LETTER TO THE EDITOR

MEN, MASCULINITIES AND HIV/AIDS IN INDONESIA

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Dear Editor,

Globally, there are 36.7 million people living with HIV/AIDS (PLWHA), with 34.5 million of adults and 2.1 million of children under 15 years (UNAIDS, 2017). In Indonesia, PLWHA in 2016 amounted to 785,821, while the estimated number of new infections was 90,915 (MOH, 2014).

It is noteworthy that the trend of PLWHA has shifted from female sex workers to housewives, which is the first rank of PLWHA amounted to 279,276 with new HIV infection of 25,592 cases, and then followed by men with low risk (155,477 cases), homosexual (153, 771 cases), and drug users (21,559 cases) (MOH, 2017).

Ironically, women, especially housewives, play a critical role in the appraisal and maintenance of the hegemonic behavior of men, husbands in this case, despite the fact that they are often subordinated by them (Talbot & Quayle, 2010). It is assumed that men in the context of HIV and AIDS in Indonesia are typically positioned as being central to the spread of HIV transmission.

Men shape many of the attitudes and behaviors that fuel the HIV epidemic. These include multiple sexual partners, low or non-use of condoms, and homophobic attitudes. The masculinity that encourage multiple sexual partners also support the idea that male sexuality is “uncontrollable” and “spontaneous” (Betron, Barker, Contreras, & Peacock, 2012). One expression of this is that hegemonic masculinity is often constructed around and through sexual conquest and the desirability and number of sexual partners may be an important indicator of masculinity; and that use of a condom can decrease a man’s sexual pleasure (Simpson, 2007).

Connell defines hegemonic masculinity as the enactment of an idealized form of masculinity (being 'the real man') in a particular time and place. In many context, men's enactment of social constructed versions of manhood can also have a subordinating role, by preventing them from taking advantage of life-saving HIV services (Connell & Connell, 2005). A growing number of studies highlight men's unwillingness or reluctance to seek health services (Skovdal et al., 2011). It is therefore further studies to determine the factors that prevent men from engaging with health services are suggested.

In considering how dominant constructions of masculinity contributes to HIV/AIDS, male-friendly HIV prevention strategies should be
provided. HIV preventive program focuses on not only changing predominant gender norms, but also addressing the cultural traditions associated with male health seeking behaviors. The strategies include: HIV/AIDS couple VCT (Voluntary Counseling and Testing) in male-friendly and accessible settings, training and support for service providers and counselors to address male-specific sexual and reproductive health needs (Betron et al., 2012).

Additionally, as stigma and discrimination in Indonesia is still high, peer education is very important, especially in reaching the most vulnerable groups of men and in developing acceptance and trust among such groups. And the most important is to create safe spaces for men to discuss issues of male sexuality, sexual identity and gender equality (Betron et al., 2012).

The last, the authors emphasize the concept of masculinity that a real man should be strong, in control, and be the producer of his family. Men are expected to play an active role in continually demonstrating their manhood.

REFERENCES


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