The approach to male sexuality in Primary Health Care:

possibilities and limitations

In recent years, many studies have been investigating the relationship between masculinities and health. The approximation of men to care practices and to health facilities is pointed as a challenge once it stumbles on the social construction of masculinities and on directing the facilities' attention to women and children. This work aims to understand how issues of male sexuality are approached in Primary Health Care. In order to do this, it investigates how men placed in the context of urban poverty perceive and deal with sexuality and sexual health needs, how male sexuality is shaped as theme and demand in health facilities, and how practitioners and service users interact facing it. It's a part of a multicenter research project that investigates the relationship between men and Primary Health Care facilities. This part focuses on the analysis of ethnographic observations of two Basic Health Units' structure and operation in the city of Natal, Brazil, and on semi-structured interviews with 57 men, users of these facilities. The analytic and interpretative path was guided by gender theory and philosophical hermeneutics. The results allow us to have a glimpse of the relationship between different constructions of being a man and exercising sexuality. In the facilities studied, not only it is given unequal attention to men and women, but the approach to each gender's sexuality is done differently. The image of male sexuality presents itself as active, impulsive and exacerbated, in opposition to the image of female sexuality, seen as passive and linked to reproduction. This can be noticed in the condoms' distribution — it is primarily given as STD/AIDS prevention for men, and as a contraceptive method for women. Also, STD/ AIDS, problems related to erection and prevention of prostate cancer stand out as subjects of this approach. Generally, the approach to male

sexuality is reduced to terms of medicalization and restrained by moral values. The possible sense and meanings men can interpret in the subjects presented are not considered. Furthermore, the sexual health demands presented by men receive little attention and are frequently understood as competence of specialized facilities. Thus, it is configured a framework in which men's vulnerability to becoming ill seems to be leashed, not only to individual and social aspects of the construction of masculinities, but also to the developed health public policies and the facilities organizational structures. This work points to the possibility of articulation between man-sexuality (hardly present in the facilities) and womanreproduction. It defends the adoption of a sexual health notion and an approach for male (and female) sexuality more contextualized with the perspective of gender, sexual rights, and the promotion and protection of health.

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Keywords: Sexuality, Gender and Health, Masculinity, Men's Health, Primary Health Care.

Texto na íntegra disponível em: http://www.teses.usp.br/teses/disponiveis/5/5137/ tde-04112010-154702/pt-br.php