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# The Role of Men and Boys in Achieving Gender Equality

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

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I would like to introduce myself as someone who works in several institutions as the "Universidad de la República Oriental del Uruguay", in an Organism of the Government and also in NGOs. As well, I am related to co-operation organisms, mainly involved with sexual and reproductive health. Within the past ten years, I have been working in the academic field and in the direct participation with gender studies, with emphasis in the masculinity field and also working with diverse groups of guys (teenagers in street situation, soldiers, popular teachers, unemployed adults).

My contribution tries to debate about one of the several conceptual aspects that challenges us in the field of the masculine condition and in the role of men in building societies with a greater equality of gender.

Since some decades ago, it has been built a speech with regard to the little involvement of men in the everyday aspects and more specifically in the self care and mutual care of sexual and reproductive health.

Sometimes it seems, taking into consideration lots of publications, that the men's gender implies an universal condition which has been named "irresponsibility".

Margaret Arilha (Arilha, 1999) precisely analyses this topic: "According to Cairo's text, in the reproduction field being young and being a man is almost equal to being irresponsible, in an essentialist perspective; while women, in the same text, are awarded a positive appraisal, being considered as overloaded with tasks in their reproductive lives. In a non explicit way, the text of the *Action Programme of Cairo* uses the concept of sexual roles, choosing bipolarisation within genders, operating with an impoverished view of the masculinities; it uses at the most, the ideas concerning to what could be considered as hegemonic masculinity and a finished vision of youth. This creates a slippery territory: instead of promoting changes it contributes to sediment the stereotype that men and teenagers are irresponsible and need to be involved in by special policies and to be educated to become responsible.

This posture brings in itself the risk of naturalizing the gender's relationships and to think about gender as a variable and as a determining item. Just the opposite to think about gender as a category of relating analysis and as a privileged field of the power's relationships analysis.

Moreover, it implies an understanding of the existence of a masculinity model, that sometimes seems to be related to the behaviour of men in poverty situation.

The masculine responsibility is located in the field of Ethics, of the "must be". But, ¿is it possible to be responsible from a symbolic universe, from an imaginary ordering of the masculine and the feminine thing as opposite and complementary?

We understand that it is necessary to think about what a complex process of the masculine identities transformation means, as a possibility of accepting solutions that lead us first through the road of success, in order to realize then the difficulties to obtain substantial changes and to travel through the defeat road.

Nevertheless, the appeal to "masculine responsibility", understood as an attitude's change, confronts to the strengthen practices of the hegemonic masculinities; practices that derives from almost all the institutions: health services, educational system, NGOs, etc.

It is not new for the ones who, as myself, work in the field of sexual and reproductive health, to observe the role that culture gives to men in the reproductive process: the social building of masculine absence is evident.

The health services and particularly the reproductive health ones, are the privileged environments to analyze the gender's relationships, specifically with regard to the consolidation of hegemonic masculinities.

In the last decades, the interest in investigating more deeply about the guys' resistance to take part in the reproductive health services and mainly in the contraception field, has been enhanced by both, the defeat of the programmes addressed to women and for the difficulties to introduce services addressed to men.

Several United Nations organisms are promoting the integration of the gender's point of view in the regional and national sanitary policies and programmes, with greater emphasis since the Population and Development Conference (Cairo, 1994) and the IV Woman Conference (Beijing, 1995).

Despite the change of the point of view, which slightly tends to go from the focus "Developing Woman"" to "Developing Gender" (Moser, 1988) it is still possible to observe how the very ruling institutions of the international sanitary policies express contradictory messages. A clear example of our focus of the implementation of women's community participation is the jointly document addressed by the UNICEF, the World Bank, and the UNDP, called "*Paquete Madre/Bebé: Implementando la Maternidad Segura en los Países*" (Mother/Baby Package: Introducing Secure Maternity in the Countries).

The opening Message of that document, given by the OMS General Director, that rules the Maternal-Childish Attention says: "*The woman's participation is decisive in the social and economical development. The women's health and well-being are of utmost importance for themselves, for their families and for the community and, besides, are decisive for the future generations. Women have the vital function to give birth and take care of our children. Nevertheless, the attention given to them until now, has not been enough as to*

*let them develop that function under secure conditions. Pregnancy and childbirth are natural processes but not risk free".*

Besides, the 111 pages of the above mentioned document, characterized to promote community and family strategies in the "combination's" care, do not mention even once the paternal character. Only one man's mention, when it refers to a recommendation of the El Cairo Conference and two mentions regarding the couple, in the chapter about STS (ETS).

As I stated in another document (Güida 2000) the health services consolidate the gender's hegemonical practices: while in the public services men are generally excluded from the stages entailed to contraception, pregnancy control, childbirth and puerperium, in private services it is whenever more validated the fact of the father's participation. Nevertheless, there is still uneasiness in the private sector: in some interviews made to fathers that attended childbirth and that have previously attended to childbirth preparing courses, they pointed the fact that the health staff –mainly women- made them feel -already in the delivery room- that "that was not their place" or "that they tried not to hamper while they handled".

Other aspects we have explored in quantitative and qualitative investigations, tend to confirm the role of the health institutions in the production and consolidation of the "masculine irresponsibility".

From sanitary policies, the strategies to include guys in the field of sexual and reproductive health should be produced from several levels. Let us mention some of the ones considered as basic:

1. **In the generation of investigative tools which enable us to consider gender as a relational category, overcoming the breach within theoretical problematical framework and the investigations' methodologic points of view centered exclusively in the woman's condition.**

With regard to the men's absence, which is invisible in the investigations that are supposed to work with gender's indicators, reviewing some of the documents used at national and Latin American level, to evaluate programmes and reproductive health services, we face once again to the same wall: the indicators created with a gender's perspective just place man as woman's companion, or as a collaborator at the most. In many of that studies the point of view of the gender is limited to the woman's condition. This contains conceptual and methodologic mistakes regarding the mentioned category. From a privileged place to visualize advance, it is consolidated once again the masculine absence in the reproductive processes.

## 2. In the health attention paradigms' debate that exclude the gender's point of view.

The training of the health professionals, basically arising from medical sciences, in their degree and post-degree qualification is still centered in repeating the masculinity and femininity hegemonic models, an also in defending professional practices distinguished with the popular sectors, that gather those from which one "learn" and those to be instructed also, from the consolidating models of the stereotyped roles. In the interviews of the investigation: "From the point of view maternal-childish to the point of view of the reproductive health: tensions, obstacles and perspectives" (López, Güida, Benia, Contera, 2002) this is evident through the testimony of the Health Centers' Directors, one of whom says: *"Regarding man he is a population which does not exist for us. We do not know where it is located,* while another affirms that *"the woman is more consciousness of her reproductive health, man does not consider it relevant. Teenager, young or adult... Then you can see that woman is engaged to whatever related to Obstetrics, to the child, to Pediatrician. I think the man is not engaged, is he?"*

While an gynaecologist states that: "*there are very few men who accompany the woman... and far from it attend to the consultation. I don't know whether if it is due to a kind of shyness, because there are men that accompany their women but never enter. They are not invited... I really do not know why am I sitting behind a desk and it is the midwife the one who gets out to call, ¿do I? There are men who ask to enter, but they are the less".*

Some technicians and directors describe the supremacy relationship of men over their pairs, which have been recorded by the imposition to have their own children, as well as by the prohibition to use contraceptive methods. As it is stated by a midwife of a Health Center *"... even I have patients that say to me "I am not going to take contraceptives, because my husband does not want. And it also happens with the IUD".*

A conclusion follows from all that: it is necessary to deepen in the men's imaginary regarding the meanings of fatherhood, of the building of the family ties and their own self image in public and private life.

## 3. In the upbringing of the tasks developed by the health team members regarding maternity and paternity, as well as in the necessary approach of sexuality in the health services.

It would be essential for those already trained and that daily practice their professional role in the services, to count on upbringing spaces in which they could review the everyday practices that strengthen men and women in their reproductive practices.

The participation of the professionals in training programmes does not guarantee by itself adherence to the gender's approach: many professionals that attended to courses and seminars, assume a strategic position of so-called tolerance but, in fact, they do not review neither their position as professionals nor the dimension of inequality derived from

their practices. The training programmes many times underestimate the axiologic component of their attendants which go from being resistant to multiresistant.

It is possible to visualize several resistance levels: the arguments vary from the imposition ("something that comes from above") to the fear of changes and its repercussion in the results ("lived as an achievement until that moment"), passing through the more or less explicit ridiculisation. ("a women's topic, the same old feminists"). In any proposal that tries to modify values, attitudes and professional practices, it is central to work from the implication.

**4. In the generation of attention points of view, which are integrative and inclusive of men and their sexual and reproductive health.**

Maybe this is a product of the parallel work to the approaching of the previous points and, undoubtedly, one of the main challenges. To introduce changes in the masculine reproductive practices is, definitely, to debate about certain inequalities. These inequalities are the ones that consolidate gender and socio-economical differences, and are not always easily seen neither for those who work in the health field nor for the consultants. Changes would happen, undoubtedly, in the community environment. Nevertheless, the health services, basically in the first level of attention, should no be excluded from these actions, as well as it would also be a mistake to try to change the gender's inequality relationships from the consulting rooms or from the waiting rooms.

**5. In developing a methodology that makes it possible to implant health programmes.**

The methodologic challenge involves a very great effort, because many times people in charge to go through it seems to suffer from a kind of " advance euphoria" because of having reached a certain point, but having neglected the very true neck. We have checked in several programmes and projects that it is not enough to modify the structures of the inequality history showed in long trajectory social practices.

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