

Social representations of masculinities in the short film “Aids, choose your form of prevention”

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Abstract *This article aims to understand the social representations of masculinities in the campaign by the Ministry of Health on Combined Prevention/2016, from the short film “AIDS, choose your form of prevention”. An exploratory, qualitative approach was conducted at the AIDS Portal, Sexually Transmitted Infections and Viral Hepatitis, Department of Sexually Transmitted Infections, AIDS and Viral Hepatitis. The results pointed out five organizing categories of social representations about masculinities. It was concluded that the social representations of masculinity in the short film reproduced hegemonic values of the masculine social role.*

Key words *Health, Sexuality, Gender, Masculinity, Social representations*

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Introduction

Combined Prevention (CP) consists of a set of technologies accessible to individuals who are vulnerable to infection by the Human Immunodeficiency Virus (HIV), and can combine them to ensure greater efficiency in expanding health coverage. It enables early identification of infected individuals, and consequently can improve the quality of life and prevention¹.

In order to bring reflections to the nursing and health area, in addition to knowledge production predominantly marked by the biomedical model, we consider it relevant to analyze the campaigns for the prevention of Acquired Human Immunodeficiency Syndrome (AIDS) and HIV, since they may give rise to discussions regarding the evolving meanings of prevention according to epidemiological tendencies and programmatic guidelines, as well as to raise other forms of education-care in nursing and health in this contact.

CP comprises three axes of interventions in the field of comprehensive health care, namely: biomedical, behavioral, structural. The focus of biomedical interventions is to reduce the chances of HIV infection in people at risk and fall into two groups: classical biomedical interventions such as the distribution of male and/or female condoms that employ physical methods of blocking the virus and currently distributes and recommends the associated use of lubricating gels and offers blood testing; and biomedical interventions based on the use of antiretroviral therapy (ART) and treatment for all diagnosed persons; this includes Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), for example^{1,2}.

PEP consists of using antiretroviral treatment with chemoprophylaxis after any situation where there is a risk of contact with HIV^{1,2}. Antiretroviral agents have been added to AIDS programs for post-exposure use of specific groups and in combating vertical transmission, involving: health professionals who have suffered occupational accidents with sharps contaminated with biological material from seropositive patients and persons who are victims of sexual violence. In addition, PEP aimed at consensual intercourse was instituted in Brazil after 2010 because greater risk of exposure such as the non-use of condoms in indiscriminate sexual intercourse was questioned³.

On the other hand, PEP is the use of antiretroviral drugs by people who are not infected by HIV, but are susceptible to the risk of infection,

such as serodiscordant couples and key populations². In this case, it is necessary to use antiretroviral drugs daily, preventing viral synthesis. It is noteworthy that PrEP in Brazil is in the implementation phase.

Behavioral interventions are strategies geared towards information and perception of risk to HIV exposure and infection⁴. This type of intervention, for example, involves peer education aimed at mitigating vulnerabilities through sensitization and incentives to change the behavior of the individual and the community to which the peer belongs. These include: encouraging the use of male and/or female condoms; counseling on HIV/AIDS and other STIs, and promoting serological testing for HIV; adherence to antiretroviral treatment; linkage to health services; reducing harm for people who use alcohol and other drugs; communication, information and education strategies among individuals and between communities; and implementing HIV prevention campaigns and other STIs¹.

On the other hand, the axis of structural intervention strategies includes actions to address social and cultural factors and conditions that can determine the vulnerability of a subject and/or social groups at risk of HIV to the detriment of prejudice, stigma, discrimination or any other rights and guarantees to human dignity. In this way, movements to fight against homophobia, sexism, racism and guarantee education as prevention should be a fundamental part of this axis of intervention¹.

In this context of the three axes of the CP, the Ministry of Health (MoH) Department of Surveillance, Prevention and Control of STIs, HIV/AIDS and Viral Hepatitis (*DIAHV*) launched a specific campaign in 2016 called "AIDS, choose your way of prevention", on the CP approach. However, this is not the first time that this approach has been mainstreamed in other AIDS prevention campaigns⁵.

For this campaign, young men and women were selected as a key target population² for HIV infection. According to the Epidemiological Bulletin, individuals aged between 20 and 34 corresponded to 52.3% of HIV infection cases reported between 2007 and 2016⁶.

The pieces for conducting the campaign were constituted of two short films: one of 90 seconds for social networks; and the other was 30 seconds for the open TV channels; a radio spot; posters aimed at pregnant women, homosexual couples, heterosexuals and transgender women⁵. In this article, the short film of 90 seconds, which has

the same name as the official campaign of “AIDS, choose its prevention”, was chosen as the object of analysis. The other 30-second film was not made public. The interest for this short film is justified by the fact that the MoH has produced it to be widely used in social networks. In short, in addition to scientific reasoning information about CP, roles of gender relations and sexuality in social networks are presented, especially among young men and women.

Social networks have been part of the everyday life of different age groups. In this sense, the MoH may have aimed to associate the scientific reasoning of methods of AIDS prevention with the daily practices of young people in this campaign. Therefore, it is considered that information and communication technologies are not only tools to obtain information and increase communication, but also constitute structuring mechanisms of new ways of thinking, converging languages and media that enable communication processes⁷. Social networks are not restricted to the incremental diffusion between users, but also to the type of social relations that are structured within them, and above all the naturalization that takes place between the members of certain social network⁸.

In order to analyze this delineation, the approach of social representations⁹ was considered relevant. For Bourdieu⁹, social representations are enthusiastic about the ideas, beliefs, values and ideologies that previously existed in a society and that are present in the language to communicate the so-called common sense that composes the habitus of each agent, which is the socialization process characterized by practical competence acquired in and for action; as well as the conceptions that circulate among participants in social fields, professional groups and social classes, such as HIV/AIDS prevention campaigns.

Social representations “[...] are categories of thought that express reality, explain it, justify it or question it”¹⁰(p.89). These representations are manifested in words, feelings and behaviors and are institutionalized; therefore, they can and should be analyzed based on the understanding of social structures and behaviors. Their mediation is privileged by language, taken as a form of knowledge and social interaction⁷. Thus, masculinity is not marked and limited to the physical and cultural body, but is formed by a set of cultural, social, economic, ethnic, political and historical mediations.

Language is thus absolutely important in the way masculinity is expressed and is given meaning and means to their relationships. Its communicative dimension is not only mediation between announcer and receiver, but it has more than information to be passed on and understood, since insofar as the content of this information has specific objectives from one agent (speaker) to another (receiver), it is necessary to make intelligible mediation of the social representations that are present therein⁷.

The category of masculinities (in the plural) is understood as the social and cultural modes agreed around the masculine gender identity constructed in society, and was adopted in this article¹¹. One study¹¹ points out that it is important to consider that masculinities are construction processes, mutable in the face of the social contexts in which the experiences of boys and girls occur; to talk about masculinity and/or femininity we must understand that they are gender relation concepts.

In this sense, the concept of gender herein is based on Joan Scott’s formulation, which explains it as a constitutive element of social relations based on perceived differences between the sexes and gender as the first way of signifying relations of power¹². Gender, as descriptive, implies socially valued cultural attributes, already as an analysis category allows us to capture it in the system of social relations in relation to the power structures in society. This enables us to understand the gender relations addressed here as the social interactions between women and men, women and men, men and men, throughout life. In this context, it is understood as “[...] masculinity as a configuration of organized practices in relation to the structure of gender relations”¹³(p.259).

This approach has been a very frequent concern in the field of feminist literature and there has also been a growing need for understanding masculinities^{13,14}. In the field of public and collective health, it has been driven by research on ways of self-care by men^{15,16}, and in nursing this approach has arisen in a very timid manner^{17,18} with regard to considering the social aspect in the curative and care setting, in addition to the biomedical perspective.

It is in this aspect that this study was outlined, which aims to understand the social representations of masculinities revealed in the short film “AIDS, choose its prevention”.

Methods

An exploratory type study was conducted with a qualitative approach on the website called “Portal on AIDS, Sexually Transmitted Infections and Viral Hepatitis”, of the Department of STIs, AIDS and Viral Hepatitis of the MoH, with the virtual address www.aids.gov.br. Despite the existence of another video sharing link through YouTube, the choice of the Portal is justified because it is currently the website with the highest concentration of MoH campaigns on HIV/AIDS in Brazil. Therefore, the researcher had direct access to the source, a part of the campaign which is a 90-second short film designed to be published on social networks and available for access since December 2016.

The purpose of this study was to establish relationships between the central adopted concept of masculinities, interweaving it with the approach of the social theories of gender and sexuality and to the representations conveyed in the AIDS CP campaigns in Brazil. The social theories of gender referred to herein understand it as social constructs that may include gender and sexuality, but not as determinants of relationships of desire between women and men, women and men, men and men¹¹⁻¹³.

The study was developed in two stages. Data collection was performed in the first stage, which occurred in April 2017 at the portal mentioned above, following the following steps: access to the *News and Media* tab; access to the “Campaigns” tab. It is in this tab that one can access the “campaign pieces”; at that moment we selected the short film about CP.

In the second stage, the short was submitted to content analysis according to the proposal of Thiago *et al.*¹⁹, for later construction of thematic categories, to identify the main themes referring to the representations on masculinities, and association to the approaches of the social theories of gender and sexuality.

Results and discussion

The aim of the analysis was to identify and promote a discussion about the representations of masculinities existing in the MoH’s CP campaign, considering that these campaigns can often become technical references for the work of health professionals, and especially in nursing, and mainly in the CP approach during educational prevention practices in health. Five thematic categories emerged: “You brought a condom, right?”

The subtlety of male domination in gender relations”; “Stigma and homosexual masculinity: sex without a condom”; “Hegemonic masculinity and accountability of pregnant women in AIDS infection”; “Subaltern Masculinity and Naturalization of AIDS?”; “Heterosexual Masculinity as the Correct Social Standard”.

You brought a condom, right? The subtlety of male dominance in gender

Dialogue in the scene:

Heterosexual female character: *You brought a condom, right?*

Heterosexual male character: *Of course!*

Heterosexual female character: *Oh, what a prevented guy!*

Heterosexual male character: *But there are other ways to prevent Aids.*

Heterosexual female character: *How do you know?*

Heterosexual male character: *Get with it!*

The first scene (Figure 1) of the short film emphasizes an action considered masculine and the awareness of the man for prevention, but on the other hand it reinforces some roles and stereotypes discussed in the social theories of gender in two aspects; first, as a binary relation and secondly, of complicit masculinity. This is one of the unfixed characteristics of masculinities¹¹ that identifies accommodating attitudes in confronting the system of power structures of gender relations. Men and women can enjoy the advantages they perceive for themselves in this structure, without questioning the asymmetrical relationship established in it. In the first aspect, the represented gender relation reinforces a relation of male domination towards women, since she is posited as a passive subject in the sexual relation dynamic in which the condom use appears to be the man’s decision. It is he who “is the foresighted guy,” while she is not expected to have a female condom at home, for example.

The hegemonic social representations of gender have instilled the decision power in the man regarding the use or not of a condom. In this sense, complicit masculinity is consequently reinforced in this asymmetrical relationship between men and women that conceals a power relationship. Once they bring the condom without expecting the girl/woman to have one at home, he is the foresighted boy, who respects the girl, but also who does not question, at any moment, that structure that maintains the domination relation in which both remain.



Figure 1. Scene “Foresight guy”.

Source: Brasil⁵.

The social representation of hegemonic masculinity revealed in the short film can be considered a result of the prejudices constructed in social thought through producing schemes of perception, evaluation and appreciation, originating from a historically patriarchal society. According to one author²⁰: “[...] the representations of the agents vary according to their position (and the interests associated with it) and according to their habitus as a system of perception and appreciation schemes, as cognitive and evaluation structures that they acquire through the lasting experience of a position in the social world”²⁰(p.158). This means that masculinity is associated with forms of power and privileges derived from patriarchy, and differences are built there between the contrasting positions between men and women and between men and men; it is politically sustained, as can be seen in this scene²¹.

The Social Representations “[...] are not the sum of individual representations, in the same way that individual representation is not reduced to the brain activity that underlies it”²²(p.504). This aspect is political and functions as a structuring process for the subordinating relationship of women and some groups of men in relation to hegemonic masculinity; social representations are elaborated against a reality that is imposed on the individual. Representations directly affect the agent’s habitus, defined as a “system of durable dispositions, structured arrangements predisposed to function as structuring arrangements,

which means as a principle that generates and structures practices and representations”⁹(p.60), meaning it is a process of “interiorizing exteriority and exteriorizing interiority”⁹(p.61).

In this sense, the four forms of masculinity identified by Connell and Messerschmidt¹³ are: the hegemonic, the subordinate, the accomplice and the marginalized. The distinct forms of masculinity are based on the hegemonic model; hence the relation of power that it has as a mechanism to maintain its disposition as “normalizing” what it is to be a man. The forms of hegemonic masculinity do not always resort to violence to enjoy the dividends. They uphold their purpose, through fear and the constant threat that underlies their power²¹. This understanding leads us to observe that the hegemonic social representations of masculinity lie beyond the more explicit stereotypes and are reinforced by different subtle power mechanisms, such as the decision to prevent sexual intercourse in this campaign.

Studies²³ on masculinity and the vulnerability of heterosexual men reveal that the decision on where, when and with whom to use the condom still tends to be exclusively the man’s, mainly in the context of stable relationships, in which the condom is not used because it is attributed the value of “housewife” – the wives and girlfriends – based on the idea of privacy, comfort and security. To the detriment of the decision to use a condom that occurs in casual relationships with prostitutes, strangers and others, the value of

“worldy woman” is attributed to the idea of the public space that offers impersonality, insecurity and the unfamiliar^{24,25}.

Subaltern masculinity and sex between equals: “had sex without a condom”

Dialogue in the scene:

Male character - cousin: *I went out with a guy last night. And boom! Sex without a condom. I was stressed. But then I went to the doctor and he passed me to take a PEP. And I'm already taking the stop.*

Character “o carinha”: *Whoa, bro. That's right. I'm going to the health clinic to get an AIDS check, cool?*

The scenes (Figures 2 and 3) try to be explanatory with regard to the combined prevention technologies that should be used. They highlight the PEP and the serological testing available at the Unified Health System (SUS).

The social representation (re)produced in the scenes announces the multiple expression forms of sexuality still under the aspect of stigma, and can reinforce, for example, homosexual intercourse as “risky,” and thus legitimize the relationship of men who experience sexuality in homosexual relationships as stigmatized and “dangerous”. This in turn expresses a subaltern masculinity.

Multiple modes of gender relations and sexuality are diffused in films/short films that present masculinities considered legitimate, subordinate, hegemonic, subaltern, and deviant, among other terms. Such positions are represented by images within the logic of domination, subordination or deviation, or more indirectly by cinema as a cultural product²⁶.

In this context, “[...] the fields are spaces for the production of symbolic goods permeated by power relations expressed in conflict, struggles, consensuses among the various agents who, hierarchically disposed, dispute the domination of these goods as a form of authority, legitimacy and prestige”²⁷(p.99); can be considered as theoretical constructs or representations of reality, in which symbolic forces and power relations manifest themselves in objective conditions, as is the case of the (healthy) heteronormativity present in the short.

Popular ideology represents gender as “natural,” as that which does not change. In fact, becoming heterosexual involves complex learning - how to deal with potential partners, what to think about yourself, and also learning sexu-

al techniques. Becoming heterosexual demands that other sexual possibilities be marginalized, especially homosexual eroticism²⁸.

Drawing from the perspective of one study²⁹, symbolic power can be understood as an invisible force existing throughout the field (of health promotion and prevention), without its agents identifying that they are submitted to it. However, they are conniving with it. In the case of this scene, as well as throughout the short, an action in the aspect of concern with the infection is more accentuated among the people who manifest their experience of sexuality beyond heteronormativity is shown, which is in line with the representation of subaltern masculinity. Therefore, it is an investment translated as prevention, but which imposes the dominant social representations of a single model of hegemonic masculinity through heteronormativity.

The other yet verifiable form of masculinity is marginalized. The marginalization is always related to the “social authorization” of the hegemonic masculinity of the dominant group. The marginalization or authorization relations may also exist between forms of subordinate masculinities³⁰.

In this context, homosexual relationships, for example, are strongly stigmatized as a risk group, even though medical conception has decharacterized this group's term for the term “risky behavior”; even so, there is a social representation that very automatically relates gays and AIDS.

Therefore, this passage of the short working on the idea of risky behavior by the two Young and masculine characters who had a sexual relationship between them, reinforces the social representation that results in stigma for those who subvert the heteronormative logic, in which they are prone to AIDS, as we will see in the next scenes in which homosexuality stands out.

Stigma, homosexuality and naturalization of AIDS

Dialogue in the scene:

Character ‘The guy who has it’: *Well, with the treatment the virus count gets so low that it greatly reduces the chance of giving HIV to you. But, condoms always prevent against other STDs, so are you in?*

The scene (Figure 4) evolves to the intentionality of reporting that HIV-positive people who adhere to treatment and control viral load make the virus undetectable, which reduces the chances of transmission. The scene highlights the



Figure 2. Scene “I was stressed”.

Source: Brasil⁵.

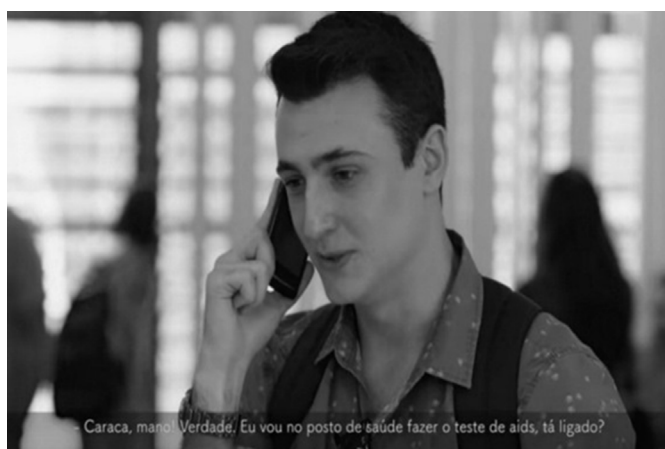


Figure 3. Scene “O carinha”.

Source: Brasil⁵.

importance of condom use by associating it with CP. However, for what this study proposes, starting from the viewpoint of the representations of masculinities, the question of the choice of a serodiscordant homosexual couple emerges.

The epidemiological bulletin⁶ reports “[...] the HIV infection cases registered in the Information System of Disease Notification (*Sinan*) from 2007 to 2015 in individuals over 13 years of age, according to the exposure category. Among men in 2015, 50.4% of the cases were homosex-

ual, 36.8% heterosexual, and 9.0% bisexual exposure; among women in this same age group it is observed that 96.4% of the cases fall into the category of heterosexual exposure”⁶(p.2).

Given these data, the linkage of the homosexual relationship with AIDS risk more clearly converges to a representation of marginalized (AIDS) masculinity. In 2015, 31,811 cases were reported: 9,639 cases among women and 22,172 cases among men. From this general amount, 17,275 (54%) individuals were heterosexuals,



Figure 4. Scene “One of them has HIV and the other doesn’t”.

Source: Brasil⁵.

while 11,174 (35%) were men who claimed to be homosexuals. Following this analysis, it is observed that 1,995 (6.27%) declared themselves bisexual, and the bulletin does not report on the sexual practices of another 346 (1.08%) individuals. It is worth noting that this document states that it did not have enough data in other years for this type of analysis. When reading the heterosexual exposure between men and women, in an overall way we can see that it overlaps the quantity of the homosexual exposure group.

In this sense, stigma is that which marks based on certain attributes that impose a social position control that differentiate individuals and define a marginal position in society. And, not far too differently, health policies end up being permeated by these stigmas. The social representations that identified homosexuals as villains and/or as victims of AIDS during the 1980s still sustain and produce the stigmas and prejudices arising from the Aids association and its connection with homosexuality and the possibility of becoming infected if they do not adopt safe sex practices³¹.

By choosing a same-sex couple for the second time in a row who engage in sexual activity to talk about HIV/AIDS, the historical association between homosexuals and Aids has again been reinforced, complying with a reverse role from what is really intended.

In the context of representing marginalized (AIDS) masculinity, present in the short’s scene,

we can see the socio-historical view of homosexuality linked to AIDS. What is produced as a stigmatizing condition or not is the representation that it has in the context of the relationships and the different groups in which the stigmatized individual circulates and maintains relationships³². It is emphasized that this is the representation of homosexuality-Aids that circulates in social networks through this campaign, even with epidemiological data indicating the prevalence of AIDS among heterosexual women.

In this context, the representations that the social agents have of the divisions of reality stimulate the reality of the divisions⁹. In turn, to classify a person or social group through a scientific concept or stereotype consecrated by popular culture such as race, ethnicity, nationality, “family” or “gender”, “black”, “poor”, “Indian” elucidates the ability to impose meanings.

In fact, stigma becomes a special kind of relation between attribute, pointing to what is essential and characteristic to someone; and it is a stereotype that sustains a preconceived classificatory logic about someone or something, resulting in expectations, judgment or generalization habits³². In this sense, an attribute that stigmatizes someone can confirm the normality of others. Therefore, the stigma of naturalizing AIDS among homosexuals becomes evident in this CP campaign scene, and can elicit a normative production of gender and sexuality from a heteronormative perspective.

Hegemonic masculinity and social division of gender

Dialogue in the scene:

Female pregnant character: *Listen to this! When I got pregnant, I started the prenatal care and got tested for HIV right away. Because if I had it, I could start treatment so that the baby wouldn't catch it.*

The purpose of the scene (Figure 5) is to address the importance of performing the serological test in prenatal care in order to initiate ART and avoid vertical contamination. On the other hand, the scene focuses on a pregnant woman single/alone, and it raises the responsibility of the mother-woman for the transversal infection of Aids.

The exposed social representation is based on gender relation in the perspective of hegemonic masculinity because paternity is built by the design of the provider of economic needs, as well as male and female gender inequalities and masculinities. Becoming a man is also becoming a father. In the social division of gender, a man must take responsibility for finances in detriment to the care given to women³³. In this sense, the stigmas and stereotypes used in daily life as classification principles and of value judgment used in practice with the other, have a set of social representations already accepted as true or valid, without question. They are symbolic classification modes of the other⁹.

The female character affirms the importance of the HIV test with the justification of pregnancy; a context in which gender behavior is reaffirmed, whereby women experience their sexuality in submission to the sexual act. Why not take the test regardless of pregnancy? Why is the male parent not present to take the HIV test as well?

In recent years, the rights of the father to accompany children's development and to show affection have been valued, while this distances itself from the model of hegemonic masculinity of the strong and virile white man³⁴. Thus, the male father finds difficulties in these processes because of the contradictions of a desire to openly express affection, for example, and he fears that his prestige as a man diminishes since the greatest expression of affection and care is attributed to women due to the social role of gender.

This way of initiating the short is also as its ends, sustained through male domination/superiority. The logic of male superiority over women produces rules for men, since it legitimates male sexuality as heterosexual and homophobic,

meaning that the so-called "normal" man must be virile, active, and dominant. Masculinities with a distinct profile of hegemonic masculinity are relegated to dominated groups, as are women, children, and all who differ from the "normal", since they would not have the status of "real men"³⁵. The following is the scene that ends the short with the representation of male domination.

Heterosexual masculinity as the correct social norm

The heterosexual male character is explaining the CP.

The heterosexual female character responds: *cool.*

The heterosexual male character responds: *Ah, there are several preventions! But now it's just you, me, and the simplest of them: a condom.* (Figure 6).

The short is aimed at informing about the different technologies of AIDS prevention, and can be combined according to the choices of each young person. The plot develops with representative characters among the population, trying to be as close as possible to the reality experienced by young people, seemingly without judgments. However, the outcome reinforces such intentionality when finalizing with the young heterosexual couple who experience their sexuality.

The social representations of masculinities are directed by the heteronormative hegemonic perspective. Using the reflections on symbolic violence³⁶, it is very significant how the social representations strongly referenced by stereotypes and the essentialist view of masculinity expressions present in common sense, and in the case of the short, in forming health policies.

The symbolic is not merely the opposite of real, since this simple understanding does not capture the sense in which violence is yes, real and present where it is not seen, hidden. Moreover, it seeks to demonstrate that these are domination structures that have historically been reproduced between the specific relations of agents and social institutions³⁷. "The dominated apply categories built from the point of view of the dominant to the relations of domination, thus making them seen as natural. This can lead to a kind of self-deprecation or even systematic self-deprecation [...]"³⁷(p.46).

Thus, hegemonic masculinity domination over other forms of masculinity (subordinate and marginalized) may be implicit or stated in



Figure 5. Scene “A pregnant girl”.

Source: Brasil⁵.



Figure 6. Scene “It’s just you, me, and a condom”.

Source: Brasil⁵.

the context of HIV/AIDS prevention in Brazil. Hegemonic masculinity in Western societies is strongly connoted with heterosexuality, and homosexuality is characterized by the subordination practices of homosexual men, which in addition to social stigma include various forms of violence and social exclusion^{13,21}.

Final considerations

Considering that collective health aims at the comprehensive care of the human being in an interdisciplinary context, reflecting on a perspective that relates gender issues, sexuality and Aids can influence the education and caregiving

of public health professionals and in the field of HIV/AIDS prevention practices.

In turn, it is necessary to ignore the public health policies that naturalize practices of social behaviors and structures, such as those of gender and sexuality; and these policies often arrive as a “package” to be reproduced in the units for health care and attention.

Thus, these forms of social representations can produce social effects in professional health practice, revealing the connection between representations and reality, and can contribute to produce what apparently they have described or designated in the short, with heterosexuality being the norm and sexism. It was concluded that the social representations of masculinities in the short film reproduced hegemonic values of the masculine social role.

Therefore, critically analyzing health communication in face of maintaining power relations between gender and sexuality can guide discussions about the representations of masculinities disseminated in educational technologies for health prevention, and therefore enable health professionals to have new possibilities for intervening in the reality of health prevention beyond the hegemonic models of masculinities.

Studies of this nature can question the way in which masculinities are represented in the AIDS prevention campaign, as well as guide new implications of this context. Thus, we consider that one of the conclusions herein is to affirm the need to deepen the understanding of masculinities as an important social determinant in health studies.

Collaborations

IR Nascimento, ALM Neves and PF Rodrigues: conception, writing, discussion, review and approval of the final version of the article. E Teixeira: writing, discussion, review and final approval of the article.

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