and documents from the Ministry of Health. The descriptors used were: “men’s health,” “national policy for comprehensive men’s health care,” “masculinity,” “primary care,” “telemedicine for men’s health,” “artificial intelligence for prostate cancer diagnosis,” and “toxic masculinity.”

Criteria of Inclusion and Exclusion

Scientific articles, public policy documents, technical reports, and studies published between 2005 and 2025 were included, with priority given to publications from the last two years (2023-2025). Studies that lacked thematic relevance or that exclusively addressed international contexts without

applicability to the Brazilian scenario were excluded.

Analysis Data

The data were organized into thematic categories: (1) Sociocultural Barriers and Masculinities; (2) Institutional Barriers; (3) Epidemiological Scenario; (4) Technological Innovations; and (5) Future Perspectives.

RESULTS AND DISCUSSION

Barriers Sociocultural: Hegemonic and Toxic Masculinities

A large part of men's non-adherence to comprehensive health care measures stems from deeply rooted cultural variables. The hegemonic pattern of masculinity, historically constructed by patriarchal culture, reinforces practices based on specific beliefs and values about what it means "to be a man." In this model, illness is often perceived as a sign of weakness that men do not recognize as inherent to their own biological condition (Schraiber, Gomes, & Couto, 2005; Figueiredo, 2005).

In this social construct, men consider themselves invulnerable, strong, and virile, characteristics that distance them from self-care and expose them more to risky situations. For them, seeking health services represents signs of weakness, fear, anxiety, and insecurity, characteristics incompatible with hegemonic masculinity and that would bring them closer to representations of femininity (Gomes, Nascimento, & Araújo, 2007; Leite et al., 2010).

Recent studies (2024-2025) have deepened the understanding of this phenomenon through the concept of "toxic masculinity." As pointed out by Rocha (2025), hegemonic masculinity is a socially constructed symbolic reference that structures the idealized identity of what it means to be a man, representing a symbolic space that profoundly influences health behaviors. Toxic masculinity,

in turn, refers to the rigid and harmful expectations associated with the male role, which affect both men themselves and society in general.

The consequences of toxic masculinity for men's mental health are significant. Studies from 2025 associate the rigidity of gender roles with higher rates of suicide, depression, and anxiety among men (Her, 2025). The repression of affection, homophobia, excessive competition, and violence are manifestations of this unhealthy culture. In this context, the deconstruction of these patterns and the promotion of new, more plural and healthy ways of being a man become fundamental public health strategies.

Associated with male invulnerability is the difficulty men have in verbalizing what they feel. Talking about health problems can be seen as a demonstration of weakness and feminization in front of others. They also cultivate the "magical thinking" that they will never get sick (Figueiredo, 2005; Gomes, Nascimento, & Araújo, 2007). Additionally, there is the fear that the doctor will discover something serious, leading to denial: "what you look for, you find," and therefore, not seeking help means not having a disease. The shame of exposing oneself to a healthcare professional, whether male or female, also constitutes a significant barrier.

Lack of time, coupled with the impossibility of leaving work activities, shame, and the fear that revealing a health problem will result in job loss, constitutes another significant obstacle. Work also represents a factor that keeps men away from health services or compromises the continuity of already established treatments (Schraiber, Gomes, & Couto, 2005; Costa-Júnior & Maia, 2009; Leite et al., 2010).

Finally, most of the health promotion and prevention campaigns disseminated by the Ministry of Health have historically been aimed at women, children, and the elderly. This has led men to believe that primary health care units (PHCUs) are services primarily intended for these groups, generating a feeling of not belonging to these spaces (Figueiredo, 2005; Gomes, Nascimento, & Araújo, 2007; Couto et al., 2010).

Barriers Institutional

Beyond sociocultural barriers, the implementation of the National Policy for Comprehensive Men's Health Care (PNAISH) faces significant structural and institutional challenges. Recent studies indicate that the integration of men's health with elderly health, although well-intentioned, may result in the invisibility of the specific men's health agenda (Medrado et al., 2025). Additionally, administrative and financial crises in the health system, as well as the impact of urban violence, hinder access to and continuity of care.

The need to incorporate an intersectional, intersectoral, and interinstitutional perspective to operationalize the axes proposed by the National Policy for Comprehensive Men's Health Care (PNAISH) is widely recognized (Medrado et al., 2025). This implies considering the multiple identities of men (race, class, sexual orientation, gender identity) and the interactions between different sectors of society (education, work, security) in promoting men's health.

Scenario Current Epidemiological Data

The male morbidity and mortality profile in Brazil remains worrying. Non-communicable chronic diseases (NCDs) are the leading cause of death, with men presenting a significantly higher risk compared to women. In 2023, 56.1% of premature deaths (between 30 and 69 years of age) due to NCDs occurred in the male population, while only 43.9% occurred in women (Public Health Observatory Library, 2025).

Illnesses Cardiovascular

Cardiovascular diseases (CVDs) are the leading cause of death, accounting for approximately 30% of all deaths in Brazil. In 2022, 52.5% of CVD deaths were men (210,181 deaths) and 47.5%

were women (189,946 deaths), with the majority of deaths occurring in the 65 years and older age group (Public Health Observatory Library, 2024). High blood pressure, frequently underdiagnosed in men, is one of the main risk factors. Sedentary men have up to a 70% higher risk of developing cardiovascular problems compared to those who are active (CNN Brazil, 2025).

Cancer of the prostate

Prostate cancer is the most common type of cancer among Brazilian men. The National Cancer Institute (INCA) estimates that Brazil will register approximately 72,000 new cases in the three-year period 2023-2025 (ANS, 2025). Mortality from this disease has been consistently increasing: in 2024, 17,587 deaths were recorded, representing a 21% increase over the last decade (2015-2024), with an average of 48 deaths per day (O Norte Online, 2025).

Despite the high incidence and mortality rates, early diagnosis offers an excellent prognosis. Studies indicate that prostate cancer has a cure rate of over 90% when diagnosed in its early stages (Grupo Luta pela Vida, 2025). This reinforces the critical importance of screening and awareness campaigns, particularly during “Blue November”.

Behaviors Risk

Men exhibit a significantly higher prevalence of health risk behaviors. Abusive alcohol consumption is particularly concerning, with 63.04% of those who abuse alcohol being men in 2023 (Public Health Observatory Library, 2025). Additionally, sedentary lifestyles, inadequate diets (predominantly high in fatty and ultra-processed foods), and lack of physical activity are modifiable risk factors that significantly contribute to male morbidity and mortality.

Health Sexual and Reproductive

Male sexual and reproductive health, historically shrouded in taboos, has gained greater visibility in recent years. Erectile dysfunction (ED), for example, affects more than half of men over 40 and is increasingly understood not only as a sexual problem, but as an important warning sign for systemic diseases such as cardiovascular disease and diabetes (O Globo, 2024).

The 82% increase in consultations for erectile dysfunction in the Brazilian public health system (SUS) over the last six years indicates both a greater demand for help and a gradual breakdown of the stigma associated with this problem (Estadão, 2025). This represents important progress, although much remains to be done to normalize discussions about men's sexual health.

In the field of family planning, male participation remains incipient. The responsibility for contraception falls mainly on women, and there is an urgent need for greater engagement of men in discussions and decisions about reproductive health. The role of the urologist as an educator and promoter of male reproductive health is fundamental to reversing this situation (Groner, 2025).

Sexually transmitted infections (STIs) are also a major concern. Campaigns for 2025 highlight topics such as STI prevention, vaccination updates (especially HPV and hepatitis B), sexual health, and reproductive planning as priorities on the men's health agenda (Ministry of Health, 2025).

Innovations Technological and Transformative Potential (2023-2025)

The last two years have witnessed significant technological advancements that present considerable potential to transform access to and quality of men's healthcare.

Telemedicine

Telemedicine has emerged as a powerful tool to overcome geographical and access barriers. Data from 2024-2025 indicate that **87% of patients** opted for initial virtual consultations, and

93% use telemedicine to manage their prescriptions (Instagram, 2025). The integration of telemedicine with artificial intelligence has become essential, particularly to expand access to care in remote regions (Medicinasa, 2025).

Despite its potential, telemedicine is still a reality for only **10% of Brazilian municipalities**, highlighting a significant infrastructure gap that needs to be overcome (G1, 2025). The lack of technological infrastructure and connectivity in less developed regions constitutes a major obstacle to the universalization of this type of care.

Intelligence Artificial

Artificial Intelligence (AI) has shown promise, especially in the diagnosis of prostate cancer. AI algorithms can analyze histopathological images and clinical data to identify tumors with greater precision and speed, reducing processing time and improving early detection (OncoGuia, 2024). A new AI system developed in 2024 uses clinical data and test results to identify cases of prostate cancer that pose a significant health risk (UNESP, 2024).

AI also has the potential to assist in risk stratification, allowing healthcare professionals to identify men who are more likely to develop chronic diseases and implement personalized preventive interventions.

DISCUSSION INTEGRATED

An integrated analysis of the presented data reveals a complex and multifaceted scenario. On one hand, deep sociocultural barriers rooted in historical constructions of masculinity persist, continuing to distance men from self-care. The contemporary understanding of these phenomena through concepts such as hegemonic and toxic masculinity offers new perspectives for interventions that seek to deconstruct these harmful patterns.

On the other hand, the epidemiological scenario remains worrying, with high morbidity and mortality rates from chronic diseases that could be prevented or better controlled through more effective public health interventions. The consistent increase in mortality from prostate cancer, despite its high curability when diagnosed early, illustrates the gap between available scientific knowledge and its practical application.

Simultaneously, the technological innovations of the last two years open up promising possibilities.

Telemedicine and AI present significant potential to overcome some of the traditional barriers to accessing healthcare. However, the uneven implementation of these technologies (with telemedicine available in only 10% of municipalities) threatens to deepen existing inequalities in access to healthcare.

The implementation of the PNAISH, therefore, requires a truly multifaceted approach that integrates: (1) strategies for deconstructing gender stereotypes and promoting new masculinities; (2) strengthening primary care as the gateway to the system; (3) strategic incorporation of technological innovations with attention to inequalities in access; (4) an intersectional perspective that considers the multiple identities of men; and (5) intersectoral actions involving education, work, and security.

CONCLUSION

More than a decade after the launch of the National Policy for Comprehensive Men's Health Care, Brazil continues to face significant challenges in its implementation. Sociocultural barriers, deeply rooted in historical constructions of masculinity, persist as central obstacles. The contemporary understanding of these phenomena through concepts such as hegemonic and toxic masculinity, and their impacts on men's mental and physical health, offers new perspectives for more effective interventions.

The epidemiological scenario remains worrying, with men presenting significantly higher

morbidity and mortality rates than women, particularly from preventable chronic diseases. However, the last two years have witnessed promising technological advances that show considerable potential to transform access to men's healthcare.

The effective implementation of the National Policy for Comprehensive Men's Health (PNAISH) therefore requires an integrated approach that combines the incorporation of technological innovations with the continuity of actions to deconstruct gender stereotypes, the strengthening of primary care, the adoption of intersectional perspectives, and the development of intersectoral policies. Only through a multifaceted and coordinated approach will it be possible to transform the current scenario and ensure that all Brazilian men have access to comprehensive, equitable, and quality health care.

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