Commission on the Status of Women  
Forty-eighth session  
New York, 1-12 March 2004  

PANEL II  

The role of men and boys in achieving gender equality  

Written statement submitted by  

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Panel: The role of men and boys in achieving gender equality

Fatherhood a gender perspective: some ways of the public politics. Jorge Lyra, Papai Institute - Brazil

This paper presents a series of reflections based on a review of the literature, direct programme experiences and group discussions on the issue of men’s participation in care giving. This reflection focuses on men’s socialization and uses a gender perspective. While we widely discuss fatherhood and taking care of children, this is not the only issue within care giving. Rather, I would like to propose that we reflect in a thoughtful way on care giving in the context of gender relations. By questioning the assumption that men are not concerned with care giving, and do not know how to provide care, we would need to listen to how young men and men themselves define care giving and the place it has, and should have, in their daily lives.

Introduction

In Brazil, contrary to other countries (especially Canada, United States and Australia), the debate on men and masculinities did not come to be as a result of pressures arising out of men’s movements, be they profeminist or masculinist. On the political level, the discussions concerning male participation in health and reproductive rights issues came as a result of feminist activism, especially after the International Conference on Population and Development, Cairo, 1994 (ICDP, 1994) and the Fourth World Conference on Women, Beijing, 1995.

There were present, in these two forums of discussion, important activists of the Brazilian feminist movement. One of the main questions raised as the results of those debates was the necessity of greater male participation in the promotion of sexual and reproductive rights. On the academic level, these discussions have been conducted under the rubric of gender as an analytical category, from the point of view of different disciplines, such as Anthropology, Psychology, Social Psychology, Demography, and others.

Men, feminism, gender politics and theory

In general terms, the current interest on masculinity as an object of study originated in the 60’s. This was due, on one hand, to the institution of the feminist movement and the search for a critical examination of the social asymmetries based on sexual differentiation. On the other hand, with the gay movement which, while struggling for their rights, demanded a new reflection on
sexual identities, based on a historical reading of the social construction of sexualities (Kimmel, 1992a; Morgan, 1992; Almeida, 1995; Connell, 1995; Vance, 1995; Lyra, 1997; Medrado, 1997; Arilha, Ridenti and Medrado, 1998; Monteiro, 2000, among others).

While seeking to define, in a broad manner, their space in politics, in the economy, in sexuality-related issues, in the public and private levels, feminists and gays struggled against the domination they suffered and proposed new mentalities, new behaviours and new perspectives for the relations between the genders, by directly questioning the so-called hegemonic masculinity: white, heterosexual and dominant.

**Why talk about fatherhood and care with young men?**

In various countries in Latin America as well as in others countries, the conception and raising of children are still experiences attributed to women, with the father having a relatively limited presence. Little is asked of young men about their participation, responsibility and their desires in the reproduction process. On the other hand, many recent studies have shown the importance and the need for men’s participation in child care, as well as the desire of some young men to take part to a greater extent in domestic decisions and chores (Engle & Breaux, 1994; Engle, 1995; European Commission Childcare Network, 1990; Mundigo, 1995).

We know that men (and women) are brought up from an early age to respond to pre-determined (and mutually exclusive) models of what it means to be a man and to be a woman (Scott, 1988). These models vary, of course, over time, as well as across cultures. However, in general, we see that gender socialization is generally guided by looking at the differences (being a man is different from being a woman!) and by inequality (being a man is better than being a woman!). This assertion is of course not new. In fact, this has been one of the great legacies of the feminist movement and of gender studies: recognizing that the social construction of gender matters a great deal more than biological differences themselves.

In the context of childcare these gender models manifest themselves in various ways. For example, to be a woman is mainly about affection and connection. We often speak about a mother’s love as a maternal instinct, a supposedly innate characteristic which guides maternal daily practice, and which is generally defined as gratifying in and of itself (being a mother is suffering in paradise!, as a common Brazilian expression says).

Being a man, in contrast, is to succeed in the financial and economic sphere. A man must assume fatherhood and financial responsibility for the home or, as we often hear, “he must make sure that there is nothing lacking at home.” In this respect, men are generally seen in our society as incapable of performing childcare and, to some extent, culturally authorized not to participate in it. In shot, the woman takes care, the man provides (Trindade, 1991; Lyra-da-Fonseca, 1997; Saparoli, 1997; Medrado, 1998). Thus, even when a man wants to play an active role in terms of childcare, social institutions - ranging from the family, school, work, health facilities, NGOs and military to society in general - deny him this possibility (Lyra-da-Fonseca, 1997).

From a broader viewpoint, we can see that this assumed “incapacity” for childcare extends to (or has its origins in) other areas of daily life, as men often are seen (including by themselves) as being incapable of caring for a sick person, things around them, a child, the home and themselves and their own bodies.
Do men care for themselves?

Wherever the setting, the story is often the same: boys are encouraged to defend themselves and fight back, to pick themselves up at once when they fall off a bicycle (preferably without crying!), to climb back up a tree after they have fallen and to be brave and bold. Generally speaking, men are socialized from an early age to respond to social expectations in a pro-active way, where risk is not something to be avoided and prevented, but to be confronted and overcome, on a daily basis. The idea of self-care is displaced by a self-destructive lifestyle, where risk is valued over security.

In adolescence and adulthood, these attitudes take on alarming overtones. Men are often reluctant to recognize a health problem and seek assistance. Such reluctance has created, for example, complex problems in terms of the spread of HIV/AIDS. Studies from Africa and Asia, as well as in other parts of the world, show that HIV-infected men, in general, draw less support from each other and ask for help from the family and friends less frequently than women (UNAIDS, 2000). Men are also less likely to provide care for other HIV-infected individuals, whether in intimate or family relationships.

Do women care for themselves more than men?

In our society, caring (for children, sick people, the elderly etc.) is viewed as a “woman’s business”. The “art of caring” appears almost as a natural condition of being a woman: “Being a woman means being good at caring for people.” However, in many parts of the world, we are seeing more men carrying out tasks associated with child care, either inside the home or in institutions (kindergartens, infant schools, nurseries, etc.).

The lack of men’s involvement in many care giving tasks means that women carry a double burden, particularly those who are trying to find a place in the labor market and who at times can not accept a certain job because they have to take care of the children or other relatives and friends. Many women face what is often called a “double workshift,” so as not to be labeled as “negligent mothers.” They also are encouraged to be super-Moms, often having been told that after their child is born they are expected to achieve, in a flash, an instant fusion with the infant, and develop a receptive ear for the child’s crying and a nose that is not bothered in the least by the odor of feces, etc. (Badinter, 1985; Parceval, 1986).

The father, on the other hand, after his role in conception, finds a gap in his role in this process, recovering some space only when the child reaches pre-school age. In nursery schools and kindergartens the situation is even more complicated, with the presence of a man often generating concern and anxiety, out of fear that he might sexually abuse the children or might have sexual problems or be a sexual deviant. Thus, the figure of the “caring man” is often associated with the image of an “effeminate” person or an “abuser.” Those men who want to share these tasks often find little space to do so, or inevitably have to put up with comments like “at times like this, men only get in the way.” (Saparoli, 1997; Medrado, 1998).

Can a man learn to be caring?

Frequently we do not realize that caring is also a skill that is learned in the course of life. From childhood on, women practice and learn care giving. From an early age, girls are encouraged, for example, to play with dolls, exercising what supposedly lies ahead for them: domestic life. When a boy decides to play with domestic things, he is generally met with ridicule and censure. For girls, we teach that health care is important and that a “good girl” is always neat and tidy (not
necessarily for herself, but nearly always for the “consumption” of others). For boys, we teach that it is important to be strong and virile, not to cry and to be ready to overcome obstacles and face risks. A friend, for example, told me that on one occasion, his father put him in an empty box and closed the lid, so the boy would have to force his way out. When the boy finally managed to raise the lid, he was all alone on the roof of the house. The father had put him on the roof and was shouting from down below: “Now get down! Are you a man or not?!” We know of many cases where, when a boy starts to play “girl’s games,” the parents buy guns or similar toys, treating him in a rough-and-tumble way, saying that this is for his own good: “To teach him to be a man!” (Connell, 1995; Almeida, 1995; Medrado, 1997). In sum, in the same way that men learn not to be caring or not to care for others, they can also learn caring. For this to happen, it is key that we – as teachers, health educators, youth workers and parents – provide opportunities for this experience.

If men cared more for the children, would the situation be different?

In practice, socialization also takes place through imitation and at a more elaborate level, through identifying with peers and adults. Thus, it is important to consider that if boys interact with adult men (fathers, uncles, family friends, etc.) in a care giving situation, they will likely view men’s care giving as part of the male role. They may also be encouraged to question/deconstruct gender inequality in the home environment. In other words, the greater participation of men in caring for their children may have a dynamic impact on gender relations, insofar as the children will be able to observe their parents’ (in this case fathers’) behavior in these activities, thus allowing a broader meaning of what it means to be male and female.

Men, children, caring and AIDS.

Studies carried out in different countries in America, Asia, Africa and Australia show that men are generally less involved than women in caring for children, particularly in the first 3 years of a child's life, when feeding, hygiene and health in general are basic concerns. As a recent UNAIDS document warns, it is important to remember that at the end of year 2000, there were about 13 million children orphaned by HIV/AIDS who will require the help of adults to grow and develop. The great majority of these children receive care from women, relatives or neighbors, although some groups of orphans are under the guardianship of men (UNAIDS, 2000).

What about adolescent fathers?

In general, adolescent pregnancy is often confused with adolescent motherhood; that is, when we talk about early childbearing, we are nearly always talking about adolescent mothers. The reasons for this are various and include: a) the child, generally speaking, is perceived in our culture as the mother’s; b) young men are almost always perceived as being naturally promiscuous, irresponsible, reckless and impulsive; c) the young father is generally seen as absent and irresponsible: “it’s no good looking for him, he doesn’t want to know about it!”; d) the young father is recognized more in the role of son than father; e) concern about the reproductive experiences of adolescents centers largely on the idea of prevention, with less attention to the needs of adolescent parents themselves (Cannon, 2001).

Research on adolescent fatherhood

One of the major limitations of research on adolescent pregnancy is the lack or total absence of information about the fathers (Robinson & Barret, 1982; Lamb, & Elster, 1986; Robinson, 1987;
Barth, Claycomb & Loomis, 1988; Cervera, 1991; Adams, Pittman, & O’Brien, 1993; Lyra-da-Fonseca, 1997; Lyra & Medrado, 2000; Medrado, & Lyra, 1999). These studies tend to focus on the mother’s experience and have little (or nothing!) to say about the father. When fathers are included we find a number of limitations, including: a) researchers frequently fail to ask what men think about reproduction or fertility; b) when the adolescent father is included in the research, the theme in general is not adolescent fatherhood. For example, in research on “single fathers,” men are often asked about the experience of being adolescents or being single rather than about the experience of fatherhood; c) in much of the research, information about the father is obtained indirectly, very often from what the mothers say; d) when fathers are included in such studies, the number is generally small; e) not every partner of the pregnant adolescent is an adolescent. In general, he is a young man or an adult. f) The available information is generally restricted to those fathers who currently live with their children, which may be a minority of fathers in some settings.

How can we engage young men in caring for their children?

In countries such as Brazil, Cameroon, Jamaica, Sweden and Uganda important initiatives have been carried out with the aim of promoting greater participation by fathers and future fathers in caring for their children. These initiatives have sought to encourage the commitment of fathers to caring for their children (UNAIDS, 2000).

In 1997, the PAPAI Institute (which means “dad” in English) was founded, in Recife in the Northeast of Brazil—the first Brazilian Adolescent Fathers’ Support Programme, with the main aim of carving out a social space for the adolescent father, both in terms of public policy and studies on sexual and reproductive health and in society at large.

Today, the PAPAI Institute is holding weekly meetings, in hospitals and public health centers in Recife, with young fathers and/or partners of pregnant adolescents who are attending pre-natal classes or in the childcare for recent mothers sector. These meetings, taking the form of workshops and using a “waiting room” system, focus on issues related to pregnancy, childbirth, childcare, and paternal responsibilities.

Apart from this, in an effort to promote the widespread participation of men in childcare, PAPAI uses art education. An example of this is the 3.5-metre high PAPAI mascot, which is brought out for public events, especially at carnival time. The mascot represents a young man carrying his child in a baby-bag, thereby symbolizing the association of the male image with child care, an area culturally restricted to the female sex.

These experiments give us a glimpse of the positive impact on adolescent fathers, their partners and children that is brought about when networks of support are created or strengthened. They also show the need to develop multiple strategies, mobilizing not only the father, but also the mother, the family and specialists by way of various focuses of intervention.

In sum, despite such efforts, as Mundigo (1995) observes, this is not as simple an undertaking as it seems, since, in order to ensure greater participation on the part of men, various cultural, ideological, institutional and personal barriers need to be overcome by both men and women. Governments at all levels, international organizations including the United Nations, non-governmental organizations, the private sector, trade unions, the media and other stakeholders should, as appropriate, take the following actions:
**Recommended changes at policy level**

- Use financial and social policy to improve the balance between work and family life, and encourage men to make an equal contribution to domestic work;
- Expand paternal leave provisions;
- Create disincentives for employers to demand overtime work;
- Create a legal structure for permanent part-time work and incentives for men to use it;
- Develop aspects of family law that enable men to be active partners in the lives of children and dependents; review and make appropriate changes in adoption policies and the care of orphans and adopted children;
- Take measures to help teenage and young fathers be involved in the support and care of their children while continuing their education and training.
- Requiring education and training institutions to design their programmes and schedules to facilitate care work by teenage and young fathers without breaks in study; and
- Structuring health services concerning pregnancy and early childhood to promote the participation of young fathers;
- Recognize workers’ childcare obligations in setting terms of employment and schedules of work;
- Include incentives for childcare contributions in recruitment and promotion policies;
- Build into collective bargaining strategies the possibilities for men’s involvement in care work.

**Recommended programmes**

- Provide work-based day-care centres in all enterprises with a certain number of employees, counting men as well as women in calculating child care needs;
- Create education programmes that give boys and men the skills and knowledge to take on new roles in households, families and the domestic sphere. Such programmes include:
  - School-based “life skills” courses;
  - Adult education programmes directed at men and boys at community level; and
  - Teacher education programmes to increase capacity for gender education of boys and youth.

**Research needs**

- Document the actual involvement of men and boys in care and domestic activities, and identify areas where action is needed;
- Carry out time use surveys documenting patterns of domestic work by women and men;
- Monitor men’s use of parental leave and flexible employment provisions;
- Study the family involvement of men working in international and transnational organizations, as well as of men as decision-makers and role models for other men;
- Research long-term effects of fathers’ involvement, both on the children and on the fathers’ lives;
- Document “fair families” which have adopted more equal models of family responsibilities, to understand what leads to success in terms of gender equality;
- Study the diversity in participation in family responsibilities between different cultures, both inside countries and between countries;
• Research the different forms of fathering, including young fathers, sole fathers, old fathers and gay fathers.

Bibliography


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