

Program P A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health



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Authors:

REDMAS | Promundo | EME



RutgersWPF



MenEngage
boys and men for gender equality



Sonke Gender
Justice Network
HIV/AIDS, Gender Equality, Human Rights



Save the Children

Men Care

A GLOBAL FATHERHOOD CAMPAIGN

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Program P is a resource developed as part of the global MenCare campaign. For more information, please visit www.men-care.org.

Please visit the regional Latin America MenCare Campaign: !Tu Eres mi Papá! at www.campanapaternidad.org.

Project Coordination/Co-Authors

Promundo	<p>Authors: Jane Kato-Wallace, Marco Aurelio Martins, Gary Barker, and Tatiana Moura</p> <p>Promundo is a non-governmental organization with independent offices in Río de Janeiro, Brazil, Washington, DC, USA and regional representation in the Great Lakes Region in southern Africa. Our work engages women, girls, boys, and men; strives to transform gender norms and power relations within key institutions where these norms are constructed; and is based on building local and international partnerships. Promundo’s mission is to promote caring, non-violent and equitable masculinities and gender relations in Brazil and internationally. We do this by:</p> <ul style="list-style-type: none">• Conducting research to build the knowledge base on masculinities and gender equality• Developing, evaluating and scaling up gender transformative interventions and policies• Carrying out national and international advocacy to achieve gender equality and social justice
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Co-Authors

CulturaSalud/ EME	<p>Author: Pancho Aguayo and Eduardo Kimmelman</p> <p>CulturaSalud is an NGO based in Chile that conducts research and develops group education tools and resources around fatherhood and youth engagement around violence prevention. CulturaSalud and the masculinities network, EME, is strongly active in conducting advocacy in the Latin America region around gender equality.</p>
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Network of Men for Gender Equality (REDMAS)	<p>Authors: Douglas Mendoza, Oswaldo Montoya, Ruben Reyes</p> <p>Network of Men for Gender Equality (REDMAS, the acronym in Spanish) is a coordinating body that brings together 22 organizations in Nicaragua that work on gender and masculinity issues by engaging men of all ages and economic backgrounds. REDMAS coordinates efforts to design and implement strategies promoting joint initiatives that question and deconstruct hegemonic masculinity. The network promotes the construction of alternative ways of being men based on gender equity and nonviolence.</p>
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Other Contributing Authors

Save the Children

Save the Children is the world's leading independent organisation for children. We work in almost 120 countries. We save children's lives; we fight for their rights; we help them fulfil their potential. We work to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Save the Children is a global leader in child protection with long experience of working in partnership with civil society organisations, child-led initiatives, governments and other key actors to stop all forms of violence against children.

Sonke Gender Justice Network

Sonke Gender Justice Network is a non-partisan, non-profit organization, established in 2006. Today, Sonke has established a growing presence on the African continent and plays an active role internationally. Sonke works to create the change necessary for men, women, young people and children to enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies. Sonke pursues this goal across Southern Africa by using a human rights framework to build the capacity of government, civil society organizations and citizens to achieve gender equality, prevent gender-based violence and reduce the spread of HIV and the impact of AIDS.

Rutgers WPF

Rutgers WPF is a trusted centre of expertise working to achieve sexual and reproductive health and rights worldwide. Through advocacy, research and programmes, mainly in the Netherlands, Africa and Asia, we aim to improve sexuality education, sexual health services and gender equality. Special attention is given to the health and rights of young people, women and vulnerable groups such as people with disabilities or chronic illnesses. Rutgers WPF supports partner organisations and professionals in their work, increasing their expertise on sexuality. Rutgers WPF is a member of IPPF, the International Planned Parenthood Federation.

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TABLE OF CONTENTS

11	 INTRODUCTION
12	 About Program P
13	 Program P Objectives
13	 Principles of Program P
15	 Program P’s Theory of Change Model
16	 The Program P Manual
17	 Key Questions about the Program P Manual
35	 SECTION 1: FATHERHOOD IN THE HEALTH SECTOR: A GUIDE FOR HEALTH PROFESSIONALS ON ENGAGING MEN
37	 Introduction
40	 Recommendations for health care professionals who provide prenatal care
48	 Recommendations for health care providers who provide antepartum, labor and delivery care
54	 Recommendations for health care providers that provide health care to children aged 0-4 years
63	 SECTION 2: ENGAGED FATHERHOOD: GROUP EDUCATION FOR FATHERS AND THEIR PARTNERS
66	 Introduction
67	 Before you begin...Some Considerations
75	 The 11 Sessions: Structure and Content
83	 Session 1: Expectations

88		Session 2: Father’s Impact
92		Session 3: Pregnancy
99		Session 4: Birth
107		Session 5: Family Planning
113		Session 6: Caregiving
121		Session 7: Gender
124		Session 8: Non-violence
131		Session 9: The Needs and Rights of Children
139		Session 10: Division of Caregiving
146		Session 11: Final Reflections
149		Appendix 1 to Section 2: Ice Breakers
152		Appendix 2 to Section 2: Energizers
154		Appendix 3 to Section 2: Using the Media to Enhance Group Discussions
157		Monitoring And Evaluation (M&E): Measuring Change In Your Program P Fathers Group
171		SECTION 3: MOBILIZING YOUR COMMUNITY
174		Introduction
177		Developing the MenCare Campaign: Step-by-Step
189		ANNEX 1: REVIEW OF BEST PRACTICES
192		ANNEX 2: DEFINITIONS AND KEY CONCEPTS
197		REFERENCES

INTRODUCTION

Families are changing. Fewer people are getting married, more people are cohabitating, women have greater access to and control over reproduction and their sexual lives, and more couples are choosing to have fewer children. Gender relations are also changing: women now constitute half of the world's paid workforce, and more countries are introducing legislation to promote equal rights for women, though violence against women is still highly prevalent in many societies. The situation of children is improving in terms of child survival and the right to education, but there are still children all over the world who are victims of violence in their homes, communities, schools, institutions and workplaces. Violence in the home is still a taboo and silenced topic, and three out of four children experience violent discipline at home. Girls and women, especially, are at risk of sexual violence and harmful traditional practices such as child marriage.

In addition, strong societal and cultural resistance continues to discourage both young and adult men from taking equal responsibility with women for domestic and child care work as well as participate in sexual and reproductive health decision-making. In general, men earn more income than women do, which reinforces the culturally-sanctioned understanding that men's primary role within families is that of economic provider. The larger problematic structures, which undergird gender inequality in the workplace and in the home, are the social and cultural norms defining the concept of masculinity and what it means to be a man. Action is urgently needed at every level of society to address and eventually end the perpetuation of environments in which women are undervalued and denied a voice in decision-making, and where men, too, are constrained in actively involving themselves in the kind of equal caregiving that makes a significant contribution to the welfare of their partners and children.

While there is growing recognition of the integral role that men play in the care of children, and in maternal and child health and sexual and reproductive health, too many still hold the belief that women should bear the greater responsibility in reproduction, caregiving and domestic chores. Most certainly, women must have the right to determine when to have children, have access to quality health services, and gain economic independence, but men must also be engaged as

allies in supporting women's access to services and to the ability to work outside the home. To strengthen the foundations of a more equitable division of caregiving, men must be encouraged to take on equal responsibility for raising children without violence, and contribute more equally in domestic work and sexual and reproductive health matters.

The benefits of men taking on a greater role in caregiving cannot be overstated. By caring for children, men build stronger and more affective connections with those whom they care for. Decades of studies have shown that children who have supportive and affectionate role models in their fathers are more likely to be safer and better protected from violence, have more successful futures, and handle the stresses of life more easily than those with an absent father or male role model. Men's active engagement with caregiving has a positive effect on the gender socialization of girls and boys, and makes children more open to questioning traditional gender roles. Women who have involved partners feel more emotionally supported and less stressed than women with absent or uninvolved partners. Men benefit as well: those who participate more equally in caregiving report better mental and physical health than those who do not.¹

About Program P

Program P ("P" for "Padre" and "Pai" in Spanish and Portuguese, respectively, meaning "Father") is a direct and targeted response to the need for concrete strategies and action steps to engage men in active fatherhood globally from pregnancy until early childhood. Program P is a resource developed as part of the global MenCare campaign coordinated by Promundo and the Sonke Gender Justice Network. It identifies best practices on engaging men in maternal and child health, caregiving, and preventing violence against women and children, through the lens of gender equality. Though the main focus of Program P is to engage men via the public health sector, the manual also provides tools and resources for individuals and organizations that want to work more generally with men as caregivers and fathers to prevent violence against children and women and to promote gender equality. It was designed and developed by its authors for use by health workers, social activists, nonprofit organizations (NGOs), educators and other individuals and institutions that aim to promote men's involvement as caregivers as one of multiple strategies to promote maternal and child health, family well-being and gender equality.

MenCare is a global fatherhood campaign. MenCare's mission is to promote men's involvement as equitable, responsive and non-violent fathers and caregivers in order to promote children's, women's and men's well-being and gender equality. For more information, please visit www.men-care.org.

¹In citing the importance of men's involvement in the lives of children, we should not and do not assume that mother-headed households are deficient or that heterosexual family structures are the only way to raise children.

Program P Objectives

- * Promote gender equality within the couple relationship, defined by the equitable division of caregiving and domestic work
- * Provide the public health sector with the tools they will need to promote greater involvement of both mothers and father in maternal and child health.
- * Improve men's self-confidence and efficacy in caregiving for the child to develop and thrive
- * Promote positive parenting and healthy relationships with children through the rejection of corporal punishment of children and other forms of violence against children
- * Prevent violence against women and promote healthy and happy relationships
- * Encourage couples to teach the values of gender equality to their children and to model such equality in their relationships

Principles of Program P

Program P promotes that fathers and male caregivers:

- Be active caregivers and nurturers: when planning to have a child, during pregnancy, during labor and delivery and after the child is born
- Should assume equal and joint responsibility of domestic chores and in the development of a happy, healthy and caring relationship with their partner
- Come in many forms. They are heterosexual, gay, bisexual or transgendered; they live with their partner or separately, or with their parents; they have adopted children; they have custody of children; and so on
- Support gender equality and value the rights of women and children
- Oppose any form of violence against women and children

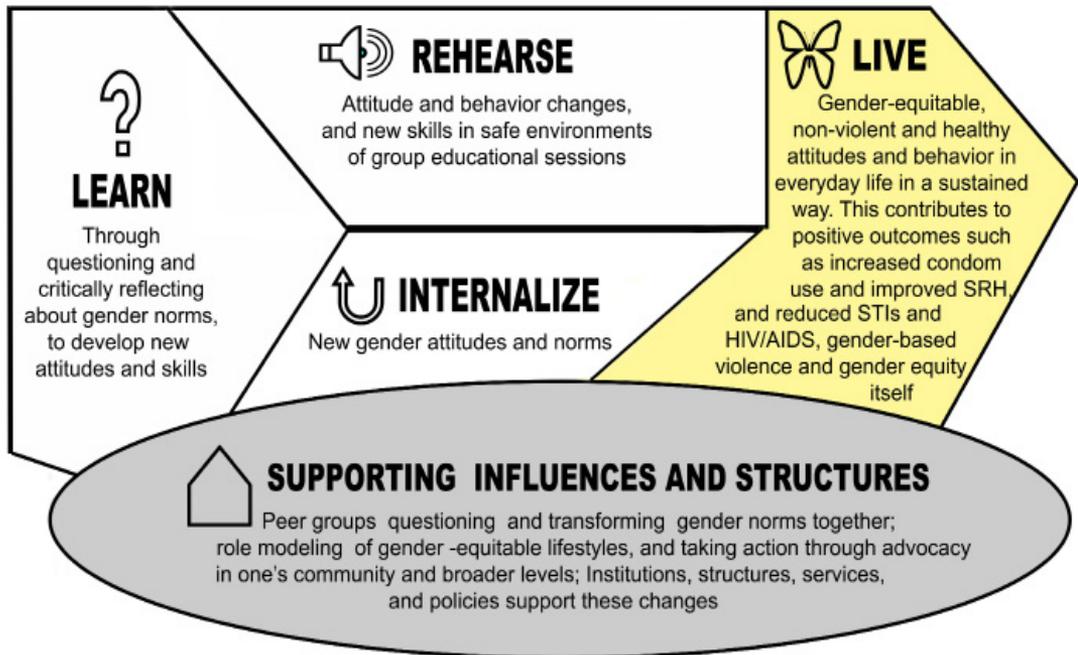
Those who use Program P as a tool in their work aim to:

- * Create dialogues and build relationships with men and women that discourage the use of violence as a means to resolve conflict
- * Promote the perspective that caregiving of children is the responsibility of both men and women
- * Support effective communication between partners about pleasurable and safe sex and shared decision-making related to sexual and reproductive health
- * Believe that men can express emotions other than anger, and can express anger in ways other than using violence. Men can be vulnerable; men can seek help, either from friends or professionals when it is necessary
- * Should strive to live or model the principles of Program P in their own lives

The Program P manual was designed to help implement these principles and aims. In Sections 1, 2 and 3 the reader will find useful tools for health practitioners designed to create open spaces for men in the clinic setting; read how to carry out gender-transformative group education with fathers and their partners directly; and encourage community mobilization around fatherhood, child protection, maternal and child health and gender equality.

The group education activities are designed to increase men's confidence in their caregiving skills; critically question issues around masculinity, violence and fatherhood; and promote communication between couples and their children. In many parts of the world, campaigns, educational resources, guidelines for health professionals, and opportunities for social education around men's caregiving are scarce. For these reasons, the authors of Program P believe that this tool addresses a great social gap.

Program P's Theory of Change Model



Programs focused on transforming gender norms recognize that institutional and cultural dynamics influence behaviors and vulnerabilities of men and women.

According to this model, men and women **(1) learn** through questioning and critical reflection about gender norms, **(2) rehearse** equitable and non-violent attitudes and behaviors in a comfortable space, and **(3) internalize** these new gender attitudes and norms, applying them in their own relationships and lives. **Supporting institutions and structures**, when accompanying this integral group education process, allow individuals and organizations involved to have the tools to become **agents of change for gender justice and social justice**. Ultimately, this process contributes to achieving gender equity and attitude and behavior change.

There is no organization, movement or program that can address all of these sources of influence, but this theory of change model can be useful to encourage program planners to design a program or campaign with more careful attention to all the necessary components. It can also be used to identify factors that promote or prevent a program's success and opportunities to connect and collaborate with other programs.

This manual is divided into three distinct, but interconnected, sections, each dedicated to a different level of this theory of change:

1. A guide for health sector workers
2. Group education for fathers and their partners
3. A guide to community mobilization focusing on implementing the MenCare campaign

The Program P Manual

The manual consists of three units, each of which appears in a section as follows:

- * **Section 1** : Fatherhood in the Health Sector: A Guide for Health Professionals on Engaging Men
- * **Section 2** : Engaged Fatherhood: Group Education for Fathers and their Partners
- * **Section 3** : Mobilizing Your Community

The Program P Manual is a compilation of interconnected strategies and action steps designed to reshape how local communities and governments, particularly the public health system, engage men as caregivers. The manual contains three sections, each of which provides evidence, guidance and useful tools on engaging men more equitably as fathers and caregivers for a particular audience.

The first section is entitled, ***Fatherhood in the Health Sector: A Guide for Health Professionals on Engaging Men***, and speaks directly to health professionals who provide maternal and child health care. It includes tips and tools to incorporate protocols on engaging fathers within the health sector.



The second section is entitled, *Engaged Fatherhood: Group Education for Fathers and their Partners*, and explores how to create a safe space for men and their partners to critically reflect on the social and cultural norms that define their roles. Working in groups, men and their partners have the opportunity to analyze and question how cultural norms of masculinity define fatherhood, and how gender roles compromise or positively influence men’s involvement in their families. These groups can be organized and led by health workers, or by outside facilitators.

The third and final section is entitled, *Mobilizing Your Community*, and is aimed at activists who wish to create change within their communities on the topic of fatherhood. This section provides tools to create a campaign, build alliances and expand participation in the pursuit of involved fatherhood and caregiving.

Key Questions about the Program P Manual

The Program P Manual expands on the appreciation of active fatherhood through the lens of caregiving. When considering this perspective, a few questions may arise, such as:

- 1. Why do we need a manual that focuses on fathers and male caregivers?**
- 2. Can this manual be helpful for couples without biological children?**
- 3. What are some of the obstacles to involved fatherhood?**
- 4. How can this manual support teen mothers and fathers?**

1. Why do we need a manual that focuses on fathers and male caregivers?

“The prenatal period has been recognized as the golden opportunity moment for intervention with parents.” (Cowan, 1988a in *Costs and Benefits of Active Fatherhood*).

a. Women benefit from having a caring partner who supports them during pregnancy and childraising:

The non-violent involvement of fathers and male caregivers during the prenatal and postnatal periods is vital to the health and well-being of mother and child. Studies show that when both parents are equally involved during pregnancy, maternal stress associated with pregnancy is reduced (Fisher et al., 2006). In a study on positive-health-seeking behavior, mothers whose partners accompanied them to prenatal care visits were more likely to attend most or all of their visits in the first trimester (Martin et al., 2007) and beyond (Teitler, 2001). During childbirth, women whose partners accompanied them during labor had more positive birth experiences (Anderson, and Standley, 1976; Henneborn and Cogan, 1975 in *Fatherhood Institute*) including a shorter duration of labor, and lower levels of pain (Tarkka, 2000 in *Fatherhood Institute*). (See box on the next page featuring results from a randomized control trial in Nepal on women’s labor experiences when their husbands were present.) One study showed that, after the child is born, parents who were involved in the care of their baby were more likely to form an emotional bond with the baby (Barclay and Lupton, 1999). Additionally, according to Pruett (1993), the involvement of the father in the child’s early life greatly reduces the likelihood that he will sexually abuse the child later on. These and other research findings clearly show that men’s participation as fathers affects a number of outcomes related to maternal and child health as well as to child protection.

Despite the indisputable medical benefits of women receiving prenatal care (e.g. providers can make earlier identification of a high-risk pregnancy), obstacles to accessing prenatal services remain. The cost of the visits, mistrust of the health care system, lack of transportation, and poor quality of services are some of the factors that contribute to the low utilization of prenatal care services. Even where quality health care exists, pregnant women may lack allies to support and implement their right to a quality health system. Men’s active engagement as allies will contribute to ensuring a higher quality of care for their partners, and help create a more gender-equal space in health centers. In many parts of the world, health providers exclude men because their



participation is not valued. Health care providers mistakenly view expanded parental involvement as interference, and many providers are not trained in working with men. Men are often denied participation in birth and postnatal activities because of the lack of supportive laws and policies that, for example, enable men to accompany their partners during labor.

A Study from Nepal on Women's Labor Experiences when her Husband is Present

A study by Sapkota et al. (2013) explored women's experiences of feeling in control of labor and delivery when they were accompanied by their male partners versus by other supporters. Using the Labor Agency Scale (LAS), women who were accompanied by 1) their husbands, 2) a female friend, 3) mixed support were compared to a control group of women who were not accompanied. Results showed that women who were accompanied by their husbands felt more agency and in control of the labor and delivery process compared with those who were accompanied by other supporters or not accompanied at all. In Nepal, and in many other settings, this finding has strong implications for maternity practices, especially where maternity wards rarely encourage a woman to bring her husband to a pregnancy appointment or to be present during childbirth.

Sapkota, S., et al. In the Nepalese context, can a husband's attendance during childbirth help his wife feel more in control of labour? *BMC Pregnancy and Childbirth* , 2012, 12:49. [<http://www.biomedcentral.com/1471-2393/12/49>]

b. Promoting fatherhood is integral to the prevention of violence against women and children:

The World Health Organization (WHO) recommends: "Efforts to improve maternal health should include measures to reduce partner-violence against women" (WHO, 2005). At the community level, one violence prevention strategy is to involve men in gender-transformative group education that demonstrates the benefits of engaged and active caregiving partnership. This initiative must emerge from a clear understanding and awareness of the ways in which gender inequality perpetuates intimate partner violence, and how positive non-violent parenting can advance the physical, emotional and social development of children through strong attachment to mothers as well as fathers. At the health sector level, engaging and working with men and pregnant women during prenatal care visits to health centers serves as a valuable entry point to promote positive parenting and active fatherhood, and prevent violence. The results from the IMAGES data show that many men (between 40% and 80%) make at least one prenatal care visit with their partner (Barker, et al., 2011). Therefore, engaging with parents during all stages of prenatal, birth and postnatal health check-ups (from 0 to 4 years of age of the child), provides an invaluable window of opportunity to expand men's involvement in caregiving and violence prevention.

Furthermore, the intergenerational transmission of violence cannot be ignored. Several studies confirm that men who were victims of violence, or were present during acts of violence, are more likely to commit acts of violence against women (Buka, et al., 2010; Contreras, et al., 2012; Carlson, 1990). This is not to say that all men who experience violence or witness violence will be perpetrators later in life, but the act of experiencing or witnessing violence places these men at higher risk than men who do not witness or experience violence at all. Violence can also impact men's involvement in fatherhood later on in life. In Chile, men who witnessed violence against women during childhood were less likely to be present at the birth of their last child (Aguayo, Correa y Kimelman, in press).





c. Fatherhood is important for family well-being and for men themselves:

In a longitudinal study in England, Wales and Scotland (n = 17,000) researchers found that men who were involved early on in caregiving, and showed interest in different areas of their children's lives, reported better father-son and father-daughter relationships (Flouri and Buchanan, 2003). This is also reflected in nationally representative country experiences from Sweden and Norway, where nearly three decades of gender equality policies have included a focus on increasing men's participation in caregiving. Though it is possible that those men who choose to be involved in early caregiving and show interest in their children will be the ones also capable and interested in developing strong father-child relations, it is important to note the strong correlation. Moreover, studies from these Scandinavian countries have shown that, when men are more involved in care work, their partners report feeling less burdened, men report better mental health outcomes, and both women and men often feel happier with their marital relationships in general. Quantitative studies from seven countries that participated in the IMAGES survey also affirm that men who were more involved as fathers felt more satisfied with their lives, often took better care of their health, and that women had more life and relationship, including sexual, satisfaction when their husbands carried out a more equitable share of the care work (Barker, et al., 2011). In fact, men's health tends to be better for those involved in parenting. They are more likely to be satisfied with their lives, live longer, get sick less, consume less alcohol and drugs, experience less stress, have fewer accidents, and have greater involvement in the community (Allen and Daly, 2007; Ravanefra, 2008).

In a review of 16 longitudinal studies (22,300 cases in 24 publications) in which the main variable of interest was the impact of fatherhood involvement on child development, results showed that children who had an involved father had fewer behavioral problems, fewer conflicts with the law, less subsequent financial vulnerability, better cognitive development and school performance, and overall felt less stress during adulthood (Sarkadi, Kristiansson, Oberklaid and Bremberg, 2008). In contrast, it is known that the absence of fathers has huge indirect and direct economic and social costs. For example, in the United States, a study found that households without a father often represented to higher costs to the state for assistance programs (Nock and Einolf, 2008).

When fathers are more involved in the lives of their sons and daughters, they are more likely to experience positive outcomes, such as better physical and mental health, higher academic achievement, better cognitive and social skills, higher self-esteem, fewer behavioral problems and increased stress tolerance (Allen and Daly, 2007; Barker, 2003; Nock and Einolf, 2008). Furthermore, adolescents who have involved fathers are more likely to have better mental health and less likely to report substance abuse, and exhibit safer sexual behavior (Allen and Daly, 2007, Flouri and Buchanan, 2003; Nock and Einolf, 2008).

In general, the presence of the father is usually positive for family income. When a father is present, income tends to rise, even when the father contributes a lower percentage of income than the mother (Barker, 2003). The presence of the father as an income earner and caregiver also has a positive effect on the mother: mothers report that they are less overwhelmed with caring for their children and domestic tasks, and often have better physical and mental health (Allen and Daly, 2007; Barker, 2003).

d. Fathers, as well as mothers, must be involved to protect children's rights:

It is important to promote the involvement of men in families so that they, along with their partners and other family members, can learn to teach and raise children without using violence. The United Nations Convention on the Rights of the Child establishes that children everywhere have the right to grow up and live free from all forms of violence, including corporal punishment and other cruel or degrading forms of punishment (UNCRC, *General Comment No.8, 2006*)² and participate fully in family, cultural and community life. However, in many parts of the world, physical and psychological or emotional punishment is still used. Decades of research have shown the long-term effects of physical violence against children (Gershoff, 2002).

Violent punishment (physical or emotional) is a violation of children's human rights to physical integrity, human dignity and equal protection under the law. It can also threaten children's rights to education, development, health and survival. It also teaches children that violence is an accepted and appropriate strategy to resolve conflict or gain advantage over another. As long as physical and emotional punishments are tolerated by the law, violence against children will be considered acceptable,

² The Convention on the Rights of the Child (CRC) affirms that the primary responsibility for the upbringing of the child rests with both parents who are responsible to provide for living conditions that are adequate for the child's physical, mental, spiritual, moral and social development within their abilities and financial capacities (CRC, article 22 to 27)[Art. 22 deals with refugees – please clarify your references here]. Governments have a legal obligation to assist parents fulfilling those responsibilities through social and financial assistance, child care facilities and services, and other support services (CRC, Articles 18 and 27).

undermining child protection interventions aiming at ending and preventing violence against children. Research has confirmed that violent punishment is ineffective as a means of discipline, and that there are positive, non-violent ways to teach, guide and discipline children which contribute to their healthy development and strengthen parent-child relationships (Save the Children, 2005). Health professionals have a unique opportunity to promote such non-violent approaches to child discipline, and discourage the use of physical and emotional punishment through the provision of information and guidance.

Though many countries around the world have endorsed laws that prohibit physical and psychological punishment of children, the support for and use of it remains in many places. At every level of society, from the individual and family level to state laws and public policy, fathers and mothers must be supported in their efforts to raise children in non-violent, respectful, and age appropriate ways.

Millions of children live without appropriate care due to violence and abuse, poverty, conflict, parental illness, HIV and AIDS, disability and humanitarian disasters, etc. These children live in many different circumstances, including on the street, on the move, in extended families, in institutions, and being unsafe in their own families due to the family situation or poor parenting skills. There are an estimated 8 million vulnerable children worldwide who are living in poor-quality institutional care that is harmful to their physical, social and intellectual development. Yet, four out of five of those children have one or both parents alive who, with support, could care for them. Numerous studies have highlighted the damage that institutionalization has on child development.

Respect for Diversity

When using the word "family," it is important to keep in mind the diversity of families in addition to the traditional nuclear family unit of a mother and a father who live together with their children. A more inclusive definition of "family" is: "any group of individuals that forms a household based on respect, love and affection, and provides support to maintain their welfare" (Bozett, cited in Limoge and Dickson, 1992, p. 46).

Examples of other types of families that Program P recognizes includes, but is not limited to:

- * Same-sex parents
- * Single-parent households
- * Households with resident and non-resident family members
- * Households with foster parents, step-parents and grandparents

2. Can this manual be helpful for couples without biological children?

The Program P Manual is relevant and informative for couples with and without biological children.

The authors of this manual believe that uncles, brothers, teachers, coaches, and stepfathers can have profoundly positive relationships with children. Fatherhood is more than simple biology; it manifests itself through the quality and depth of the caregiving connection men have with children.

MenCare – A Global Fatherhood Campaign



MenCare is a global campaign (www.men-care.org) that promotes the equitable involvement of men as fathers and caregivers in families. The campaign provides educational materials, media tools, policy recommendations and research to encourage prospective MenCare partners to carry out a fatherhood campaign in their local settings. The campaign features 10 fatherhood themes:

01. Be Involved from the Start (i.e. before the child is even born)
02. Share the Care Work
03. Be Proud & Show It
04. Provide Health Care
05. Just Play
06. Educate
07. Be Brave: Show Affection
08. Raise without Violence
09. Teach Equality and Respect
10. Support the Mother

MenCare Campaigns in Latin America

- Latin America website (www.campanapaternidad.org)
- Brazil website: “Você é meu Pai” (www.voceemeupai.com)
- Chile website: “Campaña de Paternidades” (www.paternidades.blogspot.com)

3. What are some of the obstacles to involved fatherhood?

The obstacles to involved fatherhood are both structural and socially constructed.

The absence of fathers from caregiving is deeply related to the ways our economies are divided – into “low value” (unpaid care work) versus “high value” (paid labor outside the home) work (Wichterich, L., 2010). This is strongly connected to gender dynamics, where women are seen as the primary providers of care in the home, and men as the economic providers outside of it. This fuels inequalities, where men and women are expected to subscribe to rigid gender roles that define women as solely carers of children and the home, and men as financial providers.

The inequalities between care and paid work outside the home can be overcome by the introduction and implementation of public policies which support family leave, flexible workplace policies, and supportive and inclusive public sector environments which, for example, view men as equally responsible for ensuring a healthy pregnancy and early childhood development. Governments and multilateral institutions must transform the way they value caregiving and implement policies that contribute to healthy and involved families.

Second, to achieve gender equality, we must change the way we perceive men, and the way men perceive themselves. Gender roles are shaped early, even before a child is born. Often, assumptions are made once the sex of a baby is known. How a child is dressed, the toys a child is permitted or encouraged to play with, even the emotions he or she is allowed to express are socially determined by culture and society. As time passes, men face expectations about how to fulfill their obligations (or lack thereof) once they become fathers. In many parts of the world, the accepted – and even normative – ways in which a man shows he cares about his family are for him to earn enough income to provide for his family and claim the authority to enforce behavioral discipline within the family.

However, these gender roles are limiting, and create a number of barriers to men’s meaningful and equitable involvement in the lives of their sons, daughters and partners. Transformation must occur in at least four key aspects of social existence today in order to support active fatherhood in all countries.

a. Traditional gender norms:

Many of the attitudes, beliefs and behaviors about what it means to be a man or a woman are acquired through years of constant socialization in families, schools, government, media, social networks, work and other areas of life. Historically, this socialization has disadvantaged women by restricting their roles to keep them within the home, and limiting their economic empowerment and decision-making power in the home and larger community. This unequal power structure has resulted in male dominance over women, and made women more likely to become victims of

physical, sexual and psychological violence. However, societies all over the world are changing at a more rapid pace than ever, and it is essential that men work with women to move away from traditional gender norms towards greater gender equality in all aspects of life.

Gender discrimination and traditional gender norms also impact children’s ability to develop to their full potential. Gender-based violence against children takes different forms, including sexual violence, and harmful traditional practices, such as female genital mutilation/cutting (FGM/C), early marriage and “honor”-related violence. It is estimated that 150 million girls and 73 million boys worldwide are raped or subject to other forms of sexual violence – every year. More than 70 million girls and women have undergone FGM/C across at least 29 countries. More than 100 million girls under the age of 18 are expected to be married in the next decade. Boys are at particular risk of being recruited as child soldiers coming into conflict with the law and to be recruited and affected by gang violence. It should also be noted that boys are also victims of sexual violence³ and girls can be recruited as child soldiers and impacted by gang violence. Attitudes about masculinity and femininity shape and support the use of violence, including sexual violence. Corporal punishment of children conveys messages about the acceptance of violence, and is often used to punish girls and boys who go against culturally-accepted gender roles.

b. Shifting expectations among men and involved fatherhood:

Traditional gender norms all too frequently encourage and excuse men who embody the role of the uninvolved or absent father. Often, these men have been influenced since childhood by their own fathers’ attitudes and behaviors towards caregiving. Qualitative and quantitative research findings from the Men and Gender Equality Policy Project (MGEPP) coordinated by Promundo and the International Center for Research on Women (ICRW) show that many men who reported engaging in caregiving as adults were more likely to have strong male and female caregivers who embodied positive caregiving when they were children (Barker, et al., 2011).

c. Health sector:

The health sector’s level of awareness of the vital role of male partners and fathers plays an important part in expanding the level of men’s active and equal engagement in all aspects of sexual, reproductive health and maternal health. In many parts of the world, little to no attention has been given to the provision of quality maternal, sexual, reproductive and child health services. Access to a well-functioning public health system which documents and addresses maternal

³ <http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/12.pdf>

morbidities and mortalities is essential to creating government accountability for adequate maternal health care. But, the community must also be engaged, and past efforts to engage men have been weak. Men must be seen, and see themselves as allies in ensuring quality health care for their partners and children.

d. Law and public policy:

Many governments still do not sufficiently recognize or promote the transformative value of a present and involved parent prior to, during and following the birth of a child. Even where there is an expressed state commitment to gender equality, not enough is being done to create mechanisms in law, public policy and services to engage men as equal partners to women within the family, particularly as fathers. For example, unconditional government policy and legal support for paid maternity leave from a job is still a rarity; paternity leave is hardly ever discussed as a state priority. In fact, many governments and other employing institutions do not recognize paternity leave as a concept, let alone offer paternity leave to their employees. Clinics and hospitals tend not to permit men to accompany their partners into the delivery room, thereby distancing men from active fatherhood even at the moment of their child's birth. And, though great strides have been made in recognizing the importance of engaging men in sexual and reproductive health, these services are still, in many places, targeted at women. This silos sexual and reproductive health rights as "women's" only issues.

The International Men and Gender Equality Survey (IMAGES) – A Focus on Fatherhood in Latin America

Text based on the publication: Masculinities and Gender Equality Policy: Reflections from the IMAGES survey and a review of policies from Brazil, Chile and Mexico.

The International Men and Gender Equality Survey (IMAGES) sought to collect data on the views, attitudes and practices of men and women on topics related to gender equality, such as childhood experiences of caregiving and violence, relationship quality and communication, family life, parenting, health and violence.

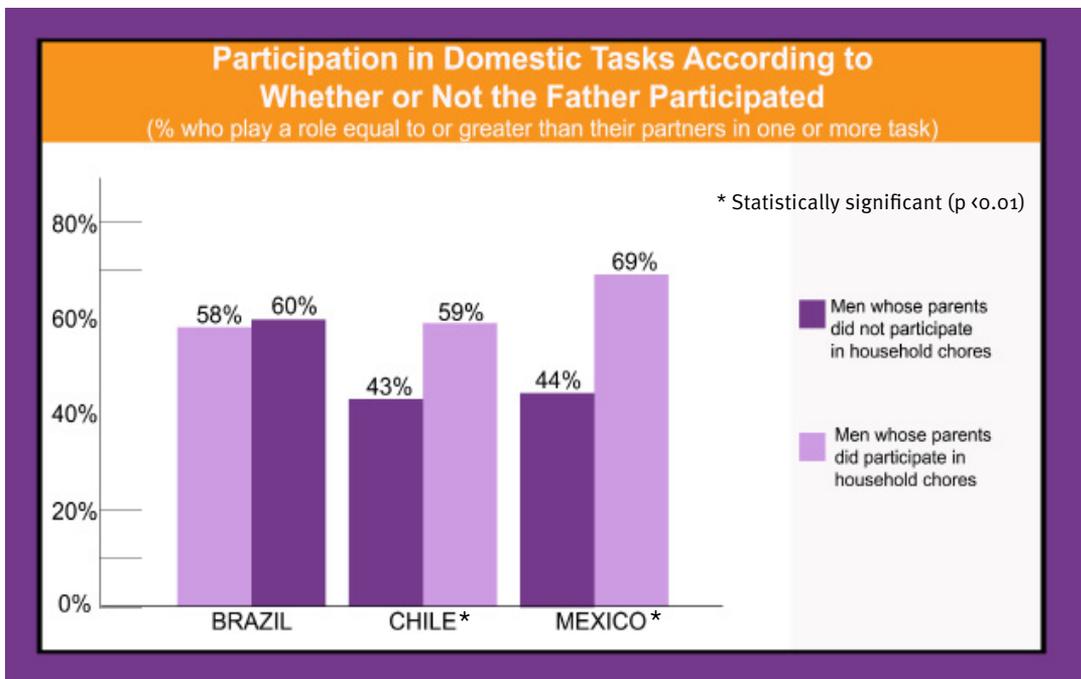
Method

The survey was applied using household probability sampling in neighborhoods or larger urban areas pre-selected in each of the countries. The survey included men and women aged 18 to 59 years. The questionnaire was designed to be answered by men and women, with or without a partner, married or unmarried, heterosexual or not, with or without children. In Brazil and Chile, male surveyors interviewed men and female surveyors interviewed women, while in Mexico this was a more dynamic process where women sometimes interviewed men.

The IMAGES survey was conducted in Brazil, Chile and Mexico through a representative sample of households in cities and neighborhoods in terms of size and age distribution. It is important to note that these are not nationally representative samples, so the data cannot speak to the entire country population.

Results

Results from the analysis of the IMAGES data show that a significant proportion of men holds traditional gender attitudes towards domestic work. For example, **just over half of men surveyed supported the statement "... a woman's most important role is to carry out household chores and cook for the family."**



Results also show a significant difference in the participation in household tasks between men whose father (or another significant male figure during childhood) carried out household chores and those men whose fathers did not. In other words, men who had significant male role models involved in the home reported more involvement in the home themselves.

Between 44% and 70% of men stated that their female partners carry out more of the domestic work than they do, while only 2% to 11% of men reported having greater involvement in these tasks than their female partners, thereby demonstrating the gendered nature of household work. In Chile and Mexico, 70% and 65% of men, respectively, said that their partners were more involved in housework than they were, and only 4% and 2% of men, respectively, said they were more involved than their female partners in housework. The Brazilian results were somewhat different, in that 44% of men reported that their partners were more involved than they were, 45% of men said they were both equally involved, and 11% of men said they did more work in the home than their partners did.

Men reported a higher level of participation in the care of their children than was seen by the women in their family units. In the case of Brazil and Chile, while nearly four in ten men said they participated in the daily care of children, women reported that only one in ten men participated. This suggests gaps in communication between men and women about their caregiving roles.

With regard to father participation in the care of children aged 0-4 years, there are significant discrepancies between what women and men reported in all three countries. Playing with children is the activity most men claim to engage in most frequently. Cooking for children is the activity least frequently done by men. In both cases, there are differences of up to 30% between what women report men do and what men report they do. **These discrepancies disappear as the child grows older: men and women report similar levels of involvement as children get older.**

The Chilean study reveals that more fathers are present in the delivery room at the birth of their last child than in other countries. Half of the men surveyed (50%) reported that they were in the delivery room at the birth of their last child, while more than one in five men (22%) indicated that they were absent from the hospital. Brazilian men, on the other hand, told a different story. Only 7% reported being in the delivery room, and more than half of the men (54%) reported not having been in the hospital at all. Meanwhile, in Mexico, one in four men (24%) indicated that they had been in the delivery room, 3% reported that they had been elsewhere in the hospital, while 73% were not present at the birth of their last child.

For more information, please see International Men and Gender Equality Survey: Reflections from the IMAGES survey and a review of policies in Brazil, Chile and Mexico (Barker and Aguayo, 2012). Available only in Spanish.

4. How can this manual support teen mothers and fathers?

Teenage pregnancy is highly prevalent in many parts of the world, including Latin America. In many of these pregnancies the father, too, is a teenager. Teenage pregnancy poses significant challenges to public health practitioners, who must work to prevent future unplanned pregnancies and at the same time provide validation and support to young parents. Evidence shows that teen parents tend to have less education and more economic difficulties than older parents do. Social responses to teen pregnancy often include stigma, discrimination, lack of family support and pressure to leave school. Traditional gender roles also play a part in pressuring young fathers to provide economic support for the family while the mother stays at home to care for the children.

Communication, support and respect between the mother and the father are the best tools to help them overcome the social obstacles they are likely to face during early pregnancy and parenthood. Various studies have demonstrated that we cannot indiscriminately generalize the outcomes of teenage pregnancy. There are adolescent fathers who are involved and committed, both with the mother and the child. Not every teen pregnancy is unwanted or unplanned, and not every teen father is absent or irresponsible. Many adolescent fathers are involved in parenting and remain committed to both mother and child. Despite the fact that pregnancy occurs within a woman's body, the responsibility and the joy that come during and after birth are shared by both. For example, in the Chilean IMAGES study, results showed that younger fathers were more likely to be present during the pregnancy of their last child compared to older men (Barker, et al., 2011).

It is nonetheless crucial that young men are informed about family planning and encouraged to view family planning favorably in order to prevent future unwanted pregnancies. Young men must discuss birth control methods, as well as sexually transmitted infections such as HIV/AIDS, with their partners. Where safe, affordable and high-quality services are available, young fathers should shoulder the responsibility of providing emotional support to the mother if she decides to terminate a pregnancy.

Often, the main area of concern for a young father is the lack of financial and social resources to provide education and care for his children – a responsibility that is expected, but supported by society. Another burden for teen fathers is the widespread belief that men cannot care for children, especially if the men are from an economically and socially marginalized group that has suffered abuse and discrimination. These young men may lack the confidence to reject these prejudices and assert their ability to parent. However, it is important to note that many teen fathers are reluctant to accept the situation as is and want to remain actively involved, and that fatherhood is not always a negative experience for young men. The same applies to teen mothers. For young

men to thrive as good parents and successful partners, it is crucial to create and strengthen support networks in the community in order to give the young parents the flexibility to continue their education and simultaneously promote the development of their young children.



Five Key Findings from Fatherhood: Parenting Programs and Policy – A Critical Review of Best Practice

Engage fathers in existing child development and MCH programs:

At the very least, existing parenting, maternal and child health and early child development programs must identify men who are significant to children, ask men themselves what their needs and perspectives are, and identify starting points for increasing men's engagement.

Involve fathers early on:

Reaching out to fathers with programs that encourage their early involvement in their children's lives (including before the child is born) is vital, because levels of father-involvement established early on tend to endure (Hwang and Lamb, 1997; Duvander and Jans, 2009). This often requires changing the mindset of health workers and other service providers to sensitize them to the value of engaged fatherhood and caregiving by fathers. Parental leave policies, which enable and encourage men to play an important role in their children's lives from the beginning, are also important.

Targeted versus universal intervention:

When special services are 'targeted' at fathers in place of wider engagement in the service or program, fewer fathers may be reached, outcomes may be less positive, and even some negative effects may be seen. If fathers are not 'welcomed' in universal provision, those vulnerable or problematic fathers who may require targeted support risk remaining invisible or 'hard-to-reach'.



A multi-pronged, evaluated approach:

Programs that are coupled with community-based and national level advocacy campaigns, such as MenCare (www.men-care.org), are among the most effective approaches to achieving attitudinal and behavioral change. And, of course, one cannot determine the level of effectiveness of these approaches without rigorous process and impact evaluation. More evidence is needed to determine ‘what works’ with fathers and men as caregivers, especially in the Global South, as the paucity of evaluated interventions from developing country contexts shows.

Carry out pilot research to engage men in existing, large-scale program areas in the Global South:

Although parenting support programs, including efforts to promote child development and reduce violence against children exist in the Global South, they are limited in scale. Much more could be done to use these existing program areas in the Global South to encourage and support men’s involvement in child well-being and to evaluate the impact of diverse approaches to doing so.

McAllister, F., Burgess, A., Kato, J. and Barker, G. (2012). *Fatherhood: Parenting Programmes and Policy – a Critical Review of Best Practice*. London/Washington DC: Fatherhood Institute/Promundo/MenCare.

To download the full report and read about all of the programs reviewed, go to www.men-care.org.

