SALUD COLECTIVA. 2020;16:e2252. doi: 10.18294/sc.2020.2252

Masculinity, aging, and sexuality in health-disease-care processes among male workers in Campinas, São Paulo, Brazil

Masculinidad, envejecimiento y sexualidad en el proceso salud-enfermedad-cuidado entre hombres trabajadores de Campinas, San Pablo, Brasil

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ABSTRACT This article presents an analysis of the representations and experiences of male workers regarding self-care, and the ways in which configurations of health-disease-care processes and aging affect male sexuality. A qualitative study was conducted that included semi-structured interviews with fifteen men living with a chronic disease. Respondents had an average age of 56 years old, most had not completed elementary school, and they were residents of a low-income neighborhood in the city of Campinas, São Paulo, Brazil. Two findings emerge from the analysis: on one hand, conceptions of health care, gender, and the reproductive process are socially mediated by gender-biased sexual prejudices or reproduce stereotypes such as those based on sexual medicine; on the other hand, the aging process has repercussions on the conception and practice of male sexuality, and disease opposes values socially attributed to traditional masculinity. However, the aging process has made it possible for some to reinterpret gender relations, as well as ideals of dominant masculinity.

KEY WORDS Masculinity; Sexuality; Aging; Health-Disease Process; Brazil.

RESUMEN El artículo se propone analizar las representaciones y las experiencias de los trabajadores en relación con el autocuidado y cómo las configuraciones del proceso salud-enfermedad-cuidado y de envejecimiento afectan la sexualidad masculina. Se realizó un estudio cualitativo, con entrevistas semiestructuradas a quince hombres de un barrio popular en la ciudad de Campinas, San Pablo, Brasil, con una media de 56 años, con alguna enfermedad crónica, y la mayoría tenía educación primaria incompleta. Del análisis surgieron dos temas: por un lado, que las concepciones sobre la atención de la salud, el género y el proceso reproductivo están socialmente mediadas por prejuicios sexuales –entre ellos, de género– y estereotipos, como los de la medicina sexual; y, por otro, que el envejecimiento repercute sobre la práctica de la sexualidad masculina, y la enfermedad se opone a los valores socialmente atribuidos a la masculinidad tradicional. Sin embargo, el envejecimiento hizo posible que algunos reinterpretaran las relaciones de género y el ideal de masculinidad dominante.

PALABRAS CLAVES Masculinidad; Sexualidad; Envejecimiento; Proceso Salud-Enfermedad; Brasil.

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INTRODUCTION

The studies on gender and health have demonstrated that the configurations of masculinities have an influence on men's health care[1,2,3,4,5,6] and suggest that, in their traditional and hegemonic version,[7] masculinity is conceived from ideal masculine attributes that are culturally valued in Western societies such as autonomy, power, strength, invulnerability, among others, which might affect men's health. There are behaviors associated with this masculinity such as, the use and abuse of legal and illegal drugs or the exposure to situations of social vulnerability such as violent acts.[5]

As configurations of gender relational practices, masculinities are also composed of other constitutive axes of the individuals' identities: the social markers of class, race, ethnicity, generation, and sexuality to name but a few, which turn these masculinities into something fluid and multiple.[8,9,10,11] Moreover, there are certain complex social processes such as the health-disease-care process and the aging process, which help men express and live their masculinity differently from the socially idealized and valued masculinity,[12] given that the social markers on which the configuration of dominant masculinity is based such as, in this particular case, sexuality, may be reinterpreted by men as they go through and distinguish those processes.

Masculine sexuality, based on a historical perspective about sexology of the 19th century, was conceived as a strictly physiological process. It was believed that an organic, instinctive and uncontrollable force seized men, and was expressed in metaphors that represented masculine desire as a "hydraulic sexual instinct," an "irresistible force" that overwhelmed them completely and forced them to "eject" a "vigorous jet," which were supported by involuntary erections that invaded them recurrently.[13]

On the one hand, with regard to the scientific knowledge of sexuality, when biomedicine discovered the sexual hormones at the end of the 19th century, it contributed to strengthening the bonds between human sexual behavior and the physiological anatomy of the sexes,[14] and provided rational and scientific explanations to the human physical and behavioral changes experienced from adolescence to the arrival of old age: the amount of hormones changes over the years.

On the other hand, the conception of the biological determination of human sexuality was objected by social and human sciences researchers in the 20th century, as they highlighted that the behavioral gender differences are also mediated by cultural standards established in society, and that they are not universal in view of the fact that each society encourages male and female behaviors that are socially valued at a specific time and place.[15,16]

From a political viewpoint, Foucault's analysis revealed sexuality as a mechanism of modern power on which the rules of social control are based.[17] Thus, sexuality became an obsessively cultivated value in Western society, which attracts the inquiring and vigilant gaze of the system with regard to the behavior of its members, mainly in the family nucleus, with a view to reproduce the model of the standardized and socially legitimized form of sexuality: heterosexuality.

The studies on gender, masculinity and men's health have contributed to the debate, providing an analytical view on male sexuality and especially analyzing the period of sexual initiation in young men, in line with sex education proposals.[18,19,20] They promote ways to develop these young men's awareness of their health, guiding them as to the use of condoms to avoid sexually transmitted diseases such as AIDS, as well as unwanted pregnancy, on the basis of gender equality. Moreover, these studies reveal the pleasures, fears and anguish that are typical of this stage of life and how dominant masculinity may shape their conceptions and sexual practices in this period.

Giving a voice to men in the aging process and limiting the gender scope to masculinities and health, this study analyzes how working men in the city of Campinas, São Paulo, Brazil, perceive the care of themselves,

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their health and bodies, and how the configurations of the health-disease-care and aging processes affect the understanding of masculine sexuality, according to the interviewees.

In the first section, the study introduces the interviewees' conceptions of the body and the reproductive process, through the way they define health care, and describes the confluence of the moral and physical dimensions in relation to the existing social configurations of gender in the studied segment. The following section addresses how the aging and health-disease-care processes affect their conception of sexuality, and how these processes make it possible for some of the interviewees to question or challenge the socially dominant ideal of masculinity and to reinterpret gender relations.

METHODOLOGY

Socioeconomic and health profiles

This study is part of a larger investigation that analyzed the representations and experiences of working men in relation to the body, health and disease.[21] Semi-structured interviews were conducted with 15 men. The average age of the interviewees was 56 years old, most of whom had not completed their primary education, and lived in a low-income neighborhood in the municipality of Campinas, São Paulo, Brazil.

The interviewees were contacted by the researcher in the health center. Inclusion criteria were: male sex, age range - 50 to 65 years old, use of the public health system and residence in the neighborhood where the investigation was conducted. The interviews, with an average duration of 60 minutes, were conducted in the interviewees' homes from March 2013 to November 2013, and were digitally recorded. The saturation criterion of the interviews, which was contemplated in the qualitative research framework on health, was taken into account.[22]

The interview questions sought to inquire about the representations of the body, health, disease, aging and health care. The interviewees questioned their own concepts of health, disease and the aging process. The way they gave meaning to corporeality was addressed as well as how they attributed gender specificities to that corporeality, to care and to health needs. With the most receptive interviewees, the interview also sought to further investigate the relationship that they established between the aging and health-disease-care processes and the exercise of sexuality.

Out of the fifteen workers interviewed, at the time of the investigation, five were self-employed, three were in a formal employment relationship, six were retired and one was unemployed. The incomes per capita were about two minimum wages (the current minimum wage was US$332, approximately). Most of them declared to be married and claimed to be heads of household.

The interviewees suffered from some type of chronic disease. The most prevalent diseases were systemic hypertension or "high blood pressure," as is generally known, and chronic low back pain, popularly referred to as "constant back pain." Both require systematic medical monitoring and recurrent administration of medication. Thus, most of the interviewees used, though occasionally, the public healthcare services of the neighborhood where they resided.

Theoretical orientation and data analysis

Masculinity is conceived in this study as a "symbolic space that helps structure the identity of being a man and model the attitudes, behaviors and emotions to be adopted," which represent "a set of attributes, values, functions and behaviors that are expected from a man in a given culture."[5]

When Kimmel and Messner highlight the fluidity and multiplicity of masculinities, they state[8]:

> The culture of class, race, ethnicity and age constructs masculinities in different ways, and each of those axes of masculinity modifies the others. Black

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> masculinity differs from white masculinity and each of them is also modified by class and age. A 30-year-old, middle class, black man may have something in common with a white man of the same class and age that he does not share with a 60-year-old, working-class black man, although he may share with him elements of masculinity that are different from those of the white man of the same class and age. (Free translation)

According to anthropological studies on aging and health, the aging process is a symbolic social construction of the transition from maturity to old age, marked by the individual experiences of the subjects, gaining significance through the meanings that are culturally and socially ascribed to aging. Although aging is an unavoidable biological process, society takes ownership of it and elaborates it, and those symbolic appropriations are not uniform within the same society, nor with respect to others, nor "in different historical moments, not even at the same time, for all the classes, all segments and genders."[23]

Health care is understood as one of the forms assumed by self-care. According to Foucault,[24] it is constitutive of the "moral subject" that "defines his position in relation to the precept he respects, establishes for himself a certain way of being that will be worth as moral realization of himself and, to that end, he acts on himself, seeks to know himself, control himself, test himself, perfect himself, transform himself."

After transcribing the interviews, the texts were read exhaustively, identifying themes, nuclei of meaning denoting meanings, symbologies and values expressed by the interviewees.[25] In the organization and analysis of the data, the classified topics were distributed into the following thematic nuclei: health care, gender and reproductive process; masculine sexuality, aging and health-disease-care process.

The research project was approved by the Ethics Committee of the Medical Sciences Faculty of the State University of Campinas, code No. 274078/13, CAAE 12855613.4.0000.5404. The names mentioned are fictitious in order to respect the right to anonymity of the interviewees.

RESULTS

Health care, gender and reproductive process

When the interviewees were asked about the need of taking care of their own body and health in the case of men and women, most of them referred to health care as something universal and not related to the sexes:

> *Everybody has to take care of themselves, everybody has to take care of their health in the best possible way, each one of us should be self-responsible*. (Jair)

> *No, to take care of oneself, self-care, to take care of oneself in that way, both men and women have to take care of themselves. It is the same. Now, asking men to take care of themselves makes sense, doesn't it? Because women seem to take care of themselves much more*. (Osvaldo)

Care is represented as a collective and yet individualized practice and duty, as everyone has to take care of themselves in the best possible way, as stated in one of the narratives. Initially, greater gender equality is inferred regarding health care, although one of the interviews highlights that female care is more common than masculine care, as is often represented in the literature on the topic.[26]

However, when asked about the reasons that have led women to be more careful with their bodies and health, many interviewees mentioned the hierarchical gender inequalities and attributed healthcare differences between the sexes to the biological differences of the masculine and feminine bodies.

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> *I think women are more prone to have problems. For example, they can have problems with their breasts, they already have their period... It seems that women are more exposed, diseases strike women more frequently. They are weaker, men are stronger in that sense.* (Marcelo)

> *Everybody needs care, but women are much more difficult than men, I think, aren't they?* [...] *It's more complex for them* [...] *They go through menopause, they have their periods, everything.* (Renato)

> *Ah, what do I know! Because women have a more sensitive, more delicate part, especially nowadays with all those "liberties," that freedom that they have out there in terms of sexuality. So, I think they have to be more careful, don't they? They have to be cautious*. (Antonio)

American anthropologist Carole Vance argues that, although sexuality and gender are different systems connected at various points, members of the same culture tend to see and experience them as if they were naturally intertwined, organic and seamless, and the inflection points occur in historical terms on the basis of the different existing cultural models.[27]

Based on their narratives, weakness, sensitivity and delicacy are the components of the "nature" of women's bodies, which refer to the social construction of femininity as fragile and dependent and in this case, as more prone to disease, requiring more healthcare attention, especially, in the prevention of those issues related to the free exercise of sexuality. In the opposite representational pole, masculinity is viewed as strong, aggressive and autonomous, attributes that do not exempt men from health care, but make them supposedly more resistant to diseases.[6]

There is also a representation of the female reproductive process as "complex" due to its inherent peculiarities, such as menstruation and menopause. According to Giami,[28] the opposition between "simple" and "complex" from the biological understanding of the differences between the sexes is a popularly common representation that extends to male and female sexuality, respectively. According to the author, contemporary sexual medicine, a field of biomedical knowledge that has become specialized in scientific research on sex, reasserts the idea of a biological essence that governs sexual, principally masculine behaviors, and as a central object of study of human sexuality, chooses the somatic dimension of the genital organs. With regard to masculine sexuality, the penis is the central point portrayed and its erection is attributed to the male sexual function.

In these terms, female sexuality is understood as "complex" because it does not originate only in an organic essence, as opposed to a more "simple" and physiological conception of masculine sexuality. This shows, on the one hand, "the absence of autonomy on the scientific and medical discourse on sexuality in relation to the categories of common sense, ideologies and dominant values of a certain period of time"[28]; and, on the other hand, as was understood by the sexologists of the 19th century, the seat of masculine desire resides in the body whereas, in women, in the spirit.

Gender essentialism, explicitly represented by sexual medicine as a reduction of masculine sexuality to its somatic dimension, has been an object of research in the last decade, in Brazil, in the field of human and social sciences along with public health. Studies mention the growing medicalization of sexuality and the masculine body, which extends to men's and women's aging processes and to women's sexuality, based on the powerful interests of the pharmaceutical industry and several mass media and medical specialty societies.[29,30]

The analysis of the interviewees' narratives shows that the process of gender essentialism, that is, the attribution of a biological essence to differentiate behaviors between the sexes, is permeated by other elements that cannot be reduced to the anatomophysiological differences that model the understanding of such differences. It evokes representations about health care that respond to a primary order - based on moral

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rules - which socially attribute unequal values to masculine and feminine behaviors, as in the following narrative:

> *I think that women's health care is the same as that of men's. If she falls into an addiction or vice or any other stuff, she'll get fucked up too. Women even more than men because women are different, men fall and rise. Women don't, once they fall, that's it, they never rise again, they're no longer the women they used to be. There's this woman here, this poor thing! She sweeps the street to get some bread from us, some food. She uses such an amount of drug that… my God! She's so skinny, just "skin and bones." She's young and recently had a baby* [...] *Ah, I think her genetic make-up is weaker than that of a man. That's what I think.* (Serafin)

Sarti[31] highlights the "natural" division of family roles in the working-class families of society, in which women are associated with the symbolic space of the household as opposed to the male space of the street; these family roles exist in two different universes on the basis of moral codes that are different for each gender. These moral codes are governed by two principles: reciprocity, which attributes socially complementary behaviors between men and women, and hierarchy, which delimits masculine authority over the family.

The street is not only a public work space but also a *locus* in which sexuality can be exercised in a way that, considering traditional family values, is not recommended for women. In this regard, as proposed by Sarti,[31] "the woman is thought of as a moral being and the man as a productive being. She depends on her behavior as a housewife, a mother and a caring wife, devoted to her respectability and her family."

In the narrative above, it is observed that both men and women should beware of substance abuse because it ends up affecting their bodies. However, it is mostly the moral dimension that justifies the need for care in the first place, which is revealed in the metaphor of "falling." The interviewee's warning refers to moral deviation, which is considered to be more detrimental in women.

From the narrative, it is possible to infer two convergent and asymmetrical movements referred to the moral aspects of the working classes: on the one hand, drug use represented as a moral defect that affects both sexes, which is why it should be avoided, and, on the other hand, drug use as a moral deviation that affects mostly women and subverts the hierarchical order of the genders. Therefore, the principles that govern the female behaviors within the family are broken, moving the woman from her role in the family — a social place of power as a custodian of moral family virtues — to the street, a space that is symbolically associated with masculinity and that women should avoid.

This double movement reveals a "two-faced morality"[31] or the "two-faced sexual morality" that is present in society, in which surveillance and control over the female body and female sexual behavior are more conspicuous as opposed to what happens with men, who are sexually liberated. To "fall in life" or "get lost in life," in the moral family codes of the working classes means, in the case of men, to be a bandit, a thief, which is associated with the sphere of production, whereas in women it is related to becoming a prostitute, having an unwanted pregnancy and is associated with the sexuality and reproduction spheres that leave permanent marks, as expressed in the metaphor used by the interviewee: "they fall and never rise again."

These asymmetrical and opposing pairs of morality that permeate the sexual culture of the working class, as Duarte mentions,[32] establish rules of a wide reciprocity that finds in the family relationships between the sexes the main, critical and dramatic scenario of its realization, thereby opposing the logic of commonly accepted individualistic relationships prevailing in the urban middle classes, where the ideas about gender equality are more established in social interactions.

Although that analytic model of the sexual culture of the working class makes it

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possible to understand the aspects of the representations of health and sexuality of this social segment, it should not be taken as a "cultural pattern" of social class, given that there are different representations in this universe that respond to another logic, as has been observed in this investigation:

> *Both men and women have to be careful not to catch any sexually transmitted diseases. In the case of marriage, that's normal. We don't worry so much about this, we're faithful to each other and don't have any relationships outside our marriage. Men and women, in general, both have to be careful with sexually transmitted diseases.* (Alexandre)

> *We need to be careful with sexually transmitted diseases, all of us, because it's hard these days. Nowadays, with the lifestyle we have, we take care of ourselves. We have sexual relationships only with our wives.* (Jair)

When analyzing the anthropological studies on sexuality in Brazil, Loyola[33] warns about a certain simplification that suggests studying sexuality in terms of the dichotomy between an "individualistic" vision and a "holistic" vision. These visions tend to segment upper and middle classes, on the one hand, and the working class, on the other, removing certain attributes that are inherent to the former such as moral values like solidarity, marital relationships and family, and, in the latter, individuality and rationality.

In effect, the interviewees' narratives that have been presented are not strictly framed within a holistic vision of sexuality that is associated with the working classes and their assumptions of reciprocity, hierarchy and complementarity. From their narratives it is inferred that the preventive measures taken by the interviewees in relation to health care and sexually transmitted diseases evidence representations of sexuality that show the symmetry between the genders and faithfulness not as exclusively characteristic of femininity as the holistic vision assumes, but as something shared by both sexes.

Masculine sexuality, aging and the health-disease-care process

In this study, the participants' representations of sexuality are articulated with health care in general and in particular with the treatments of the diseases previously mentioned. The representations of gender and the masculinities are presented as a social construct, which confers meaning and justifies the differentiation of the health practices between the sexes and the exercise of their sexuality, both being interrelated to the aging process and the experience of disease.

The interviewees that were more receptive to the debate on the topic of sexuality were asked about their sexual performance. In general, although they emphasize the fact that they do not have any significant problems in relation to sexuality, they mention aging as a factor that interferes both in the quality and the frequency of their sexual relationships.

> *I think sexual performance declines with time. It's not like being on the top of the mountain. At almost 62 years old, my sexual performance is relatively good for my age, though it's not like it used to be 20 years ago* [laughter]. *Reflexes are reduced, they wane with time.* (Renato)

> *So, you don't desire your wife as much as you used to because of age. Before it used to be one thing and now it's another, but the way we see sex remains the same.* (Alexandre)

> *You don't wanna do the things you did when you were 25 now that you are 58 or 60 years old, there's no chance. Because you won't do it, no matter how active you are, the body changes* [...] *I think the daily routine of men has a lot to do, day-to-day life and the mental*

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> *clutter. If you have a lot of problems in your life, that can influence your performance too.* (Perseu)

> *Quantity declines, quality declines, everything declines! You stop having sex over time, though that's not my case, not yet, no. We still feel like getting sex [laughter]. But, it's not like it used to be, no way! As I told you, when I was 30, young, it was one thing. Now that I'm 50, things are different! Only we know how things change! Now, there are men who brag about and say "nothing changes, I'm still the same, I grab a woman and..." They don't grab anyone! Sexual desire wanes...* (Paulo)

> *The spine affects everything! Now I'm getting to the part we were talking about. It even affects sex. The spine is everything! You should know. The spine is everything! If it wasn't for the spine, how would we do it [sex]? And how would "he" become hard (penis erection)?* (Paulo)

> *So, the problem of the spine, the pain and everything, interferes in our lives. When the spine is affected you don't get to do a lot of things, it affects everything, it interferes! You can't do a lot of things because the spine is so important in our lives for almost everything, any activity.* (Perseu)

Aging, the wear and tear of the body due to work and the passage of time are indicated as the reasons for the alterations perceived in sexuality; however, these alterations are also the result of life problems and worries, despite the fact that interviewees emphasize that the sex drive - *"the way we see sex"* - is still the same.

Having an active sexual life constitutes the parameter of sexual "normality" for the participants, which means maintaining the sex drive for their partners and their willingness to have sex, vaginal penetration. In this sense, the exercise of desirable sex is related to the moral values established for health-disease: being active means staying healthy, in contrast with sedentarism and being bedridden, which is sometimes imposed by a disease, as was mentioned by one of the interviewees: *"if you want to be sexually active you need to be healthy, otherwise you cannot keep up."*

Biomedicine describes several medications prescribed for blood pressure as capable of altering libido.[34] In this regard, the hypertensive participants did not report the use of this medication nor hypertension itself as a factor related to sexual performance. However, the participants who suffered from chronic back pain detailed the effects of this condition on sexual performance, as mentioned in the following statements:

The honesty in the first participant's narrative, which was not shared by other participants who were more reluctant to mention the effects of back pain on their sexual performance, should be mentioned. However, they did hint the influence of the disease through general comments, as in the second narrative.

Connell and Pearse[35] highlight that body practices establish social structures and delimit personal trajectories that take place in time and space. In other words, it is a historic and sociocultural process named by the authors as *social embodiment*. This process integrates individuals, social groups and various different institutions and shapes socially expected behaviors for both sexes.

Connell[7] emphasizes the significance that the body has for men and its connection to masculinities. In this respect, the bodily changes perceived when distinguishing aging and the experience of illness, according to the interviewees, contrast with the physical strength associated with youth and health and the wear and tear of the body that is characteristic of aging and diseases, thereby shaping the values traditionally attributed to masculinity such as that of physical activity.

Given the relevance of body performance for men, both physically and sexually, several authors have highlighted that men define the aging and health-disease-care processes, mostly, by the negative impact they

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have on body functionality.[36] The authors mention that, whereas the female concerns in relation to aging tend to focus to a large extent on body esthetics, such as weight gain, wrinkles, cellulite and other unavoidable physical marks of the passing of time, masculine concerns are focused on the possibility of losing physical and sexual attributes due to aging, such as physical strength and sexual prowess, commonly associated with the values and practices related to traditional masculinity.[37]

The exercise of heterosexuality is also related to the values of physical strength and weakness; thus, the aging and health-disease-care processes, confronted with the ideals of traditional masculinity, can compromise masculine performance: growing old and getting sick is to become weak, less powerful sexually speaking.

However, this physical wear and tear associated with aging, which is conceived by the participants as a natural, gradual and unavoidable process that brings about life changes, enables some of them to question and reinterpret gender relationships and masculinities.

> *Oh, yes, the body changes, sexuality changes, that's life. If you don't have a good relationship, it is difficult. Both men and women need to understand the physical wear and tear that each of them experiences*. (Vidal)

> *I see my dad, he's one of those men who is totally embarrassed when he goes out or goes dancing. He feels ashamed, so, what does he do? He stays at home, he barely goes out. We have to enjoy the pleasures of life! I think you need to work out your issues because they're right there, lurking around the corner* [...] *Traveling is good, I go grocery shopping with her* [wife] *on the weekends and I get back on Sunday, and so I see that is good for me, I can feel it, I can sense it*. (Caetano)

In the first narrative, in light of the changes related to the aging process, the concept of sexuality specifies the need for a married couple to understand the physical limitations of each other. This, as has been previously mentioned, is only possible in a good relationship. This narrative enables us to infer the approximation of a more equal vision between the genders in relation to aging and the limitations that it imposes.

In the case of the other participant, coexistence, companionship and the pleasure of enjoying with his partner the bright side of life while facing day-to-day life problems are highlighted aspects of the aging process. Many times, this implies rethinking the fathers' way of life, the model of a traditional masculinity that associates men strictly with the work sphere and how they provide for their families, thereby withdrawing to their homes when they get to an advanced age and retire from work. This ultimately means addressing and prioritizing the affectionate and pleasurable relationships in social interactions, which represent health and life itself.

These findings help minimize the socially spread concepts about aging as a period of decline and loss, including loss of sex drive and pleasure, based solely in body functionality. As other investigations have shown on the topic of sexuality in aging heterosexual men,[38] these findings indicate that men do not uniformly accept the masculine hegemonic norms on sexuality, the social pattern of which is based on the model of bodies and sexuality associated with youth. For several men, the aging and health-disease-care processes may create new configurations, both for sexuality and masculinity as well as for gender relationships.

FINAL REMARKS

The analysis conducted in this study reveals that moral values related to traditional masculinity are dominant among the interviewees.

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The aging process and health care are significantly based on social gender stereotypes, thereby enabling us to listen to different voices, such as those socially anchored to sexual preconceptions that prioritize genders or those that perpetuate stereotypes, such as those based on sexual medicine.

Gender stereotypes embody moral values, they shape social behaviors and obligations that are sexually expected from men and women in the family sphere. However, if those values tend to permeate the conceptions of sexuality of many of the interviewees, they should not be considered homogeneous, considering that, as expressed in some of the narratives, when the responsibilities related to sexual health care come into play, the symmetry between the genders is highlighted because both genders should prevent diseases.

The findings enable us to infer that the health-disease-care process, masculine sexuality and aging have an effect on the conception and the exercise of masculine sexuality, although this was downplayed by the interviewees. Thus, disease opposes the moral values socially attributed to traditional masculinity.

The aging and health-disease-care processes made it possible for some of the interviewees to reinterpret the gender relationships and inquire about the moral values that are socially attributed to traditional masculinity, which represents men as contrary to the manifestations of affections and emotions. This type of questioning reveals the possibility of challenging gender stereotypes and distinguishing these processes makes it possible for men to have more harmonious, healthy and affectionate relationships between the genders and with themselves.

ACKNOWLEDGMENTS

Marco Antonio Alves Separavich thanks Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) for their financial support No. 10/51223-1 (Saúde masculina: representação e experiência de homens trabalhadores com o corpo, saúde e doença).

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CITATION
Separavich MAA, Oliveira E. Masculinity, aging, and sexuality in health-disease-care processes among male workers in Campinas, São Paulo, Brazil. Salud Colectiva. 2020;16:e2252. doi: 10.18294/sc.2020.2252.

Received: 30 Mar 2019 | Modified: 19 Nov 2019 | Accepted: 22 Nov 2019 | Publication online: 6 Feb 2020

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http://dx.doi.org/10.18294/sc.2020.2252

The translation of this article is part of an inter-departmental and inter-institutional collaboration including the Undergraduate Program in Sworn Translation Studies (English < > Spanish) and the Institute of Collective Health at the Universidad Nacional de Lanús and the Health Disparities Research Laboratory at the University of Denver. This article was translated by Azul Salvatore and Dora Vairo under the guidance of Victoria Illas, reviewed by Madie Thorburn under the guidance of Julia Roncoroni, and prepared for publication by Lucas Moccia under the guidance of Vanessa Di Cecco. The final version was approved by the article author(s)