Opening our eyes

A work experience with men on gender issues and sexual and reproductive health

Manuela Ramos 25 Aniversario

ReproSalud

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Our gratitude goes to the women of the rural and periurban communities we work with, who presented us with the challenge of including men in the community projects they conduct with ReproSalud support, thereby enriching our perspectives and the Project results. It is they who brought into being the experience described and analyzed on these pages.

Our thanks are also due to the men of these same communities who shared with us women and us men their achievements, findings and fears, during and after the educational process; their voices, personal experiences, and individual and group processes are a fundamental part of the systematization published in this document.

We want to thank the coordinators, promoters and trainers of the Regional Teams of Ancash, Ayacucho, Huancavelica, La Libertad, Puno (Quechua and Aymara areas), San Martin, and Ucayali. These women and men, as in all processes carried out by ReproSalud, were in the front line, putting to good use their creativity, persistence, and listening skills to build up and implement the strategies for work with men presented in this publication.

We're familiar with the work to be done, and we know about awareness-building, but we can hardly expect changes from one day to the next. Of course we're always a bit worry of what people will say, too! We're always wondering 'What will they say?', but this is changing little by little. In the worst case, we think that if we don't change, our children will try to change from the time they are little... It's like a tree, isn't it? The change has to come to the roots as well as the trunk and the leaves. So I think that's how this health issue can be changed and people can become more aware (Male community promoter, Chucuito, Puno-Aymara area).

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THE REPROSALUD PROJECT[1]

The Community Reproductive Health Project (ReproSalud) is a ten-year cooperation agreement (1995-2005) entered into by the US Agency for International Development (USAID–Peru) and Movimiento Manuela Ramos, a Peruvian non-governmental organization devoted to promoting women's rights. The aim of the project is to improve the reproductive health of low-income women who live in rural and marginal urban areas of Peru. The main goal is for women to increase their use of interventions that could improve their reproductive health, including increment in the use of formal health services as well as sound self-care practices. ReproSalud also aims to have a positive impact on the socio-cultural factors which affect women's health, especially with regard to gender relations and the cultural gaps between the official health system and the traditional health systems.

The basic principles of the ReproSalud project are: gender equity and women's empowerment, community participation, flexibility and sustainability.

The project has carried out work in 91 districts located in 8 of the 24 departments of Peru: Ancash, Ayacucho, Huancavelica, La Libertad, Puno, Lima, Ucayali and San Martin. The rural women of the districts in the Andean highlands where ReproSalud works are largely indigenous, the majority of them have Quechua or Aymara as mother tongue. ReproSalud currently benefits 145,235 women and 67,464 men, and it is planned to expand the project to reach an additional 144,560 women and 62,786 men.

ReproSalud is an innovative project which promotes reproductive health among low income women of the most remote areas of Peru, empowering and strengthening individual and communal skills to defend and exercise their sexual and reproductive rights, and to establish more equitable relationships with their partners and with the health providers so that they may perform as informed users with capacity to present their demands.

The objective pursued by ReproSalud is that the women themselves define their priority needs in reproductive health and assume the leadership of community projects to deal with the problems that are priorities in this area. This line of action also reinforces the organizational structure through which the other activities are carried out. In the selected districts, women's community based organizations (CBOs) are invited to participate in a competitive process to become ReproSalud counterparts. During the selection process the CBOs perform dramatizations of their reproductive health problems, this being the main mechanism to evaluate how strong their organization is.

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[1] Text adapted from the translation of Barbara Feringa's document (2000): *Two years in the field: ReproSalud seen through women's eyes* and, to a lesser extent, from other Project documents.

With those CBOs that win the contests, reproductive health self-diagnoses are carried out. These constitute an application of the participatory research techniques in the field of reproductive health. Through group dynamics and other participatory exercises, women are motivated to think about their reproductive health and how it relates with their situation as women. Finally, the women select the reproductive health issue which they consider to be the most important (based on the criteria of frequency and seriousness) and which they wish to address with ReproSalud support. The problems selected as the most important ones by a majority of CBOs are the "white menses" (vaginal discharges) "too many children" (unplanned pregnancies and contraception) and "suffering during childbirth" (birth complications).

With the results of the self-diagnoses, the women design community projects through which the CBO will address that reproductive health problem selected as the most important one. These projects are implemented with the technical and financial support of Manuela Ramos. The first community projects are eminently educational, since one of the main causes of reproductive health problems identified by the women is "not knowing". Such projects aim to increase women's knowledge of anatomy and physiology, as well as their understanding of the causes of the problems selected as priorities in the self-diagnoses; and to motivate the women to commit themselves to specific activities to prevent or address these problems.

As part of the community projects, women and men promoters are trained by Manuela Ramos. These promoters will later be responsible for replicating the educational sessions with the men and women of their own communities, with the help of educational modules specifically designed for this purpose.

When the first community projects were designed in 1997, many CBOs identified the need to reach the men in their communities and work with them specifically. Strategic and practical reasons were given. From a practical point of view, it was necessary to involve the men so that they would not oppose the women's participation in ReproSalud meetings and other related activities. Strategically, it was vital to involve the men because of their evident participation in decisions taken in the area of reproductive health and the consequences of these decisions on women's health. In view of the sound reasoning of the women, ReproSalud decided to respond to their request. Some of the women considered that getting the men involved was a good way to deal with the men's initial opposition to women's making commitments with ReproSalud. Others evaluated it as necessary to change men's attitudes and behavior patterns in order to improve their reproductive health to the extent that they identified men as one of the causes of their reproductive health problems. The women visualized that it would be impossible to achieve sustainable and long-lasting changes in their reproductive health, unless there were changes on the part of men. One lesson learned by ReproSalud is that if we base our work on a gender and rights perspective, the women find the best way to involve the men, reaffirming their capacity to make the right decisions when they have the autonomy to do so. Taking into account the women's analysis and their decisions, and given the good acceptance on the part of the involved men and the requirement to work with other men, ReproSalud intends to continue with the educational activities for men.

In community projects belonging to Phase Two of ReproSalud, which began in 2001, the CBOs carried out educational activities, as well as activities for the advocacy of rights, aimed at improving access to health services and the quality of these services from the women's perspective. In connection with these new community projects and in order to strengthen the sustainability of ReproSalud's results, the participants have set up 133

committees for the advocacy of reproductive rights and 134 community promoter networks. These organizations have achieved a greater capacity to negotiate with the health providers. They have become recognized community interlocutors. Together, the women's organizations and the health professionals have drawn up joint plans to solve those reproductive health problems identified as priorities. To date 78 action plans have been signed.

Since the beginning of this year, 2003, the promotion and advocacy organizations have been starting to set up strategic alliances with local and regional representative actors, both of the Government as well as Civil Society in order to involve more actors and institutions in the advocacy of reproductive health.

Also in 2003, a communication component has been introduced, using radio programs to reinforce the promoters' educational work and to extend the ReproSalud educational contents to communities that have not yet been reached. Soap operas are being produced, based on real-life stories of men and women in the project areas.

According to the mid-term impact evaluation, carried out by a team of external evaluators after an average of three years of intervention in the communities: "The strategic objective of the project has been met because women are using the health services more. This has translated into a notable increase in the numbers of pregnancies and childbirths being attended by health professionals, and in the prevalence of contraception use, as well as a greater reduction in the unsatisfied demand for family planning in the Project counterpart communities, than in those not participating in the Project". An increase is also found in the percentage of the women who decide how to spend the money they earn and those who make joint decisions with their partners on sexual relations, contraception, number of children, and educational level for their daughters and sons[2]. Likewise, the process evaluation completed in 2001 reports more and better communication within the family and with the health providers, women becoming more capable health service users, greater participation of women in community affairs, and non-planned effects on the quality of health services[3].

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[2] Ferrando, Delicia: *Perú: Salud Reproductiva en comunidades. Educando y empoderando a mujeres de escasos recursos. Evaluación de impacto de medio término del proyecto ReproSalud.* MEDS Project Monitoring, Evaluation and Design Support. February, 2002.

[3] Shepard, Bonnie, Delicia Ferrando and Arlette Beltrán: *ReproSalud project mid term evaluation.* Executive Summary of Results. MEDS Project Monitoring, Evaluation and Design Support. March, 2002.

INTRODUCTION

This paper is a report on the experience of the ReproSalud (Reproductive Health in the Community) project in its work with men in rural and marginal urban areas of Peru. This work began in 1997 and reached 66,370 men up to the year 2002. Systematization of this experience began in 2000, after three years of development and discussions, with the main objective of gathering the contributions and points of view of the different women and men involved who participated in the design process and the implementation.

One of the peculiarities of ReproSalud's work with men is that it was not considered in the original design of the Project strategy –which was basically for work with women and from their perspective– but it was incorporated based on the analysis and decision of women's community based organizations during the preparation of community projects. It is also an unprecedented pioneer experience in our country, where so far the few references of gender project activities with men had been mainly in urban areas with young adults and adolescents.

One first lesson learned in ReproSalud is that since gender relations are constructed in specific socio-cultural contexts, it is not possible to determine single strategies in advance for the issue as a whole; rather, it is the involved persons themselves, providing they have adequate opportunities and tools for self-reflection and gender analysis, who are the best equipped to make decisions in this respect (Feringa, 2000). Therefore, this report does not seek to provide a single answer to the questions of when and how to work with men in projects for the improvement of sexual and reproductive health and the promotion of gender equity. Our objective is to contribute with our experience and lessons learned to the consideration of certain aspects which we consider key elements in the processes of sustainable change in these areas. We would like to highlight two aspects and questions relating to them, which, in our opinion, are a common theme running through the different chapters of this text:

- The relational nature of the change processes related to both the construction of meanings on masculinities and femininities, and the social relationships between men and women: Is it possible to generate changes in the social imaginary regarding different "models" of femininity, without changing the meanings usually associated with masculinity? Is it possible to think about empowering processes for women in contexts where gender inequities significantly affect women's autonomy?

- The subjective dimensions of change, especially the internal resistances of men, associated with the absence of alternative models of masculinity and ways of understanding and experiencing power: To what point does a greater empowering of women guarantee that they will be able to build with men ways to understand

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power and masculinity that will be less oppressive with regard to women and themselves as men? To what extent is it indispensable that the interventions designed to promote gender equity include opportunities and processes of self-reflection, for both women's and men's groups?

This paper is divided into three chapters, one for each of the three levels of systematization that were taken into account to reconstruct the experience of working with men in ReproSalud:

- The first chapter, by Benno de Keijzer, seeks to recreate the process whereby work with men came into being in this Project, and its strategy and implementation were designed. For this chapter, the readings made by the Central Office team and by the ReproSalud Regional Teams were taken into account.

- The second chapter, prepared by Miguel Ramos, has the objective of systematizing the meanings and practices outlined by the men during the diagnosis sessions of the educational workshops, organized as part of the Project; that is, to report what men thought and did prior to the educational activities of ReproSalud. The information recording was handled by the ReproSalud Regional Team trainers: César Alva and Miguel Angel Ascue (La Libertad), Publio Quispe and Edgar Gomez (Huancavelica), Teofilo Ccallo (Puno-Quechua area), Andres Condori (Puno–Aymara area) and Joe Tello (Ucayali).

- The third chapter, by Teresa Viviano, presents the viewpoints of the male community promoters and participants in the replicated workshops (educational workshops conducted by the promoters), as well as the views of their partners, on the educational processes experienced by the men and the changes they underwent after the workshops. The interviews with the men were handled by Fritz Villasante, while the female promoters of the Regional Teams were in charge of the interviews with women.

Each chapter ends with a conclusions section. A final section is included to give an overall review of the three systematization levels contained in the three chapters. This final review was prepared with the contributions of Ximena Salazar and the undersigned.

In addition to the contributions of the persons already mentioned, this document was enriched with the suggestions of Kristine Langlykke and Lucy López of USAID-Peru.

CARMEN YON LEAU
Coordinator for the systematization
of ReproSalud's experience working with men

I.
Background of the work with men in ReproSalud

BENNO DE KEIJZER *

* Founding Member and of Health and Gender, a Mexican civil association specializing in educational work and public policies relating to several issues where gender affects men's and women's health. Expert on educational methodologies for work with men in gender and health issues. ReproSalud Consultant for training the first trainers who worked with the male community promoters and reviewing educational material. Professor of the Graduate Program on Psychology and Community Development at the Universidad Veracruzana (México).

This chapter opens with a brief summary of the way in which the issue of men's participation in reproductive health has been addressed. There follow a description and analysis of the origin, as well as the instrumentation and process, of working with men under the ReproSalud project, plus a reading of the men's process of change from the perspective of the central team and the regional teams, as well as their reflections on the problems encountered.

The systematization of this part of the ReproSalud experience was mainly based on individual semi-structured interviews with the Main Office staff and group interviews with the teams of four Regional Offices located in the Andean Highland Region of Peru: Ayacucho, Huancavelica (Central Andean Highlands), Puno-Quechua area, Puno-Aymara area (Southern Andean Highlands) and Ancash (Northern Andean Highlands). The information obtained was complemented with documents produced by the program itself. The perceptions of the project team from the Main Office, and the teams from the Regional Offices were sought.

1. A debatable field: men's participation in reproductive health

The research, reflection and action with regard to men's reproduction and paternity, have strongly emerged in recent years, at the academic level, the institutional level, and that of civil society. After so many years of promoting work with women from a gender perspective, there are mixed reactions to addressing the experiences and identity-building of men: some see it as a complementary line of action, while others find it controversial and contradictory. A great part of the advancement in this theme is due to the simultaneous discovery that progress in the different development programs, especially in health and education, is slower if the situation, condition, and development of men are not taken into account. The emergence of the research, projects, and initiatives for men, marks another way of understanding and applying the gender perspective converting it into a truly relational dimension. An example is the field of studies on masculinity, where men are also observed from a gender perspective (Kimmel, 1992).

Masculinity is understood to be the group of attributes, values, functions, and conduct patterns that are socially attributable to men as their own in a determined culture. In the case of Latin America, the **hegemonic model of masculinity** is presented as a scheme where men are essentially dominant, and this serves to discriminate and subordinate women and other men who do not adapt to it (de Keijzer, 1997).

Recent research and publications have shed a great deal of light on different aspects of masculinity. In the first place, it appears necessary to talk about masculinity in plural, that is *masculinities*, a term that reflects the diversity of the aspects such as nationality, class, age, migration, and ethnic group, among others (Figueroa, 1998). Thus, each man is located on a continuum where he shares, to different degrees, the common and the diverse. In Peru,

a line of research is being set up in this respect, to show similarities and differences among men in the urban sector (Fuller, 1998), and to a lesser degree, to make comparisons among men of the different rural regions (Population Council, 1998).

Another issue which has been considered is the connection between reproduction and paternity, since for men, paternity is the clearest evidence of their participation in the phenomenon of reproduction. As with masculinity, rather than talking about paternity as a single, universal, predetermined relationship of men with their sons and daughters, it would be more appropriate to talk about *paternities,* because there are very different ways of exercising paternity. Paternity is a position and function which includes the biological aspect but clearly goes beyond that; and it is historically changing, with considerable variations from one culture to another, as well among the different social classes and ethnic groups of one same country. Paternity also has specific meanings according to individual life histories and its significance can change during the life cycle of one same man (de Keijzer, 2000). Consideration of the ways in which paternity is exercised has been in the direction of a greater involvement of men in raising the children and more democratic family relations.

In addition, the major social and economic changes experienced in our countries have caused, in turn, transformations in gender relations: the accelerated urbanization process, the incorporation of women to the work force and the growing migration to cities and to other regions and countries. Many of these changes have given rise to greater gender equity in increasingly diversified fields and there has been linkage, besides, with several decades of feminism, circumstances that have had an influence on men (de Keijzer,1999).

In this context, a series of programs and reflection processes among men have emerged in Latin America, often supported or promoted by women. Interestingly, these processes have sprung up simultaneously without initial mutual knowledge and without, necessarily, having had the influence of countries where this topic has been valid for a longer time (such as the USA, the United Kingdom and other European countries). Much of the motivation in this field comes from the recommendations of the Cairo and Beijing conferences for a greater responsibility of men in sexual and reproductive health.

While reviewing the results of different forums and conferences in recent years, it is interesting to note the similarity, convergence, and synergy of their conclusions and proposals with regard to the presence and participation of men, mainly in the field of reproduction. However, in many of the agreements the tension relating to the inclusion or exclusion of the sexuality dimension in the discussion and strategies still prevails. Another point of the discussion is the degree to which men should participate, how they should participate, and the manner in which they should handle their own needs.

How to work with men? This is one of the most interesting questions for those working in vanguard projects. Since the 1990s, efforts have been made to include men in order to benefit women's health, particularly reproductive health. This strategy has been given different names, such as "men's participation in reproductive health" or "men as partners in (women's) health." Many of the experiences tend to show that there are benefits not only for women but for the men as well. Besides, if the men are listened to, they nearly always express their own specific needs.

The tendency is for reproductive education, specific for men, to include more information and awareness about the reproductive processes of their partners, and at the same time, specific information about their own sexuality and problems such as prostate cancer and the andropause. This type of education makes better progress in urban sectors

and with the young population, and tends to leave aside the rural and indigenous population.

Such processes can and should be extended to cover men's education in other aspects such as sexuality and health in general, including mental health.

To all this must be added the issue of sexual and reproductive rights which brings to the fore the power relationships between men and women in a context in which men have yet to assume an important series of responsibilities.

ReproSalud, a project which came into being at Manuela Ramos, a feminist organization, where work with women has been very intense, both at the programs level and at the political and legislation levels, operates now in this highly-debated field of men's participation in reproductive health. Besides, it operates in the little-explored context of men in rural or indigenous areas. What is particular about this experience with men, is that it was born as a demand made by the women. In the following paragraph this innovative experience will be addressed in detail.

2. "He who does not know and he who does not understand": men in women's self diagnosis

An original step in ReproSalud, coherent with the principles of popular education, was the conduction of a participatory diagnosis process with the target population[4]. It is during these self diagnosis sessions that women talk about their health situation in the context of their general condition and their perception of their relationship with their partners.

In the self diagnoses, men appear in different ways. First, as those who exert pressure, control, and abuse, and who fail to participate in the household chores or in the care of their sons and daughters. However, they do also appear as being present during childbirth, as helpers in the event of women's illnesses, or as protectors of their women and children in cases of external threats.

In many cases, women place emphasis on the men's negative attitudes and behavior, such as their lack of responsibility in the issue of having more children, their unwillingness to let the women make decisions, move around freely or visit health centers. Men are also described as the source of many illnesses due to different kinds of abuse. However, mention is also made, though without much emphasis, on men who know how to assist during childbirth, or who are able to prepare home remedies or who look for help to attend to some of the women's health-care needs. Thus, there are men who appear with a **not so negative image,** but these are never a majority, nor do they appear in the first response. There are the men **"who do not know"** who could be open to changes, in contrast to those who **"do not understand"** who are considered "a hopeless case".

> *But, some recognized that there are two types of men. Men who hit their wives or abuse them because they do not know, or they do not understand. No one has ever told them, or they have not thought about it, but they are good people and it is necessary to make them understand. And the others are the ones who do not understand and it was funny because they said: "For them we have to call the priest, so that he can tell them it is a*

[4] The *self diagnosis* process with women involves a participatory reflection technique in order to present and prioritize their health problems. This serves as a base to later select a problem around which a local project will be designed also in a participatory manner.

sin, we have to call the teacher, so that he can tell them that they should not act like that, that is bad to hit a woman, and it is bad for the children to watch, and we have to call the police so that they can threaten them and take them to jail" (Individual interview, Main Office).

Undoubtedly, the detailed self-diagnosis process developed by ReproSalud during the first phase helped not only to place in a relevant position, as a problem, the oppression and the lack of male participation, but at the same time it contributed to an ample awareness-building on the part of the Project team which allowed the work with men to become a strategy of growing importance.

3. The origin of work with men in ReproSalud

There are several perspectives as to the original purpose of the work with men. The diverse, and not necessarily contradictory reasons are: listening to the women, the sensitiveness of the personnel and the Project methodology.

During the several interviews to the Main Office and Regional teams, there was one common denominator: a growing confidence from the beginning that the strategy to work with men would be a significant contribution to the project. However, to the extent that the ReproSalud project was initially designed only to work with women, the incorporation of men was a gradual process, which became more clearly defined little by little.

With respect to the origins of this work, those who coordinate and promote the work from the Main Office, comment:

> *Work with men was initiated following requests made by women –mainly women in rural Andean areas–. After participating in the educational activities, they thought that men should receive the same information so that they could understand what the women were doing under the subproject and stop preventing them from going to the sessions. Another reason given was that men should know about the reproductive health problems that can affect women, and in that way the women could achieve more dialogue and understanding on the part of their partners (Individual interview, Main Office).*

> *The idea did not come up within the team. This is a project designed for women and from women. In compliance with the project strategy, women should talk about their key problems, analyze the causes and consequences. Then, taking those causes into consideration, they should design a project. The majority of the women have wisely said: "this problem and our health are not only our problems, we have to involve men and we have to involve girls and boys". Men's involvement come from the women, as a positive thing (Individual interview, Main Office).*

ReproSalud is a project which clearly has the mission to improve reproductive health and women's position in regions where it is precarious. It is understandable that work with men, in order to achieve such mission, was not clearly included at the beginning of the project.

Although on the one hand, their inclusion was an initiative of the women, on the other hand, it stemmed from the curiosity of some of the men. For example in Puno, from the beginning of the activities, men would hide to listen to what this work with the women was all about. This element, the *curiosity as to what the women were learning,* could have different readings, from the genuine interest to learn, up to a clear intent to control what women were learning and doing.

The work with men was not introduced in all the Project geographical areas at the beginning. It is a decision of the women whether work is done with men or not in each community project, and they determine when such work should begin, and which groups should be targeted (adults, young men, spouses or men in general).

While ReproSalud clearly focused on the promotion of women's health and rights, working with men was a dilemma in terms of the type of attention that should be given to them and how they could be incorporated into the Project. On the other hand, the need to work with men was also reinforced by repressive or violent reactions by some of them against the women participating in the project in some communities.

> *...they started to point out that it was necessary for husbands and partners to know, and that this would make it easier for them (the women) to attend. That is, first I thought that this was a strategic way of saying: "perhaps if you can tell them, we will have less problems". In some places violent acts against women were witnessed and this really brought home to us the need to get closer to the men (Individual interview, Main Office).*

Another important aspect was the real influence of men in some health problems of the women. This motivated the women to propose and plan some kind of work with them.

Some of our informers felt that it was more difficult and costly for the project not to involve men, not in a monetary sense, but with regard to the constraint on the pace of progress for the women.

> *...the most difficult part has not been to involve men, the hardest part has been not to do it, ...if we do not involve them, they are much less likely to let "their women" attend the workshops. The awareness-raising activities also help in the sense that they reduce the men's fears that we will turn their women into witches or feminists, or whatever! The men always had this objection. But once they are informed, even if they do not become involved in the program, at least they let their women attend (Individual interview, Main Office).*

Finally the tactical aspect of working with men was becoming strategic: the possibility grows and it is an attractive idea that men will move from being simply part of the problem to becoming part of the solution.

4. Advantages, challenges and risks in the work with men

Advantages

From the time the possibility of working with men was suggested, the predominant idea was that educational work would be done with the men in order to ensure the success of the work with women. For example, by including the men it would make it easier for the couple, jointly, to take decisions on aspects such as the use of contraceptives. Besides, there were also great expectations with regard to the **advantages of working with men,** because of the conditions of inequity in the gender relations in the various contexts. The idea was, in essence, that the men would support, or at least not obstruct, the process of the women's participation and women's decision-making.

> *In my opinion, one of the greatest advantages is that of "paving the way" for women, so that they will have the support of the men from the beginning of the project management. Also, changes in attitude of the couple can be achieved more quickly and*

this gives the women additional confidence. We must not forget that for women, their husband's opinion is important. The ideal for them is to make all decisions together (Individual interview, Main Office).

Although the main proposal was always to include **men as partners in women's health**, the work with men provided ReproSalud with the opportunity and the challenge of working with a **truly relational gender approach**. Little by little, the idea grew that the work with men would also teach them to know their own bodies better and give them the possibility to change for their own well-being.

Definitely, as we showed during the research, we thought that the men could and should be partners in women's health... they would help a lot more in the health care for women, they would mobilize the community, because many of the men are authorities or close to the authorities. And then they would feel good about themselves, too (Individual interview, Main Office).

Challenges and risks

Even though the advantages of working with men were very clear, this did not mean that we would not be facing a series of possible risks and challenges in carrying out the project mission. This was expressed both at the central level as well as in the regions.

Many of the interviewed persons considered the possibility of working with men a challenge rather than a dilemma, and significant questions were raised: Will the men respond to the program? Are they going to be interested in educational work? Will this imply more or new problems for women? What topics should be taught to the men? Will the women in the team be able to carry out such training?

To sum up, the initial concerns of working with men in the project fell into three main groups:

- Among the ReproSalud team the major concern was the possibility of jeopardizing the women's empowerment process, both at the community level as well as in the regional teams themselves.

  -What risks did you see?
  That because of the better development conditions for men, both individually and as a group, men would substitute women in the project management. That women can be intimidated by the presence of men and will shrink from playing a more leading role in the project. That the greater experience, information, and assertiveness of men will prevail and we will not achieve any increase in women's self-esteem. All of this helped us see that the inclusion of men was pending and that a specific strategy had to be planned to effect their inclusion (Individual interview, Main Office).

- The community women had doubts as to their capacity to convoke the men, and that is why, in some cases, the activities with men were introduced only in the second community project managed by the women.

- From the point of view of methodology, one major difficulty was to form a team of men who would work on the implementation of the strategy; another was the lack of training and knowledge on methodologies for working with men.

  The first problem is that we did not have a strategy for working with men. The institution didn't even have previous experience of this type of work, since we had only worked with

young men in urban areas and in mixed groups. We did not know directly of any experience which would provide validated methods for gender and reproductive health work with men, in particular with illiterate men or with a population from poor areas similar to those in Peru (Individual interview, Main Office).

The experience in the ReproSalud team enabled the discussion of risks to move rapidly to risk prevention strategies, strategies that would take into account the specific health problems of women in the wider context of power relations, so that the goal of supporting their empowerment could be effectively met.

In this context, it is emphasized to the women that they are responsible for the management of their community projects, as established at the beginning of a project which has women's organizations as counterparts.

With this emphasis, we were telling them: "Ladies, you are going to manage the project, you are responsible for drawing up the project, you are in charge". And to the men we repeated on several occasions during the training "Gentlemen, colleagues, the project has decided, or through the project it has been decided, to work with men because the ladies have considered it important and they are in charge of running this project". During the first projects where men and women attended, the men felt very uncertain. What was going on? They said: "the women will not be able to manage it, they are not able to, they won't do it". Then some of them were just waiting to see how the women would fail so that they, the men, could take over the project (Group interview. Puno-Quechua area Regional Team).

Finally it has been a strength of the program that the field work was carried out in a defined sequence, first with women and then with men, since the initial period made it possible to have many groups of women already organized in subprojects, from which it was decided whether to work with men or not. However, in some regions, there were cases where we had to move in the opposite way: it proved necessary to start by building the awareness of the men, in order to clear the way for the participation of the women.

5. Model for working with men and its application

This model for working with men was based mainly on the model that was already being used with women, since men's inclusion in the project had not originally been anticipated. It was based on the same methodology of participatory education, covered the same educational topics -focusing on the problems reported by the women- and initially used the materials designed for use with the women.

This process was of necessity a rapid one. While bearing in mind that it was not simultaneous in all the regions, we can identify three stages *a posteriori*. The characteristics that these three stages gradually acquired were linked with the increase in the demand to work with men at the community level, and the lessons learned at each stage.

From being a marginal activity in the ReproSalud project at its inception, the process carried out with men became one of the main work strategies, with goals increasingly closer to those set in the work with women. For the year 2000, for example, the anticipated coverage of male beneficiaries was sixty for each hundred women, as part of an intense process of reflection, discussion, and learning. This is particularly noteworthy, because it was an unprecedented initiative in Peru.

Stage between 1997 and 1998: We worked with professional trainers from Lima. Two types of workshops were selected, to be used for the duration of the work with men.

- *Awareness-Building Workshops*: directed particularly to the husbands of participating women, where the idea was to sensitize and inform them, both on the project and on the health issue under discussion.

- *Training Workshops*: to qualify male community promoters to replicate the experience and meet a larger demand already present in the community.

The main adverse comments during this stage were: 1) the language, because even though the trainers expressed themselves in simple terms, it was very difficult for the participants to follow the Spanish; 2) the huge demand created by men, which made it impossible for the trainers to answer all the requests; 3) some testimonies during the interviews showed the academicism of some of the trainers at this stage.

Stage between 1998 and 1999: We worked with "floating" regional trainers who participated as and when required by the community projects.

The increased demand and the inaccessibility of the widely dispersed communities led to a rethinking of the strategy. The community demand for work with men was such that, in addition to increasing the number of trainers, the Project set up a new level of training: the formation of male community promoters. These promoters work for an economic incentive equivalent to a one day's work in the field.

It was decided to form a team of floating trainers. The requirements were that they live in the region, that they be professionals in scientific fields linked with health, social sciences or education, speak the local language, and be available to work on demand; they should also have community work experience and be sensitive to the gender perspective.

Following the selection process, two national workshops were conducted by the civil organization *Salud y Género* of Mexico[5], in view of their extensive educational work with men from a gender perspective and the lack of Peruvian organizations who had this profile. The first event focused on women's and men's health issues, to sensitize the men with respect to the gender perspective and the consequences of inequity both for women and men. The workshop also served to complete the selection of those who would work as trainers in the regions. Later, another workshop was organized, where issues and topics covered by ReproSalud in the educational workshops with community men were addressed in detail: sexuality, reproductive health, paternity, and domestic violence.

A participant summarizes what the experience meant in his life:

> *We went to Lima and what an experience! I had never dreamed of anything like it -the Tunnel of Time[6]-. We reminded our lives and we even felt like crying. It was a wonderful experience, and I think that in that moment I really thought about myself... I thought about men and everything... about women and what life is really about. I was able to discover*

[5] These workshops were conducted by Benno de Keijzer and Gerardo Ayala from *Salud y Género*, as well as by Oscar Contreras, at that time, a member of the ReproSalud team.

[6] A technique whereby the participant is helped to look back over his own life to identify the individuals, messages, institutions, and experiences that have had the greatest influence on his way of being a man at present.

within myself that men and women really could share things, we were almost equal and it was only our sex that made us different (Interview with trainer, Ancash Regional Team).

At the central level, it was decided to hire a graduated professional specializing in gender to continue with the training and follow up of the trainers, and the adaptation of the educational guidelines, as well as coordinating the work with young adults and adolescents.

After a significant experience during the workshop, the trainers were to return to the regions where they started a more theme-focused training with the support of the regional teams and the central level team.

Once we moved forward in this stage, while the coverage increased with several trainers in each region, certain difficulties arose due to the different levels of training of the floating trainers: their sensitiveness to gender perspective; their training in participatory teaching methods; and their knowledge of reproductive health issues. Interestingly, the work with men also revealed monitoring and follow-up from the bottom upwards, which made it possible to detect errors and correct processes.

[Men] are trained on a subject and the woman is already trained, too. Then, for example, on a particular issue, the rhythm method, there was a mistake with the dangerous days. The following day the men complained: "Colleague, this is wrong", "What do you mean, it's wrong?" "They taught my wife in such-and-such a way, and we have been talking about it." That's when I realized that the men had started talking things over with their wives (Group interview, Puno-Quechua area Regional Team).

Stage between 1999 and 2001: We worked with permanent regional trainers integrated into the regional teams, and with male community promoters.

From 1999 to 2000 the number of men trained as trainers in the regional team clearly increased, as did the need for a more intense follow-up by the trainers themselves.

Trainers trained per year in ReproSalud

Regions	1996	1997	1998	1999	2000
Puno-Quechua area	0	2	2	6	6
Puno-Aymara area	0	2	4	5	7
Huancavelica	0	3	3	6	7
Ancash	0	0	5	5	5
Ucayali	0	0	4	3	1
La Libertad	0	0	2	6	5
San Martin	0	0	0	3	3
Total	**0**	**7**	**20**	**34**	**34**
Total general					**95**

By 2000, the work with men had geometrically increased because of communication with neighboring communities, which increased the number of trained men, and, to a certain

extent, made it difficult to follow up the work. It is important to note that, in spite of all the pressure due to the increased demand, ReproSalud's work continued to focus mainly on women.

Trainers' difficulties are addressed collectively during the monthly meetings of the regional teams. The meetings became an opportunity for synthesis, which enabled followup to be performed, as well as ongoing education, and collective planning of the work.

> *There they expressed their experiences, their challenges, their difficulties, and also how their lives are changing. It think it is an interesting experience because we women had the same experiences. We started this work with a very simple knowledge of gender.*
>
> *Each trainer presents all the questions he has been asked and the answers he has given, so that it can be seen whether they were good or not, and in order for the rest to be ready in case they are asked the same questions (Group interview, Ancash Regional Team).*

At this stage, the Regional Teams assumes a large portion of the trainers training, using diverse strategies, for example, accompanying new trainers to their first events, and then gradually letting them work alone. In this process, both the female promoters of the Regional Teams and the senior trainers play a key role. This work in teams and in couples, has a clear demonstrative effect on the communities, as far as gender equity is concerned. However, the importance of working in homogeneous groups -groups of men only- has been confirmed, when the workshops are to do with participants' reflections on their life experiences.

> *When a new trainer starts working, he does not go alone. The first time, he goes with another trainer and carries out an entire activity, and if we see that he is not yet ready, then we accompany him once more (Group interview. Ancash Regional Team).*

It was an interesting process to witness: how the project went from a stage of promotion and fighting against men's resistance, to a stage of gradual and growing acceptance, which concluded with the need to respond to a great demand to work with men requested by women, but *also* by many men. This demand did not expressed only the quantitative but also the qualitative aspects, that is, the trainer's knowledge, as well as his style of training. These men finally overcame their last resistances, represented by their "jealousy" of the work with women, and this made men's participation feasible. In this process, women played an active and novel negotiating role. The transparent information, the advocacy process with authorities, and flexibility in the community work, were additional elements which made it possible to win over the men, or least, neutralize their resistance in the majority of the cases.

6. Educational materials

A key element in the educational strategy was the educational materials relating to the main problems indicated by women in their self diagnoses. These materials guaranteed adequate links between the contents and participatory methodology, and as such were the main instrument for the replication of the educational contents in the communities.

- Basic module (contains basic elements of anatomy-physiology, gender roles and reproductive and sexual rights)
- Module "Diseases of the Sexual Organs"
- Module "How to have the Number of Children we Want"
- Module "Healthy Pregnancy and Childbirth"
- Module "Learning to Live without Violence"

The materials currently cover the following topics:

Initially, since educational materials for men were not available, ReproSalud's early work with the men made use of the guidelines already in use for women.

The permanent follow-up of the educational process and the consideration given to its contents and materials, created the need for continuous redesigning of the materials for working with men and women. The redesigning was also influenced by the fact that work was being carried out for men and women. An example of these efforts is the evolution of the graphics, which now include pictures of both sexes. The intention, throughout the process, was to have the best possible perspective, in terms both of technique and pedagogy and of gender and culture.

Subsequently the materials for male trainers and male community promoters (listed in the above chart) were adapted. The male trainers and promoters appreciate the materials for men which, in essence, contain the same information as those for women, but which include specific strategies and more information of interest to the men. In this context, interestingly, an unexpected development is seen. An example of this is the set of illustrated sheets for both men and women, depicting many daily household chores, which both can actually do, even though they may be assigned to the other sex.

By the end of 2000, complete sets of redesigned guidelines for the main problems addressed were available, both for men and women.

7. Results of the work with men identified by ReproSalud teams

The impact on men in the community

It is clear from the interviews with members of the ReproSalud teams at the main office and in the regions, that the participatory and relational approach –in favor of the inclusion of men– is already bearing fruits even though the project has not yet been completed.

> *I was wondering how our work would have been if we had worked with women only, we might have created a conflict; women who knew their rights, women who already had information about their health and their bodies, things that men did not know. It's very likely that there would have been arguments and conflicts. We consider that it has been very necessary and important for the Project to work with men so that we could obtain the hoped-for results of improving women's reproductive health, and contributing to a better quality of life for them and their families (Group interview, Huancavelica Regional Team).*

There is consensus on the great impact being achieved with the strategy of working with men in our mission to improve women's sexual and reproductive health, as well as that of the men themselves. In the same way, the project seems to be having an empowering effect in the case of men with less power, with respect to other community men. In Chapter III of this document we record the voice of the male community promoters and participants of the educational workshops they conducted, with respect to the processes of change they experienced.

Effects on the Regional Teams Trainers

During the interview process, many examples arose of how the training and the work with ReproSalud is **influencing the trainers' own lives.** The interviews touch on aspects such as the recognition of their own ignorance, or the fact that they have started to assume non-traditional roles for men, and even testimonies relating to their use of alcohol or violence.

Apparently the role change has a **centrifugal effect** beginning with the trainer and following with the workshop participants, who are already assuming roles traditionally regarded as feminine. However, this kind of activity continues being to be seen, even by the trainers, as **help** for the wife; domestic affairs continue to be the woman's realm. This is a viewpoint common to the male community promoters and the other men of the communities.

For the trainers, the process also includes confrontations: internal ones, due to deep-rooted gender roles; and external ones, mainly with the family and friends. Thus the great importance of the **social networks** appears, in this case, masculine ones, which could prevent, permit, or even promote a change.

Many of the benefits detected for women have corresponding effects for the men, for example, the creation of new networks or new functions in the existing networks, which seek to build new links of communication and emotivity among the men.

Perceptions on what the men "lose"

If the work implied different types of gains for men, what would be the "loss" risks perceived by the men according to the persons interviewed? Some of the fears that the men have, both trainers and community promoters, are:

- A possible relativization of the **over-valuation of the masculine role.** That is, the social representations and the place traditionally occupied by the men with respect to authority and power, besides certain privileges with regard to the domestic work. This differentiated valuation of men and women also appears to be present in the perception the community members have of the men and women belonging to the regional teams; however, male promoters and trainers try to use this as an example to reflect on gender relations[7].

[7] One aspect confronting the teams in the regions, and which reflects the gender structure, is the permanent differential valuation of promoters and trainers on the part of the community. In Ancash, for example, the men are called "Don Julian" ("Don" is used to express respect) or "Teacher" and the women "Miss", or they are called by their first name, and sometimes in a diminutive form. However, in their actions, the regional teams always affirm the women's leadership role in the project – a highly educational example.

- The lurking **fear that women may assume a predominant position,** a fear coherent with the main resistances encountered in the community.

- **The preferential option of working with women on policies and projects,** something relatively new in Peru, which would apparently take away leading roles from men at this level.

> *If they lose that feeling of superiority over women, feeling that they are better than women... I don't know, but perhaps it's like thinking that women are... directing things. I don't know if this means losing, but there is something of the sort. Those changes in the women, and yes, it makes men feel they are losing something. But as we are gradually coming to this equality idea, this gender equity, some of it is getting through to them too. Machismo has done this to us, made us fools. I don't know if it really means losing something, but men do feel as if they are losing something, in other words, perhaps they feel they are losing power (Group Interview, Puno-Quechua area Regional Team).*

- The changes promoted also affect the personal relations of the Project teams with regard to the domestic space, changes that in some cases the women value as losses for the men.

> *They lose, because in a certain way they lose their comfort, he never cooked, he never knew how to cook: "now he can cook". He never knew how to wash: "now he can wash" (...) I think that they do lose, and they realize it. Before I used to go on Saturdays (I rest on Sundays). Now he asks me "Do you have something to do today Saturday? "Yes", I say, and he starts doing the tasks quietly (Group Interview, Puno-Aymara area Regional Team).*

8. Conclusions

The main perspective

The perspective from which ReproSalud has been working with men in the rural and marginal urban areas has been "fine-tuned" and extended throughout the work period (from 1997 to date), maintaining the same basic idea of its inception: We work with men in order to promote women's sexual and reproductive rights, seeking attitude changes on the part of men, so that they will permit -and, better still- promote women's participation in community projects; attitude changes that will encourage the men to take part in activities to improve women's health as well as their own. As the project has advanced, men's specific problems have been brought to light, and it has also been possible to take into account men's sexual and reproductive health. It is important to note that the changes in men are taking place in the context of their cohabitation with women, who have been participating in ReproSalud activities designed to bring about processes of change in their ways of thinking and acting. Notwithstanding, the question remains as to whether the project has limits for working with men. Even though the project is flexible and assumes a relational perspective, its original objective and its strategy are mainly focused on women.

If conflict issues arise along the way, such as reproductive rights, we look for an agreement; if the conflict persists, the program favors women because of the power inequity in gender relations which we want to confront, and because of the greater consequences for women's health of many of the decisions relating to reproduction. For example, if men and women cannot reach an agreement on the use of contraceptive methods, the recommendation is that the final decision be taken by the woman, since it's her health that will be affected.

Contributions to the design of projects or programs for work with men

ReproSalud Project's contributions to the work of other institutions can be grouped in general project contributions and more specific contributions with regard to the work strategies the project has developed.

With reference to the project's **general approach,** we would like to highlight the following contributions:

- The **gender work from a relational perspective** on issues considered very difficult, inappropriate, or even prohibited in rural and indigenous environments. Based on what has been indicated with respect to the project's objective and general strategy, this gender approach, however, shows a clear prioritization of women's needs, an aspect which has not been lost with the inclusion of men.

The project managed to combine the "positive discrimination" approach with a specific strategy for men. That is a strategy which gives first priority to women does not necessarily have to disregard men (Individual interview, Main Office).

- Based on this **relational approach**, participation and addressing power issues had been a key factor, taking into account the inequities traditionally existing in gender relations in favor of men.

- A **horizontal approach** in the relationship with the communities, since it is a program where social participation with power to decide is a key element and it is clear that the program is based on people. It is a **real participation** as an element which may help ensure that many of the project achievements will be sustainable.

- Closely related to the previous statement, the rescue of elements of the **indigenous culture** has been fundamental, respecting the communities' customs and ways of thinking. These elements have been taken into account into the Project as well as bio-medicine approaches and concepts.

- Another general aspect to be considered as an achievement is a **flexible design**, where the beneficiaries are consulted first:

  ... Personally, I believe that the key is this idea that the projects should not give recipes about gender relations problems, but should let the persons experiencing those gender relations to decide themselves, how to handle them (Individual Interview, Main Office).

With reference to the contribution of **specific strategies**, we may group them in areas, which are obviously very closely linked:

- **The community work strategy which makes the women's organization a project counterpart or partner,** moving away from the paternalistic handout style of aid or clientilism seen in other rural programs. On the contrary, ReproSalud develops a mutually promoted and monitored **commitment.**

- **A presence in the community** which opens up huge opportunities to get to know the community at greater depth, and makes it possible for the educational process to continue beyond the hours assigned to the formal training events. This presence and closeness are also conducive to better **follow-up** of the processes. All of this

sets in place the conditions for a clearer presence of one of the processes called for in community education: a mutual learning process, where the trainers are also enriched.

- **Personal reflection work** on the part of the male and female participants, and even the regional team members. This personal work opens up opportunities for a more profound contact with the community sectors they work with. Women participating in the Project have "already been there". Many of them are able to share personal experiences in the educational processes, and the men are now starting to follow suit.

- The **intensive work in mixed teams** where ways to complement each other in the visits to the community and the joint reflection in their monthly meetings. These teams also show flexibility and the willingness to adapt to community **times and rhythms,** which is essential if we are to convene the men to the training events and to work with them.

- **Use of the local language.** This can be noted in the evolution to the second stage when working with trainers who know the local language. Emphasis is also placed on the use of simple language in the materials and workshops.

- **The methodology used in the educational work**, which is based on Manuela Ramos' accumulated experience in popular education with women. This is expressed in the regional interventions through the valuation of community knowledge, the horizontal work, the mutual learning and the recognition of mutual capabilities at the different stages: inviting the CBOs, self-diagnoses, and the work in the educational workshops. At the latter, listening and dialogue are key elements, and they have been fully integrated into the techniques and educational materials, which in turn, invite the trainee to put into practice what has been learned. This type of methodology, being participatory, is also linked with the building of self-esteem.

We consider that both the general approach of ReproSalud and its specific strategies contribute to building more equitable relations and better conditions for improving health and promoting sexual and reproductive rights in rural areas.

II.
What did men think before the educational process?

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1. Methodology and participants

The information that has been systematized and is presented in this chapter was gathered in the diagnosis sessions of the men's training workshops in the different rural communities where the Reprosalud project is executed, in the regions of La Libertad (Northern Andean Highlands), Huancavelica (Central Andean Highlands), Puno-Quechua area and Puno-Aymara area (Southern Andean Highlands) and Ucayali (Jungle). These workshops have a methodology which starts, as in the case of women, by discovering what the participants think, before introducing new subjects, in an attempt to build new knowledge to link with what they previously knew. As part of the process, a mainly diagnostic session was designed, before introducing new information on the reproductive health issues that the women had selected as the most important.

The reason for systematizing has been to gather the men's concepts and practices concerning gender, health, and sexual and reproductive rights issues related with the educational modules **before new knowledge is introduced.**

The participants

In each of the regions, the points of view of the participants in the workshops for male community promoter candidates were systematized, as well as the viewpoints of those who attended the educational replicas conducted by the promoters. 17 workshops for promoter candidates and 15 replica workshops were systematized.

The participants' average age was 33.8 years. 48.2% of the men who participated in the workshops completed at least one year of elementary school and 40.9% completed at least one year of high school. The great majority of the participants work in agricultural activities, this being their main work in almost all the departments. Almost three quarters of the participants cohabit with a partner, with the exception of those in La Libertad where many young persons attended, in some cases under 20 years of age. 54% of the participants (53.9%) have three or less children, and 35% have four or more children.

2. Gender and Reproductive Health: meanings

2.1. Gender and socialization

As soon as a newly born baby is identified by its genitals as a boy, society, starting at home, will try to make of him what is understand as *being male.* This can easily be seen from the statements gathered:

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When a baby boy is born, the parents are happy, then they celebrate his birth, saying: "it's a boy, it's a boy!" And when a baby girl is born, they are also happy and say: "a new cook has arrived!, she will cook, she will wash, and she will be a mother to her brothers" (Chucuito, Puno-Aymara area).

Looking at their sex we say: "it's a boy," or "it's a girl", and we treat them accordingly. So, when they are growing, we teach them what the daughters should learn from their moms, everything the women do. The little boys need to learn to do what a man does, they must learn to work well (Churcampa, Huancavelica).

When the children reach an age where they have more autonomy and security of movement, the socialization of the work considered proper to their sex begins. In this manner, the role reproduction which will mark their future life is ensured.

With reference to the work, we give the daughters something light to do, something in the kitchen, they help to cook. To our sons, we give harder work. For example they carry loads, they work with the plow, sometimes they help prepare the fields for planting (Juli, Puno-Aymara area).

To the daughters we say: "hurry up, look what your mother is doing, learn to cook". Or we say: "Learn how to wash the clothes properly". But with the sons, we want them to learn how to work on the plot of land, how to grow the crops (Churcampa, Huancavelica).

Preparing the boys to use more physical strength in productive work and other activities relating to protection of the home involves teaching them to be tougher and more disciplined than the girls. School tends to reinforce what has been taught at home. Differentiated treatment for boys and girls, including more drastic corporal punishment for boys is socially permitted. It is even encouraged by their own parents, true to the concept of bringing up boys to have more stamina and physical resistance.

Physical aptitude is essential in the description of male characteristics and in the explanations of the social differentiation between men and women, and is the source of a distinct social valuation in boys' favor. Having physical strength will allow a boy to be dominant and more competitive in public.

Man is what he is by nature, he is strong to carry out harder tasks in all senses. Women have a nature geared to what they have to do, they don't have physical strength, they are not competent like men are. So I reckon that's where the differences start (Cachicadan, La Libertad).

In most of the geographical areas, women's activities as described by men, are limited to reproduction in the domestic space, although this contradicts what has been observed and recorded through different studies on the rural economy, which confirm the significant role of women in agricultural activities. This masculine appraisal would be denoting an under-valuation of the women's contribution to production. It is a way to keep their discourse within the stereotyped and excluding roles, in which they place themselves as providers and women as cares of the house and children.

Men in the different areas indicated that they were open to carrying out and/or learning domestic chores. Some of them even stated that this was normal practice in their areas. However, they would be willing to do so only in cases of extreme need, as a means of survival, when the women are prevented from doing their work, due to illness, death or forced absence. They are not willing to accept the same roles simultaneously with the women.

One can do the washing provided that the woman is ill, also a man can cook to feed the children. Perhaps the woman dies and if the man does not know how to cook, he'll go without food, that is why it's always good that the men know how to cook too (Juli, Puno-Aymara area).

In the same way, they would be willing to accept that their wives learn and perform activities considered essentially masculine.

They should learn because there may be difficulties. Perhaps I cannot make it to the farm, then my wife knows how to work there. Our lives have not been purchased and as such anything can happen to us, then the wives at least are used to harvesting fruit, for example. What I would like my wife to learn is to sow and to harvest fruit (Churcampa, Huancavelica).

Either because of their contact with the cities and/or the media, or work with some institutions, little by little changes in gender roles are presented. Voices are increasingly being raised to question the rigidity of the roles assigned to each sex, and power relations. A gradual, albeit slow, consensus about the overloaded work of women in the domestic and production spheres is calling for a greater participation of men as "helpers". However, the *what should be,* which is gradually gaining consensus among certain men and which seems to be moving away from the authoritarian, hegemonic and rigid discourse, does not yet match the daily practices as illustrated in the following dialogue with a facilitator.

- It's wrong to just boss the wife around, we have to help out, that's the way it should be. The man is like the head of the woman and because of that he has to take care of the woman, he has to help.
F: How many times have you bullied your wife?
Several times
Me, if I'm drunk, I sometimes hit her (Chucuito, Puno-Aymara area).

One the greatest barriers for the effective incorporation of men into the reproductive roles, is the fear and shame of losing their man condition in the eyes of other men, since a man's masculinity depends on how the others see him. Participation in roles considered female ones while the wife is present, is perceived as a feminization, a mockery and loss of prestige.

We can't do that (domestic work). Everyone thinks if a man is found doing embroidery, it is because he is homosexual or "long coat" (dominated by his wife). That is why a man refrains, so that they won't call him names (Campo Verde, Ucayali).

Sometimes I do the washing, but because of pride, one can wash if the woman is ill. Society teaches you, because there are occasions when you are called "long coat". I feel that is an insult, and sometimes you just have to follow the customs (Chucuito, Puno-Aymara area).

Notwithstanding, little by little men in the rural areas are perceiving transformations in the relations between genders, and they feel and see themselves less "*machista*" than men in previous generations.

New generations regard the term "*machista*" as pejorative. They consider it a synonym of abusing the "weakness" of a woman.

For me, "machismo" means using force, being a bully, to take advantage of the weakness of a woman (...) It's when you do something that goes against a woman's freedom. In a

way, women have the same rights as men, but we men believe what suits us, what seems best to us with regard to women (Padre Abad, Ucayali).

Leadership work is increasingly permitted for women, provided it is related to organizations which in reality are an extension of the domestic activities. Women's participation in the schools is permitted, as long as it is in a secondary position.

On the other hand, women's opinions are seldom taken into account during community assemblies, even though their presence is permitted. Men explain the almost null feminine participation in public positions by alluding to the poor educational level they have and their own lack of interest to inform and transfer knowledge to their wives.

Men impose their ideas on women in all community assemblies When a woman says something in the assemblies we just tell her: "No, not that", we do not give it any value, we do not pay any attention to women, no matter who they are, we only attach importance to what men say (Chucuito, Puno-Aymara area).

When men arrange meetings, women do not participate, perhaps because they can't talk right, or they do not have knowledge, therefore in the community they don't give the women a chance. We hardly attach any importance to women. Still, in the past it was worse, all women for a certain subject, and all men for other subject, no mixed meetings (Churcampa, Huancavelica).

However, men are aware that if the educational opportunities for the new generation of women are more equitable, there will be in a not too distant future, a different scenario in women's public role. Some express their fears of such a possibility, others maintain a calm expectation.

Now things have changed a little, it is almost equal now because they go to school, even to college, and now they participate, who knows how it will be later on, perhaps only women will be in charge and will order men around, we do not know (Juli, Puno-Aymara area).

2.2. Violence against women

In all the areas, the existence of physical and/or sexual violence against women was evident. Physical violence, according to the statements, has diverse motivations: the most frequent one is that women have to fulfill all their domestic roles properly. Even though it was not mentioned very much, questioning men in their role as providers could also trigger violence[8]. Women's infidelity is one of the worst fears men have and would be a justification for physical violence. There are many men with a persistent anxiety that their women could surrender to other men's sexual harassment. In this manner, any rejection of their sexual requirements could be a reason for suspicion and hence violence.

When they do not have sexual relations, it is often because the woman is being careful or is calculating right... the men even get jealous, they say you've got someone else, that's why you don't want to be with me... then, sometimes, they hit them (Churcampa, Huancavelica).

[8] According to some studies made in other Latin American countries, it has been verified that when a man loses his capacity to provide for the household, due to unemployment or low income, violence against women tends to increase as a way to maintain power and authority (García, 1995).

According to the statements, in all the locations, physical violence continues even during pregnancy, when women are more vulnerable, and sometimes the blows are directed to the pregnant woman's abdomen. Other cases of physical violence mentioned in the Puno-Aymara area are against adolescent daughters when the first menstruation is linked with the initiation of prohibited sexual relations.

The most frequent explanation given by men regarding physical violence against women is consumption of alcohol as an escape valve, since they lose control and it turns them into animals. It is not a practice presented just in third person, but justified when they are drunk.

> *When they are drunk, they get stubborn and kick their wife, chataj, chataj, in the middle of the street, and say "it is none of your business, she is my woman (...) It is because when some men get drunk they are like pigs (Chucuito, Puno-Aymara area).*

The physical violence exercised by men against their wives is socially accepted, if it is "justified". Besides, this type of violence is hardly ever punished by institutions such as the police. According to testimonies gathered, the police prefer not to get involved in cases of violence against women, as they are "private problems" or "customs of long standing".

Another type of violence, with much more serious sequels than physical abuse, is sexual abuse and rape of the partner. Many unwanted pregnancies are a consequence of these violent events. In all the regions, men report this type of violence, some of them even do it themselves. They are aware of the physical distress they produce in women, of the diseases it could bring, and of the unwanted pregnancies. In all cases, the main cause referred by men is again alcohol, which makes them lose control completely. Another attempt to explain the existence of sexual violence talks of men's sex drive, generally "unmanageable" and their greater sexual needs considered to be natural.

> *We hurt women when we are drunk, we just grab them, that is why sometimes women have vaginal flows. At that moment, women must feel pain only, no desire, I think we make them feel pain, when a women is excited she gets wet, when that does not happen she is all dry, the penis is also dry, it can become irritated (Chucuito, Puno-Aymara area).*

> *The man, because he is a man demands sex, no? Often, if he is a person –for example in my case–, I am a person who because of my temperament, I want to do it more times a week than her. Then we men exaggerate and demand too much from the woman and sometimes they accept us, but it's almost by force, against their will (Padre Abad, Ucayali).*

2.3. Reproduction and paternity

The meanings of reproduction and paternity are so tangled in the men's concepts and attitudes, that it is very difficult to separate them.

In all the regions, there are hundreds of reasons why it is so important to them to have children. One of them is to demonstrate their virility. Another is that they understand it as some sort of retirement insurance. Another reason, particularly in the Southern Andean region, is inheritance. For them, having children is the only reason to accumulate property. On the one hand you work for someone and on the other, that someone will give continuity to your efforts. Another reason which is very much linked to the previous one, is to perpetuate the family (some talk about the species) through the family name. Another more

frequent motivation for having children is associated with paternity as an affective relation with the children. To have children represents, besides, the maximum symbol of the marriage union and a guarantee of love and stability of the couple.

> *When there are no children, there is no happiness, because in the house there is no son to have fun with, or to talk to, because sometimes when only the two are at home, the husband and wife, you come back from work in a bad mood, and there is no one to "pull your leg", there is no one to call you "Dad". But when there are children, and you come home tired, your child says: "Hi, Dad, how are you?". And the little one gives you a kiss, or is dancing around, and it's more fun. There is more happiness in a home with children, isn't there? (San Mateo, Huancavelica).*

> *If a man cannot have children, he will be frustrated, and feel lonely, because happiness in a home is the children. That is why a person forms a family, to have children (Otuzco, La Libertad).*

The concern to maintain a certain number of children properly and provide education with the hope that they will achieve better social mobility in very precarious material conditions, is producing, according to them, mental health problems. These economic conditions have become threats to the father figure as the responsible provider for the home and the children. It is no longer the case that the symbol of high fecundity is taken by men to be a proof of greater virility.

> *Some (men) want to die of so much thinking. Yes, we can always be thinking so much about the children (...) we have to maintain them, feed them, buy them clothes, and education costs a lot, too, these days (Chucuito, Puno-Aymara area).*

> *I would try to answer that this is a wrong idea of foolish machismo I have heard in many places that the more children the more macho a man is. In my relations with friends, they believe that the most macho has more children (Campo Verde, Ucayali).*

Three children, is the ideal number of children they say they want to have: two sons and a daughter. The boys are more help for the agricultural work, while only one daughter is needed to help her mother in the house. The fear exits that if an only boy dies, the continuity of the home economic subsistence is no longer protected and the permanence of the family name in time may be jeopardized.

However, two reasons, according to the men, would justify continuing having many children: the first one is that they did not receive information as to contraceptive methods and the second one, an arrogant and abusive attitude against women during those days when she can get pregnant. They themselves defined this attitude as a *macho* attitude.

Men explain the reasons why women want to limit the number of children from two different points of view: in the first place, since they are the ones who physically carry the pregnancy, the death risk would always be present, and this discourages them from having many children. A second point has to do with a greater concern to achieve freedom, well-being and personal development –although this is considered positive by some and negative by others–.

> *Many times women do not want to have more children because childraising takes up a lot of time and they want to do other things, continue studying, and get better trained, that also influences them (Campo Verde, Ucayali).*

> *Many times also, women do not want children because they say it is a lot of work to take care of them, in other words, they do not want children, they want to have fun or go for*

walks or trips somewhere and children would be an obstacle, and they do not want to have the work of taking care of them (Otuzco, La Libertad).

In fact, all the male participants want to have fewer children than the previous generations and the ideal number coincides with the one presented by the women (See Yon, 2000); there are no conflicts in general, at least in this aspect, that would explain the gap between desired fecundity and actual fecundity.

2.4. Menstruation and the reproductive cycle

Men's concepts of menstruation and of the fertile period give them guides, not only to plan the family size, but also to exercise their sexuality. Menstruation is regarded by men as a periodic event, which even though it occurs in the female body, has implications on the health and on men's and women's sexual and reproductive behavior. This is generally taken in an ambivalent manner: suspicion, fear, repulsion and/or rejection on one hand, and positive functioning for the health of women, on the other.

In all the regions they think that the menstrual blood should not be retained by the body, because it is bad and its retention could cause pain and different diseases. Men emphatically reject sexual relations during such periods, for reasons which differ from region to region. In La Libertad, because it is unhygienic, while in the Puno-Aymara area, they say men can be in serious danger if they absorb through the penis the bad menstrual blood, and it will cause a series of illnesses. In Ucayali, it is stated that the menstrual blood would have "narcotic" effects, and while having contact with her, the man could be converted into "a lazy man"; besides which there are other magic powers which could be used by women to control men.

Apparently most men have received information concerning the male and female reproductive system, and the fertilization process, through different means such as the school and some workshops organized by the health centers. This can be deduced from the bio-medical terminology the men use to indicate the parts of the female reproductive system, their knowledge regarding a fertile period, the fertile or "dangerous" days, etc. However, in most cases each of the participants maintains his own explanatory model and logic. Regarding the place where fertilization takes place, the men participating in each workshop have different ideas. Some say that fertilization takes place in the Fallopian tubes, others say in the ovaries, and some say in the uterus.

Most of the participants in all regions, considered the menstruation days as the non-fertile days. However, they mostly do not identify correctly the fertile and non-fertile periods.

2.5. Contraceptive methods: between the need and the lack of confidence

Although the men say that they know about the existence of a great variety of methods, at the same time, they say they do not want to use them. The main argument is that they are harmful. The Copper T, for example, is the most frequently mentioned method, but at the same time the most rejected one as they consider that it has negative effects on women's health. The most serious charge is that it could cause cervical cancer, but also constant discomforts, unpleasant changes in the texture, serious problems that would require surgery. The men have doubts about the safety of the Copper T, and serious consequences for the baby are mentioned in case of failures. It is also considered that it is

not an appropriate method for the field, because of the type of activities of rural women (they carry weight, they walk a lot), which could cause internal injuries.

In the case of the surgical methods, the fear they have of the tubal ligation is that the wound may not heal and it may open due to the strenuous work in the fields, and may also produce cancer. But it is also rejected because it would annul what is considered the women's fundamental role which is to conceive. In this sense, rejection of surgical contraception is clearer, since the permanent impossibility to conceive would create conditions for female promiscuity.

> *When women have been operated on, the man only tickles them, because his penis does not go in any more, that is why the woman looks for other men, they say, the woman turns vicious and looks for other men(Chucuito, Puno-Aymara area).*

Vasectomy is widely rejected by men, mainly because they think it goes against their virility, or because they fear castration, which would cause impotence and the consequent change in their sexual orientation, and finally they are scared about complications during the operation and possible death.

> *Yes, there are men who accept the castration operation, they lose their identity as men. Those men become homosexual, they become gay (Juli, Puno-Aymara area).*

With respect to other methods such as the pills, injections (both widely mentioned), the spiral and ovules, most of the men talk of negative effects very similar for all methods, namely: changes in women's looks and temper, possibility of getting cancer, dangerous effects on a baby born as a result of the failure of a method, and in the case of ovules, complications to the men's sexual organs.

Another major reason indicated by men to reject contraceptive methods is the fear of not being able to control the women's sexuality. The possibility of getting pregnant is a permanent control to dissuade women from seeking extramarital relations. Family planning, independently of the men's acceptance, causes uncertainty to the men and makes them feel vulnerable to a possible infidelity on the part of their wives.

For all the above reasons, the method preferred by most men is the rhythm method, as it does not have side effects, and it makes them feel that they have a better control of the women's sexuality and their reproductive capacity. But, at the same time, many express their insecurity for three main reasons: lack of knowledge about the use of the system, possible irregularity of the woman, and the men's own lack of responsibility on failing to respect the woman's fertile days. In a few cases, the use of natural plants as an alternative or complement to the rhythm method was mentioned.

With reference to the condom, in each community the experiences are different with respect to knowledge and use. Some stated that they knew about the condom, but had never used it. Others indicate they do not know a condom, nor have the intention of ever using it. A third group stated they had used it on certain occasions, for marital and extramarital relations.

In most places, men know about the advantages of a condom and the need to use it to prevent pregnancies and/or sexually transmitted infections. It would seem, in the majority of cases, that these are messages they have received, but they do not assume or accept them in their daily lives.

There are three main reasons given by the men for refusing to use condoms, even though they are aware of the advantages: In the first place, they do not feel the same level of pleasure, because it prevents the direct vaginal-penis contact. Secondly, it is thought that at the ejaculation, the semen is not completely released, or goes back through the urethra to produce prostatitis or other diseases. The third reason is that a women would not accept the condom, claiming fear of evidence of infidelity.

> *Here, we do not use condoms, in the first place when I have a sexual relation using a condom I do not feel the sensation as when it is natural, normal (...) I do not use them, but I have tried them out. I felt it mistreated my body. I could not release, had to retrieve (...) It is not the same, it's like jerking off. It is like when you put a glove on a boxer, it is identical what you feel in your penis if you put a condom on, it seems kind of sad to me (Padre Abad, Ucayali).*

It is surprising that the information received by rural men with respect to contraceptive methods, has not been regarded as a good alternative to respond to their desire to control fertility and reduce the size of the families. Rather, it has resulted in an "informed rejection". This is a barrier to women's autonomy which, paradoxically, is producing an adverse result for the desires and well-being of the men themselves.

The reasons stated by men not to use contraceptive methods are closely related to the rejection of reproductive health services at the official health centers. Not only because there, those elements rated as harmful are distributed, but because of their strong rejection of the fact that their wives' private parts would be examined by a professional man, and the possibility that the women may find satisfaction at being touched by another man.

2.6. Pregnancy, childbirth and post-partum - Men's participation

The rural woman becomes more socially valued once she has become a mother. However, because of the precarious material conditions, this event which means she is giving life to a new human being, often places her own life at risk. How do men regard this moment? What role do they have to play?

Pregnancy is, generally speaking, a very vulnerable period for women, with physical and emotional distress which, after a certain month, does not allow them to move freely as they go about their daily tasks. Men are of the opinion that the women should receive special care, both in their food as well as in the activities they perform, because otherwise there could be negative consequences for the mother and/or child.

The male participants identified a series of health problems which may appear during a pregnancy. One of the complications, mentioned in all the regions, is the risk of miscarriage produced by failing to satisfy a food craving. The excessive physical effort made by rural women was also mentioned as a problem, because the women could suffer hemorrhages, the baby could get into a wrong position, or there could be a miscarriage.

Precocious pregnancies could also create problems, particularly for girls under fifteen years of age, whose organism is not yet prepared to conceive. In this context, a pregnant adolescent could be obliged to hide her pregnancy, using procedures that might affect the baby and the mother's own health. A short intergenesic interval in women with more than one child could also be a cause of problems. Poor feeding during pregnancies is also stated as a problem, stemming from the unequal distribution of food by the woman herself at home to favor her children and husband.

A less mentioned cause, but no less significant as it could be the origin of many health complications in the woman and the baby, is the physical violence experienced by pregnant women.

In rural areas, the time of the birth is lived with tension and concern not only by the woman, but also by men. Besides the fact that men can identify women's symptoms which indicate that the birth moment is coming, they are also familiar with a series of alarm signals, such as the excessive delay of the baby's arrival, retention of the placenta, a baby in a bad position, and hemorrhaging.

The causes of these signs and symptoms are perceived according to diverse explanatory models, most of them peculiar to each place. For example, the "susto" (fright) or exposure to wind, shared by the Puno-Quechua area and Huancavelica, can cause hemorrhages, swelling of the body, and even death. In the Puno-Aymara area one of the identified causes is the "*antahualla*", a magic animal which is attracted by the smell of blood and can get inside a woman and cause great damage. There are a series of home remedies and repellents against the *antahualla*, all of them with magic characteristics.

When the issue of men's participation at the childbirth was addressed[9], most of them said that they are present, accompanying their women. Their participation can take different forms: a direct presence, helping with the birth; or more indirectly supporting the work of the midwife; or simply being alert waiting to help as demanded by those directly handling the childbirth. Men who have directly participated in their wives'childbirths, have gained important experience and they narrate their experiences and the steps of the childbirth event.

In some places (Huancavelica, La Libertad), men indicate that they participate in the childbirth because, on the one hand they want to assist the person in charge and on the other hand they need to learn to face any eventuality which may arise in the family, for example, with one of their daughters. In other cases (Puno-Quechua and Aymara areas) they underline a more heroic role of the men, affirming that there is absolute trust in the husband for help at that moment.

> *Yes, it is important to be present, it may be that the birth moment they need a little bit of help, you have to give them strength (...) or in case of a serious hemorrhage or a placenta retention, something might be urgently needed, that is why it is important for the husband to be there (Otuzco, La Libertad).*

> *Yes it is important to be at the childbirth because she is our wife. Usually we love our wife, we cannot leave her. We are couples, we are "only one faucet". So, our wife always waits for us anywhere, she is more confident with us, and afraid of other people (Alto Jurinsaya, Puno-Quechua area).*

When the different alarm signals are perceived, men and women follow different routes to look for help, both during the pregnancy as well as at childbirth, depending on the problem and its seriousness. In some cases, it is stated, they try to solve the problems first at the home, with home remedies, then they go to the quack or to the midwife and as a last alternative, when they can no longer solve the problem, they go to the health center. There may be some communities where they refuse to go to the health center and they limit

[9] In all project areas, except Ucayali (Jungle region), where this issue was not among those prioritized by the women.

themselves to solving the problem using the traditional channels, requesting the services of a midwife. However, in the case of a childbirth, most men are aware that if there are complications it is preferable to take the women to the health centers.

Problems do not always end with the childbirth, because once this stage is completed, there may be complications known as "post-partum" which are so dangerous that if not properly cared for, could lead to the mother's death. There are several causes of post-partum complications, such as not resting enough and making great efforts, sometimes as a result of the husband's demand, who does not give her pregnancy any consideration, and hemorrhages could occur because the body is still open. Exposure to heat or cold, an issue indicated in all the project areas, could also be a risk for the post-partum. The main post-partum symptoms are intense headaches, hemorrhages, and numbness of different parts of the body.

Men's attitude to maternal mortality

Maternal death is described by men as a traumatic event, very painful, both for the children as well as for the husbands.

One of the most serious consequences of the mother's death is the lack of attention to child raising, because the father will not be able to handle his responsibilities as provider and at the same time be responsible for the attending to the children at home. Thus, children's survival is endangered, as well as their possibilities to continue studying, and the latent risk of disintegration of the home. On the affective side, the children will suffer a great lack of affection, which can hardly be covered by the father's love. The increase of concerns for the men can bring tension, with possible physical violence against the children. All of this becomes worse with the presence of alcohol as a means of evasion from problems, or with the abandonment of the father to form a new family.

As long as the man is considered the home provider and protector, and the person making all decisions with regard to any complications which arose during the pregnancy, childbirth and post-partum, he is seen as the main person responsible for the death of his wife, and this would mean a loss of social prestige for him.

2.7. Diseases of the sexual and reproductive organs

Most of the women sexual health problems mentioned by men, are common in all the participating regions. The "white menses," as well as other vaginal discomforts, are the most important ones. The diseases and problems relating to the reproductive system, cancer of the uterus, breast cancer, the lack of regularity and discomforts during the menstruation, were also mentioned.

There are four major causes for diseases of the women's sexual organs, which are repeated in all the Andean highland areas where this systematization was made:1) they are sexually transmitted through the husband, who gets them from extramarital relations, either heterosexual or homosexual, 2) a lack of good hygiene of the sexual organs, which is mainly due to contact of the anal with the vaginal region, maybe because of inadequate cleaning or due to having anal relations first and then vaginal relations, 3) having many children, since this causes a constant irritation and wear of the woman's sexual organs, 4) abortion practices, related with the hemorrhages they produce. Other diverse causes mentioned refer

to the inadequate use of contraceptives, mainly the Copper T, and the heat from the stove, which would affect the lower part of the womb, among others.

One of the most important measures mentioned to prevent these diseases, both in women and men, would be frequent hygiene of the sexual organs with soap and water. Another measure is mentioned: to reduce the frequency of sexual activity.

With the exception of the Puno-Quechua area where no statements were given on the subject, in all the project areas there was a great coincidence in mentioning almost the same sexually transmitted infections: chancre, syphilis and gonorrhea. They also mentioned AIDS, but there was no subsequent documentation of any cases in their communities.

Generally, when men acquire a sexually transmitted infections, they try, in a first instance, to take care of it by themselves without asking for any help. Subsequently, if this does not work, help is requested from a more experienced friend who would recommend medicines to be purchased at the pharmacy. Only if the infection progresses, they go to the health center. Wives are generally not informed because the men fear being blamed for being unfaithful. It is very probable that they may continue having sexual relations with their partners without any protection while they are ill.

> *We would tell our partners, but only it gets worse. If it's a minor thing, we don't tell them, because we are afraid and embarrassed no matter if they are our partner. Sometimes they jump to bad conclusions. You have been with several women that is why you have chancre, they would say (Churcampa, Huancavelica).*

In La Libertad (Northern Andean Highlands) and Ucayali (jungle), but not in the Quechua communities of the Central and Southern Andean Highlands, the use of a condom was considered as a means of preventing sexual transmitted infections, even though, as mentioned earlier in the paragraph on the use of condoms, very few men do use them. In these same areas, as a precautionary measure, it was mentioned that sexual relations with "high risk" groups such as sexual workers and homosexuals should be avoided.

The prostate problems

Prostate inflammation or prostatitis is the male disease most frequently mentioned by men in all the areas, and considered a common health problem.

The most evident symptom perceived by men is obstruction in the urinary system, which causes disease and burning symptoms and contradictorily, the men experience both urine incontinence and urine retention. Many participants consider that this illness is part of the men's life cycle and that inevitably they will all have to deal with it once they reach a certain age. Besides, there would be the danger, as indicated in Ucayali, that if not properly cured, it could turn into cancer.

The most widespread concept in all project areas as the main cause for prostatitis is the constant sexual activity carried out by men. In several communities of the Puno-Aymara area, it was stated that one of the causes of men's prostate problems is that they have sexual relations when a woman is menstruating, because the blood can go into the urethra, causing the disease. In that same place, the disease is blamed on the use of condoms, because they believe that when the semen cannot be expelled outside, it comes back in through the urethra. Finally exposure of the genital organs to cold is considered another possible cause of prostatitis.

Precautions would be focused on not having sexual relations during the menstrual period, limiting themselves to vaginal coitus and not anal, avoiding the use of condoms, protecting themselves against the cold weather, and being careful of receiving a blow to that part of the body. However, since sexual activity is frequent, and an essential masculine characteristic, it would be impossible for a man to comply with abstinence without questioning his own virility. It is because of this that prostatitis is considered an inevitable illness in all men after they have lead an intense sexual live throughout their lives. Men reject the prostate examination, because rectal exploration is associated with a loss of virility.

2.8. Duties, rights and reproductive rights (what "should be"?)

With reference to the question of duties and rights, in all the communities men expressed their normative discourse of "*it should be*".

Although they recognize, in theory, the equality of duties and rights among men and women, and that the same opportunities should exist in decision-making at the family and community level, it is also affirmed that in practice this does not occur.

With regard to reproductive rights, the right to decide on the number of children caused divided opinions in all the communities and regions. One group stated that the decision should be of both, since raising and feeding the children was a shared responsibility. However, in the case of lack of agreement of the couple, the men would have the right to impose their will. Another group considered that the women had more rights to decide, because it is their bodies and they assume the suffering. However, reality shows that it is usually the men who end up imposing their will.

With regard to the right to decide what contraceptive method to use and the responsibility of obtaining the methods, opinions were also divided in all the communities. One sector of men proposed that the responsibility should be shared, to prevent infidelity and also to analyze jointly the advantages and disadvantages of each method. We would need to investigate more what the men mean by *sharing*, since it many cases it simply appears to mean the women's acceptance of what the men decide. Another group said that the women should decide what method to use, since they know better, and it is the woman who experiences in her body the effects of the contraceptive. A last group considered that it is the men who should decide since they are the household heads, based on their role of protectors of women, who are by nature weaker.

> *Women usually make the decision, because we cannot force them. She can select any method, we can't tell them you select this or that, because sometimes we only know how to have sexual relations. They know what is bad for them, and afterwards they suffer a lot from the moment they start carrying the baby, all their lives, sometimes pregnancy affects them and they are always sick, they should select (San Mateo, Huancavelica).*

> *The decision to use contraception should be taken by the man because he is the head of the family. The woman also says, let's have so many children. If the man does not want that number and says we are going to have more children, the man always decides (Chucuito, Puno-Aymara area).*

Specifically on the decision to use condoms, opinions were found to be divided among those who state that the man should decide on its use because it is a method for men, where the man's own pleasure or lack of pleasure are at stake; while others argue that, due to men's promiscuity and irresponsibility and the consequent exposure of women to sexually

transmitted infections (STIs), the woman should be the one to decide its use. It was mentioned that it was not a good idea to leave the responsibility on the use of condoms to men, because when men are drunk they can make mistakes and produce a failure. In this case it is justified for women to refuse to have sexual relations.

Most of the men affirmed that women have sexual rights that should be respected, such as the right to refuse to have sexual relations when they do not want to. They all recognize this, and yet such a situation is not real, since women's rights are constantly being violated, particularly when men have been drinking. Nevertheless, the women's sexual rights have limits in view of their "sexual obligations" to their husbands, regardless of their own wishes.

2.9. Perception of the quality of health services

Resistance against going to the official health centers is not only explained by cultural barriers or economic problems which are very important, but also because of the poor quality of those services and for the fear of being humiliated, of probably being subjected to a lack of respect for their human dignity.

Discrimination suffered by the rural men and women, particularly with regard to priority of attention is also a reason to protest. The vertical and paternal attitude of the health providers who think they have the right to scold them as if they were children, is another cause for rejection.

> *I had a friend who had chancre, so he went to the health center to be cured, and a doctor hit him three times with a shovel, for being dirty. So he won't be going back there again (Padre Abad, Ucayali).*
>
> *At the health center they say why do you not come earlier? Why don't you come when it has just started? That is what they tell us, they scold us like that (Juli, Puno-Aymara area).*
>
> *Those who work there scold you, they always say why didn't you come earlier, now it is worse. Then they say: "If he dies, you are going to jail". They always frighten us like that, so people are scared of going to the health center (Churcampa, Huancavelica).*

The participants consider that a good service should have professionals qualified to solve any health problems that may arise. The health center should be stocked with effective medicines for each illness, and the user's privacy and confidentiality should be respected. Another aspect which was highlighted by the interviewed participants, is respect for the person's dignity, and for his or her beliefs, and a more symmetrical– less discriminatory manner. The health providers should speak the local language, and when the case deals with reproductive health diseases, they should be of the same sex as the sick person –these were mentioned as basic conditions for developing fairer treatment–, to achieve a better diagnosis, and so that the patients, on their part, would understand the medical indications better.

3. Conclusions

Gender mandates and the sexual and reproductive health of women and men

There are not such different concepts and objectives between men and women in relation to aspects that men themselves consider fundamental in their daily lives and which

also have very negative implications for men. It is the very contradiction in the construction of masculinity, between the traditional men's roles as providers as protectors and the permanent need to show themselves and others how virile they are, that results in a major risk factor for women's health, and that of the children and even the men's health.

These contradictions are present in most of the reproductive health problems indicated by women. For example, about the problem of having too many children, the wishes of the men to have a small family are sometimes negated by their actions. This is due to the fact that two key elements in the construction of masculinity do not agree. On the one hand, there is the role as provider, in a context of precarious living conditions and where education for children is an important element of social prestige, and therefore the man is forced to think about having few children. On the other hand, he needs to show his virility by producing male sons; and there is also the great fear of the wife's infidelity if she uses modern contraceptive methods, as men feel that feminine sexuality escapes from their control. This is expressed in their refusal to allow the use of such methods or to allow the assistance of male health providers, because it would mean a direct possibility of exposure to infidelity.

Men's ideas on the sexual and reproductive health issues selected by women

The reproductive health problems prioritized by women are also issues of great importance for men, because they feel, in one way or another, involved in the consequences with regard to their own health and well-being. Besides, the men identified themselves as being responsible for the several causes associated to the origin of such problems.

Thus, maternal death, which is permanently present in the rural environment as a result of complications during pregnancy and/or childbirth, is perceived as a serious situation for the survival of their home –a reference point for their fulfillment as providers, the role of the adult male– and for their social prestige as those responsible for guaranteeing the well-being and survival of their wives and children. Such a sad event, causes the structure of their world of reference to crumble, and they become emotionally unstable. This is why a man has great interest in being present at the critical moment of birth, thereby playing a fundamental role, because it is a moment when a new life is coming, but the death threat is still present.

The "white menses," the most frequently mentioned sexual disease in all places, even though understood as totally female illness, is also a source of concern for men, inasmuch as all agree that it causes great disturbance in their sex life and sexual health, and discourages them from having sexual relations with their partner, mainly because of the unpleasant manifestations of the disease and the fear of contagion. Cancer of the uterus, considered within the popular imaginary as a consequence of the "white menses", is a reason for concern among men mainly because of the lethal effects of this disease, with the consequences already discussed in the event of a maternal death.

Men identified themselves as a source of sexual infection for their partners, because of their sexual promiscuity and their failure to use protection. Also, they mention as causes associated to the "white menses", the fact of having too many children and the sexual violence exerted on their wives during their fertile days. Many factors can produce maternal death, but it is stated that male violence against women, even during pregnancy, could be one of the causes.

Men's participation in preventive health practices and treatment for sexual and reproductive health problems of women.

Even though the male role during the pregnancy, childbirth and post-partum was clearly established, it was not determined that men play a role in the preventive health practices and/or treatment for problems such as the "white menses" or cancer of the uterus. This contradiction could be due, on the one hand, to the fact that most men place the reinforcement of their masculinity and the increase of their self-esteem above the probable risk of getting a sexually transmitted infection. On the other hand, it could be because the "white menses", in spite of its consequences which complicate their relations in their daily lives, is not associated with an immediate death, as the events around the pregnancy, birth and after childbirth are. This would be related with different gender looks at the way these problems affect each one in their roles and responsibilities.

In addition to gender relations

Undoubtedly there are other causes apart from those relating to gender, that have a negative impact on women's health and which have to do with the conditions of poverty they live in.

The women's resistance against going to the health centers, more than the generic barriers imposed by the husbands or their own reluctance due to embarrassment, is mainly to do with the quality of the services offered there, which the women and men perceive as counter to their comfort and human dignity.

Added to this is the lack of sufficient information with regard to the so-called "modern" contraceptive methods. The lack of information on the methods and how they act on their bodies and the possible side effects on their health, also causes fears and discourages their use.

Sexual and reproductive health problems specific to men and the strategies to solve them

Hegemonic masculinity also makes it difficult for men to prevent or tackle sexual health problems that they identify as specifically theirs: sexually transmitted infections and prostatitis.

To both diseases they attribute a common cause: men's permanent and constant sexual activity. They are permanently exposed to becoming infected, which is not what they are looking for, but a risk that they have to run.

When men become infected with any sexually transmitted infection, they usually try to cure themselves first, without sharing their problem with anyone. The worst part of this is that they do not tell their wives about the infections because they are afraid of being accused of infidelity. It is most likely that they continue to have sexual relations with their partners without protection, with the negative consequences for the women's health. The final alternative and only in the event that the infection gets worse, is to go the health center. The main reason for not going to the health centers is their embarrassment at having to show their sexual organs and have them checked, mainly because of the fear of being compared or being found not to have the requirements or characteristics which, in the social imaginary, a "real man" should have. Much of the hegemonic masculinity is based on what men imagine that other men might be thinking of them.

In the case of prostatitis, the medical procedure used to diagnose it is rejected by men, because they claim, in the social imaginary, that it is how a homosexual is penetrated through the anus, and this symbolizes a loss of virility.

Some perspectives for the work with men stemming from an analysis of the workshops

The results of the workshops have shown a tendency in men to accept messages containing aspects perceived as favorable to them, such as the prevention of unwanted pregnancies and sexually transmitted infections through the use of condoms and hygiene of the sexual organs hygiene. In contrast, on subjects where they feel their power to be questioned and where they do not see any benefits for themselves, such as changes in gender roles and sexual rights, their attitude is one of greater resistance.

In order for men to get involved in the changes, voluntarily assume more responsibility in sexuality and reproduction, and try to have more equitable relations with their partners, they have to be made to feel that the hegemonic masculinity model they are trying to imitate also has a high cost for them in terms of their health and general well-being. The idea is to contribute to underrating this model and to contribute to the change in power relations between the genders, in the measure in which it can be visualized that many of characteristics demanded of men are not natural but socially constructed. These should be the contents to focus on in the work with men, in order to ensure a multiplier effect in the sexual and reproductive health of their communities.

Finally, sexual and reproductive health problems, which are not solely the women's problems, because men are involved in the causes and consequences, cannot be treated separately. Men have to be seen as persons who interact sexually with women and play an active role in reproduction: they are not merely partners who collaborate with them in these processes. These remarks are not to overlook the fact that we are starting from an uneven situation, in which women are at a disadvantage, because many of their problems are mainly in their own bodies, and they have less power to solve them, and therefore the policies and program should give them priority. What we want to stress is the relational character of sexual and reproductive problems and of the solutions to be proposed.

III.
What do men think and do after having participated in educational workshops promoted by ReproSalud?

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1. Methodology and participants

The information was gathered through **in-depth interviews** conducted by ReproSalud. Male community promoters, wives of the promoters or women close to the promoters (mothers or sisters) and men who were beneficiaries of the training imparted by the community promoters, were interviewed. Some quantitative data are also incorporated from the mid-term evaluation in the specific section on learning.

During the second semester of 2000, men and women were selected from the communities in Ucayali, La Libertad, Puno and Huancavelica that were participating in the ReproSalud project. A total of 28 community male promoters were interviewed, 26 women (mostly promoters'wives) and 26 men who were beneficiaries of the promoters' replica training sessions. Age was one of the selection criteria, since the aim was to interview young men as well as adults. Another criterion was their willingness to participate in the interview.

2. Why did they participate in the educational workshops?

From the perspective of the men and women, the need for men to be involved in the training was to enable the different things learned and the proposed changes in the sexual and reproductive health issues to be put into practice. The men interviewed indicated that women requested their participation in order to ensure that the men are informed, that they learn, and thus *"correct"* their way of living. If a woman learns by herself, they stated, it is going to be harder for her to *correct* her husband, because he is *not going to let her*, since the men are used to being the leaders, who command, teach, correct and determine what is good and convenient for the family. Because of this, both community promoters and beneficiaries of the promoters'replicas, mentioned that the women invited them to receive training so that all that had been learned could be put into practice. They emphasized that women incorporated the men into the training because the men were reluctant and did not understand.

> *Well it is important because... when they train women only, sometimes, they do not put it into practice. Or they teach us, so that everyone can know how to prevent diseases, learn about family planning, so that both can know, so they have requested that men and women be trained and especially the young men and the single women, so that they can know about this (Male participant of replica sessions, Calleria, Ucayali).*

In the case of Ucayali, the greater separation between the men's and women's responsibilities, seemed to be leading to a smaller collaboration on the part of men in the field of sexual and reproductive health, because this is considered an exclusively female field. Therefore, in order to involve them it was necessary that they assume sexual and reproductive health as their own responsibility. They indicated that the women's intention in inviting them to the training sessions was basically to obtain their cooperation.

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Other reasons indicated by men and women for the invitation to the men to participate are related with the men's rejection of women's participation, especially in the Andean highland area. This opposition on the part of men to women's attending ReproSalud activities was associated with several fears. One of such fears was linked with the gender equity contents proposed by ReproSalud, which they considered threatening. Gender equity was supposed to be an alteration or inversion of roles, in which men would assume the women's role and vice versa. They thought also that the "misguidance" and the "bad advice" were designed to cause a confrontation between couples and/or separate them.

> *Well here in the community machismo has been very important for men. We thought we were very machos, so we should dominate the wife no matter what. I heard my friends, well not me, but I heard my friends say: "no, that movement (Manuela Ramos Movement) is going to teach us bad stuff, they aren't coming to teach good things, they're coming to teach bad things here" (Male community promoter, Carabamba, La Libertad).*

Moreover, the topics of sexuality and knowledge of the body caused fear, embarrassment, and rejection, because the brochures and drawings showed naked bodies and the external as well as internal sexual organs. Those interviewed used adjectives such as "ugly", "bad", "prohibited", "nonsense", "bad words", and "junk" in their responses. In view of this, many men considered that their wives should not participate, perhaps as a way to protect them from something they felt was immoral. Finally, a group of men were afraid they might be persuaded to have a vasectomy. This fear is explained in the context of the surgical contraception campaigns promoted by the Peruvian Ministry of Health which took place in 1996 and 1997 and gave rise to serious questioning and accusations that have already been duly documented by the Ombudsman's Office (1998 and 1999)[10].

> *Men stated that when they forbade their women to attend the training sessions, the women decided to invite them, and once they started to attend, their fears and doubts and prejudices began to disappear. Among the men, "seeing is believing" played a more determining role to issue favorable judgments and clear up different doubts, fears and misconcepts with regard to ReproSalud. Their wives' stories about the training sessions became a channel of information on the ReproSalud project, and little by little the men became curious and wanted to participate. However, this action on the part of women, was not a determining factor in the change of perception regarding the project, which was only to be achieved through the direct participation of the men in the training sessions.*
>
> *I told him how it all was, but he did not believe me. For example, when the sexually transmitted diseases came, that topic, he said: "How can that be? I never even heard about that in my years of higher education." "It's true," I told him, and when he came, he heard the truth (Promoter's wife, Puno-Aymara area).*
>
> *Well, at first I didn't attach much importance to it, but later on, when she was attending the workshop, one day at the lunch table she told us: "They are implementing us, they are training us to be able to teach." And then I asked what they were teaching, and she told me. So of course at the beginning it was not important for me, but later I realized it was important and became really interested (Male community promoter, Azángaro, Puno-Quechua area).*

By including them in the training, they enabled the men to realize that there was nothing bad or immoral in the training sessions, nor any hidden intentions. On the contrary,

[10] In 1998, the Ministry of Health introduced changes in the family planning program and officially informed the Ombudsman of its decision to adopt the majority of the recommendations made. The latter included the prohibition from conducting campaigns relating solely to surgical contraception.

once the men participated they would be able to help women in the educational activities, which is, in fact, what happened.

> *Sometimes if only women get training and the men don't get training, we men would say: "what do you think you are learning there? You're lying!" But if we men and women all receive training, there is understanding and enthusiasm (Male community promoter, Yauli, Huancavelica).*

> *Yes, they are becoming aware, that is, they are changing, they are understanding that they were mistaken and now they are being comprehensive and letting their wives participate. The men stay and look after the animals and the children, and the women are free to go. All the workshops are meeting the goals that weren't met last year. Now they are being met. And because of this, I would like – that is, as President of the CBO, I would like more training for men, because we are achieving results. Our proposals are being achieved (Promoter's wife, Carabamba, La Libertad).*

3. Selection and training of male community promoters

Candidates to be been trained as male community promoters were selected mostly at women's CBO assemblies or community assemblies, when they had more support from the community authorities. Candidates were proposed by the female community promoters, by the women responsible for conducting the educational projects (members of the "responsible core") and other CBO women. On many occasions it was the women who encouraged or persuaded the men to participate as candidates. Some men said they were afraid of talking in public, so their wives had to make great efforts to encourage them to participate.

> *He is willing because I have encouraged him, the training is very important, I think that also through this he can get orientation, he can't be afraid. Sometimes he felt scared, but now he isn't. Now that his training has finished, he can teach fine. It's wonderful (Promoter's wife, Juli, Puno-Aymara area).*

Once they were proposed by their communities, the promoter candidates had to participate in a training workshop, conducted by a trainer who was a member of the ReproSalud regional team. The workshops consisted of twelve sessions. The sessions began with a reflection on the health problem selected by the women as the most important one in their self-diagnosis (one session). Then, three educational modules were developed:

1. The basic module (four sessions)

- Women's and men's tasks and rights
- Women's and men's reproductive anatomy
- Reproductive physiology and the reproduction cycle

2. The module on one of the reproductive health issues selected by the women (five sessions each one), which could be:

- Module "Diseases of the Sexual Organs"
- Module "How to have the Number of Children we Want"
- Module "Healthy Pregnancy and Childbirth"
- Module "Learning to live without Violence"

3. The module for communication and training capabilities (two sessions)

All the community promoter candidates conducted training sessions as part of their evaluation and took tests for entrance and exit knowledge. To become a promoter, the candidate should apply horizontal treatment and promote participation; he should have social skills, for example, be easy-going, sociable, dynamic, and able to talk. These were important aspects considered in their evaluation, as well as the capacity to share what they had learned and make themselves understood well, because their work would be training other promoters. The responsibility of each candidate, and his interest in the issues were also taken into consideration.

The achievements and the potential developed, strengthened and/or discovered during the promoter candidates' training, would become the foundations on which the work to involve the other men in the ReproSalud project would subsequently be built.

4. What does it mean to be a male community promoter?

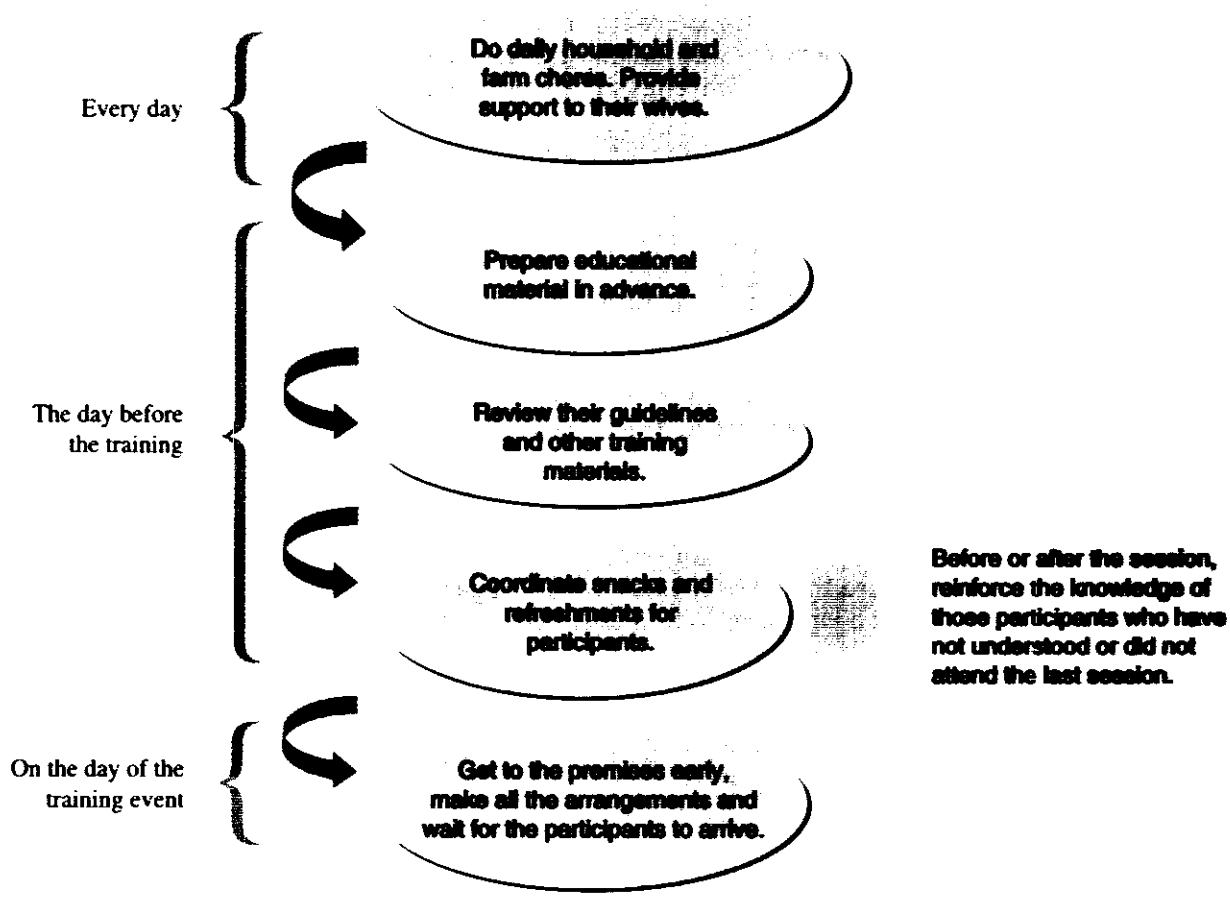
The task of community promoter goes beyond the educational activities implemented by the institutions or projects. It continues even when the cooperating institution has left the community. The community promoters or agents contribute to the continuity and sustainability of the changes and new knowledge.

The majority coincided in indicating that to be a community promoter means to assume "before everyone else" the changes proposed during the training, so that they can be an example for the others to follow. It also implies being willing to help; and it implies deserving respect and consideration on the part of the community.

> *To bring greater respect to the inhabitants of my community and also respect to myself, my family, my wife, my children; and now I participate more with my community as a promoter, don't I? The main thing is to be, in the eyes of my community, an ideal person, a person... how do you say? Someone who is able to reach out to the community. And I have really changed. Before it was not like this, it was different, I used to hang out with my friends here and there, but not now, it's different. As a promoter it is up to me to give an example to the community (Male community promoter, Carabamba, La Libertad).*

The following diagram summarizes the male community promoters' activities when they conduct the educational workshops with other men.

Routine of the male community promoters



It should be noted that all the male community promoters interviewed refer to the fact that their work does not end with the replication of the workshops. Additionally, they make voluntary commitments with the participants to give make-up classes to those who did not attend or arrived late, or to "reinforce" those who did not understand a certa n issue. Besides this work, they take the time to check whether the participants of the replica sessions are applying what they have been taught.

> *They're always passing by the community and I ask whether they remember or not and they tell me: "Yes, but I have failed in so-and-so, I have forgotten...", but I always correct them or I rectify the words for a few, in the communities, on the road; sometimes, when I visit relatives I ask them if they are doing things right or not. I ask them the things we have learned at the workshops, and some of them answer. I tell them they have to value this training, and get interested (Male community promoter, Yauli, Huancavelica).*

Advantages and disadvantages of being a male community promoter

Community male promoters encounter a series of advantages and satisfactions in their role as such. Some indicate that being a promoter gives them a broader vision of the problems in their area and enables them to transmit this vision to other persons, particularly to those who are more vulnerable or have greater difficulties. They also said that the best part of being a promoter is the possibility of making changes in the ways of thinking of other men in the context of building more awareness in health care, in particular in the field of sexual and reproductive health.

> *What is good about being a promoter is that I change men from my village, I explain how we should change, that we should not be like before... (Male community promoter, Carabamba, La Libertad).*

The social recognition they obtain for the work performed is a great satisfaction for them, because it makes them feel respected and valued. Another advantage, which had more significance at the beginning, was the economic incentive they received, which even though it was a small amount (equivalent to one day's wages in their work area), for the time dedicated to preparing and facilitating the workshops, it was an incentive to do a job considered new and interesting.

The majority of the male community promoters indicated that they did not perceive any disadvantage, or lack of satisfaction in their work as promoters. Among the few disadvantages mentioned were the anxiety and concern regarding the attendance of men to the training sessions. To start a workshop with a small attendance was a sad and discouraging situation.

> *When I got to the premises, and the participants had not yet arrived, I was sad. "Why aren't they here?", I said, "Why haven't they arrived? What could have happened?" But then after about ten minutes, some 20 were arriving, and then it was normal (Male community promoter, Juli, Puno-Aymara area).*

"You who already know": the wife's support

With regard to the male community promoter's relationship with his family, it can be said that, in most cases, it has been favorable for his work performance. Both the wife and other relatives have expressed their approval with congratulations and encouraging words. Special mention goes to the role played by the promoters' wives throughout: first, encouraging their husbands to go and participate in the selection process, motivating them to participate, and finally helping them during the replica workshops. This is expressed in the following testimonies:

> *I helped him too, when he was preparing the materials, and then I helped with the preparation of what he had learned in Puca Pucara (where the promoter candidates' training had taken place) and also with the guidelines, he studied with the guidelines. Then, to get his materials ready, he prepared the internal and external parts (referring to sexual organs) and he did the drawings. He labeled the parts, and then he drew the chart to show the differences between men and women. The functions and tasks of men and women. He did each topic with its drawings. He was drawing and I was helping him to color (Promoter's wife, Juli, Puno-Aymara area).*

> *...And he would say:"This I don't understand, how is it? You who already know, repeat it to me". Sometimes in the evenings he would study and learn, but when there was*

> *something he didn't know, he asked me: "What's this all about? I'm not so sure of this part". And sometimes I said to him: "It's like this, it's about this topic, this is what it's about". Sometimes he repeated and learned and by the next day he already knew (Promoter's wife, Carabamba, La Libertad).*

For the majority of the interviewed couples, it was the first time that the women were supporting the men with their knowledge (because the women had participated in the educational workshops first). This was a circumstance that contributed to the couple's regarding each other more equitably, as well as contributing to the women's empowerment, and their recognition by the men. In addition, many of the promoters' wives feel happy and proud that their husbands have assumed new attitudes and behavior patterns. As a result of the training sessions, the men have become more attentive, sharing the household chores that women used to perform by themselves in the past, taking care of their health, and not abusing them. They teach their children to help with the household chores, and they also teach them what they have learned about the body and sexual and reproductive health.

5. The educational events replicated by male community promoters: inviting participants, and guaranteeing attendance

The male community promoters implemented educational workshops (replicas of the workshops they had attended), in order to multiply the number of men who could share their knowledge and thoughts about gender and sexual and reproductive health.

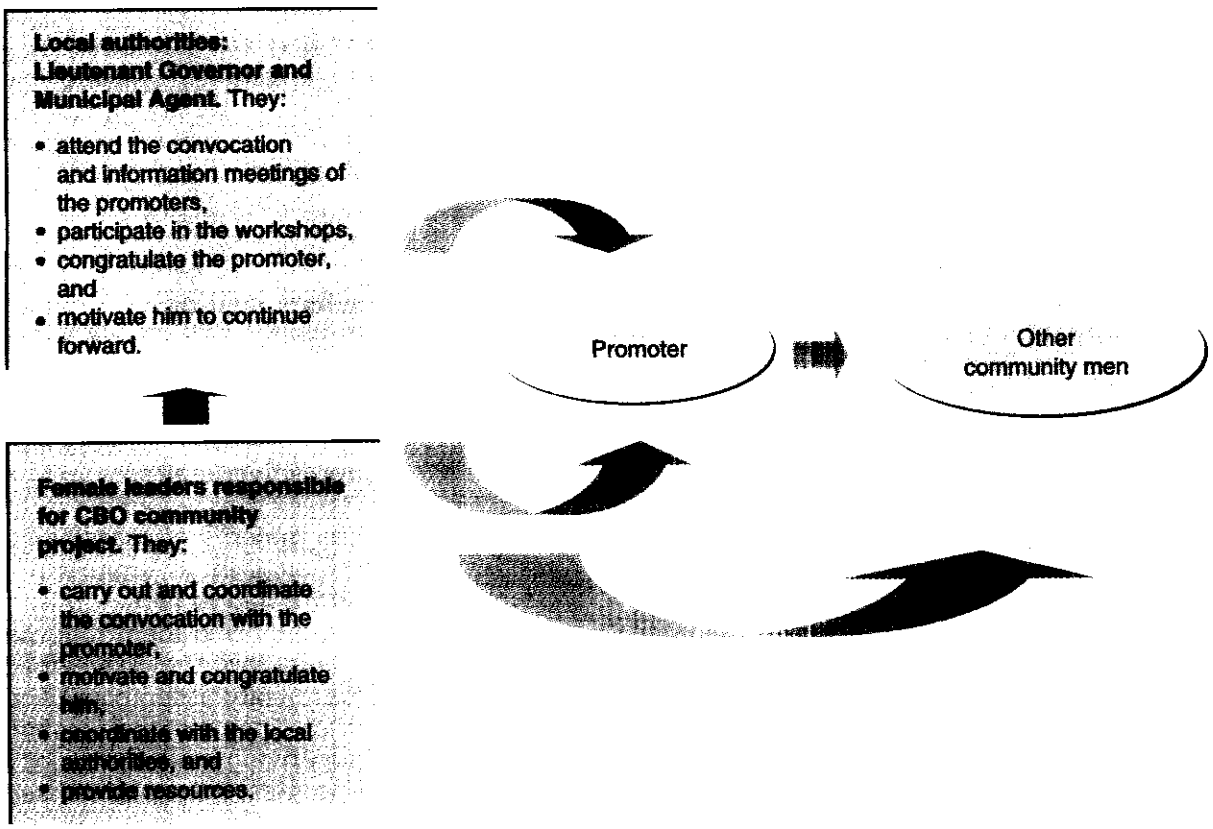
The fact that the promoters were men and persons who, in the majority of cases, were trusted and popular in their respective communities, was not enough to ensure the participation of other men. The male community promoters therefore had to come up with a series of strategies to persuade and motivate them to attend, by convincing them that the training was beneficial for them, their partners and their families. To do this, they developed dynamic methods of convocation, making use of formal spaces (community assemblies) and informal ones (for example, soccer games) where men get together. They also performing house to house invitations. All the above, in addition to the joint work among male community promoters, women, leaders of the women's CBOs, and local authorities, finally convinced men, initially reluctant and suspicious, to participate.

> *Sometimes we got together to do some sports, or there would be some other kind of entertainment, any fun activity, and I took the opportunity to talk to them and invite them to accompany me to the training workshop (Male community promoter, Carabamba, La Libertad).*

Since the main doubt of most men was about the fact that the training given could be bad or unsuitable (against morality or to alter relations between men and women) the community male and female promoters, the leaders, and the authorities spent time convincing them otherwise. The strongest argument was that the training could be an option for solving or preventing problems of sexual and reproductive health in their wives or children. The fact that women and male community promoters have gained the confidence and recognition of the highest community authorities for their work and work of the ReproSalud project, was crucial in providing a social legitimacy to the promoters' work. Many times, the mere presence of an authority in the meetings, was sufficient for the men to feel supported and backed.

In addition, the male community promoters used all their skills to build empathy through interpersonal relations, for example, by introducing in the convocation meeting some jokes or dynamics learned during their own training sessions. The fact that they had taken part in similar training was a very important referential element.

The following diagram shows how the different male and female actors participated in the convocation and in the continuation of educational workshops conducted by the male community promoters.



6. Enabling factors for participatory learning

Among them, we can mention:

- Valuation of knowledge as a way of improving workshop participants' life and giving them more tools to deal with their problems. This was particularly observed in the case of the younger men, who with their interest and willingness to participate, indirectly motivated other men who were not very convinced. This is probably because of their interest in the issues discussed, due to the fact that they are beginning their sexual or married life, and because there is always less resistance on the part of the young population.

- The fact that the male community promoters spoke the local language as well as Spanish, enabling them to share their knowledge and thoughts using both languages as a resource. The native language offered the non-Spanish speaking participants more resources to think, express themselves, comment, and give opinions on

aspects which were part of the educational workshops proposed methodology. However, the promoters used Spanish expressions and resources when the term did not exist in the local language.

- Ending the educational sessions with voluntary and feasible commitments on the part of the participants. These commitments included: sharing what they had learned with other men; and discussing the topics with their partners and children.

- The possibility to carry out individual "make-up" classes at home for those men who had not grasped a certain concept or who had been absent due to a trip (work, study, or to carry out some procedures outside the community). These "make-up" classes ended up being a training and thinking opportunity for all the relatives present at the participant's house: the wife, children, brothers, and any other interested person. The use of brochures and illustrated sheets were crucial for this process.

- Combining training sessions with orientation and advisory work. This was assumed by the male community promoter so that the other men could not only learn new concepts, but also improve their lives by applying them to their specific sexual and reproductive health problems or partner relations problems.

- Preaching with example. The male community promoters made every effort to put into practice what they had learned and overcome the mockery of other men, when for example, they saw the promoters doing household chores usually associated with women, or when they took care not to drink too much alcohol.

- The use of a methodology based on participatory and reflection techniques, which allowed everybody to participate actively and express opinions, as well as the use of games and dynamics to facilitate reflection on aspects considered very intimate "dirty" or "vulgar".

- Flexibility of schedules. The training sessions were arranged at the times when the largest number of men could attend.

7. Learning processes: new ways of thinking and acting

This section includes all the learning processes experienced by the men in this educational work promoted by ReproSalud: not only in terms of all the knowledge imparted, but also the new meanings, ways of explaining things, skills, practices, and ways of relating with women and other men.

7.1. The knowledge acquired

The pre-workshop and post-workshop knowledge of both the community promoters and the workshop participants were measured through entrance and exit tests.

In all the educational modules, the level of knowledge acquired is about 90%. There are exceptions in some regions and on some topics in the case of the participants in the workshops conducted by the community promoters, but even in those cases, the score is higher than the 70% established as the pass score.

7.2. New concepts are incorporated into the discourse

Gender equity and rights

The male community promoters, especially, clearly define what is socially learned from the biological determinants (although they do not use these terms) that distinguish men from women. After the training, all participants stated that both men and women can carry out any activity they want to, such as cooking, washing, bricklaying, or building a house. They have incorporated into their speech the following statement: ***everything can be done by men or women and the only difference is sex.*** It should be mentioned here that, even though a division of responsibilities and the spaces for men and women are maintained, new elements are incorporated, with more cooperation and participation in those tasks considered the exclusive dominion of the partner. Unlike the promoters, the participants in the educational replica sessions support this idea, but some of them persist in the idea that sharing domestic chores is justified mainly when the woman is ill or absent. For their part, women observe that their husbands have changed their ways of thinking, motivating each other not to be always out on the street, but helping around the house. Because of this, many women request that more training sessions be provided.

Men and women are equal, this is an idea with which all the participants in the educational sessions are in agreement. The male community promoters say that the idea of equality was accepted by them at their training sessions, and then they transmitted it to the beneficiaries of the replicas. Gradually it became easier for them to understand and overcome the idea and the fear that women rights to equality could mean a reduction of men rights.

> *No, of course not. At that time we still didn't know about that ...We sincerely thought that they were going to take away our rights as men. Perhaps they were practically going to be the ones giving the orders. Sincerely that's not the way it is, they have their rights also, as we also have the right. Not because they have rights men suddenly will be under a woman, no? (Male community promoter, Carabamba, La Libertad).*

Men do not have the right to abuse women is also now part of the men's discourse. They say that since the training started, they have avoided abusing their women because they are more aware that it is going against the woman's rights. This is a very important change, if we bear in mind that it has occurred in a context where violence by men was mainly attributable to alcoholism, and this kind of violence was considered justified if the woman was said not to have fulfilled her gender roles, or if the man even suspected her of infidelity.

This form of being a man associated with violence against women: "to be machista", is rejected by all the interviewed persons. They understand that being "machista" is to "want to be the one who orders, who is in control", it is "thinking they have more rights than women, rights over women.

Health and sexual and reproductive rights

A new concept assumed as part of the participants' discourse is that women may take control of the reproductive processes which take place in their bodies and their sexuality, therefore, they have the right to decide when to have sexual relations, when and how many children they want to have. Assuming this new discourse implies modifying the gender

relations which confer on men the power of deciding over the women bodies. According to the statements of men and women, this is being achieved in the case of the male community promoters and is probably in process in the case of the participants in the replica workshops conducted by them.

Promoters and participants in the educational replica sessions state that **a woman should not be forced to have sexual relations.** However, among the replica workshop participants it is emphasized that the woman's refusal would be justified if the woman is pregnant or ill, rather than her having the right to decide or regardless of whether she has sexual desire or not.

> *...for example, a man cannot force a woman to have sexual relations and maybe she is ill or not; in my opinion, she also has to decide and have, for example, by force or not, because may be she does not have desire, no? In my opinion, it should be the woman who decides (Male participant of replica sessions, Carabamba, La Libertad).*

With regard to the number of children, most male community promoters consider that **the woman has the right to decide by herself how many children she wants to have, if she cannot reach an agreement with her partner,** based on the fact that these processes take place in her own body and may affect her health, and because it is the women who assumes more responsibility for raising and caring for the children. A small group of male promoters and most of the workshops participants, emphasized that a woman should aim to coordinate and convince her partner, inasmuch as a unilateral decision may be a motive for fights. In all cases, the idea that men only should decide has been disregarded.

> *For me it is good that a woman decides how many children to have, because the pregnancy is going to be carried by her body and is her right to decide how many children to have. She has the right to decide when to have sexual relations, for example, I come back from work and want to have sexual relations with her, sometimes she is in her fertile days, therefore, she is going to say no... (Male community promoter, Carabamba, La Libertad).*

> *I believe that coordination has to be of both, the man as well as the woman, to decide how many children to have, because...the woman alone does not have the right to decide, there should be coordination between them... how many children to have... and when (Male community promoter, Nueva Esperanza, Ucayali).*

Both male promoters and beneficiaries of the educational sessions are in agreement that women have the right to make the decision to use contraceptive methods or not, whether these are the ones called "modern" or the "traditional" methods. In this case, both coincide in that if the woman does not reach an agreement with her partner as to what method to use, she has the right to select alone.

To have responsibility for the partner's sexual and reproductive health, is mentioned by the male promoters and participants as a caring and protective attitude to their wives during pregnancies, childbirth, and when they have vaginal discharge, because they feel they are responsible for those processes, either because they both participated, as in the case of a pregnancy, or because the man is probably the person responsible for infecting her with a sexually transmitted disease. Significantly, all the male promoters mentioned the need for their wives to attend their pre-natal check-ups and to have their babies at health centers.

> *That is, practically we were negligent in helping during the childbirth; sometimes, as we live in the countryside, the women work and help us, because we did not know. When*

someone has those things (the white menses), the husband has to go to the health center and inquire (Male participant of replica sessions, Yauli, Huancavelica).

Women's participation in public spaces

Women are capable of deciding and participating in organizations and projects. The men have evaluated this statement during the educational sessions and confirmed it, and finally assimilated it, during the process of implementation of community projects managed by women. However, particularly in the case of the participants of replica sessions, this is combined with a practical and utilitarian vision of the advantages a woman can get for her family.

Disadvantages perceived in the process

Even though they do not mention it as a disadvantage, the participants state that it is a risk that the woman, knowing her rights, may want to order the man around. Some male promoters state that in order to avoid this it is necessary to have discussion and dialogue. They have seen certain changes in women who have attended the training and observe that they are sometimes "stubborn" and want to boss them around. This causes discomfort and discourages them from supporting the project, and it also causes arguments with their partners.

> *In my opinion, a disadvantage depends on each one, because sometimes we do not understand, we do not move forward, do not practice, then that is not going to happen in that way, because the women, knowing their rights, are going to jump over the husbands; but it all depends whether we can discuss the matter, maintain a dialogue and reach a point where those disadvantages do not exist (Male promoter, Carabamba, La Libertad).*

> *Yes, they go, the women are more stubborn than men, yes. The boss the men around, so men don't want to have anything to do with it, they don't want to support it any more, do they? They start arguing, that is how women have changed with the training (Male community promoter, Chucuito, Puno-Aymara area).*

Participants of replica sessions state that a more self-confident woman is more communicative and can establish a better relationship of cooperation with her partner, as she starts assuming an active role. However, this could, according to some, become a disadvantage since the women could "go up higher than the men's level". But finally they state that they should become resigned because it is no longer indispensable that only men be in charge of organizations.

> *Of course, it is an advantage that they have. They have freedom, practically they have an opinion, because before women hardly ever gave opinions. They say they are practically jumping over men, but it is not so. Now they participate, they have their own associations and practically they do... The men have treated this as a disadvantage because sincerely, the men, for example, in all organizations the man used to be, but now, we have to accept ("¡Caballero!") it is not so important that only the man are present (Male community promoter, Carabamba, La Libertad).*

The participants of the replica sessions have discovered more disadvantages than those indicated by the male promoters. The disadvantages they find are other men's critical comments, especially those who did not attend the training, who call them "sacolargo"

("long coat") or "sogas largas" ("long ropes") to "rub in" the fact that their wives no longer obey them and do as they please. It is hard for them to overcome the shame and "peer pressure".

> *Of course, I think so, no? some things, not all: such as taking care of the children, when the wife is busy,... perhaps tidy the house... or when the wife is sick, a man can wash the clothes, keep the children clean, cook... Some have understood that the woman is not for everything... men also have hands, (but others) criticize that they are ordered around by the women, that they are "long coats"... But now we know they have received training, they know how it is, they share the chores, and also help to cook when the mother is ill... (Male community promoter, Chucuito,Puno-Aymara area).*

7.3. From the discourse to the practice

The practices and commitments assumed by male community promoters and beneficiaries of the replica sessions are the most important indicator, which reports the achievement of the objectives to contribute to an improvement in women's reproductive health and to promote more equitable gender relations. Comparison of the interviews with male community promoters, participants of replica sessions, their partners, or other women who form a part of their social networks, has enabled us to identify the changes that have occurred and how the processes are moving to reach them. Additionally, we include some data on the interviews applied to men as part of ReproSalud's intermediate evaluation.

All the educational workshops ended with commitments and in all cases the interviewed men expressed their willingness to put into practice what they had learned, in spite of their own resistance, and that of their groups and communities. Several indicated that the motivation to change and participate in the training lay in their eagerness to improve their lives and overcome the poverty and postponement in which they live, a process in which new information and knowledge are thought of as the engines of change.

The degree of difficulty of putting into practice what has been learned, varies according to the topic. Lesser resistances are found in the topic of the care of their own sexual organs, including habits of hygiene. Learning about sexual and reproductive organs has not been a simple accumulation of knowledge for the men, but a process of reflection which they consider has served to value their bodies more and to take care of them. The same is true of the responsibility of men in the pregnancy, childbirth, and post-partum, the preventive practices to avoid sexually transmitted infections and the use of contraceptive methods. Some figures from the survey applied in the mid-term evaluation after an average of two and a half years of intervention reveal changes in behavior in both men and women significantly greater than those occurring in the control communities[11]. See the following table:

[11] Communities with similar characteristics where ReproSalud intervention took place, but which did not have an intervention of the Project.

Some indicators	Communities where ReproSalud works			Control communities
	Base Line (1997-98)	Mid-term evaluation (2000-01)	Percent difference	Percent difference
Percentage of women who were attended by health professionals at childbirth.	36.1%	48.0%	11.9	1.8
Percentage of women who use (they or their partners) a contraceptive method.	58.4%	71.8%	13.4	4
Percentage of men who decide with their wives when to have sexual relations.	55.2%	66.9%	11.7	-7.4
Percentage of men who have had a sexually transmitted infection and been to a health center.	15.8%	38.5%	22.7	2.6
Percentage of men who have at least once used a condom for their own protection or that of their partners from a sexually transmitted infection.	10.1%	24.0%	13.9	4.2

These changes also express a more fluid relation between men and the health services. Another indicator of the better relation with the services is expressed in the 82% increase of men who say they are in agreement with their wives receiving support at a health center during their next childbirth, having soared from 40.6% to 74% between the base line and the mid-term evaluation.

Many of the male community promoters have establish relationship of cooperation and coordination with the local health services to carry out their educational workshops and they also refer other men and women to these services for solutions to problems relating to pregnancy, childbirth, reproductive tract infections, sexually transmitted infections, family planning, and other health problems. However, they still are of the opinion that the health services do not provide services to them in the manner they would like, and that the health centers should improve the quality of the services, the way they treat people, their resolutive capacity, and the availability of drugs. Likewise, some male community promoters have not been successful in their attempts to coordinate with the health centers, as it depended on the willingness of the health providers to accept or not the promoters support.

In the case of the topics relating to changes in gender roles and women's rights to decide over their sexual and reproductive health when the men opposed, more resistance was noticeable, as these topics imply questioning and changing forms of social relation conceived as coming from the natural order of things, and this causes the men to lose power and authority. The attempt to apply what has been learned in their daily lives, has allowed them to conclude that changes are not generated overnight, but form part of a lengthy process.

> *We're familiar with the work to be done, and we know about awareness-building, but we can hardly expect changes from one day to the next. Of course we're always a bit worry of what people will say, too! We're always wondering 'What will they say?', but this is changing little by little. In the worst case, we think that if we don't change, our children will try to change from the time they are little... It's like a tree, isn't it? The change has to come to the roots as well as the trunk and the leaves. So I think that's how this health*

issue can be changed and people can become more aware (Male community promoter, Chucuito, Puno-Aymara area).

Other changes highlighted by men and women are:

Opposition to women' social participation is reverted

All the barriers which prevented women's participation in public spaces have been reverted to a great extent. Now many men, particularly the male community promoters, promote and support their wives' participation in ReproSalud activities and in public positions. Both promoters and participants of replica sessions, feel very satisfied to see how the women are able to manage a project, and rate the project as appropriate for them and to the benefit of the whole community. They recognize the importance of having had the opportunity to learn things they had not heard of before, thanks to their wives.

Ah!, men have now realized, because thanks to the ladies they are learning so much. They say thank you to the ladies, and we give thanks to this mothers' club that has had a good participation and has won the contest. Thanks to them, and through them, we know things we had never known before (Male community promoter, Carabamba, La Libertad).

A more natural approach of men to talking about their own bodies

The men say that before they referred to their sexual organs using only their "vulgar" names, but they know them now by their "proper names" and know more about them, they can talk about them more naturally and with confidence. The promoters indicate that under this training and teaching process they have learned not to be embarrassed and not to worry about "what people might say" with regard to the topics they discuss, which have often triggered mockery and rejection.

More communication with adolescents and young adults about sexuality, more concern for their health, and a more equitable treatment

What men have learned and evaluated during the training sessions have allowed them, particularly to promoters, to develop a better attitude to discuss sexuality and to have more resources to keep a conversation, exchange ideas and provide guidance to other persons, on these topics, particularly with their adolescent and young adult sons. In general, they allow a more natural relationship with their children, to maintain a dialogue without making differences between sons and daughters, they avoid abusing them, that is hitting them or shouting at them and they are more actively concerned about their health than before.

I have changed in that children should be given freedom to discuss all kinds of things. If you treat a child badly, he will always be ashamed, he will not want to talk to his father, no? but if you give them good attention and trust, then the son will talk (Male community promoter, Carabamba, La Libertad).

When the children have a high temperature, he immediately knows what to do, because they have taught him in the training sessions. It's not like before when he just stood there watching, now he runs quickly (Promoter's wife, Chucuito, Puno-Aymara area).

Reduction of violence against women

One of the most relevant results achieved is the reduction of violence and sexual coercion, associated to a reduction in the consumption of alcohol. This issue, a major concern for women, made it imperative to achieve changes in men. Key factors for this transformation have been the opportunity to talk and reflect with other men about events of violence, and a serious consideration of the reasons and consequences of violence against women.

Greater ease on the part of less empowered men to speak in public and defend their rights

The participants of the replica sessions indicate that they have learned to maintain a dialogue and coordinate in the different men's meetings. Some men who had before serious difficulties to talk in public, now request the right to speak, express opinions, and claim their rights on different issues as circumstances require.

Thus, many changes proposed by ReproSalud, were not just words but were translated into concrete facts.

8. Conclusions

Discovering benefits for all and overcoming internal resistances

It has not been an easy task to involve rural men in a sexual and reproductive health project with a gender perspective, in which women were the main protagonists. The rejection and resistance of the men was evident, given the marked power relations and subordination between the genders, the taboos to address sexuality and their fears, and bad experiences in other projects which generated a lack of trust towards institutions foreign to the community.

Gender equity and sexual and reproductive rights were incorporated more easily, in the measure in which they were understood to be an issue with challenges, but which also presented advantages for the entire family. The idea that the advantages obtained were only for women caused a sense of insecurity among the men. ReproSalud's educational activities strongly reinforced the process, since not only were the men included, but also their adolescent and young adult sons.

The participatory methodology used, played a crucial role in erasing fears about Manuela Ramos Movement and in helping the men to overcome their internal resistances.

Engines of change and the strategic alliances

A great part of the success of the men's training is due to the quality, potential and resources of the male community promoters. They were able to grasp new ways of understanding gender relations and sexual and reproductive health, as well as cognitive and social skills and an attitude of solidarity to help their communities. To be a promoter became for them, as well as for women, a sort of profession which provides social recognition and the satisfaction of being contributors to their community's well-being.

A basic element of the male community promoters' strategy was the tacit alliance with women leaders, with whom through joint efforts, they were able to achieve the local authorities collaboration, who were instrumental in enabling other men to trust the promoters. Another central aspect has been the promoters' one-on-one work and follow-up, visiting their peers in their own homes. Finally, preaching with the example and showing the benefits for men and their families, have been other key strategies to convince other men and help them overcome the same barriers that they had already overcome or were in the process of overcoming.

The change is gradual and calls for alternative masculinity models.

The training and experience of being a community promoter or participant of replica sessions, represented new knowledge, opinions, concepts and changes in life, with reference to gender equity and sexual and reproductive health. ***We do not want to be machistas any longer, or we do not want the ideas of the past,*** are expressions which describe the purpose they have now.

However, these healthy purposes are not sufficient, to the extent that being machista as a masculinity hegemonic model, has the contemptuous antipodal, which is still valid in the imagine of the "long coat", a term used for men who are "ordered around" by a woman.

The rural men trained by ReproSalud want to stop being machistas, but they still have no alternative to be a man, *who is not machista, but is not a "long coat" (saco largo) either.* When they stop being machistas, they feel that they are facing the risk of inverting the roles and that women will boss them around or dominate them. It is because of this that the educational work has to continue from different instances and using different means. Emphasis must continue to be placed on processes of construction of more equitable masculinities and feminities alternative models.[12]

It is also important to note that in this educational process, the different discourse assimilated by men have been turned into practices, which have not precisely been the product of an assimilation of rights, duties and equity principles in abstract. but rather the result of a balance between their advantages and disadvantages. Many of these changes, especially in the case of the participants of the workshops carried out by male community promoters, have been achieved because they have been assimilated by men within a vision apparently still protective of the family, and because they bring evident benefits to the organization of the family economic unit.

The promoters as bridges between men and women and the health providers

The male community promoters have been critical of possibilities and limitations of the health services; however, they consider them to be very necessary because of the work they perform. The improvements that need to be made in the health services, from the promoters' point of view refer to good treatment, respect for users' habits and ways of thinking, rapid and efficient attention, resolutive capacity, implementation of the service with equipment and materials, and good communication with users. This vision of the promoters reflects the demands and expectations of most men in their areas. In this sense, the male community promoters trained by ReproSalud act as a fundamental bridge between the rural men and the health providers with regard to sexual and reproductive health. They will facilitate access of men and also women to the health services, to the extent that other men also consult with them about their wives' reproductive health problems, especially those associated with complications during pregnancy and childbirth.

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[12] These ideas were suggested by Carmen Yon, in a preliminary analysis which concluded in the article: *Ahora ya no queremos ser machistas* published in: Redes Jóvenes N° 4, Year 2, April. Lima.

BALANCE OF THE THREE LEVELS OF SYSTEMATIZATION*

It is a fact that once ReproSalud included men in its activities, it produced changes that involved all those linked with the project: first the rural women, then the men, the male and female community promoters, and finally the work teams. Reflection and collective questioning made these changes possible.

What has it meant to work with the men at the request of the women?

What would have happened, if we had continued working with the women only, disregarding their demand that the project work with men too? The changes would probably have been much slower, or they might not have taken place at all, since the relational perspective would have been lacking, as well as the women's own analysis of the possibility of achieving changes in a context of unequal and inequitable gender relations, a context in which women face enormous obstacles for making their own decisions about their own body and health.

This explains that the need to involve men has emerged from the women themselves. But it was also important that in each region, the women propose appropriate strategies to involve men. For example, in the Amazon area, the women requested to work with them much later, since it was not such a priority issue for them, as it was for the women in the Quechua and Aymara areas.

This shows that not only is it necessary to start with the construction of gender relations in a general and abstract manner, but it is also important to take into account how these relations are experienced by the women and men from their own contexts and from their particular knowledge of their situation. It is not a case then of providing standard responses: rather, according to each context and situation conditions, in some way, the particularities of a determined intervention.

In effect, time has proven the women were right, and the inclusion of the men has taught some important lessons:

- By putting into practice a relational approach based on the women's own demands (rather than external requirements), the Project made it possible for the reflection and the change to be based on the participants' own experiences and representations

* This section was prepared by Ximena Salazar, taking in account the conclusions of the three levels of systematization presented herein, as well as the contributions and recommendations of Carmen Yon.

of reproduction and sexuality, that is the experiences and representations of the rural men and women participating in the Project.

- By taking into account from the beginning the socio-cultural peculiarities of the communities involved and respecting people's points of view, the project made it possible for the alternatives to emerge from the interpretations of the local populations. Thus, it has been possible to reconstruct with the men themselves the processes of constitution of power relations, both in reproduction, and in sexuality.

- Starting work with men to improve women's health or to permit the improvement of women reproductive health, although it is not enough, has shown that it is possible to touch aspects of the men's own health, in a smooth and natural way. Changes have thus come about in the field of men's health since they have realized just how important health is. This has translated, for example, into their concern for prostate cancer and sexually transmitted infections, and they have started to question their own behavior patterns and the associated risks.

- A fourth and last significant aspect is that in this process, in spite of the initial fears, women have continued to play the leading role. They have retained leadership of the subprojects, and continue to mark the pace of their own change, making the men not only resign themselves to this, but also to accept it, and even applaud and promote it.

The keys to change

Three main elements have propelled these changes: the methodology used, the community male promoters, and the women.

- The methodology used has been fundamental in breaking down initial resistance and fears. The methodology had the following characteristics: i) inclusive: because different community members were involved in the training events, including the authorities and the women, and they all assumed commitments in complying with their roles; ii) flexible: because it adapted to the participants' needs and requirements, taking into account time schedules, language, and local culture; and everything was assumed as a resource to achieve a better understanding of, and commitment to, the concepts learned; iii) participatory: not only in terms of the methodology, but because all the actors made a positive contribution to the success of the training events. Male and female participants carried out joint activities for the success of the project; and, iv) horizontal and reflexive: because this was a common learning process in which some permanently learned from others.

- The work of the male community promoters was a key factor in getting the men involved in the Project. They were able to capitalize their own experiences and resources acquired in the workshops where they received training, to extend them to the male beneficiaries and help them to overcome their resistances and fears about the training and the Project. Working with trained rural male promoters has proven to be the best strategy to reach other men in the community.

- Finally, it is interesting to note the women's commitment to the men's training. In addition to playing the leading role, the women acted with enthusiasm and cooperation to make it possible to continue working with men and to motivate the authorities.

Difficulties and challenges

The process outlined has not been free of difficulties and doubts, which pose challenges despite the important achievements obtained.

Today ReproSalud is in a position to offer a product that can be replicated in other areas of the country with similar characteristics to the beneficiary areas. In this reference, it is clearly indispensable to take cultural heterogeneity into account and the challenges this poses, in the work with women as well as in the work with men.

The result has been positive, but we should not fail to note certain fears that still persist in a group of men. In this process of change –where the changes are expected to be experienced in the medium term– these fears could become constraints against consolidating the changes that have already begun.

In the first place we have the attitude of many of the men, particularly participants of replica sessions, who after putting some changes into practice, are now experiencing a role in which they still do not feel comfortable. They have not yet fully assimilated what it means to live with an "empowered" woman, and feel that they are being "bossed around". In the second place, peer pressure from those who have not yet experienced the change is still strong, and if a promoter finds it difficult to deal with this "adversary", the beneficiary of the replicated training feels even more vulnerable to the mockery and the ridicule, when he gets called "saco largo" ("long coat," meaning a man dominated by his wife), among other names, even though in some contexts the pejorative contents are being relativized.

> *Here there are lots of people who tease you, but that's normal, ...it's just a joke, they bug you because they've got into that habit, they call anyone "saco", that's the way they talk (...) They might see you cooking, and they say: "Hey! Saquito!" Before, men used to get mad, they could tell you to go jump in a lake, but not now, they all joke with each other (Male community promoter, Nueva Esperanza, Ucayali).*

This is a process which has on the "plus" side a greater empowering of women and the beginning of a process of questioning and changes in men. However, what we mentioned above continues to present new challenges for reflection and action for the second stage of the ReproSalud work and, more generally, the need to think about the sustainability of interventions that seek changes in the gender relations.

As a final conclusion, it can be said that ReproSalud's work with men has made it possible to put into practice many theoretical proposals and has proven that with an attitude of horizontal and participatory cooperation –rather than paternalistic attitudes– it is possible to achieve changes that will lead to well-being, health and quality of life for women and men. The challenge now is to strengthen these changes by consolidating more equitable gender relations and healthy practices, and constructing less rigid and excluding gender identity models of men and women.

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