

**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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Caregiving and Maternal and Child Health**

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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](http://www.men-care.org).

Please visit the regional Latin America MenCare Campaign: !Tu Eres mi Papá! at [www.campanapaternidad.org](http://www.campanapaternidad.org).

## Project Coordination/Co-Authors

<b>Promundo</b>	<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"><li>• Conducting research to build the knowledge base on masculinities and gender equality</li><li>• Developing, evaluating and scaling up gender transformative interventions and policies</li><li>• Carrying out national and international advocacy to achieve gender equality and social justice</li></ul>
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## Co-Authors

<b>CulturaSalud/ EME</b>	<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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<b>Network of Men for Gender Equality (REDMAS)</b>	<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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# 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.<sup>1</sup>

## 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](http://www.men-care.org).

<sup>1</sup>In 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

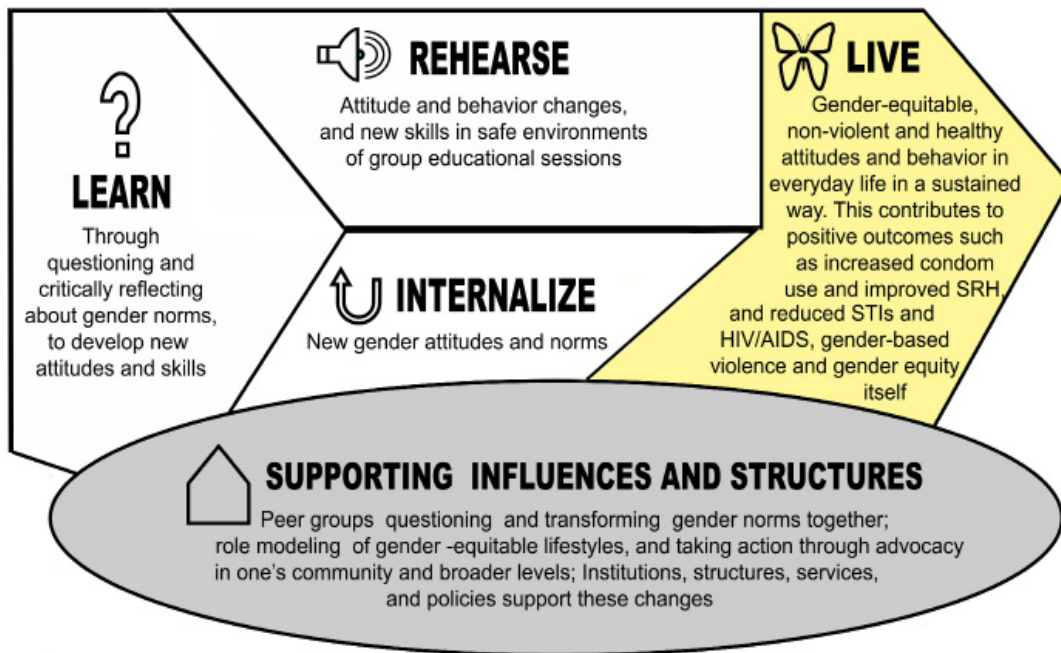
## Those who use Program P as a tool in their work aim to:

- \* 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*)<sup>2</sup> 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,

<sup>2</sup> 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](http://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](http://www.campanapaternidad.org))
- Brazil website: “Você é meu Pai” ([www.voceemeupai.com](http://www.voceemeupai.com))
- Chile website: “Campaña de Paternidades” ([www.paternidades.blogspot.com](http://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 violence<sup>3</sup> 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

<sup>3</sup> <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.

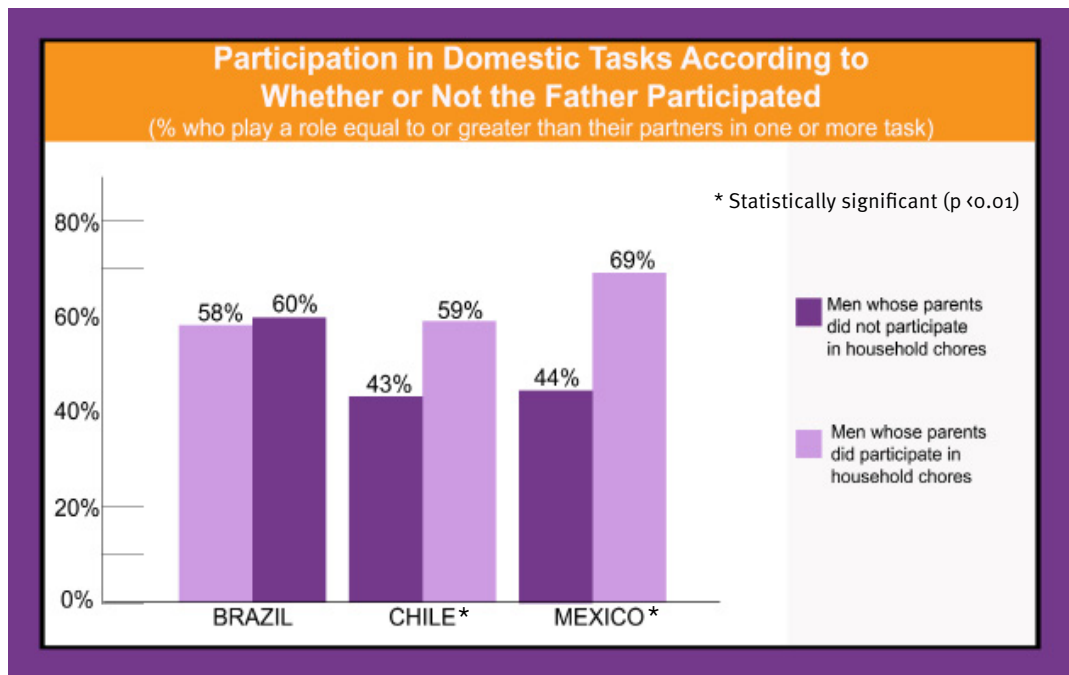
## Method

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](http://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](http://www.men-care.org).





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	
<b>OUR ATTITUDES</b>	
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
<b>OUR PROTOCOLS</b>	
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
<b>RESOURCES AND CLINIC ENVIRONMENT</b>	
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
<b>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?</b>	

**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](http://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](http://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.

<b>FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS</b>	
<b>OUR ATTITUDES</b>	
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
<b>OUR PROTOCOLS</b>	
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
<b>RESOURCES AND CLINIC ENVIRONMENT</b>	
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
<b>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?</b>	



**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](http://www.endcorporalpunishment.org)

For more information on the *World Report on Violence against Children*, visit: [www.unviolencestudy.org](http://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](http://www.Men-Care.org)

Men Care

MenEngage

South African  
Justice Network

South African  
Department of  
Social Development

## 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.

<b>FATHERHOOD ASSESSMENT CHECKLIST FOR HEALTH PROFESSIONALS</b>	
<b>OUR ATTITUDES</b>	
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
<b>OUR PROTOCOLS</b>	
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
<b>RESOURCES AND CLINIC ENVIRONMENT</b>	
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
<b>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?</b>	



**NOTES:**



SECTION 2

# ENGAGED FATHERHOOD

Group Education for Fathers and  
their Partners



## About Section 2

This section is the second of three in the Program P Manual. It is a complement to *Section I: Fatherhood in the Health Sector – A Guide for Health Professionals on Engaging Men*. While Section I focuses on work with health professionals such as doctors, nurses and midwives, Section II is for those who want to facilitate groups of fathers and couples to create spaces for reflection around masculinity and fatherhood. Ideally, positive messages delivered in the consultation space would be reinforced in the groups, and vice versa. In health centers providing group education

for expectant and existing fathers, providers should also assist in recruiting participants by making referrals available to the groups.

Section II provides the content, methods and guidelines necessary to facilitate group sessions with fathers who accompany their partner to prenatal (antenatal) care visits. Many of these activities can also be conducted with couples, allowing mothers and fathers to share and learn together. The group education activities in this section are intended to be carried out by a facilitator, such as a community health worker, and the instructions accompanying each activity are designed to guide facilitators and anyone interested in working with men to change norms around fatherhood and caregiving. The group activities provide a safe space for men and their partners to critically reflect on the social and cultural norms that define their roles as fathers. As stated in the Introduction to Program P, these norms can prohibit men from being equal partners in caregiving and even encourage the use of violence against their partners and against children.

The introduction to the topic is followed by several methodological recommendations pertaining to the role of the facilitator, participating parents and the logistics and the structure of each session. The ten theme-based sessions address parenthood, pregnancy, childbirth and child-rearing within the framework of shared parental responsibility, active fatherhood, non-violence and gender equality.

### **The section is divided into the following parts:**

- 1. Introduction**
- 2. Before you begin... Some Considerations**
- 3. The 11 Sessions: Structure and Content**
  - a. Appendix 1: Ice Breakers**
  - b. Appendix 2: Energizers**
  - c. Appendix 3: Using Media to Enhance Group Sessions**
- 4. Monitoring And Evaluation (M&E): Measuring Change In Your Program P Fathers Group**

## 1. Introduction

Several studies in North America, Europe and Asia find that programs inclusive of both parents elicit greater changes in behaviors and attitudes than those working with men alone. Group sessions provide a space for men to share their concerns and discuss the challenges they face in their parental roles. In these sessions, men can get the support they need by learning from the experiences of other fathers in facing and resolving issues, by experiencing the comfort of belonging to a group, and by gaining insight from the facilitator. Besides learning from shared experiences, each father acquires new and useful information about relationships, parenting and child care. Fathers can use the space as a forum to air their anxieties and celebrate their successes in parenting, decision-making and balancing work and family.

Men can be encouraged to participate in activities with other parents by highlighting the benefits they can gain by joining these groups. Often, an additional way to motivate a father is to invite the mother to the sessions.

Many men crave deep relationships with their children and want to play a more active role in their lives. But how can they do so if society promotes traditional gender roles in which women are considered the primary caregivers and men the breadwinners? How can a father be deeply involved in his children's lives if he has to work all day away from home and children, to pay for the family's expenses? How can the conflicts that arise about the upbringing and education of children be resolved without violence? These are precisely the types of questions and thoughts that can be shared by men in groups and used as springboards to practice methods of positive communication between the men and their partners.

All fathers (and mothers) have questions regarding the upbringing and education of their children. Fathers wonder, "If my son screams at me, should I be the authority figure and shout back even more loudly to make him learn to respect me, or should I tell him how I feel and ask what is wrong? Can I bathe my two-year-old daughter or is that something that only women should do?" Many men do not have someone with whom to discuss such issues in an open and safe manner. One of the most rewarding outcomes of participating in group discussions with other parents and their partners is the freedom to discuss parenting concerns in a supportive environment. Even when there may be no single correct answer, listening to a variety of men proposing different solutions to a dilemma helps fathers arrive at their own conclusions.

As discussed in the first section of this manual, a committed father is a benefit to children, adolescents, the mother, family, and the man himself. Groups for fathers (and their partners) are resources that help men overcome the obstacles that stand between their desire to be a committed father and actually being one every day.



## 2. Before you begin...Some Considerations

### Who can be a facilitator?

A facilitator is not a teacher or instructor. He or she is not necessarily a content “expert,” though expertise is important. She or he is someone who can create a safe environment, someone who is a good listener, someone who wants to encourage discussion more than hear himself or herself speak.

That being said, many of the activities that are included in this manual touch on parents’ personal qualities and sensitive life experiences. Therefore, groups should be led by facilitators who are comfortable working with these issues, have experience in working with parents, and have the support of their organizations and/or other professionals. Facilitators have a responsibility to create an open and respectful environment: an environment where parents can feel comfortable enough to share and learn from their own experiences and challenge long-held beliefs about parenting, fatherhood, gender and masculinity. The facilitator must also have the skills to handle conflicts that may arise.

It is critical that the facilitator has a solid foundation of the concept of “gender” as well as of the different social and health issues to be addressed during the sessions. As part of their training, facilitators must also go through a process of self-reflection about their own experiences and concerns with regard to gender, masculinity and parenting. This will allow the facilitator to discuss these issues in a calm and open manner.

Similarly, facilitators should be sensitive and responsive to the participants. The facilitator should be alert to the possibility that participants may require specific attention apart from the group and, in some cases, may require referral to professional services and guidance counseling.

## Male or female facilitators?

Is it advisable to use male facilitators when working with groups of men? In some contexts, men prefer to interact with a male facilitator who will listen and, at the same time, serve as a model. However, other evidence suggests that the quality of the facilitator – the ability to mobilize the group, listen and motivate them – is a more important factor than sex. One recommended possibility is to have both male and female facilitators working as a team to show that it is possible to work together, and to model equality and respect. Nevertheless, it is not always possible to have more than one facilitator, or to form a collaborative pairing, so it is advisable to train and utilize as many qualified persons as possible in advance who are willing, available, and motivated to lead a group process.

## How long should the group education process last?

The duration of a group education program can range from a single discussion group to ongoing weekly sessions. The practice of conducting several sessions, with a brief rest period of a few days to a week between each session, seems to be the most effective; it allows participants time to reflect on and apply the topics discussed in real life scenarios, and then return to the group and continue the dialogue.

One study has shown that group education sessions lasting two or two-and-a-half hours per week, for a period of 10 to 16 weeks, is the most effective "dose" with respect to sustained attitude and behavior change (Barker, et al., 2007). Other studies have shown an impact in terms of changing attitudes in just 2-6 sessions. We believe that a greater number of sessions allows for more effective acceptance of the issues, and provides more time during the week and between sessions to reflect on the issues and discuss them with partners – all of which increases the likelihood of producing favorable results.

## Who should be in the groups?

Since the sessions address topics from pregnancy until early childhood, it is ideal that the program begin with a group of fathers and/or couples who are pregnant, so that some sessions may be conducted before birth and some conducted after. However, the order and the composition of the sessions are up to the facilitator. Some groups may be open, meaning that fathers can join at any point in the session cycle. In this case, the group will have some participants who are expecting a child and others whose children may have just been born. If this is the case, take advantage of men who already have children: ask them for examples of how they resolve issues and give them the space to speak about their experiences.



## What is the ideal number of participants?

Groups of 5 to 15 participants are recommended. If classes are inclusive of couples, a minimum of 4 couples and a maximum of 10 should be invited to participate. The creation of the groups will depend on the context in which the activities are implemented and on the particular characteristics of the participants. Working with large groups is not recommended, because the size can make it very difficult to conduct the sessions and achieve learning objectives in a confidential, intimate and mutually supportive atmosphere.



## Is it better to work with single parents, with groups of men, or in mixed groups with the mothers?

All options are fine. Although the language of this manual is primarily directed at working with groups of men, this participation model can be flexible and adapted for mixed groups. Men and women live and work together; some are couples while others exist in families with different structures and arrangements. As educators, teachers and professionals who work with young people, we must encourage interactions that promote respect and equality, either in groups of only men or only women, or in mixed groups.

Mixed groups allow women and men to hear the perspectives of the other sex. They can also serve as a bridge to fill the communication gap between men and women, and provide the opportunity for both to collaboratively explore and understand their relationships and gender attitudes.

Although mixed groups provide a unique set of advantages, in some cases it is best to work with separate groups of men or women. Some men feel more comfortable or safer discussing topics such as sexuality and violence, or expressing their emotions, without the presence of women. On the other hand, there are also some young men who may be more engaged in discussing certain topics if women are also around.

Thus, although the presence of women in the group can create a more enriching experience, their presence can make men express themselves less and, in turn, may inhibit some groups of women from talking more about intimate matters. In some groups, the few men who are more at ease may take the role of being the "ambassadors" for other men who may delegate the expression of their emotions.

In summary, experience has shown that mixed groups as well as those constituted only by men or women can have a positive impact. Therefore, the model should be chosen in response to the needs of the specific context in which it will be implemented.



## What is the ideal length of time to carry out the activities?

While a minimum of 90 minutes to perform each activity is recommended, various factors in each group or context will affect the reduction or increase of time allotted. Therefore, the activities can be adapted to fit the facilitators' available time or the time period they consider appropriate for the group. Each activity includes a recommended time allotment.

## The cycle of group sessions with fathers:

Ideally, parents will participate in a cycle of eleven group sessions, two hours each, on a weekly basis.

The group can be open, in which participants may engage in any of the sessions, or closed, which requires the same participants to complete the course in its entirety. As stated under the subheading above, "Who should be in the groups," consider starting a session cycle with fathers who are expecting children. If they are being recruited from prenatal care visits, this should not be a problem. However, if the session is open and there are fathers who already have children, take advantage of their experience and ask them to share personal stories about fatherhood as you go through the activities. Integrate new members by inviting them to write down their questions before the workshop begins in order to understand their concerns, and learn what topics motivated them to join the group.

Since it is possible that some men may attend only a single meeting, it is important to plan sessions such that each one is meaningful and useful in itself.

## How should I prepare the physical space?

Activities should take place in a spacious and pleasant environment with few distractions, where participants can move about freely but also have privacy. For groups taking place in the health clinic, ensure that you pick a space that has little to no foot traffic. To make spaces more inclusive and warm, hang posters on the walls that contain images of men caring for children. There are many posters available to download on MenCare's website: [www.men-care.org](http://www.men-care.org).

It is recommended that, during the sessions, participants are offered some type of refreshment and engage in physical activity and motion. Beverages and food tend to be highly valued by participants, and help them stay in the group process.

## Flexibility, creativity and contextualization of activities:

The structure proposed in this manual for the implementation of activities should serve as a general guide to action; it is not necessary to apply it verbatim. Facilitators can change the order of certain activities' elements, or alter the listed examples, to make them more relevant to the reality of their group and to reflect their own knowledge and skills. Additionally, if the group appears to lack energy, lose interest, or becomes less responsive, facilitators can adapt the session by including an energizer activity, as listed in Section 2: Appendix 2, or a MenCare film listed in Section 2: Appendix 3.

If the topics and examples presented in these activities come across as too abstract or removed from the reality of the facilitators themselves, facilitators should adapt them to resemble more closely their daily lives and experiences, so that they will be more emotionally involved and identify more closely with the material. Issues should be addressed as specifically as possible, and should focus on the current circumstances of group members (as individuals, and members of their, group, family, institution and community) rather than projecting too far into the future.

## Creating ground rules:

It is recommended that, at the start of the first session of group work, participants generate their own “ground rules” to create a sense of safety in the group. The facilitator guides participants by asking questions such as,

“What will make you feel welcome and comfortable?”

“What would encourage you to talk in the group?”

“What would discourage you from talking the group?”

“What could happen that would make you want to leave the group?”

Record the responses on the flipchart or chalkboard and, once agreed on, place them in a conspicuous part of the room.

## Here are some examples of basic rules that you can use:

- \* Respect all participants in the group.
- \* No insults of other people or their ideas. Each person has the right to think and freely express their opinions. Respectfully challenge ideas you disagree with (See “Values of the Group”).
- \* Listen attentively; avoid interruptions because they take time away from others in the group.
- \* Each person has the right to pass; no one will be forced to participate in any activity or exercise.
- \* Practice empathy: put yourself in another person’s shoes.
- \* Always speak in the first person tense. For example, use phrases like, “I feel,” “happens to me...,” “I went through an experience in which...”
- \* Commit to confidentiality: another person’s experience cannot be discussed outside of the group.
- \* Commit to punctuality and full attendance.

## Values of the group:

Though there will be plenty of topics that group participants will disagree on, many of which will have no right or wrong answer, there are some issues that are “non-negotiable” and not up for debate. They are the following:

- Men must be active caregivers and nurturers at all times: when planning to have a child, during pregnancy, during labor and delivery and after the child is born.
- Men should assume equal and joint responsibility of domestic chores.
- Men come in many forms. They are heterosexual, gay or lesbian, 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.
- Men support gender equality and value the rights of women and children.
- Men oppose any form of violence against women and children.

# Running each session – some basics

Listed here is an outline of basic tips on how a facilitator should run each session. Before beginning each session, re-read this section to remember the key points.

1. **Start Punctually.** Parents are busy, so it is important to respect the reality that fathers may not have more than the allotted time set aside for the session.
2. **Start each session with a check-in. It could be a general quick question:** “How are you doing this week?” “How is your baby doing?” The facilitator should include himself or herself in this, and model an open and honest response. Some participants will check in with their own troubles, and it is important to give them the space to express themselves without taking over the whole group.
3. **Reflect on the last session.** Ask, “Any more thoughts on our topic from last week?”
4. **Introduce the session’s theme and the objectives.**
5. **At the end of the session, remind participants of any homework.**
6. **Close.** Go around the group quickly to transition out of the current issue to the topic of the next session by asking something like, “What is one thing you are looking forward to this week or weekend?”



### 3. The 11 Sessions: Structure and Content

The sessions are organized to facilitate full understanding and implementation. Some sessions include more than one activity. The purpose of including more than one activity is to facilitate deeper group understanding and reflection of the topic at hand.

Each session in this manual includes the following aspects:

**Title:** Indicates the main theme of the meeting or session. In a phrase or sentence, the title summarizes the scope of the session, and the main topics to be addressed.

#### OBJECTIVES

Describe specific information, ideas and skills to be addressed; these outline the learning goals for each session. Unless the session’s instructions say otherwise, the facilitator should share the objectives with the participants at the beginning of each meeting.

#### RECOMMENDED DURATION

Suggested time interval for conducting the session. Depending on the number of participants and other factors, the recommended duration for each session may vary. It is important to adapt the length of each session to the work rate of the participants.

#### MATERIALS NEEDED

Materials required for carrying out the activity or activities. If not otherwise specified, basic materials, such as paper and marker pens, should be made available. In cases where the materials listed may not be easily acquired, the facilitator has the freedom to improvise. For example, a flip chart can be replaced by cardboard, newspaper or a chalkboard.

#### SESSION STRUCTURE

The stages or steps for performing the activity or activities during a session. In general, the activities are designed to be easily adaptable to groups with different proficiency levels in reading and writing, and the facilitator must carefully assess whether or not the steps are feasible and appropriate for participants. The structure is broken down further into “Part 1, Part 2” and so on, for easy reading.



## Key Ideas

**A summary of key educational messages that should be conveyed during a session and reiterated at the close. These help the facilitator to be clear on the primary messaging points for each meeting.**

## Close and Homework

Additional guidance for closing the session. At the end of each meeting, the participants will be guided through a task; experiences from these tasks will be shared at the following meeting. Homework helps put into action and reinforce the new practices developed during class. Not all sessions will end with homework.

## Notes for Facilitators

- \* Supportive commentary for facilitators, which includes information or evidence on key topics and conceptual distinctions. This will allow the facilitator to feel more comfortable with the subject, especially if it is an unfamiliar topic. Note that not all sessions contain notes for the facilitator.

## Supporting Information for Facilitator

Additional information and tools that complement the activities are offered in some sessions. Some handouts are for the participants' use and others are for the facilitators only. If a handout is meant for participants, it will be indicated on the document.

# The 11 proposed themes are as follows:

Session Number	
1	<b>Theme: Expectations</b>
	<b>Main Activity:</b> My Needs and Concerns as a Father
	<p><b>Session Objectives:</b></p> <ul style="list-style-type: none"> <li>* Receive feedback on the needs, expectations and motivations of participants.</li> <li>* Use the expressed needs and interests of men to encourage their participation and to answer their most pressing questions.</li> <li>* Get input from the participants on planning or adapting future sessions to address the particular needs of this group.</li> </ul>
2	<b>Theme: Father's Impact/Legacy</b>
	<b>Main Activity:</b> My Father's Legacy
	<p><b>Session Objectives:</b></p> <ul style="list-style-type: none"> <li>* Reflect upon the influence that fathers or other male authority figures have had on the participants while they were growing up.</li> <li>* Discuss how participants can take the positive aspects of their fathers' influence, as well address the negative impacts so as not to repeat harmful patterns.</li> </ul>

Session Number	
3	<b>Theme: Pregnancy</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* Parenting Stories</li> <li>* Asking a Health Professional</li> <li>* My Father Can do Everything</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Normalize men’s involvement in maternal health and the prenatal period.</li> <li>* Address many of the concerns men have about the experience of pregnancy, such as couple conflict and stress, loss of sexual desire, and more.</li> </ul>
4	<b>Theme: Birth</b>
	<b>Main Activity:</b> Delivery Room Role Play
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Share ideas and experiences about the role of a father during birth, and prepare the father for his role as a companion for the mother.</li> <li>* Address concerns men have about childbirth.</li> <li>* Highlight the importance of physically and emotionally bonding with their sons and daughters.</li> </ul>

<b>Session Number</b>	
<h1>5</h1>	<b>Theme: Family Planning</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* Father by Accident or by Choice?</li> <li>* Presentation on Contraception</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Reflect upon the benefits of family planning and the value of couples' communication in this process; talk about the use of condoms and other methods of birth control.</li> <li>* Remind the couple that, even if their first child was not planned with the use of birth control methods, they can decide when to have other children, or they can make the decision not to have any more children.</li> <li>* Invite a reproductive health professional to speak at the session, in order to increase the participants' knowledge of available birth control methods.</li> </ul>
<h1>6</h1>	<b>Theme: Caregiving</b>
	<b>Main Activity:</b> Caring for my baby- Practice Makes Perfect
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Learn about a baby's care needs, and reflect upon men's capacity to satisfy these needs.</li> <li>* Question the stereotype that women are naturally better equipped to provide better care and upbringing for children than men.</li> </ul>

<b>Session Number</b>	
<b>7</b>	<b>Theme: Gender</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* Gender and Toys</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Reflect upon norms of gender socialization, i.e. the different ways in which we treat and educate our children based on gender.</li> <li>* Reflect upon the communication and affection between parents and their sons and daughters.</li> </ul>
<b>8</b>	<b>Theme: Non-violence</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* Violence Clothesline</li> <li>* Resolving Conflict – A role play</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Reflect on the violence that occurs in families, among couples (mostly of men against women), and violence against children. (It is recommended that this activity be undertaken by men without the mothers so that men may express themselves more freely and honestly).</li> </ul>
<b>9</b>	<b>Theme: The Needs and Rights of Children</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* My Child in 20 Years</li> <li>* Put it into Practice: Positive Parenting</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Make connections between the long-term goals fathers and mothers have for their children (ages 0-4) and how harsh discipline affects those goals.</li> </ul>

<b>Session Number</b>	
<h1>10</h1>	<b>Theme: Division of Caregiving</b>
	<b>Main Activities:</b> <ul style="list-style-type: none"> <li>* Hours in a Day</li> <li>* Mother of My Child and Me – Working as a Team</li> </ul>
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Reflect upon the time men dedicate to caring for and attending to their children, and compare it to the time spent by women. Reflect on male involvement in these activities and discuss the sexual division of labor.</li> <li>* Analyze the relationship and communication fathers have with the mothers of their children, in order to identify weaknesses and strengths.</li> <li>* Discuss the devaluation of daily housework in society.</li> <li>* Make one to two commitments to participate more equally in domestic work.</li> </ul>
<h1>11</h1>	<b>Theme: Final Reflections</b>
	<b>Main Activity:</b> The Father's Web
	<b>Session Objectives:</b> <ul style="list-style-type: none"> <li>* Reflect on the experiences participants have had in this cycle of sessions.</li> <li>* Make a commitment to be a more involved father.</li> <li>* Encourage the participants to continue to meet after the session ends.</li> </ul>

Consider the above list of proposed themes as a flexible template for sessions; the order may vary. After the first session, which aims to investigate men's needs, the order of the following sessions can be flexible. For example, the theme, "the mother of my child," may be reassigned a new place in the order of the sessions, if appropriate. Issues of greater interest can be emphasized.

In fact, sessions 2, 7 and 8 should be considered as cross-cutting themes that can be integrated into the other sessions if necessary, even though they are important and relevant enough to stand alone.

The topics of sessions 3, 4, 6, 7, and 9 should be addressed in that order, as they are designed to follow the chronology of life events: pregnancy, birth, baby and growing child.

Rather than use this manual to implement two-hour-long weekly sessions, facilitators may choose to cover the material in one workshop lasting two days. In this case, the two-hour sessions are incorporated throughout the day (four sessions on the first day and three sessions on the second day).

### **After the session cycle ends:**

After the course cycle ends, encourage the group to continue to participate in the process. Exchange contact information and, if appropriate, create a Facebook page where the participants can continue communicating and sharing experiences of parenthood.





# SESSION 1: Expectations

## Main Activity: My needs and concerns as a father

### OBJECTIVES

1. Receive feedback on the needs, expectations and motivations of participants.
2. Use the expressed needs and interests of men to encourage their participation and to answer their most pressing questions.
3. Get input from the participants on planning or adapting future sessions to address the particular needs of this group.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

Flipchart and markers, or chalkboard and chalk, or cardboard and markers

## SESSION STRUCTURE

### Part 1 – Welcoming the Group

1. During the first session, start by introducing yourself, explaining the purpose of the meetings and facilitating an activity or game that helps participants to build trust in the group (see the Section entitled, “Running Each Session – Some Basics,” and the Appendix at the end of this section for a description of five "Ice Breaker" activities that can be used in this or subsequent sessions).
2. Provide an overview of the day’s objectives.

### Part 2 – “Who like me...” Ice Breaker

3. Use the activity, "Who like me...," as the first exercise of the session, which is performed as follows: Form a circle and have all participants stand up.
  - Explain that spontaneously, one by one, participants can move to the center of the circle asking the question, “Who like me...?” They will complete the question with a detail about their family

situation or experience of fatherhood, for example, "Who like me has twins?" In this example, all men who also have twins would join the man in the center of the circle.

- As facilitator, start the activity from the center of the circle by asking a question, "Who like me...?"
- Then, encourage others to move to the center and ask their own questions, "Who like me..."

### Part 3 – Creating Ground Rules

**4.** Use this first session as a time to collectively build group guidelines (see “Creating Ground Rules” in the Introduction above under the sub-heading, Methodological Recommendations)

### Part 4 – Main Activity: My Needs and Concerns as a Father

**5.** Divide the participants into groups of 3 or 4 people and ask them: “What would you like to reflect on, learn, share or understand in these sessions together?” Tell them they have five to ten minutes in their groups to discuss.

If the session is with couples, ask each couple to turn to his or her partner and discuss the question among themselves and report back to the group.

**6.** After the five to ten minutes are up, ask for a volunteer from each group to report back two to three questions or comments from the group.

**7.** Record the comments and questions on a chalkboard or flipchart paper.

**8.** Once all groups have had a chance to report back, read the first question and answer it, modeling the behavior for the group (using “I” statements, validating that it is a good question to ask).

**9.** For the rest of the questions, invite volunteers to answer from their own experience and perspective by asking, “Who would like to share their experience on how they were able to resolve this issue?” or “What do people think about this comment?”

**10.** After the group members have finished answering the question, you can summarize and highlight the key ideas and those that best exemplify ideals of gender equality and shared responsibility.

**11.** The most important piece of this activity is that the questions move the group to share their personal experiences. If time permits, measure and give equal attention to all shared experiences, in an attempt to answer all questions.

### Part 5 – Group Discussion

- How did it feel to hear about the experiences of your peers? Did you learn anything new?
- Was there any comment that surprised you?

- Why do men talk so little about their concerns about fatherhood?
- Are there any more questions?

**12.** Using a large poster board, whiteboard, or flip chart, present the remaining sessions and their key topics.

## Homework

At the end of each session, explain that the participants will be assigned a task that will be reviewed during the following session. The two assignments this week are:

### Assignment #1

1. Converse with your partner or the mother of your child, and share with them a concern or fear with regard to fatherhood; invite her to share with you as well (if not already done in the group).
2. Ask your partner or the mother of your child what is expected of you as a father. Listen to her.
3. Come prepared to share voluntarily in the next session (if applicable) your experiences about the conversation.

### Assignment #2

Bring an object that you associate with your father or main male role model to the next session. This could be a tool, a book, a set of car keys, a strap used for punishment, etc. Come prepared to the next session ready to tell a story about the object and about your father.

## Close

- ✓ Using the Key Ideas, thank all participants for sharing their questions, concerns and experiences.
- ✓ Express appreciation for the environment of respect and trust they have sustained throughout the session, and encourage participants to take part in future meetings.
- ✓ Explain that you will use all questions posed in these activities to further inform and shape the coming sessions.
- ✓ Remind the group about confidentiality, and the importance of keeping what it said during the group sessions within the group.
- ✓ Finally, mention that all sessions will include a critical reflection on gender socialization, i.e. how boys and girls are raised and educated.

## Key Ideas

**Sharing experiences with other parents provides a valuable educational opportunity for men participating in these sessions: they become more aware of and responsive to each other's concerns, and benefit emotionally from the supportive environment.**

## Notes for Facilitators

- \* In any group, the first challenge is to build a secure group framework so that participants feel they may share their feelings and experiences in confidence. If this confidence framework is built from the beginning, then it is much easier to maintain the environment as the group becomes self-regulating. Also, the facilitator functions as the moderator of the framework; he/she must refocus the group if participants stray from the agreed-upon rules. Typical cases in which to intervene or take control are: when a participant verbally assaults another when interpreting the experience of a participant, or when someone "steals the microphone" and takes time away from the others. Intervention is also necessary if sexist views are expressed or any of the values of the sessions are rejected (See "Values of the Group"); in this case, ask other group members how they view that person's comments, and reflect on what his partner would think about these views. Invite others to question the views in a supportive manner, without confronting the person who expressed them.
- \* The participants' experience is the raw material of any group learning process.
- \* Individuals are much more likely to change their attitudes and behaviors when sharing and analyzing their own experiences and those of others, than when simply digesting facts.
- \* The recruitment process is a challenge when constructing any group of men. If only one participant attends, consider conducting an interview or counseling dialogue on fatherhood. If two or more participants can make the session, you can proceed as planned, although the session will likely take less time to complete. We do not suggest conducting this session with more than 15 participants, as it becomes difficult to maintain the proper atmosphere and to give every participant the opportunity to share his experiences.

## Supporting Information for Facilitator:

### BENEFITS OF AN INVOLVED FATHER

- Boys and girls with involved and loving fathers perform better academically, and show better social and emotional development.
- Having a non-violent father helps boys reduce aggressive behavior and question sexism.
- For girls, having close and positive relationships with their fathers or male authority figures is associated with having healthy and non-violent relationships in their adult lives, and gives them a greater sense of personal empowerment.
- Couples are happier when they share the responsibilities of child care.
- Involved fathers live longer and report having less mental and physical health issues, such as high blood pressure, heart disease and alcohol abuse.
- In violent neighborhoods, young fathers who have motivated themselves to care for their children are more likely to be able to leave violent gangs.



# SESSION 2: Father's Impact

## Main Activity: My Father's Legacy

### OBJECTIVES

1. Reflect upon the influence that fathers or other male authority figures have had on the participants while they were growing up.
2. Discuss how participants can take the positive aspects of their fathers' influence as well address the negative impacts so as not to repeat harmful patterns.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

Flipchart paper and markers

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “*Running Each Session – Some Basics*” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review homework assignment #1 from Session 1. Also review the ground rules.
2. Provide an overview of the day’s objectives.

### Part 2 – Main Activity: “My Father’s Legacy”

3. Taking into account that this exercise requires an emotional openness and concentration, it is recommended that you use an “Ice Breaker” to open the session, one where participants can have physical mobility, stretch, take a deep breath and relax. Take a look at Appendix 1 for ideas.
4. Next, ask each participant to bring out the object that they associate with their father (Assignment #2 from Session 1). For those who did not bring an object, give them a few minutes to think about what that object might be. This object may be a tool, a book, a set of car keys, a strap used for punishment, etc.

5. Going around in a circle, ask each participant to share a story about the object and how it relates to their father, or main male role model from their early lives.
6. Once everyone has finished sharing, write on a piece of flipchart paper the following statements:
  - “One thing about my father that I want to take into my relationship with my children is...”
  - “Something about my father I do not want to repeat with my children is...”
7. Read the statements out loud. Then, with the person sitting next to them, ask the pairs to share their thoughts.

### Part 3 – Group Discussion

- What are the positive things about your relationship with your father that you would like to put into practice or teach to your children?
- Which things would you rather leave behind?
- How do traditional definitions of manhood impact the way our fathers and other male role models cared for children?

*Some examples: Men cannot cry; men should not express physical affection to sons such as kissing or hugging; men use violence to resolve conflict.*

- How do traditional definitions of manhood impact the way women are raised and cared for?

*Examples: Women belong in the home, not in the workplace. Women are more weak, etc.*

- How can we “leave behind” harmful practices to be more involved and gender equitable partners? And more involved and gender equitable parents for our children?

#### **Adaptation for Activity: My Father’s Legacy (when the session is conducted with couples (mothers and fathers))**

1. Ask the group to form a “fishbowl” where the mothers will sit in a circle, inside a circle formed by the fathers.
2. Facilitate a discussion among the women where they share their object, and tell the fathers to listen attentively.
3. Next, ask the group to change places, and facilitate the same discussion with the fathers.
4. Next, with the entire group reflect upon the differences and commonalities between the mothers and fathers responses.
5. Resume at Part 3 until Close.



## Homework

Ask participants to share with someone they trust how they plan to emulate the positive actions of their fathers, and how they want to learn from and transform the negative experiences in order not to repeat them.

If a participant expresses the desire to discuss their reflections from the session with his own father, say that it is a personal decision, and add that if they feel the need to, they should do so, especially if they have resentful feelings toward their father.

## Close

- ✓ Using the Key Ideas, close the session with a positive message, helping to give a positive meaning to a painful experience as an opportunity for personal development and to replace negative attitudes and beliefs with positive attitudes and beliefs of respect and equity.

## Key Ideas

**It is important that men talk about their relationship with their fathers, to heal and learn from their experiences, and to apply this new awareness to their own roles as fathers. Making this reflection will allow men to identify those positive aspects of their life stories they want to replicate for their children, as well as those negative aspects they do not want to repeat.**

## Notes for Facilitators

- \* This activity can have a serious emotional impact on participants and facilitators because violent experiences or other traumatic life events, such as abandonment, may be recollected. Therefore, it is important to give the participants emotional support during this process. Generally, this can be achieved by respectfully listening to the participants, without judging or pressuring them.
- \* Overall, create an atmosphere where participants are validated for sharing personally emotional and intimate details. The confidentiality commitment should also be reiterated, so that the participants are reminded not to comment on what was said during the session once they leave. For those who shared traumatic experiences, acknowledge the fact that they were able to press on and continue with their lives despite facing such adversity.
- \* If a participant begins to break down and cry in front of the group, normalize the experience by giving them room to express that emotion. Consider saying, *“Thank you for being brave and trusting us with that story. I’m sure many of the people in this room have had similar experiences like yours.”* Others in the group may also feel the need to support this person, and encourage them to do so if it feels appropriate. Often, these moments are what binds a group together. Additionally, explain that you are available and willing to have a separate conversation in private with any participant who requests it, and offer more personalized support by referring those who may need it to professional counseling or therapy.
- \* If a participant begins to take over a group by spending too much time with a story, find an opening and kindly say, *“It sounds like you have a lot of valuable experiences to share with the group. That is great! Do others have similar or different stories they would also like to share?”* This technique can be used in any session.
- \* Recommend to all that they take care of themselves (especially immediately following the session), take time to rest, take a shower and drink enough water. Tell them it is possible that some of them may feel traumatized after the session, and that this is a normal reaction after remembering difficult experiences. If there is no pressure, only those who are ready to share will do so.

# SESSION 3: Pregnancy

**\*NOTE:** There are multiple activities in this session.

1. **Parenting Stories**
2. **Asking a Health Professional**
3. **My Father Can Do Everything**

Refer to each activity for its objectives, recommended time and materials needed.

## Main Activity #1: Parenting Stories

### OBJECTIVES

1. Normalize men’s involvement in maternal health and the prenatal period.
2. Address many of the concerns men have about the experience of pregnancy, such as couple conflict and stress, loss of sexual desire, and more.

### RECOMMENDED TIME

Two hours

### MATERIALS NEEDED

None

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

**1.** Welcome everyone back to the group. Check in with the participants, referencing the “*Running Each Session – Some Basics*” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review homework assignment. Also review the ground rules.

2. Provide an overview of the day's objectives.

## Part 2 – Main Activity #1, “Parenting Stories”

3. Introduce the guests you invited to today's session – two or three involved fathers from the community.

Note: These fathers will serve as role models for your group members. When selecting these fathers ensure that each of them is a parent and has been so since pregnancy. For example, it is desirable that the fathers participated in prenatal health check-ups, were present in the delivery room (if permitted by their hospital), share domestic chores, do not use corporal punishment against their children, and believe in gender equality. If it is not possible to invite involved fathers to the group, prepare a realistic story of an involved father from the community. Read this story to the group and continue onto the Group Discussion.

Each invited father should come prepared to tell his story about his involvement in his partner's pregnancy. What were the things he did to support his partner? What about pregnancy was stressful to the relationship? How did he acquire information about pregnancy? How did other men in the community view his involvement?

4. Next, divide the participants into groups of three or four and assign a father to each group. Once all groups are arranged, the invited fathers should introduce themselves again and tell their story. Groups should be dynamic and participants should feel free to ask questions to the invited fathers.

## Part 3 – Group Discussion

5. Once the invited fathers have finished their stories and the group participants have asked their questions, invite everyone back to the larger group. Ask the following questions:

- What affected you about the panelists' answers? Did you learn anything new? Was there anything you heard that made you feel uncomfortable?
- How was what you heard different from what you experienced during your partners pregnancy, or what your own father experienced? Why was this different?
- How does pregnancy affect the quality of the couple relationship?
- Was there anything you heard that you could do now?
- Is there anything that you cannot do?
- How can you go home and talk with your partner about what you heard today?

6. Conclude the activity by thanking the guest fathers and the group participants for their participation and by summarizing the key ideas. Continue to say that, in the next activity, participants will have an opportunity to think more deeply about what they can do specifically to support their partner during pregnancy.

## Main Activity #2: Asking a Health Professional

For those men who were not recruited from a prenatal clinic, it may be necessary to invite a maternal health professional to your group so that they can ask questions. This could be an obstetrician, nurse, or midwife able to give information about the nine months of pregnancy, touching upon the following:

Try to invite a specialist who believes that fathers should play a more active role during and after the pregnancy.

- \* The importance of prenatal visits. Fathers: come to appointments with your written questions!
- \* The most important biological and hormonal changes for the mother and baby during these nine months
- \* How the father can support the health of the mother during the pregnancy
- \* Sexual relations and pregnancy, including a discussion of cultural norms, and de-bunking myths (see Supporting Information for Facilitator, “Fun Facts about Sexual Pleasure during Pregnancy”)
- \* Facts about postpartum depression

If it is not possible to have an obstetrician, nurse or midwife at the session, collect online resources or informational pamphlets from a clinic in your community to share with the participants. Most of all, try to empower the participants to look for more information on their own, and remind them of the importance of providing support for the mother during pregnancy.



## Main Activity #3: My Father can do Everything (Inspired by Father School: Step by Step)

### OBJECTIVE

Indicate specific ways that men can provide support to their partners during pregnancy.

### RECOMMENDED TIME

45 minutes

### MATERIALS NEEDED

Flip chart and markers

## SESSION STRUCTURE

### Part 4 – Activity #3: My Father can do everything

1. Prepare a flip chart with two columns: on one side, write “Mother,” and on the other side, write “Father.”
2. Explain that, during pregnancy, a woman has many tasks and responsibilities: some that biologically only she can do, and others that are socially assigned to her because of her gender.
3. Ask the participants, “What can women do to ensure a healthy pregnancy?” and write down their answers.

Here are some topics to include:

- Attend prenatal classes
- Live in a home free from physical, verbal or psychological violence
- Eat healthy and nutritious foods
- Abstain from drinking alcohol
- Get plenty of rest
- Drink plenty of water

- Abstain from smoking cigarettes
- Do light exercise
- Stay away from others who may have a cold or other infectious sickness, and wash hands with soap and water often
- Refrain from using cleaning supplies that have harmful fumes, and work in a well-ventilated area and wear safety clothes (such as gloves and a mask)
- Take vitamins
- Limit caffeine intake (such as coffee)
- Avoid undercooked meat or raw fish

Now that you have a list, ask the fathers what role they can play to help support the mother in each of these tasks.

#### 4. Compare the two lists.

### Part 5 – Group Discussion

- What makes an impression on you when you observe the two lists?
- How can father’s participation in pregnancy promote their involvement in the child’s life after he or she is born?
- How can couple conflict such as physical violence impact the health of the mother and the child?
- What effects would it have on the mother if fathers took more responsibility in taking care of domestic chores and caring for children? What impact would it have on the father?
- Based on the list, what are some things you can do now to provide support for the mother? (E.g. cooking meals, taking children to school, cleaning, providing emotional support and going to prenatal care visits.)

### Homework

Propose as homework one of these options:

1. Inquire about the development and experiences of unborn babies as well as the special needs that pregnant women have by asking the mother of their child, a health professional, or by searching for this information in other sources (magazines, Internet, library, books, etc.).
2. For those men whose partners are currently pregnant, their homework will be looking for a new way to provide support, loving care and security to the mother based on today’s session. Be prepared to come to the next session to talk about this experience.



## Close

- ✓ Using the Key Ideas, close the session by emphasizing that pregnancy can be a stressful and emotional time for the mother as she is experiencing both physical and hormonal changes in a short time span. Men can be supportive partners by engaging in domestic house work such as cooking, cleaning, taking care of children living in the home (e.g. taking them to school, reading to them) and accompanying the mother to prenatal care visits. Not only with the mother benefit, but the father will as well!

## Key Ideas

- \* **During pregnancy, the mother must live an environment with healthy physical, environmental, nutritional, emotional and social conditions. For the optimal development of the fetus during pregnancy, the mother must feel relaxed, at ease, and emotionally supported.**
- \* **Pregnancy is a joyful experience, but is also a stressful time for a couple – especially for first-time parents. It can deepen the emotional connection between partners, but can also create new tensions due to uncertainties about parenting, heighten economic stress, etc. It is important to remain patient and talk openly about issues that may cause conflict. In later sessions, participants will have an opportunity to explore more deeply issues related to violence.**
- \* **Men, in their roles as partners and/or fathers of the baby, can play an important role in promoting the physical health and emotional stability of the mother and the child during the pregnancy.**
- \* **It is essential that men participate actively during pregnancy by: making their partner feel cared-for and emotionally supported, talking about their future child, giving massages, accompanying the mother to prenatal check-ups, and planning for the birth of the child and welcoming him or her into your home.**

## Notes for Facilitators

- \* Facilitators are not expected to be experts on these topics. However, group participants will find it useful if they know where to get information about reproductive and maternal health on their own. If time and resources permit, take the initiative to seek out information from a reproductive health expert prior to the session to share with the group.

## Supporting Information for Facilitator:

### FUN FACTS ABOUT SEXUAL PLEASURE DURING PREGNANCY<sup>4</sup>

- Most women can continue to have sex up until they go into labor. Sexual activity will not hurt the baby. The baby is kept safe by the amniotic sac, cervix, and uterine muscle. There is also a thick mucous plug that seals the cervix and protects the baby from infection.
- It is normal for sexual desire in women to decrease in the first trimester due to breast tenderness, fatigue nausea. Other women find the freedom of not having to worry about birth control or conceiving makes sex more enjoyable. By the second trimester, many women feel less nausea and experience heightened sexual desire.
- Fathers can support and/or raise their partner's self-esteem about their changing body by offering positive comments.
- As the body changes during pregnancy, couples may need to try different sexual positions to find what is comfortable for her. Some women discover new or increased sexual pleasures during pregnancy because of such experimentation. "Spooning" while sitting up offers plenty of room for manual stimulation, sidelying allows for comfortable oral stimulation, and experimenting with pillows and support devices can help enhance and support a variety of positions and activities.
- Due to a sense of fullness, some women find vaginal penetration uncomfortable at some points during pregnancy and opt for manual, oral, or self-pleasuring sex instead
- Some cramping after making love is normal throughout pregnancy. The uterus contracts during orgasm and these contractions might be more noticeable during pregnancy as the uterus gets bigger.
- If the partner is at risk of experiencing pregnancy complications (vaginal bleeding, leakage of amniotic fluid, etc) the health provider will advise you to stop having sex. Be open with your health provider and ask what sexual activity can be done instead.

<sup>4</sup> Excerpted from Chapter 6: Relationships, Sex, and Emotional Support in Our Bodies, Ourselves: Pregnancy and Birth © 2008 Boston Women's Health Book Collective

# SESSION 4: Birth

## Main Activity: Delivery Room Role Play

### OBJECTIVES

1. Share ideas and experiences about the role of a father during birth, and prepare the father for his role as a companion for the mother.
2. Address concerns men have about childbirth.
3. Highlight the importance of physically and emotionally bonding with their sons and daughters.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

A pillow, copies of the Supporting Information for Facilitator, "Father's Backpack" and "Breathing Techniques," for the participants. If showing a film on the birth process, have a laptop or television monitor to screen for the group.

### Suggestion: Do this session with couples

This session is best done with the expectant partner as it loosely simulates the birthing process. It may induce bouts of laughter and feelings of silliness, which are completely normal! However, if you feel that it is not appropriate for an all-male group to do this activity (as it may elicit feelings of discomfort) consider showing a film about the birth process instead. Continue on with Group Discussion questions provided.

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants, referencing the “Running Each Session – Some Basics” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review homework assignment. Also review the ground rules.
2. Provide an overview of the objectives of today’s session.

### Part 2 – Main Activity: Delivery Room Role Play

3. Explain that, participants will play different roles today, such as: mother, fathers, midwives, and other health professionals, and simulate what goes on in the delivery room when a woman is ready to give birth.
4. Ask the participants to form groups of three. If there are groups of less than three participants, assign them to other groups to form groups of four or more.
5. Ask each group to assign the following roles to its members:
  - The mother giving birth
  - The father
  - The midwife, traditional or faith healer, nurse or doctor
  - If there are more than three people in a group, assign the remaining individuals the role of other health professionals

Emphasize that once the participants have been assigned a role, they are actors, and not themselves. In order to act, they will need to “become” the character they have been assigned.

7. Next, set the scene: *“It is 22:00 in the evening. Your partner is in the delivery room and in some pain because she is about to give birth. The doctor and midwife are preparing to deliver the baby. The father is also present.”*
8. Tell participants that, on the count of “three,” they will act out the scene in their groups. “One, two, THREE!” Give the groups 5 minutes to act out the scene.

### Part 3 – Group Discussion, Part 1

9. After 5 minutes, ask the participants to return to the circle. Ask everyone to “step out” of his or her roles. And ask the following questions:
  - How did it feel to play the roles in this exercise?
  - For those who played the father, how did it feel to play the supportive partner?
  - How did the mothers feel giving birth?



- And health professionals?
- Was there anything you would do differently, if you could do it again?

**10.** Next, pass out the Supporting Information for Group on breathing exercises.

- Read through the information with the group and practice some of the tips.
- Emphasize some of the main points from the Supporting Information for Facilitator, “With The Father Involved, Everyone Wins!”
- Overall, encourage fathers that, after the mother has had an opportunity to physically bond with the child, they should do so as well (if they feel comfortable) by practicing skin-to-skin contact (See Section 1), singing or rocking the baby, or doing whatever they feel comfortable.

## Part 4 – Main Activity, Continued

**11.** Ask for three volunteers to re-enact the birth scene again using the information they received.

**12.** Have everyone give them a big round of applause.

## Part 5 – Group Discussion, Part 2

- What are your anxieties as a father about your partner giving birth? Or, what anxieties did you have? For example, some men and women believe seeing their partner give birth will impact the couple's sexual desire for one another.
- Do you think it is important for fathers to be present at the birth of their child? If so, why? If not, why not? (For the child, for the mother, for the father?)
- For those who were present at the birth of their child, and those who were not present, ask those men to reflect on those experiences.
- What types of support do mothers need during birth, and what kinds of support can the father provide?

## Homework

Find out if the local health center or hospital has policies that permit or prohibit women from being accompanied during childbirth. Come prepared to share what is learned to the next session.

For those fathers whose partners are approaching their delivery dates, begin to prepare the backpack with things to bring to the hospital or clinic (see Supporting Information for Facilitator, “Father’s Backpack”).

## Close

- ✓ Share the key ideas listed for this session and summarize the practical suggestions given during this session about how men can participate in the labor and delivery process.

## Key Ideas

- \* **The process of labor and delivery is usually very physically demanding for the mother. The most important aspect of the process is to provide the mother with the physical and emotional support she needs.**
- \* **Birth is also stressful for babies! Emphasize with participants that skin-to-skin contact with both parents is not only essential for parents to physically bond with the child, but also has health and developmental benefits for the child as well. Consider that, if the bonding is not possible at the birthing center, it will be possible at home.**
- \* **Men's presence in the delivery room helps to build an emotional bond between the father and child. Men should speak with their partners about being present in the delivery room and receive her consent. It is also fundamental that the health care provider is in agreement, and supports the participation of the father during birth. In order to accomplish this, it is necessary to have had a conversation prior to the delivery.**
- \* **In some health centers or hospitals, the father is not allowed in the delivery room. In others, fathers are expected to be present. It is important that each father ask the health center if a companion is allowed, and, as long as the mother is in agreement, request access to the delivery room.**

## Notes for Facilitators

- \* Fathers often experience anxiety during delivery, but this can be alleviated by giving them the opportunity to discuss their feelings in a safe space with knowledgeable men who have had similar experiences. It is important that each father shares his emotional experience during the exercise (in a role, building the physical bond, etc.). If there are jokes, make them brief; remind the group that the sharing of emotional experiences should always be respected.



## **Supporting Information for Facilitator:**

### **WITH THE FATHER INVOLVED, EVERYONE WINS!**

When fathers are involved and present during the prenatal period and birth, the benefits are tremendous.

#### **For the mother:**

- Involved fathers contribute to reducing maternal stress during pregnancy.
- Mothers who are accompanied during prenatal visits usually attend more of them, compared to mothers who are not accompanied.
- When the fathers are present in the delivery room to help the mother, mothers have a more positive experience and feel less pain during childbirth than when they are alone.

#### **For children:**

- Infants with involved fathers have better cognitive functions.
- Infants with involved fathers more frequently develop into children with high self-esteem who can resolve conflicts without violence.
- Children with involved fathers generally have fewer behavior problems.

#### **For the father:**

- Fathers involved in their children's lives are more satisfied and more likely to stay involved.
- Involved fathers have better health: they take fewer drugs, consume less alcohol, live longer, and feel mentally and physically healthier.
- Some studies show that fathers involved in caregiving have more satisfying relationships with their partners, feel more connected to their families and report better sex lives with their partner.



## Supporting Information for Group:

### THE FATHER'S BACKPACK: WHAT SHOULD I TAKE?

(Adapted from “Father School: Step By Step”)

The couple should prepare their backpacks before going to the hospital or clinic to give birth. The health care provider should give the mother a list of things that she should bring with her to the hospital. And the fathers who will accompany their partners should also be ready. Below are some suggestions for the things you, the father, should have during your stay at the hospital.

- **Something to eat or drink.** Keep in mind that labor may take several hours. After deciding with your partner on your presence during delivery, make sure you prepare or buy what is needed. Ask the clinic or hospital staff if they have a microwave oven you can use if needed. Keep in mind that your partner cannot eat during this period of time, so please find a place outside of the delivery room where you can eat.
- **Cellular phone.** While several people will wait for your call, some people will actually call you. You cannot use your mobile phone in the delivery room. If you have to use it, please do so outside of the delivery room, so that your conversation does not bother other patients or interfere with staff work.
- **Camera or video camera.** If you want to take photos to record these memorable moments, it is better to do so before and after birth – with your partner’s permission, of course! Please disable the flash feature before taking pictures of the baby – the baby’s arrival into the world is stressful enough.
- **Clothing.** It is usually possible to stay at the clinic or hospital for one or two nights. You will need extra sets of clothes in your backpack, so that you will not have to go home to get them.

## Supporting Information for Group:

### BREATHING EXERCISES AND OTHER PAIN ALLEVIATION TECHNIQUES DURING DELIVERY (From Father School: Step by Step)

The breathing exercises optimize oxygen intake into the mother's body and help to alleviate the pain of labor contractions. During a contraction, your partner must take slow and deep breaths. It is very difficult to maintain a steady rhythm of breath, so you must help her relax while she is having contractions.

**For the partner:** Your partner must maintain a breathing rhythm, and complete a cycle every four seconds.

- Breathe in through your nose in the first second.
- Exhale through your mouth in short intervals while counting two three and four seconds.
- Exhale for a longer period of time during the fourth second.
- Repeat.

#### At the same time, the father must:

- Breathe with his partner.
- Make sure his partner is softly exhaling air in his face.
- Help her relax in between contractions.
- 

You need to watch your partner, and you should hold her hands or place her hands gently over your shoulders. She can continue the breathing pattern as she inhales through her nose and softly exhales air in your face. Practice this during the pregnancy. This may feel strange at the beginning, and both of you may feel awkward or shy. Nonetheless, breathing jointly with your partner is a wonderful technique to use while she is giving birth, especially at times when she feels she can no longer continue.

**Positioning:** If your partner feels pain in her lower back caused by contractions, she will need to adjust her position to help alleviate the pressure. This could involve leaning forward, positioning herself on all fours, leaning against a table or chair, or stretching her arms forward and holding on to your shoulders. She can also try sitting on a big exercise ball during contractions.

#### Massaging:

- The mother can use both her hands to massage her belly starting from the bottom of her pelvis and working her way up on both sides of her belly (left and right).
- You can massage your partner's back in a diagonal direction with a closed fist or using the palms of your hands.
- The mother can take a shower with lukewarm water or place a bottle filled with hot water on her lower back (or a towel soaked in lukewarm water).
- You can caress her abdomen with your fingertips in time with your shared breathing rhythm.
- You can also massage her hips and inner thighs in a circular motion.
- Massage her gluteal area with a closed fist. This massage can be either soft or firm, depending how the mother feels.

# SESSION 5: Family Planning

**\*NOTE: There are multiple activities in this session.**

- 1. Father by Accident or by Choice?**
- 2. Presentation on Contraception**

Refer to each activity for its objectives, recommended time and materials needed.

## Main Activity #1: Father by Accident or by Choice?

### OBJECTIVES

1. Reflect upon the benefits of family planning and the value of couples' communication in this process; talk about the use of condoms and other methods of birth control.
2. Remind the couple that even if their first child was not planned with the use of birth control methods, they can decide when to have other children, or they can make the decision not to have any more children.
3. Invite a reproductive health professional to speak at the session, in order to increase the participants' knowledge of available birth control methods.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

Sticking tape and two loaves of bread, or any object that represents a family's resources (e.g. pencils, books, pieces of paper representing cash)

### Important Note About this Session:

As with Session 3, the activity, “Father by Accident or by Choice?” may induce bouts of laughter and feelings of silliness, which are completely normal if this is done with an all-male group. However, if you feel that it is not appropriate for an all-male group to do this activity (as it may elicit feelings of discomfort), consider having the female partner in this session. Continue with Group Discussion questions provided.

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “Running Each Session – Some Basics” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review the assigned homework. Also review the ground rules.
2. Introduce the session’s objectives.

### Part 2 – Main Activity #1: Father by Accident or by Choice?

3. To begin the activity, construct two squares on the floor with tape to represent a house big enough to accommodate four people standing upright.
4. Explain that the participants will be telling a story about two couples (i.e. John and Rosa, Peter and Mary). One person in each couple will be the mother and the other will be the father. Ask four volunteers to take on these roles.
5. Say that, on the count of “three,” the actors will begin the scene. “One, two, THREE!”
6. Begin the story by saying, “*John and Peter are brothers, and so they decided to get married on the same day: Peter married Mary and John married Rosa.*” Ask the volunteers to enter their assigned “house” (box with tape) and to dance in it. Have the participants clap together to create music.
7. Now, say, “*In the first year of marriage, the two couples each had their first child.*” Ask for two volunteers from the group to play the part of these children, adding a participant to each house.
8. Continue, “*John and Rosa make the decision to use family planning. Mary and Peter did not initiate family planning, and Peter refused to even talk about this issue. In the second year of marriage, Peter and Mary had their second child*” (another participant is added to their home). “*In the third year of*

*marriage, Peter and Mary had their third child” (another participant stands in their home). “In the fourth year of marriage, both couples had a child each.” And so on, until Peter and Mary have seven children while John and Rosa have three.*

**9.** Finally, give the mother or father of each family a loaf of bread, or the object representing the family’s resources, and tell them to distribute it among the family members. Then, ask the participants to show these pieces to the group, so that they can appreciate the differences in quantity.

### **Part 3 – Group Discussion**

**10.** If this is a session with couples, create space for couples to talk among themselves about their expectations regarding having children (e.g. if they are satisfied with the birth control method they have chosen, the number of children they wish to have, etc.). After several minutes, ask the couples to share any insights from the discussion with their partner.

Tell participants now to “step out” of their roles and discuss how the role play went.

#### **Ask the families:**

- How did it feel to do this activity? Was there anything that you noticed about how you acted during this activity?

#### **Ask the group:**

- What did you notice, or what impacted you as you were watching this role play?
- What effects can lack of family planning have on a family?
- Is there something wrong with having a large family?
- Should people plan how many children they want to have and space them, i.e. take some time (two to three years) before having another child?
- In what ways can men contribute to family planning?
- Why do some men (and some women) ignore the issue of family planning?
- What does the community believe about male-focused contraception such as vasectomies? Condoms? How does this connect with norms around what it means to be men? What does the community believe about contraception for women?
- Why is it important to ensure a woman and her partner's right to access quality sexual and reproductive health services such as family planning?
- What is one thing that you can do now with your partner to plan a family and avoid unexpected pregnancies?

## Main Activity #2: Presentation on Contraception

Invite a professional with knowledge of reproductive health to give a 30-minute presentation on birth control methods. If possible, ask the presenter to bring birth control samples. The presentation should include information about:

- \* Contraceptive methods
- \* Intrauterine devices
- \* Barrier methods
- \* Natural methods, including periodic abstinence
- \* Tubal ligation and vasectomy

For activities modeled around contraception, please reference the Sexuality and Reproductive Health Module in Program H, available for download in Portuguese, English and Spanish here: <http://www.promundo.org.br/en/activities/activities-posts/program-h-manuals-download/>

For another excellent resource, see EngenderHealth's Trainer's Resource Book to accompany Introduction to Men's Reproductive Health Services – Revised Edition. This handbook provides basic information on a variety of reproductive health issues relevant to reproductive health services for men, including sexuality, gender, anatomy and physiology, contraception, and sexually transmitted infections. It is downloadable at [http://www.engenderhealth.org/files/pubs/gender/mrhc-1/mrh\\_trainers\\_manual.pdf](http://www.engenderhealth.org/files/pubs/gender/mrhc-1/mrh_trainers_manual.pdf).

### Homework

No homework assigned.

## Close

- ✓ Talk about the importance of taking responsibility for finding information about contraception, and emphasize that avoiding unwanted pregnancy is both women's AND men's responsibilities
- ✓ Tell participants to talk with their partners about the risk of pregnancy. Communication is key. The best way to prepare for parenthood is for couples to decide when they want children and when they are ready for that responsibility.
- ✓ Fatherhood before a person is ready, or young fatherhood, are risk factors for absence from the parental role, poor relationships with children, and high levels of stress. Men and women who have children before they are ready may feel that they are losing out on other opportunities in life (school, recreation, etc.).

## Key Ideas

- \* **Each individual and couple is responsible for looking up information about contraception, and for informing himself or herself about how to avoid unwanted pregnancies. Engaging in conversation with sexually active couples about the possibility of a pregnancy is also essential for the facilitator, as is encouraging them to be candid about their intentions.**
- \* **Using contraceptives continues to remain within the woman's domain of responsibilities. It is important to discuss how beliefs around manhood and sexuality affect men's willingness to participate in contraceptive use.**
- \* **The strongest foundation for parenthood is laid when a couple consciously decides they want to have children and are prepared to undertake the responsibilities that come with that decision.**
- \* **Parenthood at an early age and unplanned childbearing are risk factors which may lead to parents having troubled relationships with their children, as well as high levels of stress and irritability. A man with children that he did not plan for and expect may feel as though he has been cut off from exploring other opportunities in school, work, leisure, relationships with other partners, etc.**

## Notes for Facilitators

- \* Do some research around family planning and consult with professionals in the community prior to the session. If no health professional is available to speak at the meeting, bring materials to hand out to the group. It is not necessary to be an expert in family planning, but it is crucial to know where participants can find more information on the topic and to encourage them to seek out information on their own. For more information, go to [www.ippf.org](http://www.ippf.org), [http://www.who.int/topics/family\\_planning/en/](http://www.who.int/topics/family_planning/en/) and the Men as Partners curriculum at <http://www.engenderhealth.org/files/pubs/gender/ppasamanual.pdf>.





# SESSION 6: Caregiving

## Main Activity: Caring for my baby– Practice Makes Perfect

### OBJECTIVES

1. Learn about a baby’s care needs and reflect upon men’s capacity to satisfy these needs.
2. Question the stereotype that women are naturally better equipped to provide better care and upbringing for children than men are.
3. Reflect on how gender stereotypes influence a father and mother’s behavior towards his and her son or daughter.

### RECOMMENDED TIME

Two hour and a half hours

### MATERIALS NEEDED

Several baby dolls (wearing real diapers) or pillows to represent babies, copies of Supporting Information for Group, a device to play music (this can be a stereo, a cassette or CD player, an iPhone, or any such device)

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “Running Each Session – Some Basics” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review the homework assignment. Also review the ground rules.
2. Provide an overview of the objectives of today’s session.

### Part 2 – Main Activity: Caring for my Baby – Practice Makes Perfect

3. Play relaxing music. Break into groups of two or three participants and provide a baby doll wearing a diaper to each group. Explain that you will do two exercises: the first is how to change a diaper, and the second is how to properly hold a baby. If possible, try to have one experienced father in each group.

4. First, explain how to change a diaper. Give a demonstration of each of the following steps listed in the Supporting Information for Group, “Useful ‘How To’s’,” or ask an experienced father to do so.
5. Each person from the group must take a turn.
6. If time permits, do the second exercise: Tell the participants they will practice how to hold and carry the baby properly, using the dolls. Follow the steps listed in the Supporting Information for Group, “Useful ‘How To’s’,” or ask an experienced father to demonstrate.

### Part 3 – Group Discussion

- Did anyone learn anything new, or want to comment on anything you noticed while you were doing this activity?
- Why don’t fathers participate more in taking care of young children particularly babies? What makes it difficult for fathers to participate in caregiving?
- How is the community and how we are socialized play a role in this?
- How does having a new child in the family affect the couple relationship?
- Examples: babies cry all the time and require constant attention, and parents become very tired.
- Imagine this: It is 2 o’clock in the morning. Your child is crying and you are not sure why. Your partner is exhausted because she has been breastfeeding all day and night. You have to get up in a few hours to go to work. As a father, what can you do?
- Who has more difficulty providing care for a baby? The mother or the father? Why?
- Can one get angry with the baby? Does your level of emotion differ if your baby is a boys versus a girl? Why or why not?
- Can one get angry with the mother?
- What do you do if you get angry? What are the options?
- What are one or two things you can do to be more involved in caregiving of your newborn? How will this affect the mother? What are 1-2 things you can do together with the baby?
- How can men support each other in their caring roles?
- What are some ways that we can be more responsive to the needs of our young children?

## Homework

Share the Supporting Information for Facilitator, “The Importance of Breastfeeding.”

You should practice a new way to care for babies (or older children). For example, if you are in charge of bathing the baby, take on a new task such as washing the baby’s clothes. If you do not know how to perform this task, ask for help. Come prepared to talk about those experiences in the next session.

Also, if you plan to proceed to Session 7 the following week, please ask participants to each bring a toy that their child plays with, such as a doll, ball, etc.

## Close

- ✓ Using the Key Ideas, conclude the session by stating that caring for a newborn can be an exciting, but also exhausting and stressful period in mothers’ and fathers’ lives. A baby cannot express himself or herself with words, so they cry. Some babies cry a lot, while other babies cry less. Many times, babies do not even know why they are crying! The most important thing a parent can do is provide warmth through physical affection (e.g. hugging, cradling, and rocking the child), and try his or her best to figure out what the baby needs. Men should spend quality time every day with his child.
- ✓ Men are capable of caring for babies and can satisfy all their babies’ needs (except for breastfeeding). The roles of motherhood and fatherhood are social constructs, i.e. they are formed by society; with enough practice, any man can become a competent caretaker.

### **Adaptation for Activity: Practice Makes Perfect (when the session is conducted with couples (mothers and fathers))**

After the activity, ask the mothers: How did you feel when you saw your baby's father change the baby’s diaper and hold the baby in his arms? Are there some instances when women may make it difficult for men to equally participate in the care of their baby and in performing domestic tasks? Why?

## Key Ideas

- \* **Parenthood can be a very stressful time for many couples. Babies cry and require constant attention and love from both mother and father. It is important to remember that the best thing to do is to respond to the baby with affection, and try to figure out what the baby needs.**
- \* **The world is changing. Before, parental roles were not flexible: men went to work and women took care of domestic affairs, but now, the only thing men cannot do is breastfeed. The acceptance of men as involved caregivers is growing.**
- \* **Gender equality includes sharing domestic responsibilities. If both father and mother work outside the home, they should equally share child care and domestic tasks.**
- \* **Even for fathers who work outside the home, it is necessary to dedicate at least 30 minutes daily to the baby (including activities such as feeding, bathing, singing, rocking and dressing) in order to develop the emotional connection necessary to form a special relationship with the baby.**
- \* **If paternity or flexible family leave is offered, encourage men to take those days to spend time with his partner and child.**
- \* **The father and baby should spend time bonding every day.**
- \* **The father can respectfully remind individuals who want to place him in a secondary role that it is his responsibility to care for his baby and communicate with him/her.**

## Notes for Facilitators

- \* During the actual activity, make sure to place added emphasis that participants wipe the baby clean only from the front to back, and that they should take care to support the baby's head at all times. There are many videos available online, searchable on websites such as [www.youtube.com](http://www.youtube.com), that present this topic with visuals on how to both change a diaper and to hold a baby correctly.
- \* If paternity leave is available in your community, encourage fathers to take the days offered.
- \* After the conclusion of the session, men and women may have questions about how to better respond to the needs of their young children. See Section 1: *Fatherhood in the Health Sector* that references Positive Parenting.

## **Supporting Information for Group:**

### **USEFUL 'HOW TO'S'**

#### **How to Change a Diaper**

1. Wash your hands with soap and lukewarm water. Use clean towels to dry your hands. Always use a paper towel to close the faucet.
2. Prepare the changing room/space. Make sure that you have all necessary materials and that a trash can or garbage bag is within your reach.
3. Place the child on the changing area. Do not use safety straps. Always maintain physical contact with the child.
4. Remove the diaper. Use wet towels to clean the child from front to back. Use a clean towel each time you wipe. Throw away any dirty items in the trash bin or garbage bag.
5. Wash your hands with soap and lukewarm water from the faucet only if you can maintain physical contact with the child. Otherwise, use disposable wet towels.
6. Place a clean diaper on the child and dress him/her.

#### **How to Hold and Carry a Baby**

1. Always hold the baby's back and head when carrying him/her. The baby's neck is not able to hold up the head on its own for approximately the first three months.
2. With one hand, hold the baby's back and with your other hand support the baby's head so that it doesn't wobble.
3. Once you have the baby in your hands, support all of the baby's body in one of your arms, placing its head on the crease of your forearm while you support below the back with the other hand. When you have acquired enough practice, you can hold the baby with one arm.\*

(\*From Bebes y Más ([www.bebesymas.com](http://www.bebesymas.com)))

## Supporting Information for Facilitator:

### MEN ARE BIOLOGICALLY ABLE TO CARE FOR THEIR BABIES

Women are not the only ones who are biologically able to care for their babies when they become mothers. A new study has revealed that fatherhood produces hormonal changes in men, such as decreased testosterone, to help them become better fathers. This reduction in testosterone does not mean that men lose their sexual desire, nor does it hinder sexual performance. This reduction of testosterone facilitates a stronger father-baby bond, and makes the father's body more open to developing a strong biological and psychological connection with the baby.

According to scientists at Northwestern University in the United States, this “abrupt reduction” of the male hormone makes men more inclined to stay at home with their families. Also, the study showed a significant reduction in levels of testosterone when men were more involved in caring for their babies. “Raising a child is a difficult task; therefore, it is one that must be done jointly. And our study demonstrates that men are biologically able to help raise a child,” researchers say. Many men report having a positive experience, and they feel a sense of tranquility at this time. In addition to a reduction in testosterone, men who have close physical contact with babies or young children also show an increase in other hormones such as vasopressin that allows them to bond with children.

Source: Authors' translation of online article, BBC Mundo (BBC Health), “La paternidad reduce la testosterona,” Tuesday, September 13, 2011. [http://www.bbc.co.uk/mundo/noticias/2011/09/110913\\_paternidad\\_testosterona\\_men.shtml](http://www.bbc.co.uk/mundo/noticias/2011/09/110913_paternidad_testosterona_men.shtml).

## Supporting Information for Group:

### FATHERS PLAY AN IMPORTANT ROLE IN BREASTFEEDING<sup>5</sup>

Supporting the health of your family is a great responsibility: you want to make healthy choices. This is why you, the father, should encourage your partner to breastfeed.

Some fathers may feel left out if their partner breastfeeds the new baby, but there are many other ways you can help your partner care for your baby, including the following:

1. **Help with the housework and cooking.**
2. **Help limit the number of visitors and visiting time.** New mothers need plenty of rest!
3. **Bathe and dress your baby. Change the diapers. Sing and talk to your baby.** If you see the baby searching for mother's breast, sucking his fist, or making sucking noises, take him/her to mother for a feeding. It takes time for a mother to learn how to breastfeed. If your partner is uncomfortable or experiences pain while breastfeeding, it may be because the baby is not latching on correctly or because the breast is engorged with milk. Many new mothers need help in the beginning. Contact a breastfeeding counselor who can help the new mother stay on track, such as a midwife.
4. **Take the baby to his/her mother when ready to feed.** Look at your baby's tiny fist and remember that it is about the same size as his/her stomach! The baby will need to nurse often, every 1 to 3 hours, around the clock.
5. **A mother's early milk, called colostrum, is expressed from the beginning and is the only food a baby needs.** Colostrum's special role is to help your newborn stay healthy. It is filled with important vitamins, minerals, proteins and immunities. Between the third and fifth days after birth, the mother will start to feel fullness in her breasts, indicating her milk has come in.
6. **If possible, do not give your baby water or formula in the first six months.**
7. **Feeding the baby anything other than breast milk interferes with a mother's ability to produce enough milk.**
8. **Let your partner know how proud you are!** Breastfeeding is a loving commitment. Sometimes mothers worry that their babies are not getting enough milk. You can reassure her that the baby is getting plenty of breast milk in a number of ways:
  - a. Baby is interested in feeding every 1 to 3 hours, around the clock.
  - b. Baby wakes to feed.
  - c. Mother can see or hear baby swallowing.

<sup>5</sup> Source: United States Department of Agriculture, Food and Nutrition Service, Special Supplemental Program for Women, Infants and Children (WIC). (2002). <http://www.fns.usda.gov/wic/fathers/MakingtheDecision-brochure.pdf>.

- d. Baby appears satisfied and content after feeding.
- e. Mother's breast softens during the feeding.
- f. Baby has 3-5 wet diapers and 3-4 soiled diapers by 3-5 days of age.
- g. Baby has 4-6 wet diapers and 3-6 soiled diapers per day by 5-7 days of age.
- h. Baby's excrement is yellow and seedy (by day 3).

Do not worry if your baby loses a little weight in the first few days. After about 5 days, the baby should gain 4–8 ounces or more per week with breast milk. After 6 weeks, the number of dirty diapers may decrease.

9. **You can bond with the baby too!**

- a. Babies love skin-to-skin contact with their fathers!
- b. Talk, sit, sing, rock, read to, burp, or diaper the baby.
- c. Make some time in the day just for you and your baby – babies need cuddling and hugs from their fathers too.

**Breast Milk is Healthiest for Babies**

- a. Breast milk is easier to digest than formula. Breastfed babies have less diarrhea, constipation, and colic than babies who are not breastfed.
- b. Breast milk contains antibodies to fight infections.
- c. Babies may have less risk of becoming obese, having diabetes, and developing other diseases.
- d. Breastfed babies have a lower risk of asthma, allergies, and certain cancers.
- e. Breast milk contains special ingredients to promote brain growth.

**Breastfeeding is Healthiest for the Mother**

- a. Breastfeeding helps the mother's uterus shrink to its pre-pregnancy size.
- b. It may help the mother lose weight faster.
- c. It reduces her risk for breast and ovarian cancer, and osteoporosis (brittle bones) later in life.

**Breastfeeding Saves Money**

- a. It saves on formula, bottles, utilities, and medical bills.
- b. It reduces sick days used by working mothers.
- c. It's good for the environment because there is less trash and plastic waste.



# SESSION 7: Gender

## Main Activity: Gender and Toys

### OBJECTIVES

1. Reflect upon norms of gender socialization, i.e. the different ways in which we treat and educate our children based on gender.
2. Reflect upon the communication and affection between parents and their sons and daughters.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

Traditionally masculine and feminine toys.

### A Note on Preparation:

In the previous session, you asked that participants bring a toy that their child uses (optional). Facilitators can also bring toys to the session. Bring a variety of toys for participants, i.e. toys that are popular, and viewed as suitable for one gender over the other. For example, some toys traditionally selected for boys are toy guns, balls and video games, while girls traditionally are given toy irons, toy dish sets and dolls. You can also print out online images of toys, or cut out magazine pictures of toys.

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “Running Each Session - Some Basics” included in the “Before you begin” section. Revisit the previous week’s session and review the homework assignment. Also review the ground rules.
2. Provide an overview of the objectives of today’s session.

## Part 2 – Main Activity #1: Gender and Toys

3. Ask participants to bring out the toys they brought (homework from the last session), and place all toys in the middle of the room.
4. Ask participants to think of a game they like to play with their children. Give them a few minutes to think about it. Next, ask participants to choose a toy to play this game.
5. Ask participants to form pairs and assign the role of “child” or “father” to either person in the pairing. Instruct the “parent” to ask the “child” to play together using the selected toy.
6. Before letting them role play, say that, on the count of “three,” they must begin acting. “One, two THREE!” Give them five minutes to play these roles.

## Part 3 – Group Discussion

Form a circle and ask each pair to show the toys, or describe the toys, they played with to the group. Reflect upon the similarities or differences in the toys used to play with boys and the girls by asking the group:

### To those who played the “child”:

- How did it feel to play this activity?
- Did you play the role of a girl or boy? Why did you choose this gender? In what ways did the toy you selected influence this?

### To those who played the “father”:

- How did it feel to play this activity?
- How would you have played with your partner differently if he/she had been a boy rather than a girl?
- When you were a boy did you ever play with dolls? Is it okay for a boy to play with dolls? Why or why not?
- Is it okay for girls to play with toy guns, soccer balls, etc.? Why or why not?
- What do you think your child learned about being a girl or boy during playtime?
- What do these toys say about social expectations of being a male child or a female child, and being a grown man or woman?
- How can these social expectations be harmful to girls? And to boys?
- As fathers, how can we communicate positive messages about equality to our children? Equality meaning that our daughters have the same opportunities for a successful future as our sons do (i.e. have access to quality health services, education, good employment, an environment free from violence, etc.), and that sons are allowed to show their feelings including pain and vulnerability.

## Close

✓ Close this activity by emphasizing the Key Ideas.

### Key Ideas for Main Activity #1: Gender and Toys

- \* **Many toys are designed for children with gender in mind, and socialize children such that boys play masculine roles with plastic guns and toy soldiers, and girls play feminine roles with similarly ascribed gendered toys, like baby dolls. Equally, the games that caregivers play with boys or girls shape ideas of what is considered to be appropriate roles for boys and girls. The manner in which we play with boys and girls is a socialization process that, if gender roles are rigidly enacted in play, can foster unequal and unjust relationships later between grown men and women.**
- \* **However, we all play when we are children; it is only as we grow older that we forget how to play. Games are a very important part of life. They are crucial for our own well-being, and help us as adults have a better connection with our children. Games/playtime serves as a special bridge for communicating with children. . As parents, it is important to remain conscious of how we play and that underlying messages about inequality are not being communicated to children.**

### Adaptation for Activity: Gender and Toys (when the session is with conducted with couples (fathers and mothers))

During discussion, provide time for parents to reflect and discuss how they play with their sons and daughters. Is there a difference based on the gender of the child? How do the children play with their father and with their mother? How can parents and children work together to break traditional roles? For example, consider having a weekly family meeting. Ask that each couple share their plan.

# SESSION 8: Non-violence

**\*NOTE: There are multiple activities in this session.**

- 1. Violence Clothesline**
- 2. Resolving Conflict – A role play**

Refer to each activity for its objectives, recommended time and materials needed.

## Main Activity #1: Violence Clothesline

### OBJECTIVE

Reflect on the violence that occurs in families, among couples (mostly of men against women), and violence against children. (It is recommended that this activity be undertaken by men without the mothers so that men may express themselves more freely and honestly).

### RECOMMENDED TIME

One and a half hours

### MATERIALS NEEDED

Rope to form a clothesline, an object to hang paper on the clothesline such as paperclips, pencils, colored markers, and sheets of paper; copies of the Supporting Information for Group

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

- 1.** Welcome everyone back to the group. Check in with the participants referencing the “*Running Each Session - Some Basics*” included in the “Before you begin” section. Revisit the previous

week's session and review the homework assignment. Also review the ground rules.

**2.** Provide an overview of the objectives of today's session.

## **Part 2 – Main Activity #1: Violence Clothesline<sup>6</sup>**

**3.** Explain that there will be two clotheslines, and that participants will be asked to draw images on pieces of paper and then hang them up on the clotheslines. If they would like, they can also write down words instead.

**4.** Hand out the sheets of paper and markers, pens or pencils to each participant and explain that this exercise will focus on experiences of violence in the family.

**5.** Ask the participants to describe their first experience of family violence from childhood on the first sheet. It does not have to be in writing or an image depicting violence. It could be shapes or colors representing emotions and feelings. It can be any type of violence: physical, verbal, psychological, sexual, etc. They do not need to put their names on any of these papers.

**6.** On another sheet of paper, ask participants to write, draw or color to describe how they felt at that moment of violence.

**7.** Then, on a third sheet of paper, ask participants to write or draw an instance of family violence that they acted out as adults (may be violence against a partner or against a son or daughter).

**8.** Assign approximately 10 minutes for each task.

**9.** With the strings, form two clotheslines and on each one, hang the following titles:

- Violence I have witnessed or experienced.
- Violence I have carried out.

**10.** Ask the participants to attach their responses to the corresponding clothesline, and after everyone has placed their answers on the clotheslines, invite the participants to describe what they drew, or simply ask participants to make a tour of the clotheslines.

## **Part 3 – Group Discussion**

**11.** While sitting in a circle, invite participants to reflect on what they read and what they recalled from their personal experiences. You may ask:

- How was it for you to talk about the violence used against you or that you have witnessed, and the violence you carried out?
- How do you feel when you perform an act of violence?

<sup>6</sup>Adapted from Promundo. Program H Manual.

- What are the common factors that provoke violence against women in intimate relationships and violence against children?
- How acceptable is it in our communities for men to use violence against women? And what about violence against children?
- Is there a connection between the violence that you do and the violence done against you?
- Some researchers say that violence is a cycle, i.e. victims of violence are more likely to commit violent acts later in life. If this is true, how can we break this cycle of violence?
- What can we do about the violence we witness?

## Main Activity #2: Resolving Conflict – A Role Play

### OBJECTIVE

Conduct a role play to practice non-violent ways to react when we become angry (see Supporting Information for Group for this activity).

### RECOMMENDED TIME

1 hour

### MATERIALS NEEDED

A pre-prepared situation to dramatize, copies of Methods to Control Anger (#1) and Communication Style (#2) Supporting Information for Group

## SESSION STRUCTURE

### Part 4 – Main Activity #2: Resolving Conflict – A Role Play

1. Pass out the Supporting Information for Group for this activity, “Practical Methods to Control Anger” and “Communication Styles.” Read through the information with the group.
2. Next, explain that the activity you will do now involves a role-play with two volunteers. Present a scenario like this:  
"David and Jeanette are disagreeing about who is responsible for bathing the children tonight."
3. Ask the two volunteers to first act in impulsive ways, e.g. by venting their anger against a partner without reaching an agreement on who will bathe the children.
4. Next, ask all participants to get into groups of two or three and prepare and act out a situation

in which the couple comes to a mutual agreement, taking into account the methods included in the Supporting Information for Group, or other non-violent forms of conflict resolution.

**5.** If time permits, do one or two more role plays with different situational disagreements about housework or caregiving including one between a father and child.

## **Part 5 – Group Discussion**

**6.** Ask the actors:

- How did the first scenario compare with the second situation? How did you feel in the first versus the second scenario?

**7.** Ask the group:

- Generally speaking, is it difficult for men to express their frustration or anger without using violence? Why or why not?

- Often, we know how to avoid a conflict without using violence but sometimes this does not happen. Why?

- What are the main causes of disagreement or conflict in your home?

- Are these methods for preventing arguments from escalating realistic? Why or why not?

- What are the benefits of communicating in an assertive way versus in a passive or aggressive way?

- Can anyone provide an example in which they disagreed strongly with their child or partner on something, but resolved it without yelling or using violence?

- What is one way in which men can control difficult emotions such as frustration or anger against their partner?

- What about against their child?

## **Homework**

As homework, invite men to have a conversation with either their partners or ex-partners and with their sons or daughters. During this conversation, they may share how they felt when remembering an act of verbal, psychological or physical violence that was done against them. This would be an excellent opportunity to make a promise within the family that disagreements will always be resolved without using violence and with respect for the other person's right to disagree.

Additionally, recommend that men practice one or two of the techniques from the Supporting Information for Group from this session with their partner this week. Tell them to advise their partner when they will practice it! Come back ready to explain their experiences.

## Key Ideas

- \* **There is no excuse for violence. Under no circumstances is it justifiable. We have a responsibility to control ourselves when we feel angry. We can learn more effective ways to communicate and resolve conflicts. Communicating in a more assertive way is much more powerful than being passive or aggressive. Everyone, big or small, deserves respect and protection against any kind of aggression whether physical, verbal, psychological, sexual or other. To live a life free from violence is a human right that is never lost, even when we make mistakes.**
- \* **Although most men have experienced violence in their childhoods and thereby may have learned to deal with conflict primarily through violence, they have a duty not to reenact this violence. It is possible to stop, get help, and cut the chain of violence between generations. Our sons and daughters are not guilty of their parents' past or present problems, and we must not take our past experiences out on them.**
- \* **Violence against children is usually manifested in the form of physical punishment and justified as a measure of disciplinary correction. This type of violence is still legal in most countries, and is perceived as acceptable behavior. The cycle of violence creates the conditions for violence against women in intimate relationships, because children who are physically punished learn that the stronger or more powerful person can punish the weaker one.**
- \* **This approach to conflict resolution is learned during childhood and can continue into adult relationships in families.**
- \* **The behavior witnessed since childhood by adults who are fighting, taught us to associate anger or rage with violence. Usually the violence children experience or witness is accompanied by anger. It is possible to separate the feelings of anger from violent behavior; one does not have to lead to another. We can learn to manage our anger, calm down and channel it in a useful, constructive way, without threatening or assaulting others. Perhaps we have succeeded in controlling our anger with certain people who have authority over us (a boss, a public official, etc.), but we easily unleash our anger with our closest family members.**



## Notes for Facilitators

- \* Like Session 2, this session can trigger strong emotional reactions due to remembering painful experiences. It is important to create an atmosphere of respect and confidentiality. While some participants may express relief at being able to reflect and share past experiences, some may choose to comment but not give details. Participants should never be forced to share more than they feel comfortable. Talking about the violence they have committed can be even more difficult. Men may try to justify their violent behavior or to blame others for instigating the conflict. However, it is essential to remind participants that they must own their emotions and walk away from situations that may otherwise provoke them to use angry words or physical violence. It is important to have resources on hand to refer those who may need additional counseling or therapy.
- \* For additional advice, refer to “Notes for the Facilitator” in Session 2.

## Close

- ✓ Thank the participants for sharing their experiences. Recognize the participants’ efforts, what they have learned about their experiences, and how this learning will allow them to approach stressful situations without violence and to instead use dialogue to resolve problems with their families.
- ✓ Use the Key Ideas to reinforce the major points from this session.

## Supporting Information for Group:

### PRACTICAL METHODS TO CONTROL ANGER:

(From "Preventing youth violence: Workshops with gender and masculinities" – CulturaSalud)

#### 1. Step away from the situation, leave or take a walk.

To calm down, walk away and count to 10, breathe deeply, walk around or do a physical activity. This will "cool your head" and clarify your ideas. It is also important that people who are angry share their feelings with the other person involved. For example, they can say, "I am very angry right now and I need to leave. I need to do something now, like go for a walk, so I can release my anger. When I cool down and feel calm, I'd like to talk to resolve this."

#### 2. Use words to express your feelings without attacking.

Express anger without "attacking." For example, you can say, "I am angry because..." or, "I would like you to know..." Another example: if your partner is late in joining you for an appointment, you could yell something like, "You're a fool, you're always late, and I have to wait for you all the time." Or, you can use words without attacking. For example, say, "I'm upset because you were late. I wish you had arrived at the scheduled time or warned me that you were going to be late."

## Supporting Information for Group:

### COMMUNICATION STYLES:

Developing an effective communication style is key in any successful relationship as well as in parenthood! Men can help by clarifying their own desires in nonviolent ways and encouraging their female partners to be more assertive.

- Assertive communication: Asking for what you want or saying how you feel in an honest and respectful way so it does not infringe on another person's rights or put him or her down.
- 
- Passive communication: Expressing your own needs and feelings so weakly that they will not be heard.
- 
- Aggressive communication: Asking for what you want or saying how you feel in a threatening, sarcastic, challenging, or humiliating way.

# SESSION 9: The Needs And Rights Of Children

**\*NOTE: There are multiple activities in this session.**

- 1. My Child in 20 Years**
- 2. Put it into Practice: Positive Parenting**

Refer to each activity for its objectives, recommended time and materials needed.

## Main Activity #1: My child in 20 years

### OBJECTIVES

Make connections between the long-term goals fathers and mothers have for their children (ages 0-4) and how harsh discipline affects those goals

### RECOMMENDED TIME

1 to 2 hours

### MATERIALS NEEDED

Pens, markers or pencils, and paper, copies of Stages of Child Development Supporting Information for Group

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

- 1.** Welcome everyone back to the group. Check in with the participants referencing the “Running Each Session - Some Basics” included in the “Before you begin” section. Revisit the previous week’s session and review the homework assignment. Also review the ground rules.
- 2.** Provide an overview of the objectives of today’s session.

## Part 2 – Main Activity #1: “My Child in 20 Years”

### 3. Introduce the activity by saying something along the following:

*For new mothers, fathers and other family members, having a young baby is joyful, exhilarating, exhausting and an enormous challenge. Parents feel like they have an extraordinary responsibility to ensure the health and happiness of their child. But few, if any of us, ever received a “How to” guide on how to raise a child. Many learn by instinct, or by remembering how our parents raised and disciplined us. But many instincts related to parenting are emotional reactions that are not thought out. As we explored in “My Father’s Legacy” and “Clothesline of Violence” parents are at risk of repeating harmful behaviors that they themselves experienced during childhood. In this session we will explore how to replace harmful discipline like spanking or yelling that can negatively impact young children with more positive parenting techniques.*

4. Individually, or in couples, ask participants to close their eyes and imagine the following, “Your child is all grown up. You are about to celebrate your child’s 20th birthday. Imagine what he or she will look like at that age. What kind of person do you hope your child will be? What kind of relationship do you want with your children?”

5. Next, ask participants to individually, or in couples, identify 5 characteristics (long-term goals), that they want their child to have when they are 20 years old. Some examples may be:

- Kind and helpful
- Honest and trustworthy
- A good decision-maker
- Caring towards you

6. Give participants a few minutes to discuss with the person sitting next to them, or with another couple, the characteristics they desire for their child.

## Part 3 – Group Discussion

7. Ask the group the following discussion questions:

- What are some of the characteristics you would like your child to have by age 20?
- How does yelling or hitting affect children? How might it impact your long-term goals?
- What does yelling or hitting teach children instead about resolving conflict?
- Is it possible to prevent all misbehavior of children?

**8.** Close the activity by stating a few key points. Be sure to pass out the Supporting Information for Group on Stages of Development as you review the first key point.

- Children constantly change and develop as they grow. It is important to understand what your child is capable of doing at his or her stage of development. Note: Read through the Stages of Child Development Supporting Information with the group.
- Parenting can be especially difficult in the early years because young children cannot verbalize (or even know!) what they want.
- The key to effective discipline is to see short-term challenges such as getting children to eat dinner, pick up their toys, etc. as opportunities to work towards long-term goals.
- When you feel yourself getting frustrated, this is an opportunity to teach your child new skills and work towards your vision twenty years from now!

## Main Activity #2: Put it into Practice – Positive Parenting

### OBJECTIVES

1. Learn and practice different Positive Parenting techniques available to parents
2. Make a commitment to avoid the use of harsh punishments against children

### RECOMMENDED TIME

Two hours

### MATERIALS NEEDED

Flipchart paper and markers, enough copies of Positive Discipline Techniques Supporting Information for Group

## SESSION STRUCTURE

### Part 4 - Main Activity #2: Put it into Practice – Positive Parenting<sup>7</sup>

**1.** Explain to the group that now you will discuss and practice different positive parenting techniques. However, before taking any action, it is important to ask yourself the following questions.

**2.** Write these questions down on flipchart paper and read them aloud to the group.

- Is the child doing something truly wrong? Is there a problem here, or have you just run out of patience?

Say to the group, *“If there is no problem, release the stress away from the child. If there is a problem go onto the next question.”*

- Think for a moment (and refer back to the Stages of Child Development Supporting Information for Group). Is your child really capable of doing what you expect?

Say to the group, *“If you are not being fair, re-evaluate your expectations. If you are being fair, go onto the next question.”*

- Did your child know at the time that he or she was doing something wrong?

Say to the group, *“If your child did not know what he or she was doing was wrong, then help him or her understand what you expect, why it was wrong, and how he or she can do it. Offer to help. If your child knew what she was doing was wrong and disregarded your reasonable expectations, then your child misbehaved.”*

**3.** Ask if there are any questions.

**4.** Next, ask participants to get into pairs and pass out the “Positive Discipline Techniques” Supporting Information for Group.

**5.** Explain that, in groups of 3 or 4, participants will create and then role-play a realistic scene between a child and parent. In the scene, the child is misbehaving and the parent must use positive discipline to address the unwanted behavior. Ask a few groups to volunteer to role-play their scenario for the larger group.

**6.** Give participants 10-15 minutes to design a scene.

<sup>7</sup>Inspired by “Positive Guidance and Discipline” (1998) by Georgia Knight and Jackie Roseboro. North Carolina State University.

## Part 5 - Group Discussion

7. Ask the group the following questions to process the role plays:

- For any of the role plays presented, what other forms of positive discipline could have been used with the child?
- Which technique would be the easiest to use with your own children? Why?
- Which technique would be the most difficult to use? Why? What could you do to make it easier to use?
- What are other ways to discipline children of non-violent and respectful ways?
- What are ways in which we can recognize children for positive behavior?
- How is “warmth,” such as showing physical affection or saying, “I love you” to your child a form of positive reinforcement of good behavior?
- Positive discipline techniques are not what we are used to, they can be difficult to learn, and sometimes don’t work as immediately to quiet the child as hitting, slapping, or yelling. However, those techniques create fear and not understanding. Positive discipline, on the other hand, helps the child learn to become the kind of person you’d like them to be. Parents must be patient, as the rewards of positive discipline can take some time. Even though it may be a new tactic, positive discipline is a technique that everyone can use – mother-in-laws, grandfathers, cousins, teachers, etc. Who do you need to “convince” in your home and community to use positive discipline? How will you do it?

### Homework

With their partners, ask participants to create a personal parenting plan that outlines 1) what they are already doing well as parents and 2) positive discipline techniques they will use with their children. Fathers or couples will come back together for the next session and share their personal parenting plans.

### Close

Using the Key Ideas (on the next page) thank the participants for their active participation and openness around child discipline – an often sensitive subject that is rarely discussed in groups such as this.

## Key Ideas

- \* **Children have the right to protection from all forms of violence. This violence includes physical or humiliating punishment such as spanking, hitting or yelling.**
- \* **Providing warmth such as unconditional love, verbal and physical affection, empathy and sensitivity to children's needs, is an essential part of raising children, encourages your children to cooperate with you and teaches them long-term values**
- \* **Parenting is a lifelong commitment. Fathers and mothers are not expected to change their behaviors overnight, but it is important to put new skills to practice gradually.**
- \* **As you interact with your children, have your life long goals in mind – your vision of your children at age 20 and older.**

## Notes for Facilitators

- \* These activities provide just an introduction to positive discipline. Participants may have more questions throughout and at the end of the session than can be answered through this manual. Take the time to look up resources for positive discipline, or positive parenting, in your country. If there are none available, here are a few resources available in English:
- \* “Positive Discipline – What it is and how to do it” by Joan Durrant, PhD.

This is a simple and easy-to-use manual for both parents and practitioners that explains the principles of positive discipline and how to use it in an age appropriate way with children. [http://seap.savethechildren.se/South\\_East\\_Asia/Misc/Puffs/Positive-Discipline-What-it-is-and-how-to-do-it/](http://seap.savethechildren.se/South_East_Asia/Misc/Puffs/Positive-Discipline-What-it-is-and-how-to-do-it/)

- \* “Global Initiative to End Corporal Punishment of Children” <http://www.endcorporalpunishment.org/>

This website provides factsheets and tools for parents on how to practice positive discipline. The website is also in Spanish.



## Supporting Information for Group

### STAGES OF CHILD DEVELOPMENT<sup>8</sup>

AGE OF CHILD	STAGE OF DEVELOPMENT	HOW I BEHAVE
0-6 months	I am easily frightened so I need to feel safe and protected.	I cry when I need you to know something. I don't know any words.
	I can't understand rules or explanations yet. I need unconditional love and affection.	Crying a lot is normal. Sometimes I do not even know why I am crying.  I love to put things in my mouth. It is the way that I explore the world.
6-12 months	I begin to speak sounds like "ba" and "ma."	I like when you speak sounds back to me. It encourages me to communicate with you.
	I need to know that you are close by. This is how I build trust in you.  My teeth are beginning to come in. This causes me a lot of pain so I may cry a lot.	I cry less and smile more. Sometimes my crying may come at the same time every day. This is my brain "organizing" itself.
1-2 years	I am an explorer! I begin to talk and walk. I learn lots of new words very quickly.	I want to touch and see everything. I learn the word, "No!" This is a way to tell you how I feel.
	I love my new independence, but I need to do so in a safe environment.  I don't understand that you are trying to keep me safe when you tell me "No."	I have tantrums because my frustration builds and I can't communicate in words what I am feeling.
2-3 years	I am beginning to understand my feelings.  Suddenly I may be afraid of things, like the dark. This is because I understand danger.	If you have to leave the room I may cry because I do not know if you will come back.
	I may suddenly become shy around people I do not know. This shows that I understand the difference between people I know and strangers.	If you ask me to say "hello" to someone I do not know I may refuse because I do not know that this person is trying to be friendly.
3-5 years	I want to learn everything! This might cause me to get into danger so rules are important.	I ask lots of questions. One of my favorite words is "Why?"
	Playing is an essential part of my brain development. It is how I see other people's point of view and develop empathy.	I love to play imaginary games. I get lost because it feels so real.  I want to help you do your daily tasks so I can learn important life skills.

<sup>8</sup> Excerpted from "Positive Discipline – What it is and how to do it" (2011) by Joan Durrant. Save the Children-Sweden.

## Supporting Information for Group

### POSITIVE DISCIPLINE TECHNIQUES<sup>9</sup>

The type of discipline a parent uses influences the type of person a child becomes. What type of discipline do you use? What type of person do you want your child to become?

1. **Fix-up:** When children cause trouble or hurt another child, expect them to fix it up - or at least try to help. If they break a toy, ask them to help you fix it. If they make a child cry, have them help with the soothing. If they throw toys around the room, ask them to put them away.
2. **Ignore:** The best way to deal with misbehavior aimed at getting your attention is to simply ignore it. But be sure to give attention to your children when they behave well. Children need attention for good behavior, not misbehavior.
3. **Be firm:** Clearly and firmly state, or even demand, that the child do what needs to be done. Speak in a tone that lets your child know that you mean what you say and that you expect the child to do as he is told. Being firm doesn't mean yelling, nagging, threatening, reasoning, or taking away privileges. Keep suggestions to a minimum, and always speak kindly, even when speaking firmly.
4. **Stay in Control:** Act before the situation gets out of control -- before you get angry and overly frustrated and before the child's behavior becomes unreasonable.
5. **Separation:** When children irritate one another, fight, squabble, hit or kick, have them rest or play apart for a time. Being apart for a while lets each child calm down. Then you can use other ways to encourage better behavior.
6. **Behavior Management:** Talk with children calmly to learn what caused a disagreement. Then talk about ways to deal with it. Come to a solution that's agreeable to both you and the children. This helps children learn to be responsible for their behavior.
7. **Redirection:** When children become too boisterous, stop them, explain why you are stopping them, and suggest another activity. When they knock over paint, give them a cloth and a pail of water to clean up the mess. When they race dangerously indoors, if possible, take them outside for a game of chase. When they throw books at each other, gather them for a story time or organize a game.
8. **Praise:** Give more attention and praise for good behavior and less for naughty behavior. Don't make punishment a reward. Let the child know that you appreciate a good attitude and cooperation. Children respond positively to genuine respect and praise.

<sup>9</sup>Text adapted from "Positive Guidance and Discipline" (1998) by Georgia Knight and Jackie Roseboro. North Carolina State University.

# SESSION 10: Division of Caregiving

**\*NOTE:** There are multiple activities in this session.

1. **Hours in a Day**
2. **Mother of My Child and Me – Working as a Team**

Refer to each activity for its objectives, recommended time and materials needed.

## Main Activity #1: Hours in a Day

### OBJECTIVES

1. Reflect upon the time men dedicate to caring for and attending to their children, and compare it to the time spent by women. Encourage a fairer distribution of such activities.
2. Analyze the relationship and communication fathers have with the mothers of their children in order to identify weaknesses and strengths
3. Discuss the devaluation of daily housework in society.

### RECOMMENDED TIME

Two and a half hours

### MATERIALS NEEDED

White sheets of paper and pencils

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “*Running Each Session - Some Basics*” included in the “Before you begin” section. Revisit the previous week’s session and review the homework assignment. Also review the ground rules.
2. Provide an overview of the objectives of today’s session.

### Part 2 – Main Activity #1: Hours in a Day

3. Give each participant a blank sheet of paper and ask him to draw a large circle on it. Imagine that the circle is a pie, and that it is cut into slices of time, with the entire pie corresponding to a 24-hour day.
4. Ask participants to draw slices in the pie to reflect the amount of time they spend on daily tasks: work, sleep, eating, recreation, leisure, housework, etc. Also, ask them to identify the time spent on tasks of child rearing, education and playing with children. Show the group a sample of pie you drew. If there are participants who cannot write, the facilitator can help, or these participants may draw their activities.
5. Next, ask participants to draw another pie picture, but this time from the perspective of the mothers of their children. In other words, how do they think the mother divides her time in a 24-hour day?

If the session is conducted with couples (both parents), have each one develop their pies of time separately, and then share their pies in pairs to talk about the differences between their pies.

### Part 3 – Group Discussion

6. Make time for each participant to share his reflections. If the activity is carried out with couples, invite each pair to share what they observed when they compared their pies with their partner’s. Then ask the following questions:
  - What did you realize when doing this exercise about how men and women use their time differently?
  - How do you feel about the differences in the way in which time is spent between men and women? Do you feel these differences are fair? Why or why not?
  - How does your partner feel about the current time distribution of household tasks? (If the partner is present, ask them this question directly)

- Why do we tend to undervalue domestic work such as cooking or cleaning, and time spent caring for children? And why is paid work seen as having more value?
  - What would you do to change how you currently distribute your time?
  - What can men gain from being more involved in domestic work like cooking and cleaning? Why would women benefit?
- 7.** Next, explain that in the next activity, you will all do a role play about this very activity – housework!
- How did it feel to play this activity?

## Main Activity #2: Mother of My Child and Me – Working as a Team

### OBJECTIVES

1. Reflect on the amount of time men are devoting to the care and attention of their children and compare it with the time spent by women. Encourage a more equitable distribution of housework.
2. Reflect on male involvement in these activities and discuss the sexual division of labor.
3. Make one to two commitments to participate more equally in domestic work.

### RECOMMENDED TIME

One hour

### MATERIALS NEEDED

There will be “role play” about domestic work. Although not essential, it is advisable to include real objects in the scene, such as a garbage can, dustpan, mop and dish drying cloth.



## SESSION STRUCTURE<sup>10</sup>

### Part 4 – Main Activity #2: The Mother of my Child and Me – Working Together as a Team

- 1.** Ask a few participants to represent members of a household doing housework and caregiving. Each participant should be assigned a role, such as babysitting, ironing, cooking, washing clothes, cleaning the house or shopping. Say that they will begin the role play on the count of three, “One, two, THREE!”
- 2.** All participants begin doing housework. After one minute, ask one of the participants to stop doing housework, and tell the rest of the participants to divide his/her share among themselves. Meanwhile, the non-working participant listens to a radio, sits around the “house” or rests.
- 3.** Ask another participant to stop working as well. He or she may also rest somewhere, dance, sleep. And, again, his/her share is to be distributed among the remaining participants.
- 4.** Continue this sequence until there is only one participant left, while the others take naps, read the newspaper, or talk on their cell phones.
- 5.** Finally, ask the last person to stop working.

<sup>10</sup>Exercise taken from Program H. Promundo

## Part 5– Group Discussion

6. Ask the participants to “step out” of their roles, and ask them the following questions:

### Role Play Participants:

- How did you feel doing this exercise?
- How did the working participants feel when the others stopped working?
- How did the last worker feel?

### Questions for the group:

- Which of the staged activities do you perform at home?

Note: Some men may note that some housework is carried out by men such as repairing a light fuse or fixing a broken motorbike. Make sure to probe how these tasks also reinforce gender inequalities between men and women.

- Who generally performs these activities? Why?
- Is it realistic for men to do this work? Why or why not?
- In what ways can men participate more fairly in the home, even when they work full time?
- There is some evidence that boys who saw their fathers participate in housework were more likely to do it later in life themselves. What are your thoughts on this?
- What effect would your doing housework have on daughters’ future relationships?
- There is some evidence that women who have male partners who participate in housework have greater sexual satisfaction in their relationship. Why do you think this is?
- What are one or two things you can do this week in the home?

### If partners are present:

- What do you expect of men in relation to housework? Or what would you like them to do?

## Homework

For homework, ask participants to observe how tasks are distributed among themselves and their partners at home. Then, they should perform at least one domestic activity that they usually never do. What is the partner's reaction? They should come to the next session with a reflection to share.

## Close

- ✓ Using the key ideas, thank the participants for their participation and stress that it is essential for men to devote time to not only caregiving tasks but domestic tasks as well. Though it may not be possible to devote an equal amount of time, the key is to negotiate and communicate a fair distribution of tasks within the family.

## Notes for Facilitators

- \* There are no additional notes for this session.

## Supporting Information for Facilitator

### THREE WAYS TO INCREASE PARTICIPATION IN PARENTING AND HOUSEWORK:

1. Perform incidental or sporadic tasks and increase frequency over time.
2. Distribute some tasks more evenly, or perform routine tasks usually completed by women.
3. Share the responsibilities equally (or as fairly as possible) between men and women, which will need planning, organization, management, and realization of a group of interrelated tasks.
4. Open communication with your partner is key when discussing the reshuffling of tasks.

Source: Jorge Ruiz, Yolanda Sánchez Utazú y Josefa Valero Picazo. (no date). Trabajo doméstico. Román Reyes (Dir): Diccionario Crítico de Ciencias Sociales. Madrid, Spain. [http://www.ucm.es/info/eurotheo/diccionario/T/trabajo\\_domestico.htm](http://www.ucm.es/info/eurotheo/diccionario/T/trabajo_domestico.htm)



## Key Ideas

- \* It is essential that men devote a significant amount of time on parenting, education and domestic tasks. Ideally, men and women would devote an equal amount of time, but working conditions and wage differences do not always permit this. Women also have to accept and give their male partners space to participate in domestic tasks.
- \* Equity, understood as fairness in the family, does not always mean equal time spent; sometimes it must take into account the family's situation. The key is to negotiate, communicate, and to be fair, considering the obligations of each person within and outside of the home.
- \* Many men do not bear the same responsibility as women, because many couples live in an unequal and gendered society that assigns men the role of breadwinners. In contrast, women are usually expected to fulfill the role of motherhood and housekeeper.
- \* Changing the way men prioritize their time usually affords men more opportunities to spend time with their children.
- \* If work keeps men from being more involved, remember that spending “quality time” with children is what really matters: for example, ignoring the telephone or television when the children are present.
- \* With the arrival of children, satisfaction levels in a couple's relationship can change, sometimes improving and sometimes worsening. There are men who are jealous of the attention that mothers pay to their children. There are women who resent the domestic workload that a child may bring. Some couples may disagree on how to educate their children.
- \* In cases of conflict, men must learn how to negotiate in a non-violent manner in order to reach decisions about parenting arrangements, keeping in mind the welfare of their children. Emphasize the importance of respecting the child's mother and being attentive to her, regardless of whether the father is part of a couple or an ex-partner, or had no more than a sexual encounter with the mother.

# SESSION 11: Final Reflections

## Main Activity: The Father's Web

### OBJECTIVES

1. Reflect on the experiences participants have had in this cycle of sessions.
2. Make a commitment to be a more involved father.
3. Encourage the participants to continue to meet after the session ends.

### RECOMMENDED TIME

One to two hours

### MATERIALS NEEDED

A ball of yarn, ribbon or brightly colored string

## SESSION STRUCTURE

### Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Check in with the participants referencing the “Running Each Session - Some Basics” subheading included in the “Before you begin” subsection. Revisit the previous week’s session and review the homework assignment. Also review the ground rules.
2. Provide an overview of the objectives of today’s closing session.

### Part 2 – Group Discussion

3. Ask participants to form a circle and ask each of them to complete the following phrases:
  - “My favorite moment of this group was...”
  - “Something unexpected that happened in the group was...”
  - “I will be a better and more involved father by...”
  - “Something I feel proud of is ...”

### Part 3 – Main Activity: The Father’s Web

4. Next, holding the ball of string, say that this will be the last activity that you will do together as a facilitated group, but you hope the group will continue to meet after the session cycle concludes.
5. Say that, for this activity, everyone will mention one thing that they learned while in this group that they will take with them back to their families. They will then hold on to the end of the yarn and toss the ball to another person in the group. This will continue until everyone has had something to say.
6. Begin the activity by saying, “One thing I have learned from this group that I will take with me to my family is...”
7. Once everyone has finished saying what they learned, a web will have formed. Explain that this web represents the sum of their experiences in this group, and how they are all now connected because they have acquired a new definition of what it means to be a father.
8. Optional: Cut the web into pieces and tie it into bracelets for each of the participants.

### Part 4 – Exchanging Contact Information

9. Encourage participants to continue meeting and providing support to one another. This will help them to fulfill their commitments to the group and serve as a source of emotional support in difficult moments.
10. Give participants time to exchange contact information, such as mobile numbers, Facebook details and other contact information.. If you can do this ahead of time, set up a contact information sheet with Name, Mobile number, Home number, and other contact information that you can then distribute to the entire group (with the permission of all participants).

#### Close

- ✓ There is a chance that participants may want to share what they have learned with the larger community. If this is the case, see Section 3 on mobilizing the community and starting a community campaign. This may be a good way to change community norms around masculinity and men’s caregiving.
- ✓ Above all, thank participants for their openness and participation. It takes a lot of strength to be vulnerable and to share experiences in a group. Even if one attitude that participants have concerning fatherhood and parenting has changed, or one participant has become more informed, the program will have been a success.



# Appendix 1 To Section 2: Ice Breaker Games

## The Name Game

**Time:** 15-20 minutes

**Objective:** The purpose of this game is to share everyone's names in a fun way. This game helps to learn the names of the participants.

**Description:** There will be two rounds in which the group plays “catch,” while everyone has a chance to say their names.

In the first round, each person says his or her name before throwing the ball. So, one by one, each participant says his name and then throws the ball to someone else. The facilitator can begin, in order to better demonstrate the game. This round ends when everyone has had a chance to say their name, and has passed the ball back to the facilitator. Repeat the game for the second round, but after a participant says his name, he should put his hand on his head to signal that he has already gone. Continue the second round until everyone has had a turn.

## The Bus of Emotions

**Time:** 10-15 minutes

**Objective:** This game helps the participants interpret or express different emotions, and help each other to do the same.

**Description:** Ask four participants to “role play” people getting on a "bus." Each person should approach the bus while expressing a different emotion. When the driver and passengers see this emotion, they are infected by it, and begin to express it as well. Follow this pattern for each additional volunteer.

At the end, to process this game, ask the participants what they observed, and then ask them how they felt during this exercise.

<b>The Postman</b>	<b>Time: 15-20 minutes</b>
	<b>Objective:</b> The objective of this game is for participants to share their personal information and to get to know each other a little more in a fun way.
<p><b>Description:</b> The participants are placed sitting in their chairs in a circle. Only the facilitator stands. The facilitator explains that he/she is going to start playing the role of "the postman" and that the postman will bring a letter to various people. Those people called by the postman have to change seats. For example, if the postman says: "Bring letters to all the people who like ice cream," all people who love the ice cream will change places. When people get up and go to change seats, the postman will take out a seat so another person will be left standing. The person left standing becomes the postman, and the game continues.</p>	
<b>About my Family</b>	<b>Time: 15-20 minutes</b>
	<b>Objective:</b> To learn about other people in the group.
<p><b>Description:</b> Ask participants to form pairs, and then turn to the person next to them and share their name, number of children, and three other facts about themselves that others might not know. Allow 3-5 minutes for this. Then, have each pair introduce each other to the group. This helps to get strangers acquainted and people to feel safe – they already know at least one other person, and did not have to share information directly in front of a big group at the beginning of the meeting.</p>	

<b>Two Truths and a Lie</b>	<b>Time: 15-20 minutes</b>
	<b>Objective:</b> To have the group get to know one another better.
<b>Description:</b> In a large group, have everyone write down two true statements about themselves and one false one. Then, every person reads their statements and the whole group must guess which one is false. This helps participants get acquainted and relaxed.	
<b>Vote with your Feet</b>	<b>Time: 15-20 minutes</b>
	<b>Objective:</b> To clarify values around fatherhood.
<b>Description:</b> In a large group have everyone stand in one long line. They will listen to one statement. Those who “agree” with the statement will step forward from the line. Those who “disagree” with the statement will step back from the line. Have volunteers explain why they agree or disagree. Sample statements:	
<ul style="list-style-type: none"> <li>• Men are less emotional than women.</li> <li>• Men are less able to care for children than women.</li> <li>• Men are better at raising boys than raising girls.</li> <li>• Spanking a child is a necessary form of discipline.</li> <li>• Women are better able to carry out domestic work, such as cleaning, than men.</li> </ul>	

# Appendix 2 To Section 2: Energizers

**Energizers change the routine, get people in motion, and relieve fatigue and boredom. They take only a few minutes:**

## Spaghetti

**(In groups of 5-10 people)**

The group forms a tight circle. Everyone sticks their hands into the center. With one hand, everyone grabs the hand of another person. Then, using the other hand, grab a hand of someone different.

The object of the game is to get untangled without letting go. By climbing, crawling, and wriggling around, participants can create one large open circle or, sometimes, two unconnected ones.

If they are totally stuck, you can tell them they can choose to undo one link, and then reconnect once that person has turned around, and see if that works.

This energizer is fun and creates a nice physical bond between participants. It also subtly communicates ideas of working together to accomplish a task.

## Shrinking iceberg

**(In groups of 5-8 people)**

Put a blanket or several sheets of newspaper on the floor. Ask the group to stand on it. Then explain this is an iceberg that is melting away, reducing its size by half every month. Their object is to see how long they can all stay on it. You ask them to get off it and fold the blanket in half or remove half the paper. Each time, reduce the area by half and see how they can find ways to support each other to allow everyone to stay on.



## The Scream

**(Good to let off tension – only use where others won't be disturbed!)**

Ask group members to stand. Tell them to close their eyes. Breathe slowly and deeply. Ask everyone to breathe in unison. Ask them to keep breathing together while they stretch their arms as high as possible. Ask them to jump up and down together and, finally, to scream as loudly as they can.

## The Rainstorm

**(Physical, but a calming exercise. Can be used as a closing.)**

Ask the group to stand in a circle with their eyes closed. Say that a rainstorm is approaching. Ask everyone to rub their palms against their pant legs. Then ask them to lightly pat their thighs with their fingertips. Ask them to do it harder. Now, ask them to pat their hands against their thighs. Now start slapping your hands faster and faster against your thighs. After a while, go back to lighter slapping, then patting, etc., to reverse the whole order until it is quiet again and the storm has passed. [At first the wind was blowing the trees, then light rain started, then heavier rain, then a downpour, and then the whole thing slackened off.]

## Exercising

More basic than all the rest. Ask someone to lead the group in some simple stretching.

# Appendix 3 To Section 2: Using Media To Enhance a Program P Session

As with Energizers and Ice Breakers, using media, such as short films, is a great way to make sessions more dynamic and spark dialogue amongst participants. Included in this Appendix is a suggested discussion guide and list of short films (each no more than 12 minutes long in length) and cartoons to show in your group.

## MATERIALS NEEDED

Video player (TV monitor and DVD player, or projector and computer). Most of the MenCare films are either viewable online or downloadable from the MenCare website ([www.men-care.org](http://www.men-care.org)).

## EXAMPLE DISCUSSION GUIDE FOR MENCARE FILMS

After presenting the videos, initiate group reflection by asking the following questions:

- What do you think this film is about?
- What similarities are there between the father in the film and our own fathers, or other fathers in our community? What are the differences?
- What are some of the positive things fathers are doing in our community now?
- What are some of the harmful things that fathers are doing?
- What needs to change in our community for men to be better and more involved fathers?
- What changes can we all make to be better and more involved fathers?
- What changes can we all make to be better and more involved partners?

## Notes for Facilitators

- \* Images can be very powerful. Videos help to illustrate and analyze cases that are based on the actual behavior of men and their families.
- \* Videos can be useful for group activities and for the purpose of facilitating general reflections on the subject of fatherhood. There are many videos to choose from. Many videos are available on the Internet, from websites like [www.youtube.com](http://www.youtube.com) or [www.vimeo.com](http://www.vimeo.com). You may choose to show some of the following videos:

### MenCare Films

- \* **MenCare Brazil Film: Marcio's Story.** Marcio narrates the importance of men's involvement in the lives of their families, even if it goes against traditional expectations. Produced in Brazil by the MenCare Campaign. (6 minutes). (<http://men-care.org/Media/MenCare-Films.aspx>).
- \* **MenCare Nicaragua Film: Carlos' Story.** Carlos speaks out about young men's and boys' experiences with sexual exploitation and abuse, and how men can serve as allies to help survivors heal. Produced in Nicaragua by the MenCare Campaign. (6 minutes). (<http://men-care.org/Media/MenCare-Films.aspx>).
- \* **MenCare Rwanda Film: Landuwari's Story.** Landuwari journeys to an understanding that sharing the work at home, supporting women's economic empowerment and girls' education benefits the entire family. Produced in Rwanda by the MenCare Campaign. (11 minutes). (<http://men-care.org/Media/MenCare-Films.aspx>).
- \* **MenCare Sri Lanka Film: Steven's Story.** While his wife works abroad to support the family financially, Steven has learned the struggles and joys of being the primary caregiver for his children. Produced in Sri Lanka by the MenCare Campaign. (7 minutes). (<http://men-care.org/Media/MenCare-Films.aspx>).

### Cartoons about Masculinity and Family Norms

- \* **Once Upon a Boy.** This video presents the story of a young man and the expectations and challenges he faces as he grows up. It addresses a diversity of issues, including domestic violence, homophobia, sexuality, first sexual relationships, unplanned pregnancies, sexually transmitted infections (STIs) and fatherhood. Produced in Brazil by Promundo. (23 minutes). ([www.promundo.org.br](http://www.promundo.org.br)).

- \* **Once Upon a Family.** This no-words cartoon aims to promote critical reflections on personal beliefs, attitudes and behaviors related to the use of physical and psychological punishment as means to discipline and educate children. Produced in Brazil by Promundo. (22 minutes). ([www.promundo.org.br](http://www.promundo.org.br)).
- \* **It's not easy.** This video follows Pedro's story of losing his job, and his experiences with conflict, stress and violence. It is an important tool for promoting reflections and discussions about men's use of violence against women. Produced in Brazil by Promundo. (18 minutes). ([www.promundo.org.br](http://www.promundo.org.br)).

### Other Recommended Films

- \* **Padrísimo.** This is a video collage of reflections on what it means to be a dad. Produced in Mexico by Salud y Genero. (37 minutes). (<http://www.youtube.com/watch?v=24lg3jFlw2w>).



MenCare Rwanda Film - Landuwari journeys to an understanding that sharing the work at home, supporting women's economic empowerment and girls' education benefits the entire family.

# Monitoring And Evaluation (M&E): Measuring Change In Your Program P Fathers Group

Determining whether a particular fathers group was effective in achieving changes in men's and their partner's attitudes and behaviors can be a challenging task. However, evaluation is a fundamental part of program efforts to better work with men in gender equality and health. It can demonstrate the impact or weaknesses of a particular approach, as well as support advocacy efforts around men's engagement.

In this short section, we provide health providers and other program implementers with a short guide on monitoring and evaluating your fathers group as well as a sample pre- and post-test questionnaire.

## SEVEN STEPS TO MONITORING AND EVALUATION<sup>11</sup>

### Step 1 – Developing a Logic Model and Indicators

A logic model presents key information about the project in a clear, systematic and concise way. It is important to develop a logic model using input you gathered from your needs assessment with the community, and in collaboration with your health center or hospital colleagues who will also be involved in the fathers groups. The parts of a logic framework are:

- **Goal:** contribution of the project to a wider problem or situation
- **Outcome:** change that occurs if the output is achieved – the effect.
- **Output:** specifically intended results from project activities
- **Activity:** tasks necessary to achieve output
- **Indicators:** qualitative (from interviews) and quantitative (from surveys) ways of measuring whether the outputs, purpose and goal have been achieved
- **Means of verification:** how and from what sources of information each of the indicators will be confirmed (example: intake sheet, call log)

<sup>11</sup> Adapted from material by Commdev at [http://www.commdev.org/section/\\_commdev\\_practice/monitoring\\_and\\_evaluation](http://www.commdev.org/section/_commdev_practice/monitoring_and_evaluation)

## Example logic framework:

<b>Overall Goal:</b>							
<b>Outcome 1:</b>							
				<b>Budget</b>			
<b>Output</b> 1.1	<b>Activities</b>	<b>Indicators</b>	<b>Means of Verification</b>	<b>Yr.</b> 1	<b>Yr.</b> 2	<b>Yr.</b> 3	<b>Yr.</b> 4

The indicators should be created to monitor achievement at every step of the project, from inputs and activities and outcomes. Indicators should also be SMART (Specific, Measureable, Achievable, Relevant and Time-Bound).

## Example Activities and Corresponding Indicators:

**Activity 1:** Presentation to expectant mothers in waiting room. Encouragement to sign register with contact numbers.

- Indicator 1: # of mothers present
- Indicator 2: # of contact numbers collected

**Activity 2:** Follow up call to mother to check intro to partner. Confirmation of attendance by father.

- Indicator 1: # of fathers that confirm their attendance to fathers group

## Step 2 – Conduct a Baseline Assessment

Baseline assessments aim to collect data on the current conditions necessary to measure progress over time. For example, determine the number of fathers who accompany their partners to prenatal care visits in your target health facilities on a monthly basis. Is the consultation room a good place to recruit fathers into your group? Other data to collect would include:

- Quality of maternal health services provided
- The prevalence of contraceptive use

Some of this data can be collected from government databases and Demographic Health Surveys (DHS).

### Step 3 – Set Targets and Scale

After finalizing the list of indicators that will be measured to monitor progress, try to set targets for each indicator that you will try to reach by a certain point in time. An example would be:

**Expected target for Activity #2:** To recruit 25 fathers into fathers groups by the end of the month.

Or

**Expected Target:** Fifty fathers believe that using physical punishment against children is a violation of their rights.

### Step 4 – Pre-Test, Monitor Inputs, Outputs and Outcomes

The frequency with which data collection for your fathers group is carried out will depend on how long the session cycle will last, and on the targets you set for the group. Data collection should also be participatory, meaning that the more you involve members of the community (health volunteers, mothers, fathers, district health officers), the more transparent your project will be and the more buy-in you will receive.

#### Pre-Testing Participants

Once fathers are recruited into your groups, administer a pre-test which will measure the attitudes, behaviors and beliefs they had about gender equality, caregiving and corporal punishment, for example prior to participating in the group. We recommend that a pre-test be administered as part of the Welcome Session (Session #1). This same test (post-test) will be administered again once the session is over. Facilitators can administer the pre- and post-tests themselves. See the sample pre- and post-test questionnaire at the end of this section. If it is not possible to administer a pre- and post-test, consider conducting group interviews with men and whomever else will participate in the session.

### Step 5 – Make Adjustments based on Monitoring Data

Based on the data you collect from the implementation of the fathers groups, what do you notice? Are fathers only showing up for the first session and then not again? What changes can you do to ensure that fathers are attending every session?

This is an iterative process that should be repeated throughout the sessions and session cycles.

### Step 6 – Evaluate the Fathers Group Impacts

Program evaluation will occur once a session cycle has been completed. It is an analysis that helps to explain why the group did, or did not, produce particular results. Unlike monitoring, it is not used for ongoing management, but focuses on final outcomes. This is determined by administering post-tests, conducting follow-up group interviews, or by developing a simple case

study. Some evaluations can be carried out with large scale surveys executed by an external group with statistical and social science expertise, such as a university.

## **Step 7 – Report and Engage Stakeholders**

A final step in M&E is to share information on the impact of your fathers groups with your communities and the public at large through multiple channels. Reporting should not be seen as an end in itself, but rather as an invitation to dialogue with external stakeholders such as national level policymakers and donors. The results of a fathers group intervention can inform the public of the project’s impact and provide a platform to discuss lessons learned.



# ITEMS FOR A PRE- AND POST-QUESTIONNAIRE FOR YOUR FATHERS GROUP

This tool can be self-administered or completed with the assistance of an interviewer. When doing the post-test, use the same structure. To protect the identity of the participant, names are not placed on the survey, but rather an identification number or letter is assigned.

1.	How old are you?	___ years old
2.	What is your highest grade or school year completed?	___ Elementary School ___ High School ___ College
3.	What is your employment status?	___ Never worked ___ Unemployed ___ Formally employed ___ Informally employed ___ Retired
4.	How many hours per week do you normally work, including overtime and paid work outside the home?	___ # of hours per week
5.	Do you have a regular or stable partner? By partner we mean boyfriend, girlfriend, or spouse.	___ Yes      ___ No
6.	How old is she/he?	___ years old
7.	Does your partner live with you?	___ Yes      ___ No
8.	How long have you lived with this partner?	___ year(s) ___ month(s)

9.	What is the employment status of your partner?	<input type="checkbox"/> Never worked <input type="checkbox"/> Unemployed looking for work <input type="checkbox"/> Unemployed not looking for work <input type="checkbox"/> Formally employed <input type="checkbox"/> Informally employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Studying and working <input type="checkbox"/> On maternity or other leave
10.	Do you have any children with your current partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	How many children do you have?	<input type="text"/>
12.	What are the genders and ages of your children?	<input type="checkbox"/> Male <input type="text"/> years old <input type="checkbox"/> Female <input type="text"/> years old



13. Do you live in the same household as your child(ren)?

Yes

No

Who makes the final decision on how money is spent in your family?

14.

	You	Couple	You and your partner	Third party	You and a third party agree	Each person chooses individually	My partner and a third party
a. Food and clothing	1	2	3	4	5	6	7
b. Big investments such as the acquisition of a car, house or appliances	1	2	3	4	5	6	7
c. Activities that involve spending time with family, friends or relatives	1	2	3	4	5	6	7
d. Health visits for your partner	1	2	3	4	5	6	7
e. Health visits for your children	1	2	3	4	5	6	7
f. Family planning methods	1	2	3	4	5	6	7

15.

Do you or your partner receive any outside assistance for completing housework, such as cleaning, cooking or child care? Mark all that apply.

Yes, help from child(ren)

Yes, paid housekeeper (employee, babysitter)

Yes, help from other people (family, relatives)

I do not have outside help

Concerning what you and your partner do regarding domestic tasks, how do you divide the following tasks?

	I do everything	Me, usually	We divide it equally, or we do them together	My partner, usually	My partner does everything	Not applicable
a. Washing clothes	1	2	3	4	5	6
b. Fixing things around the house	1	2	3	4	5	6
c. Grocery shopping	1	2	3	4	5	6
d. House cleaning	1	2	3	4	5	6
e. Bathroom cleaning	1	2	3	4	5	6
f. Cooking	1	2	3	4	5	6

16.

17. What do you think of this division of tasks?

My partner does significantly more.

My partner does a bit more.

My partner does about the same as me.

I do a bit more.

18. Are you satisfied with this division?

Very satisfied

Satisfied

Dissatisfied

I don't know/no response

19. Do you think your partner is satisfied?

Very satisfied

Satisfied

Dissatisfied

I don't know/no response

20.	Where were you when your most recent son/daughter was born?	<input type="checkbox"/> In the delivery room <input type="checkbox"/> In the waiting room or in another room in the clinic or hospital <input type="checkbox"/> In my house <input type="checkbox"/> At work <input type="checkbox"/> Traveling or living outside the city <input type="checkbox"/> Other _____
21.	Did you take leave the last time you had a child, and if so how many days?	<input type="checkbox"/> I took _____ days of paid leave <input type="checkbox"/> I took ___ days of unpaid leave <input type="checkbox"/> I took no leave <input type="checkbox"/> I was not employed at the time <input type="checkbox"/> Other (be specific) _____
22.	If you did not take leave, why not?	<input type="checkbox"/> Work did not permit <input type="checkbox"/> Did not want to <input type="checkbox"/> Could not afford <input type="checkbox"/> Other (be specific) _____
23.	Did you accompany the mother(s) of your child(ren) to a prenatal visit during the last or the present pregnancy?	<input type="checkbox"/> I do not know if she had/has prenatal visits <input type="checkbox"/> She did/does not have prenatal care <input type="checkbox"/> Yes, I went/go with her to every visit <input type="checkbox"/> Yes, I went with her to some visits <input type="checkbox"/> No, I did not go on any prenatal care visit

Do the following circumstances apply to your everyday life in your home?				
	Yes	No	Don't know	Not applicable
24. I spend too little time with my children on account of my job.	1	0	2	99
25. I would work less if it meant that I could spend more time with my children.	1	0	2	99
26. Overall, I have the main responsibility for providing for the family.	1	0	2	99
27. I am afraid that I would lose contact with the children if the relationship broke up.	1	0	2	99
28. My role in caring for my children is mostly as a helper.	1	0	2	99

Not counting the help you and your partner receive from other people, how do you distribute the following tasks and chores regarding child care?

	Always me	Usually me	Equally or together	Usually my partner	Always my partner	Not applicable
a. Daily care of the child	1	2	3	4	5	6
b. Staying home when the child is sick	1	2	3	4	5	6
c. Picking up the child from school or child care	1	2	3	4	5	6
d. Taking child to fun activities and events	1	2	3	4	5	6

With what frequency do you perform the following activities with your children, or for your children?

	Never or almost never	Sometimes	Several times a week	Everyday
If you have children between the ages of 0 and 4...				
a. Play with the children at home	1	2	3	4
b. Cook or prepare food for the children	1	2	3	4
c. Change child's diaper or clothes	1	2	3	4
d. Bathe the children	1	2	3	4
If you have children between the ages of 5 and 13...				
e. Play with children at home	1	2	3	4
f. Talk with children about personal matters	1	2	3	4
g. Engage in physical exercise or play outside the home with children	1	2	3	4
h. Help children with their homework	1	2	3	4
i. Cook or prepare food for children	1	2	3	4
j. Wash the children's clothes	1	2	3	4

30.

31.

When was the last time you talked to your partner about problems you are facing in your life?

\_\_\_ Within this week

\_\_\_ One to two weeks

\_\_\_ 2-4 weeks ago

\_\_\_ More than 4 weeks ago but less than 6 months

\_\_\_ More than 6 months, or never

\_\_\_ No answer

32.

When was the last time that your partner came to explain her (or his) problems to you?

- \_\_\_ Within this week
- \_\_\_ One to two weeks
- \_\_\_ 2-4 weeks ago
- \_\_\_ More than 4 weeks ago but less than 6 months
- \_\_\_ More than 6 months, or never
- \_\_\_ No answer

**Gender Equitable Men Scale**

The next set of questions will ask you about your views on relations between men and women. Please indicate if you totally agree, partially agree or disagree with the following statements.

33.  
-  
47.

	Attitudes	Totally agree	Partially agree	Disagree
33.	A woman's most important role is to take care of her home and cook for her family.	1	2	3
34.	Men need sex more than women do.	1	2	3
35.	Men don't talk about sex; you just do it.	1	2	3
36.	There are times when a woman deserves to be beaten.	1	2	3
37.	Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility.	1	2	3
38.	It is a woman's responsibility to avoid getting pregnant.	1	2	3
39.	A man should have the final word about decisions in his home.	1	2	3
40.	Men are always ready to have sex.	1	2	3
41.	A woman should tolerate violence in order to keep her family together.	1	2	3
42.	I would be outraged if my wife asked me to use a condom.	1	2	3
43.	A man and a woman should decide together what type of contraceptive to use.	1	2	3
44.	I would never have a gay friend.	1	2	3
45.	If someone insults me, I will defend my reputation, with force if I have to.	1	2	3
46.	To be a man, you need to be tough.	1	2	3
47.	Men should be embarrassed if they are unable to get an erection during sex.	1	2	3



48.

Some people think that spanking as a disciplinary tool is not harmful for the child, as long as it is done in moderation. What do you think?

- \_\_\_ **Totally Agree**
- \_\_\_ **Partially Agree**
- \_\_\_ **Partially Disagree**
- \_\_\_ **Totally Disagree**

34.

When using this survey, please cite the following resources:

Barker, Gary, et al. (2011). *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C. and Rio de Janeiro: International Center for Research on Women (ICRW) and Instituto Promundo.

Pulerwitz, Julie and Gary Barker. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale, *Men and Masculinities* 10: 322–338.



SECTION 3

# MOBILIZING YOUR COMMUNITY



## About Section 3

This final section of the Program P Manual is designed for health sector workers and activists who are interested in developing and implementing social-awareness-raising activities in their community that promote the benefits of active fatherhood as a way to achieve gender equality, benefit children, and improve the lives of men and women. It is meant to complement Section 2, in that the activities in this section can be carried out with the men in the fathers groups. However, some groups may not feel comfortable engaging in public activities, so it is important to take this into account. Regardless, many of these activities do not rely on engaging fathers group participants but, rather, individuals and organizations who want to raise larger-level awareness of how engaging men in caregiving promotes gender equality.

In this section, creating and launching a MenCare campaign is introduced as a strategy for creating social and policy level change. “How to” guidelines outline how to plan and launch a MenCare campaign in your community, including how to build partnerships, develop messages, and engage the community.

## The section is divided into the following parts:

1. **Introduction**
2. **Developing the MenCare Campaign: Step-by-Step**

### The MenCare Campaign

MenCare, launched in 2011 in Washington, DC, USA is coordinated by Promundo, the Sonke Gender Justice Network and the MenEngage Alliance. As of 2013, it has been implemented successfully in 11 countries. The campaign promotes men’s involvement as non-violent and equitable fathers and caregivers. It provides support, materials, messages, policy recommendations and research to encourage local MenEngage partners, NGOs, women’s rights organizations, governments and United Nations partners to implement campaign activities in their local settings.

MenCare is conceived as a complement to global and local efforts to engage men and boys in ending violence against women and girls. Together with efforts like the White Ribbon Campaign ([www.whiteribbon.ca](http://www.whiteribbon.ca)), it is part of the MenEngage Alliance’s global vision to achieve equitable, non-violent relationships and caring visions of what it means to be men.

**Global Campaign:** [www.men-care.org](http://www.men-care.org)

**Brazilian Campaign:** [www.voceemeupai.com](http://www.voceemeupai.com)

**Latin American Campaign:** [www.cambanapaternidad.org](http://www.cambanapaternidad.org)

**Men Care**

A GLOBAL FATHERHOOD CAMPAIGN

# 1. Introduction

Efforts by health professionals and social service providers to involve men in prenatal care and maternal health (Section 1) or to educate and prepare groups of men for fatherhood (Section 2) are integral to re-shaping norms, but they are not sufficient to affect community-wide and policy-level changes in ideas and attitudes regarding the important role men play in caregiving. To create large-scale norms change and mobilize the community to advocate for policy change, it is necessary to raise social consciousness and awareness by utilizing the energy, voices, opinions and influence of its members. And it should be done in partnership with trainings that improve health service delivery (Section 1) and group education (Section 2). As introduced by the Theory of Change Model in the Introduction to this Manual, implementing a variety of activities at the individual, community and national level is the most effective way to elicit these changes.

**Community mobilization requires a group of people to take coordinated action to improve their quality of life or to seek change in terms of policies or government services.** It promotes the recognition of local resources and allies and serves as a platform to build, strengthen and integrate efforts by individuals and organizations in order to effectively and collaboratively solve problems identified in the community.

**Active community involvement around an issue, such as fatherhood, can shift what the community sees as 'normal',** and can open a dialogue for individuals and institutions to question and challenge gender roles and to engage men in positive fatherhood practices and gender equality. Moreover, MenCare-based mobilization activities can contribute to discussions on: education and children's rights, equal parenting, disease prevention, and sexual and reproductive health.

**In addition to altering norms of fatherhood and gender roles at the individual level, community mobilization can affect norms as they are perceived by local governments, policy implementers, and workplaces.** Advocacy efforts focused on governmental and policy change should include concrete suggestions for incorporating “caregiving issues” into the political agenda. Advocating for the integration of the MenCare campaign, group education and other fatherhood activities into workplaces and government settings can increase the reach and impact of your community mobilization efforts. When these workplace and government entities begin to adopt the norms of involved, non-violent fatherhood, and accept men as equal partners in caregiving, changes may be reflected in family leave policies (including paternity leave), access to child care, men’s presence in the delivery room, child custody decisions, the protection of children and the prevention of violence, and the adaptation of education policies that include gender equality programming.

Some common questions that arise with respect to community campaigns are: What are the steps necessary to take action? How can you mobilize a community despite the differences among its members? What is needed to implement the ideas, to address the challenges and problems of the community? Who are potential allies? What are the human and financial resources available for community involvement? What are the main target groups in the community (social groups, religious leaders, etc.) and how can you reach them? **Identify sectors in the community that are already working together to address problems such as:**

- **Absent fathers**
- **Lack of men's support in prenatal care**
- **Corporal punishment**
- **Men's violence against women**

Who are the stakeholders in mobilizing these efforts? Who can and should participate in identifying the problem and making the key decisions? What are strategies and tactics moving forward? Who will lead and support these activities? What are the key messages that should be disseminated in activities involving men to promote positive and involved fatherhood? And finally, how do we involve men in mobilization activities?

**The step-by-step guide in this section details the process of developing a MenCare Campaign, with a focus on community mobilization.** The MenCare campaign promotes the active and positive involvement of men as fathers and caregivers in the lives of children through media, program development and advocacy. Implementing MenCare as a community mobilization tool can inspire changes to rigid gender patterns, encourage ending violence against women and promote positive and involved paternal behaviors.

Community mobilization is an invaluable tool because it enables all sectors of the community to play an active part in the process of meeting an identified challenge. Each step in community mobilization should be enacted with the help and participation of men and women, local partners, and the community more broadly. **This section will provide detailed information on how target groups should be identified, who will develop mobilization activities, and how to produce effective change in the community.**

## Case Study: Excuse Me, I'm a father!

Case study in Portuguese: Dá licença, eu sou pai!

([http://www.papai.org.br/conteudo/view?ID\\_CONTEUDO=603](http://www.papai.org.br/conteudo/view?ID_CONTEUDO=603))

In Brazil, women working in the formal sector are entitled to four months of paid maternity leave. Fathers, including adoptive fathers, are entitled to paternity leave if they are a salaried employee and pay taxes to the government. However, this leave, used by many men in Brazil, lasts only 5 days. Instituto Papai, in collaboration with Promundo and other partners, launched a campaign to promote expansion of this benefit to 30 days of paid paternity leave for fathers. They worked with a member of Brazil's Congress and put into a proposed bill the benefits of father involvement.

They also contacted four leading actors in Brazil as spokespersons for the campaign and filmed a public service announcement to call attention to the issue. The bill ultimately did not pass – businesses and the government did not want to increase the payroll tax, which would have been necessary to pay for the increased leave. However, even though the law did not pass, it raised awareness about the issue, and some city and state governments in Brazil have begun to offer 15-30 days of paid paternity leave for government workers, and some businesses and workplaces have started to voluntarily offer up to 30 days of paid leave for new fathers.

The “Give me leave” campaign was coordinated by:

- Instituto PAPAÍ and the Centro de Investigación sobre Género y Masculinidades (Gema / UFPE) in collaboration with:
- Red de Hombres por la Igualdad de Género (RHEG) (Promundo, ECOS, Themis, Noos, Papai)
- Carlos Chagas Foundation
- Fiscal de Pernambuco
- CORTE
- SINSEP / PE
- SINTEPE / PE

Sponsors:

- Ford Foundation

To watch a TV spot from the campaign, please go to: [http://www.youtube.com/watch?feature=player\\_embedded&v=NfFS0osW33I](http://www.youtube.com/watch?feature=player_embedded&v=NfFS0osW33I)



## 2. Developing a MenCare Campaign: Step-by-Step

Below, you can find the steps necessary to launch a MenCare community mobilization campaign to promote positive, involved fatherhood. The goal is to produce a campaign that has the power to raise awareness of the importance of men’s involvement in non-violence, caregiving, prenatal and maternal health, and more. Additionally, these steps provide an opportunity to integrate efforts of the public and private sectors, local NGOs, and committed individuals, to contribute to the fundamental change of social norms and behaviors – the desired result of an effective campaign.

### **Suami Siaga: The Alert Husband Campaign in Indonesia**

Suami SIAGA (Alert Husband) was an Indonesia-based mass media campaign designed to involve husbands in prenatal care and to prepare them for any pregnancy-related emergencies. SIAGA means: “alert” and is also an acronym for Siap (ready), Antar (take, transport), and Jaga (stand by or guard).

Campaign components included:

- The production of a number of new episodes of an existing radio drama series that contained specific messages about “alert” husbands;
- An educational television mini-series that carried messages about safe motherhood; brochures and stickers; and interpersonal communication materials developed for service providers;
- Community mobilization activities designed to facilitate the multi-media campaign; and
- A variety of supplementary materials and resources such as T-shirts, hats, pins, and broadcasts via mobile van.

Mass media components of the campaign (i.e. radio and television broadcasts) reached a national audience, but the remaining project components were implemented in selected provinces.

An evaluation undertaken after the campaign found that husbands who were exposed to print media were five times more likely to report taking action than men who were not exposed to the campaign.

Husbands who participated in interpersonal communication about becoming a Suami SIAGA were ten times more likely to report taking action, such as making arrangements for safe childbirth.

A number of follow-up SIAGA campaigns focused on other audiences including community members and midwives – all of whom play a critical role in facilitating safe pregnancy and delivery, and a safe postpartum period.

## Step 1. Building Partnerships:

**Partnership-building is the key to creating effective and sustainable community campaigns. Through partnerships, the collective voices of organizations and stakeholders can command attention from the government, the media and the general public on the importance of working with men.** These partnerships also broaden and expand the influence of changing perceptions of fatherhood. Campaigns can partner with local, national, regional or international agencies, and include various civil society groups, religious institutions, the private sector and government.

The first step in building partnerships is identifying key organizations that would be advantageous to include in program activities and community advocacy related to promoting involved fatherhood and caregiving. Consider organizations with access to men who are usually difficult to reach (e.g. migrant populations), organizations providing services particularly attractive to men (e.g. sports clubs), and organizations that have a wide reach and influence large numbers of men (e.g. labor associations, military).

For an activity on how to identify potential allies, see “Engaging Partners” at the end of Section 3. Once you have identified strong candidates for partnership, make contact with the organizations to see if they are willing to collaborate in the community mobilization effort. If so, determine what these organizations will be able to contribute (resources, expertise, funding, meeting space, etc.), and then work to plan out what types of responsibilities each partner will take on moving forward. It will be important to incorporate these partners into the decision-making process for each of the following steps.

## Step 2. Promotion of debate on the topic of fatherhood:

**Before creating a campaign and solidifying its themes, it is important to encourage debate on the issues of fatherhood, violence prevention, and women's rights with your key partners, as well as with any other relevant NGOs, social networks, government bodies that are interested or influential in engaging men in maternal and child health and child protection.** Interviewing government officials can provide clarity on how involved fatherhood and caregiving fit into the current political agenda. These stakeholders can provide valuable perspectives, necessary for the development of a successful campaign. Undertaking interviews with key groups and taking their views into account moving forward will have a direct impact on the support for and success of future actions taken by the campaign.

For a sample guide of interview questions to ask key stakeholders see the Focus Group Guide in the MenCare Father’s Group Manual for Sri Lanka on MenCare’s website ([www.men-care.org/Educate-Yourself/MenCare-Publications.aspx](http://www.men-care.org/Educate-Yourself/MenCare-Publications.aspx)).

## Step 3. Doing a needs assessment in your community:

**Conduct focus groups and one-on-one interviews with key members of the community, such as parents and children, to determine what specific issues need to be addressed in the community in terms of achieving a community norm of involved and non-violent fatherhood.** Additionally, questions should identify the individuals and media that generate and influence men's ideas about how to be a father (information used in Step 5), and gather information on their socio-demographic factors, hobbies, attitudes toward gender roles, access to and use of social programs, perceptions of violence and general aspirations (information used in Step 6).

Ask questions to identify barriers to the participation of men in the lives of their partners or children. Some examples of questions to explore:

- What are some of the attitudes and behaviors of men and women regarding parenting, especially fatherhood?
- What are the expectations and fears of men?
- What are the main obstacles to being a good father?
- What do parents want to know about being a good father?
- What do mothers know about parenting?

After completing this needs assessment, you should analyze the information obtained and think critically about the overall aims of your campaign. Prioritize 1-3 goals that particularly resonate with the community's needs in terms of fatherhood and caregiving. For example, if an overarching community need is to have men play a greater supportive role in maternal health, an overall goal of your campaign might be simply: to engage men more effectively in maternal health. Keep this goal in mind as you read through the next steps.

## Step 4: Develop a profile of a "target" group:

**Acknowledging the unique situations of all men, women and children interviewed in the needs assessment (Step 3), use the collected data to identify some common characteristics of the campaign's target group: the group of men, women and children that you most want to reach.** It might be helpful to break down the data into two to three target groups, taking into account socio-demographic factors, hobbies, attitudes toward gender roles, access to and use of social programs, perceptions of violence and general aspirations.

It may be useful to imagine an individual who is representative of your target group(s) and to draw a physical image of that person on flipchart paper, or use images from magazines/newspapers.

Although this technique of developing a profile requires a degree of generalization about the target group, it is intended not to ignore the diversity that exists among individuals, but rather to help develop activity messages and strategies that are most appropriate and attractive to the target group as a whole. For example, moving forward with the goal established in Step 3, to engage men more effectively in maternal health, this profile of a target group or groups will help you to think critically about the differences and, more importantly, the overlapping similarities of individuals' experiences and characteristics that may have positively or negatively impacted men's past or future support and involvement in their partners' maternal health activities. Also keep in mind that it may be necessary to develop a profile of the target "woman," "child," or health sector worker depending on the goals and focus of your campaign. Understanding the varied and/or overlapping experiences of the target groups, in relation to establishing the goal, will help to formulate appropriate and effective activities and messages.

## Step 5. Map the sources of influence and information:

**This activity involves identifying and understanding the different sources of information that influence men's attitudes and behaviors related to fatherhood and caregiving.** These sources of information can be groups of people (e.g. peers and family), institutions (e.g. schools, workplace and health services), or media (e.g. newspapers or television). The information for this mapping will have been gathered in the needs assessment (Step 3).

Analyze the data from Steps 3 and 4 to identify the most effective ways of disseminating the campaign messages and images. Keep in mind the financial feasibility of each outlet. Also, be creative; it is not just about disseminating campaign messages through media, but also about utilizing community events such as role plays, dramatizations and theater, dance, music, health fairs, art and murals, contests and community meetings as entry points to get the message across. Think about which type of media (e.g. radio, magazines, giant public billboard panels), social media (e.g. peer educators, local celebrities) or event opportunities have the greatest potential to successfully transmit messages about positive models of masculinity and fatherhood. It is also important to consider which men have access to each type of media, as well as the technical and financial feasibility of men's, women's, children's responses to the campaign.

## **My Dad Can: A Campaign by the Sonke Gender Justice Network**

In October 2012, Sonke launched the My Dad Can campaign, an effort to highlight local role models: the fathers across South Africa who support, guide and care for their children (whether they are biological or not).

Partnering with community radio stations and organizations in eight provinces in South Africa, Sonke asked children to nominate their fathers, by asking, “What can your dad do?” and “Why is that special?”

Several hundred entries were received, from mostly rural areas across the country.

7-year old Boitumelo from Cape Town said, “It’s not every dad that can wash nappies and cook for the family. He can take good care of us as a whole family. That makes me feel so special...”

Many fathers were surprised to hear their children’s nominations. “I never knew that my child saw me this way,” said one father during an interview.

After the contest, the families were interviewed; together, their stories formed a series of six radio episodes which were featured on a number of radio stations, including those in Botswana, Namibia, Zambia and the Democratic Republic of the Congo (DRC). One finalist was even featured on national television.

In the future, My Dad Can seeks to become an annual presence, promoting a different kind of fatherhood, changing perceptions of fatherhood in the media, and inspiring dads around the country to become more involved in their children’s lives.



## Step 6: Define campaign themes:

**When considering a campaign related to fatherhood and caregiving, it is necessary to identify more specific topics or themes. These themes should fit under the umbrella of the campaign's established goals, and will act as desired "outcomes" of the community mobilization effort.** The global MenCare campaign has 10 specific themes: health, education, affection, play, care work, equality, involvement, prenatal care, support and non-violence. However, this is not an exhaustive list of themes. As a result of the needs assessment and stakeholder interviews (Steps 2 and 3), you may choose to focus on just one or two of the global themes, or to pick ones of your own that are specific to your target group(s). These can include a focus on sexuality, reproductive health, mental health, young fathers, alcohol abuse, etc.

Using the goal established in Step 3, to engage men more effectively in maternal health, as an example, a corresponding theme will solidify the goal by presenting more specific avenues through which to achieve this goal. For example, themes under the umbrella of this goal could be: men as supportive partners in (1) prenatal care, (2) newborn care, and (3) being present in the delivery room. These themes form the foundation of the campaign, and will shape its impact moving forward. Note: the campaign can have multiple goals and corresponding themes.

## Step 7. Develop key messages for each of the themes of the campaign:

**These key messages will help refine the themes, and present them in a more tangible way, providing specific activities and models of action for involved and caring fatherhood. These messages will represent the campaign's themes in action.** In the MenCare Global Campaign, each message is written from the child's perspective, and followed by the tagline, "You are my father." For example, with the theme established in Step 6 of "men as supportive partners in prenatal care," the key message could be, "You never miss a prenatal visit. You are my father." Or, for the theme of "men as supportive partners in newborn care," you could use the message, "You hold me close when I cry. You are my father."

It usually requires a lot of time and creativity to develop these messages. Remember that the most effective campaigns are action-oriented messages, and are often more inspiring than those focused on negative stereotypes or actions. When focusing on solving a problem or changing a behavior, model the positive endpoint rather than the problematic behavior. These key messages will appear on your campaign posters and media, and will provide guidance and direction to the actions expected of positive, involved fathers and caregivers.



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**YOU STAY IN TOUCH.  
YOU ARE MY FATHER.**

Take the time to stay in touch and speak with your children.  
Your family needs your emotional as much as your financial support.

For more on fatherhood and responsibility, go to [www.Men-Care.org](http://www.Men-Care.org)

**ME GUSTA QUE RESPETÁS A MI MAMA  
VOS SOS MI PAPA**

Ser papa es respetar las ideas de toda la familia y de todas las personas. Es enseñar a nuestras hijas e hijos que todo mundo merece respeto: las personas grandes o las personas chiquitas, las mujeres y los hombres. En la tarea de ser papa es importante cuando respetamos a la mamá, a las hijas, a los hijos, no importa si vivimos juntos o no. Cada vez que tratamos con respeto a las mamás, enseñamos a nuestras hijas que nadie debe ofenderlas o maltratarlas. Y enseñamos a nuestros hijos a respetar a las mujeres en todo momento. Al respetar, somos un modelo para aceptar que la gente piensa cosas distintas y que les gustan cosas diferentes, y que eso es parte de la riqueza humana. Ser papa es aportar a formar mujeres y hombres que hagan este mundo menos violento y más respetuoso!

Once you have established the key messaging, create sample media, such as posters or flyers, stickers or billboard mock-ups, which incorporate these messages as well as caring images of fathers with their partners and children. This media, which will be the “face” of your community mobilization campaign, will then be pre-tested (see Step 8).

## **Step 8: Pre-test some of the messages and images with men, women, and other key stakeholders in the community:**

**After you have created sample media which incorporates positive imagery and the key messages established in Step 7, it is important to make sure that the selected themes and messages work together and make sense based on the community’s needs.**

This process of pre-testing is needed to confirm that the campaign messages are clear and relevant. Involving key stakeholders also helps to ensure their buy-in to the campaign, and to discover if there are any problems with the messaging. Pre-testing can be done through interviews and focus groups with men in selected target groups. Ask the men what types of emotions the images and slogans evoke, what their reactions are to the messages, and if they think that individuals and institutions will respond to and feel inclined to adopt the modeled behaviors. Based on the feedback you receive, adapt the message accordingly.

## **Step 9. Put your campaign into action!**

**Now you have a goal, themes and key messages that resonate with the community: individuals, men, women and policy makers. You understand your target audience. You have mapped out the proper outlets to disseminate your messages, and have brainstormed creative venues through which to promote them. Now, it’s time to take action.**

Schedule a meeting with all of the key stakeholders, partners, and men and women who have influenced the planning and creation of your community mobilization plan. Take into account the brainstorming, focus group information, and local context, and fill out the matrix below to create a plan of action.

For “Goal 1,” fill in your campaign’s first goal, as established in Step 3. In our example, this goal is to engage men more effectively in maternal health.

Next to “Theme 1,” fill in one theme under the umbrella of Goal 1, as identified in Step 6. In our example, the first theme is “men as supportive partners in prenatal care.”

To fill in the “Action” section, draw from the messaging you created in Step 7 and tested in Step 8, which highlights desired actions. In our example, this messaging was “You never miss a prenatal visit.” When identifying activities to achieve that action, think creatively and refer to



the venues and outlets identified in Step 5, along with the characteristics of men in your target group, as defined in Step 4. Keep in mind the multi-level approach of community mobilization, and incorporate activities that speak to individuals, community and higher-level policy development.

In this project framework, there are also columns to indicate who will be responsible for each activity (Implementer) and how you will know that the activity has been completed successfully (Means of Verification). Finally, in the budget column, identify what funding will be necessary to accomplish each activity. Make sure to verify that these funds are available.

You can adapt this framework to your needs, adding additional columns for timelines, indicators, descriptions of the events, etc. The more collaborative this process is, the more invested each partner will be in seeing it through to completion. Once you have completed the Project Framework with your partners and everyone has agreed on the actions, implementers and timeline necessary to achieve your campaign's goals, consider planning a launch event to kick off your plan and reveal it to the community at large. Then, get started!

For more resources on community mobilization, please see:

Engaging Men at the Community Level (2008), a manual developed by the ACQUIRE Project, EngenderHealth and Promundo to help participants develop community level activities related to male engagement and HIV and AIDS. The manual also focuses on mobilizing community members to engage men against HIV. Available for download here: [http://www.engenderhealth.org/files/pubs/acquire-digital-archive/7.0\\_engage\\_men\\_as\\_partners/7.2.3\\_tools/service\\_manual\\_final.pdf](http://www.engenderhealth.org/files/pubs/acquire-digital-archive/7.0_engage_men_as_partners/7.2.3_tools/service_manual_final.pdf).

## Developing MenCare Fathers Groups in Sri Lanka

In the formative research and focus groups conducted by World Vision and Promundo for “A MenCare Fathers’ Group Manual for Sri Lanka,” alcohol abuse in the plantation communities came out as one of the strongest themes in these discussions. By assessing the needs and concerns of community members, you will be able to better shape the priority areas of the campaign.

“[To be a good father], you have to be non-alcoholic.”

–Boys’ Focus group, ages 15-16

“If you get rid of alcoholism, then you will have solved many of our problems.”

– Women’s Focus group

This later informed the development of the program and the manual to focus on alcoholism as a key driver in men’s use of violence against women and children and inhibitors to their participation in caregiving.

Goal 1: To engage men more effectively in maternal health.						
Theme 1: Men as supportive partners in prenatal care.				Budget		
Action 1.1	Activities	Person Responsible	Means of Verification	Yr 1	Yr 2	Yr 3
X Fathers will attend prenatal appointments with their partners by end of Year 1	Disseminate posters with the slogan "You never miss a prenatal visit" in all local clinics.					
	Encourage fathers at the clinic gates to come into the clinic to be a part of their partners' visits.					
	Set up a consultation booth at the music festival/theater performance for fathers to ask questions about pregnancy. Encourage them to attend their partners' next appointment.					
	Speak with policy makers about making consultations and clinic spaces more supportive of male partners.					
Theme 2: Men as supportive partners in newborn care				Budget		
Action 1.2	Activities	Person Responsible	Means of Verification	Yr 1	Yr 2	Yr 3

# Supplementary Activity for Step 1: Building Partnerships

## Activity: Engaging Partners

### OBJECTIVES

- Analyze the possibilities, advantages and challenges of building new alliances
- Improve the scope and effectiveness of efforts to involve men in preventing violence against women and promoting paternal care

### RECOMMENDED TIME

90 minutes

### MATERIALS NEEDED

Flip chart and markers.

## SESSION STRUCTURE

### 1. Identify potential allies (20-25 minutes):

The goal here is to discuss possible allies and partners. Before the group session, the facilitator should create a table with the column headings below on several sheets of paper, and invite the group to discuss one column at a time. The group must be aware that this is not the time to evaluate or discuss the pros and cons of potential allies. That will be done during the next step.

The column headings:

**a. Partners and potential allies**

**b. Benefits and reasons to work together**

**c. Barriers to groups working together**

**d. Resources and ideas for overcoming these barriers**

**e. Prioritize objectives and how the chosen allies ascribe (or do not ascribe) to these objectives**

#### a. Partners and potential allies:

This can include a wide range of institutions and organizations (e.g., women's organizations and service clubs in which women predominate, religious institutions, community groups, businesses, unions and professional associations, schools, scouts, sports clubs and other youth organizations, high profile individuals, different levels of government and NGOs).

#### b. Benefits and reasons to work together:

This includes the reasons and the benefits of partnering with an organization or group. For example, you may want to work with an organization in order to establish contact with other organizations in their network. In other cases, you may want to take advantage of the visibility and the influence of an organization in the community because they are the largest company in the area, the only university, etc.

#### c. Barriers to groups working together:

These are the potential barriers to building a partnership with the organization or group.

#### d. Resources and ideas to overcome these barriers:

This includes practical resources and ideas to overcome these barriers, for example, personal relationships or physical proximity.

#### e. Prioritize:

The facilitator should review the table already developed and ask the group to categorize potential allies, according to the following criteria:

**List A:** High ally potential. An organization or institution on this list is considered to have a high degree of importance to the alliance, which means there are many advantages in working together. All obstacles are surmountable.

**List B:** An organization on this list has great potential for partnership, but is not a guarantee of success.

**List C:** Working with an organization that is part of this list may offer some benefits or may have too many insurmountable barriers.

# Annex 1:

## Review of best practices

### Review of Best Practices – Ten Examples

Program P is transforming how men and their partners conceptualize gender and their roles in the care of children and domestic work, in order to create a more gender-equitable environment for men and women in caregiving. Program P is based on the best practices available today. Below is a review of ten father-focused initiatives:

#### \* **Ecole de Maris in Niger, Niger**

A study commissioned by UNFPA found that one of the key barriers to women's access to and use of reproductive health services was the power and influence men had over their partners. In response to this finding, UNFPA Niger developed Ecole des Maris ("Husbands' School") to involve men in promoting reproductive health at the community level. Men who chose to participate met twice a month to discuss specific areas of reproductive health and seek community-appropriate solutions to problems. Couples whose husbands participated in the groups reported several positive changes in attitude and behavior, including more open communication on maternal health. Perhaps more significantly, there were also reported changes in the number of births attended by a skilled health professional by women whose partners were involved in the groups. The Ecole de Maris initiative has spread to other regions and countries.

For more information, please visit: <http://niger.unfpa.org/>.

#### \* **Ending Corporal and Humiliating Punishments, Brazil**

This manual, created by Promundo, Save the Children and supported by the Bernard van Leer Foundation, is designed to inform and empower fathers, mothers and caregivers of children. It contains educational activities to promote reflection on the use of physical and humiliating punishments against children.

For more information and to download the manual, please visit: <http://www.promundo.org.br/en/publications-for-professionals/>.

### \* Family Foundations, USA

Developed at the University of Pennsylvania in the United States, Family Foundations is a course for expectant parents focused on improving the couple relationship and promoting the principles of positive parenting. This six-week course offers three classes before and three classes after birth. The results of the program showed that mothers experienced less postpartum depression, and reported fewer behavioral and emotional problems in children less than three years of age.

For more information, please visit: <http://www.famfound.net/>.

### \* Father Schools, Sweden and Eastern Europe

This course, developed by a partnership of Western and Eastern European partners including Men for Gender Equality in Sweden, was aimed at expectant fathers to prevent violence against women and promote the parent-child relationship. The course is based on the importance of gender equality and the importance of creating a safe space for expectant and new fathers to talk about their experiences. In groups, men can share information, provide emotional support to each other and develop new models of fatherhood. The course focuses on ending the stigmatizing belief that fathers are inferior caregivers. The Father Schools program was adapted and implemented in Russia, Belarus and Ukraine. In 2012, it was adapted to the needs of South Africa, Namibia and Botswana, with support from Sonke Gender Justice Network.

### \* Mama's Club, Uganda

Established in 2003, Mama's Club is a program that supports and trains HIV-positive mothers to work as educators in their community to prevent mother-to-child transmission of HIV. To raise awareness of the discrimination HIV-positive mothers face, educators deliver powerful messages through the use of song and dance as well as through discussion on the radio and television. An important component of Mama's Club is the transformation of men's beliefs and behaviors through group education. The men involved in the groups serve as group educators as well, and sensitize other men to the needs of women living with HIV, encouraging them to accompany their partners and become more involved parents.

For more information: [http://www.aidstar-one.com/mama's\\_club](http://www.aidstar-one.com/mama's_club).

### \* Nurse Family Partnership, USA

The Nurse Family Partnership is a program for pregnant women and includes home visits until age two of the child. The program aims to improve pregnancy outcomes by optimizing maternal health, promoting competent maternal health and child care, increase the use of family planning and help mothers complete their education and find work (Barnes et al.,

2008: 6). Expectant fathers participated in 51% of visits though only 5% were present at all visits. At the end of the program, both parents reported that they felt more confident in parenting. Approximately 58% of mothers requested more materials to share with the father and felt that the men's participation was positive.

For more information: <http://www.nursefamilypartnership.org/>.

#### \* Positive Fathering, Hong Kong

The Positive Fathering program's goal is to prevent intimate partner violence. It offers three classes focused on increasing father's skills in the care of their children, strategies on how to avoid conflicts and how to establish open communication between the couple. The classes are linked with the services offered through the public health system in Hong Kong. Impact assessments have shown that couples that participated in the intervention reported improved and increased communication, increased confidence in the care of the children, and a decrease in post-partum depression.

#### \* Program H

Program H (H for the Homens and Hombres, the words for men in Portuguese and Spanish), developed by Promundo, ECOS | Comunicação em Sexualidade (São Paulo, Brazil), Instituto Papai (Recife, Brazil), and Salud y Género (México), with support from the Pan-American Health Organization (PAHO), the World Health Organization (WHO), IPPF/WHR, JohnSnowBrasil and Durex – SSL International, works to engage young men in critical reflections of rigid norms related to manhood. The program is comprised of group educational activities, community campaigns, and an innovative evaluation model for assessing the program's impact on gender-related attitudes. After participating in Program H activities, young men have reported a number of positive changes, from higher rates of condom use and improved relationships with friends and sexual partners to greater acceptance of domestic work as men's responsibility and lower rates of sexual harassment and violence against women. It has been adapted and implemented in Latin America, the Caribbean, Africa, Eastern Europe, Asia and North America.

#### \* UNICEF Papa Schools, Ukraine (A joint collaboration between UNICEF and the Ukrainian-Swedish OLEH project)

In 2004, a UNICEF survey revealed that the area's respondents had poor knowledge of child health and development. Many respondents did not know about the benefits of breastfeeding; fathers had even less knowledge of these benefits and did not participate in the care of their children (UNICEF, 2010d). Parents had insufficient knowledge of the value of playing with children, and reading to and interacting with their children. As a result of these findings, UNICEF-supported Child Development -Centers began offering programs to expectant parents. In one area, the participation of men at birth increased from 4% to 75% (UNICEF 2010e). In these programs, expectant fathers gathered in groups for two hours six

or seven times before birth and one or two times thereafter. The goals of the program were to: recognize the importance of active parenting, prepare for the arrival of the child, promote the uptake of parental leave, provide breastfeeding support, increase parent knowledge of child development, support children's rights and prevent violence against women.

- \* For more information, please visit: [http://www.unicef.org/ukraine/reallives\\_12082.html](http://www.unicef.org/ukraine/reallives_12082.html).

## Annex 2: Definition and Key Concepts

### Definitions and Key Concepts (from Program H, Preventing Youth Violence and the meaning of being a man)

- \* **Active Fatherhood** - fathers who take a motivated interest in the lives of their children and support the mother by engaging in caregiving and domestic work.
- \* **Caregiver** - A key figure, such as a significant other, or other family member, who provides unpaid assistance in caring for an individual, whether it is a young child or disabled parent.
- \* **Domestic violence** - An abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. The commonly acknowledged forms of domestic violence are physical and sexual violence, emotional and social abuse, and economic deprivation.
- \* **Domestic work** - Work performed for the purpose of maintaining a home including cooking and cleaning.
- \* **Fatherhood** - Men who take on caregiving activities and domestic responsibilities regardless of whether they are biological or non-biological fathers.
- \* **Gender** - Refers to relations of power and the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.
- \* **Gender-based Violence** - Any harm that is perpetrated against a person's will; that has a negative impact on the physical or psychological health, development, and identity of the person; and that is the result of gendered power inequities that exploit distinctions between males and females, among males, and among females (Ward, 2002).



- \* **Gender Equality** - Refers to the fact that women and men, regardless of their biological differences, are entitled to justice and equality in the use, control and benefit of the same laws, goods and services in society.
- \* **Gender roles** - Roles, beliefs and expectations that people typically associate with being male or female. These roles are socially constructed. In other words, we learn these roles from the example and expectations of our parents, family, cultural groups and social context. How men and women are expected to behave and be varies in different cultures and communities and these roles can change over time. In most communities, however, gender roles are very specifically defined, and are different for males and females. More often than not, these differences result in equalities or power differences between men and women. Gender norms – social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as the social reproduction of these norms in institutions and cultural practices are directly related to much of men's and women's (health-related) behaviour.
- \* **Gender stereotypes** - In the last century, people have started to free themselves of gender expectations so that they can choose for themselves who they want to be. In society at large, however, stereotypes still exist about what are typical traits for men and women.
- \* **International Men and Gender Equality Survey (IMAGES)** - IMAGES is a comprehensive household questionnaire, coordinated by the International Center for Research on Women (ICRW) and Promundo, on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2012, household surveys were administered to more than 20,000 men and women in Bosnia, Brazil, Chile, Croatia, the Democratic Republic of the Congo (DRC), India, Mali, Mexico and Rwanda. For more information, visit: <http://www.promundo.org.br/en/activities/activities-posts/international-men-and-gender-equality-survey-images-3/>
- \* **Intimate partner violence** - Refers to all forms of violence (physical, psychological, emotional, sexual, economic) that can occur within couple relationships, and is not limited to cohabitating couples.
- \* **Masculinity** - In broad terms, how men are socialized and the discourses and practices that are associated with the different ways of being a man.
- \* **Men and Gender Equality Policy Project (MGEPP)** - The MGEPP, coordinated by Promundo and the International Center for Research on Women (ICRW), is a multi-year, multi-country research and advocacy initiative that seeks to build the evidence base on how to change public institutions and policies to better foster gender equality and to raise

awareness among policymakers and program planners of the need to involve men in health, development and gender equality issues. For more information, visit: <http://www.promundo.org.br/en/activities/activities-posts/projetos-especiais/>

- \* **Nongovernmental Organization (NGO)** - An NGO is a private or voluntary, usually non-profit group, which can be organized on a local, national or international level and generally participates in education, training or other humanitarian projects.
- \* **Paternity Leave** - A benefit that provides paid or unpaid leave for men from work to help care for a newborn child
- \* **Positive masculinity** - If masculinity is socially constructed, then there is the possibility of reconstruction. If boys and men accept systems of domination because they believe it is the path to power and mastery, then we can learn to embrace even more empowering and rewarding masculinities. The construction and promotion of “positive masculinities” creates opportunities for men to change, and to become role models for personal and social change.
- \* **Power** - There are two types of power: one that involves having the possibility, opportunity, the skills and ability (i.e. the power to do something), and the second means to exercise authority, control, dominate, exploit, command, impose (i.e. power over someone). The existence of this second type of power is closely related to the establishment of social hierarchies, resource control, authoritarianism, access to knowledge and violence against others.
- \* **Reproductive health** - A state of complete physical, mental and social well-being (not merely the absence of disease or infirmity) in all matters related to the reproductive system and to its functions and processes (FWCW Platform for Action, paragraph 94; ICPD Programme of Action, paragraph 7.2).
- \* **Reproductive rights** - This includes the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents” (Platform for Action, paragraph 95).
- \* **Save the Children** - 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.
- \* **Sex** - This refers to the physical and biological differences between men and women, including the different sex organs, hormones, etc. It can also refer to sexual contact, like intimacy, touching and fondling, petting, oral sex and all other options that go to make up the richness of sexuality, including sexual intercourse.

- \* **Sexual health** - A state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO).
- \* **Sexual identity** - This is about how you perceive yourself as a sexual being; how you think and feel about aspects of your sexuality and what you think is right or wrong for you (your values).
- \* **Sexual rights** - The human right of people to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence” (Platform for Action).
- \* **Sexuality** - This is a fundamental aspect of human nature, a positive force and a source of energy, creativity, motivation and interaction. Sexuality is associated with the ability to have children, and with love and pleasure. Sexuality is a complex term. According to the World Health Organisation (WHO), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. The meaning of sexuality varies between and within cultures, from person to person and between the different developmental stages of people.
- \* **United Nations Children’s Fund (UNICEF)** - UNICEF works in 190 countries and territories to save and improve children's lives by providing health care and immunizations, clean water and sanitation, nutrition, education, emergency relief and more. For more information, visit: <http://www.unicef.org/>.
- \* **United Nations Population Fund (UNFPA)** - UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. For more information, visit: <http://www.unfpa.org/public/>.
- \* **Violence** - The intentional use of physical force or power, either as a threat or actual act, against oneself, another person, a group or community, that is likely to result in injury, death, psychological, developmental harm or deprivation. The definition encompasses interpersonal violence, suicidal behavior and armed conflict. It also covers a wide range of behaviors that go beyond the physical, such as threat and intimidation that compromises the well-being of individuals, families and communities (Krug, et al., 2002).

- \* **Violence against Children** - The UN Study on Violence Against Children (2006) definition of violence draws on Article 19 of the Convention on the Rights of the Child: “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” as well as the definition used by WHO in the World Report on Violence and Health (2002): “the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.
- \* **Violence against women** - The United Nations General Assembly defines it as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." The 1993 Declaration on the Elimination of Violence Against Women noted that this violence could be perpetrated by assailants of either gender, family members and even the "State" itself.

## References

Aguayo, F., Correa, P. y Kimelman, E. (2012). Encuesta de Paternidad en el Sistema Público de Salud en Chile. Santiago: Ministerio de Salud/CulturaSalud. En prensa.

Aguayo, F. y Kimelman, E. (2012). Paternidad Activa: Guía para promover la paternidad activa y la corresponsabilidad en el cuidado y crianza de niños y niñas. Santiago de Chile: Chile Crece Contigo.

Aguayo, F. y Sadler, M. (2011). El papel de los hombres en la equidad de género: ¿qué masculinidades estamos construyendo en las políticas públicas en Chile? En Aguayo, F. y Sadler, M. (eds.). Masculinidades y Políticas Públicas. Involucrando Hombres en la Equidad de Género. Universidad de Chile / CulturaSalud / EME. Disponible en: [http://www.mineduc.cl/usuarios/convivencia\\_escolar/doc/201212041627090.2011LibroMasculinidadesyPoliticass.pdf](http://www.mineduc.cl/usuarios/convivencia_escolar/doc/201212041627090.2011LibroMasculinidadesyPoliticass.pdf)

Alexander, H. (2012). Sonke eNewsletter, Issue 11. Retrieved from: <http://genderjustice.org.za/dedi172.cpt3.host-h.net/resources/newsletters/sonke-enewsletter/issue11newsletter/2001020-one-man-can-is-going-to-infect-every-man-in-gugulethu-with-love.html>.

Allen, S. and Daly, K. (2007). The Effects of Father Involvement: An Updated Research Summary of the Evidence. Guelph, Canada: Centre for Families, Work & Well-Being, University of Guelph. [http://www.fira.ca/cms/documents/29/Effects\\_of\\_Father\\_Involvement.pdf](http://www.fira.ca/cms/documents/29/Effects_of_Father_Involvement.pdf).

Barclay, L. and Lupton D. (1999). The experiences of new fatherhood: A sociocultural analysis. *Journal of Advanced Nursing*. 29(4):1013–1020.

Barker, G. (Ed.). (2003). Men's Participation as Fathers in the Latin American and Caribbean Region: A Critical Literature Review with Policy Considerations. Washington, DC: The World Bank.

Barker, G., Ricardo, C. and Nascimento, M. (2007). Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions. Geneva: World Health Organization.

Barker, G. y Aguayo, F. (Coords.). (2012). Masculinidades y Políticas de Equidad de Género. Reflexiones a partir de la Encuesta IMAGES y una revisión de políticas en Brasil, Chile y México. Rio de Janeiro: Promundo. [http://www.promundo.org.br/en/wp-content/uploads/2012/03/PROMUNDO\\_Images\\_Web29.pdf](http://www.promundo.org.br/en/wp-content/uploads/2012/03/PROMUNDO_Images_Web29.pdf)

Barker, G., Contreras, J.M., Heilman, B., Singh, A., Verma, R. and Nascimento, M. (2011). Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

Barnes, J., Ball, M., Meadows, P., McLeish, J., Belsky, J. and the FNP Implementation Research Team. (2008). Nurse-Family Partnership Programme: First Year Pilot Sites Implementation in England. Research report DCSF-RW051. London, United Kingdom: Birkbeck College, University of London.

Brazelton, T.B. and Greenspan, S.I. (2000). *The Irreducible Needs of Children*. Cambridge, MA: Perseus Publishing.

British Broadcasting corporation (BBC). (2011). Authors' translation of online article, BBC Mundo (BBC Health), "La paternidad reduce la testosterona," Tuesday, September 13, 2011. Retrieved from [http://www.bbc.co.uk/mundo/noticias/2011/09/110913\\_paternidad\\_testosterona\\_men.shtml](http://www.bbc.co.uk/mundo/noticias/2011/09/110913_paternidad_testosterona_men.shtml).

Buka, S. L., Stichick, T. L., Birdthistle, I. and Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry*, 71: 3, 298–310.

Burgess, A. (2006). *The Costs and Benefits of Active Fatherhood: Evidence and insights to inform the development of policy and practice*. A paper prepared by Fathers Direct, United Kingdom to inform the DfES/HM Treasure Joint Policy Review on Children and Young People. Available at <http://www.men-care.org/data/Costs%20and%20Benefits.pdf>.

Carlson, B.E. (1990). Adolescent observers of marital violence. *Journal of Family Violence*, 5:4, 285–299.

Contreras, M., Heilman, B., Barker, G., Singh, A., Verma, R., Bloomfield, J. (2012). *Bridges to Adulthood: Understanding the Lifelong influence of Men's Childhood Experiences of Violence. Analyzing Data from the International Men and Gender Equality Survey*. Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

Dudley, M., Roy, K., Fisher, J.R.W., Cabral de Mello M, Patel, V. and Rahman, A. (2006). Maternal depression and newborn health. *Newsletter for the Partnership of Maternal, Newborn & Child Health*, 2. Geneva. (Available at <http://www.pmnch.org>).

Durrant, J. and Ensom, R. (2012). Physical punishment of children: lessons from 20 years of research. *Canadian Medical Association Journal*. 184:12. 1373–7.

Durrant, J. E. (2007). *Positive Discipline: What it is and how to do it? Save the Children Sweden Southeast Asia and the Pacific*. Retrieved from <http://www.endcorporalpunishment.org/pages/pdfs/PositiveDisciplineManual.pdf>.

EngenderHealth. (2008). *Introduction to Men's Reproductive Health Services – Revised Edition: Trainer's Resource Book*. New York: EngenderHealth. Retrieved from [http://www.engenderhealth.org/files/pubs/gender/mrhc-1/mrh\\_trainers\\_manual.pdf](http://www.engenderhealth.org/files/pubs/gender/mrhc-1/mrh_trainers_manual.pdf)

EngenderHealth. (2nd Ed.). (2001). *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*. New York: EngenderHealth and Johannesburg: Planned Parenthood Association of South Africa. Retrieved from <http://www.engenderhealth.org/files/pubs/gender/ppasamanual.pdf>.

Fatherhood Institute. (2007). *Fatherhood Institute Research Summary: Fathers Attending Births*. United Kingdom: Fatherhood Institute. Retrieved from <http://www.fatherhoodinstitute.org/2007/fatherhood-institute-research-summary-fathers-attending-births/>.

Flouri, E. and Buchanan, A. (2003). The role of father involvement in children's later mental health. *Journal of Adolescence*, 26:1, 63–78 .

Garcia, I., Olinger, M., and Araújo, T.(n.d.). Ending Corporal and Humiliating Punishments. Rio de Janeiro, Brazil:Promundo. <http://www.promundo.org.br/wp-content/uploads/2010/02/Promundo-Pub-Fim-dos-Castigos-INGLES.pdf>.

Gershoff, E.T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128(4):539–579.

Hoff, W. (1997). Traditional health practitioners as primary health care workers. *Tropical Doctor*. 27 Suppl 1:52-5.

Hoff, W. (1992). Traditional healers and community health. *World Health Forum*. 13(2-3):182–7.

Krug, E.G., et al. (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization.

Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., Kirmeyer, S., et al. (2007). Births: Final data for 2005. *National Vital Statistics Reports* 56(6), 1-103.

MINSAL. (2008). *Manual de Atención Personalizada al Proceso Reproductivo*. Chile: Ministerio de Salud. <http://www.crececon-tigo.gob.cl/wp-content/uploads/2011/05/Manual-de-Atencion-Personalizada-en-el-Proceso-reproductivo.pdf>.

Nock, S. and Einolf, C.J. (2008). *The One Hundred Billion Dollar Man: The Annual Costs of father absence*. National Fatherhood Initiative.

OEGS (2009) /Informe 2007-2008. *Observatorio de Equidad de Género en Salud*/. Santiago de Chile: Observatorio de Equidad de Género.

Pruett, K. D. (1993). The paternal presence. *Families and Society*. 8. 112–115.

Puig, G. and Sguassero, Y. (2007). Early skin-to-skin contact for mothers and their healthy newborn infants: RHL commentary. Geneva: The WHO Reproductive Health Library, World Health Organization. Retrieved at <http://apps.who.int/rhl/newborn/gpcom/en/>.

Pulerwitz, J., Barker, G. (2008). Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale. *Men and Masculinities*. 10 (3): 322–338.

Ravanefra, Z.R. (2008). *Profiles of Fathers in Canada*.. Canada: University of Western Ontario, Population Studies Centre. Retrieved from [http://www.fira.ca/cms/documents/204/Profiles\\_of\\_Fathers\\_in\\_Canada.pdf](http://www.fira.ca/cms/documents/204/Profiles_of_Fathers_in_Canada.pdf).

Ruiz, Jorge, Yolanda Sánchez Utazú y Josefa Valero Picazo. (no date). *Trabajo doméstico*. Román Reyes (Dir): *Diccionario Crítico de Ciencias Sociales*. Madrid, Spain. [http://www.ucm.es/info/eurotheo/diccionario/T/trabajo\\_domestico.htm](http://www.ucm.es/info/eurotheo/diccionario/T/trabajo_domestico.htm).

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. Retrieved from <http://www.biomedcentral.com/1471-2393/12/49>.

Sarkadi, A., Kristiansson, R., Oberklaid, F. and Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Pædiatrica* 97:2. 153–158.

Save the Children (2005). *Ending Physical and Humiliating Punishment of Children - A manual for action*. Stockholm: Save the Children Sweden and the International Save the Children Alliance.

Silva Elisabete Pereira et al. (2011). Frequência e padrão da violência por parceiro íntimo antes, durante e depois da gravidez. *Rev. Saúde Pública, São Paulo*, v. 45, n. 6.

Teitler, J.O. (2001). Father involvement, child health and maternal health behavior. *Children and Youth Services Review*, 23(4/5), 403-424.

United Nations Children's Fund. (n.d.). Ukraine: Real Lives. "Fathers are as important for newborns as mothers." [http://www.unicef.org/ukraine/reallives\\_14763.html](http://www.unicef.org/ukraine/reallives_14763.html). Accessed 5 June 2013.

United Nations Children's Fund. (2009). Ukraine: Real Lives. The Duties of Real Men. [http://www.unicef.org/ukraine/reallives\\_12082.html](http://www.unicef.org/ukraine/reallives_12082.html). Accessed 5 June 2013.

United Nations General Assembly, 61st Session, Report of the Independent Expert for the United Nations Study on Violence against Children, A/61/299, 29 August 2006; and Pinheiro, Paulo Sérgio.

United States Department of Agriculture, Food and Nutrition Service, Special Supplemental Program for Women, Infants and Children (WIC). (2002). Retrieved from <http://www.fns.usda.gov/wic/fathers/MakingtheDecision-brochure.pdf>.

Ward, J. (2002). *If not now, when? Addressing gender-based violence in refugee, internally displaced and post-conflict settings*. New York: Reproductive Health for Refugees Consortium, Women's Commission for Refugee Women and Children and the International Rescue Committee. Retrieved from <http://www.rhrc.org/resources/ifnotnow.pdf>.

World Health Organization. (2005). *Addressing violence against women and achieving the Millennium Development Goals*. Geneva: World Health Organization. [http://www.who.int/gender/documents/women\\_MDGs\\_report/en/index.html](http://www.who.int/gender/documents/women_MDGs_report/en/index.html).

World Health Organization. (2006). *The World Health Report 2006. Chapter 1*. Geneva: World Health Organization. Retrieved from [http://www.who.int/whr/2006/o6\\_chap1\\_en.pdf](http://www.who.int/whr/2006/o6_chap1_en.pdf).





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[www.eme.cl](http://www.eme.cl)  
[www.men-care.org](http://www.men-care.org)