

STATE



OF

AFRICA'S

FATHERS

*STATE
OF AFRICA'S
FATHERS*

A MenCare Advocacy Publication

2015

State of the World's Fathers

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View the report at sowf.men-care.org

About MenCare: This report is an adaptation of the global State of the World's Fathers report, which was produced by MenCare, a global campaign to promote men and boys' involvement as equitable, non-violent caregivers. With activities in more than 30 countries, MenCare partners carry out joint advocacy initiatives, research, and programming to engage men in positive parenting, equitable caregiving, violence prevention and in maternal, newborn, and child health. The campaign is co-coordinated by Promundo and Sonke Gender Justice, with Rutgers, Save the Children, and the MenEngage Alliance serving as Steering Committee members. For more information about the campaign and its partners, visit MenCare at www.men-care.org.

The views expressed in this publication are those of the authors and do not necessarily represent the official views of any of its affiliated organizations. For a list of any errors or omissions found subsequent to printing please contact: sowf@men-care.org.

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TABLE OF CONTENTS

THE STATE OF AFRICA'S FATHERS 2015: A REGIONAL SUMMARY BASED ON THE STATE OF THE WORLD'S FATHERS 2015	5
--	----------

CHAPTER 1

THE STATE OF AFRICA'S FATHERS 2015: A REGIONAL SUMMARY BASED ON THE STATE OF THE WORLD'S FATHERS 2015	13
--	-----------

THE STATE OF AFRICA'S FATHERS 2015	13
------------------------------------	----

CHAPTER 2

FATHERS AND UNPAID CARE WORK IN THE HOME	17
---	-----------

DISTRIBUTION OF MEN AND WOMEN'S TIME SPENT ON UNPAID CARE WORK	18
--	----

WHY FATHERS ARE NOT CONTRIBUTING THEIR FAIR SHARE OF WORK IN THE	20
--	----

HOME

LEAVE FOR FATHERS	21
-------------------	----

CHAPTER 3

FATHERS' INVOLVEMENT IN SEXUAL AND REPRODUCTIVE HEALTH, AND MATERNAL AND CHILD HEALTH	27
--	-----------

MEN'S INVOLVEMENT IN SEXUAL AND REPRODUCTIVE HEALTH	28
---	----

FATHERS AND MATERNAL AND CHILD HEALTH	32
---------------------------------------	----

CHAPTER 4

FATHERHOOD AND VIOLENCE AGAINST WOMEN AND CHILDREN	37
---	-----------

VIOLENCE BY MEN AGAINST WOMEN DURING PREGNANCY	40
--	----

VIOLENCE AGAINST CHILDREN BY FATHERS AND MOTHERS	37
--	----

CHAPTER 5

THE ROLE OF FATHERS IN CHILD DEVELOPMENT

45

CHAPTER 6

CONCLUSION

49

LIST OF FIGURES

Figure 1 Time spent on unpaid work (men and women, hours per day) 18

Figure 2 Countries providing paternity leave 23

Figure 3 Fathers’ reports of couples’ current method of contraception in four African countries (%) 28

Figure 4 Percent of fathers who have had children by more than one mother 29

Figure 5 Percent of fathers who believe that “contraception is a woman’s business and a man should not worry about it” 30

Figure 6 Percent of fathers present during prenatal check-ups for their youngest child 33

Figure 7 Percent of fathers who agree that it is never justifiable to beat one’s wife or child 38

Figure 8 Percent of women aged 15 to 49 who experienced physical violence during pregnancy 39

Figure 9 Percent of children aged two to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month 40

Figure 10 Percent of mothers and fathers who think that physical violence is necessary to raise/educate children 41

Figure 11 Percent of fathers who engaged in at least one activity to support their children’s learning 46

CHAPTER 1

The State of Africa's Fathers 2015: A regional summary based on the State of the World's Fathers 2015

THE STATE OF AFRICA'S FATHERS 2015

Fathers matter. Father-child relationships, in all communities and at all stages of a child's life, have profound and wide-ranging impacts on children that last a lifetime, whether these relationships are positive, negative or lacking. Men's positive involvement in fatherhood and caregiving can improve gender dynamics and contribute to gender equality, decrease violence, and improve the health and wellbeing of women, men and children. It is therefore an important issue that affects us all. Despite these benefits, little has been done in the way of research or policy development, either at the national or

international level, to understand and promote fathers' involvement. This is especially true of the African continent.

Adapted from the first State of the World's Fathers 2015, this regional report focuses on men's caregiving practices in Africa. It looks at what is known – and unknown – about men's participation in unpaid care work, sexual and reproductive health and rights, maternal and child health, violence against women and children, and child development.

At the outset, it is necessary to point out the limitations of a report on this region. There is limited data concerning fathers in Africa, and more information needs to be collected to fully understand men's caregiving practices on the continent and to contribute to transforming the institution of fatherhood. The data that is available, however, suggests that fathers' caregiving practices in Africa largely reflect global trends. Accordingly, general recommendations to address challenges and maximise opportunities are detailed at the end of each section of the global State of the World's Fathers report.

Social norms, practices and power dynamics between men and women need to be reframed to achieve full equality in caregiving. This will require support at many levels, including government policies, workplaces, schools and families. To this end, the global report makes the following recommendations:

- Create national and international action plans to promote involved, non-violent fatherhood and men's and boys' equal sharing of unpaid care work.
- Take these action plans and policies into public systems and institutions to enable and promote men's equal participation in parenting and caregiving.



- Institute and implement equal, paid and non-transferable parental leave policies in both public and private sectors, as well as other policies that allow women's equal participation in the labour force and men's equal participation in unpaid care work.
- Gather and analyse data on men's involvement as fathers and caregivers and generate new evidence from programmes and policies.
- Achieve a radical transformation in the distribution of care work through programmes with men and boys, as well as with women and girls, that challenge social norms and promote their positive involvement in the lives of children.
- Recognise the diversity of men's caregiving and support it in all of its forms.

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CHAPTER 2

Fathers and unpaid care work in the home

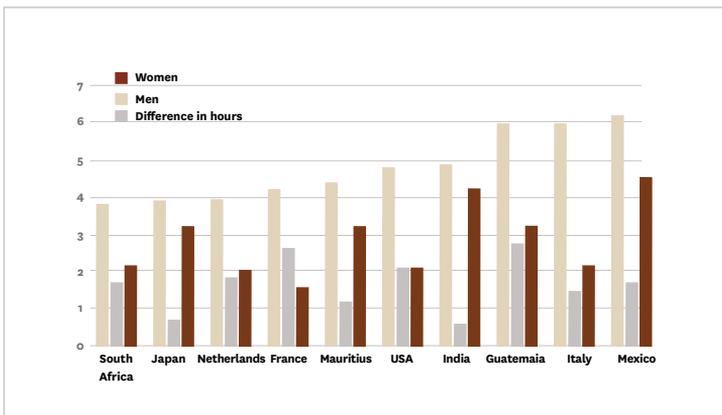
Caregiving dynamics across Africa reflect the global reality that men and women do not share equally in the division of unpaid care work, which refers to unpaid domestic work and caring for others in the home and community.¹ This imbalance negatively affects gender dynamics and national economies. Although a number of international conventions have made reference to men's caregiving, more needs to be done to redistribute the division of labour equally between men and women,² such as providing leave policies for fathers.

DISTRIBUTION OF MEN AND WOMEN'S TIME SPENT ON UNPAID CARE WORK

The amount of unpaid care work done by men varies considerably by country and family. Yet globally, women consistently do more unpaid care work than men. Even where men are contributing more than they used to, the gaps between women's and men's contributions are persistent.³ Evidence suggests this is also the case in African countries. In South Africa, a national time-use survey found that women carry out eight times more unpaid work than men do,⁴ while another study found that women's unpaid work was 2.1 hours a day more than men's in South Africa and 3.2 hours a day more in Mauritius (see Figure 1).

Furthermore, women spend more time on combined paid and unpaid work than men.⁵ Women in Benin, South Africa, Madagascar and Mauritius spend between 24 and 141 minutes more per day in this category than their male counterparts.⁶ Women in Rwanda spend 51 hours per week on their combined duties compared to men's 40 hours.⁷

FIGURE 1:
Time spent on unpaid work (men and women, hours per day)



Source: Data from UNDP (2006) and ECLAC (2007) in Antonopoulos R. The Unpaid Care Work Paid Work Connection. Annandale-on-Hudson, NY: The Levy Economics Institute; 2008.

When family members are ill or elderly, the burden of care falls even more disproportionately on women and girls. One survey in South Africa found that women make up over two-thirds of primary caregivers for people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).⁸ They are also the main caregivers for children who have lost parents to HIV and AIDS. Another South African study found that when the mother dies, only one in three fathers remains the primary caregiver in the household compared with more than two in three mothers when the father dies.⁹

This unequal division of unpaid care work needs to be addressed as it negatively affects women, children, men and the economy. It limits women's participation in work and education as well as their economic empowerment. Research in Tanzania found that if women were able to spend one hour less for every 10 hours they spend collecting water and fuel, it would increase their possibility of earning money by 7 percent.¹⁰

Women's unpaid care burden has the greatest impact on the poorest in society. A study of poor women in Kenya, Nepal, Nigeria and Uganda found that "women living in poverty carry heavier workloads than men in all four countries, across both rural and urban communities. Their responsibility for unpaid care work means they have less time to take care of themselves, rest or engage in paid work or subsistence agriculture."¹¹ Furthermore, research in Africa and elsewhere suggests that the gendered division of labour contributes to poverty.¹²

Girls also tend to participate more in unpaid care work than boys. This can limit their participation in education¹³ as they have less time to attend school or do schoolwork. "Studies indicate that in sub-Saharan Africa, 71 percent of the burden of

collecting water for households falls on women and girls,¹⁴ who in total spend 40 billion hours a year collecting water, equivalent to a year's worth of labour by the entire workforce in France.”¹⁵

The separation of men and boys from caregiving also inhibits healing and rebuilding in conflict-affected countries: a study in eastern Democratic Republic of Congo found that women's caregiving roles gave them a reason to endure the negative effects of war, while men were more likely to turn to destructive coping strategies such as drinking or drug use, and less likely than women to seek help.¹⁶

There is some evidence, primarily from high-income countries, that gaps in unpaid care work are narrowing, particularly in relation to childcare. Fathers are spending more time with their children^{17,18} and the number of fathers who stay at home to look after their children while their wives or partners go out to work is also slowly increasing. However, the narrowing of the housework gap is primarily a result of women spending less time on these activities as well as prioritising spending time with children over doing housework.¹⁹ More research needs to be done in African countries to determine whether changes are occurring.

WHY FATHERS ARE NOT CONTRIBUTING THEIR FAIR SHARE OF WORK IN THE HOME

The reasons why men do not participate equally in unpaid care work fall into three categories: social norms and gender socialisation that reinforce the idea that caregiving is “women's work”; economic and workplace realities and norms that drive household decision-making and maintain a “traditional” division of labour; and policies that reinforce the unequal distribution of caregiving.

Limited available data for Africa suggests that men are expected to earn money, while women are expected to provide care and run the household. For example, the International Men and Gender Equality Survey found that 61 percent of men in Rwanda agreed with the statement: “Changing diapers, giving kids a bath and feeding kids are the mother’s responsibility.”²⁰

Men and women also feel pressure to adhere to social and cultural norms. Research with Rwandan men who participated in fathers’ groups found that despite men’s interest in caregiving, they were hesitant to take on tasks that ran counter to “everything they were taught a man should do”. Men’s participation in the domestic tasks is usually stigmatised by other men and by women, which also makes change challenging, and men acknowledged that they often hid their participation in household chores from their neighbours or communities.²¹

These social norms, which naturalise women’s identities as mothers and carers and emphasise men’s roles as providers, reinforce the gendered division of labour and serve as a barrier to men’s greater involvement as fathers and caregivers.

LEAVE FOR FATHERS

In most countries, social and economic policies continue to reflect and reinforce the link between fatherhood and work, and motherhood and care.²² As a policy measure, providing leave for fathers is one way to encourage men’s increased participation in caregiving as well as a more equal division of household labour between men and women. It can also help to promote gender equality.

Despite these potential benefits, there are no International Labour Organization (ILO) standards on paternity or parental

leave²³ and only 92 countries offer leave that can be taken by new fathers (this number includes both leave that is available only to fathers and leave that is available to either parent); in half of these countries, the leave is less than three weeks.²⁴

Besides the large variations in paternity and parental leave provisions by country, most leave policies do not apply to the many millions, particularly in low-income countries, who work in the informal sector, or who are in short-term or other types of contracts that give them no rights to any kind of leave.

There are two types of leave policies for fathers: paternity leave, the opportunity given to a father to take time off from work after the birth or adoption of a child, and parental leave, which refers to longer-term leave available to either or both parents, allowing them to take care of an infant or child, usually after the initial maternity or paternity leave period.²⁵

Paternity leave

In 1994, only 40 of 141 countries (28 percent) for which the ILO collected data had statutory provisions for paternity leave. By 2013, paternity leave was provided in 78 out of 167 countries (47 percent),²⁶ with increases across all regions, including Africa, which increased from 40 to 55 percent. While specific provisions vary by country, paternity leave is typically short (generally one to 10 days) and paid, though not always well.

Eligibility for paternity leave in most countries is contingent on a minimum duration of employment in the formal sector. Tanzania, for example, requires six months of prior employment.²⁷

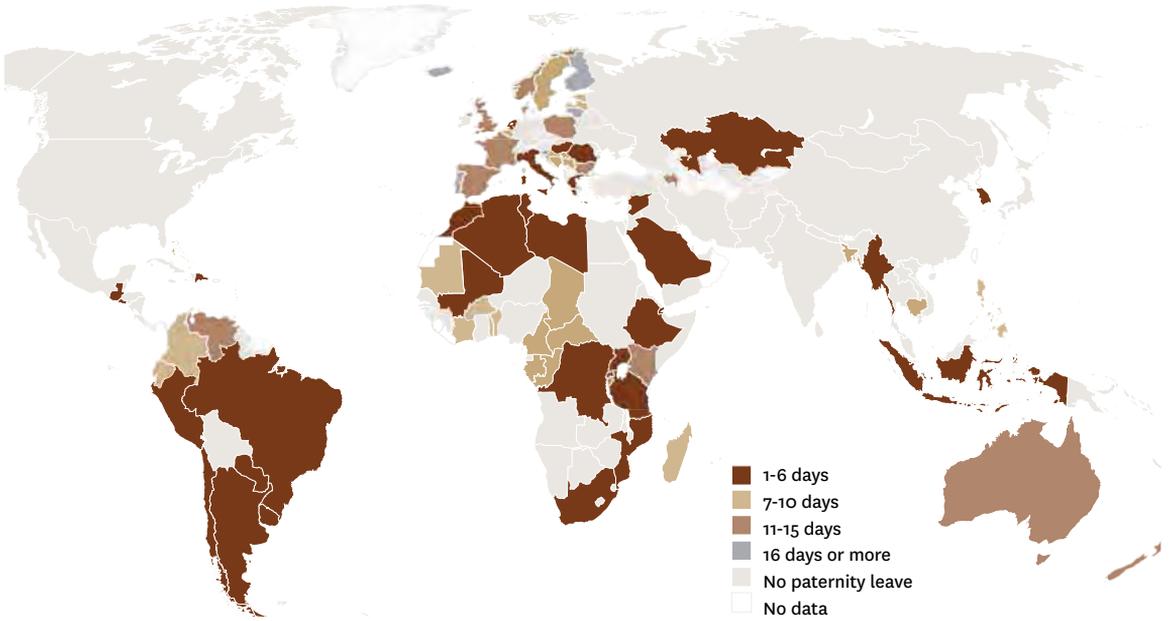
As of 2013, length of paternity leave provisions ranged from a single day in Tunisia to 90 days in Iceland, Slovenia and

Finland.²⁸ Twenty-two African countries provide no paternity leave and only two African countries provide more than 10 days leave (see Figure 2).

Figure 2:
Countries providing paternity leave

Countries providing paternity leave

By duration, 2013 (167 countries)



Source: International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

Parental leave

Sixty-six of the 169 countries for which the ILO has collected information have long-term parental leave provisions for mothers or fathers, though 10 of these reserve the leave for mothers only. Nearly all developed economies, and countries in Eastern Europe and Central Asia, provide parental leave. But such leave – especially when it is paid – is less common in developing or middle-income countries. Only two countries in Latin America and the Caribbean, three in Asia, five in the Middle East and five in Africa provide leave that can also be used by fathers.²⁹

Fathers are spending more time with their children, and the number of fathers who stay at home to look after their children while their wives or partners go out to work is also slowly increasing

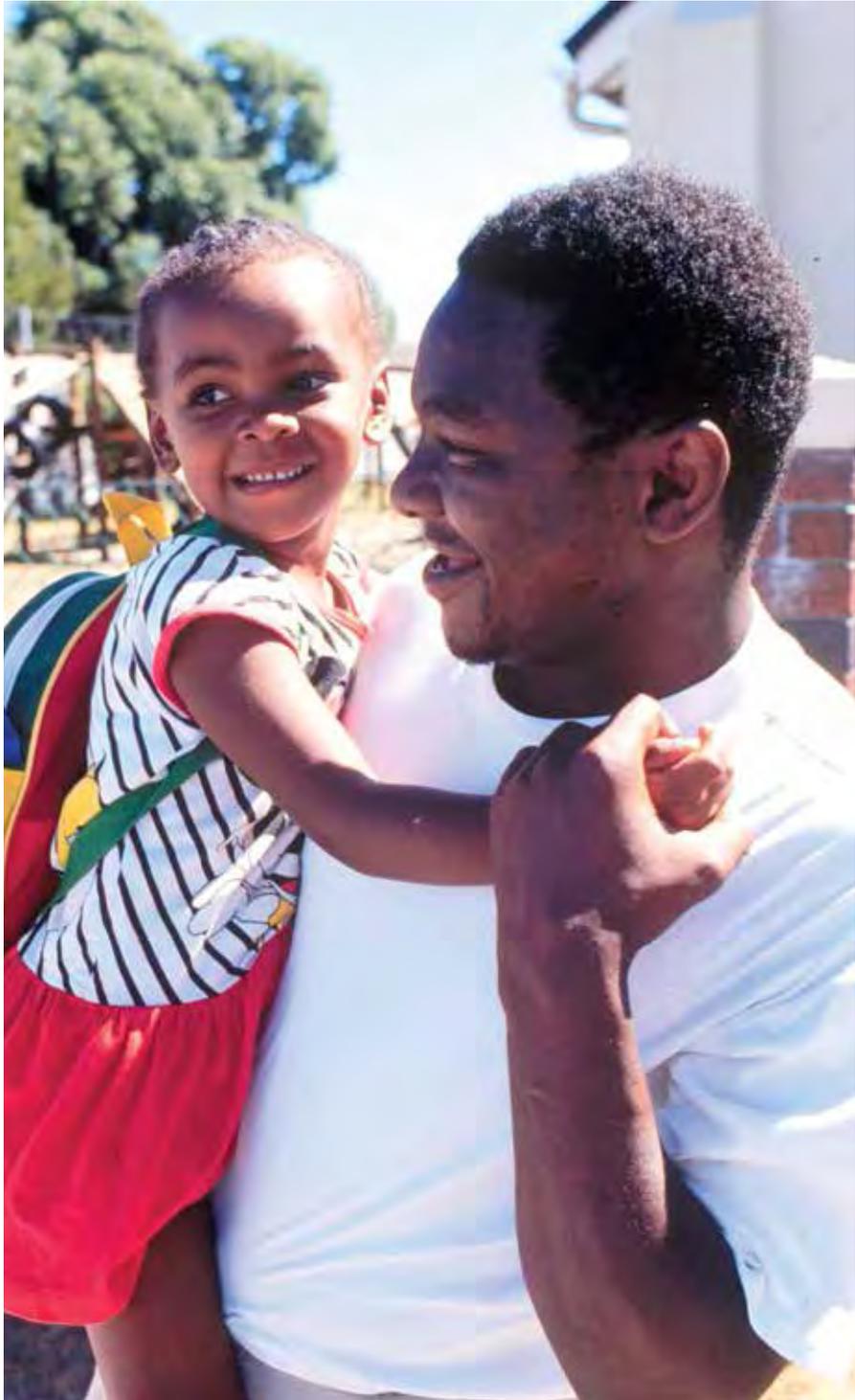
The regulations and provisions for parental leave across countries vary significantly. Parental leave tends to be longer

than maternity and paternity leave, but it is often paid at a lower rate or is unpaid. While parental leave is technically flexible regarding who takes it, it is nearly always mothers who take it rather than fathers, maintaining gender inequality in caregiving.³⁰

Only 54 countries provide parents with paid leave specifically to care for children's health; nearly all of these are high- or middle-income countries.³¹ The lack of such provisions disproportionately affects low-income families with rigid work schedules: parents in Botswana and Vietnam, for example, reported lost pay, missed job promotions and job loss due to the need to care for sick children.

Leave in the case of adoption is often available as part of parental leave provisions, though in some countries like Albania, Costa Rica, Guatemala, South Africa and Venezuela this leave is available only to women.³²

MenCare Campaign (South Africa)



CHAPTER 3

Fathers' involvement in Sexual and Reproductive Health, and Maternal and Child Health

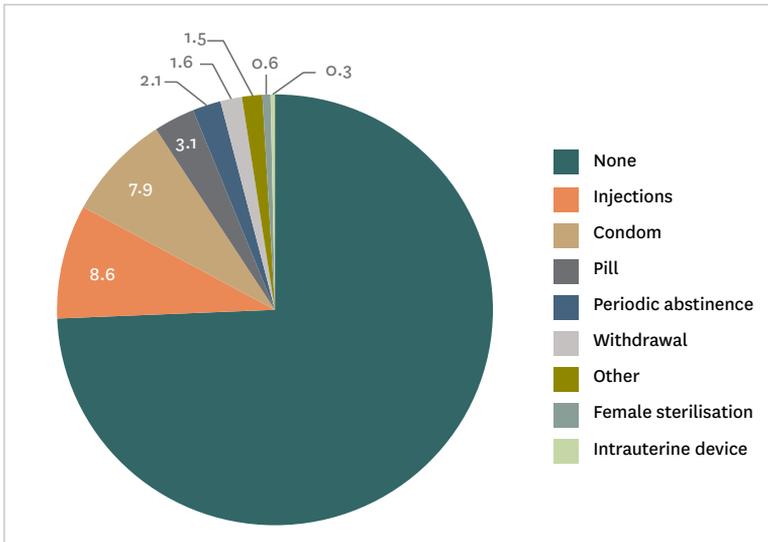
Engaging men as equal partners in sexual and reproductive health, and in maternal and child health, is critical for achieving the health and wellbeing of men, women and children, as well as gender equality. However, men are often left out of interventions, service provision and policy discussions related to family planning and contraception. This is true even though evidence suggests that men in Africa, like in other regions, control or play a dominant role in decision-making around sexual and reproductive health in general, including sex, family size, contraception, and access to or use of health services.³³

MEN'S INVOLVEMENT IN SEXUAL AND REPRODUCTIVE HEALTH

Contraceptive use

Demographic and Health Survey (DHS) data from Ethiopia, Nigeria, Mozambique and Uganda found that, based on fathers' reports, 74 percent of couples do not use any form of contraception and that the most-used contraceptives, injections and condoms, are only used by 8.6 and 7.9 percent of couples respectively (see Figure 3). Despite the high proportion of couples not using contraception, global DHS data indicates that an estimated 33 million women aged 15 to 24 who are sexually active, both married and unmarried, would use contraceptives if they had access to them.³⁴

FIGURE 3:
Fathers' reports of couples' current method of contraception in four African countries (%)

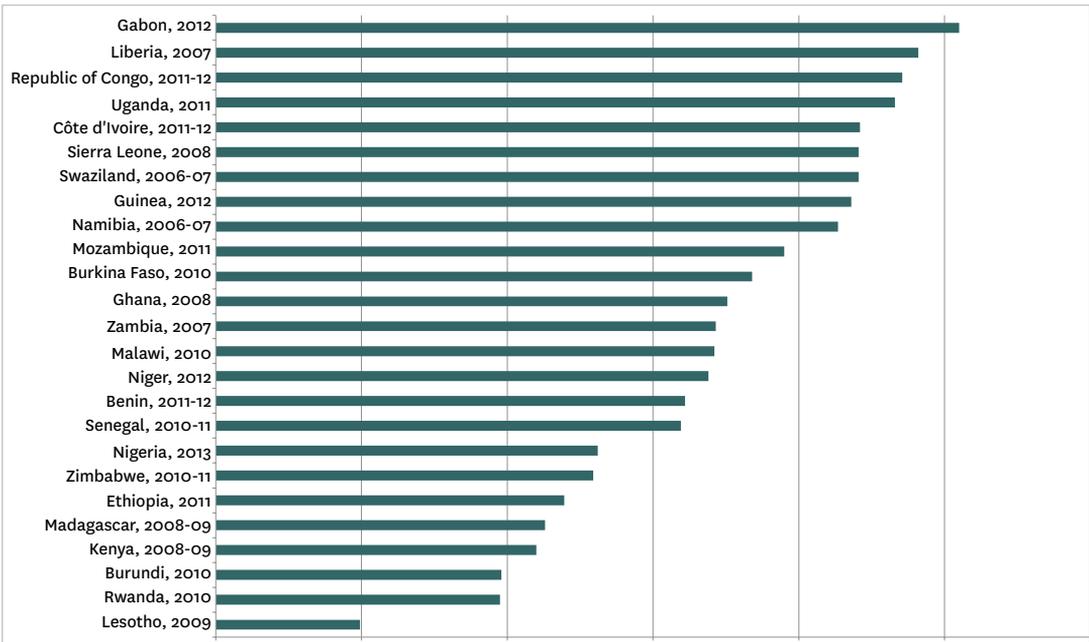


Source: Analysis of Demographic and Health Survey data (2006–2013)

Communication and joint decision-making between partners is fundamental to effective contraceptive use and family planning. Available data suggests, however, that men tend to dominate the decision-making around when and how many children to have. In one study in Ethiopia, for example, 33 percent of men reported they were the sole decision-makers in their families when it came to childbearing,³⁵ while another study found that 61 percent of men in Mali believed they should be the sole decision-makers.³⁶

Reproductive decision-making is sometimes complicated by men’s and women’s multiple sexual partnerships, and by the number and type of unions in which individuals are involved. The data shows considerable variability in men’s contraceptive use by the type of union (formal, informal) and by number of unions. In addition, data for 25 African countries indicates that a significant percentage of fathers (average: 34 percent) have had a child with more than one woman – including more than 45 percent of men in the Republic of Congo, Gabon, Liberia and Uganda (see Figure 4).

Figure 4:
Percent of fathers who have had children by more than one mother

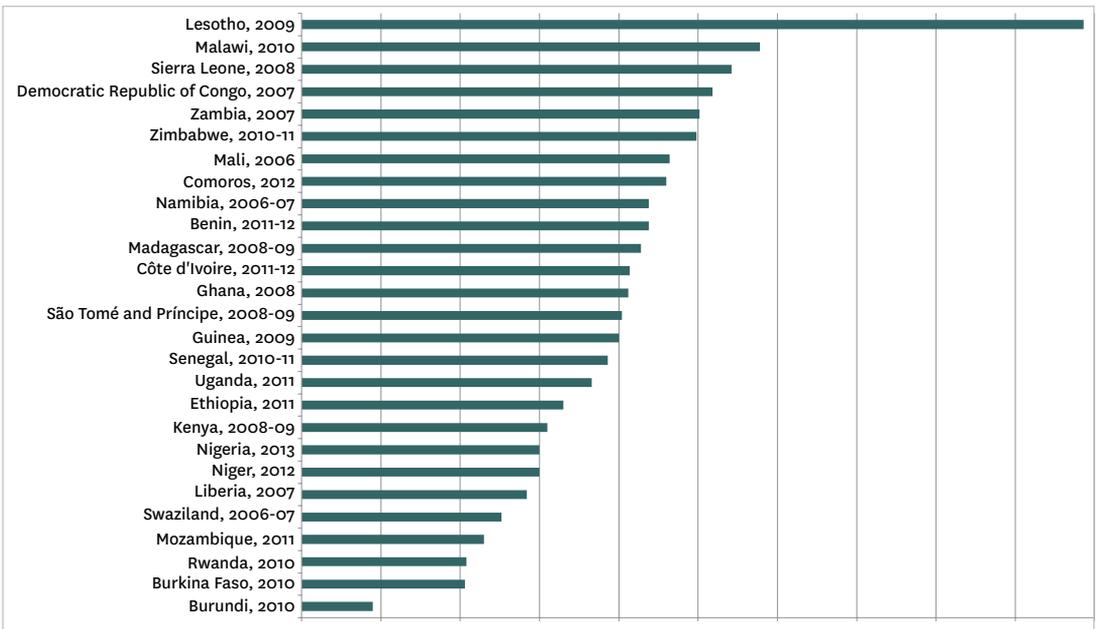


Source: Analysis of Demographic and Health Survey data (2005-2013)

Polygamy also complicates decisions to plan, prevent or time a pregnancy, and some research in Malawi indicates that contraceptive use may be lower within polygamous unions than in monogamous ones.³⁷

Gender norms and policies continue to place responsibility for reproduction and fertility on women’s shoulders, presenting a challenge to involving men in family planning. In the 26 African countries for which data is available, between 5 percent of men (in Burundi) and 49 percent of men (in Lesotho) believe that “contraception is a woman’s business, and a man should not worry about it”, as seen in Figure 5 (average: 20 percent), while findings from the International Men and Gender Equality Survey show that a much higher percentage of men – 61 percent in the Democratic Republic of Congo and more than 40 percent in Rwanda – agreed that “it is a woman’s responsibility to avoid getting pregnant”.

FIGURE 5:
Percent of fathers who believe that “contraception is a woman’s business and a man should not worry about it”



Source: Analysis of Demographic and Health Survey data (2005-2013)

Abortion

Existing research indicates that men strongly influence women's decisions or ability to seek an abortion, either directly or indirectly. In some countries women need permission from their husbands or parents (and often their financial support) on decisions related to sexual and reproductive health, including the ability to access safe abortion. Requesting this permission may be risky for some women: examples from Uganda, Burkina Faso and Zimbabwe suggest that some men view an abortion as a sign of illicit sexual activity and may respond violently to such a request.³⁸

One study in Zimbabwe found that many men resist women's access to abortion because it threatens their perceived control over women.³⁹ The study concluded that "men felt anxious and vulnerable regarding their role in society due to shifting gender roles and greater rights accorded to women. Abortion, as a concrete manifestation of the shift towards smaller families and greater female autonomy, is the site of a great deal of social tension."⁴⁰

More needs to be done to engage men in contraceptive use and decision-making in ways that support women's reproductive choices so that more men, for example, support their partners' decisions to terminate a pregnancy and help them to access abortion and post-abortion services. Apart from being a question of gender equality, studies around the world find that fathers tend to be more engaged in the lives of children whom they intended to have, with lasting benefits to those children.

HIV/AIDS

The limited data on the links between HIV/AIDS and fathers' involvement in sexual and reproductive health and maternal and child health for Africa suggests that fathers play an important role in preventing HIV infection in children, both when a pregnant woman is HIV-positive and when a woman becomes newly infected with HIV during pregnancy or breastfeeding.

A study in South Africa, for example, found that when an expectant father is also counselled and tested, it is more likely that the mother will return for follow-up, successfully take antiretroviral medication and adhere to infant feeding recommendations.^{41,42} A study in Kenya found that expectant fathers' involvement in prevention of mother-to-child transmission initiatives decreased the risk of infant HIV infection and of infant mortality in HIV-uninfected infants.⁴³

Conversely, existing inequitable attitudes around gender can mean that men may hinder the efforts to combat HIV/AIDS. For example, women's fear or experience of rejection and violence from their partners may be a barrier to HIV testing, follow-up and treatment.⁴⁴

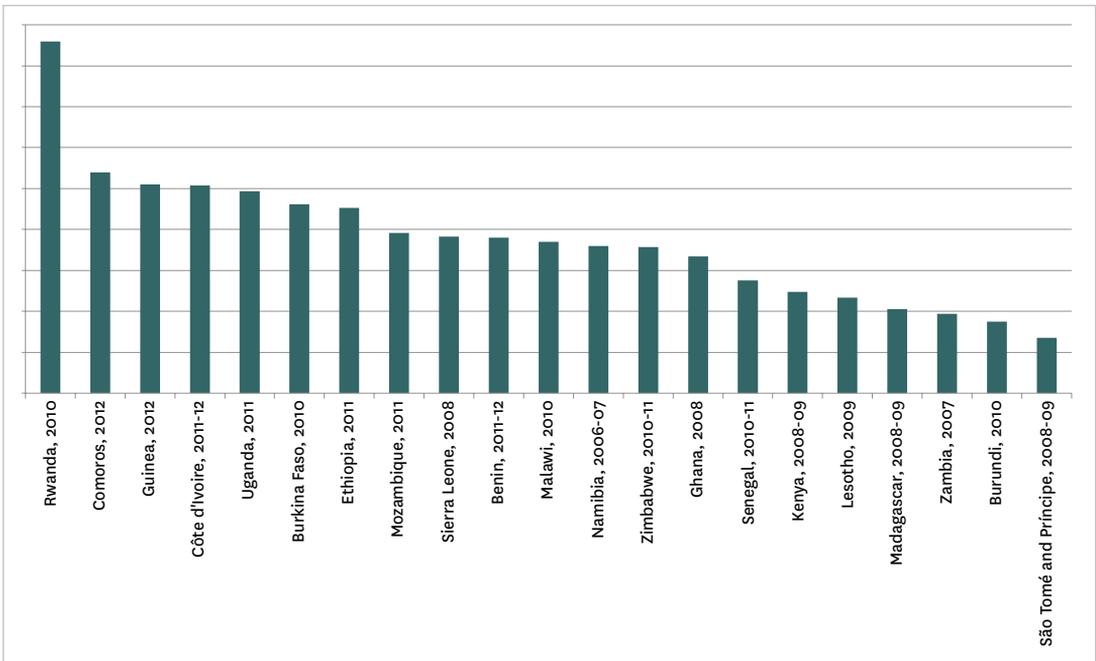
FATHERS AND MATERNAL AND CHILD HEALTH

The involvement of fathers before, during and after the birth of a child has been shown to have positive effects on maternal health behaviours, women's use of maternal and newborn health services, and fathers' longer-term support and involvement in the lives of their children. While more rigorous global studies are needed, greater paternal involvement before, during and after the birth of a baby has the potential to contribute to

reducing maternal mortality and morbidity, and to improving the experiences of women in pregnancy and during labour.

Men's presence at prenatal care visits in 21 African countries ranges from 14 percent in São Tomé and Príncipe to 86 percent in Rwanda (average: 38 percent) (see Figure 6). Men's participation in prenatal visits and maternal health education needs to be promoted as they can support their partners in ways that can be life-saving. A study from Kenya found that women whose husbands accompanied them to at least one prenatal care visit were almost twice as likely to deliver using a skilled birth attendant than those who benefited from prenatal care but not their husband's presence.⁴⁵

FIGURE 6:
Percent of fathers present during prenatal check-ups for their youngest child



Source: Analysis of Demographic and Health Survey data (2005-2013)

Fathers who do not attend prenatal care can still encourage and support their partners to access these essential services. For example, mothers in a South African study said that their partners supported them by providing money for transport to the clinic or by taking care of another child when the mother had a prenatal check-up.⁴⁶

The involvement of fathers before, during and after the birth of a child has been shown to have positive effects on maternal health behaviours

However, data suggests that men can also either directly or indirectly prevent women from receiving care. Recent research from Nigeria found that women cited uncooperative male partners as one of the reasons for not attending prenatal care, in addition to the high cost, poor quality and distance of government services.⁴⁷

Research from South Africa and Rwanda found that low levels of men's involvement in maternal, newborn and child health are linked to the wider view that pregnancy and childbearing and rearing are women's issues. The research also found that men are often reluctant to visit healthcare services, as they view these as "female" spaces and regard seeking help as a sign of weakness.⁴⁸



04

CHAPTER 4

Fatherhood and Violence Against Women and Children

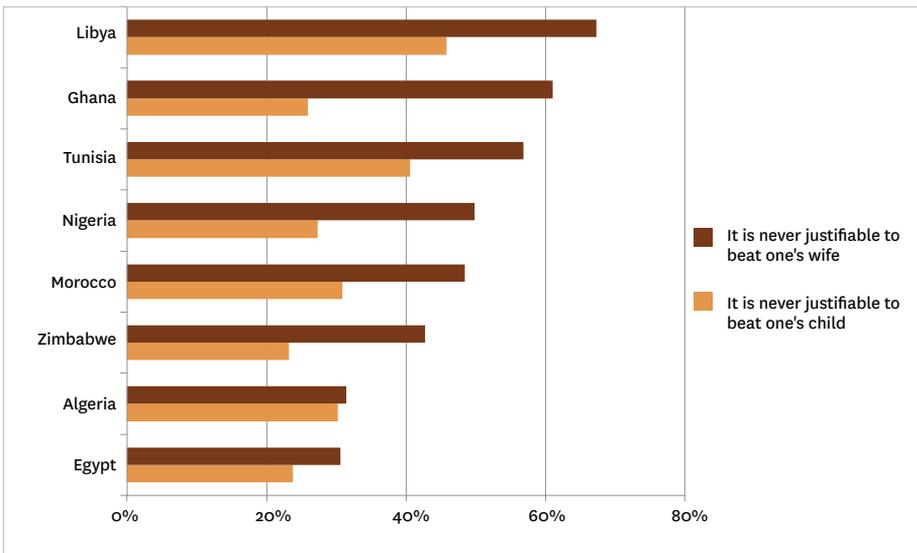
Violence in families, against women and children, is one of the most challenging issues in promoting positive involvement by fathers. Globally, approximately one in three women experiences violence at the hands of a male partner in her lifetime.⁴⁹ In addition, three-quarters of children between two and 14 years of age in low- and middle-income countries experience some form of violent discipline in the home.⁵⁰ Most violence against women in the home is committed by men, while violence against children is perpetrated by mothers, fathers and other caregivers.

Although violence against women and violence against children are usually addressed separately, they share some common risk factors (including poverty and legal and political disempowerment, relationship conflict and alcohol abuse), root causes and harmful outcomes. They also often co-occur in the same households.

Attitudes that support the use of violence against women and

children vary across Africa. As shown in Figure 7, in the eight countries for which data is available, fathers are more likely to reject violence against women (average: 49 percent) than violence against children (average: 31 percent). Libya has the highest percentage of fathers who are opposed to violence against both women and children, while Egypt and Zimbabwe have the lowest percentage of men opposed to violence against women and children respectively.

FIGURE 7:
Percent of fathers who agree that it is never justifiable to beat one’s wife or child



Source: Analysis of World Values Survey data (Wave 6, 2010–2014)

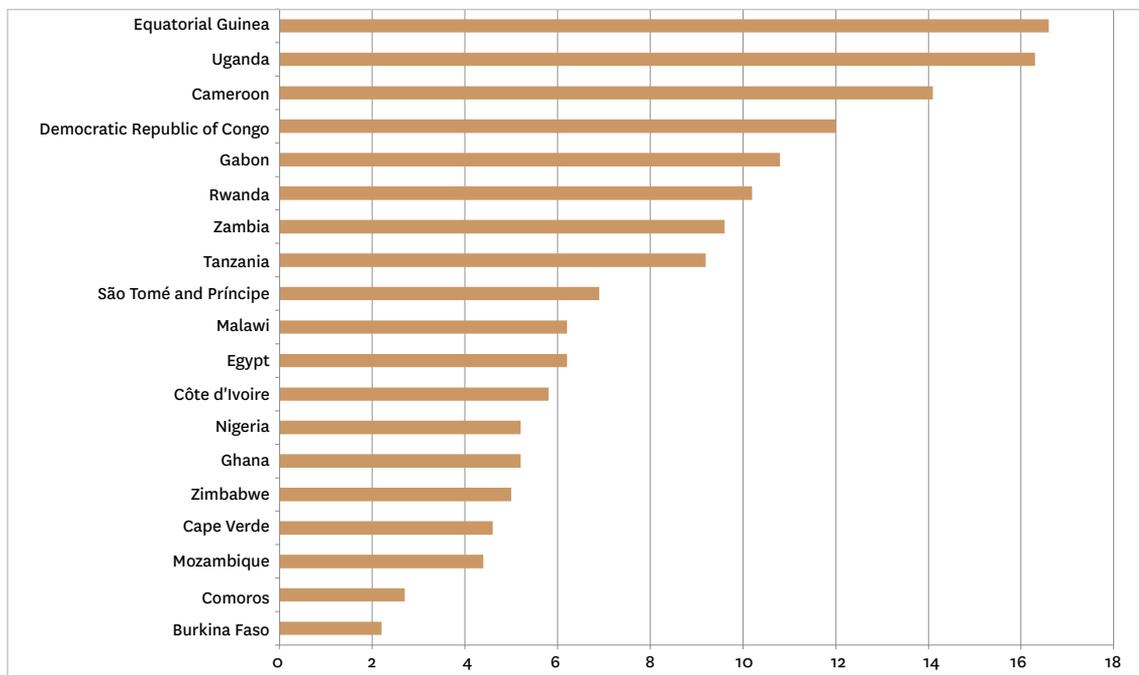
VIOLENCE BY MEN AGAINST WOMEN DURING PREGNANCY

Pregnancy and childbearing represent a major life transition for a couple. Research is contradictory on whether men’s use of violence against female partners is higher or lower during pregnancy than during other times, or if it changes in severity during or after pregnancy. This much is clear: pregnancy

(particularly a first pregnancy) often triggers stress for couples, which may result in increased conflict and sometimes in men's use of violence. At the same time, pregnancy offers an opportune moment to screen for intimate partner violence, to offer services for women experiencing violence, and to support fathers and mothers in preventing violence.

DHS data from 2005 to 2013 for 19 African countries found varying levels of physical violence of men against women aged 15 to 49 during pregnancy, from 2 percent in Burkina Faso to almost 17 percent in Cameroon (see Figure 8). However, there is no information regarding whether men's use of violence against female partners is higher or lower during pregnancy than other times, or if it changes in severity during or after pregnancy.

FIGURE 8:
Percent of women aged 15 to 49 who experienced physical violence during pregnancy



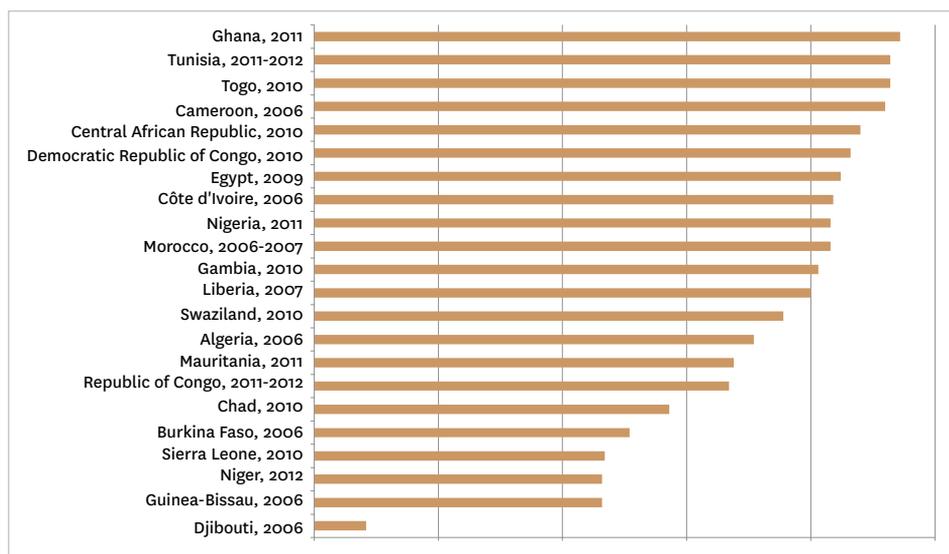
Source: UNICEF global databases 2014, based on DHS data (2005–2013)

VIOLENCE AGAINST CHILDREN BY FATHERS AND MOTHERS

Violence against children in the home, and in particular corporal punishment, is highly prevalent in Africa. Data from 22 African countries shows that between 72 percent and 94 percent of children aged two to 14 had experienced violent discipline in the last month (see Figure 9).⁵¹ Furthermore, corporal punishment starts at a very early age⁵² and its prevalence is similar for girls and boys in many countries.⁵³

Data from the Central African Republic, Nigeria, Egypt, the Democratic Republic of Congo and Chad – a number of which are affected by conflict – reveal that one in three children experienced “extremely harsh physical punishment”.⁵⁴ A study on violence against children in Kenya found that 52 percent of girls and 57 percent of boys reported having been punched, whipped or beaten with an object by a parent or adult relative prior to the age of 18.⁵⁵ More data on the frequency and level of severity of corporal punishment or physical violence is needed.

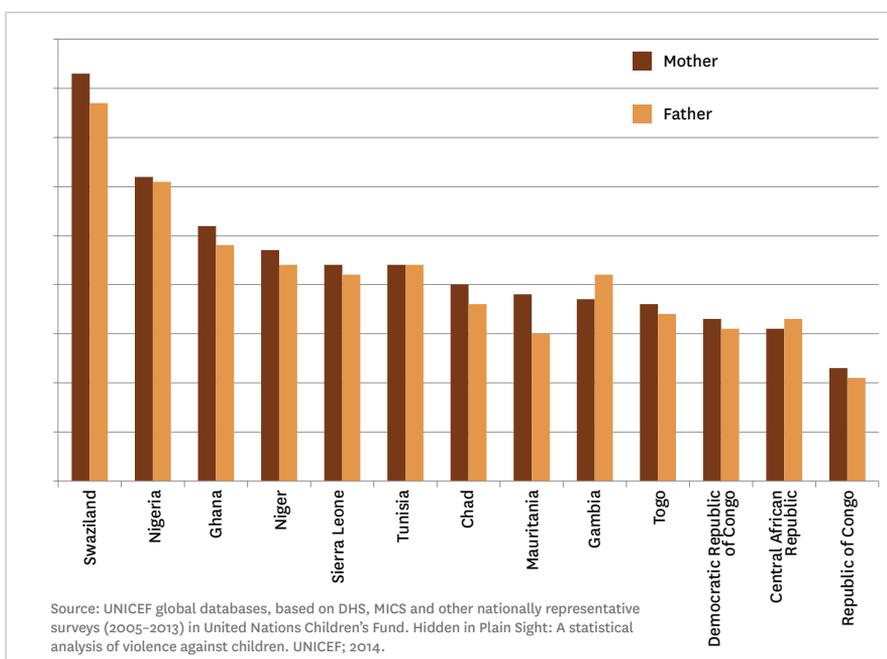
FIGURE 9:
Percent of children aged two to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month



Source: UNICEF global databases, based on DHS, MICS and other nationally representative surveys (2005–2013)

Data from 13 African countries shows that in most countries fathers and mothers are equally likely to support physical punishment (see Figure 10),⁵⁶ though evidence suggests that mothers are more likely to use it. This is partly due to the fact that women do most of the care work, which places them in close, near constant contact with children.

FIGURE 10:
Percent of mothers and fathers who think that physical violence is necessary to raise/educate children



However, both mothers and fathers use violence against children and there are gendered patterns to this violence. Data from the Tanzania Violence against Children study found that mothers were more likely to perpetrate violence against daughters, while fathers were more likely to perpetrate violence against sons. Among children who experienced violence at the hands of relatives, 49 percent of girls experienced violence from their mothers and 37 percent from their fathers; among boys, the figures were 36 percent from mothers and 51 percent from fathers. In addition,

about 22 percent of young women and 23 percent of young men reported that both their mother and their father had perpetrated such violence.⁵⁷

In 2010, the World Health Organization estimated that 20 percent of girls and five to 10 percent of boys worldwide experience sexual abuse.^{58,59} Studies also suggest that relatives or step-parents perpetrate between 14 and 56 percent of the sexual abuse of girls and up to 25 percent of the sexual abuse of boys.⁶⁰ In contrast, UNICEF's 2014 report *Hidden in Plain Sight: A statistical analysis of violence against children* found that only in a small number of countries, including the Democratic Republic of Congo, was the perpetrator of physical violence against unmarried young women aged 15 to 19 most likely to be a father or stepfather. In some sub-Saharan African countries, the main perpetrator was a teacher, in others a relative, neighbour or other community member.⁶¹

More needs to be done to protect children from violence and its long-term consequences. Evidence from around the world indicates that boys and girls who directly experience violence or who witness violence against their mothers are more likely to repeat these patterns in their adult relationships.^{62,63} Studies in Kenya and Uganda indicate that witnessing or experiencing violence in childhood is also associated with higher levels of acceptance of intimate partner violence among both men and women.^{64,65}

Preventing violence against women and children depends on individual change, strong violence prevention and response systems, including legal frameworks, and broader support for families, communities and institutions to address violence and its root causes through, for example, parenting interventions and other programmes that strengthen empathy and question gender norms.



The role of Fathers in Child Development

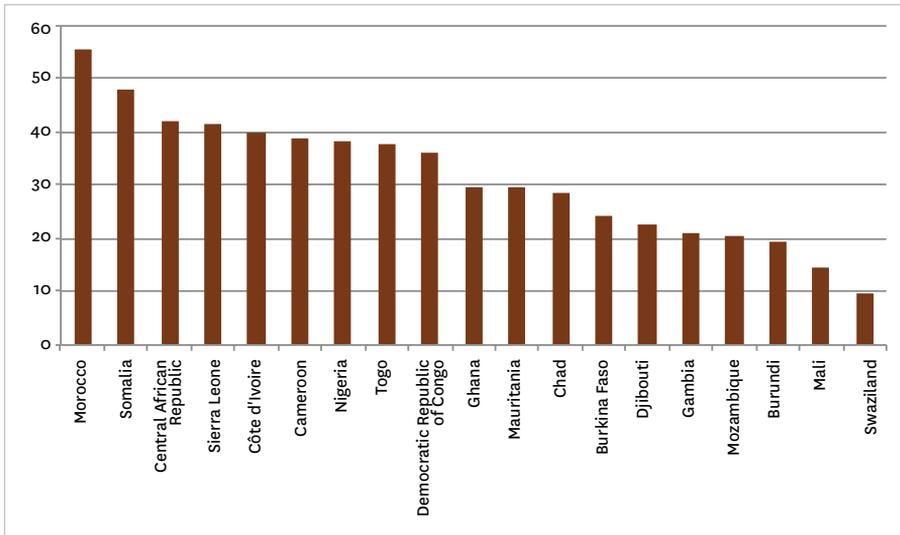
Fathers matter in the lives of children. Overall, the research suggests that fathers matter for children's emotional, social and intellectual development; fathers matter as children grow up, and not just in the early years of life; fathers may matter differently for boys and girls in some households and in some parts of the world; fathers hold an important caregiving and developmental role in their own right and as co-caregivers with mothers and other caregivers; and men themselves change in diverse ways, biologically and psychologically, when they take on caregiving roles. In short, fathers influence their children's development, and children influence their fathers' development.

Research indicates that men and women are equally suited to caregiving and that parental roles are interchangeable.^{66,67} In other words, women can carry out roles traditionally associated with fathers and men can care for children in ways traditionally associated with mothers. Furthermore, research increasingly confirms that where the roles of men and women are converging, fathers' involvement affects

children in the same ways that mothers' involvement affects children.⁶⁸

Although fathers play an important role in the lives and development of their children, there is tremendous variation across cultures in how fathers interact with their children, with differences shaped by social and cultural contexts. Data from 19 African countries (see Figure 11) shows that between 10 percent of fathers (Swaziland) and 56 percent of fathers (Morocco) report being involved in at least one learning activity with their children. Other multi-country research shows that fathers are less likely than mothers to read to their children⁶⁹ or to write words and letters with them⁷⁰

FIGURE 11:
Percent of fathers who engaged in at least one activity to support their children's learning



Source: Analysis of MICS data (2005–2011)

Furthermore, in many settings, fathers interact with boys and girls in different ways to mothers. Mothers are often more accustomed to children's daily routines and spend more time doing the mundane tasks involved in childcare,^{71,72} while fathers are often – but not always – more likely to participate in the more obviously satisfying parts of childcare, such as playing with their children. However, this is not always the case and in many countries fathers and mothers engage in similar types and amounts of play with their children.⁷³

The world needs men involved as caregivers not because fathers do uniquely “male” things

The absence of fathers also affects children's development. Fathers may be absent from their children's lives for many reasons, such as work, and these effects within the African context need to be given more attention.

Every father, like every mother or any other caregiver, matters uniquely to his child. The world needs men involved as caregivers not because fathers do uniquely “male” things, but because children are more likely to thrive with multiple, nurturing caregivers, regardless of their sex. Children need care and the world needs men – as biological as well as social fathers – to be part of that care.

06

CHAPTER 6

Conclusion

Most men in the world are or will become fathers, and virtually all have a connection to children in their lives. Yet, worldwide, the majority of care work is still carried out by women and girls – with profound and far-reaching consequences. Men’s positive participation in caregiving practices needs to be promoted to achieve gender equality and equal rights for children, women and men. Engaging men and boys in care work also enhances the wellbeing and rights of children and improves the health and wellbeing of men themselves.

This report argues for the greater involvement of men – as fathers and, more broadly, in caregiving; in sexual and reproductive health and rights; in maternal and child health; and in violence-prevention efforts. This does not mean focusing only on fathers. This means engaging men in partnership with women and families, and in all forms of family and partner relations.

The transformation of caregiving and fatherhood begins within individual families, but beyond that, it will take concerted social and political initiatives, changes in economic systems and the workplace, broad institutional reform and widespread public education to come to full realisation.

Data from Africa suggests that men participate in caregiving practices to varying degrees across countries. Africa reflects the global reality that women do more unpaid care work than men, which negatively affects women and girls. Gender inequality is also reflected in sexual and reproductive health as limited data suggests that many men make the decisions about contraceptive use and family planning as well as greatly influence decisions around abortion. Attitudes about violence against women and children vary by country, but men are consistently more opposed to violence against women than children. Data shows varying levels of violence against women during pregnancy, but high levels of violence, especially corporal punishment, against children by both mothers and fathers, who are both equally likely to support it.

Although the data indicates variability across countries, more research needs to be done to determine the reasons for the variability as well as to better understand caregiving practices relevant to Africa. This will help to inform recommendations to transform current caregiving practices in Africa.

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