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THEORETICAL ESSAY

GENDER, MASCULINITIES AND INTEGRATED HEALTH SERVICES NETWORKS IN MEXICO: A LOOK AT OAXACA

GÉNERO, MASCULINIDADES Y REDES INTEGRADAS DE SERVICIOS DE SALUD EN MÉXICO: UNA MIRADA EN OAXACA.

GÊNERO, MASCULINIDADES E REDES INTEGRADAS DE SERVIÇOS DE SAÚDE NO MÉXICO: UM OLHAR SOBRE OAXACA

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Abstract
Introduction: This paper analyses the relationship between Integrated Health Service Networks (RISS), masculinities and access to health care in Oaxaca, Mexico, a state with rich ethnic and cultural diversity. **Objective:** To highlight the challenges faced by RISS in Oaxaca due to gender norms, especially those related to traditional masculinities**. Method:** Sociocritical analysis of the ISHS guidelines in Oaxaca. **Results:** It shows how men, particularly in indigenous and rural communities, avoid seeking medical care until their illnesses are serious. This is reinforced by the perception that health is a female domain and a stigma of vulnerability in men. It highlights how hegemonic masculinities negatively influence men's health, limiting their access to preventive services and adequate treatment, leading to a higher prevalence of chronic diseases and mental health problems. **Conclusion:** It is proposed that health policies should incorporate an intersectional gender approach, recognising the diversity of male identities and the socio-economic and cultural conditions that affect men in Oaxaca. This approach would allow for more inclusive, respectful and tailored healthcare for men, overcoming the cultural and social barriers that hinder their access to health services.

Keywords: Gender; Masculinities; Integrated Health Networks; Collective Health; Medical Care.

Resumen
Introducción: El presente documento analiza la relación entre las Redes Integradas de Servicios de Salud (RISS), las masculinidades y el acceso a la salud en Oaxaca, México,

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un estado con una rica diversidad étnica y cultural. **Objetivo:** Evidenciar los retos que enfrentan las RISS en Oaxaca enfrentan debido a las normas de género, especialmente las relacionadas con las masculinidades tradicionales**. Método:** Análisis sociocrítico en salud de los lineamientos de la RISS en Oaxaca. **Resultados:** Se muestra como los hombres, particularmente en comunidades indígenas y rurales, evitan buscar atención médica hasta que las enfermedades son graves. Esto se ve reforzado por la percepción de que la salud es un ámbito femenino y un estigma de vulnerabilidad en los hombres. Se destaca cómo las masculinidades hegemónicas influyen negativamente en la salud de los hombres, limitando su acceso a servicios preventivos y tratamiento adecuado, lo que lleva a una mayor prevalencia de enfermedades crónicas y problemas de salud mental. **Conclusión:** Se propone que las políticas de salud deben incorporar un enfoque de género interseccional, reconociendo la diversidad de identidades masculinas y las condiciones socioeconómicas y culturales que afectan a los hombres en Oaxaca. Este enfoque permitiría una atención médica más inclusiva, respetuosa y adaptada a las necesidades de los hombres, superando las barreras culturales y sociales que dificultan su acceso a los servicios de salud.

Palabras Clave: Género; Masculinidades; Redes Integradas en Salud; Salud Colectiva; Atención Medica.

Resumo
Introdução: O presente documento analisa a relação entre as Redes Integradas de Serviços de Saúde (RISS), as masculinidades e o acesso à saúde em Oaxaca, México, um estado com uma rica diversidade étnica e cultural. **Objetivo:** Evidenciar os desafios que as RISS enfrentam em Oaxaca devido às normas de gênero, especialmente as relacionadas às masculinidades tradicionais. **Método:** Análise sociocrítica em saúde das diretrizes da RISS em Oaxaca. **Resultados:** Mostra-se como os homens, particularmente em comunidades indígenas e rurais, evitam procurar atendimento médico até que as doenças se agravem. Isso é reforçado pela percepção de que a saúde é um domínio feminino e um estigma de vulnerabilidade nos homens. Destaca-se como as masculinidades hegemônicas influenciam negativamente a saúde dos homens, limitando seu acesso a serviços preventivos e tratamento adequado, o que leva a uma maior prevalência de doenças crônicas e problemas de saúde mental. **Conclusão:** Propõe-se que as políticas de saúde incorporem uma abordagem de gênero interseccional, reconhecendo a diversidade de identidades masculinas e as condições socioeconômicas e culturais que afetam os homens em Oaxaca. Essa abordagem permitiria uma assistência médica mais inclusiva, respeitosa e adaptada às necessidades dos homens, superando as barreiras culturais e sociais que dificultam seu acesso aos serviços de saúde.

Palavras-chave: Gênero; Masculinidades; Redes Integradas de Saúde; Saúde Coletiva; Assistência Médica.

INTRODUCTION

In the context of health in Mexico, approaches to gender and masculinities have gained relevance in recent decades, as social and cultural dynamics directly affect access to and the quality of health services. Oaxaca, a state distinguished by its ethnic and cultural diversity, presents particular challenges for integrating health services that address gender-specific needs.

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Integrated Health Services Networks (RISS) emerged at the end of the 20th century as a model to counteract the fragmentation of health systems, seeking to improve coordination, efficiency, and accessibility of care. Their main objective was to integrate different levels of care (primary, secondary, and tertiary) to provide more continuous, patient-centered services. The impact of RISS has included more efficient resource use, reduced duplication of services, and improved quality of care, particularly for vulnerable populations. In Oaxaca, this model was reinforced beginning in 2012, driven by the need to expand coverage and enhance the effectiveness of medical care. However, in the current context, RISS should also consider how traditional masculinities influence men's health and their access to services. This essay seeks to explore the interaction between health networks, masculinities, and gender issues in Oaxaca, analyzing the social and cultural barriers that affect men in this setting.

INTEGRATED HEALTH SERVICES NETWORKS IN MEXICO

Integrated Health Services Networks (RISS) are a care model designed to effectively coordinate the different levels of care (primary, secondary, and tertiary), improving service quality and reducing inequalities in access to health (Gobierno de México, 2021). Their purpose is to ensure that all social groups, regardless of geographic location or socioeconomic status, receive adequate and continuous medical care. However, implementing these networks in a country with stark disparities between urban and rural areas, such as Mexico, poses considerable challenges—particularly in states like Oaxaca, where indigenous populations and cultural differences have a significant impact on both demand for and provision of services.

According to the 2020 INEGI census, Oaxaca's population is composed of 52.2% women and 47.8% men. Notable health disparities exist between men and women, reflected in key indicators such as life expectancy at birth. In 2020, life expectancy in Oaxaca was 76.3 years for women and 69.8 years for men (CONAPO, 2025). Mortality rates also reveal disparities: in 2022, there were

2,180 deaths among men and 888 among women in the 15–44 age group, and 3,419 deaths among men compared to 2,419 among women in the 45–64 age group (INEGI, 2020). These differences reflect not only biological factors but also social norms surrounding what it means to be a “man” in these communities, which directly shape men’s physical and mental health.

Oaxaca is the state with the highest concentration of indigenous peoples in Mexico, including groups such as the Zapotec, Mixtec, Mazatec, and Chatino, each with unique traditions, languages, and ways of life (INEGI, 2020). This vast linguistic, cultural, and social diversity distinguishes Oaxaca’s indigenous communities from other indigenous populations across the country. While this diversity constitutes invaluable cultural wealth, it also presents significant challenges in public health, particularly in terms of unequal access to healthcare and cultural barriers that hinder the integration of traditional and modern medicine (Eroza *et al*., 2020).

In health terms, Oaxaca’s indigenous communities face complex conditions characterized by high levels of poverty, social exclusion, and limited access to adequate medical services (Secretaría de Salud, 2020). In this context, gender norms—particularly those associated with masculinities—play a crucial role in men’s health, influencing both disease prevention and treatment within Intersectoral Health Services Networks.

Traditional masculinities in indigenous communities in Oaxaca are closely tied to roles that emphasize physical strength, autonomy, and resistance to pain. These cultural expectations often translate into attitudes that negatively impact men’s health, such as low healthcare-seeking behavior and disinterest in preventive measures (Ojeda, 2021).

Men, especially in rural and indigenous areas, frequently avoid seeking medical care due to gender norms that promote self-reliance and invulnerability. Data underscore how men, fearing being perceived as weak or vulnerable, delay seeking preventive or curative care, thereby worsening health outcomes.

Within this framework, men’s reluctance to access health services is linked to the perception that taking care of one’s health is an act of weakness or lack of virility. Various studies show that indigenous men in Oaxaca, like men in many

cultures, tend to postpone medical consultation until symptoms are severe, which can exacerbate preventable diseases and increase mortality (Eroza et al., 2020).

MASCULINITIES AND ACCESS TO HEALTH SERVICES

Hegemonic masculinities in many Mexican communities, particularly in rural and indigenous areas, dictate that men should not show vulnerability or seek medical help. This contributes to the low rate of healthcare utilization among men (Nuñez, 2017). Such constructions of masculinity create significant barriers to accessing preventive, diagnostic, and treatment services. The stigmatization of men perceived as “less masculine” for seeking care especially for mental health or chronic conditions is widespread across the country, and Oaxaca is no exception.

García Gualda (2015) discusses how hegemonic masculinity constitutes an obstacle to men’s access to healthcare in Neuquén, Argentina. He analyzes how traditional gender norms—emphasizing strength, independence, and invulnerability—shape men’s health behaviors and attitudes. His work also highlights how social and cultural structures in Neuquén perpetuate these norms, restricting men’s access to adequate healthcare. These patterns particularly affect young men, who face additional pressure to meet masculine ideals. Similar dynamics appear across Latin American countries with patriarchal social models.

A study conducted in Oaxaca’s Mixtec region found that traditional beliefs about virility and physical strength discouraged men from seeking medical attention until illness reached a critical stage (Rubel, 1999). This reluctance is also linked to the perception of healthcare settings as feminine spaces, reinforcing the notion that men should not actively participate in their own health care.

The relationship between masculinity and health systems is deeply shaped by social norms defining what it means to be a “man” in different cultural and social contexts. Expectations that men be strong, autonomous, rational, and

emotionally restrained directly influence their health-related decisions and behaviors. Masculinity affects how men access and interact with health systems, from prevention to treatment. Improving men's health requires promoting a more inclusive vision of health and creating spaces where men can seek care without fear of stigma or judgment. Only then can men achieve better physical and mental health.

IMPACT OF MASCULINITIES ON MEN'S HEALTH

Traditional masculinities in Oaxaca, and in Mexico more broadly, affect not only access to healthcare but also men's overall quality of life. A lack of preventive care, combined with risky behaviors such as alcohol and tobacco consumption and physical inactivity, contributes to the high prevalence of cardiovascular and metabolic diseases among men (Arboleda et al., 2024). Moreover, suicide rates among young men are higher than those among women, highlighting a critical gap in both general health and men's mental health (Barroso, 2019).

The social construction of masculinity profoundly shapes men's physical and mental health. From an early age, boys are socialized to conform to cultural norms that value strength, independence, and resilience. These expectations often foster emotional disconnection and resistance to seeking help for physical or mental health problems. The idealization of "strong masculinity" pressures men to conceal vulnerability, frequently leading to denial of symptoms or avoidance of healthcare services for fear of appearing weak.

In Oaxaca, indigenous and rural communities face an additional burden due to rigid gender norms that often equate emotional expression in men with weakness. Expectations to act as providers and protectors, combined with limited participation in emotional caregiving and pressure to maintain the traditional male breadwinner role, contribute to chronic stress, depression, and other mental health disorders (Tena, 2006).

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In the realm of mental health, this social construction plays a critical role. The tendency to repress emotions and avoid displaying weakness generates high levels of stress, anxiety, and depression, many of which go unrecognized and untreated. Furthermore, the stigma surrounding men's use of professional care reinforces the notion that "being a man" is synonymous with self-control and self-sufficiency, limiting their access to services that could improve their well-being.

It is essential to recognize that masculinities are not monolithic. In Oaxacan communities, indigenous and rural men may hold distinct views of health and well-being. Conceptions of virility are often tied not only to physical endurance and labor but also to a sense of community responsibility. This opens possibilities for integrating local understandings into health services to promote men's well-being from within their own worldview. Deconstructing rigid gender norms could pave the way toward greater health equity, allowing men to experience well-being more holistically and without prejudice.

Viveros Vigoya (2020) emphasizes that the understanding of masculinities cannot be limited to one-dimensional approaches. Instead, it must account for the multiple dimensions of identity that shape male subjectivities, such as social class, ethnicity, sexual orientation, and other social categories.

There is, therefore, a need to conceptualize masculinities from an intersectional perspective, recognizing the diverse forms of male subjectivity shaped by men's multiple identities and their relationship with power dynamics and inequality within health networks.

The gender–intersectionality perspective is essential to understanding health experiences, as it considers how gender, social class, ethnicity, and sexual orientation intersect to influence access to and the quality of health services. In the Mexican context, and specifically in Oaxaca, traditional masculinities play a central role in how men interact with health services. Cultural norms defining what it means to be a "man"—such as emotional strength, autonomy, and restricted vulnerability—create barriers for men to seek medical care, especially in indigenous and rural communities (Guzman, 2019).

Hegemonic masculinities are also associated with high rates of occupational accidents and untreated chronic diseases, as the cultural emphasis on hard work and denial of illness are prevalent traits. This contributes to higher male mortality from preventable or treatable causes compared to women, who are generally more willing to seek healthcare.

Incorporating an intersectional gender perspective into RISS would allow for an analysis of how men's experiences in Oaxaca are shaped not only by masculinity, but also by ethnicity, socioeconomic status, and geographic constraints. For example, indigenous and rural men face additional barriers such as structural racism, poverty, and limited access to adequate services, all of which worsen their physical and mental health (Gutiérrez, 2024). Therefore, the integration of health services must take these intersectional factors into account to ensure that health policies and programs are inclusive, respectful, and culturally appropriate.

Bonino (2002) argues that men, having been socialized within a patriarchal system, internalize attitudes and behaviors that position them as beneficiaries of a structure of power that favors them. However, this same system also restricts their emotional expression and perpetuates rigid roles that negatively affect them. He further contends that achieving equality requires men to acknowledge and question both the privileges they hold and the behaviors and attitudes they have learned. Through a process of unlearning, men can become allies in the struggle for gender equality, recognizing that equality does not mean losing power, but rather building fairer and more equitable relationships.

Bonino also points out that men must actively participate in social change, engaging in the transformation of power relations in society and challenging systems that sustain gender discrimination.

In Oaxaca, men's access to healthcare is constrained by multiple barriers. First, health services in rural areas are limited and, when available, are often not adapted to men's specific needs or perceptions of health. This makes RISS a valuable opportunity for bringing services closer to men through a gender-sensitive approach.

Furthermore, the lack of awareness of men's health in public health programs restricts preventive care, such as routine medical check-ups and early detection of chronic diseases. Influenced by the belief that they must remain strong and invulnerable, men frequently postpone or avoid medical consultations, which increases the risk of serious, undiagnosed conditions (Gutiérrez, 2024).

GENDER AND DIVERSITY IN ACCESS TO HEALTH SERVICES IN OAXACA

A gender-sensitive approach is essential in analyzing RISS, as access to services varies by gender. Women tend to have greater access to medical care because gender norms in Mexico allow and even encourage them to seek healthcare. In contrast, men—particularly in rural and indigenous communities in Oaxaca—may face greater cultural and social barriers, such as the scarcity of services tailored to their needs and the stigma directed at men who seek help.

Despite progress in the integration of health services, structural and cultural barriers persist that perpetuate inequities in access to care. RISS must therefore incorporate a gender perspective that not only addresses the specific needs of women but also challenges the gender norms that restrict men's participation in healthcare-seeking behaviors.

Traditional expectations that men must be "strong," "self-sufficient," or "invulnerable" often discourage them—particularly in rural and indigenous contexts—from seeking medical care for fear of being perceived as weak or incapable. Moreover, discrimination based on gender and ethnic identity within health systems, combined with resource shortages, further deepens social exclusion and stigma, creating a vicious cycle of neglect and poor health outcomes.

Fuller (2012) also calls for questioning traditional notions of masculinity and gender roles, urging critical reflection on how these practices perpetuate gender inequality in Latin America. Micromachismo in the region extends beyond

physical violence and shapes multiple areas of social life, including health. Integrating a critical and gender-sensitive perspective into RISS is essential to ensure equitable and respectful care, while also challenging the power structures that sustain gender inequality.

CONCLUSION

RISS in Mexico, particularly in Oaxaca, face significant challenges related to the social constructions of gender and masculinities. Men, especially in rural and indigenous communities, encounter cultural, economic, and structural barriers that hinder their access to preventive and curative healthcare. These barriers stem not only from gender but also from ethnicity, social class, and the norms of masculinity that prevail within their communities.

To enhance the effectiveness of health networks, services must adapt to the cultural and gendered realities of each community, promoting a more inclusive and equitable vision of health. Integrating a gender perspective—especially through an intersectional lens—into health policies and programs will contribute to the development of a system that is more accessible and effective for all, regardless of gender identity. Such an approach would make visible how the construction of masculinities influences access to and quality of healthcare, and how this interaction is further shaped by the multiple identities men hold.

Bonino provides a valuable perspective on how men must actively engage in the pursuit of gender equality. This approach can be applied within RISS to improve care and health promotion through critical gender education that challenges traditional masculine norms and enables both men and women to access a more equitable health system. Incorporating reflection on gender inequalities into healthcare services can significantly contribute to the creation of a culture of health that is comprehensive, inclusive, and respectful of all genders.

Therefore, the 42 RISS currently operating in Oaxaca, which were originally designed from a public health perspective, should, in the transition to the IMSS Bienestar model, be restructured not only with a gender perspective but also with recognition of the diverse forms of masculinity and the specific conditions of communities. This would promote equitable access to health for all men, regardless of social and cultural background. Given the coexistence of diverse worldviews and the specificities of different ethnic groups across the eight regions of Oaxaca, public health solutions cannot be homogeneous; rather, they require more “personalized” and decentralized approaches within each RISS.

Ultimately, the social construction of masculinity in Oaxaca and in Mexico poses a major challenge for men’s access to healthcare. Cultural norms dictating how men should behave in the face of illness and mental health issues restrict their willingness to seek appropriate care. To improve both access and quality of healthcare in Oaxaca, it is essential to develop public health programs that demystify traditional masculine norms and promote a holistic view of men’s health. This requires an intersectional approach, with services that are accessible, culturally appropriate, and attentive to both physical and emotional well-being.

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