

Engaging men to support women in science, medicine, and global health



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Gender is constitutive of men's collective and personal relations to women. Although there are regional, national, and institutional differences and dynamics to consider, gender inequality affects most, if not all, societies. The fields of natural sciences, medicine, and global health are no exception. A range of social scientific theories exist, including divergent approaches within feminism, regarding the definition and understanding of gender, causes of gender inequality, and ways to address it. For example, whereas West and Zimmerman define gender as "the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category",¹ Scott describes gender as "a constitutive element of social relationships based on perceived differences between the sexes and... a primary way of signifying relationships of power".² Despite differences within feminism, a notable achievement of feminist theory has been to shift long-held views on the concept of gender, and by implication, masculinity and femininity. Specifically, two key shifts have been made, namely the uncoupling of gender from a supposedly intractable biological sex (although the relationship between sex and gender is more complex), and the depiction of gender as a cultural construction, rather than a natural characteristic.

Raewyn Connell's concept of hegemonic masculinity, which is part of the tradition of understanding gender as a social structure, has been widely used as a framework for understanding men's gender power over women and other men: "The form of masculinity that is culturally dominant in a given setting is called hegemonic masculinity... It is an expression of the privilege men collectively have over women. The hierarchy of masculinities is an expression of the unequal shares in that privilege held by different groups of men."³ The collective privilege of men, and their power over women in broader society, could be a key factor in the low representation of women within science, technology, engineering, mathematics, and medicine (STEMM) in general, and particularly in positions of power within these fields and in global health. The situation of women varies across different regions and countries. However, gender unequal hegemonic masculinity functions to inhibit women's representation and leadership in STEMM and global health, just as it acts as a barrier to gender parity in other societal domains that are male dominated. Gender-biased structures, and the attitudes and practices of male researchers, teachers, or leaders in the STEMM and global health fields can be a barrier for girls and women entering and progressing in their professions. As a result, the under-representation of

women in research and leadership within STEMM and global health is perpetuated.⁴ Although most women confront structural gender-related barriers, it is women experiencing poverty or from low-income countries that are usually at the greatest disadvantage in realising their potential, accessing opportunities, or ascending to leadership positions.^{5,6}

Gender dynamics that contribute to the underrepresentation of women are not only found in workplaces, but also in institutions of higher learning.⁷ Substantial asymmetries exist in men and women's access to STEMM subjects in universities and colleges, reflecting regressive stereotypes of women's suitability for the so-called softer fields of social sciences and humanities.⁸ The number of women enrolling in historically male-dominated STEMM programmes at university level is increasing, but the number continuing with careers in these fields remains relatively low.^{9,10} Long hours, inflexible schedules, and in some parts of the world, limited access to safe transport and child-care facilities, have a greater impact on women because they feel more unsafe while travelling and do more care work than men.

Given the collective power of men over women, egalitarian men have a role to play in promoting opportunities for girls and women in STEMM and global health, either in organised groups or as individuals. A range of initiatives across regions and in different countries have been launched to encourage men to critically reflect on gender inequality and work towards transforming masculinities.

Male engagement projects and campaigns are founded on the principle that gender is a key part of all psychological, interpersonal, educational, and work life, and that gender inequality creates barriers that prevent girls and women from fully competing and participating in society. The male engagement agenda seeks to create a more gender just world and transform gender relations between women, girls, men, and boys in public, work, and private life. Several prominent global or regional organisations, such as MenEngage Alliance, MenCare, Promundo, Sonke Gender Justice, Rwanda Men's Resource Centre, and the White Ribbon Campaign, have adopted engaging men and boys as a key theme in their work on gender equality. However, a weakness of many male engagement projects is an absence of or inadequate systematic evaluation of effectiveness.

"Together for a Happy Family" is an example of a male engagement project in Jordan.¹¹ Supported by the Jordanian royal family and religious leaders, the aim of the campaign was to involve men in family planning

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For more on the MenEngage Alliance see <http://menengage.org>

For more on MenCare see <https://men-care.org>

For more on Promundo see <https://promundoglobal.org>

For more on Sonke Gender Justice see <https://genderjustice.org.za>

For more on the Rwanda Men's Resource Centre see <http://www.rwamrec.org>

For more on the White Ribbon Campaign see <https://www.whiteribbon.ca/about.html>

decisions in consultation with their wives. The campaign was successful in increasing the knowledge and use of family planning methods, improving attitudes of men towards family planning, and promoting discussions between spouses on the issue.¹¹ Another promising pilot project was an initiative begun in 1999 by CARE Rwanda to engage male partners as allies to enhance the benefits of a women's economic empowerment programme.¹² The training was found to have had an effect on the economic situation of the participating households, patterns of care work, decision making, and gender violence. The results of the intervention study suggest that engaging men in structured and deliberate programmes, including via men-only groups and mixed groups, enhances the benefits of women's economic empowerment programmes.

Whereas gender transformative work with men has been done in many countries and on a range of topics, little has been done to specifically engage men in STEMM and global health. We call for work within STEMM and global health that engages men to promote girls' participation and women's representation in leadership roles, helps men to develop a richer appreciation of the role of gender and gender inequalities within these fields, and enables men to understand how gender inequalities in STEMM and global health are intertwined with gender issues in the world at large. Engaging men to support girls and women requires working with male researchers and leaders in STEMM and global health to critically consider masculinities, change men's gender power and relative privilege, participate in shifting entrenched unequal gender power relations, and act as champions. This agenda needs to extend from lecture rooms, university departments, and laboratories, to journals and boardrooms of science; it needs to cover multiple ecological levels, including individuals, peers, families, institutions, communities, and societies.^{13,14} However, the engagement of men cannot be left to individuals or be done in an ad-hoc manner. For the sake of sustainability, systematic programmes towards gender equality and transformation of masculinities are necessary at the institutional level, including the board, committees and executives, as well as in policies. Men should be engaged with supporting women in challenging discrimination within institutions and structures dedicated to STEMM and global health, including changing patterns of hiring, promotion, and leadership of universities, research centres, multilateral bodies, and professional associations, and journal editorship and authorship. Furthermore, engaging men to support women's participation and leadership in STEMM and global health could be unsustainable if this is

not extended to transforming economic, political, and cultural discourse, structures, instruments, policies, and leadership.

Contributors

KR did the literature search, wrote the manuscript, did the revisions, edited the manuscript, and oversaw the overall writing and editing of the manuscript. RV did a part of the literature search and editing. SC did a part of the literature search. ARK did a part of the literature search and contributed to the revisions.

Declaration of interests

We declare no competing interests.

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