

SECTION 1

FATHERHOOD IN THE HEALTH SECTOR

A Guide for Health Professionals on Engaging Men

About Section 1

This section is the first of three in the Program P Manual. It is designed to help health care professionals engage with men in the health sector and promote active fatherhood. It focuses on the interaction between professional and father from prenatal through postnatal stages and how to encourage their participation in caregiving until the child is 4 years old:

- 1. Introduction**
- 2. Recommendations for health care professionals who provide prenatal care**
- 3. Recommendations for health care providers who provide antepartum, labor and delivery care**
- 4. Recommendations for health care providers that provide health care to children aged 0-4 years**

This section is intended to complement Section 2, “Engaged Fatherhood: Group Education for Fathers and their Partners,” by providing ways in which health providers can better engage with fathers in the consultation space, whereas the second section focuses more on individual social norms change. It is recommended that eventually health professionals use Sections 1 and 2 together to reinforce positive messaging by both creating an atmosphere in the clinic setting that welcomes men to maternal and child health visits, and providing a space, such as in the waiting room, for men to critically reflect on and discuss norms that prevent involved fatherhood. Additionally, it is recommended that health practitioners also look seriously at how to integrate policies, procedures and raise overall awareness around the importance of engaging men in maternal and child health. This section provides tools on how to do this.

Throughout Section 1, recommendations and tools will be provided to show how health centers can develop simple, integrated approaches to engage with fathers. However, as with any tool, it will require adaptation and testing to ensure contextual clarity and reliability.

1. Introduction

The health sector is a key entry point to promote parents' early involvement in caregiving. Maternal health professionals come in contact with families every day (more often with the mother than with the father) for pregnancy and delivery matters, and postpartum appointments for children up to 4 years of age.

Traditionally, in places where maternal and child health services exist, the health sector has engaged more with the mother and child than with the male partner -or father. Although male physicians dominate in the health sector, men's presence in the health system as supportive partners to women or as patients is uncommon in many parts of the world (WHO, 2006). However, men's involvement in maternal and reproductive health-related events is gradually increasing, especially during the birth of their child. In Chile, for example, data show that men who were involved during the maternal health period tend to be younger, have more education, have more gender-equitable attitudes around caregiving, have flexible schedules, are unemployed or can take parental leave compared with men who were not involved. Research shows that the relationship between the father and the health sector is evolving, with increasing recognition of men as significant sources of emotional support and care.

A study in Chile on fatherhood involvement in the public health system indicates some of the changes and some of the issues that are increasingly occurring around the world (Aguayo, Correa and Kimelman, 2012). Some of the findings include:

- * Fathers' presence during labor and delivery was increasing (as high as 80% in some health centers)
- * Father's presence in the consultation and delivery room was not always noted in medical records or notes
- * Health professionals with gender-equitable and inclusive attitudes towards the father were more likely to invite fathers into the consultation room, communicate directly with him, provide more guidance on what to expect as new parents, and promote joint responsibility, affirming how important it is to work with health workers to focus on their attitudes toward engaging fathers
- * Among men's chief reasons for their absence during maternal and reproductive health visits was work schedule conflicts with service hours, and the absence of paternity leave

The health sector can play a key role in the accelerated expansion of father participation in caregiving and shared responsibility with the mother.

**This
requires the
following:**

- * Clearer guidelines and protocols on how to work with fathers and male caregivers (See box on the next page – for a Case Study from Lincolnshire, UK)
- * More educational campaigns and materials that encourage men's participation in fatherhood and sexual and reproductive health in the waiting room (See Section 2 and Section 3)
- * When men are in the consultation room, they should be encouraged to continue their involvement. If they are not present, the health professional should encourage the mother to bring the father, provided the relationship is non-violent and provided it is possible for the father to be involved
- * The provision of context-specific support and guidance: when the mother is single and does not communicate with the father; when the parents are separated; when they are teen parents (they may require special support in order to participate in child care without dropping out of school); and in cases of couple conflict and violence against women





How to Get Fathers in the Door - A Case Study on Involving Fathers in Prenatal Care from Lincolnshire, United Kingdom

(From: Guide to Developing a Father-Inclusive Workforce by the Fatherhood Institute and PIP Local Authorities)

Being direct has a big impact on fatherhood involvement in maternal health. In a recent study, health workers from the United Kingdom found that letters addressed, “Dear new Mother and Father” were more effective in increasing father participation in prenatal care visits than letters addressed, “Dear Parents” (see letter below).

The original decision to use ‘parent’ (not ‘mother and father’) reflected concerns that single parents would feel stigmatized. This, in the end, did not arise as an issue: single parents who attended felt comfortable enough to explain why a father was not present.

***Dear new Mom and Dad,
Congratulations on the safe arrival of your baby. As your Health Visitor, I would like to arrange an appointment to see you both at your home to review baby’s progress and explain my role. In order to have an appointment that is convenient for you both, could I ask you to contact me on the above telephone number to arrange a time/date before your baby reaches two weeks of age. I look forward to hearing from you soon.***

Best wishes.

2. Recommendations for health care professionals who provide prenatal care

This subsection addresses: (1) the importance of prenatal care or antenatal care, (2) what health care professionals can do to more actively engage fathers, and (3) what health professionals can do during the visit of one or both partners and on the last prenatal care visit before birth. This subsection ends with a checklist for health professionals providing prenatal care.

Importance of prenatal care:

The goal of prenatal care (also known as “antenatal care”) is to provide women with regular check-ups that allow doctors, nurses and midwives to spot signs of a potentially high-risk pregnancy while promoting healthy behavior for both the mother and child. For decades, well- functioning health systems have tended to focus on the pregnant woman through programs usually referred to as “maternal and child health” interventions. Given this viewpoint and subsequent implementation in programmatic practice, fathers have historically been invisible and/or excluded from participating in prenatal care processes, or have been relegated to the status of secondary actors. It is important to recognize the ways in which fathers and male caregivers can be engaged as allies and emotionally supportive partners for their pregnant partners and children. They can also be vocal advocates for better functioning health centers and higher quality services.

On Traditional Healers

Studies have affirmed the effectiveness of utilizing traditional, or faith healers in primary care, including maternal, reproductive and child health in communities where a trained medical professional such as a doctor, nurse or midwife is not available (Hoff, 1992;). By providing medically accurate training and education, research has shown that traditional healers can be important sources of health information and social support.

What health care professionals can do to more actively engage fathers:

Below are some key steps a health professional can take to make the professional-parent relationship productive:

- ✓ Understand the couple's social, economic and cultural reality. There are fathers who do want to participate, but are often hindered by work schedules and other obstacles
- ✓ Prepare men for the challenges of upcoming parenthood and engage them early
- ✓ Encourage men to share an equal burden with the mother by learning caregiving skills and taking on more of the domestic work in the home
- ✓ Encourage the father to learn about the different stages of the pregnancy and be present for prenatal care visits. This can positively influence a father's attendance and participation in following visits
- ✓ Prenatal, pregnancy and postpartum care issues are not only about the health of the mother and the child. Advise the father to look after his own mental health and take physical exercise, thereby creating an overall healthy environment for the development of his child
- ✓ Share the risks associated with unhealthy behaviors such as alcohol and drug use, and physical and psychological violence. Advise the father about the negative effects on the health of the mother and child
- ✓ Promote attitudes of mutual support, collaboration and dialogue between mother and father that allow them to better address the anxieties and concerns often generated during pregnancy
- ✓ Address the father's questions and concerns regarding pregnancy and its impact on the couple's sex life
- ✓ Discuss contraceptive use to plan for or prevent future pregnancies
- ✓ Teach both mother and father how to act promptly and adequately in cases of emergency, know what merits a visit to a health care facility, how to access services, etc.
- ✓ During pregnancy, the ultrasound visit is a unique opportunity for men to see their child on a screen and listen to the heartbeat. Therefore, take this moment to promote fatherhood involvement
- ✓ Emphasize that men are equally capable of all child care tasks and responsibilities, except, of course, breastfeeding

Why Fatherhood Involvement Matters

A review of 16 longitudinal studies that looked at the impact of father's presence during childhood found that those children who had an involved father early on have, on average, fewer behavior problems, less criminal activity, better economic stability, better cognitive development, better performance in school and less stress during adulthood (Sarkadi, Kristiansson, Oberklaid, and Bremberg, 2008).

What health care professionals can do during the prenatal care visits:

IF THE MOTHER ATTENDS PRENATAL CARE WITHOUT THE FATHER

- ✓ If the mother attends her clinic visit unaccompanied, ask if she has a partner and, if so, encourage that he accompany her on subsequent visits and during childbirth.
- ✓ If the mother wishes to be accompanied by the child's father, discuss with her how to invite him, and what steps are needed to make his presence possible (e.g. planning in advance so he can take a longer lunch break or change his work schedule). Consider giving her a letter or brochure addressed to the father.
- ✓ If the mother does not want her partner to accompany her, convey the importance of early fatherhood involvement if you sense there is room for a change in opinion.
- ✓ If the mother decides against being accompanied by the father, respect her decision. Consider exploring whether there are any behaviors or other signs within the couple relationship that could impact the health of the mother. See "Screening for Violence" (See box on the next page) Prior to screening for intimate partner violence, it is essential that your health center have properly trained personnel in place, or at the very least protocols (referrals to domestic violence centers, etc.) to address cases where violence does exist.
- ✓ If the father cannot accompany the mother, discuss with her other significant individuals who could come with her to the visits.
- ✓ If the father continues to be unable to accompany the mother to her appointments due to other commitments, encourage the mother to share all information with the father and involve him in the process.

Screening for Violence

It is not enough for a practitioner to ask a general question about intimate partner violence such as, “Is your husband/boyfriend violent to you?” It is critical to ask very specific, clear, and focused questions and to do so in a natural, supportive and non-judgmental way.

Most Commonly Used Intimate Partner Violence (IPV) Screening Questions:

1. Within the past year – or since you have been pregnant – have you been hit, slapped, kicked or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?
3. Has anyone forced you to engage in sexual activities that made you feel uncomfortable?

IF THE FATHER ATTENDS A PRENATAL CARE APPOINTMENT

- ✓ Establish eye contact with both the mother and the father.
- ✓ Actively involve the father during the consultation by asking him questions and answering any questions he may have. Treat him as an equal partner; he is not a secondary actor.
- ✓ Take advantage of the moments when excitement and joy are heightened for both parents, such as during the ultrasound visit. Use these key moments to promote a bond between father and baby by inviting him to listen to the child’s heartbeat, and pay attention to any questions or concerns he may have.
- ✓ Motivate the father to provide emotional support (e.g. affection, empathy) and physical support (e.g. taking on equal responsibility of domestic tasks) to the mother during pregnancy.
- ✓ Encourage the father’s participation in future prenatal care visits.
- ✓ Encourage the father to communicate with his child in utero through touch or massage of the mother’s belly, talking to the child and playing music.
- ✓ Educate both parents about pregnancy-related illnesses, such as gestational diabetes, gestational hypertension and urinary tract infections.
- ✓ Inform both parents about signs and symptoms that indicate an obstetric emergency, and provide them with a list of action steps to follow if an emergency occurs.
- ✓ Create a safe space where mother and father can openly express any worries and concerns they may have, and allow sufficient time to discuss such topics. Some of these may include:

health concerns, financial questions, work-related issues and couple relationship problems.

- ✓ Address any questions or concerns the couple may have regarding sexual activity during pregnancy. Give information and guidance to both parents about engaging in sexual activity during pregnancy.
- ✓ Discuss contraceptive use to plan for or prevent future pregnancies
- ✓ Encourage the mother to talk openly with her partner about her experiences (physical and emotional) during pregnancy.

ON THE LAST PRENATAL CARE VISIT BEFORE THE BIRTH, REMEMBER TO INFORM THE FATHER ABOUT THE FOLLOWING:

- ✓ Location of the maternity ward assigned to the couple.
- ✓ If the law exists, a woman's right to be accompanied during labor. The accompanying person may be the father or another individual trusted by the mother.
- ✓ Existing parental preparation courses available in the country's health care system, or via community-based organizations.
- ✓ Visiting the maternity clinic before the child is born to be aware of the layout.
- ✓ If the law exists, the father's right to paternity leave. If the couple is not together, procedures for registering the paternity of the child.





FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS PROVIDING PRENATAL CARE

Below is a checklist that can be filled out by an individual health care professional or by a health team to determine how inclusive the health space is for fathers. The checklist is designed to help health professionals identify and act on areas in their system where improvement may be needed.

| FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS | |
|---|----------|
| OUR ATTITUDES | |
| If the mother comes to the prenatal care visit alone, I ask about the father. | YES – NO |
| I screen the mother for intimate partner violence. | YES – NO |
| If I am sure the mother is not in a violent relationship, I address the importance of the father's involvement during pregnancy. | YES – NO |
| When the father is present, I provide information and guidance on how he can support the mother during pregnancy. | YES – NO |
| I encourage the father to be present during childbirth. | YES – NO |
| I am knowledgeable about paternity leave in my country. | YES – NO |
| I am knowledgeable about the laws on paternity establishment in my country (registering the father's name on the birth certificate). | YES – NO |
| I encourage fathers to take some type of leave (paid or unpaid) after the child is born. | YES – NO |
| OUR PROTOCOLS | |
| I encourage my colleagues to actively promote fathers involvement. | YES – NO |
| I record the father's presence at each appointment. | YES – NO |
| There are protocols in place on how to incorporate the father during prenatal care appointments. | YES – NO |
| RESOURCES AND CLINIC ENVIRONMENT | |
| The clinic has extended hours of operation for working fathers. | YES – NO |
| The clinic provides space for an accompanying partner, such as an extra chair in the consultation room. | YES – NO |
| There is a changing table in the men's restroom. | YES – NO |
| The clinic provides father-focused parenting education materials. | YES – NO |
| Posters and art on the walls include images of fathers. | YES – NO |
| The clinic offers workshops for expectant fathers. | YES – NO |
| The clinic has tools and resources for health professionals or educators on how to better engage with expectant fathers. | YES – NO |
| The clinic knows about training courses that focus on gender equality, masculinity and fatherhood. | YES – NO |
| We provide campaign material promoting involved fatherhood. | YES – NO |
| Where the answer is "NO", what can we do as professionals to better include the expectant father? Who is responsible for each task? By when will this be carried out? | |

NOTES:

3. Recommendations for health care providers who provide antepartum, labor and delivery care

Historically, fathers have often been seen as invisible actors within health care institutions that provide care during labor and delivery. Labor and delivery were viewed as events that included only the mother and her health care provider.. Accordingly, health guidelines and protocols were created within a system that operated primarily from this perspective.

Today, it is clear that, during childbirth, the health of the woman and her child require the utmost attention and care and, increasingly, fathers are engaged as integral providers of emotional support. In many health centers around the world, fathers' involvement during childbirth is encouraged and health care protocols are being revised to reflect this transformation.

The receptivity of the health system to men's increasing participation during childbirth is coupled with a growing awareness over the importance of the humanization of childbirth. The humanization of childbirth consists of empowering women to be in control of the labor and delivery process and shifting the focus away from provider-centered care. Health care providers are now increasingly fostering men's early attachment to his child, as well as encouraging greater joint responsibility in child care from the start.

Furthermore, we now understand that childbirth is a key opportunity to foster emotional connections between the father and his child. In many countries, a woman's right to be accompanied by a partner (e.g. the father or another trusted individual) is protected by law. In fact, in countries where this law has been enacted, such as Indonesia and Chile, the health sector has acted to provide information and/or training for providers, modified the consultation space to accommodate the mother's partner, and promoted community campaigns. For more information on community campaigns, see Section 3.

Actively engaging the father during the antepartum, labor and delivery means to:

- * Humanize and respect childbirth as a natural and normal event
- * Provide emotional support for the mother during childbirth as well as all medical support needed
- * Promote father-child attachment from birth by encouraging physical contact between infant and child following delivery

A Case Study from Chile

For the past 10 years, Chile has promoted health policies that encourage accompaniment during childbirth as a component of involved fatherhood. In 2001, 20.5% of mothers were accompanied during delivery in the public health system; this percentage increased to 71% in 2008, with most women being accompanied by the father (OEGS, 2009). The health ministry has promoted men's engagement by allowing the father to have first physical contact with the child in cases of cesarian section, and providing written guidance for health professionals on how to promote men's joint responsibility in caregiving. This document, "*A guide on promoting fatherhood involvement and co-responsibility in the care and raising of girls and boys*" (Aguayo and Kimelman, 2012), was released by the Ministry of Health in 2012.

To download the guide in Spanish go to www.campanapaternidad.org

What health care professionals can do for and with mother, father and baby:

DURING ANTEPARTUM, LABOR AND DELIVERY

- ✓ Ask the patient about the person who will accompany her during delivery. Remember that, in some countries, a woman's right to be accompanied during birth is protected by law, and she chooses the individual who will accompany her.
- ✓ With consent from the mother, and provided the relationship is non-violent, inform the father that his presence and support are critical for the mother and baby during the antepartum period and childbirth.
- ✓ Provide the father with specific instructions on how he can actively participate, e.g. helping the mother pack her bags, providing emotional support by actively listening to the mother's concerns, and providing massage to his partner to relieve physical strain and stress. See Section 2, Session 4: "An Expectant Father's Backpack."
- ✓ Prepare the father on what to expect in the delivery room and how he can actively support the mother (e.g. help her to breathe, and provide words of encouragement). The father should be situated in the room such that he feels able to provide affection and support to the mother.
- ✓ After delivery, engage the father with his child as soon as possible: Ask him to cut the umbilical cord, and assist in weighing the child and handing the child to the mother.

DURING THE POSTPARTUM PERIOD

- ✓ Promote the emotional attachment of mother and father with the baby, and provide ‘alone time’ for each parent to do so.
- ✓ In cases where the mother undergoes a cesarean section and is unable to provide skin-to-skin contact (see Benefits of Skin-to-Skin Contact in box below), ensure that the father has physical contact with the child following birth.
- ✓ Ensure that a provider in the room shows the father how to hold the baby in his arms if this is his first child.
- ✓ Fully explain to both parents the routine medical procedures performed on the child in advance, and again as they happen.
- ✓ If the father does not feel ready to make physical contact with his child, give him space. It may take him hours or even days to feel physically comfortable.

Fathers and Skin-to-Skin Contact

The research is clear: providing newborns with direct skin-to-skin contact with the mother is essential for the health and well-being of the child (Puig & Sguassero, 2007). A review by the World Health Organization found that skin-to-skin contact between the mother and her baby immediately after birth reduces infant crying, improves mother-infant interaction, keeps the baby warm, and helps the mother to breastfeed successfully. Although fathers cannot breastfeed, they still can play an important role in providing skin-to-skin contact. For example, babies born by cesarean section need to have contact with a significant caregiver but sometimes the mother is not in a condition to immediately provide that care. This is where fathers can play an important role in regulating the newborn’s body temperature and in cardiorespiratory stabilization. This kind of physical closeness helps promote the emotional bond between father and child.

For more information, please visit www.skintoskincontact.com.



WHEN THE COUPLE IS DISCHARGED

- ✓ Before the father and mother leave the maternity ward, remember to praise and thank them for their cooperation in the process, and thank the father for his participation.
- ✓ Inform the father as well as the mother about caring for the newborn, and ensure they leave with informational material.
- ✓ Inform the couple about abstaining from sexual activity immediately following childbirth for a period of about six weeks, and listen to their concerns about pain during intercourse, use of contraception, etc.
- ✓ If the mother has had surgery (e.g. a cesarean section), inform the father about any special care required while the mother heals.
- ✓ Explain to the father that, though he cannot breastfeed, he can support mother and child in many other important ways, e.g. he can perform housework, and care for the child when he or she is not breastfeeding.
- ✓ Plan the date and location of the newborn's first health care appointment, and encourage the father to participate.
- ✓ Inform the father about the importance of the child's health check-ups (especially during 0-4 years of age).
- ✓ Encourage the working father to use paternity leave if it is available.

Important Information For Fathers

- * The immediate care necessary for the newborn and the mother
- * How to enroll the child in the civil or population registry (and obtain a birth certificate)
- * Paternity leave (where it exists) for working fathers
- * Information on workshops for fathers and their partner where offered by the health care system
- * When and where the first health check-up of the child will occur
- * Symptoms of postpartum depression, and how to help the mother cope
- * Impact of having a child on the relationship with partners, including on intimacy with the partner

FATHERHOOD ASSESSMENT GUIDELINES FOR HEALTH CENTERS PROVIDING ANTEPARTUM, LABOR AND DELIVERY CARE

Below is a checklist that can be filled out by an individual health care professional or by a health team to determine how inclusive the health space is for fathers. The checklist is designed to help health professionals become aware of how they can improve existing practices.

| FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS | |
|---|----------|
| OUR ATTITUDES | |
| If the mother comes to the prenatal care visit alone, I ask about the father. | YES – NO |
| I emphasize the importance of the father's presence during childbirth (having completed a screening on interpersonal violence first). | YES – NO |
| I encourage the mother's partner to be present during delivery (with the mother's consent). | YES – NO |
| I provide guidance and information directly to the father about prenatal and postnatal care. | YES – NO |
| I provide guidance on how fathers can provide physical support to the mother during childbirth (e.g. through touch, such as massage). | YES – NO |
| I encourage skin-to-skin contact between baby and mother. | YES – NO |
| I encourage skin-to-skin contact between baby and father. | YES – NO |
| I hand the infant to the father so that he can hold his child in his arms. | YES – NO |
| OUR PROTOCOLS | |
| I encourage my colleagues to actively promote fathers' involvement. | YES – NO |
| We register the father's presence or absence during the antepartum period. | YES – NO |
| We register the father's presence during delivery. | YES – NO |
| We adhere to national laws and guidelines regarding accompaniment during delivery. | YES – NO |
| There are guidelines in place on how to engage fathers during childbirth. | YES – NO |
| We encourage fathers to take some type of leave following the birth of the child. | YES – NO |
| We show fathers how to register their child in the civil or population registry (and obtain a birth certificate). | YES – NO |
| RESOURCES AND CLINIC ENVIRONMENT | |
| There is adequate infrastructure to incorporate fathers in prenatal care (e.g. an extra chair). | YES – NO |
| The clinic provides childbirth-related education materials for fathers. | YES – NO |
| Posters and art on the walls include images of fathers. | YES – NO |
| We offer workshops for expectant fathers. | YES – NO |
| We have tools and resources for professionals or educators (e.g. manuals and guides). | YES – NO |
| The clinic offers or refers health professionals to workshops addressing gender sensitivity and gender equality. | YES – NO |
| Where the answer is "NO", what can we do as professionals to better include the expectant father? Who is responsible for each task? By when will this be carried out? | |

NOTES:



4. Recommendations for health care providers that provide health care to children aged 0-4 years

After the child is born, the health system conducts routine health check-ups to monitor a child's development. These assessments record the physical, psychological and emotional growth of the child, as well as any health issues. The routine check-ups are also opportunities for health care providers to inform and empower parents about how to properly care for their children, and promote a healthy lifestyle for the entire family. These visits should be about dialogue, learning, care and the promotion of equal responsibility in caregiving. The culture of “machismo” is slowly giving way to more equitable divisions of caregiving, and health professionals can play a significant role in advancing this change.

On Childhood Development

Caregivers' most important job during the first 6 months of a child's life is to establish trust. This is done by meeting children's physical needs (e.g. providing food, water, pain relief) and providing physical and emotional comfort (e.g. holding, rocking, carrying). Babies are completely dependent on others for survival when they are born. When babies can trust that their physical and emotional needs are met, and that they are safe and secure, they can develop an emotional attachment to their caregivers. This attachment is a foundation for the parent-child relationship. It is crucial to the child's brain development, as it allows the child to explore and learn while feeling secure, knowing that the caregiver will be there to help and protect them (Joan E. Durrant, Positive Discipline in everyday parenting).

Many factors influence how a child will develop, including: how expectant fathers and mothers prepare for the arrival of a newborn, and how caregivers and educators interact with him or her as he or she grows. This, in turn, influences how the child will negotiate future life experiences.

What health care professionals can do to more actively engage fathers:

- ✓ Promote gender equality in parenting as an aspect of healthy child development. Both mother and father should be equally involved in caring for children and in domestic tasks, and communicate openly with each other.
- ✓ Get fathers involved in the health of their child by making them responsible and knowledgeable about their child's needs and development.
- ✓ Encourage the mother and father, and prominent caregivers, to be aware of their own physical and mental health (e.g. be physically active, eat healthy food, moderate alcohol consumption and go to routine doctor's visits).
- ✓ Encourage fathers or caregiving individuals to engage with their sons and daughters beyond playing games, helping with homework, repairing the home and paying bills. Also ensure that fathers share equal responsibility with mothers for domestic tasks such as food preparation, cleaning, taking children to school and providing affection.
- ✓ Discourage parents and caregivers from using any form of physical and emotional punishment of children (e.g. hitting, spanking and abusive language). Families must be given the knowledge and tools necessary to resolve conflicts peacefully and end violent behavior (See box on the next page about Positive Discipline).
- ✓ Trained health professionals have a responsibility to translate research and evidence into guidance for parents and children because, often, they are credible and influential voices for

advancing public education and policy concerning family health. For example, health providers can educate parents on child development to reduce angry and punitive responses to normative child behaviors, and provide resources on how to use positive discipline. In addition, they may refer parents to public health programs, resource centers, positive parenting programs and other clinical professionals for further support. Health professionals can also conduct policy advocacy with governments to ban any kind of violent punishment against children (Physical punishment of children: lessons from 20 years of research, Durrant and Ensom, 2012).

What is Positive Discipline?

Parenting, especially for first-time couples, can be an exciting, but overwhelming experience. Many men and women learn how to bring up children by emulating how they were raised, taking advice from family members and friends, and often, by pure instinct. However, without fully understanding how children develop and how they express themselves at different stages of life, moments of frustration and disagreement can lead to physical and/or emotionally jarring punishment against the child. Decades of research has shown the negative long-term effects negative discipline such as hitting and yelling can lead to aggression, unhappiness, anxiety, drug and alcohol use later on in a child's life (Durrant and Ensom, 2012).

Violent punishment lowers children's self-esteem, interferes with the learning process and with children's cognitive and emotional development. Violent punishment also creates barriers that impede parent-child communication and the formation of emotional attachment. It teaches children to associate emotional love with violence, and that violence is an acceptable behavior and strategy that can be used to solve problems. Thus, physical punishment contributes to a cycle of violence, that often continues into adulthood. (Ending Physical and Humiliating Punishment of Children- A manual for Action, Save the Children 2005)

Positive discipline is an approach to parenting that teaches children and guides their behaviour, while respecting their right to healthy development, protection from violence and participation in learning. Positive discipline is based on research on children's healthy development and effective parenting, and founded on child rights principles. Positive discipline is not permissive parenting, nor about punishment. It is about finding long-term solutions that develop children's own self-discipline and life-long skills. Positive discipline is about teaching non-violence, empathy, self-respect, human rights and respect for others.

It is essential that you as a health professional discourage parents' use of violent (physical and emotional) discipline against children. This may be a difficult task, as practices such as spanking, threatening and yelling are often socially accepted approaches to discipline. However, often you will find that parents themselves do not find these methods to be effective either, and may most likely welcome an alternative. See the resource below on the Positive Discipline Program developed by Joan Durrant in cooperation with Save the Children that provides parents with practical tools that can be utilized in a wide variety

of situations. The approach was developed as part of interventions to eliminate violent discipline and to strengthen the response to the UNICEF World Report on Violence Against Children (2006), which found that maltreatment occurs in children's homes in every single country in the world, and that it is based on deeply-embedded cultural practices as well as a lack of awareness of children's rights.

To learn more about Positive Discipline and current trainings on the approach, or download the manual for parents, *Positive Discipline in Everyday Parenting* by Joan E. Durrant, visit: <http://resourcecentre.savethechildren.se/childprotection/priority-areas/physical-and-humiliating-punishment/positive-discipline>

To learn more about the global initiative to end all forms of punishment of children visit: www.endcorporalpunishment.org

For more information on the *World Report on Violence against Children*, visit: www.unviolencestudy.org

What health care professionals can do for and with mother, father and child:

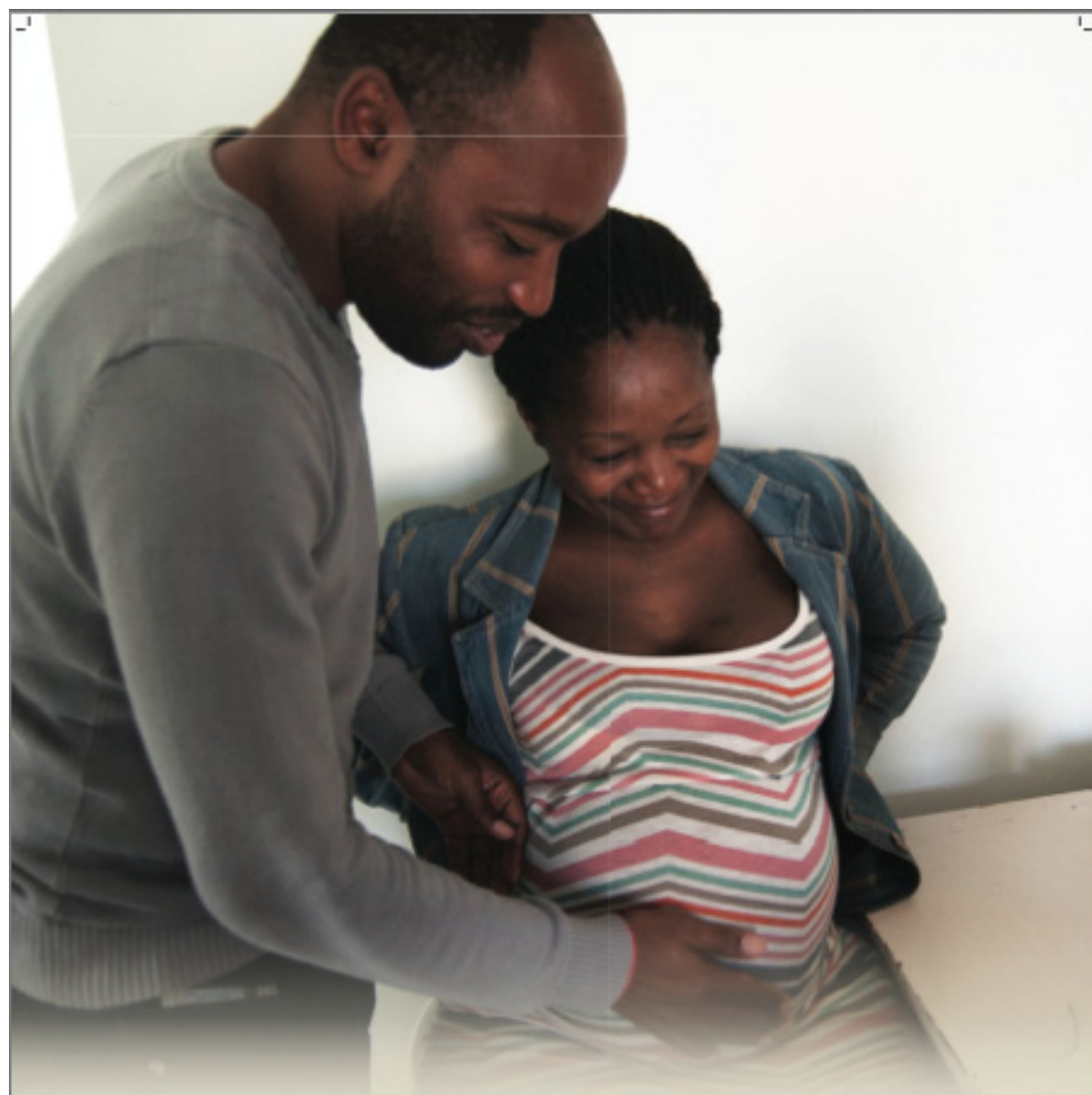
- ✓ If the mother attends a check-up by herself, ask about the role the father plays in raising the child and if he is actively involved. Discuss ways to increase his participation.
- ✓ If the biological father is absent (e.g. he did not admit responsibility for the child, the father and mother do not communicate, or he resides in another country), promote the participation of another significant male caregiver and ask the mother to invite him to future health care appointments.
- ✓ If the father or significant male caregiver attends the child's first check-up, convey the importance of his presence and role and encourage his future participation. Acknowledge the barriers to his participation, such as his work schedule, and work with him to identify ways to accommodate or overcome the obstacles if possible. . If the couple is not practicing family planning, discuss and encourage contraceptive use with both partners, as well as other sexual and reproductive health issues.
- ✓ During the consultation, make eye contact and speak directly to both the mother and father.



If the father comes alone to the child's health appointment:

- ✓ Remember that the father can come alone with his child to the visit. It is likely that he is an involved father outside of the health care space.
- ✓ Remind both father and mother that the involvement of both parents in caregiving is crucial to the child's psychological and emotional development. Be aware of patriarchal family structures that place men as the main decision-makers in the home. It may be difficult to raise this issue, but this discussion is essential. Encourage father and mother to work together to create opportunities for equal participation and responsibility.
- ✓ Recognize the efforts made by the couple, together or separately, to be present at the check-up appointment (e.g. traveling long distances and taking unpaid time off from work).
- ✓ Listen carefully to the concerns, worries and questions of fathers.
- ✓ Promote men's participation in other areas of responsibility, including: future health appointments, group education workshops, playing with his son or daughter, bathing, changing diapers and dressing the child, and telling the child stories.
- ✓ Ensure that the father knows his child's vaccination schedule, and is knowledgeable about the stages of his child's psychological and physical development. If he is not aware of these and other responsibilities, ensure that you have the relevant brochures and written materials to give him to take home.
- ✓ If possible, try to schedule health appointments that are compatible with the father's (as well as the mother's!) work hours.
- ✓ Reaffirm that involvement in child health is a responsibility of both parents, whether they are still together or not.
- ✓ Explain to the mother and the father that they are likely to have different parenting styles. They will have to openly discuss with one another how to discipline children without using physical or psychological punishment. The health appointment is an opportunity to begin these discussions, or expand the discussion if the parents have already thought about such matters.
- ✓ In tense situations arising out of conflicting parenting styles, suggest that the couple seek the support of their social networks. Creating a support system to help mediate disagreement and promote respect and non-violence is necessary for many couples. Make sure that you have on hand referrals to appropriate mental health professionals, if needed.





BABY ON THE WAY?
YOU ARE NOT THE ONLY ONE!
JOIN YOUR LOCAL FATHERS GROUP:

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For more on fatherhood and responsibility, go to
www.Men-Care.org

MenCare

MenEngage



Beating Gender
Justice Poverty



ASSESSMENT GUIDELINES ON FATHERHOOD AND HEALTH CENTERS THAT PROVIDE CARE FOR SMALL CHILDREN (0 TO 4 YEARS)

Below is a checklist that can be filled out by an individual health care professional or by a health team to determine how inclusive the health space is for fathers. The checklist is designed to help health care professionals identify and act on areas in their system where improvement may be needed.

| FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS | |
|---|----------|
| OUR ATTITUDES | |
| I reinforce the importance of the father's presence during the child's health appointments. | YES – NO |
| When the father is present, I validate and encourage his future participation. | YES – NO |
| I encourage the teen father to participate in his child's health care visits. | YES – NO |
| I promote the father's participation and equitable sharing in all caregiving and domestic tasks. | YES – NO |
| OUR PROTOCOLS | |
| I encourage my colleagues to actively promote fathers' involvement. | YES – NO |
| I record the father's presence or absence during the health visit. | YES – NO |
| When the mother comes alone to the health appointment, I ask about the father and vice versa (when the father comes alone to the appointment). | YES – NO |
| When the father is present, I provide him with information and guidance on his child's health and development. | YES – NO |
| We have clinical guidelines or protocols on how to involve fathers in child health appointments. | YES – NO |
| We promote and inform fathers and mothers about paternity leave, if it exists. | YES – NO |
| RESOURCES AND CLINIC ENVIRONMENT | |
| The health clinic has adequate space to engage fathers and incorporate fathers (e.g. an extra chair in the consultation room). | YES – NO |
| The clinic has campaign material about active fatherhood. | |
| Posters and art on the walls include images of fathers. | YES – NO |
| The clinic provides materials on child health and development designed specifically for fathers. | YES – NO |
| The clinic has tools and resources for health professionals or educators on how to engage fathers (e.g. manuals and guides). | YES – NO |
| The clinic offers or can refer clients to workshops for mothers and fathers. | YES – NO |
| The clinic has information about workshops that focus on gender equality, masculinity and fatherhood. | YES – NO |
| Where the answer is "NO", what can we do as professionals to better include the expectant father? Who is responsible for each task? By when will this be carried out? | |

NOTES: