

Between strength and fragility: reflections on men's health and HIV/aids in the brazilian patriarchal context

Entre a força e a fragilidade: reflexões sobre a saúde masculina e o HIV/aids no contexto patriarcal brasileiro

Entre fortaleza y fragilidad: reflexiones sobre la salud de los hombres y el VIH/sida en el contexto patriarcal brasileño

RESUMO

Objetivo: A saúde masculina no Brasil é profundamente influenciada por construções socioculturais, especialmente aquelas enraizadas no patriarcado. Essas construções, que frequentemente associam masculinidade à força e invulnerabilidade, podem mascarar as vulnerabilidades dos homens, particularmente em relação a doenças como o HIV/AIDS. Desde a sua emergência nos anos 1980, o HIV/AIDS tem sido um desafio significativo para a saúde pública brasileira, com altas taxas de infecção entre os homens. O estudo proposto busca entender como o patriarcado afeta a percepção e o tratamento da saúde masculina no contexto do HIV/AIDS, com o objetivo de desenvolver estratégias de prevenção e tratamento mais eficazes e promover uma compreensão mais inclusiva da masculinidade.

DESCRIPTORIOS: Saúde Masculina. Construções socioculturais. Patriarcado. HIV/AIDS.

ABSTRACT

Objective: Men's health in Brazil is deeply influenced by sociocultural constructions, especially those rooted in patriarchy. These constructions, which often associate masculinity with strength and invulnerability, can mask men's vulnerabilities, particularly in relation to diseases such as HIV/AIDS. Since its emergence in the 1980s, HIV/AIDS has been a significant challenge for Brazilian public health, with high infection rates among men. The proposed study seeks to understand how patriarchy affects the perception and treatment of men's health in the context of HIV/AIDS, with the aim of developing more effective prevention and treatment strategies and promoting a more inclusive understanding of masculinity.

DESCRIPTORS: Men's Health. Sociocultural constructions. Patriarchy. HIV/AIDS.

RESUMEN

Objetivo: La salud de los hombres en Brasil está profundamente influenciada por construcciones socioculturales, especialmente las arraigadas en el patriarcado. Estas construcciones, que a menudo asocian la masculinidad con la fuerza y la invulnerabilidad, pueden enmascarar las vulnerabilidades de los hombres, especialmente en relación con enfermedades como el VIH/SIDA. Desde su aparición en la década de 1980, el VIH/SIDA ha sido un reto importante para la salud pública brasileña, con altas tasas de infección entre los hombres. El estudio propuesto busca entender cómo el patriarcado afecta la percepción y el tratamiento de la salud masculina en el contexto del VIH/SIDA, con el objetivo de desarrollar estrategias de prevención y tratamiento más eficaces y promover una comprensión más inclusiva de la masculinidad.

DESCRIPTORIOS: Salud masculina. Construcciones socioculturales. Patriarcado. VIH/SIDA.

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INTRODUCTION

Men's health, in its complexity, is influenced by several socio-cultural factors, among which patriarchal constructions of gender stand out. In the Brazilian context, marked by a deep patriarchal heritage, masculinity is often associated with strength, virility and invulnerability. However, this stereotypical view can hide the fragility and vulnerability of men, especially in relation to health issues such as HIV/AIDS.

HIV/AIDS, since its emergence in the 1980s, has been a global public health challenge. In Brazil, despite advances in treatment and prevention, we still observe high rates of infection, especially among the male population. This reality, added to patriarchal constructions of gender, generates a series of implications for men's health and well-being^[1].

In this context, the following question arises: How do patriarchal constructions of gender influence the perception and management of men's health, especially in relation to HIV/AIDS in the Brazilian context?

The general objective of this work is to analyze the interrelationship between patriarchal constructions of gender and men's health, focusing on the implications of HIV/AIDS in the Brazilian scenario. As for specific objectives, we seek to understand the role of patriarchy in the construction of male sexuality; investigate how machismo and patriarchal views influence the perception of "being a man" in Brazil; and evaluate the impacts of patriarchy on the health and quality of life of men living with HIV/AIDS.

Understanding the nuances of men's health in the context of HIV/AIDS is crucial to developing more effective prevention and treatment strategies. Furthermore, by understanding how patriarchy influences men's health, we can promote

a more holistic and inclusive view of masculinity that recognizes both its strength and fragility.

This study will adopt a qualitative approach, based on a literature review. Scientific articles, reports from health organizations and government documents will be analyzed, seeking to identify patterns, themes and insights into the intersection between patriarchy, men's health and HIV/AIDS in Brazil.

With this study, we hope to shed light on the complexities of men's health in the context of HIV/AIDS, offering reflections and recommendations for public policies, health professionals and society in general.

OBJECTIVE

The objective of this study is to analyze the interrelationship between patriarchal gender constructions and male health, focusing on the implications of HIV/AIDS in the Brazilian scenario.

METHOD

This study will adopt a qualitative approach, based in articles review. Scientific articles, reports from health organizations and government documents will be analyzed, seeking to identify patterns, themes and insights into the intersection between patriarchy, men's health and HIV/AIDS in Brazil.

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RESULTS

According to Saffioti^[2], in the 1970s, several feminists, most of them conside-

red radical, using the concept of "patriarchy", had the political intention of denouncing male domination over women and analyzing the resulting male-female relationship.

The concept of gender, however, did not emerge from within the feminist movement, but within academia, and gradually moved away from the discussion around patriarchy. Gender arose from the need to understand the subordination of women by men and how this male domination is sustained in its various manifestations, seeking to incorporate a critical analysis beyond the biological field^[3], but different issues raised around the reality of patriarchy are left out when we use only gender. For example, when using gender without patriarchy, the category of exploitation does not need to be mentioned.

For Saffioti^[2], domination and exploitation are faces of the same process. In this sense, the historical and social analysis of the term patriarchy shows us that it goes beyond the idea of male domination over women in the family, labor and political spheres. However, despite the divergences and multiple theories surrounding the concept of gender, it has become accepted that it designates the social construction of masculinity and femininity. Although it was used before, the historical milestone for its use was Gayle Rubin's essay, published in 1975 and entitled "The Traffic in Women: Notes on the Political Economy of Sex". Rubin establishes a differentiation in the relationship between sex/gender, in which gender is conceived as what is socially determined and sex is what is considered biological/physiological, i.e. "natural".

According to Saffioti^[4], gender is not just a category of analysis, as it is a historical category and, as such, can be conceived in various ways, meaning cultural symbols, normative concepts, social organizations and institutions, subjective



identity, as well as asymmetrical divisions and attributions of characteristics and potentialities or as a sexual grammar, regulating not only relations between men and women, but also relations between woman-woman and man-man. Different strands in the feminist movement may emphasize different aspects, but there is a certain consensus that gender is the social construction of masculinity and femininity. However, gender alone does not explain the inequalities between men and women.

It is important to understand that gender, which is socially constructed, is based on sex, situated in the biological field, in the ontological-organic sphere. Saffioti^[5] suggests that it is necessary to carry out studies on women from a gender perspective, and that it is essential to carry out studies and research that consider women as a constituted social category. Building on Saffioti^[5], we want to make it clear that we also consider it absolutely important to include studies on men as a category of social analysis and we agree with Medrado and Lyra^[6] that these studies should emerge from a feminist perspective.

In Brazil, the concept of gender became widespread after the publication of a translation of Joan Scott's classic article^[7] in 1990, entitled "Gender: a useful category for historical analysis", which reinforced the analytical nature of the category of gender and, from a Foucauldian perspective, placed the phenomenon of power at the center of the social organization of gender. In fact, it is important to consider the use of the term gender as a refusal of biological essentialism, in which "anatomy is destiny".

This perspective has drawn attention to male-female relations, even though women are a social category discriminated against by men, who are also a social category. However, for Saffioti^[2], this perspective, which emphasizes the relational nature of gender, falls short, since gender is not only social, if we understand it from a perspective of totality: it is constructed, as we have already pointed out, in the ontological-organic sphere. Thus, gender is

not only an analytical category, but also a historical category, requiring another turn of thought.

For Saffioti^[5], gender relations historically predate patriarchy, the system of power and domination of men over women that emerged along with class societies. Gender relations were absorbed by patriarchy as a strategy for articulating power. To clarify in historical terms, gender dates back 200,000 to 300,000 years BC, when humankind was first introduced to the world.

Throughout the Paleolithic period, humans were nomadic gatherers and hunters and were unaware of the participation of males in fertilization. Patriarchy emerged along with social classes in the Neolithic period (between 10,000 and 3,000 years BC). The Neolithic period is marked by the sedentarization of human communities, the domestication of animals, the invention of agriculture, the discovery of male participation in procreation and, finally, the emergence of the idea of private property and the consequent sexual domination, exploitation of labour and appropriation of women's bodies by men.

It was in this context that the first class-divided societies emerged, a phenomenon that continues to this day, despite the transformations in the modes of production that have taken place from the Neolithic period to today's monopoly capitalism (classes of men and women, of masters and serfs, of slaveholders and slaves, of bosses and employees, etc.). Still in the 1970s, Nicole-Claude Mathieu, a materialist feminist, approached the conceptualization of gender differently from Rubin, focusing on the criticism of the naturalization of the category "sex". For Mathieu (apud)^[8], "the notion of sex is a mental organization of ideas and practices (between sex thought and sex acted upon), which are often contradictory. She understands that the construction of sex and sexuality takes place in the social/cultural field". In the 1990s, new criticisms of the naturalization of sex emerged.

Judith Butler^[9] appears in this scenario when she criticizes the sex/gender dichotomy,

also historicizing the category of sex as something idealized and forcibly materialized over time, stating that sex cannot be understood only as a bodily fact on which the construct of gender appears, but as a cultural norm that governs the materialization of bodies^[8].

According to Santos and Cisne^[10], the social construction of gender cannot be to the detriment of the historicization of sex and the concept of gender needs a critical analysis that does not obscure its historical character. This criticism has led some materialist feminists to adopt the terminology "social relations of sex" rather than gender, since they understand that sex is socially determined and that "social relations of sex" cover all phenomena of oppression, exploitation and subordination of women.

The central point of this critique of the concept of gender is based on the fact that gender hides the hierarchy and material antagonisms between the sexes, insofar as gender studies in general do not consider the systems of exploitation and class, tending to take approaches that prioritize cultural constructions in the categorizations of being a man and being a woman, through the analysis of symbols, subjectivities, social representations and identities.

So, because the concept of gender is much broader than that of patriarchy, it doesn't necessarily include domination-exploitation. However, if we bring the concept of patriarchy together with gender, this allows us to analyze man-man, woman-woman and man-woman relations in greater depth, since we come to understand that inequality is socially constructed by the agents involved in social relations, by cultural tradition and by power structures, always in terms of the so-called triple knot made up of gender, social class and race^[4].

We agree with Santos and Cisne^[10] when they say that the naturalization of sex brought about by the concept of gender is politically damaging from the collective point of view of feminist organizing when worked on in isolation from

social class relations, more precisely considering the process of class consciousness and women's struggle. That's why in this paper we favor the perspective that focuses on patriarchal gender relations. This perspective allows us to understand societies divided into antagonistic classes in a structural way, and in this sense provides us with support to understand the origin of systems of power, domination and exploitation of men over women and men over other men, which interests us in our desire to understand the impacts of the aforementioned relationships on the health of men with HIV/AIDS.

Based on what has been said about masculinity and patriarchal gender relations, in order to better understand the object of the study, the impacts on men's health of the HIV/AIDS epidemic, it is necessary to establish the relationship between health and masculinity. Through bibliographical research, it was possible to observe that there is a lack of studies on this subject, and that it is little addressed, unlike what happens with the female universe, which is supported by various studies and also by different public policies. In order to better understand what role "being a man" and masculinity play in maintaining health, we chose to check articles with the same focus and works that discuss the male gender and masculinity. It was possible to see that "caring for oneself and others and worrying about one's health are not seen as male attributions", as Costa ^[11] explains.

His study showed that instead of self-care, men generally adopt a self-destructive lifestyle, as demonstrated by the fact that mortality rates due to external factors (homicide, car accidents, etc.) are always much higher among men than among women. Statistics show that the life expectancy of women is higher than that of men not only in Brazil, but also in other parts of the world. Men are at risk of dying younger than women at any age ^[12].

According to Braz ^[13], gender studies show that it is more difficult to "build" a man than a woman, due to the vicissitudes that the male gender goes through in the

construction of its identity and subjectivity, from conception to manhood. The interviewees in the research carried out by Costa ^[11] reaffirmed the old conception of the fragility of women in relation to men, and therefore their medical dependence. This leads to a picture of neglect in which most men place themselves. It can be seen that men's neglect of their health is part of one of the premises of masculinity.

In the research by Marlene Braz ^[13], the author explains that researchers are divided on the causes of mortality and the risks of falling ill: "gender differences in the risk of falling ill vary according to lifestyle". Costa [11, p. 88] adds: by affirmation or denial, men's search for doctors is a demonstration of weakness and vulnerability. On the one hand, by affirming that women seek doctors more because they need them more, they are more fragile, men being stronger and less in need of such care. On the other hand, by the denial of intelligence and cleverness imposed by behavior considered sexist. Braz ^[13] draws attention to raising awareness among the population and creating public policies aimed at men's health needs, since social prejudice has reinforced a picture of abandonment on the part of users of health services.

DISCUSSION

Since the beginning of the AIDS epidemic, the world has faced significant challenges in combating the disease. According to global statistics, 85.6 million people have been infected with HIV since the beginning of the epidemic. Sadly, 40.4 million of these people have lost their lives to AIDS-related illnesses. HIV prevalence has shown remarkable disparities between different groups. In 2022, HIV prevalence among adults (aged 15-49) was 11 times higher among gay men and other men who have sex with men, compared to the general population ^[14]. However, there are advances to be celebrated.

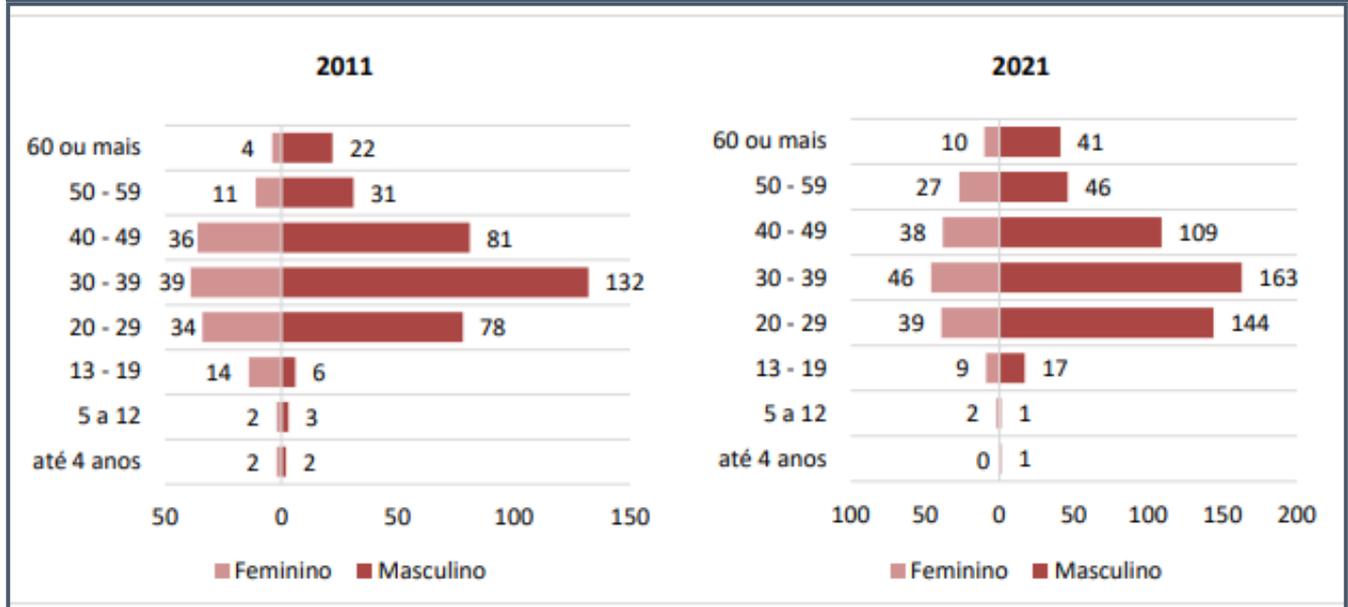
The Joint UN Program on HIV/AIDS, Unaid, reported that the testing

and treatment targets for women over 15 were almost all achieved in 2020. But despite this progress, many men who have the virus still face significant challenges. The Unaid survey points out that, compared to women with HIV, there are 740,000 more men who don't even know they are infected. In addition, 1.3 million more men do not have access to treatment than women. What's more, 920,000 more men have failed to achieve a suppressed viral load. One of the possible reasons for this disparity, according to Unaid, is gender norms that value male strength and stoicism, which may explain why many men hesitate to seek care ^[15].

In this sense, we corroborate the understanding that sexually transmitted diseases are culturally seen by men as an affirmation of their masculinity, of being sexually active, of "not denying fire". According to Lima, men are taken by a feeling of invulnerability, reinforcing disbelief in the effectiveness of condom use ^[16]. And this attitude has led to a vertiginous increase in infections and reinfections. AIDS has contributed to an increase in the mortality rate among men in all parts of the world. Men are transmitting HIV to women and to other men. However, to tackle the HIV/AIDS epidemic in terms of prevention, epidemiological control and care, there is still little information, especially on how to promote attitudes that reduce conditions of vulnerability. According to UNAIDS, men are less likely to be tested for HIV, less likely to seek antiretroviral treatment and more likely to die from AIDS-related complications than women ^[17].

Globally, less than half of men living with HIV are on treatment, compared to 60% of women. The crystallized concept that AIDS is a gay man's disease remains to this day, and makes heterosexual people consider themselves immune to the disease. Even men who had sex with other men (MSM) and didn't call themselves homosexuals, also believed that they were - and this understanding seems to remain - outside the "risk group". In this sense, it seems important to approach the category

Gráfico - Distribuição dos casos de aids segundo faixa e sexo, Rio Grande do Norte, 2011 e 2021



rization of MSM (men who have sex with men). Let's see what Rios tells us about this notion ^[18].

However, this categorization is a field of dispute, as Carrara and Simões^[19] point out. Costa warned that the charge of prejudice contained in terms such as "homosexuality", "homosexuality" and "homosexual" was such that their use had dire ethical consequences regardless of the moral intentions of those who used them [20]. On the other hand, MSM has had its effectiveness questioned by activists such as Luiz Mott^[21]. One problem with the MSM category is that it dissolves the question of the non-correspondence between desires, practices and identities in a formulation that recreates the universal category "man" based on the supposed founding stability of biological sex, while at the same time allowing the well-known representations of male sexuality to be evoked as inherently unruly and disturbing ^[19].

We feel that this categorization needs to be looked at in greater depth in order to gain a better understanding of the population we are currently researching, which we intend to do as the stu-

dy continues. It is also important, since we are dealing with the affective/sexual universe of Brazilian men, to mention the discussion proposed by Parker ^[22]. In this sense, Rios tells us about Parker's so-called "tripartite model"^[23].

The validity of these three models, in interaction and dynamics, can offer us a hypothesis for clarifying different sexual itineraries, as well as giving us the opportunity to examine more critically the notions of masculinity and femininity and of man and woman, as well as other sexual identities: According to Parker, situated in the context of a deeply patriarchal social order, the concepts of male and female, masculinity and femininity, provide the foundations on which the world of sexual meanings was built in Brazil ^[24].

The image below shows two horizontal bar graphs comparing the distribution of AIDS cases by age group and sex in the state of Rio Grande do Norte, Brazil, in the years 2011 and 2021. The bars represent the number of cases in men (darker color) and women (lighter color).

Looking at the 2011 data, we see that for almost all age groups, men have a higher number of cases than women, with

a particularly notable discrepancy in the 30-39 age group. In 2021, this trend continues, with the most significant increase in cases among men in the 40-49 age group.

The gender discrepancy in this data may be influenced by various factors, such as differences in risk behavior, the biology of the sex, social norms and access to health information and services. For example, men may be more exposed to risky behavior, such as unprotected sex with multiple partners or injecting drug use. Additionally, women may be more likely to seek testing and treatment due to access to reproductive health care, while men may have fewer interactions with the health system and therefore fewer opportunities for diagnosis and treatment.

The graph also shows an increase in the total number of cases over the decade in both sexes, suggesting that the AIDS epidemic in the state may be growing, or that there is an improvement in the detection and notification of cases. This highlights the need for targeted and effective public health policies to prevent HIV transmission and treat those who are already infected, regardless of gender ^[25].

In this context — it is worth emphasizing that it is a context of strong inequalities — meanings and values were created about the perceived anatomical differences between men and women, giving rise to an arrangement that hierarchizes people in terms of calculations of passivity/femininity and activity/masculinity, structuring both relationships between men and women, and relationships between people of the same sex; and here we should not only think of sexual relationships per se, but also non-sexual instances of social life, such as the division of labour and other social positions^[23]. Faced with such a reality, i.e. a social order founded on patriarchy/machismo/capitalism,

but which also has specific implications for Brazilian sociability, it is necessary to question the extent to which patriarchal gender relations have contributed to STI/HIV/AIDS infection. In these terms, we start from the assumption that these have been worked on in health from the perspective of the feminine and that the male subject is "absent" in health policies, as well as in HIV/AIDS policy.

CONCLUSION

Studies were identified that evaluated the effectiveness of educational technologies about childbirth, showing that these are good options for complementary edu-

cation, therefore, it is suggested that the objective of this study was achieved.

Among the highlighted technologies were: educational videos; software and educational booklet; educational manual for companions; online educational intervention for students on respectful motherhood care; illustrated information leaflet; online learning tool; intervention based on SMS and mobile applications. In this case, it is important to emphasize that these must be used in association with professional guidance, so under no circumstances do the aforementioned technologies rule out the monitoring of health professionals.

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