



Health, Gender, and Social Determinants in Mexico

*by Benno de Keijzer**

Mexico, like other countries in the Latin American region, is going through a profound process of reforms constructed without the sufficient social consensus and which are gradually affecting sectors such as education and health. In the last few decades, it has not been possible to secure an effective right to healthcare from an equality perspective, thereby failing to become more than a segmented healthcare system with differing qualities in the treatment available. Although there have been substantial improvements in the life expectancy at birth and in the fight against transmittable diseases, chronic diseases threaten the collapse of the system (and its financing). This system has reacted late in developing and strengthening preventative and promotional health strategies, as well as substantially modifying the social determining factors of health, in order to primarily overcome the high levels of poverty in the context of an increasing economic polarisation.

In the context of gender, the health sector has progressively incorporated the proposals of the feminist movement and those that result from large international agreements within the field (which Mexico almost always signs). Important programmes have been developed to address the issues of sexual and reproductive health (including HIV-AIDS), as well as gender violence. Even so, the implementation of programmes and services still uses a perspective that regards women as part of the “mother-child binomial” and as objects of actions for prevention or attention of their reproductivity, rather than seeing them as subjects entitled to rights during their full life cycle.

Men tend to disappear from the health services when they enter adolescence (save for their significant presence in the emergency services during the weekends), and later in adulthood and old age with health problems that limit their capacity in both working and sexual spheres. This tendency demonstrates a situation in which harmful gender socialisation fully manifests itself, for both women and men themselves. In Latin America, there is a clear overrepresentation of males in mortality rates, something that is rarely problematised from a gender perspective in epidemiology. There is a higher rate of male mortality associated with heart problems, certain types of cancer (lung and prostate), and a growing proportion of violent deaths from homicides, accidents, and suicides. Highly related to the male mortality rates are addictions, especially alcoholism, which appear as a central cause (direct or indirect) of working age deaths.



For all of the previously stated reasons, it is crucial to realise the established principle that “it is better to prevent than to cure”. This concept goes even further, towards the promotion of the integral health of both men and women, together with a series of healthy policies stemming from other sectors. These sectors include the government (housing, economy, environment, justice, among others), companies with a real corporate social responsibility as well as an active participation from the civil society.

Many European countries have managed to secure healthcare from the cradle to the grave based on their national health systems, with policies and specific functions that promote and secure the equality and non-discrimination of gender, race, ethnicity, class, sexual orientation, and disability, among others. This experience and influence can be beneficial in the context of Latin America and the Caribbean, especially against tendencies that seek to differentiate the type of care received, or even worse, that aim to progressively privatise health services. This connection between the two regions should help to bridge the gap between the agreements that countries like Mexico have signed (and their subsequent laws, policies and programs) and what is actually being provided to the population. An example of the distance between the legal framework and Human Rights, and reality, is the wave of social violence that cuts through the country, especially affecting young women and men, which is maintained and passed on by inaction, corruption and impunity.

In turn, Mexico has a lot to contribute from its experience in the construction of knowledge and the implementation and promotion of a gender perspective in the field of women and health. An important part of this development is found within the academic field, in the gender programmes of many universities, and also in laws and other initiatives in favour of women and substantial gender equality. More recently, development in the area of masculinities and health can be observed also within research (concentrated in the impetus of the AMEGH¹) and in the operation of organisations articulated in “Associates for Equality”, the Mexican branch of MenEngage.

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This is a translation of the responsibility of EU-LAC Foundation; to read the original version in Spanish please follow the link:

https://eulacfoundation.org/es/system/files/Gender_Keijzer_ES.pdf