In 1998, when we published "Homens e masculinidades: outras palavras"1 ("Men and masculinity: other words"), we took care in the introductory essay to call attention to two aspects which were important at the time and are now considered fundamental for studies of men and masculinity in Brazil.

Our first observation was that, in taking men and masculinity as our theme, from the standpoint of gender, we were not "reinventing the wheel," but, on the contrary, travelling a road already indicated previously by other social activists, either in the academic field or in political militancy, in Brazil and in other countries.

The second point we made stressed that the interest in the study of masculinity has its origins in the 1960s, more particularly in the beginnings of the feminist movement, which encouraged a critical examination and a defined position with regard to social inequalities based on sexual differentiation, but also in the movements in defense of sexual rights (identified at the time as the gay and lesbian movements) which confronted fixed sexual identities.

These two points still seem to us fundamental in considering the questions raised by Márcia Couto and Romeu Gomes with regard to gender equality in the field of studies and actions with regard to men, health and public policies; this discussion has been given fresh impetus by the recent establishment of the National Comprehensive Healthcare Policy for Men (PNAISH), announced in 2005, finalized in August 2008 and launched in 2009 by the Ministry of Health2,3.

If we wish to outline, albeit superficially (given the limitations of a text debate), a genealogy for the National Comprehensive Healthcare Policy for Men in Brazil, we need to consider at least three historically important strands, which have produced distinct concepts and traditions with regard to gender.

One of them, very well described by Margareth Arilha4, in her doctoral thesis O masculino nas conferências e programas das Nações Unidas: para uma crítica do discurso de gênero ("The male in United Nations conferences and programs: towards a critical view of gender discourse"), aimed to study the texts produced in meetings on population and development and in the International Conferences on Women sponsored by the United Nations Organization (UNO).

In the UN understanding of gender, men are instruments.

After studying the texts produced in eight World Conferences on Population and Women since 1974, as well as around 50 documents from various UN bodies, Arilha4 concludes that the recognition that men must be included in the field of sexuality and reproductive health is not new. In the final document of the International Population Conference at Bucharest in 1974, it is made very clear, among other matters, that: "the situation of women cannot be changed without changes also being made in the role of men"; there should also be "research into the social roles of men and women and biomedical research into male fertility," "the promotion of programs and policies to improve and protect the health of men, women and children," and "the encouragement of education for family life and for responsible paternity".

However, as Arilha4 points out, the texts of the International Conference on Population and Development held in Cairo in 1994, and of the 4th International Conference on Women in Beijing in 1995 give greater prominence to the importance and the necessity for men to be included in programs for the promotion of sexual and reproductive health, with an explicit appeal to the concept of gender.

However, Arilha4 sharply criticizes the acceptance of a concept of gender – and the related ideas and attitudes towards men in the context of sexual and reproductive health – which has emerged in UN documents, which is radically instrumental, that is to say, it "makes reference to men simply in order to create the conditions in which women's health and political rights can be improved (...)." The references to men which appear in the texts of the UN conferences are reductive and instrumental in character, and view the man as the father of the family, limiting his role strictly to that of providing the conditions for female well being.

Another strand forming part of this network of ideas and tendencies which produced the conditions...
for the emergence of the current concern with integral attention to male health appears in outline in the criticisms of Carrara et al., in an article published in 2009 in Physis: Revista de Saúde Coletiva, in which they examine the activities of the Brazilian Urological Society (BUS) in the period leading up to the launch of PNAISH and its role during the establishment of this policy. They discuss the way in which the urologists (as specialists) put forward their case and how they distanced themselves from the militant arguments advanced by the social movements, aiming at the medicalization of the male body.

In gender understood biomedically, men must “disempower” themselves

Starting with a brief survey of the institutionalization of public health, commencing in the second half of the 19th century, these authors stress the ongoing processes resulting in the medicalization of specific sectors of the population, based on power prescriptions built into the biomedical order and promoters of the management and regulation of subjects and practices considered undesirable. According to them, in the first half of the 21st century, a complex pattern of economic, political, cultural and technological processes contributed towards an increasing interest in the male body.

If Arilha, earlier, warned us against the instrumental use of men in the proposals for action set out in the reports of the United Nations Conferences, Carrara et al. draw our attention to what they call the “disempowerment” of the object to which male health policies are directed. This “disempowerment” is based on the idea of a masculinity “unhealthy” in itself, “men being presented as victims of their own masculinity, that is to say, of the beliefs and values which would otherwise constitute the ‘socio-cultural’ barriers opposed to medicalization” and in a contrary direction to the policies designed for women and other minorities. In other words, the main aim of the policy appears to be “to weaken male resistance to medicine generally, that is to say, to medicalize men”.

In the feminist interpretation of gender, men must be subordinate

A third strand which can be identified in this genealogical outline appears in a piece by us, published in 2008 in Estudos Feministas magazine, entitled Por uma matriz feminista de gênero para os estudos sobre homens e masculinidades (“Towards a feminist gender matrix for studies on men and masculinity”), based on assumptions and concepts which are derived from the interface between theoretical writings on gender and feminist politico-academic militancy.

In this piece, we employed a free dialogue and an affiliation to the area of contemporary writings which adopt “gender” as an analytical category and are based on defined theoretical reference points, but which share (and define themselves by) a critical feminist perspective, that is to say, they acknowledge the social construction which gives birth to and legitimizes male power.

The starting point for our reflections on men and masculinity, based on the conceptual demarcation put forward in that article, is that there is no such thing as a single masculinity and that it is even less possible to talk simply in a binary manner which presupposes a division between dominant and subordinate forms. Such a dichotomy is based on the social power positions of men, but these positions are adopted in a complex way by individual men, who also develop different relationships with other masculinities, so that, as pointed out by Joan Scott “[...] real men and women do not always follow, nor do they follow to the letter, the prescriptions of their societies or of our analytical categories.”

We repeat that we must recognize that our analysis of the sex/gender system must not reify the nature-culture dichotomy, but seek to understand the effects that social practices, including scientific practices, produce from the constant exercise of opposition or the search for similarity between the two sexes. We believe that gender relationships are defined by a complex web, which highlights diversity rather than difference, as a response to the dichotomy and the inequality.

In this sense, we consider it necessary to submit the concept of “gender” to a feminist interpretation and vice versa. It is not therefore a case of a simplistic understanding of “sex as biology” and “gender as culture.” It is in fact a case of a critical approach which stresses the diversity, the multiplicity of meaning and the possibility of change. We therefore believe in the need to be open to new theoretical constructions which vindicate the pluralistic, polysemous and critical character of feminist interpretations.

Between the domesticated versions of gender which simply reproduce the inadequate interpretation that everything is a social construct, which somehow governs dissidence and diversity, and the feminism which questions and transforms, we prefer the hybrid interpretation which we define as “gender feminist,” which at the same time interprets and moves, starting from the horizon of change.
In other words, we advocate a feminist project for social transformation that has become part of the militancy of women and more recently of some men and in the academic work of some writers; also cultural, institutional and relational changes which involve “bio-men,” understood in their multiple experiences and ways of being individual, involved in various power games and identified by different social markers, such as race, sexual orientation, age, among other aspects.

We believe that the article by Márcia Thereza Couto and Romeu Gomes in some way touches on the three strands we have outlined here and is an important critical interpretation of gender in the debate about men, health and public policies, on the basis of which it is possible to produce further reflections.

References