Machismo as a barrier to prevent Zika in Ecuador: Fighting it is a win for all, not only for women

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“Por el machismo” (because of machismo) has been a constant theme in the focus groups, interviews, and training conducted by WI-HER throughout Latin America and the Caribbean aimed at identifying obstacles to the prevention of sexual transmission of Zika [1,2], under USAID’s Applying Science to Strengthen and Improve Health Systems (ASSIST) Project.

The Real Academia Española (RAE)[3] defines machismo as "the arrogant attitude men with respect to women. [...] a set of practices, behaviors and sayings that are offensive against the female gender." WI-HER considers that it is not only about attitudes and practices, but a deeper problem related to the culture of power and social domination of men over women, typical of patriarchal societies.

In societies where machismo is the norm, it strongly and negatively impacts the lives of women. Women are often considered inferior to men and are pigeonholed into a socially constructed models of femininity: homely, dependent, obedient, sweet and compassionate, helpless, virgins, pure, wives, submissive and complacent with their partners, faithful, monogamous, instinctively mothers, caretakers ... as synthesized by Mexican anthropologist and researcher, Marcela Lagarde, as “madresposas” (mother-wives). Women who break these molds and address sex in any way are not accepted as ‘women of the house’ and are often associated with "street women" or “putas.” This restricts women from openly talking about deciding to use contraception [4].

According to key informants of both sexes, in Ecuador when a woman enters a relationship it’s considered “pertenencia de” (“belonging to him”). Particularly in families of poorer socio-economic status, women have limited decision-making power within their relationship, even regarding their health and, specially, their sexual and reproductive health. In many cases women cannot decide for themselves to use a family planning method, because, according to health professionals "el hombre propone y la mujer dispone", meaning the men makes the decision and the woman follows it.

According to Lagarde, the success of men is measured by the ownership, possession and use of goods and dependents or subordinates, including women and children [4]. Men must comply with the social expectations that they must be strong, daring, aggressive, healthy, and providers for the family. Machismo is not only harmful to women, but for men too. For example, men often avoid seeking medical care until it is an emergency for fear of appearing weak. This often results in increases morbidity and mortality, because men are not getting timely care for preventable and treatable diseases. Another example is that violence, suicides and homicides are much higher among men compared to women [5]. For example, in the year 2016 in Ecuador there were 371 cases of suicide of men between the ages of 20 and 34, an average of more than one suicide per day throughout the year.

Sex is considered an "uncontrollable instinct" in men. Even adolescent boys feel pressure to express
sexual prowess in front of their peers. Men feel that they need to demonstrate that they are taking advantage of every sexual opportunity, even if they are not prepared with protection or if their partners have hesitations or given full consent. They gain social status by initiating sexual opportunities and counting sexual conquests.

Family planning programs, in Ecuador and in Latin America and the Caribbean region, are usually directed exclusively at women. These programs, and the society in general, holds women responsible for preventing unplanned pregnancies, nevertheless men are the ones who make the ultimate decision on using contraception.

As in the context of HIV [6], machismo influences the negotiation and decision to use condoms for Zika prevention. Since 2016, when the sexual transmission of Zika and the association of infection during pregnancy with developmental problems in the child, including microcephaly, were confirmed, health centers have been promoting the correct and consistent use of condoms in all instances of sex within pregnant couples. However, as one doctor from the Cuba Libre Health Center in Manta, Ecuador said:

"Because of machismo, the woman cannot make decisions, the woman does not have control of her body, nor of family planning. How can he allow her to explain to him how to use condoms? It's difficult for him to accept that she knows more than him about these issues."

According to key informants, there are some pregnant women who do take and use condoms from their ANC appointments, but there are many others who refuse to take them or leave the clinic with condoms and throw them away at the exit of the health center. Women fear the reactions of their partners, since proposing condom use challenges machismo and the entrenched gender stereotypes discussed above. Some of the women who have tried proposing condom use to their partners, have suffered physical (Ecuadorian health centers have registered cases), psychological (threat of abandonment), and sexual (having to give in to have unprotected sex against their will) violence. This fear can be understood in a country where more than six women out of ten have reported being victims of violence, with partners being the perpetrators in more than three quarters of cases [7].

Misinformation is also a consequence of machismo. Machismo norms deter men from seeking sources of health information, including about Zika, pregnancy, the health of their children. This trend, combined with gender biases of health providers and community promoters, results in men having significantly less information about sexual transmission of Zika. According to a study by CARE International, only 10.2% of men knew about sexually-transmitted Zika in Ecuador [8].

Without adequate information, men typically do not respond positively to the request to use condoms by their pregnant partners and this increases the risk of the sexual transmission of Zika and having children with Congenital Syndrome associated with Zika (CSaZ). This impacts not only on the life of the woman, but in the life of the whole family, including man. Aware of these risks, the director of the Quality Improvement Team of the Cuba Libre Health Center, where ASSIST Ecuador and WI-HER jointly carried out a gender sensitization training, is planning to address these obstacles. She’s proposing an initiative where male health personnel visit the fish processing companies, where almost all employees are male. The idea is to inform and sensitize men about Zika, the possible consequences of contracting it during pregnancy, the methods of prevention and the importance of going to the health center together with their pregnant partners to monitor the pregnancy. It aims to reach men directly, since they are usually excluded from most Zika information channels, so that they can understand the seriousness of the problem and normalize this kind of discourse among men.

These types of interventions are novel and ambitious because they aim to confront the machismo that “tries to maintain inequality as normality, violence against women as a private and invisible issue so that men can continue with their privileges.[9]” Still, they are critical initiatives, since the dismantling of machismo is a key element to advance Zika and the CSaZ prevention efforts and towards happier and healthier people and families.
We must address the misconception that dismantling machismo means wanting women to overpower men. It is about seeking balanced and equal relationships. It is essential to remember that machismo is disguised as privilege for men, but it also hurts men too.


[3] The Royal Spanish Academy is Spain's official royal institution with a mission to ensure the stability of the Spanish language.


Files: [Machismo as a barrier to prevent Zika in Ecuador- English] [3]

Topic(s): Community Health [4]
Family Planning and Reproductive Health [5]
Gender [6]
Zika [7]

Related Countries: Ecuador [8]

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