

**PANORAMA OF THE RESEARCH ON MEN'S ROLE AND  
RESPONSIBILITIES IN WOMEN'S SEXUAL AND  
REPRODUCTIVE HEALTH.**

**IDENTIFICATION OF EMERGING TENDENCIES, GAPS AND  
CHALLENGES (1994-2002)**

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## Introduction

This report responds to a request of INSTRAW to carry out a Panorama of the research on men's role and responsibility in women's sexual and reproductive health, identifying the emergent tendencies and challenges useful for investigation and training.

The subject becomes relevant from the International Conference on Population and Development (ICPD, Cairo, 1994), when, for the first time, it becomes formulated explicitly the need to consider men and their responsibilities in population, development and gender equity policies.

The study had to consider the researches at global and regional level, the works within the United Nations body and other specialized institutions on the subject, as well as the debates in international forums.

To fulfill the request, the following criteria was used:

- Access to publications on the issue, preferably through websites
- Interviews to experts from different regions
- FLACSO Chile bibliographic database
- Temporal limits to publications, beginning from 1994, year of the ICPD, Cairo although earlier key publications were considered.
- Priority on the analysis to global and regional studies and documents.

At the same time, a research team was selected from FLACSO's Gender Studies Area (sociologists and anthropologists) which assumes this challenge with great interest and awareness of its relevance.

Relevant specialists from different countries were also contacted and interviewed to complete the documentary base, identify key authors, get to know their own vision about research and training gaps on the subject, and to discuss our observations during the investigation. Their contributions were highly helpful for the related bibliography search.

A first review of the existing material on websites showed up that proper research on issue is scarce and that the existing ones are mainly national studies –moreover, studies restricted to one or several localities within the country- and in few opportunities with a regional projection or interest. Those publications with global and/or regional character are not always based on research, and formulate proposals for policies and intervention programmes considering goals of gender equity or public health, basically those expressed in the ICPD Program of Action (Cairo 1994).

In fact, this is a field on process of constitution, on an early stage of development, observing the forms that assumes the male participation in women's sexual and reproductive life. There are a few conceptual and theoretical elaborations therefore the existing works are based on some general theoretical perspectives of gender studies that don't have this issue as a subject. This finding defines the very first research gap identified along the present work.

The concern for men's role and participation in women's sexual and reproductive health emerges in the context of the women movements action world-wide, from their search for gender equity; from a notion that emphasizes women's lack of power and capacities to decide about their sexual and reproductive health, and in disregard of their rights, making men responsible of the consequences of the female situation. This is one start point that determinates the conceptual developments, researches and also the policy proposals, which tend to emphasize the change of men behavior and have a deep normative sense, of "must be", that does not necessarily attend to structural and cultural conditionings of those masculine behaviors or to gender relations and dynamics.

At the same time, most of the literature reviewed follows the agenda defined by the ICPD Population and Development Conference (Cairo 1994), based on the objectives outlined in that occasion and those added in the Women's World Conference (Beijing 1995), where studies are requested, policy proposals are formulated and programs are created. The volume of the works and their temporal distribution time, as observed, shows the impact of these events in the production of knowledge and documents on the subject.

We can observe what M. Luiza Heilborn (1992) called the "intersection between the intellectual and political arena", where urgency or immediate action demand sometimes enters in conflict with the heuristical purposes of scientific research. The pressure for the delivery of specific proposals that meet the expected change in men has determined, in some extent, the kind of research carried out and the type of knowledge generated. This attends more to instrumental needs than to theoretical and methodological interest of substantive problematic aspects. These phenomena might be reinforced specially in those countries where the academic institutions are weak and have scarce resources for the production of knowledge. Those who finance research: governments and public organisms, and also the groups under study expect from investigation to produce useful and immediate applicable knowledge.

This also produces the paradox that men –a highly heterogeneous and differentiated group- who hold social power and usufruct the dividends of a cultural order that privilege them; have become the centre of the concerns of researchers and policy designers–mostly women. Their objective is to change male situation and, principally, their behavior, without the presence of a social actor, a constituted male subject interested in leading and promoting this process of change. Even though there is a tacit recognition that it is not possible to reach the desired changes –of gender equality and equity- without male involvement, there is no deeper thought on the need of research, knowledge and understanding of male identities, their meanings and subjectivities parallel to the actions aimed to reach men's changes. This is, it is not possible a pure instrumental view to knowledge; a critical vision

is needed in order to know the mechanisms of the order at the base of inequalities and discriminations; with an emancipating interest<sup>1</sup> on the end of those inequalities.

In this sense, the formulation of the research subject became central to this inquiry. This meant to problematize the very sentence of “the role and men’s responsibilities in women’s sexual and reproductive health” since each term is under debate within the academic fields, and have also consequences on the policy and program formulation. This concern has appeared in the last year’s conferences and forums, where difficulties to involve men in activities of their own and their partner’s reproductive health are explicated, or on the evaluation of the UN Assembly Cairo +5 (1999).

For this reason, in Chapter 1, where a conceptual framework is elaborated, the previous idea is discussed and problematized, attending to the implicit theoretical contexts, as well as the contradictions and insufficiencies of the notions in use.

A second chapter presents the principal subjects present in the corpus of studies and documents considered in the analysis. In chapter three, the principal policy tendencies of recent international forums about sexual and reproductive health, gender and HIV/AIDS, and the role and men’s responsibilities in this thematic are summed up. Chapter four highlights and describes the emerging trends on the object of this study.

The gaps and research needs, as well as the needs for training in this field are presented in chapter 5 to finish with some final considerations.

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<sup>1</sup> In a very lax Habermasian sense, following the statements of Radnitsky, 1968.

## Chapter 1: Conceptual framework

This chapter examines the conceptual foundations of the United Nations documents that provide the basis to consider male participation in women's sexual and reproductive health and in gender equity. Different theoretical views that seek for an explanation to the existing inequities are presented and the core notion of "responsibility" is discussed.

The debate about gender equity and women's rights has increased the questioning of the privileged position that men have in society, and the power resources society gives to them. The gender equity goal has resulted in the analysis, from a critic perspective, of the situation of men and women and the consequences that the prevailing relations have in people's lives and in societies.

Since the First World Conference on Women (Mexico 1975), governments have recognized the inequalities our societies exhibit in this field, in spite of the Universal Declaration of Human Rights (1948) and its recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family. In 1979 the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), consecrated the States' compromise with the principle of equality of men and women and their commitment to undertake a series of changes to end discrimination against women, attending to the prevalent socio-cultural, political and economic obstacles. The following World Conferences (Copenhagen, 1980 and Nairobi, 1984) set new agreements and measures in attention to the poor progress achieved, although the compulsory character of the Convention, ratified by almost all the states of the planet. The Fourth Conference, Beijing Conference on Women (1995) reiterated those goals collecting the contributions of the world's women movement. The Action Platform includes a series of actions to be implemented in twelve priority areas to achieve gender equity. This Conference assumed the government's agreements of the Cairo Conference (Cairo 1994), particularly those related to reproductive health and rights.

In these last Conferences -Cairo and Beijing- the States addressed those inequalities between men and women that, rooted in private life, increasingly became matter of public policies for their social consequences. Among these ones, those related to sexuality and reproductive health, violence –in particular domestic and sexual violence- and HIV/AIDS. All of them have been part of the women movement's agenda for decades. For first time there was an emphasis on men's responsibilities in women's reproductive health and on violence against women, reaffirming that for the achievement of sustainable development, gender equality with male participation is an essential requisite. The evaluation made in Cairo +5 (New York, 1999) confirmed this path.

- **Gender equality, rights and responsibilities: a mandate that comes from CEDAW**

Undoubtedly, CEDAW provides a fundamental basis to the political goal of achieving equality between men and women understood as the situation where men and women enjoy the same legal and social condition. In the subject we are studying, those aspects referred to family and reproduction. In fact, the Convention defines the arena in which the Action Program of the Cairo Conference will consecrate reproductive health and reproductive rights. In the Preamble the CEDAW declares: *"Bearing in mind the great contribution of women to the welfare of the family and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole"*. The article 16 precises, by recognizing the rights related with marriage and family relations, the action field in which must be situated the elimination of all kind of discrimination against women, making express mention to the rights and responsibilities that men have as parents: *"States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: d) The same rights and responsibilities as progenitors, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount; (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights"* (Art.16 d y e).

In this way, on the CEDAW the concern about the shared men's responsibility and women in family and reproduction is already placed from the point of view of the rights both have, and to the discriminations women suffer when they are not recognized in their quality of subjects of rights.

The Action Platform of Beijing (1995) undertakes and enlarges the conception of women and men rights in the space of family whatever the form and constitution they have. There are rights recognized for both, men and women as parents and in children's breeding; the social relevance of maternity is also emphasized. It is said that maternity should not be a cause of discrimination, neither the condition of parent, nor the function of women in procreation. The notion of gender is expressly used to explain the origin of inequalities between men and women in society.

- **Sexual and reproductive health, reproductive rights and male participation according to Cairo and Beijing Conferences**

The Action Program of Cairo's Conference defines what is to be understood for sexual and reproductive health and for reproductive rights in consonance with the CEDAW and the

definition of health of the World Health Organization<sup>2</sup>. Reproductive health is defined as a “state of complete physical, mental and social well-being and not merely the absence of disease or ailment, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to procreate and the freedom to decide to do so, when and how often”. (Chapter VII. Reproductive Rights and reproductive health N°7.2).

The following year, in 1995 this is confirmed in the Action Platform of Beijing on the same terms and adds: “Bearing in mind the preceding definition, reproductive rights include certain human rights that are already recognized in national laws, international human rights documents and other pertinent documents from de United Nations approved by consensus. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.” (C. Women and Health, N°95).

In relation to men responsibilities and male participation, Cairo’s Action Program says to Governments: “Special efforts should be made to emphasize men’s responsibility and promote their active involvement in responsible parenthood, healthy sexual and reproductive behavior, including family planning; prenatal health, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must include the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.” (C. Responsibilities and Men Participation. N°4.27).

- **Interpretations and agenda**

The orientations on sexual and reproductive health, as well as men participation established in both conferences’ documents have generated different interpretations of the relations between women and men in sexuality, fecundity, family and children, some of which limit the objectives of the CEDAW and of the Conferences. These interpretations are repeated later in forums, researches and interventions, what brings along consequences on the way

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<sup>2</sup> The first formulation of reproductive rights was formulated in the Human Rights Conference of Teheran (1968). It established they were the rights the “couples” have to decide the number of children they want to have and the space between the births. In 1974, the Population Conference of Bucarest added the role of the State guarantee those rights to the couples, including the information and the access to contraceptive methods. The Declaration approved in First World Conference on Women (Mexico 1975) extended the notion, includes the right to the physic integrity and to decide about the own body, the right to have different sexual orientations and the reproductive rights, with optional maternity. The CEDAW Convention added the right to equality in the reproductive decisions for men and women and for the shared responsibility that children involve.

the field of sexual and reproductive health is defined and on what is expected from men in relation to women.

We identified interpretation differences in three aspects that, being analytically different, foster each other. The first refers to theories about the origin of the inequities between men and women. The second, to the use made of the notion of men's responsibility in reproductive health of women that, due to the absence of an explicit theoretical support about its scope, allows different interpretations that can support diverse policies and programs. On third place, the restriction that is made for reproductive health and reproductive rights of women to health services.

### **1. Gender, roles, identities and inequity between men and women**

Mostly, the texts of the organisms of the United Nations that are concerned with men's responsibility in the family and on reproduction, as well as the literature of specialized organisms in sexual and reproductive health outside the UN system, the theory of roles developed by Parsons (1956) is supported, and the structural functionalism in a contradictory way, more than on a theory of gender social relations<sup>3</sup>. The notion of "gender roles", that derives from these theoretical proposals, has been incorporated to the common sense of these organisms on a relatively non-critical way. Gender appears as an attribute that qualifies individuals (that have a sex, individual identity and play roles), and because of that, the change proposals are placed basically on the personal field.

The theoretical perspective of the roles in the family has its origin in the analysis of the historical processes following the industrial revolution, particularly in urban areas, when the division between home –the place to live- and the job –the space of production-; between a private and a public space becomes differentiated spaces for women and men, of affection and of power (Jelin, 1994; De Barbieri, 1996). The consolidation of a particular kind of family can be seen. The nuclear patriarchal family, that responds to the requirements of the economy of reproducing a healthy and disciplined working force and to the family policies of the governments that promote the rearrangement of the family life of poor urban sectors with a provider father and head of family and a mother in charge of the children and of the home maintenance (Donzelot, 1979). This kind of family was idealized as a normative model, especially on the XX century, assumed as "normal and natural", and its reproduction ideologized as a constitutive part of modern society (Bourdieu, 1999) across the theory of sexual roles, later called gender roles. The meaning of work and family for men and women stayed directly associated to the kind of family unit in which the conjugality and paternity was exercised (Olavarría, 2000a).

Parsons' theories (1956, 1980 and 1986) had a great relevance since the second half of the last century by considering that the nuclear family represented the adjustment of the family

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<sup>3</sup> It is relevant to remember that the word "gender" doesn't exist in the same way in all languages. Only in the English language it has a meaning that directly refers to sexes. It is not the case of Spanish or French. In France they speak of "social relations of sex" and not of gender relations. This generates difficulties in the academic debate and for the international organisms.

to the changes of the western industrial society. This view of an ideal kind of family was developed in parallel with the theory of the sexual roles, which dominated the sociological discourse about woman<sup>4</sup>. The sexual roles were taken as given facts, fixed and universal (valid in any relation). The nuclear family was planned, according to this theory, as a unique kind of family for this phase of development, with a clear division between the private world and the economy.

The feminism has strongly criticized this theory, to the extent that, more than a interpretation of how it's conformed a certain kind of family in western society, it legitimizes a gender order with hegemonic and subordinated identities according to the roles assigned to men and women. It defines the intra and inter gender relations, it justifies the reproduction of this kind of family and the corresponding roles for its members. This theory was transformed on a natural truth: the family, men and women would be like that by nature. Consequently, the burden women carry in relation to men, although unequal must be accepted because this is the way society works and is ordered. The division between the home and the workplace was justified and these spaces were seen as exclusive and incompatible for men or women, according to one or the other (the public and the private). It also reinforced and legitimated the sexual division of labor between men and women (León, 1995).

Feminist theorists proposed, instead, the concept of "gender", understood as "*the cultural elaborations around the masculine and the feminine that appear in different cultures*" (Ortner and Whithead, 1981), also defined as "*the social construction of the sexual difference*" (Lamas, 1996). This concept places the definition of differentiated tasks and values for women and men in culture and not in nature. Rubin coined the concept of "sex/gender systems" and defined them as "*the set of arrangements by which a society transforms biological sexuality into products of human activity, and in which these transformed sexual needs are satisfied*" (Rubin, 1996)<sup>5</sup>. They consist in the set of practices, symbols, representations, norms and social values that societies elaborate over the anatomic-physiological sexual difference, which organize and give sense to the satisfaction of the sexual impulses, to the reproduction of human beings and, in general, to the relations that people establish between them; they are the social weaving that conditions relations of human beings as sexual individuals (Rubin, 1996; De Barbieri, 1992). This gender/sex system defines the relations between men and women, among men and among women, according to their gender assignment it establishes the positions they fit, it defines the spaces in which individuals are organized, distribute the resources for the exercise of power, assign attributes, specialization, regulation, values, hierarchies, privileges and

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<sup>4</sup> The notion of "sexual roles" has been strongly criticized. Such terminology would not apply wholly to gender, as differed learned behavior by biological sex is not a role as being a teacher, sister or friend. For example it is no used, an equivalence for "class roles" or "race roles", instead of class and race relations. It is considered that such a notion tends to hide power and inequality issues, center individual attention rather than on social layers, more on socialization than on social sectors or social structure. Therefore lets aside historical, economic and political matters. It is considered also that its use is charged of reification: "sexual roles", the "creation of stereotyped sexual roles" and "socialization of sexual roles" that are discussed as a concrete existence and not as an analytical construction (Lopata y Thorne, 1999).

<sup>5</sup> This concept was developed attending to political economy to set the reproductive moment of what Marx called the production mode.

sanctions (Lagarde, 1992). The study of these systems points to understand and explain women subordination/masculine domination present in contemporary societies<sup>6</sup>.

The academic feminists have also criticized the functionalist vision of the family from the investigations that reveal that the family unity is not an undifferentiated sum of individuals that share the activities related to their maintenance, but on the contrary, is a joint group of individuals with particular identities that establish a social organization, structured on the basis of gender. The familiar unity is described as a social organization, a microcosms of relations of production and reproduction, with a structure of power and strong emotional components, affective and ideological that cohesion that organization and contribute to its persistence and reproduction, but where there are also structural bases of conflict and struggle. In it, at the same time that tasks exists and collective interests, members have their own interests, grounded on their own position in the production and reproduction process inside and outside the domestic sphere (Jelin, 1994: 86; Connell, 2000).

On other side, the research has also revealed how the sharp cut in social reality associated with the sexual differentiation -men in charge of public tasks, women of the private and domestic- as if it was a universal constant of social organization, does not correspond to the historical reality and that the lack of power of women and the power of men is basically of cultural and ideological nature (Jelin, 1994; De Barbieri, 1996).

The notion of gender involves an identity and a relational dimension. That is to say, culture, at the same time that defines femininity and masculinity, establishes the forms of legitimate relationship between genders, commonly hierarchical ones. Gender identities can be

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<sup>6</sup> There are other theoretical explanations or statements about gender and the gender/sex systems. Some of them are the following. The socialist feminists, from an historical perspective, established the intersection of two forms of domination, the capitalism in an economic level and the patriarchy in the level of relations between men and women (Eisenstein, 1980). They search for a material explanation for gender and women subordination, making emphasis in economic causality. Women's subordination will be a need in the mode of production and change in it is functional to this one, thus a product of change of economic structures. The psychoanalytic theories understand gender as an attribute of the person and have been interested in studying the process that creates the identity of the subjects, especially in the first years of life. They focus on individuals before than in social reality and show how values associated to gender are incorporated, that is to say, how are they assimilated and become part of an own identity (Chodorow, 1980). Ortner and Whithead (1981) consider gender as a hierarchical system of status and social prestige and give greater weight to socialization as learning of roles that are repeated through all the life. Joan Scott define gender as a constitutive element of the social relations based in the differences that distinguishes sexes and as a primary of significant relations of power (Scott, 1996). The post-structuralist school search to articulate the construction of gender to more global social systems analyzing the role of language, communication, interpretation and representation in the construction of the gender identities. Other perspective considers that gender-sex systems are systems of power, result of a social conflict. Teresita De Barbieri (1992), who assume this view, centers her analysis in the fact that women have the capacity to produce with their bodies not only pleasure, but another body, what generate the necessity of controlling their bodies (the conflict). If in fecundation men and women are needed, only the body of the women can assure survivor and the arriving to a good ending of the fertilize egg. By the way, it is not the feminine body that has power per se, but societies are the ones that give the power. Social hierarchy between genders responds, for her, more than to prestige, to the unfavorable resolution until now of the conflict for women against the males.

understand as the symbolic elaborations that each culture builds from the classification of people in different sexes (Fuller, 1997b).

Robert Connell (1995), describing the "social organization of masculinity" defines gender as an order, a structure of the social practice on the human reproduction scene that would be first social than biological. Masculinity and femininity are for him dynamic configurations of gender practices, real projects. These practices are materialized both at an individual level, and in ideology, discourse and culture, and in the State, the workplace and the school. The power, the economic accumulation and the sexual desire are dimensions of that gender structure. In this vision, gender is imbricate with other social structures, as race and class, and the reference for masculinities are not only women, but also men of other sectors and races. This originates a different kind of masculinities, among which can be distinguish those hegemonic, subordinated, accomplices and also marginal.<sup>7</sup>

Researches carried out principally in Latin American cities have revealed the existence of a version, a "must be" of men that would be the present referent for their masculine identities that prevails over others and whose attributes are similar. These characteristics are, in some sense, similar to those found in investigations of Mediterranean Europe, the United Kingdom, North America and Australia (for example the studies in Peru, of Norma Fuller 1997, 1998, 2000 and 2001; in Colombia, of Mara Viveros 1998, 2000 and 2001; in Chile, of Teresa Valdés, Cristina Benavente and Jacqueline Gysling 2000; of Teresa Valdés and José Olavarría 1998a,b and Olavarría 1998, 1999, 2000a, 2000b, 2001a and 2001b, and in Mexico of Mathew Gutmann 2000. Connell 1995, 1998 and 2000, Seidler 1994, Kimmel 1997 and 1998, Gilmore 1994, among others). The studies agreed on that it is possible to identify a version of masculinity that stands as a "norm" and becomes "hegemonic"; that searches the maximum regulation of gender relations; it forms part of male identity, incorporated in the subjectivity of both men and women. As a norm it defines what is permitted and prohibited. It limits, mainly, the spaces where a man can move, setting the margins that safeguard their pertenance to men's world. To get out of it, will mean to be exposed to the rejection of the other men and of women. This "referent model" is the

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<sup>7</sup> Later, Pierre Bourdieu, in his text "The male domination" (2000), based in his studies with the Kabylean in the Mediterranean, point that the sexual differences stay immerse in the joint of oppositions that organize the cosmos as a system: high/low, up/down, forward/back, right/left, straight/curve, dry/wet, etc. In all of them what represents the positive pole, is always associated to masculine, occurring the inverse with the feminine. This universal preeminence recognized to men is affirmed in the objectivity of social structures and the productive and reproductive activities, and is based in a sexual division of the work of biologic and social production and reproduction that confers to men the best part. Its not about categories of the sexual on their own, but of sexual categories that have a social meaning, as the mode of a ritual mystique system, that accomplishes the effect of consecrate the established order, in which the masculine dominates the feminine. The proceeding produces a circular causality of domination that transforms the biologic differences in a justification of the social differences that become in inequalities. The domination is being naturalized, in the sense that gets to think that the division between sexes is in the order of things, placing with parenthesis the social conditions that have made it possible. It is about a "cultural arbitrary". For explaining the maintenance and reproduction of the masculine domination uses the concept "*symbolic violence*", that violence invisible for the victims, whose practice is done in a commitment that the dominated feels forced to concede to the dominator. It is a form of domination that is executed through the adhesion that the dominated feels as an obligation to be concede to the dominator (by the way, to the domination) when there is a lack of availability of other perception schemes and appraisals of the world that the one that shares with the dominator.

pattern to which men compare themselves and are compared, although not all feel comfortable with it. Even being men that try to differentiate themselves from this referent, this does not happen easily, because as it represents a weight, it also allows enjoying better positions and making use of the power that confers in relation to women.

Each one of the theoretical proposals mentioned above that look to explain women's subordination and gender inequities, involves a particular view about the change of that situation and the actors needed for it. Almost all place women and their empowerment, as well as political and cultural action on a central place. However, there are also less optimistic observations that look how slow are cultural changes and other that suppose deep structural and institutional transformations. In each case the place assigned to men varies and they are scarcely considerate as social actors and subjects of rights, capable of being part of alliances for change.

- **The change according to the international organisms**

At a world level, the advances on gender theories were reflected in the step from formulations of "women in development" (Boserup, 1970) to "gender in development" (Moser, 1995) and the international organisms have increasingly insisted on the need to incorporate a gender perspective in the analysis and formulation of social policies and programs, including the ones referred to sexual and reproductive health (De los Ríos, n/d). Gender analysis questions the gender relations promoted by the programs or policies; for the gender identities that build the human groups favored by them; for the interpretation that is made of the bodies and the power relations between genders in those communities; for the differential effects that have in them the different socio-cultural phenomena as well as the current policies. The inclusion of this perspective has been the result of the action undertaken by feminism and women's movements, beginning from the accumulated knowledges in their organizations and academic centres, and also of the work displayed by international organisms, particularly the United Nations (Valdés and Olavarria, 1998).

Nevertheless, the tendency to explain gender inequalities from the roles that traditionally men and women have in the family in relation to their sexual life, fertility and parenthood; which as such have differentiated power quotas, still prevails. The very Cairo's Action Program allows an interpretation from role theory when it says, for example, that *"Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, **alleviate their extreme responsibilities with regard to housework, ...**"* (Chapter IV. 4.1); *"The design of family health and other development interventions should take better account of the demands on women's time from the **responsibilities of child-rearing, household work and income-generating activities. Male responsibilities should be emphasized with respect to child-rearing and housework.**"* (Chapter IV. 4.11)<sup>8</sup>.

It is relevant to observe that, when interpreting male participation in women's reproductive health from role theory, the social order that establishes who does what and how are the hierarchies organized between these actors, with roles supposedly "complementary", it is

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<sup>8</sup> The emphasis is ours.

accepted. This order must be, on a certain way, invariable even when considered unfair for the way in which social responsibilities are distributed associated to certain roles. Although from this perspective it is possible to render visible the inequalities between men and women, their overcoming goes together with the change in gender roles. From the distinction between "traditional" and "modern" roles, change could be possible by transforming the nuclear traditional family of conservative societies by the effect of modernization. This would give origin to the observed changes in young couples on recent years. According to this perspective it would be possible to flexibilizate the "traditional" roles of men, involving them and making them participants and responsible of the burdens that (in excess) women have, but without affecting the gender order at the base, particularly the sexual division of labor and the distribution of economic and politic power across society.

The modifications of the economy, at a global and national level, have made disappear the conditions that made possible the prevalence of nuclear patriarchal family, as an ideal type adapted to the economy, specially for the flexibilization of labor markets and the end of the order based on the family wage (Rose, 1992; Roseblatt, 2000; Olavarria, 2000), to the point that some authors speak of the end of patriarchy (Castells, 1999). Elsewhere, modernization processes in the field of culture, that are expanding through the increasingly globalized mass media, have disturbed on a radical way the nature of daily social life and more personal aspects of the existence of people, including intimacy (Giddens, 1991 and 1995; Beck, 1998), with an increasing emphasis on individualization and subjectivity. The multiplication of family forms that has resulted from these processes also puts under question the policies that have been based on it, requiring other levels of analysis and problematization of the relations between women and men.

## 2. Responsibilities and rights in sexual and reproductive health

It is fundamental for this analysis to examine the notion of "responsibility" used repeatedly on documents of the United Nations organisms, considering that it is the starting point for the elaboration of policy proposals aimed to gender equity.

On everyday language the notion of "responsibility" is opposed to "irresponsibility", to a "wrong behavior", to reprehensible actions. It is associated with a call of attention to act "responsibly" to those that don't do it. This has been one of the more frequent uses of the notion of responsibility in Cairo's Action Program and it is later reiterated in an important part of the investigations and interventions that follow on the field of sexual and reproductive health. It has a highly normative component, of must be. ***"Male responsibilities should be emphasized with respect to child-rearing and housework."*** (4.11); ***"The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles."*** (4.25); ***"Such programmes must both educate and enable men to share more equally in family***

*planning, domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases.” (7.8)<sup>9</sup>.*

The use of the notion of responsibility implicitly qualifies men actions, their real performance or omission and associates them to the possible negative effects that have over women’s reproductive health. The limits of the term, in its common meaning, have taken to search for other terms that allow the incorporation of positive attitudes, such as men’s “participation” or “involvement”, in comparison to “responsibilities” (Herrera, 2002). But there is no deeper questioning about what is want to say when speaking of “responsibility”, “participation” and/or “involvement” of men in women’s sexual and reproductive health and reproductive rights.

The problem of the “responsibility” is not only present in this field, but it has also been discussed in the last years in relation with human rights and citizenship, seeking to specify the notion in terms of rights and obligations. The notion of “responsibility” has changed to take the meaning of “responsibility for the damage”; conferring, on the same extent good and bad acts to the actors. It starts from the base that the person is always responsible for his/her actions, to the extent that these are irreversible (different from the purely mental acts). When any action is performed it sets precedents and, therefore it must respond for the precedent that has created. In this sense the person must assume the responsibility for the consequences of the executed actions (Heller, 1995).

But, on which bases can a person be considered “responsible” of something that has done or set aside? This could be seen from a moral point of view or from law. In this sense the notion of “being responsible” can mean two different things: on one side, a man is responsible for what he has done (responsibility); on the other, he is responsible to someone: the person, group or authority that makes him responsible (accountability). This distinction between “being responsible of” and “being responsible for” has a special importance if we consider the ambiguity of the notion of “responsibility” that until now has been used in this field of knowledge, in investigation and policies and programs of intervention. It becomes more necessary to distinguish if its use is done by a third one (or second person) or in terms of who did it (the first person). From there that the notion of “responsible” totally differs when used in a proposition of the kind “this person is responsible for this and that” or in one like “I feel responsible for this and that” (Schutz, 1970).

The investigations with men in different countries of Latin America reveal that one of the expressions of men’s use of power resources is, precisely, the sense that the notion of responsibility acquires for them (Olavarría, 2001b). The dominant model of masculinity allows men to justify contradictory practices as “responsible”, releasing them subjectively of the obligations they have for the consequences of those practices, but that they feel as “honorable” in the construction of their own biographies. A man can be responsible assuming the paternity of a child as well as not doing it. In some cases fathers assume their paternity and their partner’s pregnancy takes them to cohabitation/marriage with them, specially men from popular areas when there is an affection/love relation. In other cases,

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<sup>9</sup> The remark is ours.

they deny their paternity, because they doubt if they are really the fathers, even if they have consciousness to be the only sexual partner of the pregnant woman. This behavior will be generalized in an important proportion of fathers of children born outside a marriage, especially of adolescent mothers. Some men feel this second behavior also as responsible: "responsibly" they do not assume a fatherhood of which they doubt or because they consider that the woman is the most indicated to do it.

From the previous analysis appears the need to distinguish between the subjective level (the sense that something for the first person) from the inter-subjective or "objective" level, that corresponds to the sense that has for the others, in the interpersonal relations <sup>10</sup>.

To attribute an act to an actor is to consider him "responsible". To make someone responsible is always retrospective, if responsibility is used in moral terms. We must have present here that moral terms have been used to support and to legitimize domination and "responsibility" is not an exception. For example, people have been made "responsible" to be born slave, woman, hunchbacked. But in its correct (moral) use, a person can only be made responsible of actions or of not doing an act (Heller, 1995).

Which are the principles that must prevail? Are certain universal criteria to evaluate final results? To make value judgments? According to Agnes Heller the only principles that could be recommended as morally compulsory to everyone are those that can be useful as moral standards for general political action: the democratic principles. The foreseeable consequences have to be considered, but only in the way that the decisive application of a good principle allows it.

The CEDAW, Cairo's Actions Program and Beijing's Action Platform, point out criteria that could be considered "democratic", from which it is possible to establish the responsibilities concerning to sexual and reproductive health of men and women, associated to rights that are expressly mentioned in these documents.

In the last years, on the field of domestic and sexual violence a notion of penal responsibility has been configured, by considering some behavior as punishable. In this case it has been possible to precise rights, obligations and penal responsibility (Convention of Belém do Pará, 1994). Every action committed by a man that damages the physic or psychological integrity of a woman or children and it's been typified as a crime, has associated a penal responsibility, that will be qualify by a competent court.

A notion of responsibility has also been elaborated to promote "safe sex" in the behavior of people with HIV, or positives. This way of having sex implicates being responsible for the own health and for the on of the "other", a third one with whom sexual intimacy is had. This people are responsible before third ones of their sexual behaviors.

The same notion could be used in relation to the consequences of active sexuality between heterosexual people; specially the ones related with unwanted pregnancies, abortions and

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<sup>10</sup> Paternal responsibility becomes more objective from the legal order that allows the confirmation of fatherhood by genetic analysis and obligates to assume it.

children born alive. To the extent that a person is responsible in front of her/his partner for the consequences of her/his sexual conduct, it is possible for these to be transformed in obligations and rights to be safeguarded, recognized, and behaviors to be typified that implicate civil or penal responsibilities. In fact, the compulsory DNA test for parents that do not recognize their children legally established in some countries, allow the configuration of civil responsibilities that forced those men to assume their paternity and what the law established for them.

The absence of a deeper debate about men responsibilities in women's sexual and reproductive health has taken to different interpretations for the term, prevailing those associated to reprehensible actions, coming from a more normative view. This placed the problem in men's subjectivity more than in their identification with the other and in the obligations that their actions generate in relation with women and children. The responsibility of men will be based, according to this vision, in their disposition to "flexibilize their roles" as men or fathers. But men's responsibility is not associated, instead, with the construction of rights and women's empowerment.

### **3. Sexual and reproductive health and health services**

A third question in relation to the documents of the United Nations is the tendency to limit the vision of sexual and reproductive health and reproductive rights associating them principally to health services. The implicit notion of sexuality in that, generally tends to exclude the subjective dimensions of desire, pleasure, the gender identity processes, the interpretations of the body, the power relations in sexuality, the negotiations about fertility, and the power resources that generate the inequalities between men and women and the ignorance, in many places, that women are subjects of rights in this field.

In effect, the Action Program is centered on the health services, indicating the measures to be taken in relation to the reproductive health and reproductive rights. These refer essentially to the primary attention in health, attention programs in reproductive health, the participation of the community in the attention services, as well as the training needs, technical assistance and the supply of contraceptives. Nevertheless, it calls the governments to formulate "the national policies on the base of a better comprehension of the needs of responsible human sexuality and of the current realities in relation to sexual behavior".

The measures of the Chapter VII of the Action Program, that implement the objectives related to reproductive health, are practically all associated with health services: specifying their coverage; the attention programs that must be implemented; the programs to elaborate for adolescents and adult men so they can have access to information, counseling and reproductive health services; the participation of the community in health services. Nevertheless, in relation to HIV/AIDS proposes as an objective *"To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted diseases and HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence, and the provision of appropriate services and counseling specifically suitable for that age*

*group.*"(7.44 a) That is to say, in this case, although the emphasis is on health services, it tries to propel behavioral changes, in the practices of people.

The preceding takes, to a great extent, to restrict the field of sexual and reproductive health and of reproductive rights to the health services, to the professionals and to the public health personnel, limiting to some extent its scope to the consequences of sexuality and its effects over health/illness.

## **Chapter 2: Principal issues in the literature about male participation in women's sexual and reproductive health**

This chapter characterizes the production of knowledge and policy documents prepared by UN organizations and agencies and other specialized institutions, about the role and responsibilities of men in women's sexual and reproductive health, including the STIs and HIV/AIDS, according to their temporality and to the producer organism. It describes the principal issues addressed in the research and analysis and their relation with the agenda that emerges from CEDAW and Cairo and Beijing conferences.

### **1. Principal characteristics of research on the field**

For this analysis were considered the publications of regional and world interest about men and women's sexual and reproductive health. They guide, on a great extent, the thematic agenda and the dominant conceptual perspectives in the field, as well as the scientific production and the design of public policies, programs and services. It also exists a group of studies from a national and sub-national level published in the period under study, that constitute an important bibliographic accumulation but that is not possible to recover in this opportunity.

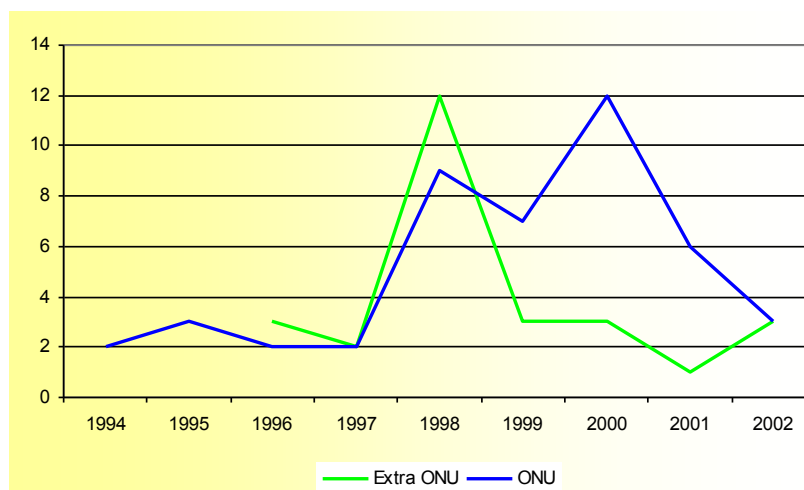
The topic of male participation in sexual and reproductive health as a research matter have incited an increasing interest since International Conference of Population and Development (The Cairo, 1994) and of the Fourth World Conference about Women (Beijing, 1995). This interest is directed to the transformations of the relations between men and women that are consider as determinants of the sexual and reproductive health of women (De Schutter, 2000; FNUAP, 1995, 1998, 2000; John Hopkins Sch. Pub. H., 1995, 1998; Mundigo, 2000). The attention is generated since the confluence of actions and proposals from entities so different as the planners and suppliers of the health services; the co-operation agencies; the movements for the defense of the women rights; the academic institutions, and the reflection groups integrated by men.

In spite of the proliferation of interests and institutions, there are few existing studies focused on men in the field the sexual and reproductive health. The gap is particularly notorious if it's considered the existing voluminous literature about women. This tendency is observed in Latin America, Africa and Asia, where, in general, the studies are concentrated basically in cities and in, a lower way, in countries; this may difficult the possibilities to generalize the obtained results, for example to other cities, to the rural population or to males in other regions and continents (FNUAP, 1995, 1998; Barker, 2000; Lundgren, 2000; Raju & Leonard, 2000; WHO/UNAIDS, 2001).

The bibliographic search of this study was realized in 125 web sites -of the system of the United Nations and of external organisms- between the months of October and November 2002. This search allowed the identification of 74 bibliographic registers relevant to the investigation subject between 1994 and 2002, where 48 of them were accessible on line<sup>11</sup>.

Analyzing the production of publications, in a regional and in a world level, it was observed an increase subsequently to the Conference about Population (The Cairo) of 1994 and the Conference of Beijing (1995). This increase is registered in the organisms of the United Nations system, as well as in institutions out of that system. The highest point was observed between 1998 and 2000, around the evaluation of Cairo+5. Since this year there is a declining tendency in the publication of jobs in a regional and in a global level, which could be indicating a minor interest in the topic or a different level of production of knowledge.

## UN and Extra UN websites publications, 1994-2002 (n=73)

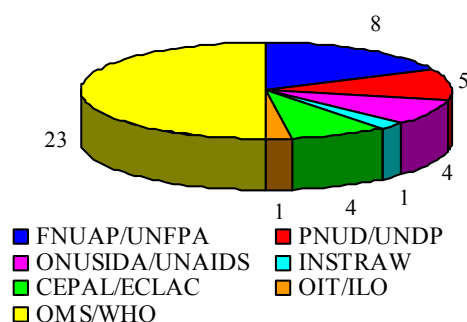


\* Year 2002 until November

Considering the United Nations System, it is observed that not all the agencies have realized investigations or analysis in this field and more over, that production tends to concentrate in certain organisms, specially the World Health Organization (WHO) and their regional offices, and in the Population Fund (UNFPA).

<sup>11</sup> In the annex the information and characteristics of the search is detailed.

## UN Publications by institution, web sites (1994 – 2002) (n=46)



\* Year 2002 until November

The geographic field of the publications of the UN system, and out of it, tends to concentrate in a world level and less in a regional one. The works with a regional interest are more numerous in Latin America and Africa.

### Bibliographic registers by geographic field of interest (web sites consulted, October-November 2002)

Geographic field	Registers ONU	Registers Extra-ONU	Total
Africa	1	3	4
Europe	1	1	2
America	7	0	7
Asia and Pacific	0	1	1
Western Asia	0	0	0
World	37	23	60
<b>Total</b>	46	28	74

## **2. Special interest areas related to the role of men and their responsibility in women's reproductive health and reproductive rights according to CEDAW, the ICPD Action Program (Cairo) and Beijing's Action Platform**

Before examining the present themes in the gathered bibliographic database, it is relevant to indicate the interest areas defined by the consensus documents approved by the governments in the United Nations. In a certain way, they are the ones that mark the agenda for the production of knowledge and ulterior policy proposals.

In CEDAW and the agreements of The Cairo and Beijing can distinguish four big areas of interest expressly indicated to guide the actions that concern men:

a) The role of men and his responsibility in the family planning, that differentiates between rights, fecundity and responsible paternity

- Recognition and exercise of rights.
- Decision of the number of children.
- Decision of children interval.
- Access to information, education and mass media.
- Fecundity and family planning.
- Procreation, fecundity
- Contraception and contraceptives
- Non wanted pregnancies
- Primary attention and health services
- Male responsible paternity
- Parents function in family and in relation with children
- Contribution to the family income
- Education, health and nutrition of children
- No distinction between sons and daughters

b) Role and responsibility of men in maternal health

- Prenatal, maternal and child health prevention
- Prevention and reduction of maternal morbidity and mortality

c) Men and the prevention of sexually transmitted infections, including HIV/AIDS

d) Men and the control and prevention of violence against women

- Domestic and sexual violence
- Violence prevention against women and children

These orientations, certainly, are taken in an important way from investigations and documents gathered. Nevertheless, there are subjects that are not addressed.

### **3. Male participation in women's sexual and reproductive health in the analyzed texts**

The analyzed texts declare a diversity of objectives that have guided the investigations and interventions in this field:

- To know about the perceptions, attitudes and behaviors of men in relation to women's reproductive health, and in recent years, about their own reproductive health. They have been investigated (principally by surveys) beginning from the supposition that knowing how males behave and perceive their role in sexuality and in reproduction has important implications in different aspects of women's reproductive health, because of the gender asymmetry prevailing in most of the societies where men have a dominant role in the decisions and results related to women's reproductive health.
- Increase the consciousness and involvement of men in women's sexual and reproductive health.
- Male involvement in maternal health in order to become conscious and take responsibilities in the prevention and care of mother and child.
- Prevent behaviors that affect the rights that women have in reproductive health, related to fertility and incentive family planning.
- Incentive and prevent behaviors to control the STIs and HIV/AIDS
- Incentive and prevent behaviors that allow the eradication of domestic violence
- Provide reproductive health and rights recognition attention especially on fertility control, use of contraception and attention of STIs and HIV/AIDS.
- Evaluate and recommend strategies to integrate men in sexual and reproductive health programs.

The investigations, and documents of programs that make reference to investigations, have concentrated in the followings themes<sup>12</sup>; some of them have been addressed with preference and others only on a limited way:

#### a) Knowledge about men

- Meaning and construction of masculinity in adolescents and young men
- Meaning of masculinity
- Men in the workplace
- Students
- Racial and ethnic minorities
- Masculinity, social constructions of identities

#### b) Couple's relations

- The relation of adolescents and their partners
- Importance of communication for the couple
- Men as partners in women's reproductive and sexual health
- Factors that inhibit or facilitate communication in the couple

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<sup>12</sup> The appendix shows the distribution of the themes in relation to bibliographic registers

- c) Equity and sexual and reproductive rights
  - Men and women sexual and reproductive rights.
  - Gender roles (gender equity and inequalities in reproductive and sexual health)
  
- d) Sexual and reproductive health
  - Sexuality, conducts and experiences in adolescents and young men
  - Sexual and reproductive health of adolescents and young men
  - Adolescent abortion
  - Men's sexuality, conducts and experiences
  - The sexual and reproductive health of men
  - Female condom
  - Men and family planning
  - Reduction in the number of sexual partners
  - Moment and characteristics of sexual initiation
  - Resources for voluntary interruption of pregnancy
  
- e) Contraceptive methods
  - Contraceptives methods in adolescents and young men
  - Contraceptive methods for men (use of condom, vasectomy)
  - Use of condom
  - Use of contraceptives
  
- f) Paternity
  - Paternity in adolescents and young men
  
- g) Maternal health
  - Male involvement in maternal health
  
- h) Risk conducts, violence and abuse
  - Violence, abuse, sexual abuse in adolescents and young men
  - Violence, abuse, sexual abuse and men
  - Sexual abuse and sexual coercion
  
- i) Risk conducts, STIs and HIV/AIDS
  - Adolescents and risk conducts.
  - STIs and HIV/AIDS in adolescents and young men
  - Men and risk conduct.
  - Men and STIs and HIV/AIDS.
  - Drug addicts that receive treatment
  - Clinics that attend STIs
  - Morbidity evaluations (new infections and re-infections of STIs and HIV)
  - Sex without protection
  - Attitudes towards the condom and HIV
  - Intention of condom use or change in attitudes
  - Knowledge on HIV/AIDS

- Efficiency in the use of condoms
- Prevention and treatment of STIs and HIV/AIDS

j) Information, education and communication

- Importance of education, information, community and media in the promotion of sexual and reproductive health of adolescents and men

k) Policies, services and programs

- Reproductive and sexual health services and programs for adolescents
- Reproductive and sexual health services and programs for men
- Joint work in reproductive and sexual health for women and men
- Reproductive and sexual health policies
- Analysis of experiences and local programs
- Vertical and integral services for males
- Counseling for family planning

In accordance with the mentioned investigations in the accessed documents, there are subjects that have had a preferential attention. Taking as a referent the four big areas of interest indicated in the CEDAW and in the agreements of Cairo and Beijing, it can be said that:

1. The role of men and their responsibility in family planning:

There is an important amount of studies that investigate on the subject going from fecundity, contraceptives and contraception, family planning, condom, vasectomy, abortion, quality of the sexual relations to sexual health and reproduction investigations. There are few the works that point to the recognition of rights from a gender perspective, the origin of the inequalities in male gender identities and masculinities. Scarce are the investigations on paternity even fewer the ones that relate work, family income, education, children and partner health, and children nutrition with men as parents.

2. Responsibility and male role in maternal health

There are few studies, except for results of surveys, about some specific aspects related to maternal health, prevention of prenatal, maternal and child health. Statistic references to morbidity and maternal mortality rates can be observed but investigations were practically not found.

3. Men and the prevention of sexually transmitted diseases including HIV/AIDS

There is plenty of knowledge produced on this topic, especially about risk behaviors, use of preservatives, efficiency of the condoms, knowledge and attitudes towards STIs and HIV/AIDS. There are some studies on attentions and clinics. The production on heterosexual population and infection of ITS and VIH/AIDS is scarce, as well as the relations between identities and gender relations in the prevention and infection of ITS and HIV/AIDS at the regional and world fields analyzed.

#### 4. Men and the control and prevention of violence against women

The investigations about control and prevention of domestic and sexual violence are scarce. Moreover, these are not related in general, with identities and gender relations, nor with individual and institutional resources of power exerted against women and children.

The research analyzed, available for regional and global levels, tends to concentrate in urban centres and scarcely in rural communities. National or sub-national studies that could have considered those communities were not analyzed. There are no mentions to ethnic or racial groups, social classes, migrant or particular displaced population. That is to say, that the investigation results available on Internet, in the visited web sites, are referred to partial populations and do not aboard the multiplicity of the real situations that are in the world respect to male participation in women's reproductive health. Sexual health is not mentioned in any source, remaining as an obliged mention, but a not problematized one.

### **Chapter 3: Principal policy trends in international forums**

In this chapter the principal evaluations and tendencies that emerge from the international forums since XXI Extraordinary Period of sessions of the United Nations Assembly (“Cairo+5”, New York, 1999) are presented.

The evaluation made five years from the International Conference about Population and Development of Cairo reaffirmed the big areas of interest indicated in CEDAW and in the conferences of Cairo and Beijing, destined to orientate the actions that allow men’s involvement in women’s sexual and reproductive health and reproductive rights, as it is exposed in the Action Program of 1994: To promote the role of men and their responsibility on family planning, that distinguishes between rights, fecundity and responsible paternity; to promote responsibility and the role of men in maternal health; to incorporate men actively in the prevention of transmission of STIs, including HIV/AIDS, and to incorporate men in the control and prevention of violence against women.

Diverse aspects of the Action Program were then evaluated. In general, there is a positive opinion about its implementation and advances, even though there are recognized difficulties, especially in reference to men’s degree of participation and the access they have to sexual and reproductive health services. A very positive opinion was the one from UNFPA (2000) that remarks the great advances reached out between 1995 and 1999 in: the investigation on men and masculinities; the feel of urgency with the HIV/AIDS pandemic; the visibility of gender based violence; and in the understanding about the role that gender imbalances play in sexual relations and reproductive health. The Hague Forum Report (1999), on its side, concluded that, within the restrictions for the application of the Action Program, two of them deserve special attention. The first one, the difficulties in the adoption and institutionalization of a gender perspective in population and development programs that appears as a long term process. The application of gender analysis in the formulation of policies is required, also in development and implementation of programs as well as in international co-operation. The second one is the difficulties in the promotion of male responsibility and co-operation between men and women. According to this Forum, social and cultural attitudes that restrict men participation in family responsibilities still persist. Men do not assume the gender equity and women empowerment discourse, although there have been many initiatives related with masculine sexual and reproductive health to promote a greater responsibility for their own sexual and reproductive health.

- At the Programming for Male Involvement in Reproductive Health meeting (2001) of WHO (Kosia 2002) when evaluating the situation of male sexual and reproductive health, it was indicated that men do not possess enough information and knowledge about sexual and reproductive health services, that they are marginated from reproductive health services, that many of them actually don’t go with their couples to consult about family planning or care and attention, that there is a generalized absence

of interest in African men on the reproductive health of their partners and that ITS notifications and treatments are difficult because of the poor communication in couples and the unequal balance of power in men and women relations.

In another evaluation of PAHO about health services (De Shutter, 2000), was established that, according to what many investigations in and outside Latin America have demonstrated, men don't trust reproductive health services may respond to their needs, that they identify with child-maternal attention. Many of them do not attend those services because they are less concerned than women for their reproductive health. Actually, public services in Latin America don't count with trained personnel or with the necessary tools to attend men's particular needs. Neither institutional policies nor attention norms adapted for male population needs exist.

Instead, when evaluating the interventions with groups of men (Hawkes, 2002b) in India and Bangladesh, these were considered successful. This is the case with drug users, where the interventions allowed the change on their sexual behavior by using educational and motivational aspects and the promotion of negotiation resources. Something similar was obtained on interventions with men in their workplace, where STI risk was considerable reduced. Also interventions for prevention and reduction of the STIs with students, militaries and groups of imprisoned men and homeless men were positively evaluated. However, the results about the use of condom in men attended in STIs clinics, were contradictory.

J. Hopkins University (1998) made an evaluation of the situation of sexual education for adolescents and young men, which is still valid in many places. It pointed that reproductive health services for them, at schools or in other places, are still on a small scale because they are controversial and because of that difficult to establish and finance. The efforts to reduce risks in adolescent's sexual activity has had more success in northern Europe, where extended programs reflect community support to meet young adults needs. Schools' programs were and still are the first big scale programs for young adults. These programs provide information and education, not services. Almost in all countries, controversy and fear to them have prevented the implementation of programs that give services on a big scale. Almost all health functionaries and the NGO's have been able to win political and public support only for small scale programs that attend needs of specific adolescent groups with more obvious and urgent problems —groups like pregnant girls, homeless youth, young prostitutes and drug users. As a result, reproductive health services for young people —extension clinics, condom distribution or contraceptive counseling— have still been isolated and small efforts. The high rate of HIV infection between young people has carried out more support for small programs of AIDS prevention that give information, condoms and training in negotiation techniques for more vulnerable adolescents. Instead, northern Europe countries, that have national reproductive health programs for all youngsters, show the lowest rate of youth pregnancy, STIs and abortion in the developed world. In these countries social support norms are combine with easily accessible services for young people. Countries from northern Europe emphasize sexual responsibility of the sexually active individuals and get them services and contraceptives supply. They haven't reduced sexual activity of young people. Each of these countries has developed its own approach, but they all have educational programs and accessible services. Denmark, Finland and

Sweden, for example, have compulsory sexual education in schools, while Netherlands government promote disclosure activities, like TV informative programs and a magazine that is send to all young people. This doesn't mean that government replaces parents on children education task. In Netherlands, 80% of the interviewed youth said that what they know about sexuality was due to their parents.

Evaluations around Cairo+5 have reaffirmed the agenda topics and propose some new ones. So the Special Plenary Committee (Ad Hoc Committee) of the twentieth first extraordinary period of sessions of the General Assembly of the United Nations (Cairo+5) elaborated the document "Key measures to continue the execution of the Action Program". Among them there is the promotion of gender equality and the equity between sexes, that remarks the expected behaviors of men. This measure aims to promote positive role models that allow men to be sensibilized in gender issues and in relation to women's health and reproductive rights.

III.C.50. *All leaders at all levels, as well as parents and educators, should promote positive male role models that facilitate boys to become gender-sensitive adults and enable men to support, promote and respect women's sexual and reproductive health and reproductive rights, recognizing the inherent dignity of all human beings. Men should take responsibility for their own reproductive and sexual behavior.*  
Ad Hoc Committee Report

IV. A. 52. g) *Promote men's **understanding of their roles responsibilities in regard to respecting human rights of women**; protecting women's health, including supporting their partners' access to sexual and reproductive health services; preventing unwanted pregnancy; reduce maternal mortality and morbidity; reduce transmission of sexually transmitted diseases, including HIV/AIDS; sharing household and child-rearing responsibilities; promoting the elimination of harmful practices, such as feminine genital mutilation, and sexual and other gender-based violence, ensuring that girls and women are free from coercion and violence*<sup>13</sup>.  
Ad Hoc Committee Report

Action recommendations similar to the ones in the documents of the UNFPA (2000) have taken to the reflection about new directions for working with men.

Among the proposed actions of the Hague Forum Report, it was pointed the importance of the incorporation of gender perspective in policies and programs and in the promotion of male responsibility and collaboration with women. It distinguishes the following: men must be involved in models that define positive roles more proactive to safeguard and support women's sexual and reproductive rights and that can help to the socialization of children to become more gender sensible adults; that their sexual and reproductive health needs are based in the responsibility that they assume of their own sexual conduct; developing and implementing strategies to build capacities that allow them to understand concepts relative

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<sup>13</sup> The remark is ours.

to gender in their work and homes, and that all leaders, specially men in high level politics and decision making must support gender equity, women empowerment and girls protection.

In 1999 UNFPA remarks that the vision of the ICPD also exhorts to enlarge men's participation and promote that they share responsibilities on reproductive health matters (Evaluation Discoveries, 1999). It calls to go deeper in associating sexual and reproductive health and reproductive rights, especially in relation to population and development matters, with health services.

Referring to the assistance of the international community to the governments with transition economies, the already mentioned Special Plenary Committee Report, says that these must strengthen health services for mothers, the quality of services for family planning that help couples in the planning and spacing between births, and activities of HIV/AIDS transmission prevention and other STI.

## **Chapter 4: Emergent research trends on male participation in women's sexual and reproductive health**

In this chapter the principal emerging tendencies in the investigation of men's responsibilities in women's sexual and reproductive health are presented from two perspectives, one referred to subject matters emerged in recent years, and other about the central ideas that allow to grasp a field that is, in itself emergent.

The participation of men in women's sexual and reproductive health appears recently in the investigation and intervention's agenda of institutions, governments and professionals, as it has been remarked throughout this report. In effect, this interest emerges from Cairo and Beijing Conferences, with the appeal to involve men in women's sexual and reproductive health to reach more egalitarian and equitable relations in society, and as a condition of a sustainable development.

Since then up to the present, the thematic described on chapter 2 have been addressed, being possible to identify central axes that organize the analysis. New topics are also emerging which development is more recent. All the works analyzed look forward to a change in the situation, particularly the one of men.

The thematic axes that are exposed are not exclusive and have been more or less simultaneous, but it is possible to observe a tendency towards a treatment based on a gender equity perspective.

### **1) Recent new issues**

From Cairo+5 (1999) and, specifically in the last years, the following research issues have strongly emerged: men's sexual and reproductive health; power relations and men heterosexual and reproductive behaviors by the increasing of the STIs and HIV/AIDS in heterosexual women and finally, it has been set forth the need to investigate considering male diversity and heterogeneity.

- **The importance of research about men's reproductive health**

It has been proved that men play an important role, frequently dominant, in crucial decisions for women's reproductive health, and that this would be associated with their own interests and demands on sexual and reproductive health. Some studies are showing that men are becoming much more interested in family planning than what is commonly supposed, but that they need more information and specific services for them (J. Hopkins, 1995).

Among the issues that begin to demand more studies, there is the investigation on methods of fertility regulation for men, since besides from natural methods like abstinence and withdrawal, vasectomy and condoms -and the already known difficulties for their use by men- are the only contraceptive methods available for men. There is a demand to make other methods available for users (C. Nzioka, 2002). It is also stated, that certain services for men must be incorporated and that publicity is important for services and male contraceptives, with emphasis on the benefits they have for them. At the same time it is indicated that men must be advised on the available health resources and on their reproductive responsibilities, including family planning, and that counseling functions for men must be incorporated (M.M. Duza, 2002). It is proposed that clear objectives for men involvement must be secured, as well as the identification of the extent that dominant masculinity has negative consequences on men's health (men as a risk factor). Work must be done with young men to influence their attitudes towards women (M. Greene, 2002).

- **Study power relations and sexual and reproductive behaviors of heterosexual men and their association with infection of STIs and HIV/AIDS in heterosexual women.**

As UNAIDS indicate, the HIV/AIDS epidemic has allowed the recognition that gender relations clearly impact health results. Specifically for sexual health it is recognized that power relations between men and women influence in the particular female vulnerability to HIV and in the attitudes to risk of men. So, the search is for men's involvement as a key part in the prevention of HIV/AIDS (UNAIDS, 2000). In the same sense it has been said that the inequities that give cause to women's vulnerability, are legitimized by ideologies that considerate "natural" that men have a predominant position in decision making, more opportunities of development, as well as they can express more freely their desires and satisfy their sexual needs (Rivers y Aggleton, 1999). Nevertheless these statements, some authors remark emergent research and intervention issues oriented to men's involvement on women's sexual and reproductive health, like the examination of the multiple roles of those in the epidemic; the diverse factors that influence them; and the obstacles that prevent that a greater number of men compromise on HIV/AIDS prevention (Carovano, 1995). Likewise these authors focus the investigation and intervention on heterosexual men in those geographic areas where heterosexual forms of infection have greater importance or are increasing like Africa, Asia and East Europe. At the same time it has been pointed that the interventions in this field need to be focused on heterosexual men, specially single heterosexual ones with occasional couples. More investigations should be done in regions with high rates of STI/HIV among heterosexual population, as Sub Saharan Africa, and where there is growth like Asia, the East of Europe and Central Asia (Hawkes, 2002b).

- **Investigate considering male diversity and heterogeneity**

Every time it becomes more evident that research is needed considering men heterogeneity. Men do not form an undifferentiated group of subjects, neither women. To face investigation from this perspective, that can result too simple, has begun to generate serious problems in this field by trying to generalize the conclusions of studies on populations that are extremely different, because of the stage of life cycle where the studied men are, the ethnic group their belonging to groups with different cultures, specially ethnic, racial or

religious groups, that are a minority. There is also the case of groups with different qualities of life and poverty, inhabitants from cities or rural areas. The non-consideration of diversity among men generates factors that inhibit involvement in reproductive health programs, like the case of Africa. But, through these studies it is possible to clarify better ways to point more precisely to men from the region (Ratcliffe, 2002; Nzioka, 2002; Hawkes, 2002).

## **2) Emergent issues in the field of sexual and reproductive health and reproductive rights**

Having presented the characteristics of the field and the thematic review of literature from organisms of the UN and other institutions, it is possible to distinguish four central thematic axes that articulate the analysis of the investigations and other texts on the topic. These axes make possible the interpretation and organization of the different themes and sub-themes that have been developed in this field. As it was said, they are more or less simultaneous, even though the tendency is towards a gender equity perspective. Given the recent constitution of the study field all of them are emergent focuses.

- **Thematic Axis 1: Promotion of change and more equitable relations between men and women.**

This thematic axis is oriented to the identification of changes in the constructions of traditional and hegemonic masculinities that allow the establishment of egalitarian gender relations and the responsible involvement of men in women's sexual and reproductive health.

- **Thematic Axis 2: Traditional and emergent masculinities.**

The present thematic focus states the distinction between a traditional masculinity with historical and cultural deep rootdness, that sets differences and inequalities between genders, and another emergent one, of less social and symbolic configuration, that permits equal and equitable relations between men and women.

- **Thematic axis 3: Inequities between men and women.**

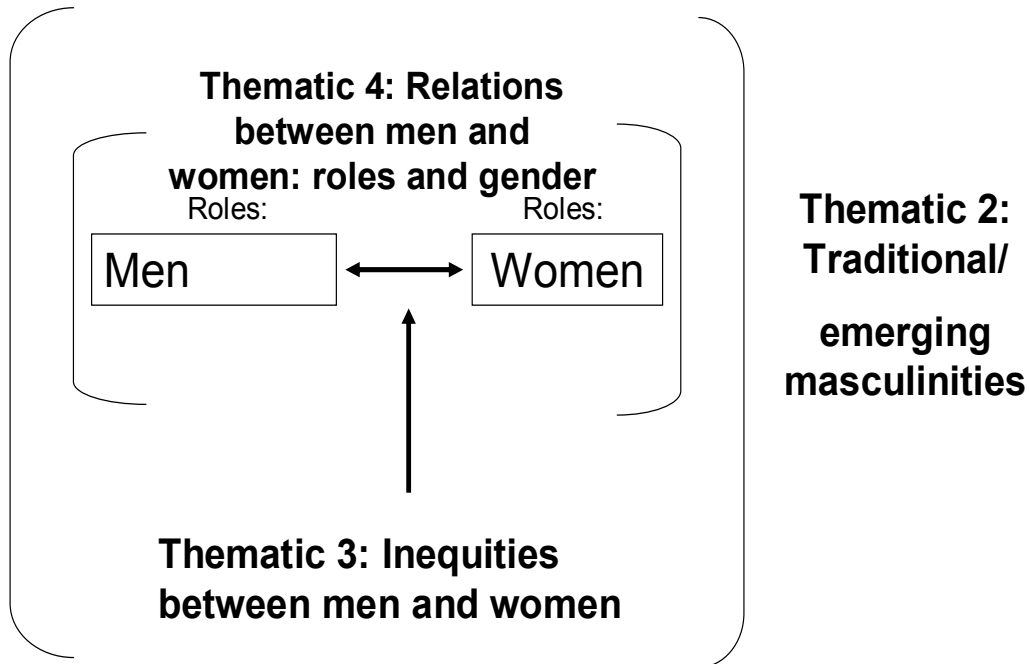
This articulating axis renders visible power relations understood as social positions, goods, power relation and in general those elements that promote inequalities.

- **Thematic Axis 4: Relations between men and women.**

This thematic axis emphasizes the relations between men and women and the socio-cultural constructions that determine them.

## Thematic Axis about male participation in the sexual and Reproductive health of women

### Thematic 1: Promotion of change and more equitable relations



### Thematic Axis 1: Promotion of change and more equitable relations between men and women

The change from a traditional hegemonic masculinity constitutes the thematic axe that organizes different proposals. These determine an agenda for studies and interventions around the changes in traditional gender roles.

In general, it is assumed that men play an important role, frequently dominant, on the crucial decisions for women's sexual and reproductive health and that opportunities for changes on the guidelines of their conducts can be seen, due to an interest of men that has not been fully recognized. It has been proposed in policy base documents that these change potentialities require early interventions, when men are young, with the purpose to promote gender equity and the reduction of risk behaviors (FNUAP, 2000). The articulation of information specifically oriented services and the comprehension that *"the balance on power between men and women- and influencing in it - it's possible to improve the behavior related to reproductive health. The couples in which men and women speaks*

*together about family planning and reproductive health can take better and healthier decisions"* (John Hopkins Sch. Pub. H., 1998, p. XX).

Many entities in Latin America, among them most of the reflection groups formed by men of the Region, consider that the promotion of male participation in reproductive health programs supposes for them new ways of thinking and being, this is, an equitable and democratic mentality around the masculine and feminine. Who promote men's participation in reproductive health programs argue that it is dangerous to do so without combating the masculinity considered hegemonic. Eventhough on a first sight some changes on masculine attitudes can be seen related to gender equity, that answer to the new roles women play, deep inside men still think and act with attitudes typical of hegemonic masculinity (De Schutter, 2000).

Considering the efficiency that traditional hegemonic masculinity has to organize the practices and meanings of men's sexuality and reproductive health, it has been proposed the development of experiences of change from the existence of "small fissures" in the dominant orientations that allow alternative or dissident opinions to the dominant discourse. Nevertheless, it would be a long term process (Aguirre y Güell, 2002) and with troubles to set the issues of family planning and sexuality on daily dialogues between partners or other social scenarios. Another alternative that has been formulated in front of dominant masculinity is to "*confront and redirect the use of men's power to improve their health and the one of their partners, and to improve their relations with their partners, sons and daughters and other members of the community*" (FNUAP, 2000, p.37-38). In this sense, there are proposed ways to promote the break or conflict between gender relations as possibilities for change.

A key element in these programs is the delivery of alternative role models. Investigations in Brazil and USA have showed alternative role models for boys, being them teachers, members of the family or friends, that are associated with non-violence, a greater respect for women and assume more responsibility on contraception (Lundgren, 2000).

Male participation will embrace a transformation on gender relations and unequal cultural definitions (FNUAP, 1995, 2000; FHI, 2002; Helzner 1996; Raju y Leonard, 2000). Although structural determinations that difficult men's disposition for change have been pointed, like the employment situation that affects the level of responsibility to accept a child according to investigations in Latin America, (Lundgren, 2000; Olavarria 2001b). An example of this view are the goals to "*increase the proportion and visibility of women as decision leaders in programs and to promote men not only to be more frequent users of methods that they control, but also be more liable partners with women from their lives, that use methods controlled by women*" (Helzner, 1996, p.2).

## **Thematic Axis 2: Traditional and emerging masculinities**

The knowledge of the construction of masculinities has been indicated as a base to study male participation in sexual and reproductive health, because sexuality is related to the

context of norms and values of the prevalent gender system, and gender relations determine health results to a great extent (FNUAP, 2000).

On the literature about the issue under study, there is a tendency to distinguish a “traditional” from an “alternative” or emerging” masculinity, both related and mutually determined, which makes difficult an independent conceptual and methodological treatment. These publications and their view have been more developed in certain regions than in others, as seen on chapter 2. Examples are Northern Europe and Latin America, but its incorporation in sexual and reproductive health services and programmes on a world level has not been generalized. On the other side, the analysis gets characteristic profiles in specific regions, like the emphasis on psychosocial dimensions in Latin America, and macro and demographic level in Africa (FNUAP, 2000).

The “emergent” forms of masculinity have less social visibility and development in research: that is the case of shared parental responsibilities, although there are few couples that reach the “shared paternity” ideal. One reason for it is that frequently men would not have a clear vision of the role they are to play in pregnancy, childbirth and childcare (Sabo, 2000).

Special attention has received the construction of the traditional masculinity that promotes risk conducts for male health and its consequences for women and the meaning men give to their vital process. This masculinity is expressed on mandates that consist in orders solidly rooted in the culture of each society and transmitted simultaneously from different languages (Olavarria, 1997, 1998; Connell, 1997, 1998; Kimmel, 1997; Barker, 1998; Carovano, 1995; FNUAP, 2000, 2001; Gordon & Crehan, 1999; Rivers & Aggleton, 1996, 1998; WHO, 2000; WHO/UNAIDS, 2001 Aguirre and Güell, 2002).

Masculinity mandates -understood as imperatives about masculine identity and subjectivity, and expected behaviors for men- are updated and oriented principally towards the following entities: oneself and other men, women and from women to men, the family and the community. These distinctions on the mandate orientation allow observing, for example, different research issues and analytical perspectives centered on the direction and subject of contraception practices.

Some of the directions explored or commented in literature are those practices under male control and the masculine actions of support to their partners use of contraceptive methods, considering that in many cultures there is a masculine opposition to women’s use of contraception. Also, it is recognized that men directly influence not all contraceptive decisions, since many women control their use of female dependant contraception or hide its use to their partners (Helzner, 1996).

Unwanted adolescent pregnancies are widely recognized as a big problem. In a study of six Latin American and Caribbean countries, between 40% to 50% of adolescent mother’s births were not desired (Lundgren, 2000). Nevertheless many young men believe that is women’s responsibility to protect themselves of unwanted pregnancy because they are the ones that “suffer” the consequences (Olavarria, 2001b; Aguirre and Güell, 2002). As

Lundgren (2000) has said it is well documented that the knowledge about fertility is too small between youngsters of numerous communities.

In the analyzed literature it can be observed the incorporation and articulation of conceptual models of descriptive and explanatory order with those of a normative kind related to men and women relation in sexual and reproductive health. It is possible to verify the announcement of a repertory of desired values; goals and social norms, towards research and action should be orientated. The coherence and consistence of culture on the field of men and women relations has been traduced in the recognition of its character as “socio-cultural model” that determines the functions or roles that society imposes to individuals.

### **Thematic Axis 3: Inequities between men and women**

The inclusion of power relations in the conceptualization and thematic delimitation of male participation has been developed from a critic to sexual role theory that it is centered on identities and gender relations, socialization and agreement with pre-existing expectations.

Constructivist tendencies and critical theories, from a gender perspective, remark that the power differences are the ones that configure inequity in men and women relations, and among women and men. They also support, that gender identity and behaviors are not simply imposed to people by socialization, but are the same people who actively build their gender identity and behaviors. Gender identity is a result of an active process, restructured and supported by the ones that are immerse in network power relations created socially and historically (Sabo, 2000).

The importance of gender mandates and unequal power relations between men and women has been manifested on the field of sexuality; so men’s search for pleasure can be considered, by men and women, with greater priority than women’s concern on pregnancy or on having STIs or HIV/AIDS (FHI, 2002; FNUAP, 2000; Rivers & Aggleton, 1996; UNFPA, 2000b; WHO, 2001). These lines or cultural norms about sexuality are based on their naturalization and absence of public and private debate about its arbitrariness. This naturalization places sexuality on individuals and in particular on their conducts. This focus has been set under question by a constructivist and constructionist paradigms that point to social, cultural and economic forces that shape behaviors in this field and to the complex meaning that individuals and social groups associate to sexual and reproductive experience (Parker, 2000). For example, while in many cultures it is expected that women preserve their virginity until marriage, young men are stimulated to win sexual experience (Rivers y Aggleton, 1999); also, masculine sexuality is interpreted by men and women, as uncontrollable and in some places, to get a STI is considered an honor that confirms masculinity (de Bruyn et al, 1995; cited by Rivers and Aggleton, 1999: 2).

Traditional masculinity constructions, analyzed from the unequal power relations between genders perspective, have been addressed with the notion of “hegemonic masculinity” (Connell, 1995). This notion helps to explain why some versions of masculinity have more power or visibility in specific places. It is considered that men who do not follow the

established “norms” of hegemonic masculinity -which can change and in fact do change in time- are a failure and do not have power, because it is probably that in a specific society there are one or more “culturally exalted” forms of masculinity. But not all men adjust themselves to the dominant versions of masculinity on a given moment, and the ones that don't do it are normally discriminated (Rivers and Aggleton, 1998).

Actually, the imperatives that are present in traditional and hegemonic masculinities affect particularly young people, by relating masculine identity with sexual performance, establishing strong limits for the prevention of HIV/AIDS and STIs (FNUAP, 2000). By this young adults become especially vulnerable to STIs (John Hopkins Sch. Pub. H., 1995). Aggleton and Rivers (1996) indicate that, in spite of cultural, religious and socioeconomic diversity of developing countries of Asia, Africa, South and Central America, young people living there share a number of experiences that make them vulnerable to HIV infection. In some countries of these regions of the world, over the 60% of the new infections happen in youngsters -men and women- between 15 and 24 years (WHO, 1995; cited by Aggleton and Rivers, 1996: 1). The authors indicate factors like gender, socioeconomic status, sexuality and age to determine the vulnerability of these groups.

In unequal power relations between men and women, young women are placed in a more vulnerable position than men to face undesired and/or coercive sexual experiences. This situation affects their capacity to decide when, where and how sexual relations occur. Some studies and experts on violence and masculinity also emphasize that sexual relations must be understood in the context of power relations, domination and control, on a broader context of social and cultural violence, constructed along history, in the case of Latin America (Valdés and Olavarría, 1998).

#### **Thematic Axis 4: Men and women relations**

Finally, a fourth organizing thematic axis, present in the regional and global researches analyzed, is the importance of men and women relations, especially of assigned roles (gender roles or just roles) to address their participation in women's sexual and reproductive health.

There are proposed here some approaches that incorporate different and complex social, cultural, economic and political contexts to aboard male participation in this field.

- **Gender perspective**

Among the perspectives that give more lights is gender analysis (Helzner, 1996; Valdés y Olavarría, 1998) that has been used both in the study of socio-cultural constructions of masculinity and femininity about sexuality and reproduction, as well as, in public policies and sexual and reproductive health programs, with the purpose of knowing the institutional and cultural definitions based on gender inequities. In this area, Judith Helzner states an alert respect the need to develop a general frame of knowledge about men and women

relations, before giving priority attention to men. This because it might exist the risk that the programs for family planning reinforce the *status quo* of the gender inequalities, being one of its expressions to assume or ignore, the following of recommendations, the stereotypical relations between sexes –dominant men and docile women- increasing the existing inequalities.

This view, centered on relations and their contexts, has permitted to render visible, in the case of men, the health risks implicated on maintaining their masculinity, avoiding femininity or feminization; do not only influence their own morbidity and mortality, but also on women and their children's morbidity and mortality (de Keijzer, 1995). It is signaled that some male gender behaviors on this subject also influence women's health state, as it is the case of alcohol consumption, drug use and sexual abuse (Grunseit, 1997; Rivers and Aggleton, 1998; OPS, 2000; Sabo, 2000; UNFPA, 1995).

- **Risk behaviors and STIs and HIV/AIDS**

Different studies about STIs manifest, under this view, a pattern of gender relations and reciprocal constructions of masculinity and femininity that constitute negative synergies of health related with gender (Brown, 2001; Bott, et.al. 1998; Carovano, 1997; FHI, 2002; Sabo, 2000; UNAIDS, 2001). The risk behaviors increase the possibilities of suffering STIs, transmission of HIV and accidental death or homicide on men. However, and at the same time, these behaviors induce to women victimization, through men violence, sexual aggressions, adolescent unwanted pregnancy and STIs. In this sense, Aggleton and Rivers say that *“unequal gender relations are expressed in many ways, but are particularly visible in the special vulnerability of women with respect to HIV/AIDS in countries in process of development and in men risk conducts”* (1999: 1).

In developing countries it has been pointed out that their youth has a limited “risk consciousness”, understood as the capacity to associate conducts and practices with certain damages on health. Generally, risk conducts related to sexuality predominate: sexual activity with wrong or not enough information and without active participation on protection (Barrer, 2000; Brown, 2001; IPPF/AVSC, 1998; Valdés and Olavarría, 1998; Jejeebhoy, et.al, 1998; Rivers and Aggleton, 1996; Shah, 1998; WHO, 2001).

- **Family planning and male participation**

Although male participation has received attention, particularly in family planning during the last twenty years, it hasn't yet arrived necessarily to a generally accepted understanding about what it means to involve men in it (Lundgren, 2000). Its thematic circumscription to the importance of vasectomy and the use of condom by men conceits agreement. Nevertheless, it has been said that, in order to create suitable programs to improve everyone's sexual and reproductive life, a bigger gathering of knowledge about the gender system is required particularly about masculinity (FNUAP, 2000; Valdés and Olavarría, 1998).

This difficulty to characterize the issue of male participation in women's sexual and reproductive health, is closely related with the extensive repertory of possible answers of

men when facing reproduction and, in particular, women's pregnancy, such as rejection, acceptance, negation, responsibility, guilt and others that can be listed. That is to say, there is not a unique pattern of answer; but a diversity not yet studied.

A debate exists around the need of men's participation in the initiatives for the promotion of reproductive health. Diverse organizations and social movements for the defense and promotion of women's interest attribute to men a central role in the effort to improve women's reproductive health (De Schutter, 2000). For some, the objective is to attend the particular needs of men on the area of reproductive health, for others, it is to promote, with men help, the reproductive health of women (De Schutter, 2000).

- **Reproductive health services and men**

Currently, public health services on developing countries do not count with trained personnel or with the necessary tools to attend the particular needs of men. Neither institutional policies or attention norms adapted to masculine population exist, establishing serious difficulties to implement orientations that search for a greater involvement nor participation of men in local and specific contexts related to women's reproductive and sexual health. An example are the access barriers for men to reproductive health services (FNUAP, 2001; John Hopkins Sch. Pub. H., 1995; Raju & Leonard, 2000; Touré, 2000; UNFPA, 1995, 1998; WHO, 2000; Valdés and Olavarría, 1998).

The dominant position of men in programs and reproductive health services has been indicated as concern issues, since, as they are involved on family planning, principally as professionals. This situation deserves an exhaustive examination to determine the effects in the personnel and in decision-makers of the programs that provide services (Greig, et.al. 2000; Helzner, 1996; Touré, 1996; UNFPA, 1995).

This cultural and institutional overview reaffirms the dominant position of men on their different roles and responsibilities. An example of this is the medical profession where men dominate, what is traduced on a bypass of gender sensibility on the service provision, considering gender as a separated issue. Exceptions exist, for example in Philippines: both government and NGO's have a great proportion of women on intermediate level or executive positions, in the health system (FNUAP, 1999).

In those countries where men position is dominant, important difficulties stand for this perspective that is trying to improve and promote health equity, ensuring that both sexes receive health attention services of similar level and quality. Because of this, those who are impelling gender equity on health ask for policies "that bear gender in mind". But their messages are not always listen by men on directive positions and the planning circles of national and international organizations in charge of health policies.

## **Chapter 5: Investigation needs for new knowledge, strategies for change, intervention and training**

In this chapter research voids or gaps are identified together with subjects to be study in depth in order to support the strategies to change the relations between men and women towards a greater equity and implementation of interventions and training actions in priority areas defined by CEDAW, Cairo and Beijing.

From the preceding chapters it is possible to distinguish research needs that are related with detected gaps, with the need to deepen some knowledges and with emergent issues, to ground and support strategies to change the relations between women and men, for a greater equity and recognition of rights. The results must orientate interventions and training actions in priority areas for the incorporation of men in sexual and reproductive health and in reproductive rights, defined from CEDAW, and Cairo and Beijing agreements. It will be distinguished four complementary levels of necessity. A first level refers to the need for knowledge to be obtained by research. A second level refers to research that sustain the strategies to change relations between men and women, towards a greater equity and recognition of rights. The third level corresponds to the interventions and reproductive health services; and a fourth one, to the training in priority action areas defined by CEDAW, Cairo and Beijing agreements.

### **A) On the research level**

From chapter 1 several conceptual and theoretical questions have been pointed out, that affecting the capacity to give a more comprehensive answer to the demands for equitable relations between men and women in women's sexual and reproductive health and reproductive rights. In this sense, as it has been said on chapter 4, there are emerging issues that require to open new research lines and deepen others. Among the most relevant ones are the following:

#### **1. Sex/gender systems**

In Chapter 1 it is said that the predominant focus in UN official researches and documents, related to male participation in women's reproductive health and in gender equity, has been on gender roles. This view has generated strategies; policies and programs centered in the change of women and men roles inside the couple and the family.

Although in the documents of specialized organisms this perspective is enlarged, and it is recognized that gender refers to ideas and expectations (norms) generally shared about men and women in a given society –according to what the differences between men and women

are socially constructed and can change through time, and differ significantly between different cultures. This notion has been applied in few opportunities to the development of specific investigation in each socio-cultural context.

On behalf of what was previously said, we find the need to:

- Research on gender identities and relations, understood as power relations, and how they are articulated during the stages of individual life cycles, ethnic condition, race and social classes, as well as the way in which gender identities are mutually reinforced. This means to study women and men, couples –constituted on different forms, stable or not- and also different kinds of families, understanding it as the organization in which power relations are expressed, not only gender ones, but also generational, and those of class and ethnic condition present in specific societies. It is on the frame of these studies where the roles women and men assume, on different generations and stages of their life cycle, acquire sense and efficacy.
- Study in each cultural community the meaning that reproduction has, the power/control of women's reproductive capacity, explicit gender violence (domestic, sexual, incest, etc.) and symbolic.
- Research the cultural reproduction mechanisms, particularly the institutions involved in it (family, education, religious institutions, legislation, communication media, labor market, etc.), as well as the social networks and their repercussions on masculine socialization.
- Study the process of cultural change in each society, towards modernity and to more traditional and conservative positions, and their impact on gender equity, analyzing the impact of globalization, new technologies and media on it.

All these researches must be socially and historically placed and recognize the different generations and stages of the life cycle, since relations between men and women are influenced by modernizing or regressive cultural changes.

## **2. Identities, sexualities and reproduction: meanings**

As it has been pointed in some studies, sexual and reproductive behaviors are strongly associated to the identities and gender relations (as power relations), desire and eroticism, to pleasure and the interpretations of the body. But the knowledge is still scarce and, in general, is at an ethnographic stage in some regions.

For this it becomes necessary to:

- Increase research on masculine identities -not only the hegemonic ones- and the relations men establish with their bodies, and the meaning they give to sexuality in the way they live masculinity, that is not exhausted in their relation with women.
- Study in depth the meaning that in that context have health and STIs. To know more about the meanings of “risk”, desire and the exercise of power.
- Increase the research about the meaning of male sexual practices, hetero, bi and homosexuals, among others masturbation, sexual games, anal and oral sex.

- Research about the meanings of paternity and fecundity control, infertility, wanted and unwanted pregnancy and abortion. Deepen the analysis of couple dynamics, between men and women, and their sexual practices. The research must be extended to single men and women, particularly to men that never have been married and their sexual partners; and to the critical role that power plays in sexuality because of the lack of information on safer sex negotiation between casual couples.
- Research about the structural conditionings, particularly the kind of insertion in labor market, which affects the relation with the partner and the sexual and reproductive life.
- Study the ongoing change processes: feminine participation in the public and masculine participation in the private.
- Study the conflicts and tensions that produce on men the changes that affect their privileged position in family and paternity, and the debate about women's sexual and reproductive rights.

### **3. Responsibility: foundations for gender equity**

Matters related to men's responsibility in women's reproductive health and rights require urgent research and debate. Researches are needed that allow new knowledge about responsibility and that sustain a debate that must be done about the moral and juridic aspects of responsibility. This is necessary for the elaboration, from human rights and of democratic principles perspective, of the notion of responsibility that must be used in sexual and reproductive health and in reproductive rights.

For the new knowledges needed it is required to:

- Research about the notions men have of gender, gender equity, power relations among genders and their fundamentals, as well as the cultural mandates that sustain those notions and perceptions.
- Study the notions that men have about sexual and reproductive rights and responsibilities, their own and their couples'; about the recognition of sexual and reproductive rights, their own and women's ones, attending that these implicate egalitarian relations between men and women in sexual and reproductive relations, full respect for individual integrity, and it requires of mutual respect, consent and shared responsibility of the consequences of sexuality.
- Research on tensions and conflicts in the practice of reproductive rights of men and women (paternity and maternity), as well as the tensions between individual rights and individual responsibilities over oneself and the sexual partner.

### **B) On the level of strategies to change the relations between men and women towards a greater equity**

The strategy centered principally on role change and in the meaning of men's responsibility -from a common use of the notion of participation- has revealed insufficient. The resistances to behavioral changes require of a detailed analysis of the strategies developed and of their conceptual fundamentals.

The different perspectives of gender theories provide elements that can constitute new contributions for more effective strategies. To point to cultural changes requires an integral approach that recognizes the different institutions and apparatus that operate on it to reproduce relations of subordination, specially on the sphere of discourse, media, schools and labor market. To reconstruct the way in which concrete persons are perceived as capable, with authority and social support to question those stereotypes is a matter of first order. It implicates for men and women to live with the disposition to reinvent themselves as persons and to redefine their generic identity, far from excluding specialization. The purpose is then to impulse a complex process of social and behavioral change in which women and men live under conditions of equity.

To advance in the formulation of strategies for change implicates, among other aspects, to have new knowledges and deepen others like:

- Research the barriers that emerge from people's everyday life quality, particularly of poverty and social class conditions, to incorporate gender equity criteria in the relations between men and women.
- Study the barriers for change based on the cultural traditions of ethnic, racial and religious groups and the processes through which it is possible to incorporate the concept of gender equity and the recognition of women's reproductive and sexual rights by men and women of those groups.
- Deepen and expand the studies on rural populations to recognize their barriers to change, giving special importance to poverty conditions, isolation and cultural traditions.
- Study the barriers for changes in socialization and the emergence of new identity referents, more equitable, between adolescent and young men and women, specially the ones present in the family, school and peer groups and in the messages of the media.
- Research the cultural and institutional barriers that prevent a greater efficiency in STI and HIV/AIDS prevention campaigns.
- Deepen the analysis of the cultural and institutional barriers that obstruct the elimination of domestic and sexual violence and the application of legal normative, when they exist, or the promulgation of legislation against violence when it does not exists.
- Deepen the research about the barriers found in reproductive health services for the incorporation of the notions of gender equity and sexual and reproductive rights.
- Research on cultural, institutional and financial barrier that found sexual and reproductive health services to implement gender equity and the recognition of sexual and reproductive rights in their services.
- Research on the initiatives that seek to motivate men empowerment to explore new identity models expressed in their family relations, couples, and relations with their children; in the expression of their needs and search around issues like contraception, risks' reduction and prevention of STIs and HIV/AIDS; their reproductive intentions with their partners and the joint decisions about these issues.

**C) On the level of interventions in priority action areas defined from CEDAW, Cairo and Beijing agreements.**

From the priority actions emphasized by CEDAW and Cairo and Beijing agreements, intervention must be done on the formulation of policies and programs, applying the knowledge acquired through research and by the evaluations that will be done of implemented policies and programs, obtaining lessons for more gender equity and the recognition of sexual and reproductive rights in health, as well as for a more efficient use of the available resources.

- Quantitative studies must have statistical support to demonstrate effectiveness and to calculate the priority to ground and implement researches. Qualitative studies must indicate the techniques used and point their limitations to generalize results to other populations or services.
  - Researches must cover, to the greater extent, the heterogeneity of groups on a wide variety of contexts.
- a) Men and his responsibility in family planning: rights, fecundity, and responsible paternity.
- Deepen the research on young men attitudes towards the existing health services to find new forms to face their access problems and motivate them to use the services.
  - Research the factors that prevent/block men's involvement in the existing sexual and reproductive health programs. Study men's needs on reproductive health and deepen the research and disposition for users of new contraceptive methods for men increasing the election range of available fertility regulation methods.
  - Research and relate youth risk definitions with those used by health agents to allow a better understanding of the available information and of the different social, communicational, cultural and economic mediations statements that are present.
  - Research male participation in women's sexual and reproductive health and reproductive rights to precise and extend the repertory of possible male answers to reproduction and particularly pregnancy, like rejection, acceptance, responsibility and guilt given that it does not exist a unique pattern of answer, but a diversity not yet studied.
  - Evaluate and rigorously observe the interventions considered promissory in the modification of behaviors, attitudes or conducts before extending their application.
- b) Men's responsibility in maternal health.
- Research on the subjective meanings and behaviors of men that co-operate in the prevention of prenatal, maternal and child health of their couple and children.
  - Investigate on the subjective senses and behaviors of men in the prevention and reduction of maternal morbidity and mortality
- c) Men and the prevention of STIs, including HIV/AIDS.
- Rigorously evaluation of reproductive health programs that incorporate men, and of the intervention destined to reduce STI/HIV in heterosexual men, change attitudes and

behaviors. There are few studies with rigorous methodologies and none effectively consistent in the reduction of infection incidence, behavioral or psychosocial changes.

- Research heterosexual men as a separate objective in the efforts to prevent the expansion of STIs and HIV/AIDS.
  - Research on heterosexual population in places where HIV/AIDS is incremented.
- d) Men and the control and prevention of violence against women.
- Research on the subjective senses and behaviors of men that recognize the right to intimacy and to the respect of physic and psychological integrity of couples and children and that are against any kind of violence to them.
  - Research on the fulfillment of legislation that sanctions domestic and sexual violence.
  - Evaluate and control experiences considered successful in the prevention and elimination of domestic and sexual violence to consider their application in other sectors of population.

#### **D) On the level of training in priority action areas defined from CEDAW and Cairo and Beijing agreements.**

The analysis presented in the preceding chapters makes visible the needs to promote training for male participation in women's sexual and reproductive health on several levels starting from the priority action areas defined by CEDAW and Cairo and Beijing agreements. This training must be orientated in three directions, following the proposal implemented by the Technical Support Team of UNFPA (EAT/FNUAP): socio-cultural research, education in population and communications, always at local community level or community services. Add to these those training needs for counseling and reproductive health services personnel. The training policies must be considered as well as a cultural intervention over guidelines and relations traditionally settled about gender and sexuality (Aguirre and Güell, 2002).

##### **1. Socio-cultural research**

As it has been said before, there are important research needs in order to generate adequate strategies focused on gender equity. For them to be developed in local communities it is necessary to count with the human resources capable to put them in practice. Several reports, as well as the consulted experts, remark that in the poorest countries of the Third World there are serious difficulties for the production of knowledge about gender systems.

To the extent that, as it has been exposed in Chapter 1, it is not possible to apply on a mechanical form the discoveries from one research to another reality, cultures or highly heterogeneous socio-cultural contexts, the development of research capacity becomes a priority for the definition of strategies and specific programs for those communities. The existence of populations/communities of different ethnic groups, races, social classes, rural or urban contexts, religion, of migrants and/or displaced people, supposes a detailed revision of the gender identities and relations, the meanings of sexuality and paternity and the notions of responsibility in each one of them.

Horizontal co-operation, for example, between universities or specialized academic centers, can strongly contribute to reach this training in a short term through post-title programs. There also can be used distance formation resources that have been developed in many countries.

## **2. Education on population**

The analyzed publications show the needs of education on population, existing between men and women, but especially among men. According to the experience of different specialists, men are interest on knowing about AIDS; sexuality and pleasure; contraception, specially to break the myths about secondary effects, that will be more present in men than in women; about sexual dysfunction; about paternity; nutrition; stress; violence and alcoholism.

The capacity to implement educational programs in population must include the comprehension of the practices and meanings of masculinity, the social construction of masculinity and its relation with reproductive health over the base of concepts of gender equality. Also, the knowledge of the factors that protect or promote health and risk behaviors.

Training and the realization of workshops to encourage men to explore new relations inside the couple and family must be promoted.

It is still a priority the training for sexual education of adolescent men and the provision of abilities for life, with positive notions of sexuality and gender relations, promoting ways to express needs and to look for help, providing negotiation techniques to the more vulnerable youngsters.

It is also necessary to extend the activities to prevent sexual abuse and domestic violence to all the population, to justice tribunal members and to police personnel.

This training must be oriented to different actors: personnel of the formal education system, health services, opinion leaders, community leaders, union leaders, youth, workers, social communicators, etc.

## **3. Communications**

Training is also needed for the elaboration of communication strategies and activities for gender equity and the recognition of rights, in accordance with the cultural and ideological reality of each community. This must make visible, the negative effects of the traditional forms of masculinity and of risk behaviors, on the own health, of partners and children; the positive effects of communication, the available resources in the community to improve sexual and reproductive health, and the factors that protect or promote health.

This training must allow the message to reach men wherever they are, the work place, clubs, sport centers, community centers, etc.

Those agents to be trained must allow a multiplication of public opinion campaigns for the prevention of STIs and HIV/AIDS, prevention of sexual abuse and domestic violence, as schools personnel, primary attention health, NGO's that work in this field, and others.

#### **4. Counseling services**

Training of personnel in counseling services is fundamental, for couples or individuals.

It must include decision making, communication and negotiation techniques with the couple, considering that sexuality, family planning and STI's and HIV/AIDS prevention are difficult issues to speak about, particularly in some socio-cultural contexts. It must also enable the delivery of positive visions of sexuality and gender relations, and the possibilities to explore more equitable forms to relate with a partner as well as inside the family. As well as to promote the capacity to express needs and search for help when needed.

#### **5. Reproductive health services**

The training of health services personnel can be determinant for the efficacy of the programs and interventions wanted to implement. It must favor the comprehension of masculine identities' construction, of power relations in the couple, of sexuality and its influence in sexual and reproductive health and the meanings of paternity for different men, according to their age and socio-economic origin.

Personnel must be trained for the implementation of systematic interventions on the complex of relations that define the meanings and practices of masculinity.

Personnel must reach men wherever they are and ensure that the attention norms are implemented.

## Final remarks

On finishing this report it is relevant to make some final considerations.

On the first place, the analysis done allows to verify the constitution of a new study field that intersects social sciences with health. The advances reached since 1994 are important and were positively evaluated in the session of the UN Assembly Cairo+5 (1999).

At the same time, in recent international forums and meetings it has been recognized the existence of insufficiencies at different levels. Among them, it is necessary to advance in conceptual, theoretic and methodological aspects, as it is said in this report. Inasmuch as the lack of proposals is overcome, this study and social intervention field will be consolidated and will enter to a new stage.

Also, for the team that participated on the elaboration of the present document new questions emerge as well as some relevant challenges.

- How to embrace simultaneously the research and the intervention, when the times of the first do not harmonize with the urgency of the second, that is to say, how to overcome the tension between academic and political action needs?
- How to develop research at the local level on specific socio-cultural contexts, and at the same time, explain the macro transformations that involve cultural modernization and globalization processes?
- How to capture the particularities of the gender systems –anchored in history and in the past- and visualize the tendencies of changes and the needs of future generations?
- Is it possible to reach gender equity acting only in the field of reproductive health?
- If it is not so, how to act in parallel at the level of individuals and their intimate relations, and over the family, institutional, economic and social structures, like the sexual division of labor in the labor market; seeking for greater equity between men and women?

Undoubtedly, the consensus introduced from Cairo and Beijing Conferences represent a direction for cultural changes. Nevertheless their materialization requires the sum of wills at all levels of society, specially of the institutions that produce and reproduce the actual gender order, that is also supported by mechanisms of symbolic violence, as Bourdieu well describes it. Moreover, when what increasingly characterize modern societies is the segmentation and proliferation of local and group identities. The universality of gender equity and equality ideals has been questioned, also, since the strengthening of conservative and fundamentalist ideologies.

Finally a strategic challenge is the identification of men that, as social subjects, will be interested in promoting gender equity in different communities. Alliances with them are required to validate and legitimate proposals of change. This supposes those proposals to be recognized as adequate from a masculine subjectivity perspective, with the inclusion of a notion of responsibility that does not blame men, but strengthen their interest to participate in the processes of change, and that recognizes human rights of women and men.

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# ANEXOS

## **CONTIENE**

**ANEXO I: Abstracts de documentos seleccionados**

**ANEXO II: Resultados de búsqueda bibliográfica en sitios web del sistema ONU y extra ONU**

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## ANEXO I

### ABSTRACTS SISTEMA DE NACIONES UNIDAS

#### FONDO DE LAS NACIONES UNIDAS PARA LA POBLACIÓN-FNUAP UNITED NATIONS POPULATION FUND -UNFPA

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**Fondo de Población de las Naciones Unidas (2001) “Los hombres, los derechos reproductivos y la igualdad de género”. En: *Estado de la Población Mundial 2000*, Capítulo 4, FNUAP. New York.**

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La igualdad entre hombres y mujeres es un asunto de incumbencia de la sociedad en general, pero comienza con las familias. Comprender la discriminación de género significa comprender las oportunidades y limitaciones que afectan tanto a los hombres como a las mujeres. Las actitudes y los comportamientos de los hombres están fuertemente influenciados por las expectativas sociales acerca de lo que significa ser un hombre. En particular, al suponer que la anticoncepción, el embarazo, el parto y la prevención de las enfermedades de transmisión sexual son cuestión exclusivamente de mujeres, se refuerza la falta de participación de los hombres en la salvaguarda de la salud reproductiva, tanto la propia como la de sus compañeras.

Las definiciones de masculinidad suelen ser rígidamente estereotipadas. En muchos lugares, por ejemplo, se piensa que: • Un “hombre verdadero” actúa, en lugar de ser objeto de la acción: es exigente o se hace valer para expresar sus deseos y lucha por alcanzar sus metas. Su correcta esfera de acción es la económica o la política y no la doméstica o familiar; • Un “hombre verdadero” es el jefe de su familia. Mantiene el hogar, pero tiene derecho a utilizar el dinero como le plazca. Puede escoger su placer personal antes que los gastos que requiere la familia; • Un “hombre verdadero” es fuerte. No reconoce ni admite la incertidumbre (un signo de debilidad); • La emoción también puede ser indicio de debilidad. Por consiguiente, un “hombre verdadero” se preocupa muy poco por los derechos, el placer o el bienestar de su compañera. No presta atención fácilmente a los aspectos emocionales de la relación, pero sí los aspectos instrumentales. Estos estereotipos y otros similares no cuadran con la realidad, ni para los hombres ni para quienes dependen de ellos. Los hombres que, consciente o inconscientemente, organizan sus vidas de conformidad con esos estereotipos, crean condiciones propicias al fracaso, dificultades en las relaciones de la familia y tensiones irrazonables.” (Extraído p. 1)

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**FNUAP (2001) “Participación y responsabilidad de los hombres”, En: *Estado de la Población Mundial 1999*. Capítulo 3, Salud Reproductiva y Derechos reproductivos, Nueva York.**

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*En el Programa de Acción de la CIPD se reconoce que es preciso que los hombres asuman responsabilidad por su propio comportamiento sexual y además respeten y apoyen los derechos y la salud de sus compañeras. Por lo general, los programas de planificación de la familia han hecho caso omiso de los hombres y se han diseñado de modo de mantener las normas de género según las cuales la reproducción y el control de la fecundidad son responsabilidad de la mujer. En un estudio realizado en Bolivia se comprobó que los hombres no tenían actitudes tan contrarias a la planificación de la familia como pensaban las mujeres. En verdad, los conocimientos de los hombres con respecto a los métodos eran algo mayores que los de las mujeres, pero no siempre había comunicación en la pareja acerca del tamaño de la familia. En un estudio realizado en Malí, las conclusiones no fueron tan positivas: en "grupos focales" los hombres afirmaron unánimemente que las mujeres no tenían derecho a utilizar métodos de planificación de la familia sin el permiso de sus esposos.*

Si bien en 36 países se informó acerca de medidas para ampliar o promover la participación de los hombres en la salud sexual y la salud reproductiva, la situación existente en Nicaragua es bastante común: en el Plan Nacional de Salud no se menciona la responsabilidad masculina por la planificación de la familia y no se prevé ofrecer servicios de salud reproductiva para los hombres. En Filipinas, la salud reproductiva de los hombres es uno de los 10 componentes del conjunto de servicios de salud reproductiva, pero es poco lo que se ha hecho hasta el momento. En Nepal, el programa tiene por destinatarios principalmente a las mujeres. Aun cuando la política establece que los hombres y las mujeres han de compartir la responsabilidad de la planificación de la familia, la proporción de clientes que aceptan la vasectomía ha ido disminuyendo constantemente.

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**Cohen, Sylvie y M. Burger (2000), *Alianzas con los hombres: Un enfoque nuevo en la salud sexual y reproductiva (Partnering: A New Approach to Sexual and Reproductive Health)*. Informe Técnico No. 3, FNUAP, Nueva York.**

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La Conferencia Internacional sobre la Población y el Desarrollo (CIPD, El Cairo, 1994) abrió nuevo camino al endosar la participación de los hombres en la salud sexual y reproductiva, una esfera que hasta aquel momento no hacía caso de su papel activo. En el 1995, el FNUAP publicó el primer Informe Técnico sobre "La participación masculina en la salud reproductiva, incluyendo la planificación familiar y la salud sexual". Los avances tremendos que han ocurrido durante los últimos cinco años en la investigación de los hombres y las masculinidades, en el sentido de urgencia con la pandemia del VIH/SIDA, en la visibilidad de la violencia basada en género, y en el entendimiento del papel que desempeñan los desequilibrios de género en las relaciones sexuales y la salud reproductiva nos han impulsado a que reflexionemos sobre nuevas direcciones para el trabajo con hombres. Varias prácticas excelentes del FNUAP y las intervenciones programáticas innovadoras de otras organizaciones en estas áreas también merecen reconocimiento y replicación. Este informe intenta captar tal progreso y recomendar estrategias programáticas prometedoras en las áreas de la creación de alianzas con los hombres; la equidad de género; y el compromiso de los hombres en el enfrentamiento de los temas urgentes como la prevención de las ETS y el VIH/SIDA, la reducción en los embarazos no deseados, la mortalidad y morbilidad materna, y la violencia basada en género, y en la

satisfacción de sus propias necesidades de salud reproductiva y educación. El consenso creciente sobre un enfoque en los hombres jóvenes nos da esperanza, dado el papel crítico que su socialización y educación desempeñan en la determinación de la manera en que consideran a las mujeres y de sus futuros comportamientos sexuales y reproductivos. Creo firmemente en que las intervenciones tempranas con los hombres jóvenes y muchachos constituyen una oportunidad importante para la promoción de la equidad de género y en la reducción de los comportamientos de riesgo. Es clave empoderar a los muchachos hombres jóvenes, a través de las escuelas y estrategias comunitarias, con habilidades de negociación, modelos a imitar y redes que les apoyen, nociones positivas de la sexualidad y las relaciones de género, y el acceso a servicios amigables para jóvenes. Similarmente, se requiere esfuerzos intensivos para empoderar a los hombres a que exploren nuevos papeles familiares; expresen sus necesidades y busquen ayuda; discutan temas delicados como la anticoncepción, la reducción de riesgos y la prevención de las ETS y el VIH/SIDA, y sus intenciones reproductivas con sus parejas; y tomen decisiones en conjunto sobre estos temas. Este documento refleja el compromiso del FNUAP a la promoción e implementación del cambio, con el apoyo de otras agencias de las Naciones Unidas, ONG, líderes políticos/ s y religiosos/as, activistas, educadores/as, empleadores/as, los medios de comunicación masivos, esposos, parejas, padres y madres, adolescentes masculinos, miembros de la comunidad y proveedores/as de servicios. (3)

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**United Nations Population Fund. (2000), *Partners for Change. Enlisting Men in HIV/AIDS Prevention*. UNFPA, Nueva York.**

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“Without men, HIV could not spread. It is equally true to say that with men, the world gains powerful partners for a healthier future. An expanded role for men in family and childcare, more equitable attitudes fostered in young boys, consistent condom use without question—these are a few of the gains that can be achieved through greater participation of men in sexual and reproductive health. Men who are leaders in politics can speak out about HIV/AIDS, which has so devastated some countries and communities that the epidemic can no longer be denied and calls for action cannot be silenced. They can lead the way towards the changes in law and policy that support women’s empowerment and recognize women and men as equal partners in life. Men in their many roles, personal and professional, can help construct positive role models and encourage one another to raise their sons to respect women and to respect themselves, so that young people may avoid the pitfalls of drugs, alcohol and too-early sexual activity. Men can take responsibility for their own bodies, and help other men to understand the forces that push them to take risks and the benefits that can be gained by accepting responsibility. Experience in sexual and reproductive health programmes offers a clear path for future action to help women and men protect themselves from HIV infection. Innovative actions will need to be taken with the involvement of men at all levels, from local communities to national governments.” (23)

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**Fondo de Población de Naciones Unidas (1999) *Puesta en práctica del concepto de salud reproductiva: progresos y futuros retos para el FNUAP*. Hallazgos de Evaluación. Número 24 – Agosto de 1999. FNUAP. New York.**

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*La Oficina de Supervisión y Evaluación (OSE) realizó en 1998 un examen para determinar el adelanto logrado hasta la fecha en la aplicación del criterio de salud reproductiva que figura en el Programa de Acción de la Conferencia Internacional sobre la Población y el Desarrollo celebrada en 1994 y proponer modalidades para mejorar la eficacia, eficiencia y orientación estratégica del apoyo del FNUAP a los programas de salud reproductiva. El examen se basa en una muestra de seis países: Burkina Faso, Filipinas, Marruecos, México, Nepal y Uganda, y representa una gama de niveles de desarrollo y de experiencias en la aplicación del Programa de Acción de la CIPD. Se estudiaron seis esferas principales: la político-jurídica; la organización y gestión de las actividades de salud reproductiva; el acceso a los servicios de salud reproductiva y la calidad de éstos; las actividades de información, educación y comunicación (IEC); la integración de las perspectivas socioculturales y de género en todos los componentes de la salud reproductiva; y la contribución del FNUAP a la aplicación del enfoque de salud reproductiva en cada país. Los datos fueron recogidos en los países por equipos integrados por tres consultores internacionales y un consultor nacional, en base a un marco conceptual preparado por la OSE.*

Los equipos destacaron los siguientes 12 temas en relación a la ejecución de programas de salud reproductiva a ser tratados por el FNUAP en el futuro: determinación de servicios prioritarios de salud reproductiva; descentralización; sistemas de gestión de los servicios de salud reproductiva; estrategias de información, educación y comunicación (IEC); Planteamientos y puesta a prueba de las acciones; financiación y mantenimiento de programas de salud reproductiva; captación de aliados; participación de los hombres en salud reproductiva; adolescentes y jóvenes; capacidad del FNUAP en materia de asistencia técnica; consolidación de la cartera de proyectos del FNUAP; y coordinación de los donantes en cuestiones de salud reproductiva. En este número de Hallazgos de Evaluación se exponen experiencias relacionadas con la participación de los hombres en materia de salud reproductiva. En posteriores números de Hallazgos de Evaluación se presentarán detalles de otras problemáticas relativas a la puesta en práctica de programas de salud reproductiva.

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**Fondo de Población de las Naciones Unidas (1998) *Programa de acción adoptado en la Conferencia Internacional sobre la Población y el Desarrollo, El Cairo, 5-13 de septiembre de 1994.* UNFPA, New York.**

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Durante el desarrollo de la Conferencia en El Cairo, realizada en 1994, la comunidad internacional llegó a un consenso respecto de trabajar sobre tres objetivos fundamentales durante los siguientes veinte años: la reducción de la mortalidad infantil y materna, el acceso universal a la educación , especialmente para las niñas, y el acceso universal a una amplia gama de servicios de salud reproductiva y de planificación familiar. En relación con el tema de igualdad y equidad entre los sexos, se abordó un capítulo específico sobre las responsabilidades y la participación de los hombres estableciéndose que: "*los cambios de los conocimientos, las actitudes y el comportamiento de hombres y muggers constituyen una condición necesaria para el logro de una colaboración armoniosa entre hombres y muggers. El hombre desempeña un papel clave en el logro de la igualdad de los sexos,*

*puesto que, en la mayoría de las sociedades ejerce un papel preponderante en casi todas las esferas de la vida, que van desde las decisiones personales respecto del tamaño de la familia hasta las decisiones sobre políticas y programas públicos a todos los niveles. Es fundamental mejorar la comunicación entre hombres y mujeres en LoA que respecta a las cuestiones relativas a la sexualidad y a la salud reproductiva y a la comprensión de sus responsabilidades conjuntas, de forma que unos y otras colaboren por igual en la vida pública y en la privada ".* A partir de este planteamiento se fijó el objetivo de promover la igualdad de los sexos en todas las esferas de la vida, incluida la vida familiar y comunitaria, alentando a los hombres a que se responsabilicen de sus comportamientos sexuales y reproductivo, asumiendo su rol/función social y familiar. Se instó a que se realizaran esfuerzos especiales en cuanto a la promoción de la responsabilidad de los hombres y a la promoción de su participación activa en: paternidad responsable, comportamiento sexual y reproductivo saludable (incluida la planificación familiar, salud prenatal, materna e infantil), la prevención de enfermedades de transmisión sexual y el VIH, prevención de embarazos no deseados y de alto riesgo, participación y contribución al ingreso familiar, educación de los hijos, haciendo hincapié en la prevención de la violencia contra mujeres y niños. El cumplimiento de estos objetivos y acciones debería estar acompañado de programas innovadores por medio de los cuales todos los adolescentes y hombres adultos tuvieran acceso a información, asesoramiento y servicios de salud reproductiva. Estos programas permitirían la educación y la capacitación necesarias para que los hombres pudiesen compartir por igual las responsabilidades de la planificación familiar, de las labores domésticas, crianza de los hijos y de la aceptación de responsabilidades en cuanto a la prevención de enfermedades de transmisión sexual. Además de la información y de los asesoramientos necesarios, se planteó la necesidad de promover y hacer accesibles métodos de anticoncepción masculina voluntarios y adecuados, tanto como métodos de prevención de enfermedades de transmisión sexual, incluido el SIDA.

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**United Nations Population Fund (1998) *Ensuring reproductive rights and implementing sexual and reproductive health programmes including women's empowerment, male involvement and human rights*. Expert Round Table Meeting Kampala, Uganda 22-25 June 1998. UNFPA, Technical and Policy Division. New York.**

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The aims of the Kampala Round Table were to identify strategies that have emerged since the International Conference on Population and Development (ICPD) in ensuring reproductive rights and in making sexual and reproductive health programmes operational; to identify successes and constraints in policy, legal, administrative, managerial, strategic and financial aspects; and to agree on actions needed to accelerate progress towards achieving the goals of the ICPD. The Round Table recognized that sector-wide progress in policy formulation has occurred in several countries, while work to improve specific aspects of policies and of implementation has started in others. Where there is political commitment to the principles of sexual and reproductive health and rights and gender equality and empowerment of women, progress is occurring in collaboration between governments and civil society. Effective and empowered women's movements, other mass movements and non-governmental organization (NGOs) are proving vital to ensuring

progress in policy development and implementation in areas such as the establishment of greater understanding and will for developing rights-based policies. While various elements of reproductive health care are available in many countries, the implementation of comprehensive integrated services has advanced slowly. Traditionally vertical administrative structures, compartmentalized budgets and personnel prevent intersectoral collaboration and coordination among ministries in numerous countries. Within integrated and comprehensive reproductive health, three central issues have emerged as global concerns that have not received universal and balanced investment: meeting the need for family planning; ensuring maternal health (including the reduction of unsafe abortion); and reducing infant mortality and morbidity; and preventing and treating sexually-transmitted diseases (STDs), including HIV/AIDS. Although much remains to be done in these areas, the central commitment is to reduce verticality of programmes and integrate all aspects of reproductive health in the context of primary health care and health sector reform. Technologies are seriously inadequate in STDs, including HIV/AIDS. Few women can protect themselves and their partners. Although the female condom exists and is beginning to be made available, simpler diagnostic tests and single dose treatments remain unavailable. (...) Another challenge is to overcome social barriers to access, including men's understanding of their roles and responsibilities of women's health. The Round Table experts reached consensus on the following actions needed (extract):

- Empower people to uphold their sexual and reproductive rights and health. Information provided should be relevant and easily understandable. Content must include common human experience such as sexuality and power relations between men and women, including violence.
- Create an enabling environment through participatory processes at all levels of society for women's empowerment and male involvement in promoting sexual and reproductive rights in a human rights framework. This requires the adoption of a gender perspective that accounts for the different realities and constraints which women and men face in their lives. Programmes for women are an initial and essential means through which gender inequalities and inequities can be addressed. (Extraído de Introducción)

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**UNFPA, FAO, WHO, ILO, UNESCO (1998) *Male involvement in reproductive health: Incorporating Gender Throughout the Life Cycle*. Technical Support Services System, Occasional Paper Series N° 1. UNFPA New York.**

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In the last few years more attention has been focusing on the issue of male involvement in reproductive health, and as its importance is acknowledged, more programmes are trying to incorporate it as one of their components. However, existing programmes tend to share potentially problematic aspects: first, male components are usually limited to male methods of family planning, only one element of reproductive health. Second, they tend to address men only, in a similar way as the old programmes addressed women only without taking into account their gender relations. A focus on men only is as inadequate as a focus on women only because it fails to take into account the way in which many decisions are made and the context that influences them. Third, they tend to be grounded on a negative premise, men's irresponsibility, rather than a positive one of promotion of men's rights. Fourth, by viewing men as a route for women's well-being they instrumentalize men and fail to address men's needs.

While it is commonly agreed that programmes that aim to improve both women's and men's reproductive health should incorporate men, it is important to keep in mind a potential danger for women: when not adequately focused, the result of the programme may be the translation of the locus of control from women to men in reproductive health issues, with the consequent loss of women's autonomy in an area that is seen by many as one of the few in which women can effectively exercise decision-making. Given that the aim of the programmes is to improve the reproductive health of both women and men, better programmes have to develop concrete strategies to understand and incorporate the male perspective and male needs in the same way as attention is given to women's perspectives and needs. In order to avoid a shift in the locus of control, programmes should aim to incorporate adequate male involvement, not only more involvement. Thus programmes should be based on the understanding of gender dynamics, on how decisions are made and implemented, on the changing needs of both genders and their interaction. Much more needs to be known about the relations between men and women in the particular contexts where programmes will be set up in order to make an effective change. This knowledge will aid in the definition of what is meant by adequate involvement (it can be defined from the point of view of the women, the men or the programme).

Two issues merit consideration regarding the resources needed to cater to men's reproductive health needs: in the first place, the more services are set up based on an understanding of the underlying gender relations, the more they will benefit both women and men. When adequately set up, services for men will not only address their own needs, but will contribute to relieve women of one of their many burdens. Thus, services for men do not compete with the already scanty resources available for women's services. Secondly, as discussed in this paper, services for men are not necessarily expensive. The focus on men in this paper does not mean that a gender approach is not used. Conversely, the emphasis on women in much of the gender literature has left male perspectives as the missing link to a true gender approach. Far from arguing that the focus should be on men and women separately, we argue for the need to base our strategies, be they oriented to men

or to women, on the analysis of gender interactions and needs. This paper is meant to help strengthen a component of a broader and more comprehensive gender approach.

In this paper our aim is to look into the socio-cultural aspects that shape male perspectives, based on the socially-embedded gender relations in the different stages of the life cycle, and to use this knowledge to suggest ways to increase men's involvement in reproductive health issues and to improve services. Within this context, information, education and communication (IEC) and advocacy strategies are also suggested. Finally, some recommendations are given for helping UNFPA Country Programmes better address male involvement in reproductive health.

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**United Nations Population Fund (1995) *Male involvement in reproductive health, including family planning and sexual health*. Technical Report n° 28, UNFPA. New York.**

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*In the public health sector, family planning services have long been offered mostly through the existing outlets of maternal and child health centres, which only women and mothers attend. Partly for this reason, populations, development and health agencies have largely ignored men's influence on women's reproductive decisions and actions and the reproductive health needs of men. At present, decision makers are examining programmes to involve men in reproductive health decisions, including family planning, for several reasons: programmes have found that a supportive partner facilitates women's contraceptive use, the advent of AIDS pandemic and the spiralling rates of sexually transmitted diseases have given safer sexual practices and the condom renewed importance (...) Still, a gap remains between the rhetoric promoting male involvement and the reality of female-oriented reproductive health programmes (...) The major barriers to expanded male-involvement programmes are as follows: - Sociocultural considerations; - Lack of political commitment; - policy impediments; - provider bias; - inadequate information. (...) Recent field experience has shown that well-targeted, focused male-involvement programmes can have an impact on both male and female behaviors related to reproductive health. Such behaviors include more responsible sexual behavior, increased contraceptive use and greater communication between partners.*

Today, the climate for male-involvement initiatives in family planning is changing due for several factors: - The advent of the AIDS epidemic has spurred intense interest in condom promotion; - Studies have found that men are more favourable to the general principle of family planning than had been assumed; - The body of knowledge regarding male-involvement programmes is growing and improving, and family planning agencies are finding that male-involvement programmes can be cost-effective if they are highly focused and offer male contraceptive methods directly or by referral; - The growing agreement that men's role in the abuse of reproductive rights and sexual violence directed towards female partners and relatives should no longer be ignored; and - The international consensus reached at ICPD has created a momentum for action. (Extraído del Resumen Ejecutivo y la Introducción)

**ORGANIZACIÓN MUNDIAL DE LA SALUD  
WORLD HEALTH ORGANIZATION**

**WHO (2002) “*Programming for Male Involvement in Reproductive Health. Report of the Meeting of WHO Regional Advisers in Reproductive Health, WHO/PAHO, Washington DC, USA, 5-7 September 2001*”. World Health Organization, Geneva.**

Traditionally, health care providers and researchers in the field of reproductive health have focused almost exclusively on women when planning programmes and services, especially with regard to family planning, prevention of unwanted pregnancy and of unsafe abortion, and promotion of safe motherhood. In recent years, efforts have been made in many countries to broaden men’s responsibility for their own reproductive health as well as that of their partners. Measures are also being taken to improve gender relations by promoting men’s understanding of their familial and social roles in family planning and sexual and Reproductive health issues. The Cairo International Conference on Population and Development (ICPD) Programme of Action (1994), urged that:

"... special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour including family planning; prenatal, maternal child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children". (paragraph 4.27)

The above challenge calls for more intense efforts to foster partnerships between men and women which help men identify with the magnitude and range of reproductive illnesses which affect women. The philosophy embodied in the Programme of Action combines a primary health care approach with a human rights dimension. Research has shed some light on the gaps in our knowledge of reproductive health issues as they relate to men, but we have little information about programmatic issues and how such research could improve programme operation and service delivery. WHO Country Offices are often consulted by programme managers and policy-makers for advice on strategies for including men in the delivery of reproductive health services. It was proposed that the meeting of WHO Regional Advisers and Directors of Reproductive Health for 2001 focus on the design, success stories, lessons learned and research recommendations for programmes that aim to include men in reproductive health. Regional experiences, case studies, systematic reviews, research highlights and model projects representing a variety of regions were presented at the meeting by a select group of experts working in the field, Regional Offices, collaborating agencies, programme managers, and researcher institutions. Among these were several experts and individuals who had participated in RHR-funded studies at the global or the regional level.

***The meeting's goal was:” To review and recommend strategies for the***

## ***involvement of men in programmes aimed at improving reproductive health “***

### ***The specific objectives were:***

1. To review the current situation with regard to the role of men and their responsibility in the areas of family planning, maternal health, prevention of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and the prevention of violence against women.
2. To review current knowledge and experience with regard to interventions for increasing the involvement of men in promoting reproductive health.
3. To recommend strategies for integrating men into programmes aimed at improving reproductive health outcomes for women.
4. To recommend strategies for instilling in men a sense of responsibility for improving their own reproductive health.

### ***Outcomes***

Based on lessons learned, as well as research and programme experiences, the meeting outlined a framework for programme managers, suggesting strategies for increasing male responsibilities in reproductive health. Inputs included the following:

- Participants received presentations on gender-sensitive, innovative approaches which strive to involve men positively in reproductive health.
- Research findings, systematic reviews, and lessons learned from existing male involvement initiatives were shared and summarized as a means of providing better information and of strengthening programme planning.
- On the basis of theoretical and operational knowledge already accumulated, basic concepts and key elements were defined for the design of programmes aimed at building partnerships and reinforcing gender equity in reproductive health-care delivery.
- Gaps in information on male involvement were identified: the international reproductive health community must be aware of these gaps when designing and implementing reproductive health programmes for men and women.
- Approaches were outlined that programmes can take to successfully involve men in reproductive health.

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**Brown, Ann Denise; Jejeebhoy, J.; Shah, Iqbal; Yount, Kathryn (2001) *Sexual relations among young people in developing countries: evidence from who case studies.* World Health Organization. Geneva.**

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Since the late 1980s, the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (ipthe Programmelo) has supported a number of social science research initiatives on under-investigated areas of sexual and reproductive health care. Four of these initiativesŠon the dynamics of contraceptive use, the determinants and consequences of induced abortion, sexual behaviour, and the role of menŠalso covered the needs and perceptions of young people. These four initiatives comprised 146 research projects and, of these, 34 studies in 20 countries in Africa, Asia, and Latin America addressed young people, including adolescents (aged 10-19 years) and youth (aged 15-24 years). Fieldwork for these case

studies was conducted chiefly between 1992 and 1996. A summary review of the studies is now available from the Programme. The studies cover a variety of sociocultural settings. In some, premarital sexual activity is taboo, using contraception is forbidden among unmarried youth, and abortion is viewed as the only solution to premarital pregnancy among adolescents. In others, premarital pregnancy may be condoned and childbearing among unmarried women is not unknown. Most studies focus on unmarried youth. However, some focus on special groups such as pregnant young women or those who have terminated a pregnancy, young reproductive health seekers in general, or young clients of services for sexually transmitted infections (STIs). Many common themes emerge from these studies. In every setting, sexual activity begins during adolescence among many young people. Much of this activity is risky-contraceptive use is often erratic, and unwanted pregnancy and unsafe abortions are observed in many settings. Sexual relations may be forced. There are wide gender-based differences in sexual conduct, and in the ability to negotiate sexual activity and contraceptive use. Despite this, relatively few young people think they are at risk of disease or unwanted pregnancy. Awareness of safe sex practices seems to be superficial, and misinformation regarding the risks and consequences of unsafe sex is wide-spread. This paper reviews these and other findings, discusses their implications for policies and programmes, and highlights research gaps. For the sake of consistency, the term *young people* is used to refer to young people of all ages between 10 and 24. A number of recommendations are offered on the basis of the summary review of these case studies. These include programmatic recommendations to build negotiation skills, dispel misconceptions, counter sexual violence, involve young people in programme design, tailor fertility regulation services to meet young people's needs, and communicate the message that every unprotected sexual act risks disease and unwanted pregnancy. The review suggests a need for more in-depth behavioural research on the perspectives and experiences of youth in different settings. It points to the need to study positive outcomes, in addition to risk assessment, and stresses that research should explore the ways in which gender roles and power imbalances affect life skills among youth and how social constraints make young women particularly vulnerable and unlikely to exercise choices relating to their sexual and reproductive lives. Research is also needed to document how young women can exercise greater autonomy.

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**World Health Organization; Joint United Nations Programme on HIV/AIDS (2001)**  
***The health and development of african male adolescents and young men.*** WHO,  
**Regional Office for Africa, UNAIDS. Geneva.**

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A meeting was convened in Pretoria, South Africa on the 27 —29 September 2000 as a joint venture between WHO and the UNAIDS Intercountry Team, Eastern and Southern Africa (UNAIDS ICT/ESA) for the purpose of highlighting the specific circumstances and needs of adolescent males in Africa. (...) The specific objectives of the meeting were: • To identify current research and programming approaches for male adolescents in the region, and to support the development of a regional approach to their access to health services, skills and information. • To stimulate country-level strengthening of World Aids Campaign 2000 activities in general, and of specific programming to meet the health and development needs of young men in selected African countries. • To document good

practice and resource materials in a regional resource pack on male adolescent health and development.

Adolescents, caught between childhood and full adulthood, have traditionally been an “invisible” group: seemingly independent enough to attend to their own basic needs and generally healthy and free of health problems. However, in recent years, there has been a growing recognition that adolescence is a key transitional phase in human development; a period marked by growing independence, but also one requiring proper guidance and attention. As with all sectors of the population, young men represent a highly diverse group living in a variety of circumstances in a wide range of settings. (...) Global statistics using traditional indicators reveal comparatively high levels of mortality in males at all ages. In addition, many young men — like young women — are at high risk of contracting sexually transmitted infections (including HIV); some are vulnerable to sexual exploitation and abuse by adults, as well as involvement in drug-use. Increased attention to adolescent males is needed not only to reduce the high risks to their own health and development, but also in recognition of the direct impact they can have — both positive and negative — on the health and well-being of girls. Reaching adolescents at an early enough stage in their lives and providing them with the tools and knowledge to protect themselves and their partners are key to promoting the health and well-being of all young people. In addition, negative patterns of adolescent male behaviour and attitudes are known to play an important role in the spread of HIV/AIDS, thereby reducing the economic capacity of countries and regions.

The participants then moved from theory to practice by looking at approaches to programming. (...) The presentations and working-group debates had reiterated a number of key issues to be borne in mind when programming for adolescent males. These were summed up as follows during the meeting:

- Improve the quality and comprehensiveness of adolescent-health programmes and incorporate the health concerns of male adolescents, given both the intrinsic importance of their health and well-being and their impact on the health of girls.
- Recognize that different types of boys need to be reached, including younger boys; older boys; married adolescent males; boys who engage in male-to-male sex; and boys in difficult situations (for example, those living on the streets, in refugee camps, and/or living with HIV/AIDS).
- Understand that different strategies are needed for reaching boys and that holistic approaches are required to target their needs and interests. Issues such as relationships with parents and family, employment and educational opportunities, poverty, living conditions and recreation need to be taken into account when designing programmes for boys. (...) Equally important, young people themselves must be involved and their potential to make an important contribution to their own development and that of their families and communities must be valued.
- Ensure that strategies for girls’ health are maintained and strengthened and new ones developed as appropriate.

The participants also identified the need for increased programming activity in order to address multiple and related risk behaviours; enhance the capacities of young men; address the socialization of adolescent males; make health services more responsive to male adolescent specific health needs and target adolescent males in diverse situations. Finally, participants were able to share their experiences of ongoing programmes and research through a “Marketplace” session where participants set up stalls displaying their work and then informally discussed issues on a one-to-one basis. The three-day workshop which had begun with a theoretical overview of the issue, ended on a very practical note, with a focus on country-specific programming needs as participants drew up country-level activity plans showing their commitment to move forward.

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**World Health Organization (2000) *Working with adolescent boys, programme experiences (Consolidated findings from regional surveys in Africa, the Americas, Eastern Mediterranean, South-East Asia and Western Pacific), Report of a Workshop May 17-19, 1999. WHO. Geneva.***

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The purpose of the survey was to advance understanding of working with adolescent boys in health and development. The survey was based on a self-administered questionnaire designed to gather information from selected programmes working in health promotion with adolescent boys. Surveys were conducted in the following four regions of the world: Africa (primarily Sub-Saharan Africa); The Americas (including South American countries, the Caribbean and USA); Eastern Mediterranean (primarily Arab cultures); and South-East Asia/Western Pacific.

The survey questionnaire was translated into Spanish and Arabic. The survey sought to assemble and analyze information concerning: the kinds of organizations working with adolescent boys; services and activities offered for adolescent boys; background and description of adolescent boys being reached; overall needs and health needs of adolescent boys; overall rationale and specific objectives for working with adolescent boys; settings where adolescent boys are reached; insights and lessons learned working with adolescent boys; staff issues, particularly the gender of staff working with adolescent boys; challenges to working with adolescent boys; overall awareness of the needs of adolescent boys; research interests and priorities; and other concerns.

*The parameters of each of these priority areas of interest are discussed in detail in Chapter Two, which summarizes salient findings emerging from the survey. By way of introduction, Chapter One discusses survey strategies, response rates, and other issues. Chapter Three provides detailed analyses of consultation results, according to topic and region. This major chapter describes distinct regional trends, including both differences and similarities among them, and displays tabled data as relevant. Finally, and by way of conclusion, Chapter Four presents major recommendations arising from the survey. Demonstrated needs, arising from the programme consultation described in detail with tabled data in Chapter Three, are summarized by the following general statements. The survey underscores the importance of not working with adolescent boys from a 'deficit' perspective. Programmes should focus not only on their problems, but also seek to recognize and emphasize boys' strengths and potentials. We should avoid characterizing and studying adolescent boys as 'problems in the making'. Instead, we should work with them as individuals, helping them to build on their strengths, while addressing their needs through integrated programmes.*

The response rate in Africa was extremely limited. Accordingly, this analysis provides more insights from the other three regions, including examples from Africa when possible. It should be noted at the outset that of the five responses received from programmes in Africa, only one programme seems to be working with adolescent boys with a gender perspective. In general, the programmes in South-East Asia/Western Pacific and the Americas offer more examples of the application of a gender perspective in work with adolescent boys than do programmes in the Eastern Mediterranean. This finding may reflect overall trends within these regions, or it may have resulted from different

programme identification strategies used for the consultations. (Extraído de Resumen Ejecutivo e Introducción)

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**Barker, Gary (2000) *¿Qué ocurre con los muchachos? Una revisión bibliográfica sobre la salud y el desarrollo de los muchachos adolescentes*, Organización Mundial de la Salud. Ginebra.**

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*A menudo se dan muchas cosas por sentado acerca de la salud y el desarrollo de los muchachos adolescentes: se supone que están bien, tienen pocas necesidades sanitarias y su desarrollo corre pocos riesgos en comparación con las muchachas adolescentes, y se supone también que los muchachos adolescentes son problemáticos, agresivos y es difícil trabajar con ellos. Este segundo supuesto se basa en aspectos específicos del comportamiento y el desarrollo de los muchachos como la violencia y la delincuencia y se critica y a veces criminaliza su comportamiento sin comprender correctamente el contexto.*

Estas generalizaciones no tienen en cuenta que los muchachos adolescentes como las muchachas son una población heterogénea. Muchos de ellos están en la escuela, pero muchos otros no; otros trabajan; algunos son padres; unos son compañeros o esposos de muchachas adolescentes; otros son bisexuales u homosexuales; algunos participan en conflictos armados como combatientes o como víctimas; algunos sufren abusos sexuales o físicos en sus hogares; algunos abusan sexualmente de mujeres jóvenes o de otros muchachos; algunos viven o trabajan en la calle; otros tienen relaciones sexuales a cambio de dinero para sobrevivir. Las nuevas investigaciones y perspectivas exigen un estudio más atento y concienzudo de cómo se educan los muchachos adolescentes, qué necesitan para desarrollarse de una forma sana, qué pueden hacer los sistemas sanitarios para ayudarles de formas más eficaces, y cómo podemos animar a los muchachos a fomentar una mayor igualdad de género para las muchachas.

El objetivo de este documento es revisar la bibliografía existente y disponible sobre los muchachos adolescentes y su salud y desarrollo; analizar estos estudios por lo que se refiere a sus implicaciones políticas y programáticas; y destacar los puntos que precisan mayor investigación. Este documento también intenta describir las características singulares de los muchachos adolescentes y cuáles son sus necesidades de salud y desarrollo, así como exponer las razones para centrar la atención en satisfacer las necesidades de los muchachos y poder trabajar con ellos para fomentar una mayor igualdad de género para las muchachas.

La investigación presentada aquí argumenta que la forma cómo se socializa a los muchachos influye de forma importante en su comportamiento y determina sus riesgos de salud. Cambiar la forma cómo las sociedades y las familias educan a los muchachos no será fácil, pero es posible, necesario y en algunos lugares ya se está haciendo. Tenemos muchas pruebas de cambios de comportamientos y papeles relacionados con los puntos de vista sobre los papeles de las mujeres en la sociedad en los últimos 20 o 30 años. También hay pruebas de que las actitudes de muchachos y hombres están cambiando, y que los muchachos son más flexibles que la generación anterior con respecto a los papeles sexuales. Incluso en zonas del mundo caracterizadas por los valores tradicionales patriarcales, existen evidencias de algunos cambios en los papeles sexuales y en las actitudes de los hombres, obligados quizá por los cambios en el papel de las mujeres en la sociedad. Las muchachas han tenido algunos espacios y oportunidades para construir

nuevos papeles para sí mismas, pero los muchachos y los jóvenes tienen pocos espacios en donde reaccionar a las expectativas cambiantes y en que discutir nuevas identidades y formas de ser muchachos, aunque necesitan estas oportunidades urgentemente. (Extraído de Introducción y Consideraciones Finales)

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**Bott, S.R.; Shah, I. H. and Jejeebhoy, S. (1998) “Cross-cutting issues in social science research”. En: *Annual Technical Report 1998, World Health Organization. Geneva.***

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In recognition of the paucity of social science investigations into the role of men in reproductive health, the Programme's Strategic Component on Social Science Research on Reproductive Health launched a focused research initiative on the topic in 1995. The objective of this research effort was to fill gaps in what is known about men's sexual and risk behaviours; contraceptive and STD experiences; perspectives regarding method acceptability, decision-making, and gender roles; and the ways in which these influence the reproductive choices of women and men. (...) Studies reflect two broad themes: sexual behaviour and perceptions of risk; and contraceptive behaviour, acceptability, and decision-making. Described below are the results of two completed studies, one dealing with men's risk behaviours in Nepal, and the second, with contraceptive behaviour and obstacles faced by married men in adopting contraception in rural Kenya. A study in Nepal of risk behaviours, knowledge and attitude to condom use among men in five border towns documented fairly widespread casual and high risk sexual activity, particularly among young and more mobile non-resident men visiting these towns for business or other purposes. For example, relations with sex workers were reported by over three-fifths of non-resident men and one-third of resident men; large proportions of these men had not used a condom during their most recent sexual encounter with a non-regular partner. Despite these high-risk behaviours, risks are infrequently perceived: relatively few men (15% or fewer of those with non-regular partners) perceive themselves to be at risk of contracting an STD. Multivariate analysis suggests that men reporting alcohol consumption were 12 times more likely than other men to have relations with sex workers; and that even among non-resident men, those who visited the towns frequently were 14 times more likely to engage in casual sex than those who visited the towns less frequently. Results suggest the need for programme strategies for men that increase risk awareness, and that highlight the special risks faced by mobile young men, and the links of alcohol consumption to unsafe sexual activity.

Other studies exploring similar themes in different settings are under way in a variety of settings. Several studies focusing on the role of men have examined contraceptive practices among men, the sociocultural and gender-related factors encouraging or inhibiting their contraceptive use, and their roles in decision-making in the area of fertility and family planning, and men's roles in decision-making (China, Iran, Jamaica, Senegal, Turkey). Others have examined knowledge and risk awareness with respect to STDs and HIV/AIDS or reproductive health more generally (Brazil, China, Nigeria, Turkey), although with quite different emphases. A study among the Okun people in Nigeria explored trends and reproductive health issues associated with wife-sharing in light of HIV/AIDS; a study in

China examines the feasibility of an educational intervention to promote condom use among STD patients; the Turkish study explores men's views on reproductive health, fertility regulation and sexually transmitted diseases, and examines the sociocultural and psychological factors underlying these. (Extraído de parágrafo Role of Men in Reproductive Health).

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**Jejeebhoy S.; Shah, I. H. and Bott, S.R. (1999). "Sexual development, maturation and growth". En: *Annual Technical Report 1999. World Health Organization. Geneva.***

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Several completed studies have assessed risk behaviours in different settings and among different groups of adolescents. One study from Peru investigated the relationship between demographic and psychosocial factors and the risk of pregnancy and HIV/AIDS among low-income adolescents in Lima. This study combined both qualitative and quantitative techniques and provides rich insights into risk behaviours and their correlates. Another study focused on risk behaviours and perceptions among college youth in Nigeria; results highlight the vulnerability of even educated Nigerian youth to the risk of STDs/HIV. Sexual relations are initiated early, over two in three males and about one in six females have had multiple partners in the last 12 months, about half of all males and 12% of all females have engaged in casual sex. At the same time, awareness of modes of transmission and safer sex measures is modest, and a sense of fatalism that STDs/HIV cannot be avoided was frequently expressed. Several studies have explored gender roles and attitudes and the ways in which these influence risk perceptions and behaviours. Through quantitative and qualitative approaches, a study in Thailand shows that young women and men experience different patterns of socialization; and expectations regarding sexual behaviour, responsibility and risk are perceived quite differently. Results provide strong evidence of sexual double standards: males are expected to engage in casual sexual relations without concern for consequences. Females, in contrast, are expected to be naive in sexual matters, accepting of their partners other relationships and compliant in terms of initiating safe sex practices. Another study among female and male factory workers in Northern Thailand similarly pointed to huge gender disparities in patterns of sexual behaviour, with males consistently more likely to engage in risky behaviours and consistently less likely to use condoms with their regular partners. Similar gender disparities in attitudes, expectations and risk perceptions are reported in a study exploring the sexual behaviours and attitudes of college youth in Viet Nam, where sexual activity among adolescents is more limited. (Extraído de parágrafo: Risk behaviours, gender roles and disparities)

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**World Health Organization (1998) "New directions in reproductive health research. En: *Progress in Reproductive Health Research, No. 47, part 1. WHO. Geneva.***

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Greater male involvement is needed in order to improve and protect the sexual and reproductive well-being of both men and women. Achieving this would mean that men would have greater participation in roles traditionally assigned to women. Some women's groups feel, however, that such a move might undermine women's self-determination still further. Social science and behavioural research is needed to examine the ways in which

men and women interact (and differ) with regard to attitudes and behaviour that have an impact on sexual and reproductive health. This means using a gender perspective that includes the perceptions of both men and women.

Family planning and reproductive care have traditionally been women's domain. One of the greatest challenges for researchers is to develop appropriate models for providing reproductive health services for men. A crucial issue in the development of such models will be how to motivate men to use the services. So, what should reproductive health services for men include? Reproductive health services for women provide some or all of the following: education and counselling, screening and treatment of gynaecological problems (including sexually transmitted infections and cervical cancer), a choice of contraceptive methods, early abortion, prevention and treatment of infertility, antenatal and delivery care, and infant and child health services. Some of these seven elements apply equally to men (e.g. education and counselling, screening and treatment of problems, choosing contraceptives) and decisions about abortion and infertility involve both partners. From these seven elements, a series of research questions emerge: • How should a community reproductive health service that includes specialized care for both women and men be organized?; • Which services should be joint and which should be separated?; • Should male clients be seen by male providers?; • How do men behave if women are also around in the waiting room?; • Should men and women be served at different times?; • Should women be encouraged to bring their partners along?; • Should the counselling of men and women be different, or should services be designed for couples?; • What kinds of problems should counselling cover?

*One of the greatest deterrents to greater male involvement in reproductive health is the lack of contraceptive options for men. Apart from withdrawal, only vasectomy and the condom are available to men. But while male condoms provide effective protection against both pregnancy and sexually transmitted infections, there is often reluctance to use them. Research to find ways of reversing negative attitudes to condom use without undermining women's control over contraceptive choice is important. (Extraído de parágrafo: Men's role in improving reproductive health)*

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**World Health Organization (1997) “Gender roles and sexual behaviour”. En: *Progress and Reproductive Health Research*, No.41, part 2. WHO. Geneva.**

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*In social science studies men and women show differences in their perceptions of their own and the opposite sex's roles and responsibilities in a society. The recent Programme studies are no exception and reveal a variety of data on attitudes of young people regarding their perceived gender roles and sexual behaviour. In the Korean study of 849 school and university students (see page 2), for instance, male respondents were significantly more accepting of their friends' sexual activities than were females. The Korean survey of male students and industrial workers showed that respondents were more likely to expect women to maintain their chastity than to expect men to do so, although the students were not as strict about this as the industrial workers were. While 16% of male students and 13% of male industrial workers felt that men should keep their chastity at all costs, 29% of students and 43% of industrial workers felt that women should do so. According to the authors of this study, "the lower the social class the more strict the sexual mores expected from the*

women and the greater the difference between their expectation for men and women".

The study of 1000 young people in tertiary education institutions in Ilorin, Nigeria (see page 3), showed that casual sex was more than five times more common among males than among females. The sexually experienced females in the study were twice as likely to have a regular sexual partner than were the sexually experienced males.

The study of young men and women in rural Thailand (see page 3) found that respondents who had not been married had more liberal attitudes towards male premarital sexual activity than towards that of women. Approximately 63% of male respondents and 95% of females agreed that unmarried women should not have sex before marriage, but only 27% of males and 63% of females felt the same about men. Relatively large percentages of both males (26%) and females (21%) agreed that unmarried men should be able to have sex with any woman they want, whereas only 7% of males and 1% of females felt that this applied to unmarried women. Even after marriage, according to the author of the study, "it is generally accepted that men would engage in extramarital sexual relationships ... mostly with commercial sex workers".

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**Shah, I. H. (1996) "Context, needs and perspectives". En: *Annual Technical Report 1996 World Health Organization. Geneva.***

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Since 1985, research on gender roles and reproduction has gathered information on how the socially defined roles and status of men and women influence their access to reproductive health services and their communication on sexual and reproductive matters. A number of studies completed under the research initiative on "Sexual behaviour and reproductive health" revealed varying perceptions and expectations with regard to sexuality by gender. A study of school and university students in the Republic of Korea also investigated men's attitudes towards women and sexuality. While men viewed male premarital sex with little concern, they expressed strong disapproval of female premarital sex. A study of 480 STD patients in Shanghai found that they were predominantly (75%) married and the average age was 32 years for men and 31 years for women. Patients interviewed reported an active sex life. Ninety per cent of the men and 40% of the women surveyed had 7 more than one lifetime sexual partner. Despite the fact that 63% of those surveyed knew that a condom could prevent STD/HIV transmission, and 85% perceived themselves to be at risk, only 4% used a condom in a commercial sex act. Only 10% of patients used a condom during sexual intercourse after it had been confirmed that they had an STD. This study highlights the importance of information and counselling for patients with STDs.

With the goal of increasing male participation and responsibility in reproductive health, a research initiative on the "Role of men in reproductive health" was launched in 1995. Eight projects (in Brazil, Chile, China, Iran, Kenya, Nepal, Nigeria and Turkey) were approved in 1996, and at least three additional studies in Benin, Kenya and Senegal will be implemented in 1997. A study in southwest Nigeria, which started before the initiative was launched, revealed that decisions concerning whether a woman should become pregnant were not discussed among 30% of couples. Only men were viewed to be entitled to such decisions in 17% of couples. In terms of fertility desires, twice as many men than women wanted more boys than girls, while women were more likely to want equal numbers of boys and girls. (Extraído de parágrafos: *Gender, sexuality and reproduction y Rol of Men*)

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**WHO Regional Office for Europe (2000) *Boys in the picture: Gender Based Programming in Adolescent Health and Development in Europe. Gender Mainstreaming Programme Child and Adolescent Health and Development Programme WHO. Geneva.***

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In recent years, there has been increasing recognition of the relationship between the roles of men and women, their behaviours, and the impact of their social relationships on public health problems. Much of the attention has been related to males involvement in reproductive and sexual health, and in particular, on how men should participate in assuring that women meet their sexual and reproductive health needs. Adolescent interventions have rarely focused on boys as a special group with unique needs. Little is known about the specific health needs boys have; what motivates them in their relationships; and what makes them engage in activities. Research and initiatives in gender mainstreaming have led to an understanding of how we may look at boys' health, development and protection needs, but interventions which apply this knowledge are few in number. Making a case for increasing attention to the health, development and wellbeing of adolescent boys and young men is necessary and timely. Increasing the attention to boys is a matter of gender equity and benefits accrue not only to adolescent boys and young men, but also to adolescent girls, women, children, men and communities.

Assumptions are often made about the health and development of adolescent boys: that they are faring well, and supposedly have fewer health needs and developmental risks compared to adolescent girls; and that adolescent boys are disruptive, aggressive and "hard to work with". This last statement focuses on specific aspects of boys' behaviour and development – such as violence and delinquency – criticizing and sometimes criminalizing their behaviour without adequately understanding the reasons behind it. Such generalizations do not take into account the fact that adolescent boys – like adolescent girls – are very diverse in character and background. For instance, many boys are in school, but too many are out of school; others work; some are fathers; some are partners or husbands of adolescent girls; others are bisexual or homosexual; some are involved in armed conflicts as combatants and/or victims; some are sexually or physically abused in their homes; some sexually abuse young women or other young men; some are living or working on the streets; others are involved in prostitution. The majority of adolescent boys are, in fact, faring well in their health and development. They represent positive forces in their societies and are respectful in their relationships.

*However, some young men face risks and have health and development needs that may not have been considered, or are raised in ways that lead to violence and discrimination against women, violence against other young men, and health risks to themselves and their communities. Our knowledge of what adolescent boys need for healthy development and what health systems can do to help them can be improved by first of all recognizing their*

*complexity. This calls for a more careful and thorough understanding of how they are socialized in their communities and what health systems can do to assist them in more appropriate ways.*

By examining men's roles in perpetuating discrimination against women, we seek to involve men in improving the situation of women. We also seek to explore how rigid understandings of what it means to be a male can pose problems for men. Some groups of men – low-income men, homosexual and bisexual young men, men outside the traditional power structures – are at times subject to discrimination. (Extraído de Presentación e Introducción)

**OMS-OPS ORGANIZACIÓN PANAMERICANA DE SALUD  
WHO-PAHO PANAMERICAN HEALTH ORGANIZATION**

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**Aguirre, Rodrigo y Güell, Pedro (2002) *Hacerse hombres: la construcción de la masculinidad en los adolescentes y sus riesgos.* (Síntesis de estudios cualitativos sobre salud sexual y reproductiva de adolescentes y jóvenes varones en países seleccionados de América Latina). Organización Panamericana de la Salud, OPS, Washington.**

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“El presente documento sirve de guía para el análisis de la masculinidad y su relación con la salud reproductiva en adolescentes y jóvenes varones. Está basado en una investigación cualitativa, realizada durante el año 2000 (...) en nueve países latinoamericanos (Brasil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, México y Nicaragua). El objetivo del documento es ofrecer una propuesta integral de los riesgos, tal y como los perciben los adolescentes varones y en su relación con el modo en que los abordan los agentes de salud. La conclusión principal es que los jóvenes, en el trámite de hacerse hombres, no actúan en función de los cálculos de riesgo de la ciencia médica, sino en función de un riesgo superior para ellos: el de poner en duda su masculinidad (...) En los estudios cualitativos aparecen también formas opcionales de comportamiento que determinan rutas alternativas para los adolescentes (...) que abren espacios para la intervención en aquellos campos donde la construcción de masculinidad tradicional comporta riesgos evidentes”.

Dicen los autores que “poner de relieve la relación de los mandatos, transiciones y conductas con las relaciones primarias del joven (...) permite reconocer el nexo entre el desarrollo de las estructuras y mecanismos biopsicosociales del joven y los aspectos culturales presentes en su entorno (...) Se requiere una perspectiva de análisis que permita saber, no tanto lo que los adolescentes hacen, sino qué esperan lograr con lo que hacen”.

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**Lundgren, Rebecka (2000) *Protocolos de investigación para el estudio de la salud sexual y reproductiva de los adolescentes varones y hombres jóvenes en América Latina.* Oficina Panamericana de la Salud. División de Promoción y Protección de la Salud. Programa de Familia y Población. Washington.**

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Este protocolo describe un estudio propuesto sobre salud sexual y reproductiva de adolescentes varones y hombres jóvenes en países seleccionados de América Latina. Los resultados de este estudio guiarán el desarrollo de políticas y programas que promuevan la salud sexual y reproductiva de los niños varones y hombres jóvenes a través de una mejor comprensión de sus conocimientos, actitudes y prácticas, tomando en cuenta la influencia de la construcción social de la masculinidad en América Latina. Existen relativamente pocos estudios enfocados en los adolescentes varones y hombres jóvenes. Esta brecha es particularmente notoria al considerarse la voluminosa literatura existente sobre las adolescentes mujeres. La cantidad limitada de literatura científica relacionada con la salud reproductiva de los adolescentes varones en América Latina consiste en unos pocos estudios de ciudades individuales y aún menos estudios de países individuales. Los resultados de estos estudios no pueden ser generalizados a otras ciudades de la región y mucho menos a la población rural o a varones en otras regiones y continentes.

Durante los últimos años se ha renovado el reconocimiento del rol de los hombres en la salud sexual y reproductiva de las mujeres y la importancia de incluirlos en los esfuerzos programáticos. El interés en los hombres en la planificación familiar ha subido y bajado en las últimas tres décadas, pero a medida que se acerca el próximo milenio, el debate sobre la responsabilidad de los hombres ha tomado un nuevo giro y cada vez con mayor frecuencia surge la pregunta: ¿Qué ganan los hombres?

A pesar que un mejor entendimiento de los hombres y su comportamiento reproductivo es esencial para lograr una de las metas de política centrales de la Conferencia Internacional Sobre Población y Desarrollo (CIPD), se sabe poco sobre cómo se comportan los adolescentes varones en el ámbito de la salud reproductiva y la sexualidad, y se sabe aún menos sobre sus actitudes y sentimientos respecto de los comportamientos asociados y su significado sociocultural. A pesar que las encuestas de Salud Reproductiva de los Adultos Jóvenes llevada a cabo por los Centros para el Control de Enfermedades proporcionan información esencial acerca del comportamiento sexual y el uso de anticonceptivos, éstas no fueron diseñadas para cubrir la variedad de temas de salud reproductiva que son pertinentes a los adolescentes varones.

Existe una notable falta de investigación acerca del significado y la importancia de la actividad sexual, uso de contraceptivos y otros temas de la salud reproductiva de los adolescentes varones y hombres jóvenes. La información sobre experiencia coital y uso de contraceptivos es sólo una pequeña parte de la película. Puede ser aún más importante entender las circunstancias del comportamiento sexual, en especial su dimensión emocional. (4-5)

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**Organización Panamericana de la Salud (2000) Hombres y equidad de género en salud sexual y reproductiva. Hoja Informativa N° 18, Marzo 2000. Programa sobre Mujer, Salud y Desarrollo/División de Salud y Desarrollo Humano, OPS. Washington.**

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*Posteriormente a la Conferencia Internacional de Población y Desarrollo (El Cairo 1994) y la Cuarta Conferencia Mundial de la Mujer (Beijing 1995) el tema de la participación de los hombres en salud sexual y reproductiva ha ganado mucho interés, por la siguientes razones: la concientización de que las relaciones de género inequitativas afectan la salud*

*reproductiva de ambos sexos de maneras múltiples; la existencia de evidencias de los efectos negativos de ciertos comportamientos de riesgo de algunos hombres para la salud de las mujeres e hijos; la solicitud por parte de las mismas mujeres para que se incorpore al hombre en los servicios de salud sexual y reproductiva; la preocupación por las infecciones transmitidas sexualmente (ITS) y el VIH/SIDA; el interés creciente por parte de los hombres para mejorar su propia salud y la de sus parejas sexuales y familias.*

Existe cierta evidencia de que los hombres están más interesados de lo que se cree generalmente en salud sexual y reproductiva sin embargo, se puede dificultar su participación de manera género-sensitiva: la falta de conciencia de los hombres de sus propias necesidades en este ámbito; el hecho de que los programas de salud reproductiva están dirigidos casi exclusivamente a mujeres; la escasa información sobre las actitudes, percepciones, necesidades y prácticas de los hombres en la salud reproductiva.

Promover la participación de los hombres y el interés compartido entre los sexos supone cimentar nuevas formas de ser y pensar masculino, es decir trabajar en la construcción de masculinidades y feminidades equitativas, flexibles y diversas. Trabajar desde una perspectiva de género implica un abordaje de derechos humanos y de equidad. Los hombres tienen necesidades propias en materia de salud sexual y reproductiva pero frecuentemente estas no son atendidas. Entre otros, los hombres necesitan información y servicios en los siguientes aspectos: promoción de actitudes y prácticas responsables y compartidas hacia la sexualidad, el embarazo, la paternidad y la crianza de los hijos; sexualidad y disfunción sexual; planificación familiar (incluyendo vasectomía); prevención y tratamiento de ITS y VIH/SIDA; urología; atención de infertilidad; detección y atención de cáncer; salud mental; prevención de violencia de género y general; abuso de sustancias.

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**Camacho, Alma (2000) *Perfil de salud sexual y reproductiva de los y las adolescentes y jóvenes de América Latina y El Caribe: Revisión bibliográfica, 1988-1998. Serie OPS/FNUAP N° 1, Organización Panamericana de la Salud, OPS. Washington.***

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La falta de atención a la salud sexual y reproductiva de los y las adolescentes es muy común. La salud sexual y reproductiva es un componente fundamental de la salud de las mujeres y de los varones durante toda su existencia. Toda evolución biológica, maduración psicológica y desarrollo social de las personas está asociada íntimamente al grado de bienestar sexual y al grado de satisfacción sobre la capacidad reproductiva de uno(a) mismo(a). Aún así, el momento más relevante para el reconocimiento de la sexualidad, para el aprendizaje del cuerpo y, con mucha frecuencia, para la toma de decisiones sobre las potencialidades reproductivas, es el tiempo de la adolescencia. La adolescencia es una etapa que está marcada por cambios biológicos, psicológicos y sociales, acompañados por notorios sentimientos de atracción sexual y profundas meditaciones sobre la capacidad de decidir. Sin embargo, los y las adolescentes son también actores sociales que viven sus inclinaciones, sus aspiraciones y sus relaciones de acuerdo con las circunstancias en las que les ha tocado crecer y formarse, para un futuro generalmente incierto y complejo. En los países de América Latina y el Caribe, los y las adolescentes pertenecen a diversos grupos sociales en los que todavía subsisten fuertes restricciones al acceso universal a los servicios de atención primaria de salud y educación. Por otro lado, los frecuentes cambios en las estructuras familiares y la migración urbana son también causas comunes que inciden con

fuerza en la salud sexual y reproductiva de los adolescentes. Muchos(as) deben trabajar desde muy temprana edad con ingresos extremadamente bajos. Una porción muy grande de ellos(as) contrae responsabilidades maternas y paternas antes de haber logrado un mínimo de estabilidad laboral o haber alcanzado una profesión u oficio digno. La falta de atención a la salud sexual y reproductiva de los y las adolescentes es muy común, y su abordaje no forma parte importante de las políticas y acciones de salud pública de la mayor parte de los países.

Esta revisión pretende lograr una aproximación general a la situación de la salud sexual y reproductiva de los y las adolescentes de América Latina y el Caribe, con el objetivo de contribuir a la formulación de políticas, planes y programas destinados a favorecer a este grupo significativo de la población. Aún cuando se reconoce que la situación de la salud sexual y reproductiva de los y las adolescentes está íntimamente asociada con los niveles de pobreza, es posible identificar en los aspectos educativos e institucionales los elementos que contribuyen a un cambio favorable en los cuidados de la salud sexual y reproductiva. Es necesario que este consenso político sea asumido en la acción, para que los y las jóvenes puedan desarrollar todas sus potencialidades en beneficio de su salud integral. Los jóvenes pueden asumir mayores responsabilidades en sus vidas cuando reciben una adecuada y oportuna información y tienen acceso a servicios integrales que responden a sus necesidades sexuales, sociales, individuales y culturales. Existe actualmente un sinnúmero de iniciativas para apoyar el desarrollo integral de la juventud y favorecer su acceso a servicios de salud, de educación y de información oportunas. Los efectos son importantes aunque de impacto poco relevante por la escasa cobertura e integralidad de los servicios. Este trabajo ha sido realizado con base en informes elaborados con datos que provienen de fuentes primarias como las *Encuestas Demográficas y de Salud*. También se ha realizado una revisión secundaria de literatura de una serie de investigaciones realizadas por expertos en el tema.

**PROGRAMA DE LAS NACIONES UNIDAS PARA EL DESARROLLO –PNUD  
UNITED NATIONS DEVELOPMENT PROGRAMME –UNDP**

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**Greig, Alan; Kimmel, Michael and Lang, James (2000) *Men, masculinities and development: Broadening our Work Towards Gender Equality*. UNDP/GIDP MONOGRAPH #10 MAY. New York.**

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What do men, as a distinct group, have to do with the development process? Men play diverse roles in the economy, the community and the family. Men are husbands and fathers, brothers and sons. Across differences of class, race, ethnicity, sexuality, age and religion, one of the few commonalities that men share, as a 'distinct group', is their gender privilege. Men, like women, are affected by gender power structures that are interwoven with other hierarchical structures such as those based on race and class. Yet men, regardless of their positioning in other hierarchical structures, generally have a strategic common interest in defending and not challenging their gender privilege. The processes that confer privilege on one group and not another are often invisible to those upon whom that

privilege is conferred. Thus, not having to think about race is one of the luxuries of being of a dominant race, just as not having to think about gender is one of the patriarchal dividends that men gain from their position in the gender order. Men tend not to think of themselves as 'gendered' beings, and this is one reason why policy makers and development practitioners, both men and women, often misunderstand or dismiss 'gender' as a women's issue.

Gender, as a determinant of social relations that legitimizes and sustains men's power over women, is inherently about relations between women and men, as well as relations among groups of women and among groups of men. Achieving gender equality is not possible without changes in men's lives as well as in women's. Efforts to incorporate a gender perspective into thinking about development requires more than a focus on women, however vital that might be; what is also needed is a focus on men. Yet, significantly, men continue to be implicated rather than explicitly addressed in development programmes focusing on gender inequalities and the advancement of women. "In the gender and development literature men appear very little, often as hazy background figures" (White 1997). There is a growing recognition, however, of the need to define more precisely the relationship between men and 'engendered' development policy and practice, and examine questions of men's responsibility for women's disadvantage, as well as men's role in redressing gender inequalities.

The purpose of this paper is to discuss men's possible relationships to this process of transformative change by exploring the meanings and uses of 'masculinity'. Discussions of masculinity provide a place in which men's involvement in producing and challenging inequalities and inequities in gender and other social relations can be investigated. Masculinity renders gender visible to and for men. Understanding the definitions and discourses surrounding masculinity can help in the analysis of how political, economic and cultural inequalities are produced and distributed not only between but also within the genders. Above all, an inquiry in to the 'politics of masculinity' offers an opportunity to rethink men's strategic interest in challenging the values and practices that create gender hierarchy.

Thinking about masculinities and men's roles in working towards gender equality is relatively new in the development field. This paper has presented a review of the meanings and uses of masculinity to catalyze thinking around these issues – to inspire new conversations and debate – and to offer a conceptual backdrop for practitioners engaged in work with men. To carry this work forward, continued efforts should be made to publicize and advocate for the importance of men's responsibilities and roles in work towards gender equality in international fora, local and national policy debates, and development programming. Making masculinities visible and men more conscious of gender as it affects their lives and those of women is a first step towards challenging gender inequalities. (Extraído de Introducción y Conclusiones)

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**Rivers, K.; Aggleton, P. (1999) *Men and the HIV epidemic, gender and the hiv epidemic*. UNDP HIV and Development Programme. New York.**

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As the epidemics of HIV and AIDS have developed over time, international organisations, national authorities and non-governmental organisations (NGOs) have recognised that

social inequalities and power relations have an important impact on HIV transmission. Factors such as poverty, migration and urbanisation have a key role to play in facilitating HIV infection (Sweat and Denison, 1995). Other variables known to influence the vulnerability of individuals and groups include social background, age, race, gender and sexuality. Not infrequently, these different variables interact with one another so as to render some groups systematically more vulnerable and other groups more protected (Piot and Aggleton, 1998).

Importantly, and for the purposes of this review, there has been increasing awareness that prevailing relationships within and between the sexes, or gender relations as they are more usually called, affect not only the development of the epidemic (Carovano, 1992), but the manner in which individuals, groups and communities respond (see, for example, Aggleton and Warwick, 1998). As used here, the term gender refers to the social shaping of femininities and masculinities, and challenges the idea that relations within and between the sexes are ordained by biology or nature (Ankrah and Attika, 1997). Unequal gender relations can be seen in many ways but are particularly visible in the special vulnerability of women to HIV and AIDS in developing countries, and in men's risk taking behaviours. Economic and social vulnerability, as well as stereotypical gender roles, influence women's and men's vulnerability to HIV infection, while fuelling the overall course of the epidemic. As Meursing and Sibindi (1995: 66) have recently written 'the AIDS epidemic thrives on rigid sex-role definitions.'

Recent reviews also suggest that women in many parts of the developing world are less likely to control how, when and where sex takes place, thereby increasing the likelihood of unwanted pregnancy, STDs and HIV (see, for example, International Center for Research on Women, 1996). Women's vulnerability to HIV infection is enhanced for several reasons including their economic dependence on men, lack of access to education, poverty, sexual exploitation, coercion and rape, as well as by the fact that women are more likely than men to sell sex in order to survive (Aggleton and Rivers, 1999). Surrounding and to some extent legitimating these inequalities are ideologies of masculinity and femininity which make it seem 'natural' that men should have the upper hand when it comes to economic decision making, opportunities for advancement, expressing their sexual desires and satisfying their sexual needs.

This paper has suggested that involving men more fully in HIV prevention work is essential if rates of HIV transmission are to be reduced. This is likely to require a considerable scaling up of existing efforts and, in the absence of new resources, some re-orientation of existing gender sensitive programmes and interventions, many of which currently work with women alone. While such a move may not be universally popular, it seems necessary if we are to ensure that men take on greater responsibility for their own sexual and reproductive health, and that of their partners and families. Too often in the past it has been assumed that by working with women we will be able to redress the profound social inequalities of gender and sexuality that exist in the world today. While some progress has been made in this respect, too often such work has simply increased the burden of responsibilities already shouldered by women in the developing world. In relation to HIV/AIDS it may also have inadvertently reinforced the idea that women are the prime 'vectors of HIV' (de Bruyn et al, 1995).

If, in future years, men are not properly involved in work to challenge the complex

inequalities of gender and sexuality which facilitate and reinforce the transmission of HIV, women are likely to have to take on responsibility for changing men's ideologies and practices as well as their own. This seems profoundly unfair and, in the face of patriarchy and the structures which reinforce it, is unlikely to yield the desired results. Work is needed to transform existing agendas of prevention, health promotion and development so as to make them more sensitive to gender and sexuality as principles structuring the lives of both women and men, and influencing HIV-related vulnerabilities in ways which could not easily be imagined only a decade or so ago. (Extraído de Introducción y Conclusiones).

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**Gordon, Peter & Crehan, Kate (1999) *Dying of sadness: gender, sexual violence and the HIV epidemic*. UNDP HIV and Development Programme. New York.**

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UNAIDS estimates that by December 1997, 30.6 million people around the world had been infected with HIV, with more than 70% of these infections occurring through unprotected sexual intercourse. The proportion of these infections which is attributable, directly or indirectly, to sexual violence is unknown. Nonetheless existing evidence on gender and sexual inequality, together with data on the distribution of HIV among specific groups and locations, and available information on the nature and scale of sexual violence (particularly against women and girls), suggest that it is likely to be significant. This preliminary overview of available literature suggests that, within the context of gender and the HIV epidemic, sexual violence is a complex phenomenon with multiple determinants, consequences and manifestations. In the short-term, effective responses require clearly defined strategies which are locally relevant and sensitive, which provide support services for victims, including recourse to justice and the punishment of perpetrators. Longer-term strategies need to be based upon consideration of both the specifically gendered and sexualised nature of this violence and the need to address these at the level of community and culture rather than of individual perpetrators and victims. Much may be learned from the accumulated experience of activism in relation to gender and sexuality politics and human rights, humanitarian relief and social and economic development.

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**Rivers, Kim and Aggleton, Peter (1996) *Adolescent sexuality, gender and the HIV epidemic*. UNDP HIV and Development Programme. New York.**

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The consequences of HIV/AIDS can be far-reaching for young people. Not only does HIV disease have terrible consequences for the individual, causing serious illness and eventual death, it has the potential to trigger negative social reactions. Across the world, people with HIV/AIDS routinely experience discrimination, stigmatization and ostracization (Auer, 1996; Malcolm et al, 1998). Children and young people who are orphaned by the epidemic, and who themselves may be infected, are sometimes left without the support of adults (Levine, Michaels & Back, 1996). For women and adolescent girls, the consequence of AIDS can be particularly dire. There is strong evidence, for example, that in some countries women may be "blamed" for HIV disease even in circumstances where they have been infected by remaining faithful to their husband or other male partner (Bharat & Aggleton,

1999). There is also evidence to suggest that women are less likely to receive the kind of care and support made available to male household members (Warwick et al., 1998). Moreover, where the male head of household has died there may be loss of social support for young women, ostracization from the community, and lack of legal protection to inherit land and property. Some young women may find themselves unwelcome in the extended family and may even be coerced into sex work (Levine, Michaels & Back, 1996).

Gender inequalities have serious consequences for adolescent sexual health. In many parts of the world, women and girls are economically dependent on men, may face domestic violence and non-consensual sex, and are encouraged to remain ignorant and passive. So long as women and girls are denied access to information and education, economic resources and health services, they will continue to face increased risks of HIV infection. The needs of young men have until recently been relatively ignored by program planners, with consequences both for the health of young men concerned and that of their sexual partners. It is unlikely therefore that young people will be able to maximise their sexual and reproductive health unless there are major changes in relation to gender and other inequalities which facilitate the transmission of HIV. Those concerned with the prevention of HIV and adolescent health must seek to influence public policy agendas to lay the foundations for greater equity in the future. (Extraído de Introducción y Conclusiones)

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**Carovano, Kathryn (1995) *HIV and the challenges facing men*. Issues Paper No. 15  
UNDP HIV and Development Programme New York.**

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Men have always been a part of the HIV "problem", and they have played vital roles in the search for an effective response. Examples of their involvement includes speaking out as individuals living with HIV, providing care to family and friends, working as professional researchers, educators and care providers, and assisting in the development of local, national and global programs and policies to respond to the growing epidemic. However, there has been no systematic examination of men's multiple roles in the epidemic, the many factors that influence them, as well as the obstacles that prevent more men from becoming involved. In many communities, the broader response to HIV has divided the infected from the uninfected, perpetuated stigmas, and aggravated the suffering of people living with the virus. Throughout the world, people have been tested for HIV against their will, dismissed from jobs, kept out of schools, incarcerated, abandoned by their families, denied medical care, beaten and killed in reaction to HIV. Because men hold most positions of power in families and communities, they must also bear the greater part of the responsibility for these misguided responses. And finally, in nearly every region of the world, national and international governmental bodies have failed to act in a timely and effective manners. Governments -- male dominated in nearly every country in the world -- continue to bar admission to those with HIV infection, test suspect populations without consent, and simply refuse to acknowledge that those affected "matter" 9 and that something needs to be done. The following discussion will focus on three primary areas of concern: HIV-related behaviour and behaviour change, illness and care, and death and its impact on survivors. The discussion in each area will attempt to illuminate ways in which men in different circumstances and different parts of the world are responding to these challenges. It will also focus on obstacles to an improved response and ways to assist men in the effort to face

the challenges of HIV. The goal of the paper is to serve as a starting point for further discussion and understanding of the challenges that HIV poses to men and, hopefully, expand the capacity to respond.

How men respond to HIV, both as individuals and as members of communities, has and will continue to have a fundamental impact on the shape and texture of this epidemic. While men admittedly constitute a broad and diverse segment of the world's population, this paper has attempted to focus on the challenges that HIV and AIDS pose to them as a group, the ways they are responding, and barriers to a more effective response. Profound changes are needed among men at the individual, community, national and even international level in order to respond effectively to the HIV epidemic. At the individual level, more men must adopt safer sexual practices to protect themselves and their sexual partners from infection. Prevention efforts must continue to be built on values that support communication, shared responsibility and mutual respect between women and men. These efforts will radically redefine norms that define masculinity, male sexuality, and the place of women in society. Prevention efforts must also be built on a foundation of compassion and inclusion of those living with the virus, both because it is their right and because of the benefit it brings to those who are uninfected. Specifically, this should include the increased involvement of men in the provision of care. This will help dismantle stigmas and stereotypes about those infected and affected and contribute toward a more supportive and compassionate community response. At the national and international level, policy-makers and programme planners must reevaluate assumptions about men and the HIV epidemic. With the exception of gay and bisexual men, and some small, select target populations (eg. truckers, incarcerated men) efforts to combat the spread of HIV have largely ignored the vast and diverse population of men. This lack of attention is intolerable at this stage in the epidemic, and men -- as well as women -- from the around the world are calling on decision-makers to reconsider and redefine their response to include men in both the definition of the problem and part of the solution to HIV. Men must be involved, together with women, at every level and each step of this process. This Issues Paper is a first step toward soliciting and encouraging that involvement, and is written with the hope that together we can develop more effective responses to the challenges of HIV. (Extraído de Introducción y Conclusiones)

**PROGRAMA DE LAS NACIONES UNIDAS PARA EL VIH/SIDA -ONUSIDA  
JOIN UNITED NATIONS PROGRAMME ON HIV/AIDS -UNAIDS**

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**Joint United Nations Programme on HIV/AIDS (2001) *Working with men for hiv prevention and care. Best Practice Collection, UNAIDS. Geneva.***

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Throughout the 20-year course of the epidemic of HIV/AIDS, those working to reduce the number of new infections have increasingly acknowledge the impact of gender realations, as well as other power relationships and inequalities, on HIV transmission. It has been exttensively documented that women worldwide -especially those in the developing world- are less likely than men to be able to control wheter, when and how sex takes place.

Indeed, much of the work to halt the epidemic has focussed on women and girls. Only recently have programmers and local workers started to focus on working more directly with men and boys. Engaging men as partners is a critical component in AIDS preventions and care as, in many contexts, men are the decision-makers in matters related to reproductivie and sexual health. (...) It is important that work with men and boys should not seek to replace work with women and girls, but rather complement it. Parallel programmes for men and boys are crucial in ensuring that men protect not only their own health but also the health of their families. By working in partnership with men, rather than apportioning blame, it is hoped that men can finally begin to be seen as part of the solution rather than part of a problem.

Is has been recognized for some time that gender relations clearly affect health outcomes. In relation to sexual health, the effects of power relationships between the sexes are evident both in the special vulnerability of women to HIV, and in men's attitudes towards risk. Engaging men as partners is a critical component in AIDS prevention. This document has been produced in order to help those working with men, specifically in the field of HIV prevention, as well as more broadly in the areas of improved sexual and reproductive health.

Despite the relative newness of the field, much has been learned about how to work effectively with men for HIV prevention and care. (...) A focus on men and masculinity – long called for by those anxious about the burden of responsibility too often placed upon women- makes for a welcome change. It highlights the need to take gender seriously if we are to make headway against the epidemic. (Extraído de Resumen, Antecedentes y Conclusiones)

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**Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA (2000) *Los varones y el sida: Un enfoque basado en consideraciones de género. Campaña Mundial contra el SIDA, 2000.* ONUSIDA. Ginebra.**

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En el mundo entero, las mujeres consideran que están expuestas a un riesgo especial de contraer el VIH por su falta de poder para decidir cuándo, dónde y si quieren o no tener una relación sexual. Lo que quizá no se reconoce con tanta frecuencia es que las creencias y expectativas culturales también contribuyen a aumentar la vulnerabilidad de los varones. Es menos probable que un varón solicite asistencia sanitaria que una mujer, y al mismo tiempo es mucho más probable que aquél adopte comportamientos que ponen en peligro su vida, como el consumo de alcohol o sustancias ilegales y la conducción temeraria. Asimismo, hay menos probabilidades de que un hombre preste atención a su salud y su seguridad sexual y más posibilidades de que se inyecte drogas, arriesgándose a contraer la infección a través de las agujas y jeringas contaminadas por el VIH. En todo el mundo, y por término medio, los varones tienen más parejas sexuales que las mujeres. Por otra parte, el VIH se transmite sexualmente con más facilidad de un varón a una mujer que a la inversa. Además, los consumidores de drogas intravenosas que son VIH-positivos -que en su mayoría son hombres- pueden transmitir el virus tanto a las personas con quienes comparten la droga como a sus parejas sexuales. Por consiguiente, existen motivos evidentes para considerar que los varones deberían intervenir plenamente en la lucha contra el SIDA. Como políticos, como trabajadores de primera línea, como padres, como hijos, como hermanos y como

amigos, tienen mucho que aportar. Ha llegado el momento de empezar a ver al hombre no como un tipo de problema, sino como parte de la solución.

En el pasado se ha dado por sentado con demasiada frecuencia que, solamente con proponérselo, el varón podría cambiar su comportamiento. La aparente falta de disposición de algunos hombres a prestar asistencia y apoyo también se ha considerado demasiado a menudo como una prueba de que ningún varón invierte realmente en su propio futuro o en el de su familia. Pero las acciones del hombre, como las de la mujer, se ven limitadas por las creencias y expectativas tradicionales y están influidas por las convicciones culturales y las normas sociales divisorias. No se pretende con esto excusar a los varones o algunos de sus comportamientos. Las acciones de los varones que cometen violaciones o actos de violencia y de los que no respetan los puntos de vista de los demás no se pueden excusar. No obstante, hay que reconocer la influencia de las relaciones de género existentes, que afectan tanto al varón como a la mujer, y el hecho de que se necesita un esfuerzo colectivo e individual para obtener una mayor equidad y un adecuado equilibrio de las responsabilidades en la prevención y asistencia del SIDA.

En algunas comunidades se dispone de medidas de reducción del riesgo específicas para el varón. En algunas partes de África, América Central y Asia, por ejemplo, a los camioneros que efectúan largos recorridos se los ha estimulado a reducir el número de parejas sexuales y a tener sistemáticamente relaciones sexuales más seguras. En Tailandia, se han emprendido programas preventivos satisfactorios entre los reclutas del ejército. En muchos países, entre los que figuran los Estados Unidos de América, los jóvenes están empezando a aplazar el inicio de las relaciones sexuales y utilizan más sistemáticamente el preservativo. Habida cuenta de la urgencia de reducir las tasas de infección por el VIH, esas actividades deben intensificarse radicalmente. Hay que prestar mayor atención a las necesidades de los millones de varones que actualmente están viviendo con el VIH, incluido el apoyo a la prevención de la transmisión a otras personas. (...) Por último, aun cuando los resultados quizá tarden mucho en observarse, es importante enfrentarse a los conceptos de masculinidad perjudiciales, incluidas las formas de concebir el riesgo y la sexualidad por parte de los varones adultos y de preparar socialmente a los muchachos para convertirse en adultos.

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**Dowsett, Gary y Aggleton, Peter. (1999) *Sex and youth: Contextual Factors Affecting Risk for HIV/AIDS. A Comparative Analysis of Multi-site Studies in Developing Countries*. Best Practice Collection. Joint United Nations Programme on HIV/AIDS, UNAIDS. Geneva.**

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This bare summary of these 3 pioneering sets of studies investigations into the determinants of HIV-related vulnerability cannot convey the extraordinary wealth of data and the richness of experiences and feelings reported by the participants with striking frankness. The volume will be read and re-read by national authorities, programme designers and managers, researchers and intervention specialists. In addition it will be of great interest and value to all those who are interested in the issues surrounding young people and HIV/AIDS, sexual behaviour, communication and negotiation, the improvement and strengthening of responses for the benefit of people living with HIV/AIDS, their carers and their communities, gender roles and the options for women who want to protect themselves

against HIV and other STDs as well as pregnancy.

This set of studies presents a comparative analysis of data collected in interviews and discussions with nearly 3000 young people in 7 countries in Africa, Asia and the Americas. Strikingly similar themes and issues emerge, including concepts of youth, the challenge to traditional cultures, modernization and urbanization - revealing a complex and heterogeneous situation for young people and no one HIV/STD prevention strategy. Future prevention efforts must take into account the impact of dominant sexuality frameworks, the onset of sexual activity, the importance of the body for young people, mass media, risk assessment and safer sex.

A comparative analysis of the resulting data from 5 countries identified local beliefs about HIV/AIDS, the community and household responses and the inter-relations between the two. Key factors influencing the responses include the existing economic situation, prevailing relations between men and women in the communities and households, local beliefs in health and health care and local levels of stigmatization. Recommendations are made for policy and programme development.

This third set of studies first collected data in 4 countries on gender relations, sexual communication and negotiation followed by an intervention to strengthen women's capacity in these latter areas. The comparative analysis clearly identified economic dependence on men and gender stereotypes as the two major factors constraining women in their sexual behaviour. The report finishes with specific recommendations.

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***Grunseit, Ann. (1997) Impacto de la educación en materia de salud sexual y vih sobre el comportamiento sexual de los jóvenes: Actualización de un análisis. Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA ONUSIDA. Ginebra.***

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Para evaluar los efectos de la educación sobre salud sexual y el VIH/SIDA en el comportamiento sexual de los jóvenes, el Departamento de Política, Estrategia e Investigación del ONUSIDA, el Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA, encargó un análisis completo de las publicaciones existentes. Se revisaron sesenta y ocho informes. De 53 estudios que habían evaluado intervenciones específicas, 27 concluían que la educación sobre salud sexual y el VIH/SIDA ni aumentaba ni disminuía la actividad sexual ni las tasas resultantes de embarazos y enfermedades de transmisión sexual (ETS). Veintidós señalaban que la educación en materia de VIH y/o salud sexual o retrasaban el comienzo de la actividad sexual, o reducían el número de parejas o rebajaban las tasas de embarazos no planificados y de ETS. Tan sólo tres estudios recogían un aumento de actividad sexual en asociación con la educación sobre salud sexual. Por consiguiente, se han encontrado pocas pruebas para apoyar la afirmación de que la educación sobre salud sexual y el VIH promueve la promiscuidad sexual. El valor interpretativo de esta investigación queda en cierta medida comprometido, sin embargo, en razón de las insuficiencias en el diseño de los estudios, las técnicas analíticas, los indicadores de los resultados y la presentación de las estadísticas. Los futuros programas de educación deben incorporar los rasgos asociados con anteriores intervenciones satisfactorias, así como los mecanismos que posibiliten evaluar su impacto. La evaluación de los programas debe fundamentarse en un sólido diseño de estudio y en técnicas estadísticas válidas y adecuadas. Las diferencias en razón del sexo y el estadio de desarrollo

de los estudiantes son cuestiones importantes para educadores e investigadores tanto en la etapa de diseño como en la de evaluación durante el desarrollo de la educación sobre salud sexual/VIH. Las influencias sobre la vida sexual de los jóvenes no están limitadas a mensajes explícitos sobre la actividad sexual. Al buscar una manera apropiada y eficaz de promover un comportamiento sexual sano y positivo es imprescindible contar con esas influencias. Es importante que instancias normativas, administradores de programas y educadores se percaten de que, según indican las pruebas realizadas, por medio de la educación se puede lograr que las prácticas sexuales de los jóvenes sean más seguras. Los futuros programas de educación necesitan incorporar los rasgos asociados con intervenciones satisfactorias en el pasado, además de incluir sus propios procedimientos de evaluación. La evaluación de los programas debe basarse en un diseño de estudio bien fundado y en técnicas estadísticas válidas y adecuadas. Las diferencias entre los sexos y el estadio de desarrollo de los jóvenes son cuestiones importantes para el educador y el investigador tanto en la etapa de diseño como de evaluación del desarrollo de la educación sobre salud sexual y VIH. Dejar de prestar a los jóvenes información y servicios apropiados y oportunos por temor a legitimar y alentar la actividad sexual no es una opción viable. (Extraído de Resumen y Conclusiones)

**COMISION ECONOMICA PARA AMÉRICA LATINA Y EL CARIBE –CEPAL  
ECONOMIC COMMISSION FOR LATIN AMERICA AND CARIBE- ECLAC**

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**Alatorre, Javier (2002) *Paternidad responsable en el istmo centroamericano*. Comisión Económica para América Latina y El Caribe, CEPAL. Santiago.**

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La reproducción de la pobreza de un país no depende exclusivamente de los indicadores económicos, ya que diversos mecanismos socioculturales, con cierta autonomía relativa, influyen en el fenómeno. En particular, cuando se analiza la pobreza de los hogares cobran importancia los aspectos demográficos y culturales, en los que se enmarca el ejercicio de la paternidad. Precisamente, la forma en que se vinculan los hombres con su pareja y las relaciones que desarrollan con sus hijos e hijas determinan la satisfacción de las necesidades de niños y niñas, la inserción de éstos en la sociedad y el cumplimiento de los derechos de la niños y la adolescencia. Una parte importante de los nacimientos en Centroamérica no recibe reconocimiento legal por parte de los hombres, ellos determina que muchos niños y niñas vivan sin su padre temporal o definitivamente, lo que también es causado por la disolución de la pareja, el establecimiento de hogares paralelos y la expulsión de los menores del hogar. Además, aunque muchos hombres son padres responsables, hay quines aportan económicamente menos de lo que podrían hacer, otros de dejan de hacerlo cuando se separan de la mujer o antes, y en el peor de los casos se cuentan los que llegan a usar y explotar a sus hijos e hijas para obtener recursos. La paternidad irresponsable también se caracteriza por las relaciones emocionales distantes, la falta de compromiso en el cuidado y crianza de los hijos, y la práctica del control y la violencia en el hogar (...) En los países de la región se han emprendido acciones dirigidas a problemas relacionados con la paternidad, como la educación sexual, la salud reproductiva, la violencia y el reconocimiento legal de los nacimientos por parte del padre; se ha trabajado

directamente con hombres sobre este asunto. Se han aplicado estrategias desde la educación, la comunicación y la información, la capacitación a diversos grupos, la sensibilización. Son esfuerzos que han contribuido a atacar muchos de los problemas asociados con la paternidad, pero son insuficientes y enfrentan restricciones de tipo económico, de cobertura, obstáculos institucionales y socioculturales. Principalmente, no se han tomado en cuenta los procesos y mecanismos que regulan las relaciones de los hombres como padres desde la lógica del género. (Extraído del Resumen)

## ABSTRACTS

### INSTITUCIONES U ORGANISMOS EXTRA ONU

(estos abstracts se encuentran en proceso)

#### JOHNS HOPKINS UNIVERSITY

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**Johns Hopkins School of Public Health (1995) *Nuevas perspectivas sobre la participación de los hombres*. Publicación del Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health, USA. Volumen XXIII, Número 3, Octubre.**

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La nueva información, los nuevos conocimientos y los nuevos enfoques prometen ayudar a los hombres a asociarse plenamente en la búsqueda de una mejor salud reproductiva. Los hombres, al igual que las mujeres, desempeñan un importante papel en el área de la salud reproductiva, incluida la planificación familiar, pero ha sido difícil aumentar la participación masculina. Las nuevas perspectivas reconocen hoy que: - los hombres desempeñan un papel importante, a menudo dominante, en las decisiones cruciales para la salud reproductiva de las mujeres; - los hombres están más interesados en la planificación familiar de lo que suele suponerse, pero necesitan información y servicios específicamente dirigidos a ellos; - Cuando se comprende el equilibrio de poder entre el hombre y la mujer – y se influye en él- es posible mejorar el comportamiento relacionado con la salud reproductiva; - Las parejas en las que el hombre y la mujer hablan acerca de la planificación familiar y la salud reproductiva pueden tomar decisiones mejores y más saludables. La participación de los hombres es una estrategia promisoría para abordar algunos de los problemas mundiales más apremiantes de la salud reproductiva. Con el VIH que actualmente se está propagando más rápidamente entre las mujeres que entre los hombres en algunas regiones, la epidemia del SIDA ha hecho resaltar las consecuencias para la salud del comportamiento sexual de los hombres” (Resumen de los Editores)

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**Johns Hopkins University Center for Communication (1998) *Men: key partner in reproductive health. A Report on the First Conference of French-Speaking African Countries on Men's Participations in Reproductive Health*. Johns Hopkins University Center for Communication Programs, Baltimore.**

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In Africa men play key role in reproductive health –as individuals, family members, community decision-makers, and national leaders. Most reproductive health care, however, focuses on women. Reaching men is key to making family planning more widely used, ensuring safe motherhood, and limiting the spread of HIV/AIDS. The conference focused on reaching men by overcoming barriers to men's participation and building on decision-making traditions in the region. (...) To reach men, communication must be based on men's information needs and must respond directly to their own interests and concerns: - Portray men as responsible participants in reproductive health, not as obstacles; - Encourage men to talk with

theri partners and make decisions together; - Improve the image of contraceptive; - Reach young men and promote their sexually responsible behavior; - Provide information and counseling to help men use services. (...) Key research results identified the following 10 findings: 1- Men are powerful decision-makers; 2- Many men in French-speaking African countries have a negative view of "family planning" concepts and of contraceptive; 3- Men in Africa are nevertheless predisposed to be potential advocates of family planning; 4- Men have limited access to reproductive health services; 5- Men do have distinct needs for counseling and services; 6- Communication and services may be most successful when they go where men gather; 7- Government policies and cultural norms pose special barriers; 8- Young men face two major obstacles: gender and age; 9- The HIV/AIDS pandemic has provided more incentive for men's commitment to reproductive health; 10- Communication between partners about sexual and reproductive health is difficult.

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**Johns Hopkins University/Population Communication Services (1997) *Better Together. A Report on the African Regional Conference on Men's Participation in Reproductive Health, Harare, Zimbabwe, December 1-6, 1996 . (JHU/PCS). Baltimore.***

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While men's participation in reproduction is, by definition, a physical necessity, men's participation in reproductive health has been, mostly negligible and neglected. There is a growing understanding, however, that for reproductive health programs to work as a whole, men's participation is also a programmatic necessity. Changing African men's reproductive health behaviour is essential not only for their health but also for that of women. The issue is no longer whether to institute programs that include men, but how to do so. With this latter premise in mind sixty-six leaders, high-level planners and managers of health and communication programs from seventeen Anglophone African countries ( and coincidentally equally divided by gender) met in Harare, Zimbabwe, in december, 1996 for the first *African Regional Conference on Men's Participation on Reproductive Health*. The purpose of the conference was to discuss solutions to the many challenges facing African men's participation in reproductive health, particularly those challenges related to communication, and to apply those lessons in program planning.

## POPULATION COUNCIL

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**Raju, Saraswati & Leonard, Ann editors (2000). *Men as supportive partners in reproductive health. Moving from Rethoric to Reality*. Population Council South and East Asia Regional Office. New Delhi.**

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While the need to involve men in reproductive health is now beginning to be articulated, translating this need into policies and programs is hampered by lack of information on the issues. The Population Council - South and East Asia office's program on Enhancing Male Responsibility in Reproductive and Sexual Health in India was designed to bridge this gap by collating such information and disseminating it to concerned audiences. The guiding

principle of the project has been the belief that if men are brought into a wide range of reproductive health services as supportive and equal partners, as well as clients in their own right, better reproductive health outcomes would be observed both among women and men. The rhetoric of male involvement has now entered the vocabulary of many individuals and organizations concerned with reproductive health policies and programs. Experiential learning and research that document improved reproductive health outcomes are, therefore, important if this rhetoric is to be translated into policies and programs. There is a need to illustrate how this can be done at the ground level and to demonstrate why it is important for men to be supportive of women's reproductive health and choice. This publication takes a step in this direction by examining the current state of the art in India.

By analyzing the experiences of nongovernmental organizations across regions and states within India, the authors discuss several important concerns that should inform the discourse on male partnership, including: Does involving men mean encroaching on women's domain? How can men be involved without undermining the precarious rights of women to control their own bodies and make their own decisions? What are viable and acceptable entry points for involving men in efforts to prevent unwanted pregnancy, promote safe motherhood, improve child health and survival, and prevent sexually transmitted infections? How can lessons learned from successful microlevel experiments be scaled up within the mainstream of reproductive health care delivery? This publication underscores that the previous views of reaching men as contraceptive users and removing them as impediments to women's efforts to control fertility are far too limited. The argument is not whether men and women should use family planning, but rather the extent to which men can become supportive of women's reproductive and sexual rights and actively take part in responsible and healthy reproductive behavior. Applied research is urgently needed in order to learn how to stimulate and support positive and healthy sexual partnerships between women and men. We must demonstrate that contraceptive safety and continuation, safer sexual behaviors, use of reproductive health services, reduction in morbidity and mortality, and other health outcomes can be improved through the positive involvement of men as supportive partners and responsible parents. This publication provides a wealth of information on male partnership issues. We hope that it will facilitate further discourse, research, and interventions in this important but, as yet, nascent field of work. (Extraído de Resumen de los editores y de la Presentación)

## FAMILY HEALTH INTERNATIONAL

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**Family Health International (2002) *A dialogue between the sexes men, women and aids prevention*, (FHI). Arlington.**

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This document describes the background for using dialogue between men and women to exchange ideas and opinions to promote understanding and increased involvement of men in HIV/AIDS prevention. This new HIV/AIDS prevention methodology was launched by the AIDSCAP Women's Initiative through a satellite symposium at the XIth International Conference on AIDS in Vancouver in 1996, and has since been replicated in Nigeria and

India. Men have been at the center of the epidemic for ten years and have suffered enormously. Yet heterosexual men have not had the same opportunities as women to define their agenda, to form a movement and take responsibility. If the HIV/AIDS epidemic is to be stopped, however, gender concerns must be balanced. Women can not succeed in preventing HIV/AIDS without men, and vice versa.

Unfortunately, there is a dearth of information on how heterosexual men respond to HIV/AIDS prevention efforts. "The advent of the AIDS epidemic brought into sharp relief the absence of information on men," a recent study in Health Policy and Planning commented. "Little is known about men's perceptions of their roles in reproductive health."

*The following questions are starting points for face-to-face exchanges at the satellite; to have a lasting impact, they must next be taken up by communities, families and individual couples: Do we need to create forums for discussing the men's agenda for HIV/AIDS prevention? What types of programs and strategies best reach men and women, together and separately? What works? What doesn't work? What are the best strategies for improving communication between men and women about HIV/AIDS prevention? How can men be incorporated into family-planning-based programs to prevent HIV/AIDS and other STDs? How can men be motivated to support economic opportunities for women, reducing women's economic dependence and increasing their ability to protect themselves? How can the consensus reached in Beijing be incorporated into prevention efforts, from the grassroots to international levels?*

This publication, provides a framework for considering these issues, particularly in developing nations. It is being distributed at the satellite meeting to provide reference material for participants, as well as to inform people in the HIV/AIDS prevention community about critical gender issues that will be raised in Vancouver. It notes the paucity of attention paid to men in HIV/AIDS prevention and the absence of an agenda for heterosexual men. By contrast, it examines the growing movement among women to address HIV/AIDS, as well as the role of men in this effort. (Extraído de Resumen de los autores y Capítulo 1)

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**Henry, Kathleen (2002) "Estereotipos ponen en peligro la salud sexual. Se retan a los criterios tradicionales para fomentar el comportamiento sexual de menor riesgo". En: *Network en español*, Vol. 21, No. 4. Primavera. Family Health International.**

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El género tiene una influencia tan poderosa sobre el comportamiento sexual que algunos expertos creen que poner en tela de juicio los puntos de vista tradicionales de la masculinidad y feminidad son esenciales al momento de promover la salud sexual. Los estereotipos de género sobre mujeres sumisas y hombres poderosos pueden ser capaces de restringir el acceso a la información, entorpecer la comunicación y promover comportamientos de riesgo en mujeres y hombres, de formas diferentes, pero igualmente peligrosas. En este sentido, es posible decir que permiten aumentar la vulnerabilidad hacia situaciones de violencia, explotación sexual, embarazos no deseados, abortos en condiciones de riesgo y a condiciones que faciliten contagios con enfermedades de transmisión sexual, incluido el VIH.

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**Finger, William (2000) “Tolerancia en el comportamiento sexual. El comportamiento arriesgado entre los varones adolescentes puede perjudicar a las mujeres de varias formas”. En: *Network en español*, Vol. 20, No. 3. Primavera. Family Health International.**

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El papel de la hombría fomentado en muchas sociedades puede desalentar a los hombres jóvenes a demostrar afecto u otras emociones, además de alentarlos a buscar control, éxito y poder. Responder a determinadas pautas de virilidad lleva a muchos hombres a estar permanentemente estrasados al no poder cumplir con esas normas o expectativas y a generar patrones de comportamiento agresivos que pueden llegar a perjudicar a las mujeres, en tanto alientan a los hombres a tener relaciones sexuales por mera satisfacción física, a tener múltiples compañeras y a tratar a las mujeres con poco respeto e incluso con violencia. Los jóvenes tienden a comenzar sus relaciones sexuales a una edad temprana, tienen más compañeras y son sexualmente más activos que las jóvenes antes de casarse. También es importante tomar en cuenta que los jóvenes suelen presenciar comportamientos irresponsables o de abusos en contra de mujeres y niñas, con frecuencia en sus propias familias, lo que aumenta el riesgo de que ellos mismos lleguen a reproducir en su etapa de adultos iguales comportamientos errados. En relación con lo anterior se plantea la necesidad de alentar a los jóvenes a evitar comportamientos sexuales arriesgados, generando una mejor salud reproductiva para ambos sexos. Desarrollar la autoestima y un sentido de propósito de vida podría permitir un potencial mejor trato hacia las mujeres y que por lo tanto un comportamiento de riesgo sea minimizado. Una manera de trabajar estas conductas sería acercarse a los lugares en los que los jóvenes se desenvuelven en su propia comunidad entregándoles en sus propios espacios información básica sobre cuestiones concernientes a salud reproductiva. Otra fuente de intervención sería a través del trabajo conjunto con los medios de comunicación, adaptando los mensajes a las inquietudes planteadas por hombres y por mujeres en relación con su propia salud reproductiva y sexual.

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**Ndong, Isaiah y W. Finger (1998) “Introducción: Responsabilidad respecto a la salud de la reproducción”. En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

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De acuerdo con la Conferencia de El Cairo 1994, el desafío actual consiste en aumentar la responsabilidad de los hombres en cuanto a la planificación familiar mediante la ampliación de los servicios, de modo que se proteja la salud de la reproducción de los hombres y de las mujeres, y del fomento de una mayor sensibilidad en cuanto a las cuestiones de género, lo que en algunos sectores ha generado una serie de planteamientos como el temor de que disminuyan los recursos destinados a la atención de las mujeres. Otro punto importante de abordar es el que los proveedores deben superar generalizaciones y suposiciones falsas acerca de los hombres, como por ejemplo que los hombres siempre quieren más hijos o que no están interesados en usar métodos anticonceptivos. El diseño de muchos programas ha sido realizado a partir de estas suposiciones, por lo que a priori excluyen a potenciales usuarios, impidiéndoles obtener ayuda para que puedan comprender sus necesidades y así poder cambiar comportamientos perjudiciales. Muchas encuestas han demostrado que los

hombres sí se informan acerca de la anticoncepción, que quieren usarla y que en la medida que aumenta la presión al tener familias numerosas desean optar por tener menos hijos.

En cuanto a la dirección de los programas en pro de mejorar la atención orientada hacia los hombres, estos deben reconciliar opiniones y puntos de vista conflictivos acerca de los hombres y la salud de la reproducción. Como parte de esta labor USAID, estableció un grupo de trabajo de géneros, que examinó enfoques globales que pueden servir para atender las necesidades de hombres y mujeres, contribuyendo a la igualdad de los géneros, para lo cual se fijaron seis objetivos generales:

- Animar a los hombres a que apoyen las opciones de anticoncepción de las mujeres
- Mayor comunicación entre cónyuges
- Mayor uso de los métodos masculinos
- Mejor comportamiento de los hombres para la prevención de las ETS
- Abordar las propias necesidades de salud de la reproducción de los hombres
- Animar a los hombres a ser más conscientes de cuestiones familiares

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**Robey, Bryant y Megan Drennan (1998) “La participación en la salud de la reproducción. Las encuestas indican que los hombres tienen gran interés en la planificación familiar”. En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

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Estudios y encuestas recientes han permitido demostrar que los hombres sí tienen interés en participar en la planificación familiar y en salud reproductiva. Muchos programas han implementado desde hace más de diez años el involucramiento masculino en programas de salud reproductiva, pero es sólo recientemente que los hombres han adquirido preponderancia en este aspecto. Esto se ha debido fundamentalmente a la creciente preocupación por el SIDA, la que ha abierto el debate relativo al comportamiento sexual, por lo cual necesariamente los programas de prevención han debido tener en cuenta tanto a hombres como a mujeres. Estos programas se han centrado tanto en hombres como en mujeres dándoles casi la misma atención, a diferencia de los programas de planificación familiar, que han apuntado básicamente al trabajo con las mujeres. Estos últimos se han orientado hacia las mujeres debido a: son ellas quienes quedan embarazadas, la mayoría de los métodos anticonceptivos están diseñados para mujeres y finalmente porque ha sido conveniente cómo los servicios de salud de la reproducción pueden ofrecer como parte de los servicios de salud materno infantil. El aumento del interés de la participación de los hombres implica averiguar cómo poder llegar a ellos de manera más eficaz. En este sentido los programas de planificación están buscando una orientación más global, en base a realizar más cantidad de encuestas en que se entrevisten tanto a hombres como a mujeres, elaborando encuestas demográficas y de salud que recopilan datos de los hombres comparables acerca de prácticas y actitudes de planificación familiar además de la práctica ya establecida de entrevistar a las mujeres. También ha sido importante la incorporación de análisis cualitativos que con estudios detallados e investigaciones de grupos de opinión. La obtención de este tipo de información ha permitido un avance en cuanto a la superación de estereotipos, lo que ha significado la posibilidad de establecer una imagen de los hombres más ajustada a los hechos.

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**Herndon, Nash (1998) "Los hombres influyen en el uso de anticonceptivos". En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

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En este artículo se revisan una serie de estudios y programas llevados a cabo en América Latina, África y Asia, en relación con el rol fundamental que desempeñan los hombres en relación con el apoyo de la salud reproductiva de sus parejas, mediante el fomento del uso de métodos anticonceptivos. Esto se ve reflejado, por ejemplo, en cómo pueden influir en el uso eficaz de un método anticonceptivo y en contribuir a dar mejores usos a los propios métodos femeninos ( en muchos casos posicionando la utilización de métodos masculinos al interior de las parejas). Además, la participación del hombre en la prevención de las enfermedades de transmisión sexual, incluido el VIH, es fundamental.

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**Finger, William (1998) "Cómo hacer para que los hombres se interesen en la vasectomía. La medida en que debe promoverse la vasectomía puede ser un factor clave en el aumento de su uso". En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

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En este capítulo se da cuenta sobre cómo debe promoverse/informarse a la población respecto al tema de la vasectomía. De acuerdo con expertos pertenecientes a Marie Stopes International es importante tomar en cuenta las normas sociales prevalentes en cada sociedad para así poder guiar adecuadamente las campañas de promoción de este método anticonceptivo. Por otra parte se advierte sobre la importancia de entregar información exacta a los hombres sobre la vasectomía, pero teniendo en cuenta que las campañas siempre deben insertarse en un contexto más amplio en el que sea considerada la promoción de todos los métodos anticonceptivos. El poder determinar con exactitud cómo promover la vasectomía y en qué grado debe ser promovida, se presenta como un elemento clave en la ampliación de la utilización de este método, considerado hasta el momento como subutilizado.

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**Ndong, I. y Finger, W. (1998) "Introducción: responsabilidad respecto a la salud de la reproducción". En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

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Antes de la revolución sexual iniciada con la píldora, los hombres formaban una parte más integral de la planificación familiar y de otras cuestiones de salud de la reproducción que hoy día. Si una pareja deseaba usar la anticoncepción, sus opciones se limitaban principalmente a los métodos que requerían la participación del hombre: coito interrumpido, abstinencia periódica y condones. Los métodos hormonales para las mujeres, comenzando con los primeros anticonceptivos orales en 1960, y la elaboración subsiguiente de dispositivos intrauterinos y la esterilización quirúrgica moderna, condujeron al desarrollo de una comunidad de servicios de planificación familiar centrada en la mujer, que a menudo excluye a los hombres. El desafío de hoy, como lo expresa la Conferencia Internacional sobre Población y Desarrollo (CIPD) celebrada en El Cairo en 1994, consiste

en aumentar la responsabilidad de los hombres en cuanto a la planificación familiar mediante la ampliación de los servicios, de modo que se proteja la salud de la reproducción de los hombres y de las mujeres, y el fomento de una mayor sensibilidad en cuanto a las cuestiones de género. Uno de los mayores obstáculos es la renuencia de los hombres a usar los servicios. (...) Los proveedores también deben superar las generalizaciones y suposiciones falsas acerca de los hombres. Es fácil decir que los hombres siempre quieren más hijos, que no están interesados en usar la anticoncepción, que no les importa propagar las enfermedades de transmisión sexual (ETS), que nunca comparten la responsabilidad de criar a los hijos y que perpetúan la violencia contra las mujeres. (...) En un contexto más amplio, se debe lograr la "igualdad de los géneros". Esta frase, según se usa en el Programa de Acción de la CIPD, se refiere a una igualdad en las funciones y responsabilidades que la sociedad asigna a los hombres y a las mujeres, funciones que influyen en todos los aspectos de la vida. Los proveedores y funcionarios de salud deben hacer hincapié en la interdependencia y los beneficios mutuos derivados de la prestación de servicios a ambos sexos, sin centrarse exclusivamente en un género en perjuicio ulterior de ambos.

**Best, Kim (1998) "Los métodos masculinos experimentales". En: *Network en español*, Vol. 18, No. 3. Primavera. Family Health International.**

En este capítulo se reflexiona sobre la investigación de diferentes métodos hormonales de anticoncepción masculina. En este sentido se analizan las dificultades de los avances en este campo debidas a, por una parte, los largos períodos de testeo que se requieren para la implementación eficaz de estos diferentes métodos, y por otra, a los desafíos que plantea la tarea fisiológica de tratar de controlar el sistema reproductor masculino. Otras condicionantes que imposibilitarían un avance más rápido en este campo de investigación serían, según los expertos, la falta de interés comercial y de obtención de financiamientos. En este sentido la anticoncepción femenina ha sido abordada con mayor facilidad debido a que es mucho menos difícil llegar a interrumpir la ovulación que la producción de millones de espermatozoides por mes. Además la mujer adulta sólo es fértil hasta su menopausia, pero los hombres continúan con la producción de espermatozoides durante toda su vida adulta. A pesar de todos estos desafíos, se han generado una serie de proyectos de investigación que buscan dar cuenta de nuevos métodos anticonceptivos para los hombres. La mayoría de estos prototipos experimentales usan uno de los siguientes dos mecanismos de acción: uno que consiste en suprimir la producción de espermatozoides, por medios hormonales o no hormonales, y otro que consiste en la inhibición de la capacidad de fecundación de los espermatozoides, alterando algún paso clave en el proceso de concepción.

#### **International Planned Parenthood Family**

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**AVCS International e IPPF/Western Hemisphere Region (1998) *Literature Review for the Symposium on the Male Participation in Sexual and Reproductive Health: New paradigms*. AVSC/IPPF. Oaxaca.**

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Men's reproductive responsibilities received global attention at the International Conference on Population and Development (Cairo 1994) and at the Fourth World Conference on Women (Beijing 1995). It was during these two meetings that men and women throughout the world agreed to work to achieve the objective of sustainable development. They reaffirmed the connection between population and development and the understanding that gender equality, together with men's participation in reproduction and paternity, are essential components for sustainable development. After these two meetings, there is little evidence that Latin American governments plan to put into practice the contractual commitments made at these meetings. Some progress has been made in specific areas about research and service provision, and in few countries people are beginning to debate male participation in reproductive health, fatherhood and violence. The intent of this review is to share information on these subjects that is available in the Americas.

The books, articles, and documents presented in this report reflect the advances made in the region, and indicate the challenges that must be confronted. The literature includes theoretical findings and results of research carried out by different researchers. Although research has included works compiled in all the Americas, this review emphasizes studies and programs done in Latin America. It bears witness to men's voices of all ages, of different socioeconomic origins, and of the many countries of the region, including Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Ecuador, Guatemala, Honduras, Jamaica, Panama, Puerto Rico, Dominican Republic, Mexico, Nicaragua and Peru. The findings of these studies reveal a growing concern about the negative consequences—both for women and men—of a traditional and pervasive paradigm of masculinity and its sociocultural mandates, while presenting the emergence of alternative models of masculinity. The document is broken down into themes covered at the symposium: gender and masculinity; masculinity/ies, sexuality, male attitudes, knowledge, and influence on sexual and reproductive health; STD's, HIV, and AIDS; violence; and fatherhood.

## OTRAS INSTITUCIONES U ORGANISMOS

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**Sabo, Don (2000) *Comprender la salud de los hombres. Un enfoque relacional y sensible al género*. Serie Género, Equidad y Salud, Organización Panamericana de la Salud, Harvard Center for Population and Development Studies, Publicación Ocasional n° 4.**

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En este trabajo se examina la salud del hombre dentro de un marco teórico que considera el género. La salud del hombre se conceptualiza dentro de una teoría feminista crítica del hombre, la masculinidad y las relaciones de género. Un argumento fundamental es que determinadas construcciones sociales de masculinidad pueden ser dañinas para la salud de los hombres. También se desarrolla un análisis relacional con el fin de examinar las sinergias existentes entre los comportamientos y los resultados finales de los hombres y las

mujeres en relación con la salud. El argumento central es que las vidas de los hombres y de las mujeres son recíprocas dentro de los patrones más amplios de las relaciones institucionales y que los aspectos de las vidas de los hombres relacionados con el género no solo influyen en su propia salud, sino también en la de las mujeres. Por último, el estudio de la salud de los hombres se trata en el contexto de la equidad de género en salud.

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**Helzner, Judith (1996) "Involucrar a los hombres en la planificación familiar". En: *Reproductive Health Matters* nº 7.**

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La idea de incrementar la participación de los hombres en la planificación familiar ha recibido atención periódica durante los últimos veinte años, pero no se ha llegado a un entendimiento generalmente aceptado de lo que significa involucrar a los hombres. Este trabajo examina las implicaciones de género del involucramiento masculino para el personal y las/los líderes de decisión de los programas de entrega de servicios, y la dinámica de género que rodea al uso de los anticonceptivos, particularmente aquellos métodos que dependen de los hombres. Se discute la importancia de tomar en cuenta el juego entre los papeles de las mujeres y los de los hombres, en lugar de enfocar la situación sobre las mujeres (o los hombres) solamente, con la mira puesta a incrementar la igualdad entre las mujeres y los hombres. Finalmente, se previene contra las formas de "involucrar al sexo masculino" que resulten en que los hombres usurpan lo que antes se consideraba el territorio de las mujeres, y por ende empeorando la actual dominación masculina.

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**Rivers, Kim and Aggleton, Peter (2002) *Working with young men To Promote Sexual and Reproductive Health. Safe Passages to Adulthood*, Faculty of Social Sciences University of Southampton. Southampton.**

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Young men present a number of opportunities for work to promote sexual and reproductive

health. First, there is strong anecdotal evidence that they appear more able than older men to openly discuss sexual health (UNAIDS, 2001). Second, young men may be more able and willing to participate in educational activities. Third, young men, who have not yet fully established their adult patterns of behaviour, may consider alternative views about their roles in sexual and reproductive health more easily than older men. Finally, unsafe sexual practices are not yet entrenched for younger men, who may only just be beginning to develop the values that will shape their lifelong behaviours. This combination of factors offers an excellent opportunity for the development of less harmful practices.

Those working in sexual and reproductive health have increasingly acknowledged the impact of gender relations on health behaviours and outcomes. In recent years, there has also been a growing awareness that work with boys and men, as well as continued initiatives with girls and women, is crucial for the promotion of sexual and reproductive health. In *Men Make a Difference: Objectives and Ideas for Action*, UNAIDS (2000) has recently outlined some of the reasons why work with men and boys is needed:

- men are less likely to seek health care than women;
- men's behaviour puts them at risk – in particular, men are more likely than women to have multiple sexual partners and inject

drugs; • fathers and future fathers need to consider the impact of their sexual behaviour on their families and to take a more caring role in the family. (Extraído de Introducción)

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**Touré, Lalla (1996) *Male involvement in family planning. A Review of Selected Program Initiatives in Africa.* SARA Project, Academy for Educational Development, USAID. S/L.**

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Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies: male involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context “male involvement” should be understood in much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discreet group with the objective of increasing the acceptability and prevalence of family-planning practice of either sex. In the past, family planning programs have focused attention primarily on women, because of the need to free women from excessive child-bearing (...) This focus on women has reinforced the belief that family planning is largely a woman’s business, with a man playing a very peripheral role. Involving men and obtaining their support and commitment to family planning is of crucial importance in the Africa region, given their elevated position in the African society. Most decisions that affect family life are made by men. Most decisions that affect political life are made by men. Men hold positions of leadership and influence from the family unit right through the national level. The involvement of men in family planning would therefore not only ease the responsibility borne by women in terms of decision-making for family planning matters, but would also accelerate the understanding and practice of family planning in general.

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**Lang, James (2002) *Gender is Everyone’s Business: Programming With Men to Achieve Gender Equality. Workshop Report, 10-12 June, 2002.* OXFAM. London.**

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The workshop “*Gender is Everyone’s Business: Programming With Men to Achieve Gender Equality*” took place in June 2002. It represented the culmination of the first six months of the Gender Equity and Men Project, which is managed by the MEEECIS region and the UK Poverty Programme, and funded by the UK Department for International Development and OXFAM. The project aims to develop and apply a gender analysis which includes men as well as women and engages men as well as women, on the assumption that unless men are involved, impact on the poverty will not be sustainable. Its anticipated outcomes included: Improved tools and frameworks for gender analysis, development of pilot projects, production of good practice case studies, improvements to programme design and campaigning that addresses stereotypes of both men and women.

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**Lockwood, Matthew (2002) “*Institutional and Cultural Determinants of***

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***Demand for Reproductive Health Services in Sub-Saharan Africa: A Review and Implications for Research***. Centre for Population Studies, London School for Hygiene and Tropical Medicine. London.

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In the developing world, Sub-Saharan Africa stands out as having distinct combinations of population patterns and reproductive health problems. High fertility and low levels of demand for contraception in most countries go together with relatively poor service quality and comprehensiveness, although this is now changing in a few countries. Some African countries also have the highest prevalence rates for HIV infection in the world, as well as generally high rates of other STDS. High adolescent fertility is widespread, both within and outside marriage, and contributes to high levels of maternal mortality.

There is no consensus view on why African fertility has been so high, why it is now falling, or why HIV has spread so rapidly. However, there is an important body of theoretical and empirical work which argues that the patterns of reproductive behaviour found in Africa are *related to cultural and social institutions unique to the continent. This report reviews that work, and identifies research topics that will be most rewarding in terms of policy relevance. It is the initial step in a programme of further research on institutional and cultural determinants of demand for family planning and other reproductive health services in Africa south of the Sahara.*

What is identified as Acultural@ can often appear very upstream and distant from the immediate concerns of policy making and programme design. However, as is noted in the ODA's framework for population and reproductive health activities - *Children by Choice not Chance* –policy does need to take full account of peoples values and beliefs about family responsibility, human sexuality and fertility (ODA, 1994: 14). Policies which do not pay attention to these values and beliefs face great (even insurmountable) difficulties in achieving their aims. This can be in terms of the broad thrust of policy, and in the details of its implementation. This report identifies potential research in both areas.

The main body of the report is organised into two main sections. The following section briefly reviews some of the approaches to understanding the influence of cultural factors on demand for reproductive health services in sub-Saharan Africa. This review forms the basis for the second section, which consider the implications for policy-oriented research in the areas of family planning services, preventing the spread of HIV and adolescent fertility. A final caveat is that the report relies heavily on a literature in English, which itself is not universal in coverage. There is an emphasis on Anglophone Africa, somewhat at the expense of Francophone Africa. As for Lusophone Africa, much of that category (basically Angola and Mozambique) has been at war for the past fifteen years, and along with other areas such as Somalia, Eritrea and northern Ethiopia, and southern Sudan, has been off-limits to academic research on the issues examined here. This should be borne in mind when general statements about the region are made.

## ANEXO II

### CUADRO RESUMEN DE SITIOS WEB CONSULTADOS octubre - noviembre 2002

<b>CATEGORIA</b>	<b>NÚMERO</b>
<b>SISTEMA ONU</b>	<b>68</b>
<b>EXTRA-ONU</b>	<b>57</b>
<b>TOTAL</b>	<b>125</b>

### CUADRO RESUMEN RESULTADOS BUSQUEDA BIBLIOGRAFICA

<b>CATEGORIA</b>	<b>Nº DE SITIOS REVISADOS</b>	<b>REGISTROS ENCONTRADOS</b>	<b>REGISTROS ACCESIBLES ON-LINE</b>
<b>SITIOS ONU</b>	<b>68</b>	<b>46</b>	<b>31</b>
<b>EXTRA ONU</b>	<b>57</b>	<b>28</b>	<b>17</b>
<b>TOTAL</b>	<b>125</b>	<b>74</b>	<b>48</b>

**CUADRO RESUMEN  
REGISTROS ENCONTRADOS  
SEGÚN ORIENTACIÓN GEOGRÁFICA  
DE LA INVESTIGACIÓN**

<b>ORIENTACIÓN GEOGRÁFICA</b>	<b>REGISTROS ONU</b>	<b>REGISTROS EXTRA-ONU</b>
<b>AFRICA</b>	<b>1</b>	<b>3</b>
<b>EUROPA</b>	<b>1</b>	<b>1</b>
<b>AMERICA</b>	<b>7</b>	<b>0</b>
<b>ASIA Y EL PACÍFICO</b>	<b>0</b>	<b>1</b>
<b>ASIA OCCIDENTAL</b>	<b>0</b>	<b>0</b>
<b>MUNDIAL</b>	<b>37</b>	<b>23</b>
<b>TOTAL</b>	<b>46</b>	<b>28</b>

## BUSQUEDA BIBLIOGRAFICA EN SITIOS WEB DEL SISTEMA DE NACIONES UNIDAS

### TABLA RESUMEN

<b>ORGANIZACIÓN</b>	<b>DIRECCION ELECTRONICA</b>	<b>N° registros</b>	<b>N° Registros accesibles on-line</b>
1. UNCTAD, Conferencia de las Naciones Unidas sobre Comercio y Desarrollo	<a href="http://www.unctad.org/sp/pub/index.htm">www.unctad.org/sp/pub/index.htm</a>	0	0
2. UCTAD-CCI, Centro de Comercio Internacional UNCTAD/OMC	<a href="http://www.intracen.org">www.intracen.org</a>	0	0
3. PNUFID, Programa de las Naciones Unidas para la Fiscalización Internacional de Drogas	<a href="http://www.odccp.org/odccp/index.html">www.odccp.org/odccp/index.html</a>	0	0
4. PNUMA, Programa de las Naciones Unidas para el Medio Ambiente	<a href="http://www.unep.org">www.unep.org</a>	0	0
5. PNUAH/ONU-Habitat, Programa de las Naciones para los Asentamientos Humanos	<a href="http://www.unchs.org">www.unchs.org</a>	0	0
6. PNUD, Programa de las Naciones Unidas para el Desarrollo	<a href="http://www.undp.org/">www.undp.org/</a>	<b>5</b>	<b>5</b>
7. PNUD-UNIFEM, Fondo de Desarrollo de las Naciones Unidas para la Mujer	<a href="http://www.unifem.undp.org/">www.unifem.undp.org/</a>	0	0
8. PNUD-VNU, Voluntarios de las Naciones Unidas	<a href="http://www.unv.org">www.unv.org</a>	0	0
9. FNUAP, Fondo de Población de las Naciones Unidas	<a href="http://www.unfpa.org/">www.unfpa.org/</a>	<b>8</b>	<b>7</b>
10. ONUSIDA, Programa Conjunto de las Naciones Unidas para el VIH/SIDA	<a href="http://www.unaids.org">www.unaids.org</a>	<b>4</b>	<b>4</b>
11. ACNUR, Oficina del Alto Comisionado de las Naciones Unidas para los Refugiados	<a href="http://www.unhcr.ch/cgi-bin/texis7vtx7home">www.unhcr.ch/cgi-bin/texis7vtx7home</a>	0	0
12. UNICEF, Fondo de las Naciones Unidas para la Infancia	<a href="http://www.unicef.org">www.unicef.org</a>	0	0

13. PMA, Programa Mundial de Alimentos	<a href="http://www.wpf.org/index2.html">www.wpf.org/index2.html</a>	0	0
14. OOPS, Organismo de Obras Públicas y Socorro para los Refugiados de Palestina en el Cercano Oriente	<a href="http://www.un.org/unrwa/">www.un.org/unrwa/</a>	0	0
15. OACDH, Oficina del Alto Comisionado de las Naciones Unidas para los Derechos Humanos	<a href="http://www.unhchr.ch/">www.unhchr.ch/</a>	0	0
16. CNUAH, Centro de las Naciones Unidas para los Asentamientos Humanos (Habitat)	<a href="http://www.unchs.org/">www.unchs.org/</a>	0	0
17. UNOPS, Oficina de las Naciones Unidas de Servicios para Proyectos	<a href="http://www.unops.org/web_forms/welcome.htm">www.unops.org/web_forms/welcome.htm</a>	0	0
18. UNU, Universidad de las Naciones Unidas	<a href="http://www.unu.edu/">www.unu.edu/</a>	0	0
19. INSTRAW, Instituto Internacional de Investigaciones y Capacitación para la Promoción de la Mujer	<a href="http://www.un-instraw.org/">www.un-instraw.org/</a>	1	0
20. UNIUCRI, Instituto Interregional para Investigaciones sobre la Delincuencia y la Justicia	<a href="http://www.unicri.it/">www.unicri.it/</a>	0	0
21. UNITAR, Instituto de las Naciones Unidas para Formación Profesional e Investigaciones	<a href="http://www.unitar.org">www.unitar.org</a>	0	0
22. UNRISD, Instituto de las Naciones Unidas de Investigación para el Desarrollo Social	<a href="http://www.unrisd.org/indexsp.htm">www.unrisd.org/indexsp.htm</a>	0	0
23. UNIDIR, Instituto de las Naciones Unidas de Investigación sobre el Desarme	<a href="http://www.unog.ch/unidir">www.unog.ch/unidir</a> (no es posible acceder a la institución)	0	0
24. Comisión de Desarrollo Social	<a href="http://www.un.org/socdev/csd/index.html">www.un.org/socdev/csd/index.html</a>	0	0
25. Comisión de Derechos Humanos	<a href="http://www.unhchr.ch">www.unhchr.ch</a>	0	0
26. Comisión de Estupefacientes	<a href="http://undcp.org(/odccp/cnd.html">http://undcp.org(/odccp/cnd.html</a>	0	0
27. Comisión de Prevención del Delito y Justicia Penal	<a href="http://www.uncjin.org/Documents/documents.html#Commission">http://www.uncjin.org/Documents/documents.html#Commission</a>	0	0

28. Comisión de Ciencia y Tecnología para el Desarrollo	<a href="http://www.unctad.org/en/special/ecn161ds4.htm">www.unctad.org/en/special/ecn161ds4.htm</a>	0	0
29. Comisión sobre el Desarrollo Sostenible	<a href="http://www.un.org/esa/sustdev/csd.htm">www.un.org/esa/sustdev/csd.htm</a>	0	0
30. Comisión sobre la Condición Jurídica y Social de la Mujer	<a href="http://www.un.org/womenwatch/daw/csw/">www.un.org/womenwatch/daw/csw/</a> (no es posible acceder a sus publicaciones)	0	0
31. Comisión de Población y Desarrollo	<a href="http://www.undp.org/popin/unpopcom.htm">www.undp.org/popin/unpopcom.htm</a> (no es posible acceder a la institución)	0	0
32. Comisión de Estadística	<a href="http://unsats.un.org/unsd/statcom/commission.htm">http://unsats.un.org/unsd/statcom/commission.htm</a>	0	0
33. Comisión Económica para África	<a href="http://www.uneca.org/">www.uneca.org/</a>	0	0
34. Comisión Económica para Europa	<a href="http://www.unece.org">www.unece.org</a>	0	0
35. Comisión Económica para América Latina y el Caribe	<a href="http://www.eclac.cl">www.eclac.cl</a>	4	0
36. Comisión Económica para América Latina y el Caribe, Sede Sub-regional México	<a href="http://www.eclac.cl/mexico/">www.eclac.cl/mexico/</a>	0	0
37. Comisión Económica para América Latina y el Caribe, Sede Sub-regional del Caribe	<a href="http://searcher.eclacpos.org/Default.htm">http://searcher.eclacpos.org/Default.htm</a>	0	0
38. Comisión Económica y Social para Asia y el Pacífico	<a href="http://www.unescap.org">www.unescap.org</a>	0	0
39. Comisión Económica y Social para Asia Occidental	<a href="http://www.escwa.org.lb">www.escwa.org.lb</a>	0	0
40. OIEA, Organismo Internacional de Energía Atómica	<a href="http://www.iaea.org/worldatom/">www.iaea.org/worldatom/</a>	0	0
41. OMC, Organización Mundial del Comercio	<a href="http://www.wto.org/indexsp.htm">www.wto.org/indexsp.htm</a>	0	0
42. CTBTO; Comisión Preparatoria de la Organización del Tratado de Prohibición de los Ensayos Nucleares	<a href="http://www.ctbto.org/">www.ctbto.org/</a>	0	0
43. OPAQ, Organización para la Prohibición de las Armas Químicas	No tiene Sitio	0	0
44. OMT, Organización Mundial del Turismo	No tiene sitio	0	0
45. OIT, Organización Internacional	<a href="http://www.ilo.org">www.ilo.org</a>	1	0

del Trabajo			
46. FAO, Organización de las Naciones Unidas para la Agricultura y la Alimentación	<a href="http://www.fao.org/inicio.htm">www.fao.org/inicio.htm</a>	0	0
47. UNESCO, Organización de las Naciones Unidas para La Educación, la Ciencia y la Cultura	<a href="http://www.unesco.org/general/spa">www.unesco.org/general/spa</a>	0	0
48. OMS, Organización Mundial de la Salud	<a href="http://www.who.int">www.who.int</a>	9	9
49. OMS-Oficina Regional para África	<a href="http://www.whoafro.org">www.whoafro.org</a>	0	0
50. OMS-Oficina Regional para Europa	<a href="http://www.who.dk">www.who.dk</a>	5	1
51. OMS-Oficina Regional para el Mediterráneo Oriental	<a href="http://208.47.48190/idx.asp">http://208.47.48190/idx.asp</a>	0	0
52. OMS-Oficina Regional para el Sudeste Asiático	<a href="http://www.whosea.org">www.whosea.org</a>	0	0
53. OMS-Oficina Regional para el Pacífico Occidental	<a href="http://www.wpro.org">www.wpro.org</a>	1	0
54. OMS-Oficina Panamericana	<a href="http://www.paho.org">www.paho.org</a>	8	5
55. BIRF, Banco Internacional de Reconstrucción y Fomento	<a href="http://www.worldbank.org.ida">www.worldbank.org.ida</a>	0	0
56. AIF, Asociación Internacional de Fomento	<a href="http://www.worldbank.org.ida">www.worldbank.org.ida</a>	0	0
57. CFI, Corporación Financiera Internacional	<a href="http://www.ifc.org/">www.ifc.org/</a>	0	0
58. OMGI, Organización Multilateral de Garantía Internacional	<a href="http://www.miga.org/">www.miga.org/</a>	0	0
59. CIAD, Centro Internacional de Arreglo de Diferencias relativas a Inversiones	<a href="http://www.worldbank.org/icsid/">www.worldbank.org/icsid/</a>	0	0
60. FMI, Fondo Monetario Internacional	<a href="http://www.imf.org/external/spa/index.htm">www.imf.org/external/spa/index.htm</a>	0	0
61. OACI, Organización de Aviación Civil Internacional	<a href="http://www.icao.int/">www.icao.int/</a>	0	0
62. OMI, Organización Marítima Internacional	<a href="http://www.imo.org/index.htm">www.imo.org/index.htm</a>	0	0
63. UIT, Unión Internacional de Telecomunicaciones	<a href="http://www.itu.int/home/index-fr.html">www.itu.int/home/index-fr.html</a>	0	0
64. UPU, Unión Postal Universal	<a href="http://www.upu.int/">www.upu.int/</a>	0	0
65. OMM, Organización Meteorológica Mundial	<a href="http://www.wmo.ch/index-sp.html">www.wmo.ch/index-sp.html</a>	0	0
66. OMPI, Organización Mundial de la Propiedad Intelectual	<a href="http://www.wipo.int/index.html.es">www.wipo.int/index.html.es</a>	0	0

67. FIDA, Fondo Internacional de Desarrollo Agrícola	<a href="http://www.ifad.org/">www.ifad.org/</a>	0	0
68. ONUDI, Organización de las Naciones Unidas para el Desarrollo Industrial	<a href="http://www.unido.org">www.unido.org</a>	0	0

<b>TOTAL</b>	<b>46</b>	<b>31</b>
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### TABLA RESUMEN

<b>ORGANIZACIÓN</b>	<b>DIRECCION ELECTRONICA</b>	<b>No. registros</b>	<b>No. registros accesibles on-line</b>
1. CHILD HEALTH RESEARCH PROJECT	<a href="http://www.childhealthresearch.org">www.childhealthresearch.org</a>	0	0
2. CONSORTIUM FOR EMERGENCY CONTRACEPTION	<a href="http://www.cecinfo.org">www.cecinfo.org</a>	0	0
3. INTERNATIONAL PLANNED PARENTHOOD	<a href="http://www.ippf.org">www.ippf.org</a>	0	0
4. INSTITUTE FOR REPRODUCTIVE HEALTH, GEORGETOWN UNIVERSITY	<a href="http://www.irh.org">www.irh.org</a>	0	0
5. JAMA WOMEN'S HEALTH CENTER	<a href="http://www.ama-assn.org/special/womh.htm">www.ama-assn.org/special/womh.htm</a>	0	0
6. OBGYN-NET	<a href="http://www.obgyn.net">www.obgyn.net</a>	0	0
7. POSTABORTION CARE CONSORTIUM	<a href="http://www.pac-consortium.org">www.pac-consortium.org</a>	0	0
8. REPRODUCTIVE HEALTH OUTLOOK	<a href="http://www.rho.org">www.rho.org</a>	<b>8</b>	<b>2</b>
9. BRITISH MEDICAL JOURNAL	<a href="http://bmj.com">http://bmj.com</a>	0	0
10. THE LANCET	<a href="http://www.thelancet.com">www.thelancet.com</a>	0	0
11. NATIONAL LIBRARY OF MEDICINE'S (MED LINE ACCESS)	<a href="http://www.ncbi.nlm.nih.gov/entrez/query.fcgi">www.ncbi.nlm.nih.gov/entrez/query.fcgi</a>	0	0
12. NATIONAL INSTITUTES OF HEALTH	<a href="http://www.nhi.gov">www.nhi.gov</a>	0	0
13. ENGENDER HEALTH	<a href="http://www.engenderhealth.org">www.engenderhealth.org</a>	<b>3</b>	<b>0</b>
14. CEDPA, CENTER FOR DEVELOPMENT AND POPULATION ACTIVITIES	<a href="http://www.cedpa.org">www.cedpa.org</a>	0	0
15. FAMILY HEALTH INTERNATIONAL	<a href="http://www.fhi.org">www.fhi.org</a>	7	7
16. IPAS	<a href="http://www.ipas.org">www.ipas.org</a>	0	0

17. JHPIEGO CORPORATION	<a href="http://www.jhpiego.org">www.jhpiego.org</a>	0	0
18. JOHNS HOPKINS UNIVERSITY CENTER FOR COMMUNICATION PROGRAMS (JHU/CCP)	<a href="http://www.jhuccp.org">www.jhuccp.org</a>	5	5
19. PATH, PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH	<a href="http://www.path.org">www.path.org</a>	0	0
20. PATHFINDER INTERNATIONAL	<a href="http://www.pathfind.org">www.pathfind.org</a>	0	0
21. POPULATION ACTION INTERNATIONAL	<a href="http://www.populationaction.org">www.populationaction.org</a>	0	0
22. POPULATION COUNCIL	<a href="http://www.popcouncil.org">www.popcouncil.org</a>	1	1
23. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT	<a href="http://www.usaid.gov">www.usaid.gov</a>	1	0
24. U.S. COMMITTEE FOR UNITED NATIONS POPULATION FUND	<a href="http://www.uscommittee.org">www.uscommittee.org</a>	0	0
25. INTRAH	<a href="http://www.intrah.org">www.intrah.org</a>	0	0
26. FORD FOUNDATION	<a href="http://www.fordfound.org">www.fordfound.org</a>	0	0
27. ROCKEFELLER FOUNDATION	<a href="http://www.rockfound.org">www.rockfound.org</a>	0	0
28. MACARTHUR FOUNDATION	<a href="http://www.macfound.org">www.macfound.org</a>	0	0
29. W.K. KELLOG FOUNDATION	<a href="http://www.wkcf.org">www.wkcf.org</a>	0	0
30. CDC, CENTERS FOR DISEASE CONTROL	<a href="http://www.cdc.gov">www.cdc.gov</a>	0	0
31. ALLAN GUTTMACHER INSTITUTE	<a href="http://www.agi-usa.org">www.agi-usa.org</a>	1	1
32. DFID, DEPARTMENT OF INTERNATIONAL DEVELOPMENT	<a href="http://www.dfid.gov.uk">www.dfid.gov.uk</a>	0	0
33. FOGARTY INTERNATIONAL CENTER	<a href="http://www.nih.gov/fic/">www.nih.gov/fic/</a>	0	0
34. PAN ASIA NETWORKING	<a href="http://www.panasia.org.sg">www.panasia.org.sg</a>	0	0
35. BILL AND MELINDA GATES FOUNDATION	<a href="http://www.gatesfoundation.org">www.gatesfoundation.org</a>	0	0
36. THE DAVID AND LUCILE PACKARD FOUNDATION	<a href="http://www.packard.org">www.packard.org</a>	0	0
37. GLOBAL FORUM FOR	<a href="http://www.globalforumhealth.org">www.globalforumhealth.org</a>	0	0

HEALTH RESEARCH			
38. SEXUAL HEALTH AND FAMILY PLANNING AUSTRALIA	<a href="http://www.fpa.net.au">www.fpa.net.au</a>	0	0
39. POPULATION CONCERN	<a href="http://www.populationconcern.org.uk">www.populationconcern.org.uk</a>	0	0
40. MARIE STOPES INTERNATIONAL	<a href="http://www.mariestopes.org.uk">www.mariestopes.org.uk</a>	0	0
41. SPANISH INTEREST GROUP ON POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH	<a href="http://www.eurongos.org/SIG.htm">www.eurongos.org/SIG.htm</a>	0	0
42. INTERNATIONAL FAMILY HEALTH	<a href="http://www.ifh.org.uk">www.ifh.org.uk</a>	0	0
43. ACTION CANADA FOR POPULATION AND DEVELOPMENT	<a href="http://www.acpd.ca">www.acpd.ca</a>	0	0
44. ARHA, AUSTRALIAN REPRODUCTIVE HEALTH ALLIANCE	<a href="http://www.arha.au">www.arha.au</a>	0	0
45. AUSTRALIAN NATIONAL UNIVERSITY: SCHOOL OF SOCIAL SCIENCES DEMOGRAPHY AND SOCIAL PROGRAM	<a href="http://demography.anu.edu.au">http://demography.anu.edu.au</a>	0	0
46. NORTH CAROLINA UNIVERSITY: CAROLINA POPULATION CENTER	<a href="http://www.cpc.unc.edu">www.cpc.unc.edu</a>	0	0
47. CHULALONGKORN UNIVERSITY, THAILAND	<a href="http://www.chula.ac.th/college/cps">www.chula.ac.th/college/cps</a>	0	0
48. EAST WEST CENTER: POPULATION AND HEALTH RESEARCH CENTER	<a href="http://www.ewc.hawaii.edu/res-ph.asp">www.ewc.hawaii.edu/res-ph.asp</a>	0	0
49. FLORIDA STATE UNIVERSITY: CENTER FOR THE STUDY OF POPULATION	<a href="http://www.fsu.edu/~popctr/">www.fsu.edu/~popctr/</a>	0	0
50. PENNSYLVANIA STATE UNIVERSITY: POPULATION RESEARCH INSTITUTE	<a href="http://www.pop.psu.edu/Welcome.htm">www.pop.psu.edu/Welcome.htm</a>	0	0
51. PRINCETON UNIVERSITY: OFFICE OF POPULATION RESEARCH	<a href="http://opr.princeton.edu/seminars">http://opr.princeton.edu/seminars</a>	0	0

52. UNIVERSITY OF MICHIGAN: POPULATION STUDIES CENTER	<a href="http://www.psc.isr.umich.edu/">www.psc.isr.umich.edu/</a>	0	0
53. UNIVERSITY OF WISCONSIN: CENTER FOR DEMOGRAPHY AND ECOLOGY	<a href="http://www.ssc.wisc.edu/cde/">www.ssc.wisc.edu/cde/</a>	0	0
54. CONRAD, CONTRACEPTIVE RESEARCH AND DEVELOPMENT PROGRAM	<a href="http://www.conrad.org">www.conrad.org</a>	0	0
55. BBC, SCIENCE NEWS	<a href="http://newssearch.bbc.co.uk">http://newssearch.bbc.co.uk</a>	0	0
56. OXFAM	<a href="http://www.oxfam.org">www.oxfam.org</a>	1	1
57. London School for Hygiene and Tropical Medicine, Centre for Population Studies	<a href="http://www.lshtm.ac.uk">www.lshtm.ac.uk</a>	1	1

<b>TOTAL</b>	<b>28</b>	<b>17</b>
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### **ANEXO III**

#### **NÓMINA DE EXPERTOS CONSULTADOS (por e-mail o teléfono)**

	<b><u>NOMBRE</u></b>	<b><u>INSTITUCIÓN</u></b>
1.	Judith Helzner	Fundación Mac Arthur, U.S.A.
2.	Michèle Burger	Consultora
3.	Peter Aggleton	Universidad de Londres
4.	Gary Barker	PROMUNDO
5.	Ana Lía Korblit	Instituto Gino Germani, Universidad de Buenos Aires
6.	Hernán Manzelli	CENEP
7.	Benno De Keijzer	Salud y Género
8.	Ivonne Szasz	Centro de Estudios Demográficos Colegio de México
9.	Kathleen Taylor	Organización Panamericana de la Salud, Programa de la Mujer, Salud y Desarrollo
10.	Eduardo Liendro	Colectivo de Hombres por Relaciones Igualitarias, A.C. CORIAC
11.	Oswaldo Montoya	Puntos de Encuentro, Nicaragua

12.	Michael Kaufman	White Ribbon, C�nada
13.	Ed Man	Netherlands Development Assistance Research Council
14.	Manisha Mehta	Men As Partners Initiative EngenderHealth
15.	Abdhijit Das	University of Washington
16.	Soliman Farah	Consultor
17.	Andr�s Herrera	Masculinidad, G�nero y Salud Reproductiva, OPS/OMS
18.	Janet Brown	UWI
19.	Juan Guillermo Figueroa	El Colegio de M�xico
20.	Emma Bell	BRIDGE
21.	Edith Pantelides	CENEP, Argentina

**ANEXO IV**  
**ABSTRACTS RECOPIADOS EN BASES DE DATOS,**  
**REVISTAS, DOCUMENTOS Y LIBROS**

**BASES DE DATOS**

**BIBLIOGRAFÍA: HOMBRES Y DIFERENCIAS DE GÉNERO EN SALUD. ORGANIZACIÓN PANAMERICANA DE LA SALUD, PROGRAMA MUJER, SALUD Y DESARROLLO WASHINGTON DC Diciembre 1999**

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**Aldaz, Evelyn; Juárez, Consuelo; Medina, Gabriel; Estrada, Alcides (1999) *La salud sexual y reproductiva de los varones: Una perspectiva de hombres, mujeres, proveedores de servicios y expertos.*; AVSC International. México DF.**

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Durante muchos años, los programas de planificación familiar y salud reproductiva han sido pensados y dirigidos casi exclusivamente hacia las mujeres. A partir de las conferencias internacionales sobre Población y Desarrollo y la Cuarta Conferencia sobre la Mujer, se reconoció como una meta prioritaria crear condiciones para lograr la salud y el ejercicio de los derechos sexuales y reproductivos. El acceso de mujeres y hombres a la información y a los servicios de calidad sobre salud sexual y reproductiva, orientados desde una perspectiva de género, constituye una tarea central para promover un cambio en las percepciones, actitudes y conductas de los hombres y lograr mayor equidad en la pareja. Los objetivos principales de este estudio son: Identificar las valoraciones, percepciones y significados sobre la salud sexual y reproductiva, conocer las percepciones sobre el rol del hombre en este ámbito, explorar como es que los hombres están participando e identificar las necesidades y prioridades de atención en salud sexual y reproductiva de los varones.

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**Fundación CIMDER (1999) *Perspectivas y necesidades de servicios de salud sexual y reproductiva para hombres.* Santiago de Cali; Fundación CIMDER y AVSC International; ene., 150 p. tab, graf.**

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El presente documento esta dividido en cinco secciones: (1) los derechos en salud sexual y reproductiva para hombres, (2) roles y valores masculinos, (3) comportamiento afectivo y sexualidad, (4) servicios y (5) políticas, servicios e investigación en salud sexual y reproductiva para hombres.

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**Díaz, Ana María; Gómez Alcaraz, Fredi Hernán (1998) *Derechos sexuales y reproductivos de los varones. Una reflexión acerca de la masculinidad y los derechos.* Santafé de Bogotá; PROFAMILIA y IPPF; mar. 91 p.**

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Este trabajo intenta cumplir con un doble propósito: el primero se refiere a la identificación y visibilización de las necesidades específicas de los varones en el ámbito sexual y reproductivo, y el segundo a partir de la inferencia de los principios éticos de los Derechos Sexuales y Reproductivos plantear la existencia de caminos que conducen a exponer los derechos y responsabilidades que cobijan a los varones en estos ámbitos (AU).

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**Drennan, Megan (1998) “Reproductive health: New perspectives on men's participation”. *Population Reports.* J(46):36, Oct., ilus, tab, graf.**

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New information, new understanding, and new approaches promise to help men become full partners in better reproductive health. Men, as well as women, play key roles in reproductive health, including family planning, but increasing men's participation has been difficult. Adopting new perspectives can help. Today's perspectives recognize that: men play important roles in decision-making, men are more interested in the topic than it is assumed, understanding the balance of power between men and women can help improve reproductive health behavior and a couple who talks to each other about family planning and reproductive health can reach better, healthier decisions (AU).

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**Family Health International (1998) “Los hombres y la salud de la reproducción”. *Network en español.* Family Health International. 18(3):39, abr, ilus, tab.**

---

Esta edición de Network en español contiene dos secciones en las cuales se desarrollan los temas de: (1) los hombres y la salud de la reproducción y (2) métodos anticonceptivos para los hombres. La primera sección incluye temas como: la responsabilidad respecto a la salud de la reproducción, circuncisión masculina y riesgo de infección por el VIH y como los hombres influyen en el uso de anticonceptivos entre otros. La segunda sección incluye información sobre métodos masculinos experimentales de anticoncepción, el uso de condones y como hacer que los hombres se interesen en la vasectomía.

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**Figuroa Perea, Juan Guillermo (1998) “Algunas propuestas analíticas para interpretar la presencia de los varones en los procesos de salud reproductiva”. -- p.175-198 In: Valdés, Teresa; Olavarría, José. *Masculinidades y equidad de género en América Latina;* Santiago: FLACSO – Chile, ene. 284 p.**

---

Este documento propone repensar la sexualidad, la reproducción y la salud en términos de interacción, con el fin de tratar de construir referencias más claras respecto a la población masculina. El documento se apoya en dos vertientes: la que privilegia lo que se sabe sobre salud reproductiva de las mujeres y trata de explicitar la presencia de los varones y aquella que trata de construir reflexiones sobre los varones en relación a los dinamos a los que

alude la salud reproductiva (AU).

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**Gomensoro, A.; Lutz, E.; Guida, C.; Corsino, D (1998) *Ser varón en el dos mil: La crisis del modelo tradicional de masculinidad y sus repercusiones*. Montevideo; Equipo de Orientación Psicológica, Sexual, Personal, de Pareja y Familiar (ETHOS), UNFPA y MujerAhora; nov. 151 p.**

---

La reivindicación de los derechos sexuales y reproductivos, sobre todo por parte de los grupos de mujeres organizadas, se inicia a mediados de este siglo y no deja de crecer. ¿Qué piensan y qué actitudes tienen, por su parte, los propios varones ante esta situación? Hasta ahora los varones han mantenido un discreto y elocuente silencio. Averiguarlo, a pesar de las obvias resistencias, ha sido la intención de esta investigación (AU).

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**Greene, Margaret E. (1998) *Male involvement in reproductive health: Translating good intentions into gender-sensitive programmes*. Roma; FAO-WHO-UNFPA; Nov. 36 p.**

---

This paper attempts to clarify what male involvement could mean, and how it has been interpreted in programmatic and research efforts. An analysis of socio-cultural and intellectual influences on the policies and research that give rise to and provide the context for reproductive health interventions, reveals the assumptions that have structured many programmes. We are fortunate to be able to rely on the Programme of Action from the 1994 International Conference on Population and Development (ICPD) in Cairo, as it provides language far more visionary than what is reflected in most reproductive health programmes. What are the concrete ways in which this vision can be translated more effectively into efforts to include men in reproductive health?

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**Roth, Denise (1998) “Community-based strategies to involve men in maternal health”. Roma; s.n; Nov., 11 p. Presented to: *Male involvement in sexual and reproductive health programmes and services* (Roma : Nov., 1998)**

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This document presents the experience the Safe Mother Initiative launched ten years ago. The lessons learned show that the involvement of ALL family members, official and unofficial community leaders is needed. There is also a need to establish a system for emergency transport and locally-based and run credit schemes.

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**Villa, Alejandro Marcelo (1998) “El varón en las relaciones de género: reflexiones para la intervención en sexualidad y reproducción.” -- p.199-213. In: *Avances en la investigación social en salud reproductiva y sexual*. Asociación de Estudios de Población de la Argentina (AEPA); Centro de Estudios de Estado y Sociedad (CEDES); Centro de Estudios de Población (CENEP). Capítulo III: El rol de los varones en la reproducción; ago. 213 p.**

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El presente trabajo tiene dos propósitos. El primero es introducir la articulación entre los campos de estudio de los procesos de salud reproductiva y sexualidad y los de género para el abordaje de las problemáticas de las masculinidades y el segundo es brindar algunos elementos para pensar la inclusión de la presencia de los varones en las poblaciones destinatarias de programas de intervención en salud reproductiva y sexualidad (AU).

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**Engle, Patrice L (1997) “The role of men in families: achieving gender equity and supporting children”. -- p.31-40 In: *Men and Masculinity* - Caroline Sweetman; Oxford, Oxfam, Jan.**

---

Fathers and men in families represent one of the most important resources for children's wellbeing. Social services, including development interventions in the South, have failed to take into consideration the major role of men in families, and its effects on women, on children, and on the men themselves (AU).

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**PATH (1997) “Involving men in reproductive health”. *Outlook*, 4(3):1-6, Feb.**

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Family planning and reproductive health programs around the world are increasingly recognizing that men are an important audience for their services. Not only do men have reproductive health concerns of their own, but their health status and behaviors also affect women's reproductive health. The Programmes of Action of both the 1994 ICPD in Cairo and the Fourth World Conference on Women in Beijing recognized the role of men in reproductive health and highlighted the need to develop more programs that reach men. A key component to involving men is to encourage men to support women in their reproductive health needs and decisions, share the responsibility for family planning and reproductive health and the presence of reliable and comprehensive information.

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**Kaune, Verónica (1997) *Auto-diagnosis of community problems, the involvement of men in facilitating access to health care for women*. La Paz; Mother Care-Bolivia; Sept. 16 p.**

---

The purpose of this paper is to identify the involvement of men in facilitating access to health care for women. Two topics will be covered: First, a description of what was found in the study with respect to husbands' involvement when their wives suffered a complication. Secondly, a description of how the MotherCare Bolivia IEC/C Strategy is targeting pregnant women's husbands/partners to involve them in the process to access adequate care. The strategy tries to empower women by teaching them how to recognize risk signs while pregnant, and assisting them to make their own decisions with respect to their health. On the other hand, their husbands and extended family and health providers are thought to support her in her decisions by listening to her, validating her needs and providing cultural appropriate health care (AU).

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**Villela, Wilza (1997) *Homens que fazem sexo com mulheres: prevenindo a transmissão sexual do HIV; proposta e pistas para o trabalho*. Men having sex with women: preventing HIV transmission; proposal and hints for the work. São Paulo; Núcleo de Estudos e Prevenção da AIDS, NEPAIDS. 52 p. ilus.**

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A prática do sexo mais seguro é tão necessária para homens heterossexuais quanto para qualquer outro grupo populacional. Assim, do mesmo modo que se pensam estratégias que facilitem a prevenção da transmissão sexual do HIV entre os diferentes grupos populacionais, é importante pensá-las também para a população masculina. A finalidade deste trabalho é constituir uma contribuição nesse sentido (AU).

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**Berer, Marge (1996) “Men”. *Reproductive Health Matters*. (7):7-10, May, ilus.**

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This issue of Reproductive Health Matters presents a complex tapestry of perspectives on men, sexuality and women's reproductive health and rights. The papers offer women-centered perspectives and take gender issues into account. The first two papers analyze the changing meanings of masculinity creating a prism through which the rest of the papers may be viewed. Reflecting the overriding emphasis on family planning in this as-yet nascent reproductive health field, several authors focus on men and family planning issues. There are also papers on sexuality, fatherhood, reproductive tract infection, sex education and condom use, and importantly, gender violence, rape and sexual abuse.

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**Careaga Pérez, Gloria (1996) *Las relaciones entre los géneros en la salud reproductiva*. México; Comité Promotor por una Maternidad sin Riesgos en México; oct. 80 p. tab.**

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El presente texto busca dejar testimonio de las discusiones y análisis desarrollados durante el taller sobre las relaciones entre los géneros en la salud reproductiva, que se convocó por la Dirección General de Salud Reproductiva de la Secretaría de Salud y el Comité Promotor por una Maternidad sin Riesgos en México, del 10 al 11 de agosto de 1995. El objetivo general del taller fue el de brindar elementos para la incorporación de la perspectiva de género en el trabajo cotidiano de los servicios del sector salud.

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**Ezeh, Alex C.; Seroussi, Michka; Raggars, Hendrik (1996) *Men's fertility, contraceptive use, and reproductive preferences*. Calverton; DHS; Mar. 45 p. tab, graf.**

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The role of men in the family-planning process has been a concern in the areas of the world where men are believed to hold views antagonistic to family planning. To address this concern, the Demographic and Health Surveys (DHS) program has been collecting data on men in developing countries. The DHS surveys of men have evolved over time to include all men and not only husbands. In this report, comparability across surveys is achieved by limiting the analysis to current married men and by restricting the set of indicators examined. These indicators include fertility levels, fertility preferences, knowledge and use

of contraception, and intention for future use (AU).

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**Hulton, Louise; Falkingham, Jane (1996) “Male contraceptive knowledge and practice: what do they know?” *Reproductive Health Matters.* (7):90-100, May. ilus, tab.**

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The post-Cairo period has seen dramatic increases in interest in 'men' but there is little known about male knowledge, attitudes and practices with regard to contraceptive use. This paper examines current knowledge about male behaviour, and extends that knowledge using data from Demographic and Health Survey Male Surveys. Findings cast doubt on the conventional wisdom that male knowledge is low. Married men's use of any method is relatively high compared to that reported by their female counterparts, and is predominantly made up of two methods, the condom and withdrawal. Use of these methods by married women is considerably lower. This is due to differential use inside and, more importantly, outside marriage. These findings suggest that it is less the lack of knowledge amongst men concerning the means to prevent conception than the lack of male motivation that explains the low use of contraception within marriage (AU).

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**Luciano Ferdinand, Dinnys (1996) “Another side of quality”. *Reproductive Health Matters.* (7):144-5, May.**

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Any image of men as non-active, non-existent parties to the everyday activities of reproductive health services denies the multiple ways in which men affect how women use those services. In 1995, PROFAMILIA of the Dominican Republic initiated a series of workshops which identified problems that our women clients face, including ways in which men control and influence their contraceptive and reproductive decisions (AU).

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**Ringheim, Karin. (1996) “Whither methods for men?: emerging gender issues in contraception”. *Reproductive Health Matters.* (7):79-89. May, ilus**

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Few would deny that the knowledge and use of the means to control fertility have contributed to women's empowerment. Yet, in addition to being a right for women, contraception can also be a burden, and dissatisfaction with female-dependent methods is common. Men wanting to share responsibility for birth spacing have few reversible options at present, but new reversible methods for men are under development. Acceptability was studied during a recent contraceptive trial of a prototype injectable hormonal method for men. Of the British men who participated in the trial and their women partners, many were dissatisfied with the pill and other female-dependent methods they had tried. This paper examines why the development of an effective, reversible, non-barrier contraceptive method for men is an important gender issue, and why prospects for its success could hinge on how it is perceived by women as well as by men (AU).

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**Steele Verme, Cynthia; Wegner, Mary Nell; Jerzowski, Terrence (1996) “The**

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**language of male involvement: What do you mean by that?". *Populi* 11, Nov. 1 p. ilus.**

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In this document, the authors make the differences between the terms men's responsibility, men's involvement and men's programmes and come to the conclusion that the term men as partners is more promising as it provokes less strong reactions. Men as partners includes men's awareness of and support for the family planning and reproductive health choices of their partners, men's awareness of and action to safeguard the reproductive health of their partners and themselves and finally men's use of contraceptive methods.

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**Alvarez Suárez, Mayda (1995) "Maternidad y paternidad: roles de género". *Sexología y Sociedad*. (1):28-32, abr.**

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El estudio de los roles sociales en la familia constituye un importante camino de investigación al permitirnos entrar en la dinámica de las relaciones interpersonales en este grupo social; al servirnos de puente entre los procesos internos de la personalidad y la vida familiar como grupo. Ser padre y madre son funciones especiales y complejas de la vida de un hombre y de una mujer y, como tales, influidas por una variedad de factores. Estos roles están profundamente condicionados social y culturalmente; sin embargo, para su mejor comprensión, es imposible separarlos de determinados procesos biológicos vinculados a la maternidad y a la paternidad, ni de la historia personal del hombre y de la mujer que son padres (AU).

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**Minello, Nelson. (1995) "Reflexiones sobre masculinidad". *Salud Reproductiva y Sociedad*. 2(5):13-6.**

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Estudiar la(s) masculinidad(es) con rigurosidad -y, aunque sea obvio, cualquier tema social, no tiene un "camino real" trazado. Hay pistas, sugerencias, enfoques, pero todavía falta mucho por hacer. Esa tarea es compleja pues, como construcciones sociales, las masculinidades no pueden aislarse del contexto. Estudiar aisladamente a los varones implica ocultar –consciente o inconscientemente- muchos problemas. Analizados en su contexto supone, por otra parte, un largo y muchas veces tedioso trabajo de construir la totalidad. Para decirlo de otro modo, exige contemplar un número relativamente alto de 'variables' y, fundamentalmente, los puntos (las redes) de interacción de esas variables. En otras palabras, interrelacionar los cambios de identidades de género, la sexualidad, el cuerpo y el imaginario, con el contexto y los cambios sociales, económicos y políticos del imaginario social, etc., y no estudiar a los varones aisladamente. Aún en estos tiempos posmodernos, la totalidad bien entendida, sin rigideces estructurales ni ideológicas, muestra ser un instrumento eficaz para el conocimiento (AU).

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**Schutter, Martine de (1995) "A gender perspective on the sexual and reproductive health of children, adolescents and youth". Washington, D.C; PAHO; 18 p. Presented to: *Children and Youth, Promoting Healthy Futures: Millennium Conference: Washington, D.C : 10-13 Sept. 1995.***

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The sexual and reproductive health situation of children, adolescents and youth is of great concern to the Pan American Health Organization. Generally, adolescent girls and young women are seen as the main persons negatively affected their sexual and reproductive health. Little attention is given to the role and situation of boys and men. The introduction of gender considerations in health has revealed the different ways in which social constructions of femininity and masculinity, together with biological characteristics, differentially shape men's and women's health situation profiles... (AU).

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**Folbre, Nancy. comp. (1994) "Men's and women's social and economic responsibilities for children". -- p.1-12 In: Moore, Kirsten; Rogow, Debbie. *Family planning and reproductive health: briefing sheets for a gender analysis*. New York, The Population Council.**

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In most cultures around the world, men and women have been assigned distinct responsibilities for child care; men are generally seen as the providers and women as the nurturers. However the costs of children were born in the past, in most areas of the world today the monetary cost of children to parents is rising, imposing significant stresses and strains upon the entire social system. Mothers are under increasing pressure to generate income in ways that are not always compatible with child care, and, in some circumstances, fathers' economic and social commitments to their children are waning. Despite this shift in male and female parenting roles and responsibilities, many social policies and cultural norms, including those that guide family planning programs continue to reinforce the assumption that mothers will have primary responsibility for the child's social development and that fathers will be responsible for generating and contributing the necessary income to support their families (AU).

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**Engle, Patrice L; Breaux, Cynthia. (1994) *Is there a father instinct: fathers' responsibility for children*. Washington, D.C; International Center for Research on Women; Feb.. Pr: The Population Council; International Center for Research on Women. Family Structure, Female Headship and Maintenance of Families and Poverty. 65 p**

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This report has four sections. The first describes the kinds of roles that fathers play in their children's lives, gives some examples of fathering, and outlines some universals and variations in fathering roles. The next section outlines some of the research on the effects of fathering on children. The third section addresses the critical question: Why are some fathers more responsible than others? What theories exist to explain the differences in fathering, and which has been most persuasive? Finally, some programs that have been designed to improve or assist men to develop new fathering roles are discussed (AU).

**BIBLIOGRAFÍA SOBRE ASPECTOS SOCIALES DE LA REPRODUCCIÓN HUMANA AMÉRICA LATINA Y EL CARIBE 1990-2001 PROGRAMA REGIONAL SOBRE ASPECTOS SOCIALES DE LA REPRODUCCIÓN HUMANA (PRASSAR). CENEP/OMS. BUENOS AIRES 2002**

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**Guzman, José Miguel; Hakkert, Ralph; Contreras, Juan Manuel; Falconier de Moyano, Marta (2001) *Diagnóstico sobre salud sexual y reproductiva de adolescentes en América Latina y el Caribe*. México, D.F. : UNFPA. 265 p. : tpls.**

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El tema de la salud sexual y reproductiva de los adolescentes ha asumido una gran importancia en la literatura y en los programas de la región durante los últimos años. Sin embargo, se observa que su abordaje, en especial para la formulación de políticas y programas, se hace desde una perspectiva tendiente a exagerar la magnitud de los problemas asociados con ella, y que esta exageración deriva de prejuicios en torno al tema. El tema de la salud sexual y reproductiva de los y las adolescentes es altamente complejo y requiere un acercamiento integral para su análisis. Un enfoque centrado únicamente en la prevención de riesgos, independiente del contexto socioeconómico y cultural en que viven los adolescentes, puede llevar a conclusiones erradas y a políticas no siempre adecuadas a sus necesidades reales. Algunos aspectos de la complejidad de este tema se observan con relación al embarazo adolescente, considerado tradicionalmente como el principal problema de salud reproductiva de este grupo. En este trabajo se documenta cómo en importantes sectores de los países latinoamericanos se vive una realidad sociocultural en la cual el embarazo adolescente no se percibe necesariamente como un problema, sino que es parte de las prácticas culturales vigentes en el marco de la constitución de las uniones y de la formación de las familias. Por ello, se sugiere que la conceptualización del embarazo adolescente se entienda en un contexto en que estas prácticas se contraponen con los requerimientos de las sociedades modernas, en las que se considera que las mejores opciones de vida de los adolescentes no están en la maternidad y la paternidad, sino en el desarrollo de sus potencialidades educativas y normativas en preparación para la vida adulta. En el caso de la sexualidad, el documento identifica las dualidades que enfrentan cada día las y los adolescentes. Por una parte, socialmente se crean condiciones que incentivan su actividad sexual mientras que en la práctica educativa y familiar se establecen límites para que esta actividad se produzca. Por otra parte, se da un tratamiento opuesto a mujeres y a hombres adolescentes, negando a las primeras la sexualidad y, al mismo tiempo, incentivando a estos últimos a una experiencia sexual temprana sin la debida preparación para una sexualidad sana y segura. Los autores de este documento, miembros o investigadores asociados al EAI, han hecho un esfuerzo particular por poner a disposición de los lectores el análisis de la mayor cantidad de información actualizada disponible en cada uno de los temas. En muchos casos, desmitifican algunas creencias y conclusiones erradas que circulan y que afectan negativamente la efectividad de los programas. Obviamente, la información es frecuentemente incompleta y no ha permitido avanzar suficientemente en aquellos temas que, por novedosos, aun no se plasman en los sistemas estadísticos nacionales. La generación de informaciones más adecuadas en ese campo queda como un reto en este proceso de avanzar hacia un conocimiento más acabado de la

realidad adolescente latinoamericana.

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**La Rosa Huertas, Liliana (2001) *La gestión de la atención de salud de las adolescentes y jóvenes en Chile y Perú: estudio de siete casos y una propuesta a probar en el sector público*. Lima: Sociedad Peruana de Adolescencia y Juventud. 154 p.: grafs.**

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Esta investigación tuvo como objetivo proponer elementos básicos para el diseño de un modelo de atención en salud del adolescente, a través de la identificación de las características que deben reunir los servicios diferenciados de atención a adolescentes para ser viables en el sector público. Con tal fin se realizó un estudio de casos en siete servicios de atención para adolescentes: en el Perú se estudiaron 4 casos del sector público y uno de un organismo no gubernamental, y en Chile se estudiaron dos casos, uno del sector público de salud y otro de la Universidad de Chile. La metodología utilizada incluyó entrevistas en profundidad, observaciones participantes, revisión de materiales producidos y una encuesta que tenía como objetivo utilizar la metodología de mercadeo social para hacer un análisis de percepciones que permitiera construir los atributos que los usuarios consideran centrales en el establecimiento de servicios para ellos. Entre las conclusiones de trabajo podemos señalar: a) Desde la perspectiva del usuario, los servicios deberían reunir las siguientes características: confidencialidad y ninguna injerencia de los padres; que los oferentes del servicio sean acogedores y cálidos evitando el trato directivo, respetuosos de la realidad de los usuarios; el servicio debe contar con material audiovisual entretenido y educativo en las áreas de sexualidad, salud reproductiva, problemas de comunicación con los padres y pares, problemas de aprendizaje y orientación vocacional; el servicio debe tener capacidad resolutoria de los problemas por los cuales consultan los adolescentes; costos escalonados, adecuados a las posibilidades económicas de los usuarios; que el servicio brinde oportunidades de participación y organización entre los usuarios; que el servicio tenga un acceso directo y discreto, diferente del acceso de adultos. b) A nivel hospitalario, debería existir un servicio diferenciado para adolescentes (desde las actividades de consulta, hasta las de hospitalización), tanto en el ámbito de ubicación física y organizacional, como en el ámbito de recursos humanos. Esto supone cambios en la planificación de los servicios, pasando de la planificación por patologías a la planificación por segmentos poblacionales, de la atención unidisciplinaria y multidisciplinaria a la atención ofrecida por equipos interdisciplinarios (médicos, enfermeras, trabajadoras sociales, psicólogas, obstétricas). c) En los diferentes niveles de atención debe buscarse la participación activa de adolescentes de organizaciones pre-existentes y los organizados como promotores de salud, tanto para realizar labor preventiva - promocional básica con sus pares, como para apoyar la labor asistencial. El servicio debe tener capacidad para desarrollar una labor transectorial con los diversos actores sociales involucrados en el tema en el ámbito comunitario, privilegiando a los sectores de educación, trabajo, justicia, iglesia y las organizaciones de base. d) Los servicios deben realizar exhaustivas evaluaciones sobre la disposición a pagar de la demanda existente (clientes diversos: adolescentes, padres de familia, profesores, etc.) para establecer una escala de pagos por los servicios que se brindan. Esto legitimaría los servicios con relación a su aporte a la generación de ingresos propios, que la reforma sanitaria incluye. e) La salud mental, la salud sexual y reproductiva y la promoción de conductas saludables en los adolescentes, constituyen los ejes de la demanda de atención de

este grupo poblacional; para ello es necesario capacitar a los recursos humanos involucrados. f) Los servicios deben priorizar la inclusión entre sus usuarios, de los adolescentes varones, de las adolescentes sin vida sexual activa y de los adolescentes con conductas de riesgo (prostitutas, prostitutas, pandilleros, etc.). La investigación muestra que los servicios sólo están captando adolescentes embarazadas y adolescentes con neceSIDA des de información y capacitación con escasas conductas de riesgo.

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**Casterline, John B.; Sinding, Steven W (2000) *Unmet need for family planning in developing countries and implications for population policy*. New York: Population Council, 44 p. (Working papers / Population Council, n° 135)**

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Este artículo examina la historia de la necesidad de planificación familiar no satisfecha y el desarrollo de métodos cada vez más refinados de su medición empírica, y esboza los principales interrogantes que durante la última década se han formulado sobre la necesidad no satisfecha, algunos de las cuales se relacionan con la validez del concepto y otros con su función en los debates de políticas. La discusión se basa principalmente en las investigaciones empíricas llevadas a cabo durante los años noventa, muchas de ellas de índole local que combinan metodologías cuantitativas y cualitativas. De las causas de la necesidad no satisfecha, además de aquellas relacionadas al acceso a los servicios se destacan en especial tres: falta del conocimiento necesario acerca de los métodos anticonceptivos, oposición social a su uso, e inquietudes de salud acerca de posibles efectos secundarios. Se sostiene que el concepto de necesidad de planificación familiar no satisfecha, al combinar el comportamiento anticonceptivo y las preferencias de fecundidad, fomenta la integración de los programas de planificación familiar y criterios más amplios para el desarrollo de políticas de población. Al estar enfocado en la realización de las aspiraciones individuales, la necesidad no satisfecha aparece como una importante justificación para la formulación de políticas de población y como una guía razonable para el diseño de programas de planificación familiar.

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**Oliveira, María Coleta F.A. de, org. (2000) *Cultura, adolescencia e saúde: Argentina, Brasil e Mexico*. Campinas: Consorcio de Programas em Saude Reprodutiva e Sexualidade na America Latina, 160 p.**

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Se presentan en esta publicación tres monografías sobre adolescencia y salud en Argentina, Brasil y México. La elaboración de estos trabajos fue parte de las actividades de preparación de un proyecto de investigación comparativa sobre las relaciones entre cultura, adolescencia y salud a ser realizada por tres centros de investigación que integran el Consorcio de Programas en Salud Reprodutiva y Sexualidade en América Latina. Se incluyen los siguientes trabajos: · "Adolescência e saúde em três países latino-americanos: balanço e perspectivas", Claudio Stern y María Coleta Oliveira. · "Salud reproductiva de los/as adolescentes. Argentina, 1990-1998", Silvana Weller. · "Cultura adolescente e saúde: perspectivas para investigação", Gabriela Calazans. · "Adolescencia y salud en México", Claudio Stern y Gabriel Medina.

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**Giffin, Karen; Cavalcanti, Cristina (1999) “Homens e reprodução”. *Estudos Feministas*, Vol.7, nº1/2.**

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Se han multiplicado últimamente los estudios de género sobre lo masculino, que hacen consideraciones sobre las relaciones que los hombres establecen con las mujeres, con los hijos y con otros hombres. Tales estudios reflexionan sobre el universo masculino, las relaciones entre lo público y lo privado, lo social y lo individual, el pasado y el presente, lo ideal y lo material, lo biológico y lo social. A través de un análisis de la producción brasileña reciente de trabajos que consideran a los hombres en su relación con la reproducción las autoras encuentran que el distanciamiento del cuerpo que es parte de la socialización para la masculinidad ha sido identificado como limitador de las relaciones afectivas masculinas en la sexualidad, en el control de la fecundidad y en la prevención de ETS. La perspectiva de la salud del hombre aparece como un punto neurálgico hasta ahora poco explorado. Se propone que de este nuevo eje de reflexión surjan una serie de preguntas para investigaciones futuras.

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**Mundigo, Axel I., ed.; Indriso, Cynthia, ed. (1999) *Abortion in the developing world*. London: Zed Books, WHO. 498 p.: ilus., tpls.**

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Este libro presenta los resultados de veintidós estudios - la mayoría llevados a cabo en países del tercer mundo donde el aborto es ilegal y por lo tanto inseguro. El libro tiene como enfoque central presentar las experiencias de mujeres que confrontando un embarazo no deseado decidieron terminarlo, en la mayoría recurriendo a abortos en la clandestinidad. Los capítulos incluyen las opiniones y perspectivas de mujeres, y en algunos casos, de proveedores de aborto sobre esta práctica, que tiene consecuencias sumamente negativas no solo para la mujer, sino para su familia y por lo tanto para la sociedad en general. Como uno de los impactos mas fuertes del aborto clandestino inseguro es sobre la salud de la mujer, y a veces sobre su vida, el libro da suma importancia a las motivaciones, los procesos de toma de decisión, las condiciones económicas y los contextos sociales y de servicios que conducen a la toma de esta decisión, incluso cuando la mujer conoce los riesgos que esto implica. Los capítulos sobre situaciones en América Latina, por ejemplo Chile, México, República Dominicana, entre otros, dan mucho énfasis a este aspecto. Otros, por ejemplo, China, Cuba, Turquía, donde el aborto es legal, se concentran sobre los determinantes que llevan a un aborto, tal como la falla de un método anticonceptivo, o razones para no usar, falta de acceso a servicios de planificación familiar y otros temas que puedan explicar el porqué de esta opción. Las opiniones de los proveedores y su actuación confrontando una demanda creciente de aborto son también importantes y se exploran en México, Indonesia, Filipinas, Sri Lanka. Muchos de los estudios que se incluyen – todos apoyados por la Organización Mundial de la Salud - utilizaron métodos cualitativos en su metodología de investigación, solo en el caso de Colombia se utilizó una encuesta nacional. Los métodos empleados en los estudios son comentados en un capítulo especial al igual que la importancia de estos estudios para la formulación de políticas de salud. Los estudios cubren tantomujeres casadas como adolescentes solteras, proveedores en contextos donde la práctica es legal como en donde no lo es, personal de servicio de salud y planificación

familiar, y otros. El libro está organizado alrededor de los siguientes grandes temas: la relación entre el aborto y la anticoncepción; la calidad de los servicios de aborto, que incluye secciones sobre perspectivas de las mujeres y de los proveedores; la sexualidad de adolescentes y el aborto; y, finalmente, la investigación y sus implicancias para políticas de salud.

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**Reyes Zapata, Hilda Consejo de Población (1999) *Un sistema de medición de la calidad de los servicios de salud sexual y reproductiva desde una perspectiva de género*. Nueva York: Population Council. 59 p.: tpls. (Documentos de Trabajo / Population Council , n° 29)**

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Este documento contiene los resultados de una investigación realizada en México para el desarrollo de un modelo de mejora continua de la calidad de los servicios de salud sexual y reproductiva. Dicho modelo incluye estrategias complementarias, entre ellas la creación de un sistema de monitoreo y evaluación de los servicios sustentado en indicadores y estándares de calidad que, a su vez, se centran en la atención de las(os) usuarias(os) desde una perspectiva de género. La construcción de estos instrumentos parte de la premisa de que una buena calidad de los servicios de salud no sólo considera los aspectos biológicos, sino también los factores socioculturales que enmarcan las características personales de las(os) usuarias(os), especialmente los roles de género que los distinguen. Cumplir con este señalamiento permite una mejor comprensión del proceso de salud-enfermedad de las(os) usuarias(os) y da más elementos para determinar el diagnóstico e incidir de manera precisa en los métodos terapéuticos y de educación para el cuidado de la salud. Al mismo tiempo, contribuye a superar las inequidades derivadas de los roles de género en el proceso de la atención. En este documento se presentan el listado de indicadores y estándares propuesto, el instrumento para efectuar la entrevista y los instructivos para las personas que apliquen y codifiquen, así como la correlación específica entre las preguntas de la entrevista y los indicadores, para efectuar un análisis y seguimiento sistemático.

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**Blanc, Ann K. (1998) “Sexual behaviour and contraceptive knowledge and use among adolescents in developing countries”. *Studies in family planning*, vol 29, n°2, junio, p. 106-116: Tpls.**

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Este artículo ofrece una revisión del comportamiento sexual y del conocimiento y uso de anticonceptivos entre mujeres adolescentes de un gran número de países en desarrollo. Los resultados demuestran que la brecha entre la edad en la primera relación sexual y la edad al momento del primer matrimonio se ha incrementado casi universalmente en el África al sur del Sahara y en la mayoría de los países de otras regiones, a través de las cohortes de edad. El modelo predominante es aquel en el cual tanto la edad al momento de contraer nupcias como la edad en la primera relación se han elevado, pero el incremento es mayor en la edad correspondiente al matrimonio, resultando por ello una brecha aún más grande. En la mayoría de los países del África al sur del Sahara, el uso actual de anticonceptivos es más alto entre las adolescentes solteras sexualmente activas que entre las casadas, mientras que en América Latina y el Caribe, los niveles de uso corriente son mayores entre las

adolescentes casadas. Los resultados también muestran que es improbable que las adolescentes usen un anticonceptivo la primera vez que tienen sexo y que es más probable que experimenten un fracaso de la anticoncepción que las mujeres de mayor edad..

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**Díaz, Margarita; Spicehandler, Joanne (1998) *Foro Latinoamericano: la incorporación del enfoque de género de la capacitación, implementación, investigación y evaluación en los programas de salud sexual y reproductiva*. Washington, D.C.: ICRW ; Population Council. 35 p.: ilus.**

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Este documento refleja las cuestiones y problemáticas que fueron abordadas en el Foro Latinoamericano "La incorporación del enfoque de género en la capacitación, implementación, investigación y evaluación de en los programas de salud sexual y reproductiva", realizado en Washington los días 15, 16 y 17 de octubre de 1997. El trabajo parte del concepto de que incorporar el enfoque de género al concepto de salud sexual y reproductiva es crucial para mejorar la calidad de la atención y las condiciones de vida de mujeres y hombres, significando promover la disminución de las desigualdades e inequidades de género, principalmente en el campo de las decisiones relacionadas con la sexualidad y la reproducción. Se reflexiona particularmente sobre la relación entre capacitación, implementación del enfoque de género, investigación operativa y evaluación. El documento concluye con una serie de recomendaciones generales.

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**Gomensoro, A. Fondo de Población de las Naciones Unidas (1998) *Ser varón en el 2000: la crisis del modelo tradicional de masculinidad y sus repercusiones*. Montevideo: FNUAP, New York. 151 p.**

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Este libro pretende constituirse en un instrumento didáctico a utilizar en el desarrollo de un proyecto de capacitación de docentes y educadores varones en relación con la problemática de género y con el tema de los derechos sexuales y reproductivos de hombres y mujeres. Los autores adoptan como propios los propósitos que alentaron la investigación de Hite sobre sexualidad masculina: "Averiguar lo que el hombre americano siente, piensa y hace; Comprobar si la práctica y los sentimientos sexuales están cambiando, especialmente en el sentido de hacerse más recíprocos, generosos y mejor informados; Ver de qué modo el comportamiento sexual de los hombres se relaciona con una visión más amplia de sí mismos y del mundo: averiguar no sólo cómo los hombres 'practican' el sexo físicamente, sino también en qué medida esto afecta a sus vidas en conjunto y a las personas que los rodean." (Hite, S., 1981. Informe sobre sexualidad masculina. España: Editorial Plaza y Janés). La metodología de trabajo utilizada consistió en la realización y posterior análisis de 300 entrevistas no estructuradas. Los temas abordados en dichas entrevistas fueron: sexualidad reproductiva; matrimonio, monogamia, relaciones extraconyugales; necesidades y respuestas sexuales de hombres y mujeres; pornografía, prostitución y erotismo de consumo; violencia sexual contra la mujer, y amor y enamoramiento.

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**Infesta Domínguez, Graciela; Manzelli, Hernán (1998) "El estudio de la participación**

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**del varón en la salud reproductiva: notas para la discusión”, p. 69-86 En: Méndes Diz, Ana María, comp.; Findling, Liliana, comp.; Petracci, Mónica, comp.; Federico, Andrea, comp. *Salud y población : cuestiones sociales pendientes*. Buenos Aires: Espacio.**

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En este trabajo se analiza, en primer lugar, de qué forma se incorpora el varón a los estudios sobre salud reproductiva en el caso particular de Argentina. En segundo lugar, los autores reflexionan sobre algunos aspectos teórico-metodológicos que plantea la incorporación del varón a los estudios sobre salud reproductiva, tales como la definición del concepto de salud reproductiva masculina, el enfoque de género y los ciclos y trayectorias de vida. Este trabajo se inscribe en el marco de una investigación que los autores están realizando sobre Roles de género y conducta reproductiva en varones adolescentes: la influencia del modelo paterno de masculinidad. Los autores concluyen que una definición de largo alcance de la salud reproductiva masculina debería ir más allá del reconocimiento del derecho de los hombres a controlar sus cuerpos y permanecer libres de enfermedades, para incluir la noción de cooperación entre hombres y mujeres en términos de sexualidad, anticoncepción y prevención de ETS, para lo cual es necesario conocer cuáles son los motivos que llevan a los hombres a adoptar conductas riesgosas que comprometen la propia salud reproductiva y la de su pareja. Los autores señalan, asimismo, que todos estos estudios que están comenzando a desarrollarse y en los cuales el objeto central de reflexión es el hombre, no deberían convertirse en el paralelo de lo que fueron en su momento los estudios de la mujer, sino que sería necesario analizar las relaciones mujer-varón, mujer-mujer, varón-varón, en todos los niveles, ámbitos y tiempos.

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**Oliveira, Pedro Pablo de (1998) “Discursos sobre a masculinidade”. *Estudos Feministas*, Vol.6, nº 2,**

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El autor de este artículo afirma que en el medio académico se ha tornado casi consensual tomar las relaciones de género como algo central en la vida social, dado que actúan como elemento fundamental en la organización de las vidas e instituciones. El objetivo de este artículo es discutir algunas posiciones, intencionales o no, tomadas del debate académico sobre el tema, que integran, de acuerdo al autor, el proceso de visibilización del género masculino. Se busca destacar aspectos de las líneas discursivas desarrolladas acerca del tema, para poder tornar más esclarecedor el sentido posible que tal visibilidad va delineando en ellas, así como sus posibles consecuencias.

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**Kishor, Sunita; Neitzel, Katherine (1996) *The status of women: indicators for twenty-five countries*. Maryland: DHS., 113 p. (Comparative Studies / DHS , nº 21)**

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Este estudio utiliza la información sobre individuos y hogares proveniente de las encuestas demográficas y de salud (DHS) para comparar la situación de la mujer en 25 países del mundo en vías en desarrollo - incluyendo a América Latina y el Caribe (Bolivia, noreste de Brasil, Colombia, República Dominicana, Paraguay y Perú). En los casos en que ello es posible, se comparan hombres y mujeres para detectar si existen sesgos de género. Este

informe examina el estado de pobreza relativa, las jefaturas de hogares, la educación de hombres y mujeres, y compara la educación y el empleo de esposos y esposas. También se explora el empleo femenino, la carga de trabajo y los patrones de matrimonio.

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**Catalán, L. (1995) “Una reflexión pendiente: la masculinidad en la planificación social con perspectiva de género”. *Revista Paraguaya de Sociología*, n° 92, p. 97-108**

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De acuerdo a la autora del artículo, la categoría de género, surgida a mediados de la década del setenta entre las feministas norteamericanas para designar la construcción socio-cultural que sobre la base de las diferencias biológicas del sexo determina normativamente lo masculino y lo femenino, se ha convertido en un sinónimo de mujer, al punto que es casi lo mismo decir mujer para referirse a género, y viceversa. Por extensión, muchos de los programas o proyectos que se definen con perspectiva de género, lo hacen para dar cuenta de que están dirigidos a mujeres. Esta cuestión, que también se puede apreciar en un número importante de los estudios de género, ha reducido los alcances teóricos y prácticos de esta categoría. Si el género denota una noción relacional, es decir, que él legitima y construye las relaciones que se establecen entre hombres y mujeres, no es posible remitirse exclusivamente a las mujeres. Precisamente al hablar de género se buscó hacer explícitos los condicionamientos sociales, y no las características supuestamente naturales, que influían en la definición de las identidades tanto de hombres como de mujeres. Se ha argumentado que la identificación género-mujer se debe a que son las mujeres las discriminadas, y por eso las políticas sociales con perspectiva de género deben atender a sus necesidades. Al hacer esta opción, infiere la autora que los varones han aparecido como sujetos sin género, confiriéndoles una especie de neutralidad que deja en la más completa oscuridad la construcción social de ideales masculinos. Si se supone que las relaciones de género dan origen a un sistema de poder basado en las desigualdades entre varones y mujeres, sin embargo hasta ahora, al hablar de género se ha aludido sólo a una parte de este sistema. A partir de esta identificación del género con las necesidades de las mujeres, la autora se propone reflexionar en torno a las consecuencias que de ella se derivan; y a partir de ello, sobre la masculinidad en la planificación social desde la perspectiva de género.

**LITERATURE REVIEW FOR THE SYMPOSIUM ON MALE PARTICIPATION IN SEXUAL AND REPRODUCTIVE HEALTH: NEW PARADIGMS. AVSC INTERNATIONAL AND IPPF/WESTERN HEMISPHERE REGION. OAXACA, MEXICO OCTOBER 1998.**

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**Badinter, E. 1993. *XY, la identidad masculina* (XY: Masculine identity). Bogotá: Editorial Norma.**

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This book explores the changes that have occurred in masculine identity throughout the modern era in the West, and examines different explanatory approaches offered to make

them understandable. The author questions statutes of masculine identity and the avatars that a man must experience in order to be able to sustain such an identity. The author draws a parallel between subjective processes, basically gathered from literature, and sociocultural processes that agree with and mold masculine identity. She suggests that, given the changes that women have experienced and the gradual mutation of their place in culture and society, men confront an ever more uncertain and subjective identity; as they are “forced to say goodbye to the patriarch, they must invent a new virility.”

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**Barker, G. (1996) “The Misunderstood Gender: Male Involvement in the Family and in Reproductive and Sexual Health in Latin America and the Caribbean.” Paper presented for the John D. and Catherine T. MacArthur Foundation Population Program.**

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This paper parallels this literature review but in much more detail. It includes the socioeconomic context and changing societal realities impacting men, and then looks at the general social construction of masculinity, male involvement in family planning and reproductive health, fatherhood, and child-rearing. Region-wide and country-specific surveys and statistics enrich the documentation.

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**Cazés, D. La dimensión social del género: posibilidades de vida para mujeres y hombres en el patriarcado (The social dimension of gender: Possible life styles for men and women under patriarchy). CONAPO México.**

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This paper reexamines gendered social organization based on sexuality and the his-torical, sociocultural processes that construct men and women in different ways. At the root of this organization is sexuality, which dictates different obligations, prohibitions, responsibilities, hierarchies, and privileges for men and women. The study reviews the implications of patriarchy for each gender. Traditional masculinity is viewed as a risk factor for men’s lives, given that the demands placed on them to perform this role subject them to greater risks in the workplace, violence from other men, emotional restraint, and substance abuse.

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**Connell, R. (1998) “Imperialism and Men’s Bodies.” Lecture presented at the regional conference “La Equidad de Género en América Latina y el Caribe: Desafíos desde las Identidades Masculinas,” Santiago de Chile, June 8–10.**

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Conservative and essentialist ideologies see male corporality (embodiment) within political limits: masculinity, being “natural,” cannot be transformed. This article shows how the opposite is true: corporality is a political area, open to change and constantly affected by social power. Understanding this is necessary in order to conceive a democratic policy of masculine corporality, a policy leaning toward social justice and peace. The author asserts that, given the importance of corporal-reflexive practices in gender construction, the transformation of masculinities necessarily results in a change in masculine corporality. Changes in masculinity require the invention and circulation of different body practices. Democratic change requires more egalitarian interactions between bodies and the

exploration of greater diversity of corporal pleasures.

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**Connell, R. (1997) “La organización social de la masculinidad” (Social organization of masculinity). In *Masculinidades. Poder y crisis*, ed. by Valdés and Olavarría. Ediciones de las Mujeres, no. 24, ISIS Internacional, FLACSO-Chile, pp. 31–47.**

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This work establishes a basic framework for contemporary analyses of gender relations, seeking a way to distinguish between types of masculinity and an understanding of the dynamics of change. The author presents a model of the structure of gender to be used in analyzing masculinities; it consists of three dimensions: power, production, and cathexis (emotional link). This structure of gender sets up a series of relationships between different masculinities that the author arranges on the hegemonic/subordination axis. Along this line, the author suggests the existence of “a hegemonic masculinity that occupies a hegemonic position in the given model of gender relations, implying subordination of other masculinities.”

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**Connell, R. (1995) *Masculinities: Knowledge, power and social change*. Berkeley: University of California Press.**

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In the last five years masculinity has become a popular topic across the advanced capitalist world, especially in the United States. This book on masculinities is structured in three parts. The first examines ways of understanding masculinity and sets out a brief systematic framework for the analysis of masculinities in history. The second part is based on life-history interviews with four groups of men who in very different circumstances have grappled with changes in gender relations. The third part examines the global history of masculinity in recent centuries and the specific forms of masculinity politics in the contemporary Western world.

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**Cuca, Y., Echeverría, S., Monroy, A., and Helzner, J. (1997) “Men in Latin America: How They View Family Planning, Sexual Health and Reproductive Health.” Paper presented at the Annual Meeting of the American Public Health Association. Indianapolis.**

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This is a report of a three-country qualitative study on men’s views about family planning and sexual and reproductive health, in which themes such as men’s understanding of these terms, their knowledge and use of contraceptives, whether and how they talk about these issues, and their inclusion in service delivery are explored. The study proposes that family planning associations broaden their image as centers for men, adapt services to serve men more appropriately, distribute more information about services offered, carry out pilot tests changing clinics to “centers,” and include similar questions in national-level surveys. Recommendations for sexual and reproductive health organizations working with men are to be aware that men are willing to discuss these issues, to make it easy for men to receive services, to target promotional activities toward men, to work with couples to foster

communication, to work with young adults, and to encourage condom use among both men and women.

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**Figuroa Perea, J. G. (1997) “Algunos elementos para interpretar la presencia de los varones en los procesos de salud reproductiva” (Some elements to interpret the presence of men in reproductive health processes). Paper in *Seminario-taller “Identidad Masculina, Sexualidad y Salud Reproductiva”* of the University Gender Studies Program, UNAM/Reproductive Health and Society Program, COLMEX, Mexico City.**

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This paper attempts to identify several analytical approaches to integrating men into reproductive health processes by looking at them as individuals who face their own set of reproductive behavioral and systematic risks. Within a reproductive framework, the paper seeks to identify the implications, negative and favorable, of men’s presence and absence on women and children. The article examines the social and potentially conflictive character of sexual reproduction by reconsidering reproduction as a process involving relationships rather than isolated events that are separate for men and women. The study proposes rethinking sexuality, reproduction, and health in terms of interaction, with the ultimate goal of constructing clearer reference points for the male population.

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**Figuroa Perea, J. G. (1996) “Algunas propuestas para la construcción de nuevas paterni-dades” (Some proposals for the construction of new models of fatherhood). Paper prepared after participation in the forum “Toward a New Paternity,” organized by Programa Universitario de Estudios de Género y la Red de Salud de las Mujeres and in the roundtable “How to exercise my paternity?”, organized by Instituto Nacional de Salud Mental, Mexico City.**

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Fatherhood is understood as “the set of possible relationships that could be present between progenitor and his sons and daughters.” It is not reduced to a purely biological dimension; rather it includes symbolic and adoptive progenitors. The author asserts that fatherhood is a process that is initiated with the creation of a situation for generating pregnancy. This happens in a context of demographic transition, economic crisis, and cultural change that makes it more and more difficult to exercise paternity according to the traditional model without the existence of social and labor support that allows an alternative fulfillment. So, to speak of *new paternity* supposes making the limited nature of traditional models explicit and participating in the reconstruction of new relationship models. The author asserts that a concrete proposal “is to enjoy fatherhood without affecting motherhood, without affecting sons’ and daughters’ development, without becoming mutually violent persons and through complementing and complimenting each other in the interaction that is defined by these links of relationship.”

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**Figuroa Perea, J. G., and Liendro, E. (1994) “Algunos apuntes sobre la presencia del varón en la toma de decisiones reproductivas” (Some notes on the presence of men in**

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**reproductive decision-making). In *Seminario de masculinidad*, University Gender Studies Program. UNAM. Mexico City.**

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This article analyzes the indirect presence of men in reproductive decision-making, an area considered to be exclusive to women. The article reexamines the proposal presented in the Poll on Determiners of Contraceptive Practice in Mexico (EDEPAM) and the stages of reproductive decision-making derived from that poll, together with the Poll on Behavior, Attitudes and Contraceptive Practices of the Working-class Male Population in the Mexico City Metropolitan Area (ENCAPO). The authors observe that both polls contain proposals are too highly structured in unilateral relationships to show underlying multicultural influences in the population's reproductive process. The paper presents a different analytical outline as part of a larger project carried out by proposing a conceptual framework that explicitly incorporates man-woman relationships as well as male participation in and perception of the reproductive process. The core idea of this proposal is to articulate men's reproductive behavior within gender organization, gender roles, and sexuality.

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**Gilmore, D. (1994) *Hacerse hombre: Concepciones culturales de la masculinidad (Becoming a man: Cultural concepts of masculinity)*. Barcelona: Editorial Paidós.**

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This intercultural study on masculinity describes and analyzes "how people of different cultures conceive and experience masculinity, defined as the accepted form of be-ing an adult man in a concrete society." The notions of masculinity in Western and non-Western cultures and traditions are presented in response to the following questions: "Why do people in many places consider the state of a 'real man' or 'authentic man' as incorrect and precarious, a prize that one must win or conquer with force?" and "Why do so many societies present an elusive, exclusive image of masculinity using cultural approval, rites or proof of ability and resistance?" The author asserts that ideas and ambitions about masculinity, as the achievement of a special condition, "are found in all societies of the world, express themselves in various degrees, but don't seem to be absolutely universal; there are exceptions."

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**Hulton, L., and Falkingham, J. (1996) *Conocimiento y prácticas contraceptivas masculinas: ¿Qué saben ellos? (Male contraceptive knowledge and practices: What do men know?)* *Reproductive Health Matters* 7 (May):90–100.**

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The post-Cairo period has seen a dramatic increase in interest in men, but awareness of male knowledge, practices, and attitudes related to contraception is still lacking. This article examines current knowledge about male behavior and broadens it by using data from demographic and male health surveys. The findings cast doubt on the conventional affirmation that males have little contraceptive knowledge.

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**Kalckmann, S. (1998) *Incursões ao desconhecido: Percepções de homens sobre saúde***

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**reprodutiva e sexual (Incursions into the unknown: Men's perceptions of reproductive and sexual health). In *Homens e masculinidades. Outras palavras*, org. by Arilha, Unbehaum, and Medrado. São Paulo: Estudos e Comunicação em Sexualidad e Reprodução Humana (ECOS), pp. 79–99.**

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The author states that her intention is to seek elements and alternatives that might serve to improve health service delivery to women and men. Different studies on contraception show that, although men have historically been excluded from this field, they intervene in a decisive way, many times determining the form in which women manage their reproductive health. This article presents a set of materials collected from several of the author's studies with men. She points out the coexistence of traditional and modern models concerning roles and values of heterosexual men, as well as the ambivalent attitude about condom use, of partial acceptance and rejection. This leads to the conclusion that changes in this area will occur not through timely interventions, but rather as a product of the continuous implementation of activities that offer discussion and that facilitate a process of (re)construction of values and behavior.

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**Kaufman, M. (1997) “Las experiencias contradictorias del poder entre los hombres” (Contradictory experiences of power among men). In *Masculinidades. Poder y crisis*, ed. by Valdés and Olavarría. Ediciones de las Mujeres, no. 24, ISIS Internacional, FLACSO-Chile, pp. 63–81.**

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This work develops the concept of the contradictory experiences of power among men from a gender perspective, the psychosocial process of gender development, and the relationship of power, alienation and oppression. The author suggests that “in a world dominated by men, their world is, by definition, a world of power. Individually, much of what we associate with masculinity revolves around men's capacity to exert power and control. However, men's lives speak to a different reality. Although they have power and reap the privileges our sex bestows, this power is corrupt.” The author also asserts that this power implies contradictory experiences for men, “a strange combination of power and privilege, pain and lack of power.”

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**Kaufman, M. (ed.) (1987) *Beyond patriarchy: Essays by men on pleasure, power, and change*. Toronto: Oxford University Press.**

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Men's domination and women's oppression is based within—and perpetuated by—a broad range of social structures, from the most intimate of sexual relations to the organization of economic and political life. *Beyond Patriarchy* addresses these relations of power at both levels; it explores the links between the individual man and the social structures of male domination, between the past and the present. The title does not suggest that any of the authors thinks he has transcended sexism and the society in which he lives. Rather, it suggests the need to develop both the understanding and the personal and social activities that will enable men to make a strong contribution to the struggle against patriarchy in its myriad of forms. [Extract from the back cover of the book]

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**Kimmel, M. (1998) “The (Gender) Development of (Gender) Underdevelopment: The Simultaneous Production of Hegemonic and Subaltern Masculinities in Europe and the United States.” Lecture presented at the regional conference “*La Equidad de Genero en America Latina y el Caribe: Desafios desde las Identidades Masculinas,*” Santiago de Chile, June 8–10.**

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The author asserts that, just as developed countries need an underdeveloped counterpart, hegemonic masculinity requires “other” problematic and devalued masculinities. Both experience mutual but unequal interaction in a gendered social and economic order. Kimmel adopts a set of theoretical suppositions: masculinities are socially constructed, varying from culture to culture, in time, in interaction with other variables like race, class and in individual men’s lives; masculinities are constructed in two interrelated areas of power relationships, with women and with other men, which give rise to sexism and homophobia; and although masculinity is a construction built into power relationships it is, generally, invisible to men, being more visible to those men who fall outside its privileges.

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**Kimmel, M. (1997) Homofobia, temor, vergüenza, y silencio en la identidad masculina (Homophobia, fear, shame, and silence in masculine identity). In *Masculinidades. Poder y crisis*, ed. by Valdés and Olavarría. Ediciones de las Mujeres, no. 24, ISIS Internacional, FLACSO-Chile, 49–61.**

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The author suggests that he “considers masculinity to be a set of ever-changing meanings that we construct through our relationships with ourselves, with others and with our world. Virility is neither static nor temporal, it is historical. It is not the manifestation of an interior essence, it is socially constructed. It does not rise to consciousness from our biological components, it is created within cultures. Virility means different things to different people at different times. We have come to know what it means to be a man in our culture by lining up our definitions in opposition to a set of others— racial minorities, sexual minorities and above all, women.” Given this definition, the author refers to certain characteristics—including masculinity as power relationships, escape from the feminine, homosocial validation, and homophobia—that he discussed during a presentation at the regional conference “Gender Equity in Latin America and the Caribbean: Challenges of Masculine Identities” in Santiago de Chile on June 8– 10, 1998.

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**Kimmel, M. (1992) “La producción teórica sobre masculinidad: Nuevos aportes” (Theoretical production on masculinity: New approaches). In *Fin de siglo, género y cambio civilizatorio*, ed. by R. Rodríguez. Ediciones de las Mujeres, no. 17, ISIS Internacional, pp. 129–138.**

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The author analyzes the different theoretical positions on masculinity, reviewing consensual ideas of British and Australian thinkers: masculinity does not come with the species’ genetic code, nor does it float on the current of a collective unconscious, waiting to be

actualized by one particular man, or by all simultaneously. Masculinity is socially constructed, changing from one culture to another, within one culture over time, during the course of any individual man's life, and among different groups of men according to class, race, ethnic group, and sexual preference. The author asserts that in the "mythopoetic" current of authors led by Robert Bly with his book *Iron John* and others, men feel powerless and demand more masculine power in the world, revealing antifeminist positions.

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**Leñero, L. (1994) Los varones ante la planificación familiar (Men and family planning). In *Maternidad sin riegos en México*, ed. by Elu and Langer. Instituto Mexicano de Estudios Sociales, México, D.F. pp.141–151.**

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Despite the obvious fact that men are a necessary subject in reproduction, as well as a factor in women and children's health, it has not been easy to recognize that reproductive issues are as much male as they are female. It is necessary to undo the notion that public duty is strictly masculine and private life belongs in the feminine sphere in order to uncover not only the feminine perspective subsumed in the masculine, but also the male viewpoint exercised on the horizon of private and family life. The exploratory study on which this presentation is based seeks to bring together knowledge of men's lives and perspectives on the family environment and family planning.

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**Márques, J.-V. (1997) Varón y patriarcado (Man and patriarchy). In *Masculinidades. Poder y crisis*, ed. by Valdés and Olavarría. Ediciones de las Mujeres, no. 24, ISIS Internacional, FLACSO-Chile, pp. 17–30.**

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The author expresses theoretical notions of the social construction of masculinity in a patriarchal society. He suggests that one is not born male, but instead becomes male after a socialization process that molds the male child into the masculinity that his culture and society prescribe. He affirms at the same time that the process of males' social construction is a two-sided operation. On one hand, potential personal differences among male individuals are reduced, making them uniform on the basis of a masculine subject model. On the other, differences with respect to women are increased. He adds that the basic slogan of this social construction is the importance of being male: "To be male in a patriarchal society is to be important (..) to be important because women are not important; in another sense, to be a man is to be important because men communicate with that which is important, since all that is important is defined as masculine."".

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**Parker, R. (1996) Estado de la investigación en sexualidad: Avances y desafíos (The state of sexuality research: Advances and challenges). In *Primer seminario-taller sudamericano investigación socio-cultural en sexualidad: Prioridades y desafíos*, coord. By Shepard, Valdes, and Hernandez. Santiago: Serie Seminarios y Talleres, no.1, Equipo de Apoyo Técnico de UNFPA, pp. 13–27.**

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This article serves as an introduction to the seminar-workshop and presents current trends in

research about sexuality and the emergence, in recent decades, of a new paradigm in the social sciences for understanding and studying sexuality. This paradigm implies that sexuality and sexual activity are socially constituted or constructed; they are specific products of our social relations. The implications of this understanding are examined “for analysis of the social and cultural contexts in which sexual, cultural, community and sexual identity meanings are constructed, which in turn model and structure sexual experience in different situations.” Parker examines the ways this conceptual framework has influenced the development of research methodologies, as well as the relationship of research to politics and activism, to construct the bases of a “sexual citizenship.”

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**Seidler, V. (1994) *Unreasonable men: Masculinity and social theory*. London: Routledge.**

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Seidler argues that the identification of masculinity with reason has played a central role in Western concepts of modernity and in the forms of social theory and philosophy that have emerged. Reason is defined in opposition to emotions, while the mind is set against the body and culture set against nature, as men have learned to take their reason for granted. This produces an “unreasonable” form of reason that men learn to use to legislate for others, before learning to speak more personally for themselves. This is part of the power that men can assume in relation to women, which is embodied in dominant forms of social theory. Emotions and feelings are discounted as forms of knowledge, for they are deemed to be “personal” and “subjective” when contrasted with the “objectivity” and “impartiality” of reason. The dominant forms of social theory have worked with a universal and impersonal conception of reason which, forming our visions of language, morality, and politics, has often discounted experience, treating it as an effect of discourses alone. [Extract from the editors’ notes]

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**Shephard, B. (1996) *Masculinity and the male role in sexual health. Planned Parenthood Challenges 2:11–14.***

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The author asserts that the International Conference on Population and Development in Cairo established a democratic and humanist framework for sexual and reproductive health programs worldwide. “In agreement with the definition of the Cairo Program of Action, sexual and reproductive health is a much broader concept than the mere absence of illness, it is a state of ‘mental, physical and social well-being.’” The author notes that the Program of Action includes a section dedicated to men “that has focused the attention of governments and international agencies on the need to promote the participation and responsibility of men (in sexual and reproductive health), in order to reach the goal of gender equality.” In this way, the author indicates that reproductive health programs currently implemented “need to expand themselves to include men as partners in order to effectively manage the bipolar gender system which feeds the problems they are trying to resolve.” As a contribution to the “incipient efforts to ‘involve’ men,” the article analyzes those aspects of the Program of Action that are related to men and “suggests how reflections on masculinity that were developed by women’s and gay movements, gender

programs, as well as more recent social research in Latin America, could help reach the goals proposed in Cairo.”

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**Tolbert, K., Morris, K., and Romero, M. (1996) *Los hombres y la decision respecto al aborto: Hacia una teoria entre las relaciones de genero y el aborto* (Men and the abortion decision: A theory connecting gender relations and abortion). Universidad Externado de Colombia, Bogotá.**

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This study presents data, mainly from Latin America, on the decision to have an abortion from the point of view of power relationships in couples. Published data suggest that this factor can be very important in women’s decision processes. A model is presented which tries to explain general trends in the results of an unwanted pregnancy, emphasizing the change from male domination to female control in reproductive health decisions of the couple, as societies change from traditional to “modern” attitudes and behavior. The author discusses cultural and political phenomena that can introduce contradictions in society and hold it in a transition phase concerning fertility and regulation. The author suggests ways to study the decision to have an abortion, including measuring male and female contributions to the process. The work briefly examines the importance of measuring men and women’s attitudes concerning the decision to abort, with the intent of offering contextual data for the study of partner influence.

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**Valdés, T., and Olavarría, J. (1997) *Introducción (Introduction)*. In *Masculinidades: Poder y crisis*, ed. by T.Valdés and J. Olavarría. Ediciones de las Mujeres, no. 24, ISIS Internacional, FLACSO-Chile, pp. 9–15.**

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This book presents current studies on masculinity in Latin America and the context in which they are situated and are beginning to emerge from a theoretical and empirical point of view. The authors examine a series of theoretical positions concerning certain topics in the field of masculinity, and they differentiate interior currents or views, including sociological, anthropological, psychological, circulation, and mythopoetic perspectives. This allows for the conceptualization of the series of articles compiled in the book.

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**Villela, W. (1997) *Homens que fazem sexo com mulheres. Previnindo a trasmissao sexual do HIV: Proposta e pistas para o trabalho* (Men who have sex with women. Preventing sexual transmission of HIV: Proposal and clues for work). São Paulo: Núcleo de Estudos e Prevenção da AIDS (NEPAIDS).**

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Although it is well known that HIV transmission occurs predominantly through unprotected sexual relations, there is an absence of initiatives directed at HIV and AIDS prevention among heterosexual men. This absence is determined by the following epidemiological, strategic and cultural factors: (a) the number of AIDS cases noted among heterosexual non-drug using men is less than in other groups; (b) the idea that AIDS is more widespread among certain population groups has directed prevention efforts without consideration of the dynamic of sexual expression itself; and (c) men are not traditionally the object of initiatives linked to prevention in issues regarding sex, nor known for reflecting on how they express their sexuality. Meanwhile, safer sex practices are as necessary for heterosexual men as they are for any other population group. Thus, it is important to plan strategies to facilitate prevention in the male population. (Summary from editors' extract; original in Portuguese)

## REVISTAS, DOCUMENTOS Y LIBROS

### MEN AND MASCULINITIES

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**Beattie, Peter M. (2002) "Beyond Machismos". En: *Men and Masculinities*, Vol. 4, No. 3, Sage Publications, London: January. p. 303-308.**

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*Scholars and casual observers often conflate Latin American masculinities with the term macho. Machismo shapes how Latin societies have been perceived by outsiders and how many Latin Americans describe their own society in relation to others. The term has been widely adapted as a reference point for describing sometimes favorable but mostly offensive behaviours associated with male abuse of sanctioned social prerogatives. Given the prominence of the macho stereotype wielded in myriad and often contradictory ways by individuals and groups, it seems surprising that scholars interested in gender have only begun to explore more rigorously Latin American masculinities. After decades of developments in gender theory and methodology in the study of women, only in the 1990s have Latin Americans begun to apply some of these new tools to the study of men. These studies come at the same time as other supposedly normative categories such as whiteness are undergoing scholarly scrutiny in the United States. Not surprisingly, your "average" guy becomes somehow strange, complex, and hard to pin down under the magnifying gaze of analysis, while his "nonnormative" male counterparts become more clearly understood as integral to the shaping of masculine identities. The five studies that are reviewed in this essay demonstrate that: "machismo and masculinity are complex and malleable concepts that invite contestation and reinterpretation by individuals, groups, and scholars. These works chart new ground in the sands of gender identity, cautiously outlining rough patterns*

*in the constantly shifting terrain“.*

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**Jeff Hearn, et al. (2002) “Critical Studies on Men in Ten European Countries. The State of the Law and Policy”. En: *Men and Masculinities*, Vol. 5, No. 1 y 2, Sage Publications, London: July-October. p. 5-31/ P. 192-217.**

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This article is on the work of The European Research Network on Men in Europe project “*The Social Problem and Societal Problematization of Men and Masculinities*” (2000-2003) funded by the European Commission. The Network comprises women and men researchers with a range of disciplinary backgrounds from Estonia, Finland, Germany, Ireland, Italy, Latvia, Norway, Poland, the Russian Federation, and the United Kingdom. The Network’s initial focus is on men’s relations to home and work , social exclusion, violences, and health. Some of findings on the Network’s second phase of the work, namely the review of statistical sources of men’s practices in the ten countries, are presented. This is the third of four articles reviewing critical studies on men in the ten countries through different methods and approaches.

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**Viveros, Mara. (2001) “Contemporary Latin American Perspectives of Masculinity”. En: *Men and Masculinities*, Vol. 3, No. 3, Sage Publications, London: January, 2001. 237-260.**

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This article reviews major studies carried out in recent decades on Latin American men as engendered actors—products and producers of gender relations. The materials analyzed are organized around the principal themes within which studies of masculinity in Latin America have been framed , namely the construction of masculine identity, fatherhood, practices and representations, homosocial spaces of masculinity, reproductive health, and masculine sexuality. Through and examination of the current literature, the aims are to provide information on some of the current debates that have emerged on masculinity in Latin America, to identify some of the unexplored themes, and to raise questions about the ways in which masculinity has been understood and studied.

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**Schwalbe, Michael y M. Wolkomir. (2001) “The Masculine Self as Problem and Resource in Interview Studies of Men”. En: *Men and Masculinities*, Vol. 4, No. 1, Sage Publications, London: July 2001. p. 90-103.**

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Gender is socially constructed , in part, through the identity work we do that marks us as members of the category “ men “ or the category “ women “ (Kesslee and McKenna 1978; West and Zimmerman 1987). As adults, our bodies do much of this identity work for us, through we also use speech, dress, and movement to corroborate the body’s silent claims (Schalbe and Mason-Schrock 1996). But it is no merely category membership, as if this were a matter of casual choice, that we must signify pssession of an essentially gendered self that makes our placement in a particular category right and proper. This self is not a phyhic entity that exists inside individuals but rather a dramatic effect created by

performance and interpretation. For men, the dramaturgical task is to signify possession of an essentially masculine self, a self with the desires and capacities that warrant membership in the dominant group (Brittan 1989). Precisely what must be signified, and how it must be done, will vary by age, ethnicity, social class, sexual orientation, local culture, and immediate circumstance. A masculine self is thus always the product of a performance tailored to the situation and audience at hand. Despite variations in the details of performance, we can see commonalities that arise from a pervasive cultural notion of the qualities and capacities men must signify to be fully creditable as men. In Western culture, men who wish to claim full privileges of manhood must distinguish themselves from women by signifying greater desires and capacities for control of people and the world, autonomous thought and action, rational thought and action, risk and excitement, and (hetero) sexual pleasure and prowess (Connell 1995). Obviously, we have put things in general and abbreviated terms. Each element could be unpacked, and arguments could be made about which is most important. Our purpose, however, is only to sketch the self that men's expressive behaviour is often aimed at—sometimes strategically and perhaps more often as a matter of unconscious habit—creating. We can with this sketch in mind, get a better understanding of what goes wrong in interviews with men.

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**Connell, R. W. (1998) “Masculinities and Globalization”. En: *Men and Masculinities*, Vol. 1, No. 1, Sage Publications, London: July, p. 3-45.**

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Recent social science research has made important changes in our understanding of masculinities and men's gender practices, emphasizing the plurality and hierarchy of masculinities, and their collective and dynamic character. These gains have been achieved mainly by close-focus research methods. But in a globalizing world, we must pay attention also to very large scale structures. An understanding of the world gender order is a necessary basis for thinking about men and masculinities globally. We can trace the emergence of globalizing masculinities at different stages of the history of the world gender order. Hegemony in the contemporary gender order is connected with patterns of trade, investment, and communication dominated by the North. A transnational business masculinity, institutionally based in multinational corporations and global finance markets, is arguably the emerging dominant form on a world scale.

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**Clatterbaugh, Kenneth (1998) “What is Problematic About Masculinities?”. En: *Men and Masculinities*, Vol. 1, No. 1, Sage Publications, London: July, p. 24- 45.**

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Recent literature in what used to be called men's studies has begun to employ the terms “masculinity” and “masculinities” in an effort to move away from what are perceived problems with the terms “men's studies”. Without arguing for or against this substitution, this article brings out some of the confusions that result from the highly ambiguous terms “masculinity” and “masculinities”. Many different

meanings of these terms are identified and connotations of these meanings are illustrated. The concern with the use of such terms as foundation in a new discipline is that they will bring with them the confusions of their many meanings. In so doing, they make the literature less accessible. It may be that the price of using this loaded terms is worst the cost, but at least the costs have been itemized and warnings attached.

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**CULTURE, HEALTH AND SEXUALITY. AN INTERNATIONAL JOURNAL FOR RESEARCH, INTERVENTION AND CARE**

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**Johnson, M., Jackson P. y Herdt G. (2000) "Critical Regionalities and the Study of Gender and Sexual Diversity in South East and East Asia". En: *Culture, Health and Sexuality*, Vol. 2, No. 4, Taylor & Francis, London: October-December, 2000. p. 361-375.**

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This paper argues the case for critical regional enquiries in East and South East Asia into the study of gender and sexual diversity. The concept of "regions" is here seen as a partial and provisional way of describing both the various ways in which an area of the world is imagined as being separate and distinct, and of describing the flows of people, goods and ideas through which a particular region or world area is made. Further, it is suggested that the idea of region is theoretically and politically necessary fiction. On the one hand, a critical regional perspective provides a vantage point from which to problematize naive and uncritical writing on globalization, including the "globalization" of gender and sexual identities. On the other hands, it enables us to think about the wider networks of material and symbolic relations within, and through which, gender and sexuality are made and experienced in particular locales.

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**Mundigo, Axel (2000) "Review Symposium. Reconceptualizing the Role of Men in the Post Cairo Era". En: *Culture, Health and Sexuality*, Vol. 2, No. 3, Taylor & Francis, London: July-September.**

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The 1994 Cairo Conference on Population and Development (ICPD) brought about important changes in the way that demographic issues would be view in the future design and implementation of population policies. The previously overarching concern with the deleterious economic and social consequences of rapid demographic growth, as well as the preferred instrument of policy to correct upward population trends-family planning- would be replaced by a new paradigm that has as its main target the improvement of individual well-being. This paper explores how in the post-Cairo era the urgency to develop gender-sensitive health care programmes that address equity, eliminate sex-based discrimination, and respect sexual and reproductive rights has resulted in an increased attention to the changing role of men by international agencies and by the population establishment. This is evident from the position papers, edited volumes, monographs and calls for action that

several international agencies have issued recently. Among these agencies are the United Nations Population Fund (UNFPA), the United Nations Children Fund (UNICEF), the International Planned Parenthood Federation (IPPF), the Association for Voluntary Surgical Contraception (AVSC), the Population Council, and others. Some of the concepts and ideas that merge from these materials are incorporated in the arguments that follows , which is framed by currents of thought that reflect both feminist positions and counter-demands by men to strengthen their identity and define their roles in view of the changes that are occurring in the structure of contemporary society.

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**Collumbien, M. y Hawkes, S. (2000) "Missing Men's Messages: Does the reproductive Health Approach Respond to Men's Sexual Health Needs? ". En: *Culture, Health and Sexuality*, Vol. 2, No. 2, Taylor & Francis, London: April-June. p. 135-150.**

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Following the 1994 International Conference on Population and Development, the world has seen a shift in paradigm away from focused family planning programmes towards reproductive and sexual health more generally. This papers consider how the traditional emphasis on women's health and family planning can result in men's sexual health needs being overlooked. A biomedical rationale to target men with health services evolved from the rising interest in control programmes for HIV and sexually transmitted infections (STI's). To plan appropriate health interventions more needs to be known about how men perceive their sexual health. Unique data from Orissa (India) and rural Bangladesh illustrate men's perceptions of their sexual health problems and demonstrate that men are willing to seek care. While public sector programmers and health planners may be focusing their attention on the control of STI's, men in both studies indicated that their major concerns relate more to matters of psychosexual disorders. The failure of public sector programmes to take cognisance of male sexual health problems (icluding STI's) in the unregulated and possibly ineffective private sector. If programmes addressing the sexual health needs of men are to be effective, they will need to be comprehensive in their scope and coverage, just as they are now aiming to be for women.

#### OTRAS REVISTAS

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**Ringheim, Karin (2002) "When the Client is Male: Client-Provider Interaction from a gender Perspective". En: *International FamilyPlanning Perspectives*, Vol. 28, No. 3, Alan Guttmacher Institute. September , p. 170-175.**

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The historic focus on services for women has led to neglect of men's needs of reproductive health information and services, often to the disadvantage of both men and women. Men are often less knowledgeable about physiology and anatomy than women, but more reluctant than women to show their ignorance. Providers who deal with male and female clients must be sensitive to gender roles and how they factor into client –provider interaction. The provider must consider the existing gender and social inequalities between men and women

that affect reproductive health, as well as how to meet men's needs for information and services in a way that does not diminish attention to women. Acknowledging their own tendencies to give greater status and attention to male clients is important if providers want to avoid shortchanging the female client in an interaction involving a couple. For the male client, the modeling of respectful treatment of the female partner by the provider has the potential to influence the couple's relationship. Attention to gender equity in client-provider interactions is essential to ensuring that involving males value instead of posing an obstacle to improving women's and men's reproductive health.

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**Forrest, Katherine (2001) "Men's Reproductive and Sexual Health", En: *Journal of American College Health*, Vol. 49, Issue 6, May.**

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A broad definition of men's reproductive and sexual health (MRS) includes medical (pathophysiological) matters such as sexually transmitted infections (STI's), developmental anomalies, malignancy, trauma, and infertility. It also includes psychosocial concerns: sexuality, contraception, disease prophylaxis, developmental and lifecycle issues, tobacco and drug use, sexual identity and orientation, and partnership issues. College men, of whom a large majority are sexually active, have a range of MRS needs, including some that are particular to their age and social environment. To reach men effectively requires approaches that are somewhat different from those used with women. Clinicians in college health services are in an excellent position to help young men recognize the importance of reproductive health and sexual responsibility. College health services therefore should offer men screening; clinical diagnosis and treatment for MRS conditions-, and information, education, and counseling services, in a manner designed to meet their unique needs. (Abstract from the author)

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**Mundigo, Axel (1999) "*Social Categories in the Study of Masculinity and Men's Roles in Reproductive Health - An Analysis of PRODIR Projects*", Paper Presented to the International Union for Scientific Study of Population Seminar on Social Categories in Population Studies. IUSSP, Cairo.**

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Recent studies have noted the huge gap that exists in the population and reproductive health literature of the last fifty years in research on the role of men in fertility decisions, contraceptive choices and use, and on the effects of socially constructed attributes of masculinity on couple relations and family formation. Several authors have concluded that there is urgent need to reverse the currently low profile of men as subjects in population studies, stressing the need for research on gender relations, male sexuality, reproductive behaviour, and other fertility-related issues (Greene and Bidlecom 1997; Mundigo 1995, 1998a, 1998b). The absence of men in population/reproductive health studies has been recognized in international agreements and the International Conference on Population and Development (ICPD) made a strong call to increase our understanding of the role of men and their responsibilities in sexual and reproductive matters (United Nations 1994; UNFPA 1995). Lack of knowledge about the underlying cultural, social and institutional forces that

determine adolescent sexual behaviour, including the values and norms that help define a masculine identity, hinders our ability to develop programs and policies to deal more effectively with the complex worlds of adolescents. We know relatively little about the interrelations between sexuality and the development of the adolescent personality or between reproductive events and marriage. Improving our understanding of the mechanisms through which society builds among youth a sense of responsibility for sexual actions and provides information to adolescents on issues relating to their own sexual development and identity are areas where much more work is needed if we are to deal effectively with the pressing problems of unwanted pregnancy, sexually transmitted diseases and sexual behaviour patterns that are detrimental to women and to society. What happens during adolescence has a lasting impact into adulthood (Caldewell et al., 1998). The consideration of men in population studies is fraught with difficulties, including field and methodological problems as well as proper classification of social categories that permit a more standardized approach to this subject. In fact we have little idea what are the most appropriate social categories for the study of men in contemporary society and in different cultural settings around the world.

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**Díaz, Vicente (1999) "Anticoncepción masculina: Tan lejos tan cerca". En: *Salud Reproductiva y Sociedad, Organó Informativo del Programa Salud Reproductiva y Sociedad de El Colegio de México, año 3, No. 8. México DF, p. 30-35.***

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*La responsabilidad del control de la fertilidad así como la asignación de métodos anticonceptivos en la pareja ha sido históricamente relacionada a la mujer, dejando a los hombres rezagados a una posición más bien pasiva. Actualmente, ante las demandas generalizadas acerca de potenciar un mayor involucramiento y participación de los hombres en el control de la fertilidad de sus parejas, surgen una serie de dificultades técnicas en relación con el desconocimiento que existe en relación con los mecanismos que regulan el proceso reproductivo en el hombre. Aún no es posible contar con un método de control de la fertilidad, temporal y reversible para el hombre, que cuente con las mismas garantías de efectividad y seguridad de los métodos femeninos y que se constituya como una contraparte de la aportación femenina a la regulación de la fertilidad en la pareja. En este artículo se hace una revisión exhaustiva de las características básicas de los métodos masculinos de anticoncepción que se encuentran en diferentes etapas de investigación.*

## LIBROS Y DOCUMENTOS

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**Tallis, Vicci (2002) "Critical Challenges: Towards Transformation". En: *Gender & HIV/AIDS, Tropical Gender Knowledge, Overview Report, Institute of Development Studies. London.***

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Focusing on women alone may add to women's burden of HIV and often leads to the view that women are to blame. However, the involvement of men does not in itself improve the

lives and health of women , and may in fact entrench the gender inequalities that exist in society. Despite the above reservations, men hold most of the power in society, and also in relationships, therefore working with men is crucial and must involve challenging the position they hold in society, and in their relationships. Men's dominance in deciding how and when sex take place, their use of violence against women, their reluctance to pay attention to their health needs and some men's resistance to use condoms are among the biggest challenges in the reduction of HIV risk worldwide (Barker 2002). Women's self empowerment is unlikely to lead to grater equality in relationships with men unless men themselves change. Corresponding work aimed at women and men in the community should not be neglected because the wider community plays a crucial role in reaffirming negative constructions of masculinity.

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**Foreman, Martin (1999) "*Taking Risk or Taking Responsibility?*". PANOS/Zed Books. London.**

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Men's behaviour threatens women. More men than women are HIV-positive, living with the virus, but the social and physical factors underlying the epidemic mean that this ratio will almost certainly be reversed in the next decade. Not only will most women with the virus fall ill with AIDS, but many will pass the virus to their newborn children and most will also on the burden of caring for other family members with the disease. In recognition of their vulnerability, women have been the target of many AID's prevention programmes. The programmes raise awareness of HIV and enable some women to protect themselves through condoms or abstinence from sex, but most have little impact on the overall course of the epidemic. Men usually decide wether women can protect themselves and men are more likely than women to transmit the virus to others, including other men. In short, men determine the path of the disease. Only prevention programmes that directly address men's sexual and drug-taking behaviour can significantly reduce the rate at which the global HIV/AIDS epidemics spreads.

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**Szasz, Ivonne (1999) " Algunas reflexiones sobre la sexualidad de los hombres a partir de los estudios de la masculinidad ", En: *Salud Reproductiva y Sociedad, Organo Informativo del Programa Salud Reproductiva y Sociedad de El Colegio de México, año 3, No. 8. México DF, p. 7-9.***

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En estudios recientes sobre género se ha reforzado la necesidad de rescatar la perspectiva de la experiencia masculina para poder comprender las relaciones hombre-mujer. Es a partir de los ochentas que surgen corrientes que abordaron la temática de la construcción social de la masculinidad y delas relaciones entre lo femenino y lo masculino. Desde esta perpectiva, algunos autores propusieron la existencia de características que definirían una masculinidad dominante: masculinidad de los hombres blancos, heterosexuales y de clase media de las sociedades occidentales protestantes y modernas. Es así como lo masculino se define por conductas que se contraponen a lo femenino, suprimiendo lo emocional y afectivo y manifestando de manera permanente la hombría frente a otros

hombres, donde el desempeño sexual cobraría vital importancia. Con el desarrollo de estudios de género y de masculinidad ha sido posible evidenciar que existiría una permanente tensión para los varones entre sus deseos sexuales y los imperativos de dominación, siendo las construcciones culturales de dominación masculina las que generan fantasías y formas de conductas opresivas para las mujeres. Las definiciones de masculinidad variarían entre culturas, si bien en todas se repetiría el hecho de que los hombres necesitarían reafirmar de forma permanente su virilidad, estableciéndose mandatos de sexualidad apropiados para los varones que implicarían una tensión permanente entre el deseo de placer y el de poder.

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**Population Reports (1998) “Lessons learned and Program Implications”, Vol. 26, Issue 2. October (s/l).**

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The question today is no longer whether to involve men, but rather how to involve them. How can reproductive health care providers best increase men’s participation?, how can they reach more men and meet men’s needs, how can programs encourage more men to care about reproductive health?. The number of reproductive health activities that address and include men has increased in the past several years, so the challenge for these expanding activities is to incorporate new perspectives on men’s participation into the design and implementation of reproductive health communication and services. Program experience with men’s participation yields many lessons. In this sense Population Reports has identified nine major lessons that can help guide program managers and policy-makers, which are:

- Reaching male audiences with appropriate messages: build on men’s approval of family planning, use the mass media to communicate with men and reach out to young and unmarried men
- Using communication to promote behaviour change: understand the influence of gender, encourage couple communication and bring information to where men gather
- Offering information and services that men want: inform men about condoms and vasectomy, counsel men with respect and sensitivity, offer men a range of health services

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**Valdés, Teresa y Olavarría, José (1998) “Los estudios sobre masculinidades en América Latina: cuestiones en torno a la agenda internacional”. Simposio sobre Participación Masculina en la Salud Sexual y Reproductiva: Nuevos Paradigmas, Oaxaca 10-14 de octubre de 1998.**

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Las últimas décadas han visto una lenta pero progresiva incorporación en la agenda política del debate en torno al sistema de sexo/género vigente en cada sociedad y las relaciones de género a que da origen. Ello ha sido el resultado tanto de los conocimientos acumulados en el ámbito académico, de la acción desarrollada por el feminismo y el movimiento de mujeres, como del quehacer desplegado por los organismos internacionales, particularmente

por las Naciones Unidas. En efecto, en el marco de la profundización de la Declaración Universal de los Derechos Humanos (1948) y cuando la democracia se consolida como forma de gobierno, se ha iniciado un cuestionamiento cada vez más sistemático acerca de la posición privilegiada que ocupan los hombres<sup>14</sup>. La equidad como meta ha llevado a analizar, desde una perspectiva crítica, cómo se da ésta entre hombres y mujeres y las consecuencias que las relaciones prevalentes tienen en la vida de las personas y de las sociedades.

El debate en torno a las relaciones entre los géneros y los varones se ha ido extendiendo por las diversas regiones del planeta y los estudios sobre identidades masculinas se han multiplicado (Valdés y Olavarría 1997). Al mismo tiempo, las cuestiones de la equidad de género y la masculinidad han estado presentes en diversos eventos realizados los últimos años, como Japón (Nakamura 1994), Sudáfrica (Arena 1998) y recientemente en Santiago de Chile (1998). Asimismo UNESCO auspició, en 1997, una conferencia sobre masculinidad, violencia y pacificación.

El sistema de sexo/género define las relaciones entre hombres y mujeres, entre los propios hombres y entre las mujeres; según su asignación de género: establece las posiciones que ocupan, define los espacios en los que organiza a los individuos, distribuye los recursos para el ejercicio del poder, asigna atributos, especialización, normatividad, valores, jerarquías, privilegios y sanciones (Lagarde 1992). Los estudios existentes señalan que los sistemas de sexo/género vigentes en la región se caracterizan por la subordinación de la mujer al varón, la que se hace efectiva a través de diversos mecanismos (De Barbieri 1992; Lamas 1995; Fuller 1997a). Están basados en la supremacía del hombre sobre la mujer, donde éste tiene y ejerce la mayor proporción de poder; la supremacía de lo masculino sobre lo femenino, que es inferiorizado. Se trata de sistemas articulados de relaciones de dominación-subordinación entre los géneros, que generan oportunidades diferenciadas para varones y mujeres, según sea su cultura, etnia, raza, condición social, orientación sexual y etapa de su ciclo de vida.

Desde hace aproximadamente una década se ha iniciado una acción crítica que, reuniendo a los actores antes mencionados e incorporando a hombres heterosexuales, buscan de manera conjunta formas que permitan la equidad entre los géneros y el respeto por la diversidad. Esta acción se ha ido centrando especialmente en los campos de la sexualidad y la salud reproductiva, la sexualidad adolescente/juvenil; la violencia, especialmente la intrafamiliar; la paternidad y la paternidad adolescente y la participación ciudadana. Los planes de igualdad de oportunidades que está implementando un número creciente de países de la región y en general, las políticas públicas de género, orientan hoy día recursos destinados a una mayor equidad y aceptación de la diversidad.

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**García daCosta, María Auxiliadora (1997) *“A face masculina do planejamento familiar. Trabalhando com grupos de homens”*. Governo do Estado do Ceará, UNICEF, The John D. and Catherine T. MacArthur Foundation, Fortaleza-Ceará.**

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Este manual se presenta como una propuesta metodológica para la realización de

grupos socio-pedagógicos entre hombres, buscando la sensibilización de de la población masculina para una mayor participación en las decisiones y acciones relativas al ejercicio de la sexualidad, los derechos reproductivos y de planificación familiar. Representa la consolidación de la experiencia de un proyecto denominado: " *La cara masculina de la planificación familiar* ", que tuvo como objetivo la construcción de una metodología de intervención social que permitiera la creación de espacios de educación destinados a la población masculina , con miras a la promoción de una distribución más equitativa entre hombres y mujeres de las responsabilidades relativas a la familia y a la reproducción.

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**Sen, Gita, A. Germain y L. C. Chen (1994) "*Population Policies Reconsidered. Health, Empowerment and Rights*", Harvard Series on Population and International Health. Boston, Massachusetts.**

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Generally, population policies in Southern countries, concerned international agencies, demographers have focused on women, since it is they who bear children. While it is essential that women have access to services which to control their health and fertility, it is entirely inappropriate for policy to allow, even enable, men to abdicate their responsibility for their own fertilit, prevention of STD's, and the well-being of their sexual partners and the children they father. Men remain fertile longer than women and continue sexual activities into their older years, often with multiple partners. In this sense, the use of contraceptive methods, like vasectomy or the use of condoms is not so common or massive between men. Although vasectomy is significantly cheaper and safer than female sterilization procedures, tubal ligation is nearly three times as frequent as vasectomy in Sothern countries. About the use of condom many men refuse to use them at all, or consistently, or with their regular partners, leaving their partners at risk of STD's. In general men have not been welcome or encouraged to participate on family planniong services designed for women. Separate programs for men have generally been of much smaller scale and focused on vasectomy.

Then it is not surprising that contraceptive use data show that in less developed regions of the world, methods that reqwuire men's initiative and cooperation, like vasectomy, condom, ryth, and withdrawal, account for only 26 percent of contraceptive use (in more developed regions these methods account for the 57 percent of use). At the same time men refuses to use contracetive methods by them selves, many of them resists their partners desire to use a method (Liskin, Wharton, and Blackburn 1990; Ruminjo et al., 1991). Because their objctive has been fertility control, vasectomy services have missed an extremely important opportunity to work with men on other aspects of sexual health, like: as providers of information, in the treatment of the STD's, promoting the continued condom use beyond the initial period following a vasectomy, and providing counseling and educational activities to promote healthy sexuality and equitable gender relations (Liskin, Benoit and Blackburn 1992). The necessitty of profound changes will be needed to increase the use of contraceptive methods, ensuring men's respect for their partners contraceptive choice, and to motivate men to take responsibility for sexual health and the children they father. Socialization practices and other social institutions that condone or promote severe imbalances of power and other inequities between women and men, along with exploitative,

abusive, and unhealthful sexuality, need to be changed. The greatest hope for such changes lies with young people, who, with support, can challenge gender role stereotypes as they participate in social life, explore their sexuality, and build relationships with each other. Another important concept to work on when we are speaking about the role of men in women's reproductive and sexual health is women's empowerment. There is a widespread confusion and some anxiety about whether women's empowerment leads to the disempowerment of men. The process of women empowerment has challenged patriarchal relations, and thus inevitably leads to changes in men's traditional control over women, particularly over the women of their households. The point often missed is that women's empowerment also liberates and empowers men, both in material and in psychological terms. Between these two aspects the most important gains are in the psychosocial ones, when women become equal partners. Men are freed from the roles of oppressor and exploiter, and from gender stereotyping, which limits the potential for self-expression and personal development. They find emotional satisfaction in sharing responsibility and decisionmaking; they find that they have lost not merely traditional privileges, but also traditional burdens.