

# PROMOTING MEN'S ENGAGEMENT IN EARLY CHILDHOOD DEVELOPMENT

## A Programming and Influencing Package



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# ACRONYMS

ANC	Antenatal care
CHW	Community health worker
ECCE	Early childhood care and education
ECD	Early childhood development
FBO	Faith-based organisations
IMAGES	International Men and Gender Equality Survey
IPV	Intimate partner violence
M&E	Monitoring and evaluation
MNCH	Maternal, newborn and child health
OECD	Organisation for Economic Co-Operation and Development
OECD SIGI	Organisation for Economic Co-Operation and Development Social Institutions and Gender Index
PNC	Postnatal care
SBCC	Social and behaviour change communication
SHOW	Strengthening Health Outcomes for Women and Children
SOP	Standard operating procedures
SRH	Sexual and reproductive health
UNCRC	United Nations Convention on the Rights of the Child
VSL	Village savings and loans



## TOOL

This icon signals a tool, checklist or worksheet included in the Programming Package.



## TIPS

This icon highlights important information to consider when engaging men.

# FOREWORD

Plan International (PI) is an independent development and humanitarian organization that works to advance children's rights and equality for girls in 54 countries in Africa, Asia-Pacific, the Middle East and Latin America. Early Childhood Development (ECD) is a priority programming area for PI. We work with a gender-transformative approach, leveraging the opportunities ECD programming and influencing offer to not only promote the rights of young girls and boys but also to promote gender equality; transform discriminatory gender norms, roles and relationships; and advance the rights and wellbeing of mothers and other female primary caregivers. In multiple countries, Plan facilitates strengths-based programming aimed at supporting caregivers, educators, service-providers and communities to provide the nurturing care that young girls and boys need for their optimal early years' development.

Founded in 1997 in Brazil, Promundo believes that gender equality is a social good for the world and that overcoming gender inequalities and patriarchy and advancing gender equality is necessary for women, men, and individuals of all gender identities. We work on fatherhood and men's caregiving to promote men's equitable, non-violent participation as partners and caregivers to young children. For more than two decades, we have conducted research, advocacy and developed programming to catalyse men's capacity to care in gender equitable ways. We collaborate with partners around the world to transform social norms related to men's caregiving, to prevent violence against women and children, and to contribute to positive maternal and child health outcomes.

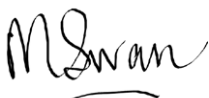
For Plan and Promundo, promoting men's engagement in ECD means: supporting abilities of male parents/caregivers to provide gender-responsive nurturing care to young girls and boys; strengthening positive relationships within the family, including non-violence, gender equitable decision making, and the redistribution of childcare and domestic work; increasing men's involvement in young children's learning and education, including through playful parenting; supporting men's increased involvement with, and support for, the health and wellbeing of female partners, girls and boys; and working with communities and leaders to promote men's caregiving roles, including through addressing gender norms that influence attitudes, expectations and behaviours for women and men.

We know that men's engagement in the care and development of their young children is good for families and children, it's good for female partners and it's good for men themselves. But we also know that promoting and supporting men's engagement in ECD is not easy. We must be aware of the potential risks and pitfalls, especially to those that undermine the autonomy and choices of women and girls.

Multiple barriers to men's engagement exist as well, including norms and expectations about how men should behave and what they should and should not do; absence of males who role-model positive masculinities and ways of being; impacts of poverty, unemployment, urbanisation and migration, which often mean that men are not present or are unable to support their families; and services and policies that exclude men or do not provide an enabling environment for their engagement and support.

ECD programming and influencing that promotes men's engagement provide a crucial entry point for challenging gender inequality, norms and roles that are limiting and discriminatory, particularly for girls and women, but also for boys and men.

Plan International and Promundo are proud to share this programming package. We hope that it will help individuals, organisations, communities, governments and policy makers to change the way that men protect, support and promote the wellbeing, health, and development of their partners and children, as well as bring benefits to men themselves.



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# INTRODUCTION TO THE MEN'S ENGAGEMENT IN EARLY CHILDHOOD DEVELOPMENT (ECD) PACKAGE

## BACKGROUND

This document contains a package of resources developed for programmes that aim to increase male engagement in nurturing care and early childhood development, as well as in maternal health and wellbeing. It has been developed by Plan International, in collaboration with Promundo, in recognition of the growing evidence that men's positive engagement in nurturing care, unpaid care work and maternal health and wellbeing brings benefits for young children, women, families and the men themselves. Promoting men's engagement in the care and development of their young children is, therefore, a central pillar of Plan International's gender-transformative Early Childhood Development (ECD) work, and a priority for Promundo.

This introduction includes:

- Key concepts
- An explanation for why promoting male engagement in nurturing care and ECD is so important
- Information about how much men currently are involved in nurturing care and the development of their young children
- A description of the different barriers to male engagement that exist and may need to be addressed in programming.

Along with this introduction, the guidance package includes several chapters,

- Chapter 1: A Programme framework for promoting men's engagement in nurturing care for ECD.
- Chapter 2: Working with men directly to promote their involvement in nurturing care for ECD
- Chapter 3: Enabling men's involvement in young children's learning and education
- Chapter 4: Working with healthcare providers and community health workers to promote men's engagement in nurturing care, ECD and maternal health
- Chapter 5: Working with communities and leaders to promote men's engagement in nurturing care for ECD
- Chapter 6: Influencing changes in ECD and social protection policy in favour of men's engagement
- Chapter 7: Developing messaging for Social and Behaviour Change Communication (SBCC) campaigns directed at promoting men's engagement in nurturing care for ECD

This package does not include a specific chapter on how to work to promote changes in the gender norms that underpin men's limited engagement in unpaid care work and the care and development of their young children in many contexts and communities. It does, however, acknowledge the fact that men's engagement work usually means challenging prevailing concepts of masculinity and norms around the roles and responsibilities of women and men in relation to healthcare, unpaid care work and childcare. Norm change work is, therefore,

considered in many of the chapters/modules. Furthermore, the different strategies explained in the chapters – including group education, SBCC and policy influencing – will often need to be employed together as part of a process to promote the gradual abandonment of negative, harmful or restrictive gender norms; to promote changes in the gendered power relations that underpin these norms; and to create new positive norms to enable men’s positive engagement as equitable and non-violent fathers and caregivers.

## KEY CONCEPTS

**Attitude:** an individually held belief that assesses whether something is good, bad, sacred, taboo, or otherwise. Attitudes influence what people would prefer and choose to do, outside the social context.

**Early Childhood Development (ECD):** The process of change in which a child masters more and more complex levels of physical activity, thinking, feeling, communicating and interacting with others.

**Early Childhood Development policy and programmes:** These provide comprehensive supports to the child from the prenatal period up to eight years of age, including health and adequate nutrition; clean and safe physical environments; responsive caregiving and opportunities for play; early education; and support for successful transition into primary school. A central aspect of these is supporting parents/caregivers to provide nurturing care – which is the care young children’s brains and bodies need to grow and develop (see below)

**Fathers:** Father, in this document, refers either to the biological father of the child or the other men who – for that specific child – represent an important male caregiver. Important male caregivers in a child’s life may be the boyfriend of the child’s mother or the child’s stepfather, grandfather, uncle (for instance, the mother’s brother in matrilineal communities). Fathers and male caregivers 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”.<sup>1</sup>

**Family:** any group of individuals that forms a household based on respect, love and affection, and provides support to maintain their welfare. The Committee on the Rights of the Child recognises that family “refers to a variety of arrangements that can provide for young children’s care, nurturance and development, including the nuclear family, the extended family, and other traditional and modern community-based arrangements, provided these are consistent with children’s rights and best interests”.<sup>2</sup>

**Gender and social norms:** Social norms are shared expectations or informal rules among a group of people as to how people should behave. Norms shape what people believe are typical and/ or appropriate behaviours in a certain context. People prefer to follow the norm because they believe most people in their relevant network conform to it, and that people whose opinion matter to them expect them to conform to it. There are social rewards for people who conform to norms, as well as (negative) sanctions for those who do not conform. Gender norms form a significant “sub-set” of social norms. They define the expected behaviours and ways of being of people of a particular gender in a group or society. Examples of gender norms are the expectations that “real men” do not help with care work and child-rearing or that “real men” resolve conflict with violence. Gender norms reflect and sustain a hierarchy of power and privilege that typically favours that which is considered male or masculine over that which is female or feminine. They structure women’s, girls’, boys’ and men’s (often unequal) access to resources and freedoms, thus affecting their voice, agency, power and social position. Gender norms that place limitations on girls and women – and on their mobility, education, decision-making power and their expectations for the future – are means of upholding the prevailing social order and not only reflect – but also reinforce – inequalities of power.

**Gender socialisation:** This is the process through which children learn about the social expectations, attitudes and behaviours associated with their gender. From the day they are born, children are gender socialised by parents, caregivers, teachers, other children and the media. This process means that by the time they reach primary school, girls and boys have a sense of gender identity; will often already have learnt society's norms and expectations for these identities with respect to their behaviours and roles; and will often have assimilated the beliefs of their culture around gender – including, in many countries, beliefs that girls and women are less valuable than men.

**Gender synchronised approaches:** These recognise how both men and women shape and perpetuate gender norms in society, and that working in an intentional and synchronised manner with both may be more effective than working with one or the other.

**Gender transformative approach:** Plan International's gender transformative approach aims to tackle the root causes of gender inequality and to reshape unequal gender and power relations, in order to achieve the full realisation of girls' rights and equality between all children, young people and adults, regardless of their gender. It aims to improve the condition of girls and women, while advancing their position and value in society. It supports girls and women to be able to make informed choices and decisions and to act upon these, free from fear or threat of punishment. The approach encourages critical reflection, questioning and challenging of gender norms. It also challenges the distribution of resources and roles based on a person's gender. It includes attention to fostering an enabling policy and a budgetary and institutional framework for gender equality that adequately protects girls' and women's rights, tackles the barriers they face and meets their particular needs. It requires working at all levels (among individuals, the family and community, and institutions and societies) and across a person's life course.

**Male engagement:** Plan International defines male engagement (also referred to as men's engagement or male involvement) as men taking an active role in protecting, supporting and promoting the wellbeing, health and development of their partners and children.

This definition is premised on a vision of lasting, sustained behavioural change among men, and of gender-equal relationships between men and women and between partners. It views male engagement as a broad concept that includes men's feelings, motivations and relationships – and not just a series of actions or decisions in which men participate related to reproductive and maternal health, childcare and development (such as nappy changing, feeding the child, etc.). Based on this broader definition, men are engaged when they:

- are emotionally involved with their partners and children;
- actively participate in protecting and promoting the health, wellbeing and development of their partners and children – including through providing emotional support, financial support and physical support;
- assume joint responsibility with their partner for the workload (including unpaid care work, child-rearing and work outside the home) and for the development of a happy, respectful, non-violent, healthy and caring couple relationship;
- make informed decisions together with their partners and support their partner's autonomous decision-making;
- resolve differences of opinion and potential conflict without violence, and make active efforts to stop cycles of violence by promoting love, affection, respect and active communication.

**Nurturing care:** defined as the care and supports that young children need to develop to their optimal potential, and that are provided by parents and families in particular. Nurturing care includes: practices to promote good health and nutrition; ensuring that children are safe, secure and protected from violence and accidents; responsive caregiving; and opportunities for early learning and play.<sup>3</sup>



**Social and behaviour change communications (SBCC):** These are communications strategies designed to support social and behaviour change, and to, therefore, affect not only individuals' beliefs, attitudes and practices, but also social and gender norms and expectations, and any policies that support or reinforce these. They include messaging, use of mass media and social media, interpersonal communication and education entertainment.

**Unpaid care work:** Includes domestic work (meal preparation, cleaning, washing clothes, water and fuel collection) and direct care of persons (including children, older persons, persons with disabilities, as well as able-bodied adults) carried out in homes and communities.

## WHY DOES MEN'S ENGAGEMENT MATTER?

Men's engagement in the care and development of their children is important for a variety of reasons.

### Men's engagement is good for their children



*Fathers matter. Father–child relationships, in all communities and at all stages of a child's life, have profound and wide-ranging impacts on children that last a life-time, whether these relationships are positive, negative, or lacking.*

**State of the World's Fathers 2015<sup>4</sup>**

There is a consensus and a lot of descriptive evidence that involving men in their children's lives is a good thing.<sup>5</sup> High levels of caring, non-violent male involvement is associated with the following positive outcomes for their children:

- ➔ better physical and mental health
- ➔ better cognitive development and higher educational achievement
- ➔ better peer relationships and greater capacity for empathy
- ➔ more openness to questioning traditional gender roles and non-traditional attitudes to earning and childcare
- ➔ fewer behavioural problems among boys and fewer psychological problems among girls
- ➔ higher self-esteem and life satisfaction, and lower rates of depression, fear and self-doubt when young adults
- ➔ lower rates of criminality and substance misuse.

Evidence also suggests that:<sup>6</sup>

- ➔ Fathers matter as children grow up, not just in the early years of life. Having a caring, involved father is also particularly important for adolescents.
- ➔ The benefits of the positive father–child relationship exist regardless of whether the man resides with the child or not.
- ➔ It isn't the fact that fathers offer a masculine presence or a male role model, or that they do uniquely male things that matters. In order to thrive, learn and become emotionally secure, children need a stable attachment to a least one caregiver. Research now shows that children are more likely to thrive with multiple nurturing caregivers, regardless of their sex. Fathers matter because they are just as capable of being responsive, loving caregivers as mothers. Reflecting this fact, we know that babies can bond as easily with men as with women.

## Men's engagement is good for their female partners

In many communities, men hold most of the decision-making power at the household level, and have the most say in determining how family resources are saved, spent and invested. Men also often play a major role in deciding how women access (or do not access) maternal health services, including for antenatal care (ANC) and childbirth.<sup>7</sup>

Engaging men during pregnancy and as fathers provides an entry point to address the underlying gender inequalities that can hinder maternal health and wellbeing, and to improve couple relations. Although the evidence on the direct links between male engagement and maternal health outcomes is still limited,<sup>8</sup> the link between engaging men and increased uptake of MNCH services by women of child-bearing age is established in the global literature. Recent analyses of research from low- and middle-income countries found that male involvement was significantly associated with improved skilled birth attendance and utilisation of postnatal care.<sup>9,10</sup> In addition, some studies have found that men who are educated about the danger signs during pregnancy or delivery are able to ensure their partners receive the appropriate care during obstetric emergencies.<sup>11,12</sup> Studies have also found that men's involvement during pregnancy is associated with reduced likelihood of their partner developing postpartum depression.<sup>13</sup> Mothers who feel supported by their children's fathers suffer less parenting stress and feel less overburdened; they parent more positively and have higher life satisfaction.

## Male engagement is also beneficial for men themselves

Men who are actively involved with the care and development of their children are more likely to feel satisfied with their lives, adopt health-promoting behaviours and consume less alcohol and drugs. They are also more likely to experience less stress, get sick less, have fewer accidents and to live longer, as well as have greater involvement in their community.<sup>14</sup> Qualitative research with men has found that involvement in caregiving can increase men's capacity for emotional connection with others, with men describing their roles as caregivers as emotionally fulfilling.

## Men's engagement is good for families

Caregiving is an activity through which men learn potentially new ways of interacting at the household level – ways unrelated to having power over or using violence against others. This frees them from some of the restrictions of traditional gender roles.<sup>15</sup> Men's participation in caregiving is also linked to improved **couple relationships**: greater satisfaction on the part of both partners with the marital relationship; reduced levels of stress within the family; greater equality in decision-making; and lower rates of domestic violence. It is also linked to improved **father–child relationships**, including reduced physical punishment and reduced risk of sexual abuse of the children.<sup>16</sup>

**Men's engagement is, therefore, important not only for early childhood development and maternal health and wellbeing: it is key to transforming gendered relationships and roles within communities and societies, and gender socialisation processes. This helps girls and boys to grow up free from limiting and stereotypical gendered attitudes and expectations about how they should be and behave.**

## HOW MUCH ARE MEN ENGAGING IN THE CARE AND DEVELOPMENT OF YOUNG CHILDREN?

In some cultures, men have long been essential partners in childcare, often with very clearly defined roles depending on the age of the child. A more general finding, however, is that men continue to show strong resistance to sharing responsibilities for unpaid care work and child-rearing. This is despite the increased involvement of women in the workforce and the escalating burden of care faced by women in many countries.<sup>17</sup>

- Global statistics show that women take on the majority of the unpaid care work burden within their homes. According to the 2019 Organisation for Economic Co-Operation and Development Social Institutions and Gender Index (OECD SIGI), women's daily contributions to unpaid care, domestic, and volunteer work are greater than men's in all included countries (low, middle and high-income). Presented as ratios where a higher value indicates a greater imbalance between women and men, unpaid work imbalance ratios range from 1.26 (in Sweden) to 10.00 (in Cambodia).<sup>18</sup> Adding up the time women and men spend in paid work and unpaid care work together, women, on average, still work more every day compared to men, across all regions of the world.<sup>19</sup>
- Men also spend a lot less time with their children compared to women in most countries. This is particularly the case during infancy, when men usually have minimal involvement in providing care (for instance, feeding or nappy-changing) or helping with domestic chores. If they do engage, it is usually as the child gets older, spending time playing or helping with homework.<sup>20</sup>
- Likewise, in many communities in which Plan International works, the health of mothers and children is seen as "the woman's domain".

Nevertheless, there are signs that the situation is changing. Studies have shown significant differences across and within countries, as well as across cultures, in terms of how men engage in maternal health and the upbringing of their children. Studies in low- and middle-income countries show that the men with more gender equitable attitudes towards care work and child-rearing are usually younger, have higher educational levels and live in urban settings.<sup>21,22</sup> Numerous studies and programmes have also found that many men **want to be engaged with their children<sup>23</sup> and enjoy having close relationships with them.<sup>24</sup> Many are prevented from engaging as much as they would like, due to reasons including restrictive gender norms and institutional and policy barriers.**

## BARRIERS TO MEN'S ENGAGEMENT IN THE CARE AND DEVELOPMENT OF YOUNG CHILDREN

Our behaviours and practices, as individuals, are often influenced by a complex interplay of individual, social, material and institutional factors. These include:

### Individual factors:

- our knowledge about the particular practice/behaviour – including its potential benefits or negative impact
- our personal attitudes about the behaviour/practice: whether we see it as positive or negative (good or bad) and, as a result, whether we think it is something that we – and other people – should do. These attitudes are often influenced by moral values and cultural and religious beliefs

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i Illustrating this, the multi-country IMAGES study (conducted in Brazil, Chile, Croatia, India, Mexico and Rwanda) showed that nearly half of the men in all sites (with the exception of India) reported that they play an equal or greater role in one or more household duties: however, in most cases they participated in duties seen as typically male (house repairs, paying bills) rather than those seen as typically female (cleaning, washing clothes, food preparation). Likewise, close to half of men with young children reported being involved in some daily caregiving – however they tended to be involved with playing rather than feeding, changing nappies etc. Barker, G., et al. (2011). *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. International Center for Research on Women (ICRW)

- whether we, as individuals, have the skills and self-confidence to adopt a new behaviour or practice

#### Social factors:

- social and gender norms – beliefs about what other people (who matter to us) do, and what these other people think is the right thing to do. In the case of gender norms, these beliefs and expectations are different for different genders

#### Material factors:

- Whether we have the resources (including time) or access to services that support this behaviour

#### Institutional factors:

- Whether laws and policies are in place that prohibit or support the behaviour

Across different contexts and cultures, a number of obstacles to men’s positive engagement in ECD and maternal health and wellbeing may exist at these different levels – individual, social, material or institutional. **Any men’s engagement intervention will need to identify which of these barriers exist in the local context and how these might be addressed and overcome. Several barriers are described in more detail below.**

### Gender norms/expectations of men as husbands and fathers

In many societies, the man is still expected to be the protector, provider and head of the family – responsible for decision-making and for ensuring the family income. He is not expected to be involved in caregiving and domestic chores: these are often seen as women’s tasks and are less valued by society than paid work. Men are expected to be authoritarian and the disciplinarian, while women are expected to provide emotional support and care. Men who behave differently may be “sanctioned” – ridiculed and shamed for not following societal expectations.

Gender discrimination and social stigma and taboos relating to what are seen as “women’s matters” – particularly pregnancy and childbirth – are also important barriers to male engagement in maternal health.<sup>25</sup> Men may worry that they appear to be dominated by their female partners if they take on tasks traditionally assigned to women. They may also be reluctant to seek parenting support from any formal source, seeing the need for support as a sign of failure and counter to their view of their own masculinity.

### Beliefs about men’s capabilities as caregivers

In many societies, there is a prevailing belief that men do not make good caregivers and are not biologically programmed to provide the love and care that children need. Fathers – particularly young fathers – are often seen as inadequate, irresponsible, risky and – at best – as optional “add-ons”. This “deficit perspective” is promoted through the media, which often portrays fathers as choosing to be absent and uninvolved. It extends to social protection policies (including conditional cash transfers) or microfinance programmes which traditionally have focused almost exclusively on mothers, based on research showing that women or mothers pass more of their income to the household than men do.

This negative perception of men as caregivers is also reflected in service delivery. Across all regions, the pre-primary teaching workforce is predominantly female<sup>ii</sup> and in many contexts, the majority of early grade teachers are also female. This means that there are few male role models for children in early learning programmes and few opportunities for male and female teachers to model positive, gender equal relationships. These early childhood care and education roles are

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ii For instance, in 2018, globally 94% of pre-school teachers were female, and more than 95 per cent of pre-school teachers were female in Latin America and in South, West and East Asia. In sub-Saharan Africa nearly 80 per cent of all pre-school teachers were female. Source: UNESCO Institute for Statistics, <http://data.uis.unesco.org/index.aspx?queryid=178> Accessed February 2020.

also often voluntary, poorly remunerated, and relatively underpaid compared to higher levels of education. Overall this situation reinforces and reflects beliefs and expectations that care work is women's work – and that caring for younger children is of lower value to society than educating older children (or other types of formal employment).

Research has shown, however, that young fathers often understand well what it means to be a good father, and know that this means more than ensuring material support to the family. Furthermore – and despite facing more significant barriers to engagement – their involvement may be greater than that of older men.<sup>26,27</sup> In addition, the notion that only women are biologically programmed to care for children has been contested. According to research by the Institute of Policy Research, Northwestern University, USA, fatherhood produces hormonal changes in men – such as decreased testosterone – which makes the father's body more open to developing a strong biological and psychological connection with the baby.<sup>28</sup> Men who have close physical contact with babies or young children also show an increase in other hormones such as vasopressin, and this supports their bonding with children. The study research team argued that men, therefore, are just as capable of providing children with the secure attachment, nurturing care and protection as women are. The only thing that women can do and men cannot is breastfeed.

### **Absence of male role models**

These barriers to men's engagement have consequences that are intergenerational. Men are less likely to be involved fathers when they do not have references in their own lives for involved fatherhood – including their own fathers. Findings from the [International Men and Gender Equality Survey \(IMAGES\)](#) in low- and middle-income countries indicate that fathers' involvement is negatively affected by men's adverse childhood experiences. Notably, men who witnessed violence against their mother by an intimate partner were more likely to use violence against their partner later in life and less likely to participate in care work. On the other hand, research from Bosnia, Brazil, Chile, Croatia, India and Mexico suggests that seeing one's father participate in caring for one's siblings, being taught to care for children in the family of origin, and having gender equitable attitudes were all associated with men's higher level of involvement in caregiving.<sup>29</sup>

### **Exclusion from key services**

Men are passively (and sometimes actively) excluded from child and family services, including MNCH services,<sup>30</sup> and are often overlooked by professionals and practitioners for a range of reasons. These include:

- gender norms/expectations about men's role as parents, along with negative perceptions about men's capacities to parent and about whether their involvement is important, as previously discussed;
- services often not being welcoming to, or supportive of, men's engagement, such as not offering programmes and sessions at times when men can attend;
- concern that if men are more engaged in sexual and reproductive health (SRH)/maternal health services, they will interfere with the woman's freedom to make choices about her body and her access to healthcare.

Such deficiencies on the “supply side” of services lead to reduced demand for them from men themselves. The services are seen as “women's business” and the few men who do attend them often feel shy, intimidated and out of place.<sup>31</sup>

### **Poverty and unemployment, urbanisation and migration**

These all affect – often negatively – how men are involved in their children's upbringing. In South

Africa, where many men migrate to find work elsewhere, only one-third of young children are living with their biological fathers.<sup>32</sup> In communities in other countries, the parents of teenage mothers who are still living at home will actively exclude the young father from the family if he is unable to economically provide for the mother and child. Even when the father is present, his inability to take time off work, due to financial constraints or lack of flexibility with working arrangements, can be a major barrier to being able to accompany his partner/children to health or education services.

## Absence of an enabling policy environment

Parenting leave has been identified by the Organisation for Economic Co-operation and Development (OECD) as “one of the few policy tools ... available to governments to directly influence behaviour among parents”.<sup>33</sup> Giving fathers the opportunity to take parenting leave is not sufficient in itself to ensure that men are engaged in the care of their children. But when parental leave for men becomes public policy – such as in Sweden, Norway and Iceland<sup>34</sup> – it provides one of the strongest public statements that societies can make to show that they value the care work of men, and care work in general. It “de-genders” the early years of childcare and also diminishes the way that employers see women as an employment risk (as providing long maternity leave may make women appear more expensive and less attractive to employ).

Multiple benefits of paternity leave for the family have been reported. Fathers who take parental leave are more likely to be engaged in childcare and be engaged for longer. They are more likely to adopt healthy lifestyles and their partners are less likely to be depressed and more likely to breastfeed. However, according to analysis undertaken for the World Bank Group’s 2019 Women, Business, and the Law report, only 90 out of 187 countries (48 percent) provide any paid paternity leave that new fathers can take as a matter of national policy.<sup>35</sup> Even in these countries, it remains common for these leave provisions to be shorter than three weeks. Furthermore, even when paternity leave exists, too few fathers take leave.<sup>36</sup> An additional challenge is that both maternity and paternity leave are restricted to workers in the formal sectors, meaning that even when it exists, few men or women will have the right to leave in contexts where most people are engaged in the informal economy.

Finally, social protection measures often reinforce gendered norms and expectations around care work. Widely adopted social protection initiatives, including conditional cash transfers, have been criticised for the targeting and framing of women as recipients because they are mothers and caregivers (furthering gender norms and stereotypes about who is responsible for care work); for the fact that they make little effort to involve men, including in shared responsibilities such as unpaid care work; and for the fact that this exclusion of “poor” men is founded on a stereotypical perception of them being unreliable and irresponsible.<sup>37</sup>

## CONCLUSIONS

As explained above, men’s positive engagement in nurturing care and ECD, unpaid care work and maternal health has the potential to bring multiple benefits to young children as well as to women, families and men themselves. But in many countries men’s engagement in ECD remains limited, and men who are interested in engaging may face multiple barriers to doing so.

When ECD programmes do not work systematically to promote men’s engagement and to address the barriers to their involvement, they risk reinforcing inequitable gender norms and stereotypes around who is responsible for caregiving. The effectiveness and impact of parenting interventions will also be impacted.<sup>38</sup> The next chapter/module provides guidance on how to identify barriers, and how to design programmes for men’s engagement that respond to these barriers.



## CHAPTER 1: A PROGRAMME FRAMEWORK FOR PROMOTING MEN'S ENGAGEMENT IN NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT (ECD)

This chapter introduces a programme framework for the promotion of men's engagement in nurturing care, ECD, and maternal health and wellbeing. It includes:

- Theory of Change for men's engagement in ECD work;
- Results Framework, with the key outcome-level changes for different actors;
- Key considerations and principles of men's engagement in ECD programming and influencing;
- Recommendations for planning male engagement in ECD interventions;
- Key interventions and strategies for men's engagement in ECD, and how these can be integrated into parenting, early learning and Maternal, Newborn and Child Health (MNCH) programming.

## THEORY OF CHANGE FOR MEN'S ENGAGEMENT WORK

As the introductory chapter explained, people's behaviours and practices are often influenced by a complex interplay of multiple factors: individual, social, material or institutional. Which factors are most important will vary between contexts. As a result, effective male engagement programming may need to address these multiple factors, including:

### Individual factors:

- Men's confidence, knowledge and skills to support the health and wellbeing of their partners and the healthy, holistic development of their young children.
- The beliefs – among men and women, within families and communities, and in society at large – about men's abilities to be nurturing caregivers.

### Social factors:

- Gender norms (informal rules and expectations for behaviour shared by men and women, families, community members and society at large) around men's and women's responsibilities and roles with respect to unpaid care work, child-rearing, and household and health decision-making.
- Gendered power relationships within couples and families that underpin these gender norms and expectations.
- Social resources available to men and their families, which support men's engagement – including community/religious leadership support and peer support networks.

### Material factors:

- Attitudes and skills of health and education service providers that influence how these involve men as partners, fathers and caregivers in health and pre-school services.
- Services for children and women – in particular health, nutrition and education – and whether these are adapted to facilitate men's participation and promote their positive involvement in nurturing care, ECD and unpaid care work.

### Institutional factors:

- Existence of social protection policy which supports men's engagement (including, for instance, an adequate period of paid, non-transferable paternity leave, alongside adequate paid, non-transferable maternity leave).<sup>39</sup>
- Existence of ECD policy and relevant service regulations which support men's positive involvement in the nurturing care and development of their children.

**A socio-ecological model approach** can be helpful to analyse the different factors influencing men's behaviours, and envision the many entry points for challenging harmful gender norms at the individual, relationship/relational, community and societal/structural levels: all the different levels where gender norms are learned, internalised, reproduced and reinforced. The model helps to identify the different actors with whom you might need to work to raise awareness around gender inequality and discrimination, and the importance of male engagement; and to promote positive gender norms supporting their engagement. It makes visible the fact that promoting men's engagement is a long-term process, that will not be achieved by "teaching" men how to be "better" fathers and partners. It will typically require work at multiple levels with some or several of the following actors:

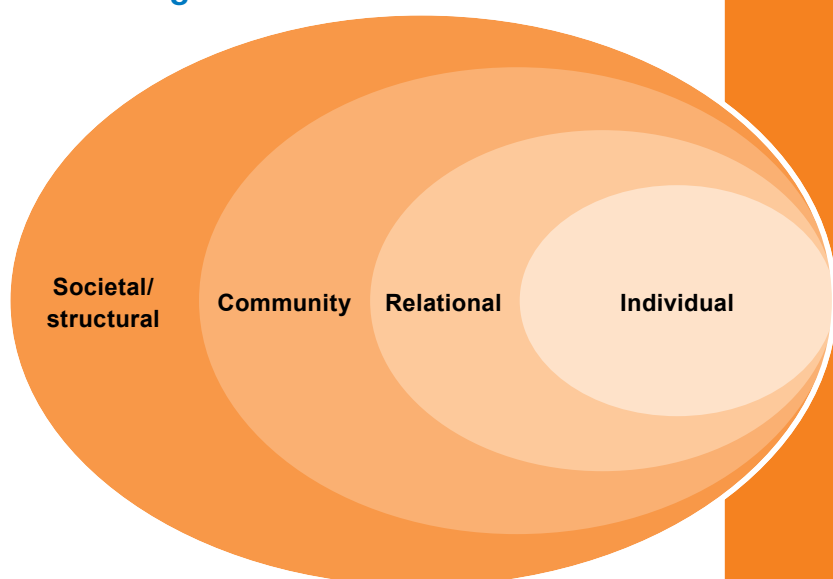


- **Policy and decision makers at the national, sub-national and/or local levels**, who are responsible for enacting, implementing, monitoring and financing MNCH, ECD and gender equality laws and policies which may enable or act as barriers to men's engagement in nurturing care, ECD and maternal health and wellbeing.
- **Service providers – in particular health service providers and early education/pre-primary school educators** – who often control women's and men's access to and engagement with MNCH and pre-school services, and influence their experiences of accessing these services.
- **Community, religious and traditional leaders** who, in many communities, are respected and revered role models and influencers. If they are not involved, there is the risk that they may block or even oppose the programme. If they can be engaged to support, they represent key allies and "trend-setters" recognising that when men see their leaders taking up initiatives, they are more likely to emulate them.
- **Men, their wives/partners and members of their families, communities and "reference groups"**: Working together with men, their partners and members of their reference groups to reflect on the gendered distribution of care work and women's restricted agency and autonomy - and to identify and understand the gender norms and values that underlie these - is key to gradually changing expectations and beliefs, to building gender-equal relationships and to creating new positive norms supportive of men's engagement in nurturing care, ECD and maternal health and wellbeing.

### What is a reference group?

We choose to act in accordance with social and gender norms because other people's opinions about us – and what we do and how we behave - matters to us. We want to fit in and be accepted and respected, in our group or community. A "reference group" is made up of the people whose opinion matters to us for a particular behaviour or context and who, therefore, influence what we do. It usually includes family, (including in-laws, grandparents), neighbours, and community/religious leaders. Some of these people will be more important and influential than others, depending on the norm and the behaviour or practice.

### Examples of actors and factors which may influence how men engage in nurturing care



#### Societal/structural:

- Laws, policies and service regulations that facilitate or block men's engagement
- Gender norms that underpin men's limited engagement

#### Community:

- Community leaders and influencers who hold in place shared norms about men's involvement in childcare and model expected ways of behaving
- Service providers (education/health) who influence whether services are welcoming, or not, of men

#### Relational:

- Men's partners, family members and friends who may support or discourage their engagement as nurturing caregivers

#### Individual:

- The knowledge, attitudes, skills and self-confidence of men that are fathers/male caregivers, with respect to childcare

# RESULTS FRAMEWORK FOR MEN'S ENGAGEMENT IN NURTURING CARE, ECD AND MATERNAL HEALTH/WELLBEING

## Over-arching ECD goals for men's engagement work<sup>iii</sup>

1. Girls and boys under eight years from vulnerable and excluded groups receive the nurturing care, supports and services they need to survive, grow up healthy and develop to their full potential, free from discriminatory gender norms and expectations.
2. Mothers are well-nourished, enjoy good physical and mental health, and feel empowered to make decisions about their lives, bodies and families.



contributes to

## Outcome-level changes among fathers

- |  |   |  |
|--|---|--|
| 1. Fathers have increased confidence, knowledge and skills to support the health and wellbeing of their partners and the healthy, holistic development of their young children, in gender equitable ways | 2. Fathers have gender equal attitudes and expectations about care work, child-rearing responsibilities, household decision-making and the rights of women and girls. | 3. Fathers share decision-making, unpaid care work and child-rearing responsibilities with their wives/partners, and support women's access to services that are key for their own well-being. |
|--|---|--|



contributes to

Mothers, other family members	Community religious / traditional leaders, community volunteers and male influencers	Law and policy makers	Public service officials and providers	Media professionals
4. Mothers and other family members have gender equal attitudes and expectations about care work, child-rearing and decision-making, and support men's engagement in nurturing care and ECD, care work and maternal health.	5. Community leaders have gender equal attitudes and expectations about care work, child-rearing and decision-making, and promote men's engagement and shared responsibilities for nurturing care and ECD, care work and maternal health. 6. Community volunteers ensure that community-based ECD interventions enable and promote men's engagement. 7. Influential male community members have gender equal attitudes and expectations about care work and child-rearing, and are willing to adopt new behaviours and to mentor and support other men to become engaged caregivers.	8. Law and policy makers elaborate and approve laws, policies and programmes that promote shared responsibility between men and women for care work and child-rearing.	9. Health authorities take measures to ensure that MNCH services are adapted and strengthened to enable and support men's engagement. 10. Healthcare providers offer gender responsive MNCH services that enable men's engagement. 11. Education authorities take measures to increase the engagement of men in young children's learning and education. 12. Early childhood educators adapt early learning and pre-primary services to enable and support fathers' engagement in their children's learning.	13. Media professionals produce media content that promotes men's engagement in nurturing care and ECD, care work, and maternal health.
14. Positive changes in the gender norms that influence men's behaviours and the degree to which they share responsibilities for care work, child-rearing and domestic chores.				

<sup>iii</sup> These are adapted from Plan International's ECD results framework

## KEY CONSIDERATIONS AND PRINCIPLES FOR MEN'S ENGAGEMENT PROGRAMMING AND INFLUENCING

The following are recommended key considerations and good practice principles for men's engagement in ECD programming:

- use a gender transformative approach;
- uphold the principle of “do no harm”;
- ensure sensitivity to local needs and culture;
- use a “positive deviance”, strength-based approach;
- recognise the diversity of men's caregiving as well as the diversity of family structures within which fathers exist;
- ensure accountability to women's rights organizations and movements.

### Using a gender transformative approach:

Male engagement interventions are not automatically gender transformative. Some male engagement programmes have focused on the direct assistance that men can provide to the mother during pregnancy/delivery or in caring for young children, and on promoting specific practices for ECD or maternal health – such as feeding or playing with the child - *without questioning underlying gender norms and inequalities*.<sup>40 41</sup> Discussing with men how they can help with childcare tasks can be a good starting point for their engagement – but the intervention should not stop there. This is because when men are involved solely as “token” participants in household or childcare tasks, they may view their participation in care work as a ‘favour’ to women, or something that they simply ‘assist’ in. Such approaches, which often target men because of their decision-making power within the home, may actually increase men's control over women's and children's lives in ways that further gender inequality. They run the risk of unintentionally reinforcing men's decision-making power in households as they become more involved in “traditionally” female-led areas of family life and welfare. They fail to promote real changes in attitudes about care work and will mean that this will still be viewed as a low-status



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task assigned to women. Such approaches, in addition, miss an opportunity to reflect on and challenge the gender norms that underpin both the gendered distribution of labour (leaving unpaid care work and child-rearing as women's exclusive responsibility) as well as women's limited autonomy and participation in decision-making. They, therefore, also miss an opportunity to reflect on and challenge the ideas about the lower worth and value of women compared to men that underpin these gender norms.<sup>42</sup> If these gender norms and attitudes go unchallenged, men's participation in household responsibilities may increase, but there will be no impact on power relations or men's roles as the principal decision-makers in the home.<sup>43</sup>

A gender transformative approach to men's engagement instead seeks to promote long-term, positive changes in gender norms, relations and power dynamics and, as a result:

- improve men's relations with their partners and their children;
- strengthen their behaviours and roles as partners and fathers; and
- mobilise them to become allies with women in promoting gender equality<sup>44</sup>

It encourages critical awareness among men and women about gender roles and norms, and supports them in challenging inequitable norms and behaviours. It supports women's empowerment by challenging the distribution of resources and allocation of duties between men and women, and by addressing the power relationships between the two.

Even if the approach with men is gender transformative, this should only be embarked on when there is complementary, synchronised gender transformative work underway with women, whether as part of the same intervention (e.g. work with couples) or separately. It is important not to assume that current programmes that target or reach women are transformative: often parenting programmes are only informative and fail to offer women the same opportunities to reflect on and challenge gender attitudes and norms.

In gender transformative men's engagement interventions, men and women are provided with safe spaces to reflect on and **actively question what it means to be a man and a woman in society, and to challenge inequitable gender norms and power imbalances**.<sup>45</sup> They are given opportunities to identify the gender norms and beliefs that underlie the inequitable division of unpaid care work and childrearing (and that act as barriers to improving children's development and maternal health and wellbeing) and to develop practical solutions together. This type of approach aims to help men and women to reflect on and recognise how attempting to subscribe to rigid gender norms can cause harm to men and those around them; and how changing gender norms and beliefs about how men and women should behave and what they should do, can bring benefits to children, mothers, families and to men themselves.

Within a gender transformative approach, male engagement initiatives and activities should be undertaken within the broader objective of transforming unequal gender norms and supporting women's and girls' agency and empowerment. It is important when focusing on male engagement to not lose sight of the overarching objective on equality.

### **Upholding the principle of “do no harm”**

Men's engagement work must uphold the principle of *“doing no harm to any individual or group”*. This means that, when planning a men's engagement intervention, any potential risks and negative consequences should be identified, and measures put in place to prevent and manage these. Two key risks that have been identified across multiple contexts are described in the box below:

## Potential risks of male engagement work

**The sanctioning/punishment of men whose behaviours are not aligned with gender norms – and of their wives/partners:** In many communities, gender norms define that men are NOT expected to be involved and engaged in the care and development of their children, and in the health and wellbeing of their partners and other women in the household. Male participants in programmes who have increased their involvement in the care of their young children or in the health/wellbeing of their wife/partner have reported feeling ashamed, or of actively being shamed and ridiculed by extended families, neighbours etc.<sup>46</sup> Furthermore, women whose partners have behaved in ways that defy gender norms by sharing childcare responsibilities, have been accused of dominating their husbands, or of being witches and casting spells over or poisoning their husbands. Increased male engagement has even lead to intergenerational conflict – including jealousy between the mother-in-law and the daughter-in-law – because of the younger woman’s different experience of motherhood and how she is treated by her partner compared to the experience of her mother-in-law.

**A reduction in women’s autonomy and decision-making power:** In many contexts, men already decide when their partners and children will access health services, even if they do not accompany them to the services themselves. Some initiatives promoting men’s participation alongside their partner in health services have inadvertently led to men believing they have sole responsibility for decisions taken, or that they can attend services without women’s consent. Women who attend MNCH services with a partner may also feel less able to discuss sensitive issues, such as sex, HIV, sexually transmitted infections (STIs), or domestic violence, if their partner is there. They may also be afraid of testing for HIV and STIs for fear of a violent reaction from the partner, if these are positive. Additionally, where health services have offered “first and fast” options, in which women accompanied by their partner get seen first, have resulted in single women feeling discouraged from using the service and women attending without a male partner actually being turned away from antenatal care services.<sup>47</sup>

Finally, it is essential to remember that rates of intimate partner violence are high in many communities. Women whose partners are violent or abusive will often, understandably, not want them to be more involved in their healthcare or in the care of their children.

Working according to the do no harm principle means:

- Ensuring that programmes do not focus solely on work with men as individuals (or with men in small groups). Instead programmes must reach their families, communities and influential leaders and use different strategies to promote positive gender norms for men’s engagement in ECD and for the redistribution of care work and childrearing responsibilities.
- Only implementing men’s engagement interventions within broader efforts to promote gender equality, women’s rights and women’s agency. You must ensure that direct work with men includes critical reflection on gender norms and roles – and that women are active participants and decision makers at all stages of the project cycle.
- Ensuring that any steps to involve men in services alongside their partner – in particular maternal health services – are taken only with the woman’s consent.



There is a worksheet at the end of this chapter that you can use to identify potential risks and mitigation strategies.

## Ensuring sensitivity to local needs and culture

How men and women behave as partners and parents is often influenced by their personal moral values and religious beliefs; their own experiences of being brought up as children; and the gender norms of their community and culture. These factors also influence how they want to be seen as a partner or a parent. Fathers and mothers may have different expectations of being a parent, different fears and different experiences of how they themselves were cared for as children by their mothers, fathers and other caregivers.

Men's engagement interventions should:

- Be based on an in-depth understanding of people's beliefs about men's role and responsibilities with respect to childrearing, care work and maternal health - and of how these beliefs are influenced by their knowledge, attitudes and by gender norms.
- Be designed recognising that in each community, there may be multiple ways of being a man and partner, or multiple expressions of manhood – and that individual men may behave differently in different contexts. Programme design should recognise the diversity of men, women, couple relations and family structures.
- Be designed to support men and women to reflect on and challenge inequitable gender norms and expectations, and to identify new norms and ways of being and behaving *that respond to their needs and priorities and that are aligned with values that are important and shared amongst community members.*
- Be sensitive to how best to use and introduce “gender” terms and language.



It is important to recognise that starting out by framing discussions as being about “gender” may be controversial or counterproductive in some contexts. This may be particularly so if the term has been used imprecisely; has been interpreted as meaning or being the business only of women rather than of men and women; is seen as an issue “imposed” by Westerners/outside; or of having negative connotations only for men. The term “gender” will emerge from the process over time, but it is best for that to happen organically and based on dialogue processes that are clear in focus, so that the term is understood within the local context.

## Using a “positive deviance”, strength-based approach

Most men will – understandably – be unwilling to participate in activities that depict them as “the problem” and that focus on their weaknesses and their unjust use of power and privileges as a social group. Interventions have to start from the premise that men care for their children, want the best for their children, and want to do their best for them as parents. In many cases, men will think that the way that they are already behaving is what it means to be a good father/partner, because they are complying with existing gender norms and expectations about good fatherhood.

Interventions focused on men's engagement in childcare and development also need to acknowledge that many men may have “bought into” their society's negative perceptions around men as parents: men may be less likely than mothers to rate their own importance as a nurturing caregiver very highly, and often have limited confidence in their own capacities to provide nurturing care. As a result, programmes for men as fathers and caregivers may need to reinforce men's value and impact as parents; focus on providing care and support to men themselves, in order that they can change; and invest in building their confidence to be nurturing caregivers.

Meanwhile, “positive deviants” can be found in almost every community: these are men who reject harmful and stereotypical notions of what means to be a man and a father, and who have attitudes and behaviours that enable them to be more gender equitable fathers/caregivers and partners than other men with the same resources and conditions. For instance, these are men

who are already sharing decision-making and childcare responsibilities with their wife/partner in the home. These men should be identified and supported, as they can be particularly important allies for men's engagement work.

We recommend that you do the following:

- Use positive messages and focus on responsibility and men's aspirations for their family: not collective blame or collective guilt. Avoid generalising about "all men"!
- Start with where men are coming from and what they are already doing well. Identify and build on positive traditional fathering practices. Work to build confidence. Over time, gradually begin to challenge discriminatory gender attitudes and expectations.
- Acknowledge with the men that change can be difficult. Rather than criticising gender norms and cultural beliefs about how men should behave, take them as starting points for reflection. Help the men to develop their own understanding about what is best for their children.
- Offer "safe spaces" in which men can come together to discuss their roles, concerns and aspirations, and where they can learn from and support each other. Ideally you could offer these opportunities to men while they are still younger, and before they even become fathers.
- Identify and listen to men who have managed to make the change. Formative research can identify these men, who can be invited to attend men's groups, be trained as group facilitators, or be engaged as gender equality champions in community campaigns and mobilisation efforts. Do, however, take care in choosing "champions", as there is a risk involved in putting these figures on a pedestal, which could actually do harm to the ideals of your project. This is because the objective is to support all men to want to change – and to build their confidence to believe that they are able to change.

### **Recognising the diversity of men's caregiving, and supporting it in all forms**

Not all men and women are parents or caregivers within a man–woman couple. Actions must recognise and be tailored to respond to the needs of diverse family configurations, be they nuclear or extended families; families with single parents, adoptive parents, non-resident fathers or adolescent fathers; heterosexual or gay families. Actions must also recognise that sharing responsibility for unpaid care work and child-rearing does not necessarily mean splitting each task 50:50 with the female partner: each family and couple may have a different idea of what works best for them. What is important is that men and families are supported to redefine new ways of fathering/caregiving that enable better and more meaningful connection with their loved ones.

### **Ensuring accountability to women's rights organizations and movements**

Organisations and individuals working to engage men as parents and caregivers of young children in gender transformative ways should demonstrate a commitment to and act in ways that are accountable to women's movements and women's rights organisations and activists. The MenEngage Alliance defines accountability as "the responsibility to listen to, consult and partner equally with [women's rights groups and other social justice movements], making sure that the work of engaging men and boys makes a real contribution to social justice and gender equality"<sup>48</sup>. This includes:

- ensuring that work with men contributes to the empowerment and upholding of women's rights;
- being critically aware of one's own power and privilege and being open to constructive criticism;
- promoting women's leadership;
- taking actions to address individual or institutional practices that go against the principles of gender equality and human rights; and
- structured consultation and partnership with women's rights organisations.



The [MenEngage Alliance Accountability Training Toolkit](#) highlights many ways in which organisations working with men and boys can promote accountable practice and foster a culture of accountability in the work they do. Within the context of promoting men's caregiving and involvement in ECD, this might include both internal and external practices, such as:

- Consult or partner with local women's rights organisations on the design of your male engagement approach, ensuring that organisations and individuals are compensated for their involvement and viewed as equal partners.
- Promote critical reflection and dialogue among staff on gender norms and power relations, including men's power and privilege, and discuss how to hold each other accountable to gender equality principles.
- Ensure work with individual men in the community is truly gender transformative and also includes critical reflection and dialogue about privilege and power.
- Foster women's leadership – both internally and externally – and ensure that the focus on men does not undermine women's roles and leadership in the programme.

## PLANNING YOUR MALE ENGAGEMENT INTERVENTIONS

### Define concrete objectives, based on a good understanding of your context

Before designing any men's engagement intervention, staff must take the time to listen to what women and men say about pregnancy, raising children, their relationships and fatherhood and motherhood. You should consider using formative research or Participatory Learning and Action methods to develop a good understanding of the factors influencing men's behaviours, and to analyse:

- the different sorts of families that you will be working with;
- their aspirations and expectations for their children's development;
- their gendered expectations and beliefs around manhood, fatherhood and men's engagement;
- the shared community values that influence expectations for children and parenting;
- whether gender norms influence men's and women's roles with respect to care work and child-rearing;
- the words and messaging that might resonate with community members.

In addition, we recommend that before starting detailed project design, budgeting and implementation planning, that programme staff:

- Have had an opportunity themselves to unpack and reflect on their own personal experience of being brought up as a woman or a man in their society and culture, and how this has influenced their values and expectations and their understanding of gender equality.
- Review past experiences with men's/boys' engagement strategies, both internal (such as Champions of Change) or external (such as Program H and P from Promundo), and the results and learning from these.
- Have had an opportunity themselves to reflect on the importance of men's engagement in ECD, and share a common understanding of why male engagement is important and what it means in their context.
- Have conducted a policy analysis, assessing how existing health, ECD and social protection policies promote or create obstacles to men's engagement, in order to identify potential policy advocacy objectives for the initiative.
- Define together the purpose and objectives of the work:



- ➔ What sort of engagement do you want to promote and what new behaviours among individual men do you want to encourage?
- ➔ What gender norms need to be changed in order to promote male engagement in ECD?
- ➔ What changes in policies, laws and regulations do you wish to influence, that will support male engagement in ECD?

It is essential that you always tailor the content of your intervention – the **key themes, messages (and the wording used) and activities** – to the local context, the target population(s) and shared community values. For this reason, the men’s engagement interventions should always be designed based on inputs from community men *and* women.

### **Ensure that staff are prepared and supported to facilitate the men’s engagement interventions**

It is essential that you ensure that programme implementation staff are adequately prepared, supported and empowered for the journey ahead:

- Staff – both male and female – who have contact with the intervention communities need to understand and believe in the new model for men as fathers and partners that will be promoted. Many of them are fathers and mothers and many may be influenced by the same norms and share the same beliefs and expectations about “good” motherhood and fatherhood that were identified with the communities previously.
- Before the project starts, you may need to support a process of reflection and learning for staff, in order to ensure that everyone is consistently promoting the same messages in their work.
- Finally, in contexts where you have identified that men’s limited engagement reflects gender norms and expectations for how men should parent, then your team may need training on strategies for gender and social norm change.



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## Ensure that your men's engagement work is accompanied by gender transformative work with women and responds to potential resistance to the initiative

Gender transformative work with men should not be implemented unless there is complementary and synchronised gender transformative work with women also being implemented – either as part of the same intervention (e.g. work with couples) or separately.

Additionally, plan from the start how you will respond to any **resistance to the initiative**. Not everyone will be committed to the concept of promoting male engagement in early childhood development and maternal health. Resistance may come from mothers, family members, teachers and school administrators, health workers and community leaders. Remember that the same norms that men are socialised to adhere to on fatherhood and masculinity are often shared by their partners, families and communities. We recommend that you do the following:

- Enlist the support of local male and female leaders – community, religious, traditional and government/local authority – right from the beginning of the initiative. Invite key leaders to planning meetings to share the overall objectives and components of the intervention. Take time to explore their beliefs, expectations and biases around masculinity, power and gender. Continue to engage these leaders in parallel with interventions with men and their partners. Organise periodic dialogues that highlight exemplary cases of positive change within couple relationships. Tap into the desires of these different leaders to promote peaceful, healthy and productive societies.
- Always ensure that women are included at the design stage and throughout the implementation of the male engagement interventions: both to ensure that they are supportive of the men's engagement initiative but also to ensure that the programme will not reinforce gender stereotypes or create risks to them and their children.
- Invest in communicating clear evidence about why men's engagement is important and beneficial for maternal health and for the wellbeing and development of young children – as well as the additional positive impacts that men's engagement can have on their families and themselves. It's best to develop a short list of messages which are the most compelling **in the local context and culture** and which reflect the key expectations that local mothers and fathers have for their children's development, for their couple relationship and for maternal wellbeing. Ensure always that messaging promotes both men's engagement **and gender equality** and is pilot-tested prior to wider use. See chapter 7 on Social and Behaviour Change Communication for more information about this.
- Engage grandparents and in-laws who are influential and therefore can either support or block men's engagement. They should be included in support programmes and in awareness-raising activities on the importance of men's involvement.

Finally, decide on the different strategies you will employ to promote men's engagement in ECD and maternal health, and how you will integrate these into your ECD programming and influencing. Don't forget that you may need to invest in multiple strategies, recognising the different barriers that may exist to men's meaningful engagement. These are explained in the next section.

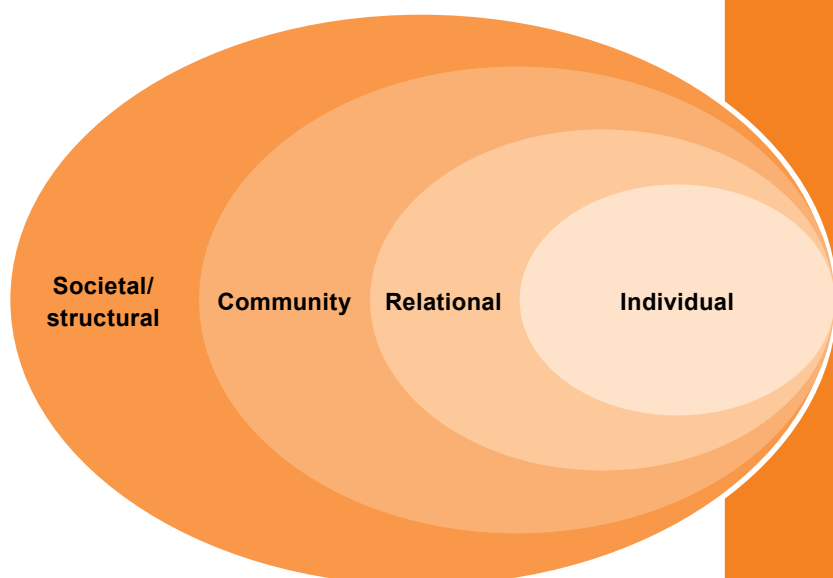
## STRATEGIES FOR PROMOTING MEN'S ENGAGEMENT

The strategies you prioritize will depend on your analysis of the key factors and actors that influence how men behave and are engaged, as well whether your ECD programme has a particular focus (such as parenting, early learning or MNCH). Different strategies that may be useful include:

1. Mutual learning, dialogue, critical reflection, skills-building and support for men: through group education approaches, home visits and other strategies to reach men directly. [See Chapter 2](#)
2. Strengthening health and early childhood education services in order that these enable and support men's engagement: for instance, through changes in norms/regulations, training of service providers and structural adjustments. [See Chapters 3 and 4](#)
3. Working with community members to support community dialogue and reflection and engaging community leaders and norm "trend-setters" [See Chapter 5](#)
4. Policy advocacy for the strengthening of laws, policies and regulations that facilitate men's engagement. [See Chapter 6](#)
5. Developing effective Social and Behaviour Change Communication (SBCC) strategies and messaging. [See Chapter 7](#)

Don't forget that in many communities, you will need to use a combination of strategies to influence changes in gender norms and to address other factors influencing men's behaviours. As much as possible, you should try to build connections between these different strategies implemented at different levels and with different actors.

### Addressing effectively the different factors influencing men's behaviour may require using various strategies at several levels



#### Societal/structural:

- Advocacy towards policy makers and authorities to influence changes in policies and service regulations and protocols
- Strategies to transform gender norms: critical reflection and dialogue, SBCC, engaging community leaders, supporting norm trendsetters

#### Community:

- Engagement of leaders to support and model men's engagement, endorse positive gender norms and promote processes of reflection and dialogue at community level
- Structural adjustments and training service providers so health and education services are welcoming of men

#### Relational:

- Engaging partners, family members and peers to support male engagement through critical reflection/dialogue, parenting groups, SBCC

#### Individual:

- Reaching men directly through groups, home visits, mentoring and outreach



## WORKSHEET: IDENTIFYING POTENTIAL RISKS AND MITIGATION STRATEGIES

This worksheet aims to help you identify potential risks related to male engagement in ECD programming. For each risk identified, identify at least one mitigation strategy or action that can be taken to reduce the risk or its impact. You may also want to identify at what stage you need to implement each mitigation strategy (e.g. prior to implementation; ongoing; during implementation, etc.).

### Identifying Potential Risks

Potential Risk	Description of risk	Level of risk (L, M, H)	Mitigation Strategy	Timeline of implementation
1. Do our own and partner staff understand and agree with the objectives of the programme and are they prepared to support its implementation? Are there any risks related to insufficient preparation of staff?				
2. Are there any risks to women's access to health services as a result of your men's engagement activities/programme?				
3. Are there any risks that your men's engagement activities/programme will undermine women's autonomy or decision-making power?				
4. Are there any risks of "sanctioning" of or backlash towards men who participate in your men's engagement programme and change their behaviours?				
5. Are there any risks of "sanctioning" of or backlash towards women whose partners participate in your men's engagement programme and change their behaviours?				
6. Are there any risks of "sanctioning" of or backlash towards community leaders and members, policy makers etc. who support, themselves model and champion male engagement?				
7. Are there any risks of "sanctioning" of or backlash towards staff from our own and from partner organisations who are responsible for facilitating/ implementing the programme?				
8. Do you know of examples of similar risks (to any of the above identified risks) in your context, or from other contexts, that you can learn from?				



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## CHAPTER 2: WORKING DIRECTLY WITH MEN TO PROMOTE THEIR INVOLVEMENT IN NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT

This chapter explains one of the different approaches and strategies that can be used to promote the engagement of fathers and male caregivers in nurturing care, Early Childhood Development (ECD) and maternal health. It focuses on reaching men (and potentially their partners and families) directly through groups, home visits, mentoring or other outreach approaches that aim to generate discussion and dialogue around men's engagement.

It is divided into the following sections:

- Introduction and general considerations
- Specific considerations for men's or mixed parenting groups
- Specific considerations for reaching men informally through "outreach" approaches
- Specific considerations for home visits with men or couples
- Specific considerations for mentorship approaches.

## INTRODUCTION AND GENERAL CONSIDERATIONS

In many countries, Plan International's work to promote men's engagement in ECD began with more "traditional" parenting programmes, including group education activities and home visits. In most contexts, these traditionally reached mainly (or even exclusively) women. Men's engagement work began with efforts to invite men along to the same activities as the women. Over time, specific activities for men – such as the School for Husbands/Fathers<sup>i</sup>, Daddy's Clubs or home visits – have been added. In some contexts, however, recruiting and retaining men in men's groups can be difficult; likewise, reaching men through home visits conducted during the day may be a challenge. *You may need to use alternative ways of reaching men, based on what men themselves suggest could be the best entry points for working with them.* There are many alternatives: some involve reaching men individually, others involve working with groups, and others involve a combination of these approaches. They include:

### 1) Group education and support activities, for instance:

- Adapting your existing parenting/caregiving programme to make it "men-friendly", and promoting men's participation in parenting sessions.
- Organising group educational interventions for men (and their partners) via the health sector – for example, by setting up expectant couples' groups or organising sessions for men and couples alongside antenatal care visits.
- Building sessions on men's engagement into other activities that are attended by men, or that men may be interested in – for instance: income-generating activities or sessions of Village Savings and Loans Groups; sessions after the Friday sermon at the mosque.
- Implementing group education for men in workplace settings (this can be a particularly useful approach for fathers who have migrated away from the community in search of work) or as part of technical and vocational education initiatives.

### 2) Leveraging other spaces and places to start a more ad hoc dialogue and discussion (with men in groups or individually)

- Training and supporting men who can talk with other men – such as barbers, taxi drivers, tea-house owners, sports coaches – on how to start a conversation with men in places and spaces where they meet or congregate.
- Supporting religious leaders so that they can include discussion or messaging around men's engagement in the pre-marital counselling offered to couples or as part of their sermons.

### 3) Reaching individual men through home visits – for instance, as part of home visits conducted by community health workers or child development promoters.

### 4) Mentorship programmes, through which older men are trained and supported to act as mentors to younger men (usually working with them as individuals and with small groups).

### 5) Incorporating reflection on fatherhood in activities with young men before they consider becoming fathers – for instance, as part of Plan International's Champions of Change model or Promundo's Programme H approach.

Which of these approaches makes the most sense in your context will depend on how many and which men you want to reach; how informed and aware these men already are; what platforms already exist that you could use as springboards for your project; and what norms, expectations,

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<sup>i</sup> For the remainder of this chapter, instead of saying "mother/female caregiver" and "father/male caregiver", we will use the terms "mother" and "father" only, recognising that according to our definition, these terms encompass, respectively, female and male primary caregivers in all their diversity.

beliefs and behaviours you want to influence in order to promote their engagement as fathers and partners in ECD. There is no “one-size-fits-all” approach. However, the following are recommendations of relevance for all of the approaches.

### **Decide whether you want to reach all men, or specific men**

You will need to decide if you plan to take a “universal” approach (for instance, working to reach all men [or couples] living in the community who already have young children or are expecting a child); or a **targeted approach** (for instance, focusing on specific groups of men – such as men from the most vulnerable families, first-time fathers or young fathers). We recommend that you use a universal approach if your purpose is to get men engaged in key services, such as maternal, newborn and child health (MNCH) and pre-school services. *This is because the ambition is that all fathers/male caregivers feel welcomed and invited.* Targeted service provision risks reaching fewer men, potentially stigmatising the prioritised groups and actually discouraging men from attending.

Whichever men you plan to work with, we recommend that:

- Wherever possible, you work with men to promote their engagement as early as possible and preferably before the birth of their children. This is because when the father bonds and gets involved early with his child, then his engagement will usually last longer. (There are also important benefits to the mother in terms of her mental and physical health and wellbeing, how much she is supported to breastfeed, etc.)
- You identify – and engage from the start – men in the community who are influential, respected and may be good models, early adopters and influencers of others. Visible changes in their behaviours as engaged men can help to reduce more quickly any stigma in the community associated with being an engaged father and may mean that other men are more willing to change their behaviours.

### **Have a good understanding of the men with whom you will be working**

Your work with the men will need to reflect their needs, concerns and aspirations for their children and for them as fathers. Before starting, ensure that you have a good understanding of the current practices, behaviours and engagement of the men whom you are targeting; of their expectations for themselves as fathers and for their children; of the challenges and barriers they face as fathers; and of what they would like to learn in terms of their role as fathers or partners.

Strategies for reaching men (and their partners) will also need to be tailored to respond to the diversity of men and families, both within and between communities. For instance, Plan International works in many communities where polygamy and child, early and forced marriage are common practices. Both are marriage practices that uphold men’s power over women and girls. It is worth also noting that in polygamous households some women may be more powerful than other women. For this reason, men and women from polygamous households often require tailored interventions and recruitment strategies. For instance, it may be advisable to invite a man and two (or more) of his partners together to a parenting group. Such spaces can promote the idea of shared power and respect between these partners. Facilitators working in areas where these marriage practices are prevalent must also be well prepared to approach these themes sensitively: they may face backlash when discussing these practices and their implications for gender equality if men feel that their culture, tradition or privileges are under attack.

## Choose the people who will work with the men<sup>ii</sup>

Choosing the right people to work with the men is key to success. What makes a person “right” for working directly with men may vary depending on the context. Across all contexts, however, you need to find individuals who are:

- non-judgemental, and able to listen to and motivate men;
- willing to invest their energies in supporting men or groups of men on a process of transformation;
- able to establish trust and respect with men and among group members;
- able to make men feel comfortable enough to ask questions, share experiences and express different and sometimes conflicting opinions.

In some settings, community health workers, local health or child protection committee members, or local leaders can make excellent facilitators/mentors – if they are not already overburdened. Different organisations – including Plan International – have also had success in working with men from the community who are fathers themselves: these men can be excellent mobilisers and relatable role models for their peers, provided that they are given adequate training and ongoing support. Organisations in different settings have also had success working with both male and female facilitators. Choose what will work best in your context and listen to what men (or couples) themselves suggest will make them most comfortable.

When selecting the people who will be facilitators, mentors, home visitors etc. we recommend that you:

- Choose people who are respected, but relatable. People from the same community or surrounding area may be more accepted and less likely to move away or drop out (though in some settings “outsiders” may be seen as more credible sources of new information). If choosing people from outside the community, ensure that they can speak the local dialect or language.
- Avoid selecting people in positions of authority who might threaten or limit men’s willingness to actively participate or express their opinions – or who are likely to scold men for their behaviours.

## Ensure you invest well in training, motivating, supporting and retaining the people who will work directly with the men

The quality of your intervention will only be as good as the quality of the training and ongoing support provided to the people working with the men (group facilitators, mentors, home visitors). Ideally these people should be knowledgeable about ECD (and where relevant, maternal health), but they do not need to be experts. What is more important is that they are trained in gender equality and positive masculinities, are responsive to parents and have good adult education facilitation skills – i.e. they are capable of facilitating dynamic, group-centred approaches that focus on reflection, dialogue and on the participants identifying their own questions and solutions. Different professionals (midwives, nutritionists, early education specialists, healthcare providers/ community health workers [CHWs]) can be invited in to discuss specific topics in more depth, when needed.

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ii The following qualities of a Champions of Change Facilitator may also be useful for selecting people who will work with the men: 1. **Champion of Change** – the person has an established reputation for challenging gender norms and is willing to continue to grow in her/his own commitment to gender equality; 2. **Gender aware** – has a strong understanding of the roots and consequences of gender inequality and a core belief in gender equality; 3. **Leader** – can communicate assertively with the girls/boys and with their peers and caregivers, and has a relaxed and confident demeanour; 4. **Relatable** – can connect with the girls/boys, and they feel that they can connect with her/him, is in touch with what girls/boys like and what they are experiencing; 5. **Positive role model** – embodies the attitudes and behaviours that hopefully the girls/boys will adopt; 6. **Trustworthy** – has been vetted by the Champions team and has undergone training on Plan International’s Child Protection Policy, and demonstrates honest and open communication with the participants; 7. **Fun!** – is full of energy, engaging, curious and passionate about the process and its mission.



For training the different people who will work with the men, we recommend that you:

- Invest in training people more than once and ensure that the training sessions are of sufficient duration to allow facilitators to have an opportunity to reflect first on their own gender attitudes and behaviours; to transform their own perceptions and practices; and to master the content of the intervention. You might also want to provide opportunities for facilitators and their partners to participate in the group intervention themselves, prior to facilitating their first group – following the logic that “you cannot give what you do not have”.<sup>49</sup>
- Provide regular refresher training (these can also be important monitoring opportunities to identify problems and implement solutions to get the programme back on track).
- Provide more direct support or accompaniment to them during their initial interactions with men (or couples), before leaving them to work alone. You can also pair newer facilitators with more experienced ones to mentor them during the start of their work.
- Plan for dropouts/attrition: Facilitators may move away or drop out of the intervention over time. Factors that might contribute to dropout should be identified and explored during facilitator selection and training, and be reassessed during implementation. You may also want to consider graduated or cascading facilitation structures, whereby selected group participants graduate to become facilitators, replacing or alleviating some of the workload of existing facilitators.

Remember that these people will be interacting with men (and potentially also with women) on a regular basis, providing advice and sometimes listening to difficult stories. This can be challenging, exhausting and emotionally draining. Without adequate support, it will be harder to retain and motivate these people in the long term. The following strategies may be useful in this regard:

- Consider the existing workload of individuals and how many groups/sessions/home visits etc. they can feasibly implement. Where facilitators are not financially incentivised or subsidised, only one group/session per week might be feasible.
- Make sure you do not overburden the facilitators/home visitors/mentors with too many groups, constant travel or lots of paperwork. Be considerate and calculate the amount of time they will put into preparing for, implementing and monitoring the intervention. If certain tasks are too time-consuming, work with them to simplify the programmatic and administrative procedures.



- Ensure that they are provided with, and don't struggle to obtain, the materials needed to successfully implement the intervention. In some settings, this might include materials that might not be obvious or available, such as rain boots, umbrellas or flash lights.
- Organise monthly or quarterly debriefing meetings where they can come together to discuss positive and negative experiences, and help each other to develop solutions to common problems.
- Promote opportunities for mentorship among themselves, and support those who might be struggling by pairing them with a stronger co-facilitator.
- Ensure that the facilitators/home visitors/mentors who need it receive psychosocial support, and educate and remind all of them of the importance of self-care.
- Reward longevity and retention: for example, by providing certificates, giving t-shirts or other materials, or holding celebrations with facilitators, their families and the community.
- Observe them in the field to identify challenges they may face in promoting dialogue, in using whatever manuals you have for the group education, and in ensuring that all participants – regardless of gender – are able to participate. Following this observation, discuss how you can support them to make the changes they want to make to their practices.



The Prevention Collaborative's Practice Brief: Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women provides recommendations on recruiting, training, mentoring and supporting community facilitators. While the brief has been prepared for violence against women programming specifically, the fact that this work also involves reflection on gender power relations and gender norms means that most of the recommendations are equally relevant.<sup>50</sup>

### **Encourage the men whom you reach directly to talk with at least one other person about what they have discussed after each contact you have with them**

When men share information they have learned and what they have discussed with people close to them – whether a friend, their partner or another family member – using language and examples that make sense to them and reflect their realities, this can also impact on the ideas and expectations of these other people, even though they are not reached directly by your project. By this process – called “organised diffusion” – you can potentially increase your reach and achieve results at greater scale.<sup>51</sup>

## **SPECIFIC CONSIDERATIONS FOR MEN'S OR MIXED PARENTING GROUPS**

### **Why men's groups?**

- Groups for men (and their partners) are resources that can help men to be the fathers, caregivers and partners that they desire to be. These interventions can help men to learn more about and understand the stages of pregnancy; the importance of seeking healthcare; the care, supports and services their young children need to develop to their full potential; and how to foster loving relationships with, and provide vital support to, their partners and their children.
- Groups can also provide valuable mutual support. If men see that other men in the group are changing their attitudes and behaviours, then they too may be more willing to change – and feel less worried about facing ridicule and other negative reactions from the people around them when they make the change.
- Groups can, therefore, be important vehicles to catalyse collective change and to reflect on and challenge entrenched gendered attitudes and norms.

## Deciding on whom to invite to the men's group

- Group educational interventions can target first-time, expectant or experienced fathers, and can be implemented with couples, with men and women separately, or with men only.
- You will need to consider carefully whether you want to invite men who are openly resistant to change to the group at the very beginning. They will be less likely to attend regularly or to constructively participate – and they may also disrupt the sessions and demean or discourage those men who are more open to change. In some cases, they may even present a risk to the safety of the group and the facilitator. It may be best to work to include them at a later stage or through separate interventions.
- You also want to consider how similarities and differences between participants can promote or hinder positive group dynamics. For example, in some settings it may not be socially acceptable for young men to speak in front of older men. In other settings, a group can benefit from having older, more experienced fathers who can provide advice to young and expectant fathers. Similarly, in some settings it might be detrimental to have men who are close relatives in the same group, while in other settings this might be beneficial to promoting support networks. You want to avoid a situation where an individual feels singled out, isolated or ostracised due to his (or her) background or lifestyle. However, that should not be a reason to exclude certain individuals from the intervention entirely!

## Tailoring the group intervention to the needs and priorities of the men you aim to reach

Once you have identified your target group, you should ask the men themselves what type of programme they would access and when. Based on their feedback, you should identify what would make the intervention attractive, relevant, acceptable, feasible and, therefore, likely to be taken up. For instance, you could discuss:

- Practical issues: which days/times are the men typically available, do rainy/dry seasons affect their availability, what is a convenient location, who will participate in the interventions (men alone or men and women), would they prefer male or female facilitators (or a combination).
- Content: What would men be interested in discussing? What do men want to learn about in terms of their role as fathers or partners? How long should the sessions last? (As with all parenting interventions, two hours is usually considered the absolute maximum. It may be better to plan for one-hour sessions, on average, but this varies considerably based on the local context and target population.)
- Are there any existing groups or spaces in which men congregate (such as collectives, or the local mosque following the sermon) and would it be possible to use these groups/spaces to introduce discussions around ECD and men's engagement?

## Men alone, or men and women?



It is possible to promote changes in gender values, roles and relationships by working just with men – or just with women. However, gender is relational and gender equality cannot be advanced by one gender alone. The couple relationship – and the power dynamics therein – impact on maternal wellbeing and the wellbeing and development of the couple's children. Both women and men perpetuate gender norms, and both men and women need to change, therefore, if gender norms are to be transformed. For these reasons, Promundo and Plan International recommend that the group education sessions be gender synchronised, meaning that there may be sessions for men and women separately, but that there are also sessions when men and women meet together.

- “Same sex” sessions provide an opportunity to discuss sensitive issues that men or women may not feel comfortable talking about in front of the opposite sex. They provide an opportunity for men and women to build solidarity networks or peer support with other men or with other women. They also address the fact that in many contexts, men may dominate mixed group discussions, at least until they begin to understand and reflect on gendered norms and behaviours.
- Joint sessions provide an opportunity for men and women to reflect together on the current gender roles and power relations, on the gender norms that underpin these, and on the negative implications that these gendered roles, norms and power relations have for children, women and the men themselves. When sensitively facilitated, they can provide a space for men and women to begin to challenge these norms and roles, and to consider how they might be changed. They provide a space for men and women to work together on communication, decision-making and goal-setting. They also provide an opportunity for men to listen to the voices of women – a rarity in many communities.

### Identifying the content you want to cover

The key content that you will want to cover in the education sessions will depend on the objectives and focus of your male engagement initiative – and on the priorities of the men themselves, as described above.

- If your focus is on men’s engagement in maternal health and men’s involvement in antenatal care visits and birth preparedness, then you want to provide information that men need to identify signs of complications, to support birth planning and breastfeeding, and to ensure that their partners receive skilled attendance at delivery.
- If your focus is on men’s engagement in ECD, then you will probably want to include:
  - ➔ Sessions on how children develop and learn; on what nurturing care, protection and services children need to develop their full potential; and on how men, as fathers, can support their children’s healthy development and wellbeing.
  - ➔ Sessions that cover why men’s engagement in childcare and development are important, what shapes the way men parent, and men’s own experiences of being fathered.
  - ➔ Discussion and reflection on how children are socialised into gendered norms and attitudes in early childhood and on how the life course and potential of girls and boys can be affected when they are treated differently by significant adults in their lives.

Whatever the focus of your project, we recommend that:

- The group education sessions should support reflection and dialogue on **couple communication, couple relationships and co-parenting**.<sup>iii</sup> Ideally, the facilitator should be prepared to support participants to reflect on what a good, connected couple relationship means in that context; their level of satisfaction with their existing relationships; couple

<sup>iii</sup> Research from high-income countries has identified that the first year post-partum is a difficult time for the majority of couples, with couple relationship satisfaction declining severely for one in three couples (Cowan, C.P., and Cowan, P.A. (2000). *When Partners Become Parents*. Mahwah, NJ: Lawrence Erlbaum Assoc.). Other studies have shown that men may be concerned about the impact of having a child on their relationship with the mother. They may have specific questions (for instance, about when it is appropriate to start having sexual relations again). They may feel left out when the mother bonds with her child and dedicates herself to the child, leaving less time for them. Other research findings suggest that providing an opportunity to discuss couple issues and how to strengthen the couple relationship is important for the effectiveness of parenting interventions over time. The Cowans’ work with couples showed that programmes that provided only sessions focused on the couple relationship still had positive outcomes in terms of the development of their children. Another study in Brazil found that the long-term effects of a parenting education were mediated by improvements in the general home environment rather than specific practices. Despite these findings, it is rare for antenatal education to address co-parenting, gender roles or couple relationship issues and these are also not always included in early childhood development parenting groups. See McAllister et al. (2012). *Fatherhood: Parenting Programmes and Policy – A Critical Review of Best Practice*. London/Washington D.C.: Fatherhood Institute/ Promundo/MenCare.

communication and problem-solving; strategies for strengthening co-parenting and for reducing couple conflict.

- Specific consideration should be given as to how the father can provide practical and emotional support to the mother, with reflection on: the roles and distribution of labour within the household; the impact of domestic violence; the importance of gender equal relations; maternal wellbeing and maternal depression.
- You create opportunities for the participants to learn from each other and to hear from men who are actively progressing towards becoming equitable, non-violent and involved fathers and partners. Incorporate stories from families facing common challenges (that you may have identified during the formative research phase) into the group education sessions themselves.
- You include content that responds to their needs and which is more likely to resonate with them – and you use this as an entry point to discuss men’s engagement. For example, household finances and financial security is often a concern for men and women as parents,<sup>iv</sup> which isn’t always addressed in ECD or maternal health programming. Consider integrating a session on developing a family budget that emphasises investment in children and shared decision-making.
- You use the fact that men may prefer practical activities as an entry point to get them involved in supporting their children’s development. For example, in many countries where Plan International works, fathers have been very engaged (alongside mothers) in activities like toy-making and building playgrounds, and this has proved to be a practical way for men to use new knowledge about child development, such as the importance of stimulating play using a variety of age-appropriate toys. However, it is important that these interventions emphasise the importance of men’s participation in the care of their children beyond play.
- The session ends with the men – as individuals or a group – agreeing on how they will put into practice what they have discussed that day, in the period leading up to the next session.



iv Having a child may place considerable strain on a couple’s relationship and household. In life-cycle analyses, households are generally at their poorest when children are at the youngest phase of life.

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Whatever the content of the programme, it is essential that you use an adult education approach, with the facilitator focusing on dialogue, experiential and active learning, practice and reflection; and learning from each other – rather than taking a role as “experts” teaching others.

Before investing in developing a new manual with sessions for fathers or for couples/parents, we suggest that you first identify your general and specific learning objectives for the men (and women) from the communities with whom you plan to work, based on your initial situation assessment. We recommend that you then look at manuals and resources that have already been developed, and adapt and use these wherever possible. A list of existing resources that you could potentially draw on is included in the box below.

As you adapt these:

- ➔ Ensure that your adaptation is consistent with the principles and core values of the original material.
- ➔ Ensure that you have used wording and messaging that will resonate with the community and that is aligned as far as possible with community priorities and values.
- ➔ Ensure that the sessions support active learning approaches rather than the facilitator “telling” participants information about what is “right”. For instance, this can be done by incorporating questions that can be discussed as a group, as well as different exercises/dynamics.
- ➔ Ensure that reflections around gender norms, roles and stereotypes are integrated into the different sessions (see below).
- ➔ Ensure that the curriculum content and activities are adapted to the literacy levels of both the facilitators as well as the participants: you may need to produce tailored versions for low literacy contexts.
- ➔ Ensure that you reserve funds to pilot, validate and revise the materials before using them more widely.

## SESSION TOPICS AND GUIDES

Several manuals are listed below. Most of them describe a 10- to 20-session programme with clear learning objectives for each session, the methods that can be used, resources needed, etc. Many of them include as core content the following topics, along with general sessions on child development, children's rights or maternal health-related topics:

- Men's expectations of their role as fathers, society's expectations of fatherhood (and the challenges of being an engaged father in today's society)
- The legacy of men's own fathers – and their feelings and perceptions about the role their fathers played
- Why men's engagement is important for pregnancy, childbirth, family planning, nurturing care and ECD – the roles men can play and the impact of their positive engagement
- The division of responsibilities for caregiving and the importance of co-parenting and of sharing responsibility for the nurturing care, unpaid care work and household decision-making
- The impact of intimate partner violence and the importance of non-violent conflict resolution
- Substance abuse

Plan Canada/Promundo (2017) [\*Fathers' Club Manual: engaging men in MNCH and SRH\*](#).

This manual was developed for the multi-country SHOW programme, implemented from 2016-present, funded by the Government of Canada and contains 19 activities of up to an hour in duration for a total of six themes including: the unpaid care divide; men, gender and power; pregnancy, delivery and beyond; relationships; planning for the future. The manual is available online in [English](#).

REDMAS/Promundo/EME [\*Program P: A Manual for Engaging Men in Fatherhood, Caregiving and Maternal and Child Health\*](#). Section 2 of this key resource provides a facilitators' guide for an 11-session programme for a men's group; each session is approximately two hours in duration.

RWAMREC and MenCare [\*Facilitator's Manual: Engaging men as Fathers in Gender Equality, Maternal and Child Health, Caregiving and Violence Prevention\*](#). Developed by RWAMREC and Promundo, this manual describes a 15-session programme (a total of 45 intervention hours), adapted from Program P for the Rwandan context, designed to support new and expectant couples in a reflection on parenting, pregnancy, caregiving, violence and family planning. Some of the sessions are for men only, others are for couples. The implementation of this intervention was assessed by a [randomised controlled trial](#) which showed important impacts on women's antenatal care attendance and men's willingness to accompany them, couples' use of modern contraceptives, intimate partner violence, violence against children, and household decision-making.

[Program H](#): Developed to engage youth aged 15 to 24 years in critical reflections on gender and help them to build skills to act in more empowered and equitable ways. The Program H manual includes approximately 70 group-work activities on gender, sexuality, reproductive health, violence prevention, emotional health and other topics. Of the five modules, one focuses specifically on fatherhood and caregiving.

**More resources, adapted for different contexts and languages by MenCare partners, can be found on the MenCare Global website: [www.men-care.org](http://www.men-care.org)**

## Discussing gender as part of the men's group sessions

Discussion about gender roles, norms or equality should not be confined to a single “gender” session or block of sessions in your group education intervention, for multiple reasons:

- Gender norms and relations are present in and influence all aspects of men's and women's daily lives, particularly their roles with respect to care work, nurturing care for young children and maternal health. As a result, reflection on gender expectations, roles and relationships should be incorporated into each session.
- Men may be suspicious of overt efforts to promote gender equality, because they believe that when women gain rights (or are empowered), men lose out.<sup>52</sup> When sessions are labelled as being about “gender”, men may be less willing to participate or may be put on the defensive.
- Sensitively integrating a discussion of men's and women's roles and position in society from the very first session can, instead, create the groundwork so that as the intervention progresses men (and women) will be open and receptive to more direct discussion of gender equality and to reflecting on gender norms.

The way that gender is discussed also matters. In some contexts, it may be important to not use terminology such as gender and gender equality (for the reasons described above) and to use instead locally understood and accepted terms. In all contexts, aim from the beginning to promote reflection on how gender inequality and particular gender norms negatively impact women and men, children and families as a whole – rather than blaming men or focusing only on male privileges. You might also want to start with sessions on subjects that are less sensitive – such as childcare practices – to build the confidence and trust within the group, before progressing to potentially more complex subjects (such as the couple relationship and domestic violence, for instance). You should always focus on:

- ➔ how everyone can gain from gender equality (e.g. better relationships, happier children, etc.);
- ➔ on changes that the men want to happen and their aspirations;
- ➔ on the pleasure and enjoyment that men can get from being involved caregivers and partners;
- ➔ on encouraging and celebrating men who value their families and relationships above social expectations;
- ➔ on promoting changes in behaviours that are easier and are less likely to be stigmatised – at least initially.

## Getting the numbers right: group size, number of sessions and number of facilitators

We recommend that group education activities are limited to small groups of roughly 10 to 15 participants, to ensure that everyone can actively participate. Remember, if you plan to include sessions for couples, the group will double during those sessions. Ideally one or two facilitators should work with a small group of 10 to 15 men (and their partners when relevant/appropriate). Larger group sizes may require two or more facilitators, depending on the facilitators' skills and experience. In many settings, men prefer to interact with a male facilitator who will listen and, at the same time, serve as a model. Consider using a male and a female facilitator together, who can model respectful and equitable gender relations to the group – if you think this will not limit the men's (or women's) active participation in the discussions.<sup>53</sup>



Group education programmes can vary in terms of the number of sessions offered as well as the length of each session. The recommendation about what is the optimum “dosage” (number and length of sessions) may be, to a certain extent, context-specific:<sup>v</sup>

- ➔ Promundo recommends at least 10 to 15 sessions, ranging from one-and-a-half to two hours in length, depending on the content. Generally, sessions should not exceed two hours in length, taking into consideration participants’ attention span, availability, work and household responsibilities, and because some sessions can be very emotional or “heavy”.
- ➔ Promundo also recommends **weekly sessions – especially at the beginning of the intervention** – as they allow participants time to reflect on and apply the topics discussed in the groups to their everyday lives, and then return to the group and continue the dialogue. Men will also have the period in between the weekly sessions to discuss the topics with their partners (if carrying out male-only, or separate male and female sessions) – all of which increases the likelihood of producing favourable results.
- ➔ The frequency of the sessions can be reduced over time, gradually shifting from weekly to every two weeks and eventually, monthly sessions. Gradually tapering off the sessions towards the end of the programme can promote a sense of continuity and support among the group members, which can help participants to sustain and continue to create positive changes in expectations, beliefs and behaviours.

### Creating groups that are safe and supportive of learning

The creation of a “safe space” is key to successful gender transformative group education, to enable open and honest dialogue within same-sex groups and between the sexes as well. In general, a safe space is a place where every group member is able to fully express him or herself without fear of being made to feel uncomfortable, unwelcome or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity or expression, cultural background, religious affiliation, age, or physical or mental ability.<sup>54</sup> Facilitators play a critical role in the creation of these safe spaces, right from the very first session.

Facilitators can create a safe space when they:

- get to know and welcome by name each member of the group;
- have the skills to facilitate a dialogue between participants that allows them to identify problems and develop solutions by themselves. Facilitators do not teach or preach!
- develop – together with the group – and then respectfully enforce ground rules;
- validate participant contributions by giving thanks and positive acknowledgement;
- challenge sensitively gender inequitable views or stereotypes as they arise from the group;
- ask for feedback at the end of each session on how such sessions can better meet the needs of the participants, and make reasonable revisions within existing programme constraints.

### Recruiting men and their partners to join the men’s group

Recruitment of men to parents’ groups is notoriously challenging: even in well-established programmes they often represent less than a third of participants. How you will recruit men to your group education sessions depends greatly on your intervention design: are you implementing via the health sector, in the community, within existing men’s groups (e.g. sports or religious clubs) or through an existing intervention, for instance a parenting programme for ECD or a Village Savings and Loan (VSL) Group? It will also depend on whether you plan to reach men alone or men and their partners.

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<sup>v</sup> For instance, one study found that the most effective “dose” of group education in order to achieve sustained attitude and behaviour change was with sessions lasting two to two-and-a-half hours per week, for a period of 10 to 16 weeks. Other studies have shown an impact on changing attitudes in just two to six sessions. See 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.

In general, it is important to tap into men's own self-interest for change when approaching them to participate, and to be careful about the language you use (see the point above about use of gender terminology, for instance). Staff recruiting men often emphasise the idea of the group sessions as promoting “healthy families and children”, “peaceful households”, “better couple relationships” or “father involvement” – language which emphasises the positive and expected outcomes of the groups and the importance of men's proactive engagement. The message should be aspirational and speak to men's long-term goals for their families and for their relationships.

When recruiting men for male engagement interventions we recommend that you:

- Involve facilitators and community members in designing the recruitment messages and strategies to ensure they resonate with men and their partners.
- Consider the best space and strategy for inviting men in your context. This can be in-person visits, through their female partner, a letter from the health centre, via phone, SMS or WhatsApp, through a leaflet, or at a community event. In some contexts, approaching men where they congregate and/or relax can be effective – for instance, at the football pitch, the VSL group, Farmers' Union meeting, coffee shop, mosque etc. You may need to invest first in generating informal discussions over a number of weeks in these places before proposing the idea of meeting in a more formal group setting. See the next section of this chapter, which describes reaching men informally through outreach approaches, for more about this.
- Wherever possible, try to involve local authorities (such as health workers, social workers, community development personnel) as well as religious/traditional/community leaders in identifying and helping to recruit men. Ask men to tell other men about the initiative – use word-of-mouth recruitment – in contexts where men prefer to hear about projects from other men who are fathers/caregivers like themselves.
- Think about whether you could get men interested by engaging them in a practical activity that responds to a priority issue in their community – for instance, making toys for a new community playgroup for children or setting up a community-based emergency transport system for women with obstetric complications. This can provide a sense of achievement for the men as a group and generate interest in continued participation.
- Clearly articulate to the men why they have been invited, to avoid speculation or misunderstandings. This is particularly important to ensure that men do not think that they are being targeted because of “bad” behaviour (in which case they may be disinclined to attend).
- Don't simply invite “parents” to the initiative, as this may be interpreted as essentially being an invitation to mothers. Instead extend invitations directly to men (as well as women) or to “mothers and fathers”.

## **Motivating men to continue to attend**

In different contexts, men often value the unique opportunity to come together with other men to discuss the issues affecting them and their families. When a safe space is successfully created, men are often motivated to return to the group week after week, and even continue to meet after the project has ended. Different incentives can also be used to motivate men to show up and continue attending. However, material or financial incentives, such as snacks, transportation subsidies, t-shirts, airtime/phone credit, certificates or other materials, can sometimes be too costly or undermine efforts to sustain the engagement. It is also important to consider how providing these incentives to men, but not to women, in existing interventions may further reinforce gender inequalities or be perceived as placing greater value on men's time and involvement in their children's lives.

There are other ways to incentivise, reward or value men's participation. For example, you can implement strategies that build participants' social capital/standing in the community, or that show men and women how their changed attitudes and behaviours are valued by community members and leaders. In some settings, Promundo has found that the involvement and visible

support of the intervention by community leaders has contributed to a recognisable “brand”, which participants were proud of and strongly associated with. This motivated men to live up to the ideals of the “brand” and mobilised other men to want to attend as well.

To encourage and motivate men to continue attending, we recommend that you do the following:

- Implement the activities close to where men live or in spaces where men already meet, and at a time that is convenient for the men in the community. This will make it easier for them to attend and to attend regularly. Choose spaces where men feel they can talk freely – avoid spaces like bars, canteens or the house of a community leader.
- Ask facilitators to call participants to remind and encourage them to attend the next session (and provide the facilitators with resources such as airtime/phone cards to do this).
- Organise “Family Days” or family sessions, where men and women can spend time talking, building household budgets and developing a shared vision for the family.
- Involve local leaders in raising the profile of the intervention, for instance by celebrating the achievements of group participants. Consider the type and means of recognition that men and women in the community might value. Examples that have been used include: giving out certificates of completion and providing a public graduation ceremony; using photos of participating men/couples as “champions” on social and behaviour change communication (SBCC) materials (posters/TV spots etc.); organising a friendly competition among the men involved and giving prizes for the man who is best at cooking, doing the laundry (and other activities traditionally considered as women’s work).
- Link participants to economic or income-generating opportunities, or provide information that can support participants (male and female) in addressing financial concerns. For example, integrating savings and loans activities into the work with the group can provide short- and long-term motivation for group members to continue participation.
- Actively involve group members in designing and implementing community campaigns or creating community action teams. Showcase participants (and facilitators) who exhibit positive relationships with their partners and their children in campaign posters, videos or radio programmes to raise awareness of the benefits of men’s involvement in ECD.



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- Engage participants in community service or voluntary activities that contribute to community development; these opportunities can build social connections between participants and stronger ties to the community.
- Support men and women who are willing to share their stories of transformation with others at community or town hall meetings, or other events (these can also serve as recruitment opportunities for future groups).

It will also help if project staff or team members responsible for supervising and supporting men's (or couples') group facilitators periodically accompany and observe the group sessions. This will enable them to get feedback about the group from the men participating and about how the group sessions could be strengthened. It will provide an opportunity to assess how well the facilitators are able to conduct these sessions and how confident they are in this role, identifying any gaps/challenges – and discussing how these can be addressed together.

### **Promoting the sustainability of the men's groups**

When designing your group education intervention, try to think how it could be sustainably scaled up or embedded ("institutionalised") within public services – for instance, health services or education services – over the long term,<sup>55</sup> while still ensuring quality and fidelity to the project design.

From the very start, the group education intervention should be designed in ways that will encourage participants to build connections with and support each other, to conduct outreach to other men and couples, and to be actively involved in changing beliefs, expectations and norms around men's engagement in ECD and in promoting gender equality.

Although funding may prohibit long-term engagement with group participants, it is best to avoid ending the intervention abruptly. The loss of the group structure and the support it offers can undermine the men's efforts – and those of their partners – to maintain and/or make new behaviour or attitudinal changes. Gradually reducing the programme support and interaction with participants, alongside using strategies to promote community and family involvement, can help to manage this transition.

In Promundo's experience, participants want to be able to share their experiences with others who understand and will value and validate their personal transformation. Creating networks of individuals – group participants, family members, neighbours, community leaders – who can provide this support and validation after the intervention ends, can motivate men to continue as engaged caregivers and partners, especially if faced with community members who ridicule or ostracise them for these changes.

The following are some measures you can take to promote the sustainability of the group interventions and their impact:

- Gradually taper off the group sessions, moving from meetings each week, to every two weeks and then to monthly. Encourage group members to meet informally between the monthly meetings. Meetings can take place in the community (help identify a free space to meet) or members can rotate hosting the meeting at their homes.
- Near the end of the sessions, ask the men (and their partners) to develop a family action plan or key goals that they would like to achieve for their children and for their relationship. Ask the group members to identify ways that they can support each other in achieving these goals.
- Hold a graduation ceremony and invite men's or couples' family and friends, and community leaders to celebrate the achievements of group members. In some settings, participants have created songs or role plays to share, or have taken a pledge to be involved, supportive fathers and partners. Others have organised full-day or overnight family retreats to celebrate and encourage ongoing transformation.

- Encourage participants to form a support network among group members prior to the intervention's end, to continue to meet and support each other as fathers and partners. This can include rotating gatherings or visiting families to celebrate the birth of a child. Participants can also create WhatsApp groups or use technology to stay connected (where applicable).
- Identify participants who display the skills and motivation to be facilitators, and equip them to facilitate new groups in their community.
- Involve community leaders and local authorities in monitoring and supporting the intervention, and link participants to existing public health initiatives or structures. In some settings, local authorities have invited participants to become community health workers or to support community outreach efforts on MNCH, family planning or violence prevention.
- Encourage men to create their own community action teams or clubs to mobilise other men in the community, or to join and participate in existing community health committees or other relevant bodies where they can continue to effect change in their community.

## SPECIFIC CONSIDERATIONS FOR REACHING MEN THROUGH HOME VISITS

### Why home visits?

Reaching men through home visits with the aim of increasing their engagement in ECD can be useful for several reasons:

- Visits provide an opportunity to observe and know more about the man in the family context; they potentially offer a more realistic view of the dynamics of family life and the interactions between the couple; and allow for more private discussions to discuss problems and needs. They provide an opportunity for the home visitor to observe the interactions between the father and the child, and to work with both parents/caregivers, together with the young child(ren).
- They offer a chance to engage older family members, both male and female, with the objective of reducing their resistance to, and building their support for, men's engagement in the care and development of their young children and in maternal health.



At the same time, home visits are more labour-intensive and may reduce the potential coverage of the programme because of the time needed. They also provide less opportunity for men to learn from each other and to develop peer support networks. For these reasons, home visits may be more useful:

- in combination with men's groups;
- to follow up with men who have dropped out of the group sessions or need more individualised support;
- to approach hard-to-reach men, including those who are distrustful of men's groups organised through the local authorities, health system, etc.

### **Plan the timing and frequency of home visits**

- If possible, start the interactions with the father before the child is born, or as part of the postnatal visits with the mother and child, immediately after birth and when they return home.
- Make sure that wherever possible you plan your parenting programme home visits for when the father will also be at home.
- One review recommends that the visits should be conducted at least twice a month for a minimum of 30 minutes.<sup>56</sup>

### **Plan the content and approach of the visit**

As with any home visit for parenting programmes, you need to plan the content and approach that you will use:

- Remember that men may prefer practical activities. Home visitors should use the visits not only as an opportunity to talk, but also for the man to try out new practices. For instance, they can work with fathers by showing them how to massage their babies. Or they could video men as they interact and play with their baby using toys/safe household items, and review the video afterwards together, using this as an opportunity to give praise for positive interactions/actions and “coaching” on providing responsive care.<sup>57</sup> Both of these approaches have been shown to be effective in teaching fathers skills that are important for their children's development<sup>58</sup> – they also offer opportunities to strengthen men's emotional attachment to their children.
- Visitors should always be affirming and encouraging. They should start any counselling by talking about what the men are doing well, before moving on to recommendations.

### **Ensure that the home visitors are adequately trained for the visits**

- Home visitors may be trained community volunteers/para-professionals or public service providers. Whoever they are, make sure that they have the attitudes and skills, outlined above, to act as counsellor and supporter, rather than teacher; to promote learning together; and to build the man's confidence. You should also ensure that home visitors feel prepared to encourage dialogue between parents/caregivers about sharing responsibilities for the care of the child, including activities such as cooking, cleaning, etc.

In many contexts, CHWs are the people who most often reach families directly through home visiting. See Chapter 4 for more details and resources that can help you to work with CHWs to engage men in nurturing care, ECD and maternal health and wellbeing.

## SPECIFIC CONSIDERATIONS FOR OUTREACH APPROACHES

### Why outreach?

In situations where it is hard to mobilise men to attend groups or to contact them through home visits, one of the few ways of reaching them may be by supporting trained facilitators to arrive at spaces where men congregate and to start an informal discussion or a “quick chat” with whoever happens to be there. This approach may also be used as an initial activity over a number of weeks, before you invite men to a more formal group setting.

### Identifying where men can be reached for more informal discussions

- You will first need to identify where you can potentially reach men for more informal discussions. You could ask men in the community to map out where men congregate to talk and socialise – such as tea stalls,<sup>59</sup> coffee shops, sports clubs, barber shops, transport hubs, the local church or mosque.
- You will often need to approach the managers/owners of these spaces, or the faith leaders to see if they would be willing for the space to be used for outreach men’s engagement work. They may themselves be willing to be trained and supported to act as the facilitators of the discussions/quick chats.
- You may want to identify whether pre-marital counselling for the couple is a requirement according to the local religion: if so, decide whether it might be appropriate to approach faith leaders to see if they would be prepared to include counselling on men’s engagement and the couple relationship/communication and co-parenting as part of this process. See Chapter 5 on working with communities and their leaders for more guidance about this.

### Deciding on the themes for discussion and preparing the facilitators

As explained earlier, ensuring adequate training and support for the outreach facilitators is essential. Your facilitators will need to be well prepared to start and manage a short discussion (often lasting around 10 to 20 minutes maximum) with different men. You could consider the following:

- Identifying the priority themes for discussion, and developing an adapted curriculum that focuses on the questions that the facilitator can use to start a conversation, as well as the information that they can provide where useful (recognising that exercises, group work activities etc. will not be feasible for this approach).
- Organising a “learn and then do” training programme, where each week or fortnight the facilitators come together to discuss and learn about a different theme/topic and practise – through role play – facilitating a discussion about it – before going out to the different spaces to take the conversation to others.
- Training the facilitators to use wherever possible “hooks” – something that has happened in the community and locality (such as the death of a local woman during childbirth) – as an opener for the conversation.

## SPECIFIC CONSIDERATIONS FOR MENTORING APPROACHES

### Why mentoring?

The male mentoring approach involves identifying, training and supporting older, respected men to act as mentors and guides for younger men who are partners and fathers/male caregivers. It has been found to be an effective approach in different contexts, including in the REAL (Responsible, Engaged and Loving) Fathers Initiative for fathers aged 16 to 25 with children under three years, led by the Institute of Reproductive Health at Georgetown University, which focused on preventing intimate partner violence and violence against children. In this mentoring programme, selected mentors were supported to have 12 points of contact with young fathers (four individual sessions, two couple sessions and six group sessions with three mentors and their mentees). Each session involved the use of an adapted curriculum with a focus on practising new skills as homework.<sup>60</sup>

Mentoring approaches may be useful if your target group is younger men. This approach presents potentially fewer challenges in terms of recruiting and retaining men in a group and organising a calendar of group sessions. Furthermore, once mentors have been trained and supported, they can potentially support other younger men over time. The mentoring model can, however, be resource-intensive as it requires one-on-one support for at least part of the programme.

### Selecting the men, selecting the mentors

- For targeted approaches such as this, it is preferable that community leaders select the young men/fathers who will participate in the programme.
- Likewise, you should not select the mentors. Instead the young men/fathers (and their partners) are given an opportunity to reflect on the qualities of someone whom they respect and can turn to for advice, and to choose a man from the community to act as their mentor.

### Ensuring that the mentors are adequately trained and supported

As explained earlier, ensuring adequate training and support for the mentors is essential. In the REAL Fathers initiative, mentors were trained in two one-week sessions.

### Adapting the curriculum and support materials

- Similarly to the men's groups, you will need to ensure that the "curriculum"/discussion guide for the mentors is relevant and will resonate with the community – and that **this includes questions for discussion** rather than information that the mentor will share. You will also need to ensure that is appropriate for the literacy levels in the target communities.
- Prepare awareness-raising materials, such as large posters, with the same themes and messages as those that are being discussed, and display these around the community. They can be useful to catalyse conversations with other men – and as a resource for the sessions with multiple mentors and mentees.





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## CHAPTER 3: ENABLING MEN'S INVOLVEMENT IN YOUNG CHILDREN'S LEARNING AND EDUCATION

This chapter focuses on **promoting men's increased involvement in the education and learning of young children**, from two perspectives:

1. Adapting existing early learning programmes to better support the involvement of fathers and male caregivers in the learning and education of their young children;
2. Taking measures to promote men's recruitment into caring professions, including increasing the proportion of male carers/educators in community-based or formal early childhood care and education (ECCE) programmes or pre-schools.

It covers:

- The rationale for promoting and enabling men's involvement in pre-schools and community-based early learning spaces
- Recommendations and steps for supporting early childhood education programmes to better engage fathers
- Recommendations and measures to increase the proportion of men who are early childhood carers and educators

When promoting men's increased involvement in their young children's education and learning, it is important to acknowledge that early learning institutions (and the individuals who work within them) are reflective of the societies in which they are embedded. As such, early learning programmes may reinforce or perpetuate existing inequitable gender norms and roles, including notions that caring for young children is "women's work" and better performed by mothers and female caregivers. As a result, these programmes may discourage men's involvement in their children's learning and education, and as professionals in the education and care of young children.

# RATIONALE FOR PROMOTING AND ENABLING MEN'S INVOLVEMENT IN PRE-SCHOOLS AND COMMUNITY-BASED EARLY LEARNING SPACES

## Why adapt early learning programmes so that they welcome and support fathers?

The introduction to this guidance described the positive benefits of engaging men in the nurturing care and development of young children, including in play and the provision of opportunities for learning, exploration and interaction with the world around them.

However, fathers and male caregivers<sup>i</sup> are often less involved than mothers in their children's learning and education. Some are not involved at all, and do not engage with the early learning/pre-school community. This may be for several reasons:

- Early learning programmes may – intentionally or not – only target mothers as they interact with and reach out to parents.
- Early childhood educators may be ambivalent about men's involvement in their children's education, for all the reasons described in the introductory chapter. They also typically receive very little formalised education and training in the area of parental involvement – and even less in the area of male involvement.<sup>61</sup>
- Early childhood educators – the majority of whom, across different contexts, are women – may feel more comfortable relating to and communicating with a child's mother or female caregiver.
- Fathers may believe that a child's mother should be responsible for, or is better equipped to, support the child's learning and education; or they may feel less competent or fear exposing their own inadequacies.
- Mothers may act as “gatekeepers”, blocking or discouraging the involvement of fathers in their children's education.

Working to make community-based early childhood care and education (ECCE) centres and/or formal pre-schools more supportive and welcoming of fathers can, therefore, be an important strategy to promote men's overall engagement in their children's care and development, alongside the strategies described in the other chapters. This work should be implemented in ways that acknowledge the diversity of children's caregivers and family structures. It should support greater inclusion of all types of parents and caregivers, and avoid reinforcing norms that privilege heterosexual family constructions.

## Why increase the proportion of male carers/educators in playgroups, ECCE centres and pre-schools?

Evidence suggests that including men as carers/educators in non-formal (community-based) or formal, public ECCE centres or pre-schools can be beneficial. The presence of male carers/educators can have various positive effects:<sup>62</sup>

- It provides children with positive male role models, which can be particularly important for those children who do not have equitable and non-violent male role models outside the early learning setting.
- It gives children the opportunity to see men – as well as women – getting involved as nurturing caregivers. As a result, they may be less likely to learn traditional norms and stereotypes that consider childcare and caregiving as “women's work”.<sup>ii</sup>

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<sup>i</sup> For the remainder of this chapter, instead of saying “mother/female caregiver” and “father/male caregiver”, we will use the terms “mother” and “father” only, recognising that according to our definition, these terms encompass, respectively, female and male primary caregivers in all their diversity.

<sup>ii</sup> In order for this to be true, carers/educators need to demonstrate or model equitable behaviour among themselves, in how they interact with each other and in the types of responsibilities and tasks they undertake within their roles.

- It brings different skills, perspectives and qualities to the profession, which could help to broaden the curriculum and enhance the quality of the service.
- Having more men employed in these programmes and services may help to raise the visibility and value placed on care work and pre-school teaching – and possibly increase the remuneration of such professions.

Despite these perceived benefits, men make up less than 10 per cent of the pre-school teaching workforce in most countries, and in only a handful of cases do they represent more than a quarter of the pre-primary teaching workforce.<sup>iii</sup> <sup>63</sup> This is for several reasons:

- Early childhood education has traditionally been synonymous with caring for and nurturing young children and, consequently, continues to be widely regarded as “women’s work”.
- Pre-primary education is often accorded lower status than higher levels of education (primary and higher). Pre-school teachers are often of lower status, less qualified, lower paid and offered fewer incentives and training opportunities than teachers in primary education and upwards. This makes pre-school teaching a less attractive prospect for men; men working in children’s education often work at higher levels or in administration.
- In many countries, directors and parents have negative attitudes about men as carers and teachers of young children and may question men’s capabilities to do the job as well as women. They may question men’s motivations for working in an area that involves the intimate care of young children (a questioning that is related to a belief that male teachers are more likely to abuse young children).
- As a result, men who do start work as early childhood educators often leave because of feelings of isolation and stigmatisation.

## RECOMMENDATIONS AND STEPS FOR SUPPORTING EARLY CHILDHOOD EDUCATION PROGRAMMES TO BETTER ENGAGE FATHERS <sup>64 65</sup>

**Before you start, identify and approach the different stakeholders who influence what happens in pre-schools to understand their attitudes and practices related to men’s engagement – and where necessary, acknowledge resistance.**

Mothers, teachers, school administrators and community leaders may be resistant to male engagement in young children’s learning. This may be related to the fact that male engagement in young children’s education is seen as inconsistent with traditional gender norms and roles that emphasise men’s financial role in caring for children. In addition, the care and education of young children may be one space in which women feel a sense of agency and authority, particularly in their relationships with their partners. In some contexts, people have also questioned why resources should be directed at facilitating men’s involvement in young children’s education, when resources overall for the services are insufficient. This resistance may be compounded when men and men’s violence are viewed as a primary cause of the problems affecting children.

Support from these groups is critical to the success of initiatives aiming to promote positive male involvement. Consequently, you will need to build a strong rationale for developing such initiatives, which can be clearly articulated to these groups to gain their support. A better understanding of their attitudes and perceptions of men’s involvement will help you to identify entry points and develop a tailored and convincing rationale.

<sup>iii</sup> These are Benin, Comoros, and the Gambia. Source: UNESCO Institute of Statistics.

**Facilitate opportunities for awareness-raising and for pre- and in-service training on men’s engagement for early childhood education programme staff. Ensure that this includes educational authorities, directors, teachers and administrative/ support staff and that it:**

- prepares carers/teachers to view children holistically, understanding the constellations of relationships surrounding them, as well as to be sensitive to differences in the ways in which men and women may approach parenting and interacting with young children.
- highlights the benefits of men’s equitable and non-violent involvement in children’s early learning and education;
- shares research and evidence about how men are as innately capable of taking care of children as women are;<sup>66</sup>
- strengthens the capacity and willingness of carers/teachers to engage with men, and to recognise men’s roles in children’s lives as people, partners and parents; and
- provides opportunities for carers/teachers to reflect on and question their own gender attitudes about men’s capacity to be “good” caregivers.

**Promote men’s engagement as part of a broader process to build stronger relationships between the pre-school and the family, and to support greater parental and caregiver involvement in children’s education.**

- Evaluate existing activities linking the early learning programme or pre-school with parents/ caregivers and explore how these may be adapted to reach out to and better include men in their children’s early learning and education.
- Involve fathers in designing or adapting activities to increase parents’/caregivers’ involvement in their young children’s learning, to make these more likely to attract men and meet their needs, and acknowledge that fathers may not be living with their children, or may no longer be in a relationship with the child’s mother.
- Involve mothers to gain their support of efforts to increase men’s involvement in early childhood education services.
- Start slowly and try to get at least a few men to participate in each activity, remembering that they may feel particularly uncomfortable if they are in the minority (as women may be when they are (often) in the minority in other settings).



**Make sure that your initiative encouraging male involvement does not undermine efforts targeted at mothers and their involvement in decision-making about their children’s lives, or prioritise men’s time or involvement over women’s.**

**Support directors, educators and support staff to systematically invite and include fathers in activities for parents.**

- Recommend that they ensure that when a child is registered or enrolled, that they record information about the mother and the name and contact details of the father or most significant male caregiver(s) for the child (whether the biological father or not) and whether he lives (or they live) with the family.
- Recommend that they invite fathers to mainstream activities – such as organised play activities, toy-making sessions – or to act as classroom volunteers, and that they communicate to fathers that they hope they will participate alongside mothers in parent–teacher meetings, etc.
- Make sure that any meetings and activities are welcoming to fathers and are organised at times at which they can attend. When deciding the timing of activities and meetings, it is important *not* to prioritise men’s time over women’s, or to assume that only fathers are employed and therefore unavailable during working hours.

## Support directors, educators and support staff to make the early learning space/pre-school more welcoming for fathers, for instance by:

- Displaying positive images of fathers – photos, posters, collages and children’s drawings – to make fathers more visible. Ensure that images which are displayed do not prioritise or idealise men’s roles as caregivers over women’s (e.g. by only including images of fathers, or images of fathers as heroes) and that they are inclusive of and depict different types of family structures that exist in the community.
- Finding and using books and images that depict men as well as women in caregiving roles.
- Avoiding the use of the word “parents” in posters, leaflets and signage as this is often interpreted as meaning mothers: schools could use “mothers and fathers” or “fathers and mothers” instead. At the same time, it’s important that schools avoid sending letters home addressed to “Dear Mum and Dad” or other types of language that assumes heteronormative, nuclear family structures, or that every child lives in a home with both parents.



## Recognise that building an environment and culture in early education services that supports male engagement is a long-term process.

Educators shouldn’t expect too much, too soon. They should be supported to start slowly and build upon their successes.

## RECOMMENDATIONS AND MEASURES TO INCREASE THE PROPORTION OF MEN WHO ARE EARLY CHILDHOOD CARERS AND EDUCATORS<sup>67</sup>

### Identify and approach different stakeholders – parents, teachers, directors etc. – to assess whether there is resistance to men working in the early learning spaces/pre-schools, and identify the causes of this resistance.

Across different countries, from low- to high-income, parents/primary caregivers are often resistant to the idea of their young children being cared for and educated by a man, for different reasons:

- In many communities, parents do not feel comfortable entrusting their children to the care of anyone who isn’t a family member, whether female or male.
- Parents may be particularly concerned that a male carer or teacher will be unable to “mother” and care for their children as a female carer or teacher would, or may be hard on their children.
- Parents may question the motivations of men who choose to work in what is seen as the “domain of women”, and in work that involves intimate contact and care of young children – including nappy-changing, toilet-training or cuddling an upset child.

- While there is no evidence to suggest that men are more likely to abuse children than female teachers, parents across different contexts have expressed concerns about the potential for sexual abuse,<sup>68</sup> a fear that has also been stoked by the media.

### **Build the case for male participation and explain the benefits of a more gender-balanced ECCE workforce. Some of the arguments are:**

- Children benefit because they see men challenging stereotypes and showing that they can care; they learn to relate to men as well as women; and they are exposed to more diverse caring and teaching styles.<sup>iv</sup> Male educators can also provide a positive male role model to those children who do not already have one in their homes/communities.
- The workforce as a whole benefits if greater male participation leads to an increase in the recognition and status of caring and early education professions.
- Future generations of boys and young men also benefit by having wider career choices. In addition, men who work with children may have greater confidence in their current and future roles as fathers themselves.

You could include messaging about the importance of male participation in the ECCE workforce in your wider awareness campaign or social and behaviour change communication work. For instance, you could include case studies of male educators/carers and the positive work and relationships they have developed with children and families. You could also see if fathers/male caregivers who are involved with the pre-school/community early learning programme are willing to speak up in favour of male recruitment.



**Caution! It is important in all of this not to devalue the work that female educators/carers are doing and to ensure that – in promoting men’s participation in the ECCE workforce – women’s opportunities for employment and economic autonomy are not diminished. This work should always be situated within a broader gender equality approach which includes work to promote women’s social and economic empowerment and to expand their access to opportunities for work that have traditionally been considered the domain of men.**

### **Work in partnership with influential actors**

- Partner with local and national educational authorities, the directors of pre-schools/community early learning spaces, heads of parent–teacher associations and other influential actors. Before starting, listen to their concerns and address these with evidence and where possible, with local case studies or examples.
- Approach local colleges/institutions that offer courses on childcare and early childhood education to see whether they are willing to promote greater participation of and targeting of men on these courses.
- Talk to local secondary schools to see whether they could promote childcare and early childhood education as a potential career path for male students.

### **Consider whether it might be more effective, in your context, to target adolescents and young men as future carers and educators.**

For instance, in some contexts in Europe, programmes have more successfully recruited men as educators when they involved men from a young age – as adolescents or youth. If you are facilitating Child-to-Child projects, neighbourhood playgroups or community-based early learning spaces, consider whether you could work to promote the involvement of boys and male adolescents in these initiatives, as a way of inspiring their interest in ECCE, and of building their confidence to work in this area.

<sup>iv</sup> In different contexts, men have been found to have different styles as educators and carers from women in several aspects including their use of language and humour, acceptance of risk and physical play.

## **Support training institutions to adapt their childcare and early childhood education courses to be more inclusive and gender equitable by revising course content and methodology in order that these:**

- Challenge gendered assumptions about who can provide early childhood care and education.
- Are comprehensive and use participatory and experiential learning approaches – to sustain the interest of both males and females.
- Equip men with the confidence, awareness and skills to work well with (mainly female) colleagues and parents, including how to model and enact gender equitable working relationships. Training should equip them to care for – as well as play with and teach – the young children with whom they will work. It should prepare them to handle the gendered assumptions they will encounter in their work and support them to avoid “pigeon-holing” female educators into activities and duties seen as more “female” – such as talking with mothers, feeding children or settling young children to sleep.
- Provide female trainees with an opportunity to explore their own attitudes towards men and childcare, equip them with the skills to work alongside and support male co-workers, and support them to avoid “pigeon-holing” male educators into activities and duties seen as more “male” – such as talking with fathers or playing football.
- Focus on the fact that a person’s value as an educator/carer isn’t based on their gender, but instead on the qualities, skills, commitment and knowledge they bring to the work.
- Give both male and female trainees the knowledge they need to keep children safe and protected from violence and abuse.

## **Consider what ongoing support you might need to provide to prevent male educators/carers from dropping out because of the isolation, social pressures and prejudices they may face. This might include:**

- Regular technical support visits to provide instructional support and guidance to male and female educators/carers.
- Supporting the director to regularly communicate to parents/caregivers the importance of having male educators working in the centre/pre-school, and the positive benefits that they are seeing from their work.
- Setting up/supporting a local male early childhood educator network, whose members can offer mentoring and act as a “listening ear” to any men working in – or considering working in – early childhood care and education.
- Putting in place pre-school/centre-based platforms – such as learning action cells – for exchanging experiences, best practices and lessons learned among educators/carers.
- Encouraging school directors to regularly provide opportunities to talk about gender equality within the pre-school/centre, to help male and female staff to avoid potential issues and develop supportive approaches, and to recognise and value differences between and within genders.
- Trying to ensure that more than one man works in each school/early learning space, in order to reduce the sense of isolation.
- Giving male carers/educators help and advice on handling any child protection/safeguarding concerns that might be raised.
- Ensuring these strategies are not implemented at the expense of investments in training and support for female educators, and ensuring that women have equal opportunities for career progression, including into directorships and management (positions still dominated by men even when the teaching workforce is largely female).

**Make sure that the early learning space/pre-school has a child protection policy and procedures<sup>69</sup> to ensure that children are protected from abuse by men or women** – and that these are implemented, and communicated to parents/primary caregivers.

**Assess whether you also need to work to influence early childhood workforce policy in your country – for instance to:**

- introduce quotas for the percentage of carers/educators who should be male (a measure used in Norway with success);
- promote changes in ECCE training programmes so that these resonate with and are targeted to men as well as women;
- promote improvements in pay, benefits and working conditions for ECCE/pre-school teachers – which will benefit women participating in the early childhood workforce – and also make this a more attractive career option for men.







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## CHAPTER 4: WORKING WITH HEALTHCARE PROVIDERS AND COMMUNITY HEALTH WORKERS TO PROMOTE MEN'S ENGAGEMENT IN NURTURING CARE, ECD AND MATERNAL HEALTH

This chapter focuses on how to engage and support **healthcare providers from primary healthcare facilities and obstetric services as well as community health workers (CHWs)** to promote men's increased involvement in the health and wellbeing of female caregivers and in the care and development of their young children, from before birth until (approximately) five years of age. This chapter focuses on how actions to promote men's engagement can be integrated into what healthcare providers and CHWs already do, rather than suggesting separate, additional activities. It covers:

- Why working with healthcare providers and CHWs to promote men's engagement makes sense
- Risks and considerations for male engagement in Maternal Newborn and Child Health (MNCH)
- Key resources and references
- Some general recommendations for health facilities, healthcare providers and CHWs for promoting men's engagement in MNCH
- Recommendations for promoting men's engagement during the antenatal period
- Recommendations for promoting men's engagement during labour, delivery and the postnatal period
- Recommendations for promoting men's engagement for children from birth to five years
- General recommendations for the community activities of CHWs
- Recommendations and resources for training healthcare providers and CHWs.

It draws extensively on resources developed by Plan International Canada for the Strengthening Health Outcomes for Women and Children (SHOW) project, implemented from 2016-present, funded by the Government of Canada.

## RATIONALE: WHY WORKING WITH HEALTHCARE PROVIDERS AND CHWS TO PROMOTE MEN'S ENGAGEMENT MAKES SENSE

- Healthcare providers and CHWs have unrivalled and regular access to couples and families compared to other sectors (such as education). This is true from before the child is even born and throughout the child's critical first three years. They usually have contact with parents and parents-to-be during antenatal care, labour and delivery, postnatal care, child health/growth monitoring visits, community education activities and home visits.
- Healthcare providers and CHWs are usually people who are respected, recognised and trusted by other members of the community.
- Using health services – in particular antenatal care – as an entry point for men's engagement provides an opportunity to get men involved early, which means that they are more likely to remain involved over time.
- Men's engagement in MNCH can contribute to achieving priority goals for health systems. Even where quality MNCH services exist, demand for these may be reduced in certain circumstances. These include when women do not have the decision-making power around when to access the services, where men instead are the decision makers and do not support MNCH, and/or where men have insufficient understanding of what care and support women need along the maternal health continuum. Ensuring that men are involved and supporting the health, wellbeing and development of their partners and young children, therefore, can be key to healthcare providers and CHWs achieving improved health outcomes among the populations they serve.<sup>i</sup> Men who are engaged can also be vocal advocates for better functioning health centres and higher quality services.
- Despite the evidence showing the importance of men's engagement in MNCH, in many communities and countries, health services and service providers are not trained or equipped to be welcoming to and supportive of men's participation in MNCH services. This may be for different reasons, including:
  - ➔ lack of protocols and regulations to facilitate men's involvement – for instance, protocols to offer clinic sessions at times when men will be able to attend (and the fact that when these exist, healthcare providers may not know of them);
  - ➔ beliefs among healthcare providers that MNCH is women's business and that men have limited capacities to parent;
  - ➔ concerns that if men were more engaged in MNCH services, they would interfere with the woman's freedom to make choices about her body and her access to healthcare; and
  - ➔ the fact that service infrastructure does not always facilitate or enable men's involvement.<sup>ii</sup>

## RISKS AND CONSIDERATIONS FOR MALE ENGAGEMENT IN MNCH CARE AND SERVICES

There is a risk that policies and procedures related to promoting male engagement in MNCH can be implemented in ways that unintentionally undermine or restrict women's health and autonomy. These risks – and how to avoid them – should be discussed with relevant policy makers, health

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<sup>i</sup> As mentioned in the introduction to this package, involving men has been shown to increase demand for antenatal and postnatal care and usage of skilled birth attendants; contributes to less physical and emotional distress during labour and delivery; increases the likelihood that the woman will breastfeed; and improves the mental wellbeing of the woman.

<sup>ii</sup> For instance, common issues include insufficient measures to guarantee women privacy (both visual and audio) when male partners of other women are present, a lack of separate toilets for men or insufficient space/furniture for accompanying men in waiting areas or counselling rooms.

facility managers and healthcare providers when planning MNCH interventions and training programmes to promote men's engagement. For example:

- **Policies that encourage or require male partners to be present at MNCH services may result in women who are unaccompanied being restricted from or denied access to services.** This may occur if men's participation in antenatal care (ANC) is framed as obligatory for women attending ANC, or interpreted and implemented as such by healthcare providers. As a result, women seeking ANC services without a male partner – because they do not have one, because their partner is unavailable, or because they do not wish their partner to be present – have sometimes been denied access to the service. In some settings, this has also led to the situation where women pay men who are not their partner to accompany them to the service. In other programmes promoting men's attendance at antenatal care sessions, healthcare providers (who may value men's time over women's) have opted to provide faster, preferential treatment to women who are accompanied by a partner. This can result in women who seek services on their own having to wait longer (and possibly having to return on a subsequent day to be seen) and may discourage them from seeking care.
- **Strict performance indicators or performance-based financing linked to male engagement can also hinder women's access.** For example, such indicators or financial incentives can put pressure on health facilities to meet certain targets for male engagement in services. As a result, women may be forced to include a male partner when they do not wish to, or they may be delayed in receiving – or be denied – the service when attending alone.
- **Greater male participation in antenatal care and postnatal care, labour, delivery and child health services may give men greater control over women's bodies and healthcare decisions.** Where healthcare providers have not been trained on gender responsive health services, they may defer to men, providing them with information and asking them to make decisions during MNCH consultations. In addition, they may fail to seek women's consent to have their male partner present. Women may also feel less comfortable discussing particular health concerns with their partners present. This is particularly of concern for women who are in violent/abusive relationships, where the male partner's involvement may give him greater control over his partner, and may limit her ability to seek help.

## KEY RESOURCES AND REFERENCES

The recommendations in the remainder of the chapter are drawn from a number of longer resources on men's engagement in MNCH and sexual and reproductive health (SRH), which are also referenced at different stages. These include:

- Promundo. [Program P Manual](#) which contains a section with guidance for health professionals on how to engage men in the antenatal consultation space and in primary health clinics:
- MenCare. *Guide for MenCare partners on training health providers.* [Male Engagement in Maternal, Newborn and Child Health/Sexual and Reproductive Health](#) (from which many of the self-assessment checklists are drawn).
- Plan International Canada. [Gender responsive MNCH/SRH services. Guide for Health facility staff](#)
- Plan International Canada. [Promoting gender equality in community MNCH/SRH education: guide for capacity-building of community health workers](#)

## GENERAL RECOMMENDATIONS FOR HEALTH FACILITIES, HEALTHCARE PROVIDERS AND CHWS FOR PROMOTING MEN'S ENGAGEMENT IN MNCH

- Base your work on your country's national health service policy, regulations or protocols with respect to men's involvement in MNCH services.
- Work with other members of your health facility or team to ensure that everyone knows what these policies, regulations and protocols are, and that everyone understands what are each team member's responsibilities in terms of ensuring that services support men's engagement (where women want it).
- Work with other members of your health facility or team and local health authorities to make the changes in infrastructure, equipment and operations (for instance, opening hours) that may be necessary if the service is to be welcoming and supportive of men's participation.
- Be aware of the potential risks of working to promote men's engagement in MNCH. Ensure that you know how to mitigate these risks and how to work to promote men's engagement within a framework of gender equality and respect for a woman's right to make autonomous decisions about her health and body. This includes deciding if and when she wants her male partner to accompany her along the maternal healthcare continuum.
- Work to engage men as early as possible – preferably before their first child is born. Help to prepare them for the challenges of upcoming parenthood. Tap into the fact that they want the best for their family and emphasise at each interaction how everyone can benefit from their engagement – their children, their partner, their family and they themselves.
- When working with women and their partners, try to understand each couple's specific social, economic and cultural reality. There are fathers who would like to participate, but may be hindered by work schedules and other obstacles.
- Encourage men to share responsibility for care work and child-rearing in the home, helping them to learn nurturing care skills and building their confidence. Emphasise that men are equally capable of all childcare tasks and responsibilities, except, of course, breastfeeding!
- Remember that pre-pregnancy, pregnancy and postpartum care issues are not only about the health of the mother and the child. Advise the father/male caregiver to look after his own



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mental health and to take physical exercise, thereby creating an overall healthy environment for the development of the child. Share the risks associated with unhealthy behaviours such as alcohol and drug use, and physical and psychological violence, and advise the father about the negative effects of these on the health, wellbeing and development of the mother and child.

- Promote attitudes of mutual support, collaboration and dialogue between the mother and father that allow them to better address the anxieties and concerns often generated during pregnancy and with caring for a young child.



At the end of this chapter, we have included an **assessment checklist** that can be used by healthcare providers/CHWs to determine how supportive, in general, the MNCH services that they and their facility provide are of men's engagement in ECD/MNCH. It can also be easily adapted for use as an observation checklist for a person responsible for the support and supervision of a health facility and its staff.

## **SPECIFIC RECOMMENDATIONS FOR HEALTHCARE PROVIDERS AND CHWS ON PROMOTING MEN'S ENGAGEMENT DURING THE ANTENATAL PERIOD**

**Note!** For the remainder of this chapter, instead of saying mother/female caregiver and father/male caregiver or father/male partner, we will use the terms “mother” and “father” only, recognising that according to our definition, these terms encompass, respectively, female and male primary caregivers in all their diversity

### **If the mother is unaccompanied by the father or male partner:**

- If the mother is unaccompanied when she attends her clinic visit (or community group for expectant parents), ask if she has a partner and, if so, how she feels about him accompanying her on subsequent visits and during childbirth. Would she want this to happen?
- If the mother wishes to be accompanied by the child's father or a male partner, discuss with her how to invite him, and what steps are needed to make his presence possible (e.g. planning in advance so he might be able to adapt his work schedule). Consider giving her a letter or brochure addressed to the father or male partner.
- 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 her opinion, but respect her decision. Consider exploring whether there are might be issues with the relationship that might be influencing her position – for instance, intimate partner violence (IPV), and whether you need to ask some questions to identify this. *Note – you should only ask questions to identify women who are survivors of IPV if your centre has staff and protocols in place to respond where violence is occurring, and you should always use protocols/questions defined nationally for the identification process.*
- If the father-to-be cannot accompany the mother for different reasons (they are no longer in a relationship, he has migrated away, etc.) discuss with the mother whether there are other significant individuals (family/friends) who could come with her to the visits (if she wants this to happen).
- If the father or male partner continues to be unable to accompany the mother to her appointments due to other commitments, encourage the mother to share all information with him once she gets home, and to involve him as much as possible.

## **If the father or male partner attends an antenatal care contact or group together with the mother:**

- Welcome the father or male partner, thank him for coming and make sure there is space for him to sit. Establish eye contact with both the mother and the father/male partner during the consultation/session, and actively involve both partners, including by asking each partner if they have questions, and by answering any questions that both may have. Treat the father/male partner as an equal partner; he is not a secondary actor. However, if the father/male partner takes over the conversation and answers questions for the mother, ensure that you engage directly with the mother and create space for her to be able to respond for herself.
- 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 the father/male partner and baby by inviting him to listen to the child's heartbeat and pay attention to any questions or concerns that he may have.
- Motivate the father/male partner to provide his partner with emotional support and affection, physical support (for instance by taking on equal responsibility of domestic tasks) and care (for instance, good nutrition, adequate rest) during her pregnancy. Encourage the mother to talk openly with her partner about her experiences (physical and emotional) during pregnancy. Likewise, encourage the father/male partner to share his emotional experiences.
- Encourage the father/male partner to communicate with the unborn child – through touch or massage of the mother's belly, talking to the child, singing or playing music.
- Explain to both mother and father the different stages of the pregnancy and the importance of the antenatal contacts, encouraging the father's participation in future contacts/visits.
- Inform both parents about signs and symptoms that indicate an obstetric emergency. Provide them with a list of action steps to follow if an emergency occurs and emphasise what the father can and should practically do in these situations.
- Encourage him to plan and prepare jointly and actively for the birth including by saving money.
- Discuss what will happen after the baby is born. Stress the importance of exclusive breastfeeding to both of them, highlighting the supportive role the father can play for successful exclusive breastfeeding for six months. Discuss contraceptive use to plan for or prevent future pregnancies. Emphasise that family planning is the responsibility of both of them.
- Overall, try to create a safe space where the 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, couple relationship problems or recommendations about sexual activity during and after pregnancy.

## **During the last antenatal care visit before the birth (and preferably before!):**

Make sure that you have asked whether the woman would like to be accompanied during labour and delivery and who she would like to accompany her. Remember it is a woman's right to be accompanied during birth (if she wants) and to choose who it will be. With consent from the mother, inform the father that his presence and support are critical for the mother and baby during labour and childbirth. Encourage the father's presence.

Speak with both the mother and the father about the following:

- Objects and things the mother and new-born will need during the delivery and after birth and the importance of helping the woman to prepare and pack the bags.
- Location of the maternity ward and whether it is recommended that the woman goes to a delivery home close to the obstetric facility if she lives a long way away (and if so when).
- If the law exists, the rights of both the mother and the father to parental leave.
- If the man is going to accompany the woman during labour, prepare him on what to expect during labour and in the delivery room, and how he can actively support the mother (for instance, by helping her to breathe, providing words of encouragement, giving massage to relieve physical strain and stress). Encourage the couple to discuss and communicate how the woman would like her partner to support her, during labour and delivery.



At the end of this chapter, you will find an **assessment checklist** that can be used by healthcare providers/CHWs to determine to what extent the ANC services they provide support men's participation. It can also be easily adapted to be used as an observation checklist for a person responsible for the support and supervision of healthcare providers/CHWs.

## **SPECIFIC RECOMMENDATIONS FOR HEALTHCARE PROVIDERS AND CHWS ON PROMOTING MEN'S ENGAGEMENT DURING LABOUR, DELIVERY AND THE POSTNATAL PERIOD**

- If the law permits, and the woman wants the father/male partner to accompany her, then he should be allowed to stay in the same room so that he can provide support to the mother.
- Ensure privacy for the couple during labour (such as a screen to protect the dignity and privacy of other clients in labour wards).
- Inform both the woman and her partner of the routine procedures, investigations and examinations that take place during labour.
- After delivery, engage the father with the child as soon as possible (in accordance with health facility policy) – for instance, ask him to cut the umbilical cord, and assist in weighing the child and handing the child to the mother.
- Note the father's presence during labour and delivery, on the mother's records.

### **Following delivery, while the mother and baby are still in the health facility:**

- Promote the emotional attachment of mother and father with the baby, and provide "alone time" for each parent to do so.
- Ensure that the father is shown how to hold the baby in his arms, if this is his first child. If the father does not feel ready to have physical contact with his child, give him time. It may take him hours or days to feel comfortable enough. If the mother is unable to provide skin-to-skin contact with the baby immediately after birth (for instance, because she has had a caesarian), encourage the father to do so.
- Fully explain in advance, to both parents/partners, the routine medical procedures that will be performed on their baby.



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## When the couple is discharged with the baby:

Before the mother and father leave the maternity ward, remember to praise and thank them for their cooperation in the process, and thank the father for his participation.

Talk to the mother and father about the following:

- Essential immediate care for the newborn.
- Care for the mother, including sufficient rest and good nutrition; the care required for healing an episiotomy (keeping the area clean, regular baths); any special care needed by the woman if she has had surgery or complications; the importance of abstaining from sexual activity for the recommended period (usually around six weeks).
- The symptoms of postpartum depression, and how the father can help the mother to cope.
- Where and how they should register the child.
- The importance of the postnatal visits for both the mother and the baby, encouraging the father to support his partner and ensure that she attends the postnatal visit as prescribed.
- The importance of both the mother and father being equally involved in caring for young children, sharing domestic tasks and communicating openly with each other. The fact that, although he cannot breastfeed, the father can still provide physical and emotional support to the mother and child in many other important ways (caring for the child, helping with housework).
- What contraceptive method they will use to plan for or prevent future pregnancies, emphasising that family planning is the responsibility of both of them.
- Taking parental leave – if the option is available to one or both of them.
- The impact that having a child can have on the couple's relationship, including on intimacy with each other.



At the end of the chapter, you will find an assessment checklist that can be used by health providers/CHWs to determine how supportive the labour/delivery services they provide are of men's engagement. It can also be easily adapted for use as an observation checklist for a person responsible for the support and supervision of health providers/CHWs.

## SPECIFIC RECOMMENDATIONS FOR HEALTHCARE PROVIDERS AND CHWS ON PROMOTING MEN'S ENGAGEMENT AS PART OF HEALTHCARE FOR CHILDREN FROM BIRTH TO FIVE YEARS

- Whenever possible, try to schedule child health clinic sessions at a time when both mothers and fathers may be able to attend. Likewise, for CHWs, try to organise home visits when the father is likely to be at home.
- Whether the mother, father or both parents attend, always recognise the efforts they have made to be present at the check-up appointment (such as travelling long distances or taking unpaid time from work).
- If the mother attends a child health visit 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 (for instance, because he has not assumed responsibility as father of the child, the couple have separated and are not communicating, he lives elsewhere, or he has died) ask if the woman has a male partner or if there is another important male caregiver in the child's life whom she would like to invite to participate in future healthcare appointments.



- If the father attends the child's health visit, emphasise the importance of his presence and role and encourage his future participation. Discuss any barriers to his future participation, such as his work schedule, and identify with him ways to address these barriers. If you are working with communities where men are the main household decision makers, discuss with the couple the importance of shared decision-making and shared responsibility for care work.
- Ensure that you give both the mother and the father clear information and guidance on nurturing care for their young children – for instance, on key feeding and hygiene practices, and responsive caregiving.
- Remind both the mother and father that the involvement of both parents (when that involvement is caring and non-violent) is crucial for the child's psychological and emotional development. Promote the man's participation in key activities for their young children's development, including: bringing his child to future health appointments; playing with his child; changing nappies and dressing the child; telling the child stories. Listen carefully to any concerns, worries and questions that he may have about his role. Advise him of resources and services that exist and that may be useful, for instance, parents' or fathers' groups.
- Explain to the mother and the father that they may have different parenting styles and that it is a good idea to discuss together what they will do in certain situations – for instance, if they think the child is misbehaving. Always emphasise the importance of guiding children without the use of physical or psychological punishment. In tense situations that may arise where there are conflicting parenting styles or opinions, then suggest that the parents or caregivers seek the support of their social networks or other social support services.



At the end of the chapter, you will find an assessment checklist that can be used by healthcare providers/CHWs to determine how well their services engage men in the health and nutrition of their infants and young children. It can also be easily adapted for use as an observation checklist for a person responsible for the support and supervision of healthcare providers/CHWs.

## GENERAL RECOMMENDATIONS FOR THE COMMUNITY ACTIVITIES OF COMMUNITY HEALTH WORKERS

- Consider how gender norms and discrimination may impact negatively on women's ability to access and demand health services for themselves and their families. For instance, gender norms may mean that they have limited access to reliable information; and limited decision-making power and mobility. Be sensitive to the particular gendered barriers that women face and consider how you can help them to overcome these.
- Recognise the influence that men have over the lives and health of women and children in the communities that you serve. Recognise also the influence of respected leaders – such as religious leaders or certain traditionally influential female figures (i.e. mothers-in-law). See how you can engage these influential community members as partners, supporting work to promote men's engagement in ECD and gender responsive MNCH services.
- Ensure that your home visits, community dialogues and education services take into account the different needs, priorities and concerns of adult and adolescent women and men. Actively listen to what women, girls, men and boys say, and remain non-judgemental. Ask men who are fathers/fathers-to-be/male caregivers too what their needs are and how you might help to address these.
- Remember that home visits involving both men and women provide a particularly good opportunity to discuss gender issues in a private space, in confidentiality and with more time to discuss thoroughly. If you are conducting home visits focused on maternal and child health or ECD more broadly, and hope to reach out to both female caregivers and male caregivers during the visits, think about how you might tailor your approach to engage and involve men:

- ➔ Make sure that you time your visit for when the man will be present.
- ➔ Even if it means reinforcing stereotypical gender roles, you might be able to get them interested if initially you talk about the home construction, safety, whether there is a bathroom/latrline etc. – aspects that have an influence on health and development and are traditionally considered a man’s “domain”.
- ➔ Consider using stories as a way of starting a conversation about parenting practices and the role of men in care work and ECD. For instance, [World Vision’s Timed and Targeted Counselling approach for CHWs on MNCH and nutrition](#) includes illustrated problem stories and positive stories with guiding questions that can be used for reflection with the mother, father and other caregivers/family members on positive and negative behaviours; what the family already does well; barriers to adopting new behaviours; and how these can be overcome.



- At all times, consider men’s work schedules and other obstacles to their involvement in the community activities, and how these might be overcome.
- Teach both parents/caregivers how to act promptly and adequately when a woman shows signs of an obstetric emergency or a child has danger signs of a serious illness. Make sure that men also know how to access services and the importance of skilled attendance during childbirth. Involve male partners in birth planning and in setting up an emergency transport mechanism.

## IDEAS AND GENERAL RECOMMENDATIONS FOR TRAINING HEALTHCARE PROVIDERS AND CHWS

The publications produced by the MenCare Global Campaign and Plan International Canada referenced earlier in the chapter recommend training on the following themes. (More information can be found in each source for development of specific sessions, which we have not repeated here.)

- Understanding gender and gender equality, attitudes, roles and norms – and their implications for MNCH and young children’s development (MenCare and Plan International Canada)
- Determinants of MNCH that are related to gender attitudes, roles and norms (Plan International Canada)
- Benefits of male engagement in MNCH/SRH (MenCare)
- Laws and policies on male engagement in MNCH/SRH (MenCare) and gender responsive MNCH/SRH (Plan International Canada)
- Potential risks and concerns related to male engagement in MNCH/SRH (MenCare)
- Gender responsive services involving male engagement in MNCH/SRH (MenCare)

- Recommendations and practical steps for improving male engagement in MNCH/SRH (MenCare, Plan International Canada)
- Monitoring and assessing the extent to which services are inclusive of men (MenCare).

Meanwhile, a full set of facilitators' manuals, participants' manuals and storybooks for World Vision's Timed and Targeted Counselling approach can also be accessed in [English](#) with some available in [French](#). These may be useful! The MenCare publication also includes a worksheet for planning the training and a useful list of general recommendations, which we have copied below.

## DO!

- ✓ Do engage the Ministry of Health or other relevant institutions in the training to get their buy-in and to lend the training their authority.
- ✓ Do address healthcare providers' own gender attitudes and opinions about male engagement in MNCH.
- ✓ Do invite the right people to the training. Action to promote male engagement will require buy-in and support from health facility managers – and they in turn may need guidance and approval from their line ministry.
- ✓ Do train as many healthcare providers from a facility as you can – there is often a very high turnover. This may require multiple, shorter training sessions.
- ✓ Do frame male engagement in MNCH within the principles of gender equality, such as a woman's right to choose whether or not she wants her partner to be present at antenatal care visits, labour, delivery and postnatal care visits.
- ✓ Do use participatory, practical, adult learning approaches for the training and ensure that these provide a space to foster dialogue, share experiences and interact; and reflect on shared problems and how to address these. Sessions should be fun!: use role plays, case studies, scenarios and other group/interactive activities.
- ✓ Do ensure that the training offers an opportunity for personal reflection on gender norms and stereotypes, and how these influence the health and wellbeing of women, men and their families.
- ✓ Do develop plans for passing the knowledge onto peers within the health facility (e.g. to new staff); this requires buy-in and resources from health facility management and/or the Ministry of Health.
- ✓ Do share women's and men's experiences to highlight the benefits and risks of male engagement. Consider inviting community members (e.g. participants from a couples'/ parents' group) to the training.
- ✓ Do engage providers themselves in advocating for policy and protocol changes (where possible).
- ✓ Do ensure that relevant authorities recognise the training: provide certificates and, where possible, offer continuing education credits.
- ✓ Where possible, seek to work with relevant authorities to incorporate training on gender responsive MNCH services that support men's engagement within national pre-service training curricula.

## DON'T!

- ✗ Don't assume that healthcare providers understand gender already, or that they do not need training or support on understanding gender or gender equality policies.
- ✗ Don't promote the enforcement of male engagement policies in ways that may deny women access to services.
- ✗ Don't avoid talking about the risks related to male engagement in MNCH services.
- ✗ Don't forget to train both male and female healthcare providers. Instead, recognise that male engagement is relevant for all.
- ✗ Don't assume that a one-off training is all that is needed. Instead, ensure training is linked to broader advocacy and institutional strategies to address structural and policy barriers.
- ✗ Don't judge healthcare providers for their attitudes. Instead, enable open dialogue on ways to mitigate the harmful health impacts of gender norms.
- ✗ Don't make male engagement seem like it is additional work. Instead, show healthcare providers how it can help them to do their job better and how it can help them to achieve specific health goals.
- ✗ Don't ignore how gender dynamics among staff and inequalities within health facilities may affect healthcare providers' work.
- ✗ Don't forget that auxiliary workers (e.g. cleaning staff, security guards, receptionists, administrative staff) are sometimes the first people that women and men interact with upon arriving at the health facility. Recognise that auxiliary workers also need to know why they should not discourage men from attending, and why they should not deny entry to women who come without a male partner.
- ✗ Don't focus only on healthcare providers. Instead, train health facility managers and policy makers as well (possibly for shorter periods of time).





### Assessment checklists

These can be used by healthcare providers/CHWs to determine how supportive the MNCH services that they and their facility provide are of men’s engagement in ECD/MNCH. They can also be easily adapted for use as an observation checklist for a person responsible for the support and supervision of a health facility and its staff. If a person doesn’t know the answer, they should tick the “no” column (unless it is not applicable). For each “no” response, they should identify one key, feasible action they can take.

#### Checklist 1: General clinic policies, protocols and practices: Men’s engagement in MNCH

The facility where I work...	Yes	No	N/A	If no – actions to take
1. Has clinical guidelines or protocols on how to involve fathers/male partners in maternal healthcare (ANC, labour, delivery and postnatal care [PNC]) including men’s presence during delivery, which are aligned with national guidelines/standards.				
2. Has ensured that the application of national protocols and guidelines for men’s engagement in MNCH will not have unintended negative consequences for women and their autonomous decision-making and wellbeing (for instance, ensures a man’s presence is only allowed with the woman’s consent).				
3. Has staff – including healthcare providers, CHWs and administrative staff – who are trained to provide gender responsive MNCH services that support men’s engagement.				
4. Uses forms that record whether the father/male partner was present at each maternal health contact – antenatal contacts, labour, delivery, PNC.				
5. Has adequate infrastructure and space to support the participation of fathers/male partners in ANC/PNC consultations (e.g. an extra chair in the consultation room, separate toilets, posters depicting positive male engagement).				
6. Has adequate infrastructure and space to support men’s presence during childbirth (e.g. enough space and privacy for men to be present during labour and in the delivery room, or a waiting room for fathers and family).				
7. Has adequate resources to provide services that support men’s engagement, including educational materials on pregnancy, childbirth and children’s health designed specifically for fathers, or that target both prospective mothers and fathers and depict both mothers and fathers.				
8. Offers clinic sessions at alternative hours or days for working parents.				

The facility where I work...	Yes	No	N/A	If no – actions to take
9. Actively encourages fathers/male partners to be present in the delivery room at the child's birth (if permitted and with the consent of the woman).				
10. Provides – or refers clients to – workshops for parents (including expectant parents) that are also open to fathers/male partners.				
<b>My knowledge and skills to provide MNCH services that support men's engagement</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>If no – actions to take</b>
1. I have been offered and received training to deliver MNCH services that support men's engagement.				
2. I am supported by my supervisor to deliver MNCH services that support men's engagement.				
3. I am aware of the policy/protocols – both at the national level and the level of my health facility – with respect to men's participation in MNCH care (including policies around male partners' presence during childbirth).				
4. I am knowledgeable about the laws in my country around birth registration and registration of the father's name on the birth certificate.				
5. I am knowledgeable about the laws around maternity and paternity leave in my country.				
6. I feel that I have the knowledge and skills to encourage and support men's engagement in MNCH care (during ANC, labour, delivery, PNC).				
7. I feel that I have the knowledge and skills to encourage and support men's engagement in the health and nutrition of their infants and young children.				
8. I have been offered and received training to deliver MNCH services in ways that welcome and involve fathers/male partners.				

## Checklist 2: Antenatal care (ANC) services

My actions...	Yes	No	N/A	If no – actions to take
1. When a woman comes alone to an ANC visit, I ask about the father of the child/her male partner, whether she would like him to attend and if this would be possible.				
2. If she seems resistant to the idea, and/or there are other indications that she might be exposed to intimate partner violence (IPV), I ask appropriate questions to identify whether the woman is experiencing IPV, according to national protocols.				
3. If I am sure that the woman is not in a violent relationship, I encourage her to bring the father/male partner to the next visit, if she would like, and ask how I can help with the invitation (e.g. by sending an invitation note).				
4. Where the law permits that the father/male partner can accompany the child's birth, I advise the woman first that it is her right to choose whether and who she would like to accompany her. I then ask her who she would like the person to be, encouraging her to choose the father/male partner if this seems appropriate and is her preference.				
5. When the father/male partner attends an ANC visit, I take measures to include him in the consultation, appreciate his presence and encourage his future participation. I make sure that by including him, I am not ignoring or limiting my engagement with the mother.				
6. I provide general guidance and information about antenatal care, delivery and postnatal care, family planning and parental leave (where relevant) to both, and ask both the woman and her partner if they have any questions.				
7. I provide specific guidance to the man on how he can support the mother through ensuring: care, rest, good nutrition, planning for delivery, access to services in the event of an obstetric emergency, as well as support to the woman during delivery.				

### Checklist 3: Men's engagement in labour and delivery

My actions...	Yes	No	N/A	If no – actions to take
1. I confirm with the woman whom she would like to have present at childbirth. If the father's/male partners' presence is allowed in my facility, I ask if she would like him to be present, and emphasise the importance of his involvement.				
2. I encourage the father/male partner to be present during the delivery (with the mother's consent and if allowed in my facility).				
3. I encourage and guide fathers/male partners who are present at childbirth to provide support (e.g. through massage, helping with breathing techniques) in line with the woman's wishes.				
4. If the health facility does not allow the father/male partner to be in the labour or delivery room – or the mother does not want him present – I still encourage him to stay close by and keep him updated with information periodically.				
5. I encourage and explain the importance of skin-to-skin contact between baby and both mother AND father/male partner.				
6. After birth, I encourage both mother AND father/male partner to hold the baby, providing guidance to each if necessary.				
7. After birth, I provide guidance and information about postnatal care to both the mother and her partner, and ask both if they have any questions.				
8. After birth, I encourage mothers and fathers/male partners to take some type of leave following the birth of the child, wherever possible.				
9. After birth, I inform the mother and the father/male partner how to register their child in the civil or population registry (and how to obtain a birth certificate).				



#### Checklist 4: Men's engagement in infant and child health and nutrition services

My actions...	Yes	No	N/A	If no – actions to take
1. When the mother comes alone to the child health appointment with the child, I ask about the father – and vice versa if he comes alone to the appointment.				
2. When the mother comes alone to the child health appointment, I encourage the father's presence during the future health visits (if she agrees to him being present).				
3. When the father is present, I validate and encourage his future participation.				
4. When the father is present, I provide both parents/caregivers with information on the child's health and development, encouraging them both to take part.				
5. I encourage the father to share responsibility for caregiving and for domestic tasks (if the parents/caregivers reside together).				
6. I refer both parents/caregivers to workshops, parent support groups or educational opportunities that exist.				
7. I refer the father to workshops, fathers' clubs or other initiatives promoting involved fatherhood, where these exist (as I do for mothers).				



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## CHAPTER 5: WORKING WITH COMMUNITIES AND LEADERS TO PROMOTE MEN'S ENGAGEMENT IN NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT

This chapter focuses on how to engage and work with different leaders who are influential in the communities in which we work – such as faith leaders, traditional leaders, elders and political leaders, and elected village “officials” – as well as community members more widely. It covers:

- Glossary of terms
- Why community leaders are such important actors in work promoting men's engagement
- General considerations for working with community leaders to transform gender norms and promote men's engagement
- Specific considerations for working with faith leaders to transform gender norms and promote men's engagement
- Before you start: Laying the groundwork for mobilising and partnering with community leaders
- Key steps for working with community leaders
- Worksheet for engaging community leaders

## INTRODUCTION AND GLOSSARY OF TERMS

Influential community leaders – faith, traditional or political - can be key allies in work to promote men’s engagement in ECD. They can model and endorse new positive norms for men’s engagement, and they can support the different strategies explained in the other chapters.

This chapter, like the others in this guidance, builds on the module developed by Plan International Canada and Promundo for the gender responsive MNCH programme *Strengthening Health Outcomes for Women and Children SHOW*,<sup>70</sup> funded by the Government of Canada, which itself drew on the work of the MenEngage Alliance,<sup>71</sup> and other publications.<sup>72</sup> It does not cover working with community leaders to promote the rights of children more broadly.<sup>73</sup> Some of the recommendations included here are specific to faith leaders, while others may be applicable to a broader range of community leaders that includes traditional leaders, elders and elected village “officials”.

### Glossary of terms used in this chapter

- **Faith leaders:** men and women with a formal affiliation to a religion or spiritual path who play influential roles within their communities and the broader civil society. Examples include priests, imams, rabbis, clerics, monks, nuns, lamas, traditional indigenous spiritual guides such as shamans and sukias, and lay faith leaders.
- **Faith-based organisations (FBOs):** organisations that derive guidance for their activities from the teachings and principles of a faith or different faiths. They include charities sponsored or hosted by one or more religious communities/congregations; non-profit organisations founded by a religious community/congregation or based upon faith and spiritual traditions or values; and coalitions of FBOs.
- **Faith-based communities:**<sup>74</sup> these consist of faith leaders (female and male), entities and structures that institutionalise belief systems within religious traditions at all levels. They include: communities of worship (for example, churches, mosques, synagogues, temples); faith leaders (such as bishops, clerics, ayatollahs, lamas); scholars, theologians and religious educators; mission workers; groups and networks of youth faith or women of faith; faith-based organisations; religious and intra-religious institutions/umbrella organisations.
- **Sacred texts:** refers to writings that are regarded as holy in a particular religion, for example, the Bible in Christianity or the Quran, the central text for Islam.
- **Theology:** the study of religion and religious beliefs.
- **Theologian:** a person who studies or is an expert in theology.
- **Traditional leaders:** men and women who uphold the customary laws within local government areas. Traditional leaders may also be religious or spiritual leaders. However, their position in society is primarily founded on social standing informed by ancestral ties. While different from religious leaders, traditional leaders often have similar amounts of authority, power and respect in local communities.

## WHY ARE COMMUNITY LEADERS SUCH IMPORTANT ACTORS TO ENGAGE IN WORK PROMOTING MEN'S ENGAGEMENT IN ECD?

Mobilising and partnering with community leaders – including faith and traditional leaders – in your programming to promote men's engagement in ECD makes sense for several reasons:

### People's religious beliefs and values and cultural traditions matter

- 84 per cent of the world's population identifies with a religious group.<sup>i</sup>
- In many contexts where Plan International works, religious beliefs and cultural traditions are intertwined with social and gender norms. They are a significant factor in determining shared attitudes and behaviours in a community. The belief systems and institutions in which faith and traditional leaders are embedded strongly influence community norms and value systems – positively or negatively – particularly regarding gender and family relations.
- In different communities, how sacred texts are interpreted and people's religious beliefs can underpin and reinforce discriminatory gender norms, including norms and expectations around the roles and responsibilities of men and women.

### Faith leaders, traditional leaders, elders and elected village officials are usually respected, legitimate and influential actors in many communities

- These leaders often hold prominent positions within the community<sup>ii</sup> and enjoy significant respect from community members.<sup>iii</sup> As trusted figures – both for community members and among politicians and policy makers – they are often also powerful influencers of local and national policies. Faith and traditional leaders may provide spiritual and moral guidance to individuals. They often act as trusted advisers and providers of information related to the health, wellbeing and relationships of families and, it is argued, are not greeted with suspicion when looking to influence values and social rules (such as those governing family life, reproductive choices, etc.) through religious and educational activities.
- When messages are shared at established traditional, community or religious meetings, the messages are reinforced by the authority of these leaders, and the acceptability of the mechanisms they typically use for providing guidance about how community members should behave.
- Places of worship have deep community roots, and serve as spaces for regularly gathering congregants and for sharing or distributing information and messages. Faith leaders and faith communities/congregations also often have extensive networks, with significant reach to the most disenfranchised and deprived groups. They have more access than most outside actors to families and individuals. Given that religious institutions are part of nearly every community on earth, and can count almost 5 billion members, their potential for action is great.
- Religious/faith-based organisations are often involved in providing social services – such as pre-schools, schools and health services. In fragile states and humanitarian contexts in particular, they may be the most important provider to vulnerable populations. They often have active volunteer networks. They also often operate diverse media and communications channels – including newsletters, websites, radio and television – which can be leveraged for influencing work and Social and Behaviour Change Communication (SBCC).

i According to 2015 figures, Christians form the biggest religious group by some margin, with 2.3 billion adherents or 31.2 per cent of the total world population of 7.3 billion. Next come Muslims (1.8 billion, or 24.1 per cent), Hindus (1.1 billion, or 15.1 per cent) and Buddhists (500 million, or 6.9 per cent). See: Pew Research Center (2017). Christians remain world's largest religious group, but they are declining in Europe, 5 April, <https://www.pewresearch.org/fact-tank/2017/04/05/christians-remain-worlds-largest-religious-group-but-they-are-declining-in-europe/>

ii Though leaders from one religion may not have the same level of connection to community members of other faiths. For example, 74 per cent of people in Africa identify religious leaders as the group they trust most. See: UNICEF (2012). Partnering with religious communities for children. [https://www.unicef.org/about/partnerships/files/Partnering\\_with\\_Religious\\_Communities\\_for\\_Children\\_\(UNICEF\).pdf](https://www.unicef.org/about/partnerships/files/Partnering_with_Religious_Communities_for_Children_(UNICEF).pdf)

- Community leaders are often good communicators and can be effective change agents, mobilising the members of their communities by influencing attitudes and behaviours, inspiring action and engaging in advocacy.
- Because, in many settings, these leaders of different sorts are usually men, they can model men's engagement and gender equality in their own lives and relationships, and become "positive deviants" or "norm trendsetters" at the community level. Male leaders who are respected and have authority can deliver messages to men and call meetings that men will attend.



Where norms are drivers of behaviours, then people may be unlikely to change their behaviours unless leaders who are respected and influential approve of the change. If these leaders condone changes in norms (and are seen to do things differently rather than just talk about doing things differently), others are more likely to follow suit.

### **Community leaders are essential allies if we want our men's engagement work to be community-led and wish to support collective, community-wide change**

We know that norm change is unlikely to occur if we arrive in communities telling them "how to do things right". Changes in norms, expectations and practices at the community level are more likely to occur – and be sustained – when interventions are led by communities – rather than being "directed" from outside. This is further reinforced when interventions invite participants to reflect on the challenges they are facing and equip them with knowledge and skills to act on those challenges. Community-led interventions are more likely to be based on a deep understanding of the context; generate culturally appropriate solutions to the problems that the community wants to resolve; help people achieve the goals that matter to them; and result in the community itself deciding and agreeing on the action that will be taken.



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## **Faith and traditional leaders can be powerful opponents to initiatives for men's engagement and women's empowerment**

- Religious leadership structures in particular (but also some traditional leadership structures) usually maintain male social dominance and exclude women from leadership roles. Leaders may use religious texts and cultural traditions to justify this situation and to maintain the status quo. In some communities, these leaders already act as important “gatekeepers” or obstacles to men's engagement and women's empowerment – for instance, by promoting rigid or inequitable norms that endorse men's dominance over women or that dissuade men's caregiving, or by promoting practices that limit women's ability to access services or make decisions about their health, including reproductive health.
- Faith leaders may hold traditional or conservative views about what a “family” is and should look like – i.e. that there is a mother and father present in a nuclear family. These views may not reflect the different types of families in many contexts, such as female or child-headed households, households with unmarried or adolescent parents, households headed by couples who are homosexual, bisexual or transgender. These families are often more vulnerable and need additional support, and so it is important for leaders and the project to support all kinds of families, without discrimination.
- While engaging these leaders may be challenging, there is the risk that leaders who are opponents will create obstacles to your programme – and your programme will not achieve the change you hope for – if you exclude them from your efforts.
- Although it will be more difficult, if you manage to change the attitudes and perceptions of these opponents, you may have greater potential to change the norms and shared behaviours in the communities.

## **Faith leaders often share similar values and commitments to those enshrined in the United Nations Convention on the Rights of the Child (UNCRC)**

- Several key elements of the UNCRC reflect values shared with the world's major religious traditions, including: a fundamental belief in the dignity of the child; an emphasis on the family as the best place for bringing up children; high priority given to children and the idea that all members of society have rights and duties towards them; and a holistic notion of the child and a comprehensive understanding of his or her physical, emotional, social and spiritual needs.
- Many religions also share similar commitments to peace, justice and social equality.

# **GENERAL CONSIDERATIONS FOR WORKING WITH COMMUNITY LEADERS TO TRANSFORM GENDER NORMS AND PROMOTE MEN'S ENGAGEMENT**

## **Engage with community leaders as early as possible and be prepared for a long-term process**

Leaders will usually need to be engaged from the planning stage and throughout the project cycle, if you want to be sure of gaining their support for sustained change in norms and attitudes. This means starting by identifying which leaders are present and influential in the specific communities in which you are working, and with whom you may have existing relationships or entry points for working. Remember too that working with different actors – including community leaders – to promote gender norm change and men's engagement in ECD can take a long time. Start by building on your existing relationships with leaders and be prepared for work over a longer period.

## **Base your work on mutual respect and mutual values. Support leaders to find alternative interpretations of sacred texts and of ancestral traditions that still reflect core values, where these align with children’s and women’s rights**

Partnerships are most likely to be productive where there is mutual respect, trust, open dialogue, shared priorities and acknowledgment of the concerns that each party – your organisation and the community leaders and their institutions – might have about working with the other. Always base your discussions and work with religious leaders on shared values and common priorities. **Clarify and agree on where there is common ground and, if relevant, where action is already under way that can provide a starting point for collaboration.** Some likely starting points might be shared values focusing on the inherent dignity of the child, the importance of the family in the life of the child and an emphasis on reaching the poorest of the poor.

If concerns or differences are discovered, try to identify the root causes. Are they due to a misunderstanding of language used to articulate religious beliefs or cultural traditions – or equally of human rights? Are they due to fundamental and deeply held beliefs that are incompatible with child rights principles? Support faith leaders to find positive interpretations of spiritual, faith and religious values and sacred texts, which support gender justice, equality and men’s meaningful engagement. Likewise, support traditional leaders to find alternative positive practices that still reflect and are aligned with key cultural values.



**Tearfund and the We Will Speak Out coalition note that it is important to show religious leaders that you are not trying to “strip away people’s faith” and to emphasise partnership, and working from within scriptural and specific cultural contexts. Their approach helps religious leaders (and faith communities) to see that faith and gender equality are not mutually exclusive or incompatible, by showing alternative ways of behaving that are culturally relevant.**

## **Offer community leaders spaces to reflect on their own gender attitudes and experiences of masculinity. Focus on dialogue and reflection more than training or education**

It is important to acknowledge the concern that your staff may have: that many faith and traditional leadership structures and faith communities themselves are patriarchal, discriminate against women, marginalise women from formal decision-making spaces and deny them leadership positions. In many cases, faith leaders also use sacred texts as a precedent to justify and explain this situation, and to protect their own privilege. Dialogue with leaders can be instrumental in unpacking these complicated concepts. It provides a critical opportunity for them to reflect on their own attitudes around gender equality and their own experiences of masculinity.

## **Always seek to include female leaders in your work with male leaders**

Although the majority of faith and traditional leaders are male in most contexts, it is important to acknowledge and engage with female leaders, and to recognise that women of faith groups or the female partners of the community leaders can also be very influential. These women are also often the people who have access to and advise women and girls in conservative communities.

# SPECIFIC CONSIDERATIONS FOR WORKING WITH FAITH LEADERS TO TRANSFORM GENDER NORMS AND PROMOTE MEN'S ENGAGEMENT

## Remember that religious institutions and their members are not homogenous

Religious institutions are not homogenous in terms of their structure, the beliefs of their members and how their leaders interpret and implement sacred texts. Leaders within the same faith or community may have different levels of understanding or acceptance of male engagement or gender equality. You will need to understand this complexity and diversity in order to identify whom to work with, as well as your entry points for dialogue and partnership.

## Wherever relevant, work at different levels and with leaders from different faiths

You may want to engage directly with individual faith leaders in their churches, temples, mosques or communities. Given the sensitive nature of working with faith leaders on gender issues, you may also need to engage higher up the religious hierarchy or structure, with the people who have influence over these individual faith leaders at the local level. This will help to ensure that activities are co-owned, endorsed and supported by national actors and therefore are relevant to context. The activities will have “leadership” buy-in and good potential for sustainability. This will also help to mitigate any backlash. Don't forget that faith-based women's and youth groups and religious student associations may also be important and influential in communities – they may be key allies for your programme.

Religion is or could be a highly political issue in many contexts. So it is important that efforts to engage with faith-based communities are impartial and non-partisan. Timing is critical in establishing impartiality: key leaders from different faith and spiritual traditions should be engaged at the same time. In some contexts, it could be preferable to prioritise work with a recognised inter-religious body. In all contexts, it is recommended that you try to work with all the different faith-based communities that are influential, and as part of the process, promote inter-faith dialogue to foster collaboration between different leaders.

Remember too that working with faith-based communities to transform norms and practices may require a multi-pronged approach: engaging with theologians on interpretation of sacred texts and how these relate to gender and men's engagement, alongside work with the leaders themselves.

## Prepare your team to work with faith leaders

Experience in working with religious communities has highlighted the importance of staff having adequate knowledge, skills and attitudes for effective and constructive collaboration with faith leaders and their communities. People of faith working within your or within partner organisations can be particularly important for this process, as they can serve as a bridge to better understand religious traditions and to engage with religious communities.

### In terms of knowledge, this means supporting the team to do the following:

- Learn about the basic concepts, principles and teaching of religious traditions that are important in the communities where you are working. This can be done by reading, accessing information on the internet (including from the Ministry of Religious Affairs or equivalent, if this exists in your country) and also engaging with members of the faith communities (including those that work with your organization) in a spirit of inquiry.
- Identify the roles already played by faith communities in promoting and protecting children's rights.



- Identify and seek to understand human rights and child-related issues that may be contentious and potentially divisive in interactions with faith communities and find ways to address them without alienating or losing potential allies.

**In terms of attitudes, this means supporting the team to do the following:**

- Cultivate an openness and curiosity about the religious and spiritual traditions where we are working. Acknowledge the diversity of religious traditions and avoid pre-conceived notions regarding whether one tradition or another may advance child rights.
- Be aware of our own feelings and potential biases about religion, spirituality and those who identify with a particular religious tradition or those that might be different than our own. Be able to maintain a non-judgemental attitude about beliefs and practices that are different from our own, and to seek impartiality when partnering with more than one faith.
- Seek out common values and principles of our work that are shared by the faith communities with whom we may engage.
- Recognise that religious beliefs are not the only factors underpinning discriminatory gender norms. Some attitudes and behaviours that are understood to be grounded in religion are, in fact, rooted in other social norms and cultural traditions – some of which pre-date religious sacred texts. This distinction is important, because behaviours and practices that are based on other cultural traditions and social norms can potentially be challenged and addressed by faith leaders.
- Display respect through appropriate dress, greetings and protocols when meeting with members of the faith community in order to enhance the partnership process and promote mutual respect.

**In terms of skills, this means supporting the team to do the following:**

- Listen, learn and display respect for traditional values. When these seem incongruent with children's and women's rights, be able to mediate and negotiate to find the common ground with religious traditions.
- Learn to articulate and meaningfully convey the language of rights in the more commonly understood language and beliefs of the faith communities (for instance, perhaps talk about rights without using the word itself, which can sometimes serve as an immediate disconnect).
- Respectfully, but directly, confront fundamental challenges to children's and women's rights presented by faith communities.
- Be able to identify when the beliefs and practices of a specific faith community or leader are so far out of line with children's and women's rights principles that we should not pursue any sort of further interaction.

**Enlist the support of religious scholars and theologians and/or staff from FBOs for the programme**

Many organizations, including Plan International, may not have the expertise required to interpret and identify sacred texts that support male engagement in ECD and maternal health, wellbeing and empowerment. While some resources have already been developed to support male engagement in nurturing care and ECD, you may need to work with religious scholars and theologians who can help you to identify sacred texts that can be used in the programme. Likewise, it is worth identifying which FBOs are active in the intervention communities and may be interested in partnering and supporting this initiative. These may be key for helping you to reach out to new faith leaders locally, or to interact with the leadership structures of a particular faith community.

## **Support female staff to work with faith leaders**

Women often face specific barriers or challenges when working with faith leaders. For example, they may be excluded from particular locations, or their movements may be restricted within them. Discuss with female and male staff how these barriers can be addressed in order that female staff can participate on an equal basis to male staff in the interactions with faith leaders, without creating risk to female staff. This may often mean initially observing the faith community's protocols and expectations to gain acceptance and trust, and gradually working to sensitively challenge and deconstruct the patriarchal norms that limit women's participation and leadership over time.

## **Over time and where possible, introduce questions and reflections about the gender inequities of the patriarchal institutions that religious leaders represent into your interactions and actions with them**

Discuss the fact that these institutions are by and large influential sites of gender socialisation where gender hierarchies are maintained. It will not be possible to do this from the start, but as you build sufficient mutual trust and acceptability with these leaders and their institutions, you can introduce these questions and reflections into your interactions with them.

# **BEFORE YOU START: LAYING THE GROUNDWORK FOR MOBILISING AND PARTNERING WITH COMMUNITY LEADERS**

## **Start – wherever possible – by reaching out to and involving community leaders with whom you are already working**

If your organization has already been working in many communities for many years – as is often the case for Plan International – then staff often already know and have worked alongside the community's influential leaders, and may even be part of the local faith communities/ congregations. Getting community leaders involved in processes to promote new masculinities, new roles for men and women and women's empowerment may be easier if we have already established relationships of trust with them, including through working together on shared priorities that are less sensitive. Wherever possible, build on these existing relationships, rather than "starting from scratch".

## **Prepare the evidence that you can use to convince the leaders of the importance of this work**

This will vary depending on where you are working, what are the local cultural beliefs as well as which religious traditions are prevalent and their teachings. The evidence needed may include the following:

- Evidence about the importance of early years' development and women's health and wellbeing.
- Evidence about the situation in the local area with respect to ECD, maternal health and wellbeing and the related gaps and issues.
- Evidence about the importance of men's engagement for ECD and for the wellbeing of children, women, families, communities – as well as for men themselves (including testimony from men from the area).
- Tools that ground gender equality and men's engagement in ECD and in supporting maternal health/wellbeing within sacred texts. These are particularly useful, since religious doctrine is often used to justify inequitable gendered power dynamics within communities. Religious and

feminist scholars have documented many ways in which sacred texts promote women's rights and gender equitable norms, and resources exist that explain and describe these. (See Box 3 for more information.)

- Information about other communities – in the same country or other countries – where leaders from that religion or tradition have taken a leading role in support of positive change in men's engagement for ECD. (See Box 1 with some case studies.)

### Identify how you can mitigate any resistance or opposition to the programme

Backlash, resistance and opposition are possible, and even likely, when working with traditional and faith leaders to transform gender norms and relations.

- Resistance or opposition may come from the leaders themselves, who may feel excluded or who may perceive men's engagement in ECD, care work and maternal health, along with women's increased decision-making power, as being in opposition to their practices or beliefs.
- Resistance to working with faith leaders may also come from women's organisations and activists, who may view working with these leaders as reinforcing inequitable norms and the power of patriarchal institutions.
- Faith leaders who get involved in work to promote changes in gender norms and men's engagement may themselves suffer from a backlash and opposition from their peers, religious institutions or communities. Stigma – including experiencing shame and/or active shaming of leaders who support men's engagement and gender equality programmes – can also be a barrier that needs to be considered and addressed.

On the next page, you will find several mitigating strategies that you may want to consider when designing your work with community leaders.



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Potential risks	Mitigating strategies
<p><b>Opposition or backlash from faith, traditional or other community leaders or their communities</b>, who may perceive the project to be importing beliefs from the “outside”</p>	<ul style="list-style-type: none"> <li>● Engage leaders as early on as possible, during the planning of the initiative.</li> <li>● Secure the commitment of high-level leaders and their leadership or coordinating mechanisms. Foster dialogue with these leaders by holding learning forums and in-person meetings to gain their support and buy-in.</li> <li>● Ask religious leaders (or scholars) or traditional leaders to review the content of any materials or discussion guides that you will use for awareness-raising and reflection sessions with other faith or traditional leaders.</li> <li>● Engage with the media to ensure that the support of community leaders and their leadership structures in the project is highlighted, so as to address pushback from communities or other leaders. Highlight the voices of involved leaders in media outreach.</li> </ul>
<p><b>Opposition or backlash from women’s rights organisations and activists</b>, who may perceive work with faith, traditional or other community leaders as reinforcing the patriarchal authority of their institutions and their (mostly) male leaders</p>	<ul style="list-style-type: none"> <li>● Get women’s rights movements and groups involved right from the start, before you begin to approach community leaders. Explain your programme and reasons for engaging these leaders.</li> <li>● Invite activists and representatives of women’s organisations to participate in an advisory group for the project.</li> <li>● Partner with women’s organisations and activists to design the work with community leaders. Find out their concerns and integrate their recommendations into the project.</li> <li>● Involve activists and women’s organisations in designing and delivering opportunities for reflection and dialogue with community leaders, particularly faith leaders.</li> <li>● Promote interaction between religious leaders and women’s organisations and activists. This creates opportunities for leaders to hear from women, and enables women’s organisations to deepen their engagement with faith leaders and to hold them accountable.</li> <li>● Engage with the media to ensure that the gender transformative approach and women’s active leadership in the project is highlighted within any media coverage. Highlight the voices of involved women’s organisations or activists in media outreach.</li> </ul>
<p><b>Backlash from peer leaders, religious institutions and their communities against faith or traditional leaders</b> who challenge inequitable norms and practices and promote men’s engagement</p>	<ul style="list-style-type: none"> <li>● Provide ongoing support to engaged faith or traditional leaders. Meet with them and validate positive changes they have made. Assist them in addressing any immediate threats to their safety or security (where needed).</li> <li>● Develop a support group(s) or network of faith or traditional leaders who are challenging gender norms and promoting male engagement in ECD.</li> <li>● Secure the commitment of high-level faith or traditional leaders and their leadership or coordinating mechanisms from the very beginning, to ensure there is support from the very top.</li> </ul>

## Ensure that your monitoring and evaluation (M&E) framework will generate evidence to understand the effectiveness of your work with community leaders

This could include:

- assessment of changes in the knowledge, attitudes and behaviours of community leaders;
- changes in what members of their community feel that leaders expect in terms of behaviours, roles and decision-making powers of men and women;
- monitoring of what community leaders actually do to promote men's engagement in ECD and how gender transformative are the messages that they promote;
- collecting case studies and/or "most significant change" stories as a powerful way to share stories of change at the community level, as well as more widely.

Monitoring and reporting should also provide insight into progress towards outcomes relating to gender equality.

### Box 1: Experiences from partners on working with faith leaders

In Indonesia, Rutgers WPF has worked with Islamic leaders through MenCare+, or Laki Laki Peduli, to promote men's caregiving and gender equality. The organisation and its partners found success working with religious leaders who promote gender equality in their personal and professional roles. The documentary *A Little Piece of Heaven in Bondowoso* captures the story of Ustadz Muhammad Nur Salim, an Islamic teacher, and his work to promote equality and alternative forms of masculinity. See: <https://men-care.org/resources/surga-kecil-di-bondowoso-small-paradise-in-bondowoso/>

In the predominantly Muslim north of Nigeria, Islamic scholars have used verses from the holy texts to oppose maternal care, family planning and child vaccines because they believe it is haram, or forbidden, in Islam. In response, the Development Research and Projects Centre founded a programme, funded by Saving Lives at Birth, to reach Islamic scholars opposed to these forms of medical care into champions for MNCH. The organisation deliberately sought out male and female religious leaders who were suspicious of maternal healthcare. Fifteen of them were trained by Egyptian scholars specialising in Islamic teachings and maternal health, including representatives from the Egyptian Family Planning Association and Al-Azhar University. Listen to the story on [NPR](#).

## KEY STEPS FOR WORKING WITH COMMUNITY LEADERS

This section outlines some key steps with recommendations for working with community leaders to promote men's engagement in childcare and development. At the end, there is a template/ worksheet with questions covering the different steps. Do feel free to adapt and adjust these steps as necessary for your local context – remember, this is not a recipe book!

### Step 1: Identify and map who are the influential community leaders in the area where you will work

You will need to focus on community leaders – traditional, religious, political – who are respected and have legitimacy, power and influence in the communities. To find this out:

- ➔ Talk with staff members who know the communities well (and may live in one of the target communities).
- ➔ Consult community members to find out which leaders they rely on for advice, counsel or services related to the wellbeing and health of their families. Make sure that you get inputs from women and men of different ages, generations and groups. Make efforts to identify both male and female leaders and/or spouses.

- ➔ Remember that communities are diverse: multiple groups and influential leaders may co-exist within a given community. Make sure you identify all the influential leaders in a given community and do not assume that only one group has power or influence, or that they have the same beliefs.
- ➔ Identify organisations (including FBOs), networks or umbrella groups in which faith or other community leaders participate or through which they can be reached. These could potentially be allies for your work. Identify also other groups that might associate with religious leaders, such as women's groups/networks, Sunday schools and youth groups.

## **Step 2: Identify which of these leaders and institutions you may need to engage with, partner with or influence**

You will need to identify which of these influential leaders could potentially support or oppose your men's engagement initiative.

- ➔ Consult community members to find out which leaders and their institutions offer services of relevance for your programme (such as community health networks, community pre-schools).
- ➔ Consult members of women's groups or parents' groups to ask them which of these different leaders they believe could support changes in gender norms and roles and promote men's engagement in ECD, based on what they currently say or do. Ask them which leaders would oppose these changes and actions on the same basis.
- ➔ Consult with community development facilitators and members to understand what good entry points might be to engage with these leaders. Do they need to reach out to their leaders, or can you engage them directly? Is there a particular priority for them that you can use as an entry point for discussion?
- ➔ Consult partner organisations, local government or undertake a document review to find out more about the leaders and institutions that you identified in Step 1 in terms of their likely position on men's engagement in ECD and gender equality.
- ➔ Follow the same procedure to find out more about the leadership structure of the faith leaders and institutions identified in Step 1. Is there a formal, centralised or hierarchical system of designated leaders? Or is the structure decentralised with leadership residing closer to the community level? How far are local leaders influenced by higher levels within their institution? Do you need to speak to the leadership at higher levels in order to work with leaders at the community level, such as district level?

## **Step 3: Approach influential leaders to explain the programme. Use this as an opportunity to understand their position and to identify the leaders whom you will potentially "target"**

As with any community project or social or gender norm change intervention, it is important that community members – including leaders – are engaged right from the planning stage before you start project implementation. You can ask to meet about the proposed men's engagement in ECD intervention, both to explain the intervention and to hear the perspectives of the community leaders – and from this, to gauge whether they might be willing to support or are likely to oppose it:

- ➔ Identify whether you need to approach leaders at the community level directly, or – in the case of faith leaders in particular – first approach leaders at higher levels of the religious institution (as explained above).
- ➔ Approach leaders and other key representatives of their communities/leadership structures to explain the programme. Allow them to share their perspectives on the work that you plan to

do. Where appropriate, include government, development actors and community members in these discussions.

- ➔ Using appropriate language, share the information and evidence about ECD, men's engagement and the importance of the leaders' support that you believe will be compelling and will convince the leaders about the need for this initiative.
- ➔ Ask the leaders what their priorities are for their communities. Are they already implementing programmes that are, or could, support gender equality and men's engagement or ECD more broadly?
- ➔ Frame your proposed work in ways that speak to the interests of the leaders, without creating false expectations. Explore how your men's engagement in ECD initiative and their existing initiatives could potentially complement and reinforce each other.
- ➔ Explore whether they would be willing to endorse and support the men's engagement in ECD programme. If so, how do they think they could support and contribute to promoting men's engagement in ECD and support for gender equality? What resources or support do they think they would need to mobilise and support men to engage in ECD and promote gender equality?
- ➔ If the influential leaders identified express opposition to your work, try to discuss and understand their concerns. Clarify any misconceptions about your work and try to identify ways to address their concerns in ways that are aligned with a rights-based gender-transformative approach.
- ➔ Decide, based on these interactions and the information you have already gathered, which leaders you will want to target and how. Will you work with allies, opponents, or both? What will be the opportunities with each of these options? What will be the risks with each of these options – and how could you address these?
- ➔ Based on the leaders that you have decided to target, review how much you might need to tailor your approach to each of them as individuals. Remember that even if you decide not to interact in any way with leaders that strongly oppose the initiative, it can be a good idea to "keep the door open" for future dialogue.

### Box 2: Working with allies, opponents or both? – Opportunities and risks

- Leaders who already demonstrate some degree of support for gender equality may be easier to engage and more open to male engagement.
- Excluding leaders who are resistant to change may lead to them to oppose the work that you are trying to do even more forcefully.
- In some communities, opponents may outnumber allies or you may not find many influential allies. In these cases, if you decide to work only with the allies, they may have little collective influence and may not be able to promote significant change.
- Although more difficult, if you manage to change the attitudes and perceptions of the opponents, you may have greater potential for changing the norms and peoples' behaviours.

### Step 4: Offer community leaders opportunities for reflection and joint learning around ECD, gender equality and men's engagement

If community leaders are going to support and work with men and women in their community to promote men's engagement in ECD, then they may need an opportunity to reflect first on their own attitudes and expectations. These reflections could centre on gender equality and the roles

of men and women; on their own experiences of masculinity; and on how existing gender norms and attitudes are harmful to them and to others. The leaders will often also need information and tools that they can use to communicate about how male engagement in maternal health and in ECD improves women's, children's and men's own lives. Ideally these opportunities for reflection and learning together will result in leaders endorsing male engagement and gender equality, and communicating to their community that this is the way that they expect men to behave. It will also result in the leaders themselves being engaged partners and fathers. When they do this, they are helping to create the new "normal" in terms of expected behaviours – and people around them are more likely to follow suit.

- ➔ If you plan to work with both allies and opponents, decide on whether you need to tailor your approach for each group. Just as with implementing men's or couples' groups (see chapter 2), it may be better to start first by working with the allies, and then support these allies to reach out to and engage with other leaders from the same community who are opponents.
- ➔ Build a shared understanding of the rationale for men's engagement in ECD in the project design stage.
- ➔ Partner with women's organisations or the relevant ministry or department of women's affairs or gender equality to ensure the content of any guide that you will use for discussion and reflection with leaders is grounded in women's rights and gender equality principles and national commitments. These partners can assist in designing or reviewing the guide, and in conducting the reflection sessions (if that is appropriate within your context).
- ➔ If working with more than one type of community leader, consider whether you need to adopt or tailor different approaches for each type of leader, and conduct separate reflection sessions. This could be particularly important if you are engaging with faith leaders and other types of leaders, or leaders of more than one faith.
- ➔ When designing a discussion or reflection guide to use with faith leaders, obtain inputs about its content and themes from faith leaders or their leadership structures. Use this process as an opportunity to openly discuss contentious issues and concerns and to identify and draw on sacred texts. Ensure that the leaders have the chance to review the final discussion/ reflection guide prior to the sessions starting, in order to guarantee that the guide is appropriate and has their buy-in.
- ➔ Identify, prepare and support adequately the people who will facilitate the reflection sessions with the community leaders. Chapter 2 on reaching men and their partners provides general recommendations for the facilitators that are equally relevant for these sessions. You may want to engage and train representatives and partner staff from FBOs as facilitators of reflection meetings with faith leaders.
- ➔ As with the men's/couples' group sessions, consider starting your discussions with community leaders on less sensitive themes, such as the importance of ECD and what young children need to thrive and develop – as well as the importance of maternal health and wellbeing – before moving on to the reflections on gender equality, norms, roles and relationships. Again, be careful about the language you use to discuss gender, so as not to create resistance unnecessarily.



### Box 3: Resources to use for your reflection sessions

The [Fathers Club Manual](#) for the Multi-Country SHOW Project has sessions that you can use with community leaders. The [Faith, Gender and Sexuality Toolkit](#) developed by the Wits Centre for Diversity Studies, the Institute of Development Studies and Sonke Gender Justice also has content you could use in reflection sessions or meetings with faith leaders specifically. For all leaders, it may not be possible or appropriate to include role plays or games, but you can use the guiding questions and key messages to facilitate discussion, reflection and dialogue. You can also share some of the [Global MenCare films](#) to spark discussion. Below are some activities that may be useful:

- Gender attitudes and roles. Activity 3: *Values Clarification*; Activity 5: *The Man Box*; and Activity 6: *Gender Stereotypes*, from the SHOW Fathers Club Manual
- Gender norms within religion (for religious leaders). The activity *Debating the Issues* from the Faith, Gender and Sexuality Toolkit
- Power. Activity 7: *Persons and Things* from the SHOW Fathers Club Manual, or the activity *Who is On Top?* from the Faith, Gender and Sexuality toolkit
- Healthy relationships. Activity 13: *Who Makes Decisions*; Activity 14: *What is Violence?*; and Activity 16: *Healthy Relationships* from the SHOW Fathers Club Manual. For religious leaders, it can be especially beneficial to accompany discussion of these topics with discussion of whether or how religious texts describe or promote healthy, equitable relationships.

### Step 5: Work alongside leaders to promote men's engagement in ECD in their communities

Identify through the reflection sessions and meetings, which leaders are willing to be involved. Ask them how they think they can work with their community and what resources and supports they might need. There are different ways community leaders can be supported to promote change:

- ➔ Community leaders can themselves model being engaged men, thus demonstrating that the new behaviours are “normal”.
- ➔ Community leaders can make public declarations committing themselves, and calling on others, to take positive actions in support of ECD, maternal health, male engagement and gender equality. *You could, for example, invite a leader to voice his or her commitment to promoting male engagement in childcare or antenatal care at an advocacy event or at a session with other leaders.*
- ➔ Community leaders can provide information on male engagement and ECD through existing structures or regular events such as Friday prayers, Sunday service, community forums or marriage counselling. Consider providing tools and resources with clear, accurate messages for the leaders to use as part of their routine activities.
- ➔ Community leaders can help you to identify “early adopters” – men who are already engaging as nurturing caregivers in support of their young children’s development – even when this does not reflect shared community expectations – and to build support groups of early adopters.
- ➔ Community leaders can open up opportunities to engage community members in deeper sharing and critical reflection and dialogue on ECD, men’s engagement and gender equality with their communities – for instance by convening meetings or creating space to discuss men’s engagement in other ongoing processes. (See Box 4 for more about this.)

- ➔ Community leaders can be powerful partners in asking for policy change, recognising that in many contexts, they have influence on policy makers. *You could invite key leaders to speak out on certain issues, but be selective and provide support to ensure a clear, unified message is conveyed.*

#### **Box 4: Creating spaces for community dialogue and critical reflection about gender norms and men's engagement**

Consider whether you can support community leaders to create opportunities for dialogue and discussion for the broader community, as these can be an important step to support community-wide decision-making about the need for change and agreement about what changes can be made. Just like men's groups, in effective community-led dialogues, facilitators should not "teach" participants about the "ideal" gender norms they should have or the "right" way to behave. Rather, they help participants to share how their lived experiences affect the wellbeing, health and happiness of different individuals and groups within their community. They will often involve different steps, including:

- awareness-raising (including opportunities to reflect on and challenge the implicit assumptions that everyone in the community holds the same views, experiences and preferences);
- agreement among members of the community about shared values that are important and that they wish to preserve, as well as shared aspirations for how they would like things to change;
- and collective decision-making about what behaviours will be considered typical and appropriate from now on.

Just like the men's groups, supporting community critical reflection usually requires facilitators who are capable of managing sensitive conversations around gender and power; and who are kind, compassionate, conciliatory and can avoid blaming, making accusations or "telling people off". This process of community dialogue and reflection may take months (rather than a series of short workshops). Rather than this being a "standalone" process focused only on men's engagement, you could see how to weave this issue into broader conversations in the communities about discriminatory gender norms and the behaviours that they influence – including for instance, child, early and forced marriage.

The following documents provide useful information about community critical reflection and dialogue for gender norm change:

- Beniamino Cislighi (2019). *The potential of a community-led approach to change harmful gender norms in low- and middle-income countries*. ALIGN
- Prevention Collaborative (2018). *Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women*.

### **Step 6: Provide ongoing support to community leaders as they work to promote men's engagement**

Work with community leaders to foster social change will often require long-term engagement, including time to build relationships and trust. Leaders are likely to need continued support when facing resistance or pressure from their communities when attempting to change norms or power structures, or when promoting the adoption of new behaviours.

- ➔ Before they start working with their communities, explore whether the leaders may themselves face any risks with this work – and how these could be mitigated. Ensure that you periodically conduct this risk assessment as the project continues.

- ➔ Hold periodic follow-up meetings or peer dialogue sessions with the leaders to identify challenges, assist with solutions and validate and support positive changes. Before the project funding ends, plan how these meetings can be continued.
- ➔ Consider creating a support network for the involved leaders. In the case of faith leaders, consider holding inter-faith dialogues to foster connections among different religious leaders (where appropriate).
- ➔ Engage more experienced faith and traditional leaders in supporting others. They have first-hand experience and can offer suggestions on how to address potential barriers or backlash. Mentorship can also promote sustainability, as these leaders will be able to provide continued guidance after the reflection sessions.
- ➔ Organise further knowledge-sharing or networking events or refresher sessions for reflection and learning, where possible and needed.



Worksheet with key steps for engaging and mobilising community leaders

Questions/themes to investigate	Information/data
<b>Step 1: Identifying and mapping leaders</b>	
1) Which religions or religious institutions are present in this community/these communities? <ul style="list-style-type: none"> <li>• Which religious leaders – male and female – are present in this community/these communities?</li> <li>• Which religious leader(s) or institution(s) have the most power and influence in this community? Who do people turn to and listen to?</li> <li>• Are there faith-based organisations, networks or groups working in these communities? Which are influential for the community? Which are working with the influential leaders you have identified?</li> </ul>	
2) Which traditional leaders – male and female – are present in this community/these communities? Which have the most power and influence in this community? Who do people turn to and listen to?	
3) Which political leaders – for instance, elected village officials – are present in this community/these communities? Which have the most power and influence in this community? Who do people turn to and listen to?	
4) Are there other adults – male or female – who are influential and seen as thought leaders in the community/communities – even if they are not a religious/traditional/political leader? Who are they?	
5) Do the influential leaders you have identified participate in any networks, coalitions or umbrella groups? <ul style="list-style-type: none"> <li>• Do we already have working relationships with these? Could any of these be avenues for engaging with the leaders whom we don't yet have a relationship with?</li> </ul>	

Questions/themes to investigate	Information/data
<b>Step 2: Identify which of these leaders and institutions you may need to engage with, partner with or influence</b>	
1) Do any of these leaders oversee community-based interventions (such as parenting programmes, community health networks, community pre-schools) that could be supported to be welcoming of fathers? If so what programmes do these support?	
2) According to community members, what views do the influential leaders have about male engagement in ECD, gender equality and women's health and empowerment?	
3) Which of these different leaders do men and women in the community believe could support changes in gender norms and roles and promote men's engagement in ECD? <ul style="list-style-type: none"> <li>• What have the leaders said, or what actions have they taken to demonstrate their support?</li> <li>• To what extent do these leaders challenge gender stereotypical roles with respect to household decision-making, childcare, domestic chores, etc. in their day-to-day actions and communications?</li> </ul>	
4) Which of these different leaders do community men and women believe would oppose changes in gender norms and roles and men's engagement in ECD? <ul style="list-style-type: none"> <li>• What have the leaders said, or what actions have they taken to demonstrate their opposition?</li> </ul>	
5) How much power do the leaders who are influential in the community/communities have to make change? Who has the power? <ul style="list-style-type: none"> <li>• What is the decision-making structure within the religious institutions of which the religious leaders are part? Is there a formal, centralised or hierarchical system of leadership within the institution? Or is the structure decentralised with faith leaders at the community level able to take decisions and act independently?</li> <li>• What is the decision-making structure within which traditional leaders or political leaders are part?</li> </ul>	
6) What might be the best entry points to engage with the influential leaders? <ul style="list-style-type: none"> <li>• Do we need to speak to the leadership at higher levels of their institutions (religious, political etc.) to get their buy-in and support, before approaching leaders at the community level?</li> <li>• What are the protocols of the religious community that we should adhere to if we want to approach faith leaders at the different levels?</li> <li>• What are the protocols of traditional leadership structures that we should adhere to if we want to approach traditional leaders?</li> <li>• What are the protocols of local government or institutions if we want to approach political leaders?</li> <li>• Might there be specific themes or events that provide an opportunity to contact and approach the leaders at the different levels?</li> </ul>	

Questions/themes to investigate	Information/data
7) What are the values, principles, tenets and teachings of the religious community/communities that are present and influential in the areas in which you will work, with respect to gender roles, expectations and relationships?	
<b>Step 3: Approach influential leaders to explain the programme. Use this as an opportunity to understand their position and identify the leaders whom you will potentially “target”</b>	
1) What type of evidence or messaging will appeal to these leaders? Is there data that you can use? Have you collected case studies from your locality or from other communities where leaders (religious, traditional, political) have supported gender norm change and men’s engagement in ECD?	
2) How do you plan to approach the influential leaders whom you have identified? For example, will it be a one-on-one meeting, an event in the community or municipality/district? Do you need contacts to facilitate an introduction?	
3) Have you identified which staff – male and female – will be involved in approaching the influential leaders and ensured that they are adequately prepared for the process?	
4) On the basis of your initial discussions with leaders to explain the proposed project, have you decided which leaders you will target for the initiative?	
5) Have you identified any risks for the leaders you hope to engage, and how you can best mitigate these risks?	
<b>Step 4: Offer leaders opportunities for reflection and joint learning around ECD, gender equality and men’s engagement</b>	
1) Which leaders do you plan to invite to the reflection and learning sessions? <ul style="list-style-type: none"> <li>• Have these leaders ever received any training on ECD, male engagement or gender equality?</li> </ul>	
2) What are the objectives of these reflection sessions? What content do you need to develop to support the achievement of these objectives?	
3) Who should provide input for and review the discussion/reflection guide and its content/themes? <ul style="list-style-type: none"> <li>• In the case of religious leaders, are there key religious leaders, theologians/religious scholars, government representatives or representatives who should be involved? If so, have you invited them to take part?</li> <li>• Have you also ensured that representatives from women’s rights organisations are included on the advisory board for developing the discussion/reflection guide and its content and themes?</li> </ul>	
4) Who will facilitate the meetings or sessions with the leaders? <ul style="list-style-type: none"> <li>• Have you ensured that they are adequately prepared?</li> <li>• Have you ensured that the facilitators have the resources and support needed to conduct the sessions with the leaders?</li> </ul>	

Questions/themes to investigate	Information/data
5) How will you attract leaders to the process and keep them involved? <ul style="list-style-type: none"> <li>• Can you also get senior leaders involved in the process? How much will you need to tailor the programme to individual needs?</li> <li>• Do you need to target some leaders first (such as allies) before targeting opponents?</li> </ul>	
<b>Step 5: Work alongside leaders to promote men’s engagement in ECD in their communities</b>	
1) Have you identified with each leader how they would like to work with their congregation/community and the resources that would help them to do this?	
2) Have you developed or provided the resources that will support the work of the leaders? This might include for example, a summary of the rationale for engaging men, or clear guidance on strategies to engage men.	
3) Have you identified where it might be feasible and relevant for leaders to make public declarations to show their support for men’s engagement and ECD?	
4) Have you identified advocacy processes – at local and national levels – which the leaders could potentially engage with and influence? Have you facilitated their involvement in these?	
<b>Step 6: Provide ongoing support to leaders as they work to promote men’s engagement in ECD and gender equality</b>	
1) Have you ensured ongoing identification of any risks that leaders who are involved in this work may face, and how these can be identified, including in the project risk matrix?	
2) Are you supporting opportunities for leaders to come together regularly to reflect on progress and identify how to address challenges?	
3) Are you supporting opportunities for continued learning and reflection for the leaders?	
4) Is some form of support structure needed for the leaders – such as a network or mentoring from more experienced peers? If so, have you supported the implementation of this?	
5) Have you planned for how these support and continuous learning mechanisms will be sustained, once the project comes to an end?	



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## CHAPTER 6: INFLUENCING CHANGES IN EARLY CHILDHOOD DEVELOPMENT AND SOCIAL PROTECTION POLICY IN FAVOUR OF MEN'S ENGAGEMENT

This chapter provides guidance for influencing and advocacy work aiming to change laws, policies or government regulations so that these enable and support increased male engagement in nurturing care and Early Childhood Development (ECD). While it does not describe all the steps and tools of advocacy planning in depth, it aims to provide sufficient information to support countries to systematically design and implement policy advocacy plans to influence changes in public policy in favour of men's engagement – particularly in ECD (including health and early education) and social protection policy. It covers:

- An introduction, including a description of what we mean by policy and policy change
- Key steps in the design and implementation of an influencing strategy
- Templates and worksheets for the different steps

## INTRODUCTION

This chapter draws extensively on the [Mencare \(2018\) Advocacy Guide for Mencare partners: male engagement in maternal, new-born and child health/sexual and reproductive health](#)<sup>75</sup> developed by Promundo and Plan International Canada through the SHOW project, implemented from 2016 to present, and funded by the Government of Canada. Just as in this advocacy guide, policy advocacy is understood to mean **a process that aims to influence changes in public policy** – namely the laws, policies, strategies or other types of regulation adopted and upheld by governments (or other governing bodies that have local, national, regional or international reach), as well as the plans and budgets for implementing these.

Effective policy advocacy can lead to:

- the implementation of existing policies or regulations (including through dedicated human and financial resources);
- improvements and changes in existing legislation or policies that are needed (because, for instance, they are not aligned with human rights frameworks, are unclear or misinterpreted, or because they negatively impact particular individuals or groups);
- the establishment of new policies or regulations.

In the case of male engagement programming, a broad goal for influencing could be as follows:



*“local and national governments implement policies and programmes that promote men’s shared responsibility for the care, upbringing and development of their young children, and men’s support for the wellbeing, health and agency of female caregivers”*

Policy advocacy processes typically involve:

- analysis of existing policies to identify what needs to change;
- analysis of policy-making processes to identify windows of opportunities for advocacy;
- development of policy positions and recommendations as well as policy briefings;
- working to directly influence primary targets – law and policy decision makers – through different methods, including lobbying, face-to-face meetings or policy briefings and events;
- working to indirectly influence these decision makers with and through secondary targets – such as the media, community members or other key stakeholders – by conducting campaigns, community mobilisation activities or educational activities so that they, in turn, influence the primary targets.

## KEY STEPS IN THE DESIGN AND IMPLEMENTATION OF AN INFLUENCING STRATEGY

In the section that follows, we describe the key steps usually followed to design and implement a strategy to influence policy change in order that key services support men’s engagement and public policy and programmes overall promote men’s shared responsibility for child-rearing and care work, and men’s support for gender equality.

Step 1: Analyse the situation – how are men engaged and what are the policy gaps underpinning their limited engagement?

Step 2: Identify who has power and influence over policy related to male engagement

Step 3: Identify priority policy changes, your advocacy goal and specific objectives

Step 4: Confirm targets and identify influencers, allies and potential opponents

Step 5: Identify potential risks and unintended negative consequences, and how these should be mitigated



Step 6: Develop key messages that will resonate with your targets and influencers

Step 7: Elaborate your policy advocacy implementation plan

Step 8: Begin implementation and ongoing monitoring

Across each of these steps, it is important to remember that the foundation for effective influencing work is field-based experience, evidence and relationships. For this reason, it is essential that influencing work is rooted in your organization's own work with men and women and – wherever relevant – supports the participation of these same men and women in the different steps of the influencing strategy.

Please note that you are not expected to follow these steps rigidly: the order may be changed and some steps may be implemented in parallel. As you plan, remember also that sometimes influencing may take years to reach your goals, depending on the nature of the change that you are seeking. While there may be opportunities for “quick wins”, medium- to long-term planning is often necessary. It is also crucial to have intermediate outcomes so that you can track progress towards achieving your goals.

### **Box 1: Lessons from MenCare: Creating opportunities for synergy through an integrated programming and influencing approach**

As much as possible, it is important to integrate influencing processes with programming that promotes men's engagement. Men and couples participating in gender transformative programmes are vital partners to inform and strengthen the influencing work. In Rwanda, MenCare partners advocating to remove barriers to men's participation in antenatal care and delivery invited men from their fathers' groups to participate in training sessions for health providers. The sessions, organised with the Ministry of Health, provided an unusual opportunity for health providers and policy makers to hear men's and women's own experiences. This created an important dialogue on the challenges that men faced when attempting to be more involved and led to concrete commitments from health officials. Opportunities like this can help your influencing to move beyond abstract concepts and can highlight the reality of men's and women's experiences within different services.

### **Step 1: Analyse the situation – how are men engaged and what are the policy gaps underpinning their limited engagement?**

The first step in developing your policy advocacy priorities and objectives is to undertake **an evidence-based situation analysis** and policy analysis using available data and information – for instance, secondary data, data/information from your project baseline and causal analysis (including gender analysis) or formative research. The aim is to identify:

- the level of men's engagement in nurturing care/ECD and/or maternal health;
- whether there are any barriers or obstacles to men's engagement at the level of key services (including MNCH and nutrition services, Early Childhood Care and Education (ECCE) services);
- what policies currently exist that are relevant to men's engagement in ECD (and maternal health/wellbeing) – and to what extent these enable, promote or block men's engagement;
- whether and how existing policies may need to be adapted or improved to better promote and enable male engagement in ECD and maternal health/wellbeing;
- where completely new policy to promote and enable men's engagement in ECD and maternal health may be needed.

Policy areas that you might want to review include the following:

- ➔ To what extent do ECD or relevant sectoral policies (such as MNCH or early childhood education) enable or prevent men's engagement in the care and development of their young children, or men's support for maternal health and wellbeing?

- ➔ To what extent do the regulations and standards for relevant services (such as MNCH or ECCE/pre-primary education services) enable or prevent men's engagement?
- ➔ To what extent does the national early childhood workforce policy make early childhood education and early grades of primary school teaching a valued and attractive option for both men and women in terms of remuneration, training, recognition and career progression? To what extent are men targeted for enrolment in early childhood workforce training and recruitment into the early childhood workforce?
- ➔ To what extent are social protection policies available to and inclusive of men, as well as women? Is there a parental leave policy? Does it cover paternity leave as well as maternity leave? Is there a policy in place promoting the redistribution of care work and the involvement of men in care work?

You can use the policy analysis template at the end of the chapter to identify and assess which policies, strategies, regulations/protocols and budgets are in place in your country that affect men's engagement in nurturing care, ECD and maternal health/wellbeing – and who is responsible for shaping and enforcing these. This template contains some examples of the types of laws, policies, regulations and procedures that could be analysed.



In some cases, policy objectives or commitments pertaining to male engagement may be articulated in the national or sub-national women's or gender policy/strategy – or in specific policies on gender responsiveness in health, social protection or education services. In addition, policies that may affect men's engagement in ECD and support for maternal health can exist at the national, provincial, district, sub-district or service levels, and may be implemented or enforced by individuals and institutions at different levels, such as the ministries of health, education or social affairs, national board of education, district health office, or local health committee, etc. It is therefore important to review existing gender policies, relevant sectorial policies (health, education, social protection), as well as policies existing at different levels (national, district, local), as all of these may refer to, promote or hinder men's engagement in ECD and/or maternal health. It is also important to note during the review whether there are differences or contradictions in the policies from different sectors (e.g. health or education) or at different levels, as these inconsistencies might eventually be a priority for advocacy.

## Step 2: Identify who has power and influence over policies related to men's engagement

At this point you should confirm the institutions and individuals – the key law and policy decision makers at different levels (identified in Step 1) - whom you may need to influence so that they support and lead policy change for men's engagement – i.e. the actors that will potentially be your advocacy targets. You should also identify whether there might be influential groups that may oppose change in policy supporting male engagement. For instance, in several countries there has been a “backlash” from organised groups of men (and some women) who argue that gender equality and women's empowerment initiatives have gone too far or have short-changed men and boys. These groups may be in a minority, but they are also visible, vocal and potentially influential in some settings and may work to derail dialogue about gendered power relations and norms.

A simple matrix, such as the one below, can help to identify who has power, who is interested and who is influential with respect to policy promoting male engagement. This will help you map who may potentially be your primary advocacy targets.

	Low level of influence over the issue	High level of influence over the issue
High level of interest about the issue		
Low level of interest about the issue		
Opposing interests about the issue		

### Step 3: Identify priority policy changes, your advocacy goal and specific objectives

There may be many different policy asks that will contribute to the broad influencing goal that was described at the beginning of the chapter: that **local and national governments implement policies and programmes that promote men’s shared responsibility for the care, upbringing and development of their young children, and men’s support for the wellbeing, health and agency of female caregivers.**

For policy and advocacy work to be effective, it is important to be focused and to create a clear policy “ask”. Your priority asks will usually reflect the key gaps that you have identified in the previous step and that you think can feasibly be changed.

Remember that your priority asks do not always need to refer to new policies – nor do they always need to be at the national level. A policy ask can be directed at regional, national, provincial/state, district, sub-district or community levels, and can seek for key individuals or institutions to:

- develop a new policy
- change an existing policy
- adopt a policy that is under review or in draft form
- block the adoption of a policy that you assess would have negative consequences
- implement or fully resource (human and financial) an existing policy or strategy
- monitor and evaluate the implementation of existing policies
- increase or diversify funding for a policy or strategy
- involve key stakeholders from civil society in policy development, review, implementation or monitoring.

You should, ideally, try to define the policy ask(s) as specifically as possible. Specific asks would look like the following examples:

- ➔ Remove regulatory barriers that exist and that prohibit men’s presence and participation in MNCH services.
- ➔ Put in place protocols or standard operating procedures (SOPs) – such as clinic management protocols – that promote and support men’s engagement in MNCH services (for instance, by offering alternative clinic hours in the evenings or at weekends to accommodate working fathers [as well as mothers]).
- ➔ Improve health services infrastructure (e.g. maternity wards with privacy partitions that can enable women [who wish to] to have their male partners present during labour and delivery).
- ➔ Ensure that pre-school teachers working in public pre-primary institutions are trained and have the skills necessary to promote and support men’s engagement in the education and early learning of their young children.

Once you have identified your policy priorities, you will need to **define your advocacy goal and objectives – as well as the indicators that you will use to measure your progress**. Your goal, objectives and indicators should directly relate to and reflect your priority policy ask(s).

**Your advocacy goal** usually refers to the impact that you seek to contribute to. It is a higher goal and conveys a vision for the future. As such it is usually long term. For example, overall higher goals that your men's engagement work aims to contribute to might be:

- increased numbers of children who receive care and protection from parents/caregivers and have on-track physical, social, emotional and cognitive development;
- increased numbers of women who attend the recommended eight antenatal care visits and give birth with a skilled birth attendant.

It is important to explain how men's engagement will contribute to these higher goals – and how men's engagement is, therefore, the means and not the end of your work. This will help law and policy decision makers to understand how your specific policy asks and objectives for men's engagement aim to contribute to their overall health and development goals, *as outlined in their policies and strategies*.

**Advocacy objectives** meanwhile refer to the incremental and realistic steps needed towards reaching this larger goal or vision. An advocacy objective should outline the specific changes you aim to achieve in policies, programmes or positions of governments, institutions or organisations. They should be time-bound, targeted and measurable and should articulate the specific action that key decision makers from a specific institution will take.

In the previous step you identified which individual(s) from which institution(s) are responsible for creating or enforcing the different laws, policies, strategies and regulations that you want to influence through your policy advocacy work: these people will often be your primary targets. Don't forget, though, that sometimes the most obvious "targets" – for instance, policy makers from the ministries of health and education – are not necessarily the most influential and important. In many countries, for instance, the Ministry of Finance is a key actor determining which policies are budgeted and financed and, therefore, are more likely to be fully implemented.

Having clear and concrete advocacy objectives makes it easy for the policy and decision makers (who have the power to make the change) to understand what you are asking them to do. If your ask is not clear, it's unlikely that your efforts will result in the type of change you want. Finally, having a clear objective will also assist you in identifying the best advocacy messages and strategies to employ.



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## Defining indicators

Once you have identified your goals and objectives, you will need to define the indicators that you will use to track progress towards these. You may need to identify three types of indicators:

- indicators for the project/advocacy goal
- indicators to help you track progress towards achieving the specific advocacy objectives
- indicators that measure changes in knowledge, attitudes and behaviours among the primary targets (the law and policy decision makers) and that are needed *before* these actors will lead or support any changes in policy.



You can use the worksheet for Step 3 that is included at the end of this chapter to define and describe your advocacy goal and objective(s) related to men's engagement in nurturing care, ECD (and maternal health/wellbeing). This table can also be used in later steps to inform the development of your influencing strategy. In the template, we have provided – **as an example** – ideas for objectives and indicators for advocacy goals, objectives and indicators related to men's engagement in MNCH (these are drawn from the Plan International Canada/Women and Their Children's Health project [SHOW]).

## Step 4: Confirming primary targets and identifying potential allies/influencers (secondary targets)

The mapping that you conducted in Step 2 can also be helpful to identify the individuals or organisations that could be allies in advocating for this issue. When you work with other organisations with similar goals and interests, you can speak with a stronger voice. Other actors and organisations may also have greater influencing power over your primary target(s) as well as over any potential opponents. This means identifying whether there are influential actors in government who support this issue – or other organisations or groups that are also conducting advocacy related to your policy priorities. The most important potential allies will usually be organisations with high levels of shared interest and high levels of influence.

You can use the simple template below to register the information about primary and secondary targets.

Step 4 Worksheet: Identifying targets, influencers and allies	
Questions/themes to explore	Comments
1. What policy (or policies) do you want to target in order to promote men's engagement in nurturing care, ECD and maternal health and wellbeing?	
2. What is your specific policy "ask" (or desired policy change) that will encourage men's engagement in ECD and/or maternal health and wellbeing?	
3. Which individual(s) or institutions have the power to make the changes that you seek – and will, therefore, be the primary targets of your advocacy?	
4. Which individuals or organisations will be allies in advocating for this issue? Are there influential actors in government who support this issue? Are other organisations or groups currently conducting advocacy in support of this issue?	
5. Which individuals or organisations might oppose this policy change? How can their impact and influence be minimised and who could help with this?	

## Step 5: Identify potential risks and unintended negative consequences and how these should be mitigated

Advocating for men's engagement in ECD and/or maternal health is part of a larger gender transformative strategy to contribute to improving maternal and newborn health, children's development and learning, and gender equality. As such, when developing an advocacy strategy, it is important to recognise the risks that advocating for policy changes on male engagement in ECD and/or maternal health may have on women's health, agency and autonomy. For example, some policy changes, which have good intentions, can have unintended consequences that lead to practices or behaviours that undermine or restrict women's health and autonomy, or further privilege men over women. Therefore, it is critical to consider any potential consequences that could arise in your specific context, when advocating for policy changes for male engagement; and decide how to mitigate them.

Box 2 explains unintended negative consequences that have occurred in some programmes when promoting men's engagement in MNCH and sexual and reproductive health (SRH) and that need to be considered. There may be other risks specific to your context. While the examples refer specifically to MNCH, the principles will be similar with regards to promoting men's engagement in ECD.

### Box 2: Potential risks and negative consequences of policy influencing for men's engagement in MNCH/SRH

In some cases, policies to promote male engagement in MNCH and SRH have been implemented in ways that unintentionally restrict women's access to health services. For example:

**Reducing or denying women's access to services:** Policies promoting men's engagement sometimes frame men's participation in antenatal care (ANC) as obligatory – with women requiring the presence of a male partner in order to access the service. In other situations, due to unclear policies or limited understanding of the policies, healthcare providers may interpret and implement men's engagement policies in ways that require women to be accompanied by a male partner or put significant pressure on women to involve their partner when they do not wish to do so. As a result, women seeking ANC services without a male partner – whether because they do not have one, or their partner is unavailable, or they do not wish their partner to be present – are sometimes denied access to the ANC services, posing a significant risk to their health. In addition, some policies have sought to promote male engagement by providing preferential treatment to women who are accompanied by a male partner – providing them with services before women who arrived earlier but came alone. Strict performance indicators (or financial incentives) for health facilities to engage men in particular MNCH and SRH services can contribute to this problem, leading women to be denied access to services and to be denied their rights.

**Increasing men's control over women's health and decision making:** Promoting men's participation in MNCH and SRH services, such as family planning, ANC, labour and delivery, may also unintentionally undermine gender equality efforts by creating situations where men are given control over decisions regarding women's bodies and healthcare. Where healthcare providers have not been trained on gender responsive health services, they may defer to men during MNCH or SRH consultations or ask them to make decisions on women's own healthcare.

In these situations, policy changes intended to promote women's health and gender equality have had a detrimental impact on women, particularly adolescent girls and young women. Male engagement in MNCH and SRH policies should by no means be promoted in ways that deter or deny women access to health services or limit women's decision making about their own bodies.

You will need to decide how to mitigate these risks from the very start. There may be cases where the assessed risks are too great and cannot be managed; in which case you may decide that this is not the right moment to promote change in this particular policy – or that you need to change your policy ask.

Promundo’s experience is that there is no single strategy or answer for how to avoid these risks or negative consequences. They recommend the following:

- Firstly, you identify examples of policies that have worked well, as well as those where there were unintended negative consequences. Analyse why the results were different and share this information with policy makers in clear, accessible ways. For instance, you could develop a policy brief that summarises the existing evidence and best practices related to your proposed policy change.
- Ensure that all messaging highlights the importance of guaranteeing that male engagement policies are grounded in gender equality principles. These principles include a woman’s right to choose whether she wants her partner to be present at ANC visits, labour and delivery or for postnatal care. Policies promoting men’s engagement must not require men’s participation, nor should they prioritise men’s engagement over women’s care (e.g. giving preferential treatment to women accompanied by a male partner). All messaging should be gender transformative and avoid framing male engagement as a favour to women.
- Any advocacy for changes in policies and procedures includes advocacy for investment in adequate training for any public providers who will be responsible for implementing these.
- You avoid advocating for the inclusion of performance targets or incentives related to male engagement. Experience has shown that these tend to have negative consequences. For instance, people may stop working to engage men if the incentive is removed (because this was the driver for their work – rather than a belief in the importance of men’s engagement) or – as Box 2 explains – women who are not accompanied by men may be de-prioritised for service provision.

You can further mitigate any potential pushback or risks related to your proposed policy change by raising awareness among and collaborating with key allies and potential partners – and by mobilising public support. This is discussed in the next steps.

You can use the following simple template to register the potential risks and how these could be mitigated.

Question	Comment
What risk(s) could there potentially be to women’s health, agency or autonomy related to your specific advocacy goal and objectives for men’s engagement? Are there any risks for the men themselves, or for young children? <i>(You could identify risks that have emerged during men’s engagement work in your own country or other contexts.)</i>	
Can the identified risk(s) be mitigated? <ul style="list-style-type: none"> <li>• If yes, how?</li> <li>• If no, do you need to change your policy ask?</li> </ul>	
Who might you need to target with these risk mitigation strategies?	

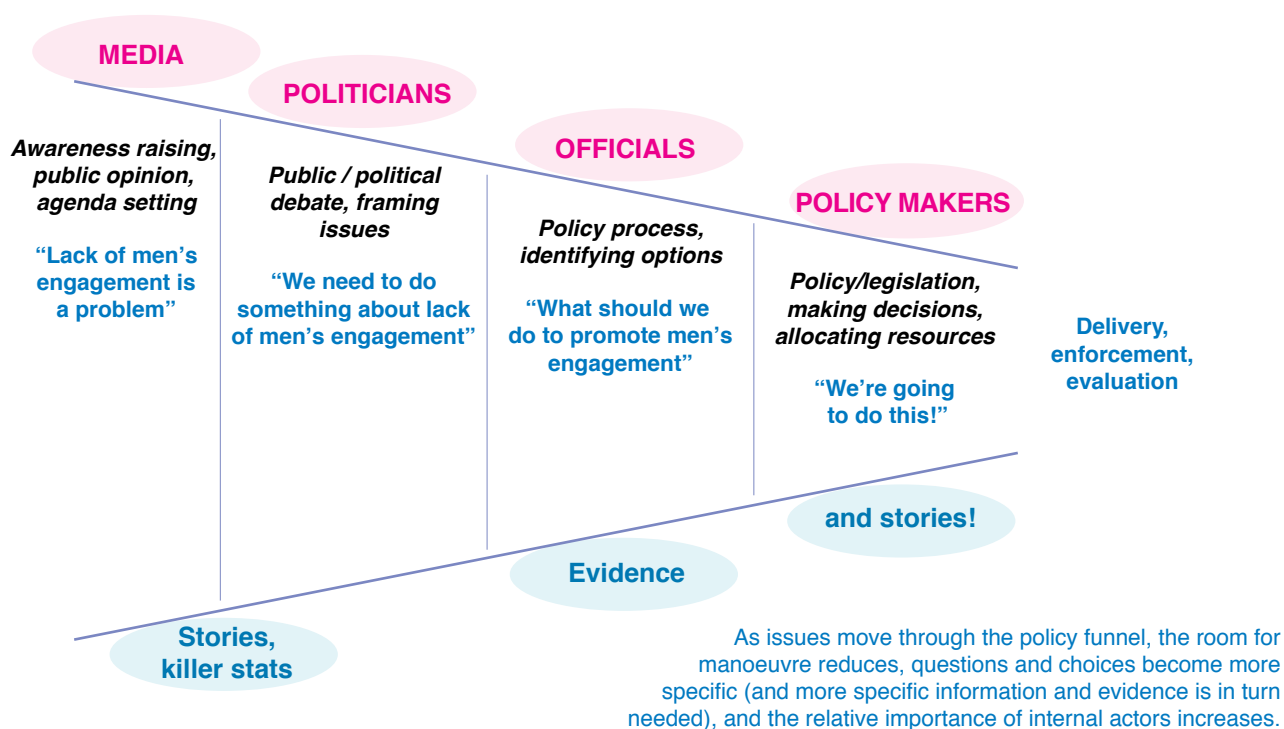
## Step 6: Develop key messages that will resonate with your targets and influencers

Use both the quantitative data and the qualitative information that you identified in Step 1 to define key messages and talking points that you will use to explain and substantiate the advocacy asks identified in Step 3. **Your messages should convey what is being asked, from whom, by when, why it's important and how it contributes to broader health or ECD goals.** Different messages – with different evidence or rationale – may be required in order to convince different decision makers of the need for change.

Different evidence, information and messages will also usually be needed at different times. For instance, at the start of a policy process, when the aim is to get the issue on to people's radar, "killer" statistics and compelling stories that will resonate with people's own lives are more likely to be effective. Only later – when you are working more directly with policy makers/public authorities – will you need more specific technical information about the situation and what works (although stories still remain useful here!).

This means you will need to tailor your messages for different actors responsible for the policy changes that you wish to influence, in order to ensure that these messages resonate and are persuasive.

### The Policy Funnel



*Adapted from Dan Jones, Director of Innovation and Change, Centre for Ageing*

Below are **FIVE GUIDING QUESTIONS** that can help you to develop your key messages:

1. Which law and/or policy decision makers are the primary targets – and what are their roles relating to the issue?
2. What evidence, or types of messages, will potentially be most effective to convince these individuals and institutions to make the desired change?
  - Can we show how the ask supports the target's organisational and institutional priorities?  
It will help to be able to illustrate how the policy change will contribute to specific goals of that individual's organisation, and to achieve his or her specific job responsibilities (it may be for re-election, to achieve a national action plan, etc.). For example, how might the



policy change help to achieve the implementation or goals of the MNCH strategy or the national ECD strategy; or how might the policy change assist the mayor or district health or education officer to reach annual performance targets?

- **How can the available data be used in ways to highlight the importance, urgency or salience of policy change?** You will want to gather information that is likely to resonate with the person or people whom you aim to influence – the way the message is conveyed may need to vary depending on the individual. For example, you might want to consider:

- ➔ **Is there an economic case to be made?** For example, including training on engaging men in MNCH/SRH within the national curriculum for all students in medical and nursing schools will reduce the long-term costs of organising and providing one-off training sessions.
- ➔ **A public health case?** For example, promoting and supporting men's involvement in MNCH is important because evidence indicates that women whose partners are more involved in their pregnancy are more likely to attend more ANC visits, which is important for ensuring a healthy pregnancy.
- ➔ **A personal plea?** For example, is this an important issue for the individual based on his or her own experiences? Or will it be important for this individual to hear the request for the policy change directly from members of his or her constituency?

**3. What evidence or type of messages will potentially be most effective to convince the secondary targets** (the actors that we have identified as having influence over our primary targets – such as the media, parent associations, healthcare professional associations) of the need for change? You can use the ideas in the previous point again here.

**4. What potential objections are there to this policy change?** You need to anticipate any objections that will be used to argue against your proposed policy change and prepare yourself with arguments or data to combat these objections.

- A key objection might be that the policy change is too costly. Can you provide information on how the upfront cost will contribute to long-term savings? For example, does your policy change contribute to savings in terms of improving health outcomes or deterring negative health outcomes that are associated with high costs to the health and social services?



- Or it might be that your proposed policy change is seen as going against local tradition or culture. Can you share examples from the community that demonstrate support for these changes and are supported by local culture?
- Or it might be that the policy maker has concerns about unintended negative consequences of your policy change based on incorrect or incomplete knowledge – for instance, that having more male pre-school teachers increases the risks of abuse and violence against children. You need to have evidence ready to challenge incorrect perceptions.

**5. Do the messages address and mitigate any potential risks or negative consequences from your advocacy actions?** You should have already identified potential risks in advocating for the changes that you seek – these might be risks to women’s rights and autonomy, as highlighted in Box 2 - or risks to your organization and influencing partners. All messages should be designed to address and reduce or eliminate these risks.

Throughout this process, don’t forget to bring in the voices, perceptions, priorities and testimonies from the girls, boys, women and men from the communities that you are working with, as well as from your partners.

### Box 3: Elements of an effective message

A strong message is credible, concise, relevant, compelling and communicative of values.

- **Credible.** It is factually accurate, provides information to back up assertions, and is delivered by people who are trusted on the subject.
- **Concise.** A good message is clear and simple. Crisp messages that people can understand and remember are much more effective than messages that are long or wade into policy minutiae.
- **Relevant.** It starts with what a person’s interests are – what they already know and think – and moves them to where you want them to be.
- **Compelling.** It touches people so they are inspired to act.
- **Communicative of values.** Messages that are framed in a way that resonates with people’s core values (e.g. fairness, equality, freedom, honesty) are the most powerful.

From Center for Health and Gender Equality (n.d.). Creating and Communicating an Effective Message. [http://genderhealth.org/files/uploads/change/Tools\\_for\\_Advocacy/Communicating\\_an\\_Effective\\_Message.pdf](http://genderhealth.org/files/uploads/change/Tools_for_Advocacy/Communicating_an_Effective_Message.pdf)

## Step 7: Elaborate your influencing implementation plan

Different strategies can be used to reach and influence your primary targets – either directly or through secondary actors/influencers such as the media and the public – including:

- one-on-one / face-to-face meetings
- policy briefings and (high-level) events/dialogues
- mass media outreach
- creating guidelines, research and publications – building wherever possible on a programme of evidence of what works
- communications and campaigns – including Social and Behaviour Change Communication
- coalition or alliance-forming with like-minded organisations or individuals.

The strategy or strategies you deploy may depend on the level of access that you and your allies have to the primary targets, the number of partners/allies involved and the budget available. For instance, if none of the partners has significant access to the primary targets, then you may need to start by influencing secondary targets, that in turn may be able to influence the primary target. Often a combination of strategies will be most effective.

Whichever way you access the primary targets, you will need to be ready to state the case:

- ➔ Give the background – why men’s engagement is important.
- ➔ Why the policy change to promote men’s engagement is important (citing data, stories and evidence).
- ➔ What the policy ask is – explaining what policy change should be made, by whom, by when.
- ➔ What will be the likely outcome or result of making the policy change – what benefits will it bring or goals will it help to achieve?



You could use the worksheet for this step included at the end of this module, to elaborate your influencing plan with partners and allies.

## Step 8: Begin implementation and ongoing monitoring

Influencing is not a once-only event. It requires long-term relationship-building, communication and education, and follow-up.

- After conducting each activity identified in your plan, you will need to assess whether any follow-up is needed. For example: Is a “thank you” note needed? Did you agree to provide more information or resources? Did a policy or decision maker make a commitment that requires follow-up?
- Each activity may require follow-up actions – with your advocacy targets or allies.
- For this reason, you should consider the advocacy plan to be a living document that is constantly updated or revised. It’s also useful to keep a log or record of key moments or meetings – what was said, by whom and when – and then decide when and who in your organisation will follow up. By keeping track of these events internally, you also improve your ability to monitor progress and track subtle changes in the policy environment over time.

While implementing your influencing plan, you also need to schedule specific moments for reflection and assessment of where you are and where you’ve come from. You may need to readjust your strategies and messaging as needed – for instance, on a monthly or quarterly basis. As you reflect, together with partners, the following questions might be useful to help assess whether different or additional strategies may be needed to further your objectives:

- Have there been any particular challenges or successes since the last assessment/reflection that need to be either addressed or leveraged during the next phase?
- Are there any changes in the policy environment (positive or negative) that could provide opportunities or present barriers to your efforts? For example, is there a new policy or law under review?
- Is there new evidence or information to support your advocacy efforts? For example, do findings from the new Demographic Health Survey or Multiple Indicator Cluster Survey support the need for male engagement?
- Are there new or additional targets for your advocacy actions? For example, has there been a change of government? Have you identified new “champions” within the government who can help to move the issue forward?
- Are there new partners or allies with whom you can collaborate or engage? For example, are there any organisations, networks or coalitions that are showing interest or support for your issue?
- Are your advocacy actions creating resistance or pushback? For example, are other organisations or key leaders organising against your issue?

## Step 1: Policy analysis template

1. Laws / legislation: Are there any laws, policies or regulations that either encourage or prohibit men's participation in nurturing care, ECD and maternal health?	Which individual(s) from which institution(s) are responsible for creating or enforcing this?	What are the most important gaps in terms of what exists and how it is enforced?	Who should be responsible for addressing these gaps?
<p>For example:</p> <ul style="list-style-type: none"> <li>Are there laws or policies that either prohibit or encourage the presence of a male partner in MNCH consultations, including antenatal/postnatal care visits and the delivery room? Do these laws and policies consider the importance of women's consent?</li> <li>Are there any informal positions or statements taken by relevant ministries or institutions – in particular for health and education – that hinder men's involvement in MNCH and/or young children's learning and education?</li> <li>To what extent does social protection policy promote men's shared caregiving responsibility, including in childcare and household tasks?</li> <li>Is there a law or policy in place that grants men paternity and/or parental leave – if so, for how long, and is leave paid and transferable or non-transferable?</li> </ul>			
<p>2. Public service protocols and procedures: Are there health and education system regulations, protocols or procedures that either encourage or prohibit men's participation in nurturing care, ECD and maternal health?</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Are there health facility management protocols and other quality assurance mechanisms that give guidance on how best to engage with fathers and male caregivers?</li> <li>Are health facilities expected to have extended working hours and sessions that enable men to attend with their partners?</li> <li>Do pre-schools have management protocols that refer to engaging male and female caregivers in discussions and activities related to the education of young children?</li> <li>Do health service regulations refer to how infrastructure needs to be tailored to enable men's engagement (e.g. offering separate toilets for men in clinics or privacy partitions in maternity wards so men can be present at labour or delivery without disturbing other women?)</li> </ul>	Which individual(s) from which institution(s) are responsible for creating or enforcing this?	What are the most important gaps in terms of what exists and how it is enforced?	Who should be responsible for addressing these gaps?

### Step 1: Policy analysis template

3. Public service workforce: How do the education and health workforces and their training encourage or discourage men's involvement in nurturing care, ECD and maternal health?

For example:

- Are education and health staff trained to welcome and engage fathers/male caregivers, including inviting them into the health service/pre-school, communicating directly with them, and promoting joint responsibility between men and women for children's health and caregiving?
- Are staff trained to understand the benefits of men's involvement in ECD and maternal health and how they relate to overall health sector and child development goals?
- Has the Ministry of Education put in place effective mechanisms to increase the numbers of men who are trained, recruited and retained as early childhood educators?
- Are auxiliary workers (such as receptionists, cleaners, security guards), who might deter men from entering or attending MNCH and education services, also trained about the importance of men's engagement and how to support men's participation in these services?
- Are community health and child development outreach workers linked to public services trained to understand the benefits of men's involvement in ECD and/or maternal health, and how to engage fathers/male caregivers – e.g. in community health promotion activities and parenting groups?

Which individual(s) from which institution(s) are responsible for creating or enforcing this?

What are the most important gaps in terms of what exists and how it is enforced?

Who should be responsible for addressing these gaps?

### Step 3 Worksheet: Advocacy goal, objectives and indicators

	Goal/ Objectives/ Outcomes	Indicators
<p>Advocacy goal: the over-arching goal towards which the project – and specifically men’s engagement in ECD (and/or maternal health) – will contribute.</p>	<p>e.g. Increased numbers of women attend the recommended eight antenatal care visits and give birth with a skilled birth attendant.</p>	<p>% of women aged 15 to 49 who received antenatal care by a trained health worker at least eight times during pregnancy.</p> <p>% of women aged 15 to 49 years with a live birth in the last two years who were attended by skilled health personnel during their most recent live birth.</p>
<p>Advocacy objectives: You might have one or several advocacy objectives. Objectives should be specific, measurable, achievable, realistic and time-bound (SMART). They should frame and explain: What do you want to change? Who will make the change? In what way or by how much? By when will the change occur?</p>	<p>Ex. 1. By 2022, the Ministry of Health defines and budgets for strategies to promote men’s engagement in MNCH in the new national MNCH plan.</p> <p>Ex. 2. By 2021, the Ministry of Health has developed procedures and guidelines for healthcare providers on gender responsive MNCH service delivery including men’s participation.</p> <p>Ex. 3. By 2021, district health boards have revised health facility regulations, removing all provisions that prohibit men from being present during labour and delivery.</p>	<p>Extent to which the new national MNCH plan has defined and budgeted for strategies to ensure that services are gender responsive and promote men’s engagement.</p> <p>% of health facilities that provide gender responsive MNCH services that support men’s engagement.</p> <p>% of deliveries for which a woman has requested that her male partner accompanies her and the man has been present.</p>
<p>Changes among advocacy primary targets: This explains the changes in the knowledge, attitudes, political will etc. among key actors – the primary targets – that may be necessary before they will lead or support policy change.</p>	<p>Ex. 1. By 2020 national and district health authorities are aware of the importance of gender responsive MNCH and the benefits of male engagement for women’s maternal health.</p> <p>Ex. 2. By 2021, national and district health authorities promote and support participatory processes to define and plan policy changes for gender responsive MNCH services that support men’s engagement.</p>	<p>Number of policy makers who can define two or more policies that can be adapted to encourage men’s engagement in MNCH.</p> <p>Number of public endorsements or acknowledgements by key policy or decision makers of the need for policy change on gender responsive MNCH services that support men’s engagement.</p> <p>Number of districts where key policy or decision makers have set up and supported participatory mechanisms to define and plan policy for gender responsive MNCH services that support men’s engagement.</p>

Step 7: Policy advocacy action plan template						
Advocacy issue or policy ask						
Advocacy objective(s)						
Objective 1						
Objective 2						
Potential partners or allies (identified in Step 4 Worksheet)						
Partner 1			Partner 4			
Partner 2			Partner 5			
Partner 3			Partner 6			
Risks and mitigation strategies (identified in Step 5 Worksheet)						
Potential risk		Level of risk (low/med/high)		Mitigation measures		
Activity	Target	Timing	Responsible	Resources	Impact	Male
What will you do to help reach your objective?	Who will you target with this activity? Is this a primary or secondary target?	When will the activity happen?	Which individuals or organisations are responsible? At what level?	What human, material or financial resources are needed?	How will this activity contribute to the advocacy objectives and advocacy goal?	How will you track the activity and evaluate effectiveness?



## CHAPTER 7: DEVELOPING MESSAGING FOR SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION CAMPAIGNS DIRECTED AT PROMOTING MEN'S ENGAGEMENT IN ECD

This chapter provides guidance on social and behaviour change communication (SBCC) strategies for male engagement. It includes:

- Introduction explaining social and behaviour change and SBCC
- Considerations before you start identifying your SBCC messages and approaches
- Steps for developing SBCC messaging for men's engagement in ECD
- Some final recommendations for sharing and adaptation of messages

A lot of the content is drawn from [The Communications Guide for MenCare Partners: Male engagement in MNCH/SRHR](#) developed by Plan International Canada and Promundo as part of the Strengthening Health Outcomes for Women (SHOW) project, financed by Global Affairs Canada, and the experiences of the MenCare Global Campaign.



## INTRODUCTION: WHAT IS SOCIAL AND BEHAVIOUR CHANGE, AND SBCC

How people behave is often determined not only by individual factors, but by a complex interplay of individual, social, material and societal/structural factors – including social and gender norms. In many countries and communities men’s limited engagement is underpinned by:

- gender norms that prescribe that the care and upbringing of young children is the exclusive responsibility of women;
- negative perceptions and beliefs about men’s potential to provide nurturing, loving care to young children; and
- limited awareness of the positive benefits of men’s engagement in the care and development of their young children.

### What is social and behaviour change?

Social and behaviour change work involves analysis of the different factors that influence how people behave, and the use of different strategies – including communications – to influence changes in these factors, to remove barriers to change and to facilitate positive norms, expectations, attitudes and preferences. The aim is to reach a tipping point for change at the individual, community and social levels – this is the point at which a sufficient number of people adopt the new behaviour and it is “spread” to other members of the community and society, and becomes unstoppable and sustained.

Social and behaviour change can be used to contribute to a range of goals, including:

- Strengthening the knowledge and positive attitudes of individuals with respect to new behaviours and practices.
- Influencing social and gender norms (for instance promoting the abandonment of negative norms and the creation of positive norms) in order to support long-term changes in collective practices and behaviours at the level of communities and populations.
- Creating a supportive environment for new behaviours – for instance, through improved attitudes and skills among the service providers of key services.
- Influencing the attitudes of decision and policy makers with respect to particular behaviours and practices.<sup>76</sup>

### What is social and behaviour change communication?

To change attitudes and beliefs and to create new gender norms that favour men’s engagement in ECD will usually require multiple strategies. These include both communication for behaviour change (among individuals) and communication for social change – in sum, social and behaviour change communication (SBCC).

Social and behaviour change communication (SBCC) is communication using different mediums (such as messaging, use of mass media and social media, and education entertainment) designed to impact not only on individuals’ beliefs, attitudes and practices, but also on social norms and expectations and on any policies that support or reinforce these:

- SBCC represents one key strategy for social and behaviour change (others have been mentioned in other modules – such as group critical reflection and dialogue and policy advocacy). SBCC is most effective when it is paired with direct action and engagement to impact on and expand services, advance policies and provide training on practices.
- SBCC is usually grounded in formative research that seeks to understand how people behave, and what drives and motivates their behaviours. SBCC activities should usually be designed through consultative processes involving the people whom you want to reach (such as human-centred design).<sup>77</sup>
- SBCC messaging may be shared through multiple delivery mechanisms – including television, radio, theatre, social media, posters, etc.

## CONSIDERATIONS BEFORE YOU START IDENTIFYING YOUR SBCC MESSAGES AND APPROACHES

The reach and impact of SBCC will usually be greater when this is implemented in partnership with other institutions, organisations or key individuals. Before you begin planning, identify whether there are other organisations with whom you are already working or who could work as partners for this process – including media organisations and other non-governmental organisations. Likewise, consider whether you have working relationships with individuals who could be “champions” for men’s engagement in ECD and maternal health, such as government officials, celebrities, politicians or local leaders. Men who are already “modelling” being engaged partners and fathers will be particularly important champions and you should try to get them involved as early as possible – while always being careful to ensure that they are a true role model, not only for involved fatherhood, but also for equitable gender relations.<sup>i</sup>

Keep in mind also that the key elements of an effective message are that it is credible, concise, relevant, compelling and communicative of values.<sup>78</sup>

- **Credible.** It is factually accurate, provides information to back up assertions, and is delivered by people who are trusted on the subject.
- **Concise.** A good message is clear and simple. Crisp messages that people can understand and remember are much more effective than messages that are long or wade into policy minutiae.
- **Relevant.** It starts with what a person’s interests are – what they already know and think – and moves them to where you want them to be.
- **Compelling.** It touches people so they are inspired to act.
- **Communicative of values.** Messages that are framed in a way that resonates with people’s core values (e.g. fairness, equality, freedom, honesty) are the most powerful.

Messaging should also **always suggest change or action that is feasible**: messages that are difficult to comply with will often be disregarded. (For instance, suggesting that a man accompanies his partner on every visit to the health centre is likely not going to be feasible for most families, but suggesting that a man accompanies his partner on at least one visit or for the first visit may be more realistic.)

## STEPS FOR DEVELOPING SBCC MESSAGING FOR MEN’S ENGAGEMENT IN ECD

The following are some of the key steps that you might want to follow to identify your SBCC messages and develop communications materials. They have been drawn from the SBCC Guidance Note developed by Promundo and Plan International Canada for the SHOW project, implemented from 2016 to present and funded by the Government of Canada. This in turn is based on the experiences with the MenCare Global Campaign.<sup>ii</sup> You do not have to follow these rigidly, like a recipe book – use what makes sense in your context.

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i Some campaigns have used role model fathers, only to find out that they are less than equitable partners, which undermines the message and reinforces other inequitable norms. While work with role models or champions can be effective, it needs to be carefully thought through.

ii [MenCare: A Global Fatherhood Campaign](#) is active in more than 40 countries around the world. Its mission is to promote men’s involvement as equitable, non-violent fathers and caregivers in order to achieve family wellbeing, gender equality and better health for mothers, fathers and children. While each country is free to adapt MenCare Global messaging and imagery (see Resources provided on the website), a few best practices have emerged in how to encourage men to be active, involved caregivers in the lives of their children. See also the Program P manual which, in section 3, provides additional guidance for MenCare campaigns.

## Clearly define the issue – and the new behaviours that you hope to promote



*It is easier to create clear, concise SBCC messages when the “problem behaviour(s)” and the new behaviours that you wish to promote are well defined.*

Your project situational analysis should have identified key issues with respect to men’s engagement in ECD (or support for maternal health/wellbeing) in the communities with which you are working. Your project results framework should also have identified the priority changes in men’s behaviours that you wish to influence. List the existing behaviours that you wish to change and the new behaviours you wish to promote.

## Collate existing evidence to build an understanding of the situation



*In order to create SBCC messages that will contribute effectively to changing a “problem” behaviour, it is necessary to understand the underlying beliefs, attitudes and norms that influence them.*

Use the information and data already available from your project situational analysis and other reliable sources – both quantitative and qualitative – to analyse why men are behaving the way they do. Seek to understand:

- How men are currently engaging in the care and development of their young children, in care work and maternal health.
- Why men choose to behave in this way and what the barriers are to men’s greater engagement in ECD.
- What men and women in the communities reached by the project, community and political leaders, service providers and others think about men’s engagement in ECD (and maternal health).
- How much men and women know about the positive benefits of men’s engagement in the care and development of their young children.

## Identify the knowledge, attitudes, expectations and norms that the evidence suggests need to be influenced through your SBCC messaging

Based on the previous step, identify what you think are the most important drivers of the “problem behaviour(s)” of men (as well as of women, service providers and community members) that you have prioritised:

- Are incorrect knowledge and factual beliefs (for instance, the incorrect belief that men are incapable of being nurturing caregivers for young children) key barriers to men’s engagement?
- Are there shared religious beliefs and/or cultural traditions about the role of men in caring for young children that are used to justify their limited involvement?
- Are gender norms that define the expected roles and responsibilities of men and women the drivers of men’s behaviour and limited engagement?
- Does the fact that some men have to move away from home to work influence how much they can engage in the care and development of their young children?
- Are men’s expectations about what other men do as partners and fathers correct? Or are more men actually engaging and supporting their families than people think?
- To what extent are local services – health and education in particular – supportive of men’s engagement?

Based on this analysis, identify:

1. Which knowledge, beliefs, attitudes and norms will – if influenced – have the greatest impact on changing men’s behaviours?
2. Whose knowledge, beliefs and attitudes need to be influenced – men’s, women’s, leaders’, service providers’ – or all of them?

### **Identify whether it is feasible to promote the new behaviour and address the drivers for the existing behaviour**



*Effective SBCC identifies potential unintended consequences and addresses these. It reflects the reality of men and fatherhood, in the local context.*

Assess:

- Whether the main drivers for the behaviour can potentially be influenced by “mass” messaging. For instance, if the main driver for men’s limited engagement in the care and development of their young children is their migration away from the community to work, then SBCC and messaging is unlikely to be an effective strategy.
- Whether there might potentially be negative consequences (for women, for men, for children) if men adopt the new behaviour. For example, could encouraging men to join antenatal visits lead women to feel as if their autonomy is being challenged? Or could encouraging men to participate in household work lead to community stigma and shaming? You will need to ensure that these side effects can be avoided with thoughtful messaging before proceeding further.

### **Develop the key messages, ensuring consultation throughout with your target groups – men, women, older family members, service providers**

You can use the checklist that follows to work with members of the target group(s) in the development of SBCC messages (either through focus groups or one-on-one interviews). It can also be used to decide how these could best be disseminated to reach the maximum number of people.

This checklist has been adapted from the Plan International Canada/Promundo SHOW document. It uses examples from the MenCare Global Campaign to explain how to craft messaging that encourages men’s engagement. It includes guiding questions for focus groups or one-on-one interviews with men to support the definition of tailored messages. These questions could be adapted for other groups if you wish to develop tailored messaging for them.

Don’t forget that in some countries, these messages may need to be submitted to government officials for their feedback and approval.

**1. DO tell personal stories**

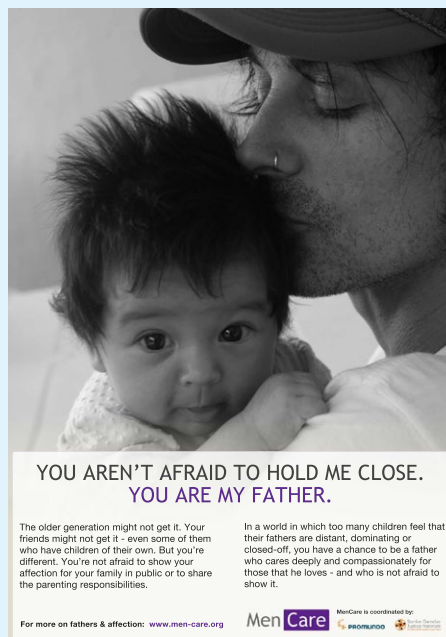
It is important to personalise the need for behaviour change, to make it feel urgent and salient (i.e. why should someone care about this, and why is this issue important?).

Personal stories and experiences are what can transform a campaign, help to make it relatable for others, and increase its impact. You want your target group to see themselves in the faces and voices you feature.

One way that MenCare has done this is to use the voice of a child, repeating the phrase "You are my father" on campaign materials. Another strategy is to use the words of men and women themselves.

**Guiding questions:**

- *What are the obstacles that you, as a man, face to being more involved in maternal health and/or the care and development of your young children?*
- *Do you have any fears or concerns about possible negative consequences of being more engaged? What are these?*
- *Have you had an experience in your own life that has led you to be more involved in maternal health and/or childcare? Please explain.*
- *What experience of fatherhood has led you to become more involved in maternal health and/or childcare?*



MenCare's global posters use the voice of a child speaking directly to his or her father, encouraging fathers to see themselves in the same way as their children see them – to see the potential, the importance and the responsibilities of fatherhood.

The MenCare poster above about affection sends a powerful message about the importance of men's love, compassion and caregiving for their children with the phrase: "You aren't afraid to hold me close. You are my father."

See the poster: <http://men-care.org/resources/affection-global-poster/>

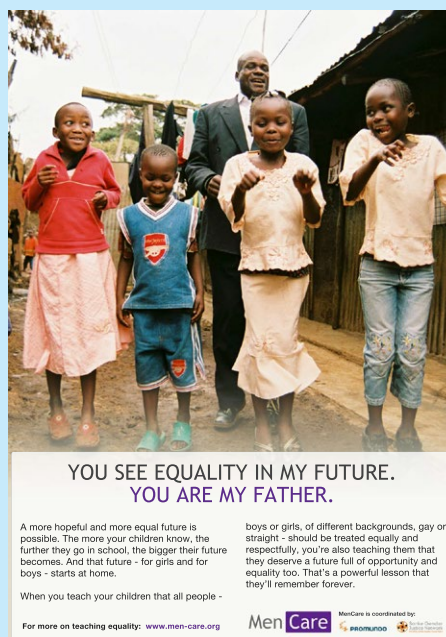
**2. DO stay positive**

Individuals can be turned off by negativity and feel that they are being blamed rather than encouraged.

Research also shows that when boys see their fathers taking on domestic work and childcare, for example, then they are more likely to do so themselves. Engaging men as fathers from a positive perspective, using aspirational messages, helps to recreate “the cycle of care”. It also keeps men engaged and sets a hopeful tone.

**Guiding questions:**

- *What is your greatest hope for your young children – and/or your partner – with regards to their health, development and wellbeing?*
- *What future do you envisage for your children – and/or your partner – with regards to their health, development and wellbeing?*
- *What do you think is the greatest positive impact a father can have on the health, development and wellbeing of his children and/or partner?*



MenCare embraces the power of positive messaging to inspire and encourage men, their families and their communities to support men's caregiving. The MenCare poster about equality does this by emphasising hope for the future and the ability of individual fathers to create a better, more equal world for their children.

The poster reads: “A more hopeful and more equal future is possible... When you teach your children that all people – boys or girls, of different backgrounds, gay or straight – should be treated equally and respectfully, you’re also teaching them that they deserve a future full of opportunity and equality too.”

See the poster: <http://men-care.org/resources/equality-global-poster/>

## Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)

## Examples from MenCare: A Global Fatherhood Campaign

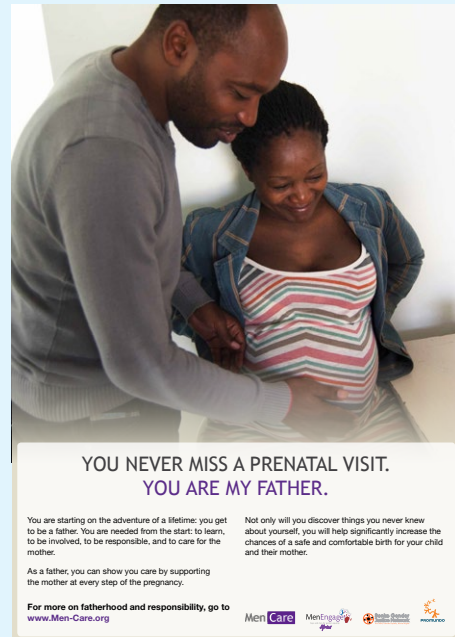
### 3. DON'T shy away from highlighting the "benefits"

Men's engagement in maternal health and the care and development of their children can have great benefits for the mental and physical health and wellbeing of women, men and children as well as for young children's early years' development. Speaking about these benefits, both short- and long-term, can help to encourage and motivate behaviour change.

#### Guiding questions:

- *How do you think being more involved in maternal health and the care of your young children could benefit your partner?*
- *How do you think being more involved in maternal health and the care of your young children could benefit your children?*
- *How do you think being more involved in maternal health and the care of your young children could benefit you?*

**Note!** these questions could be adapted to emphasise particular practices or behaviours, if that makes sense. For instance, they might explore what might be the benefits if the man is more involved in the care for his partner while she is pregnant – including during antenatal visits.



MenCare's positive messaging includes an emphasis on the benefits of involved fatherhood for all. Speaking directly to fathers, the following poster from South Africa's MenCare campaign, coordinated by Sonke Gender Justice, explains that when you support the mother during every step of pregnancy, "not only will you discover things you never knew about yourself, you will help significantly increase the chances of a safe and comfortable birth of your child and for her mother."

See the poster: <http://men-care.org/resources/south-africa-english-poster-7/>

## Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)

### 4. DON'T reinforce harmful stereotypes

We always want to keep in mind our end goal, which is advancing gender equality and achieving gender transformation. It can be fun to show the “superhero dad” and sometimes that makes sense. Portraying involved fathers as saviours, heroes, protectors, or “the solution”, however, can have the potential to reinforce power inequalities and may result in devaluing the work of mothers and female caregivers.

#### Guiding questions:

- *What does it mean to be a man in your community (e.g., being strong, being tough, earning a living, or something else)?*
- *What do you think needs to change about the stereotype of an ideal man, in order for men to engage in maternal health and the care and development of their children?*
- *Is it important for the long-term wellbeing of the family for men to be engaged in maternal health and the care and development of their children? Why and how?*

## Examples from MenCare: A Global Fatherhood Campaign



In the MenCare Sri Lanka Film: Steven's Story, Steven explores his role as the primary caregiver to his boys, while his wife works abroad to support their family. The film presents a realistic picture of both the joys and difficulties of being a primary caregiver, as Steven works to challenge harmful stereotypes about gender roles in his family and within his community.

Steven says: “Some men would make fun of me. I had grown my hair long, so they said I was playing the role of a woman well. I would pay no attention to them. When I was washing clothes, women would watch me. They would look at me with sympathy. They said the good I was doing would come back to me. Those words hit me in the heart. I found great peace of mind and strength in their encouragement. There is definitely a happiness in just being there. When I carry them and they give me a kiss, or even when I carry them and they pull my hair, I get goose bumps. It makes me feel really happy. The need to be masculine suddenly disappears.”

Watch the film: <http://men-care.org/resources/mencare-sri-lanka-film-2/>



## Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)

### 5. DON'T take an instrumental approach

It is important to make sure that the messages do not only ask men to act in ways that support their partner's health and the care and development of their children, but also question underlying gender inequalities.

Messages should actively question what it means to be a man and a woman in that particular society, and sensitively challenge discriminatory gender norms and power imbalances.

Messages can be written from the perspective of men, women or the child. Whatever the perspective, the messages should speak to men's (as well as women's) long-term goals for their families and for their relationships. For example, messages such as the ones below do encourage men's engagement in maternal health and the care of their children, but do not necessarily challenge underlying assumptions, or promote their engagement over the longer term. Suggestions have been included on how to re-write these messages:

X "Encourage and support your wife during pregnancy, labour and delivery."

- *Suggested change: "Encouraging and supporting my wife during pregnancy, labour and delivery helped to set the stage for a lifetime of connection."*

X "It's important to go with your wife to her antenatal visits."

- *Suggested change: "Attending antenatal visits with my wife helped us both make sure our family's health and wellbeing was taken care of, right from the beginning."*

X "Take your wife to the hospital if there are danger

- *Suggested change: "When I knew how to tell my wife's pregnancy was in danger, I took her to the hospital. Together we're making sure that our child has a safe, healthy start."*

X "Be an active caregiver and nurturer for your child."

- *Suggested change: "Every day, from this day forward, I get to choose to play a meaningful role in my children's lives. When I spend time with my kids, we all win."*

## Examples from MenCare: A Global Fatherhood Campaign



India's MenCare campaign, coordinated by the Centre for Health and Social Justice, documents the stories of men in Maharashtra who became more involved in caregiving after engaging in group education about fatherhood and gender equality. These men's stories emphasise the transformation of their relationships at home, rather than simply encouraging participation in specific activities.

A participant in one of the films says, "I feel that these traditional roles suffocate our lives". After working to change his relationship with his partner and child, he continues, "I feel that our entire life should be spent like this, sweetly in happiness".

See the full series here: <http://men-care.org/resources/?type=videos&country=india#more-videos>



The MenCare poster above, meanwhile, emphasises the role a father can play in helping his children to lead healthy lives. The poster reads: "Your son is scared of the doctor, but you know that getting him vaccinated and keeping him healthy is the right thing to do and one of the most important things you can do as his father. [...] You can make sure that your children grow up healthy, and provide them with the courage necessary to make the doctor's visit a little less scary."

See the poster: <http://men-care.org/resources/health-global-poster/>

**Guiding questions:**

- *Who, in your home, is responsible for making household decisions, including about the health and wellbeing of the family members?*
- *How do ideas about “what it means to be a man” or “what it means to be a woman” in your community reinforce this dynamic?*
- *What do you think is the result of one partner having more power than the other or more responsibility than the other? How does that affect women's ability to access maternal health services or the care provided to young children?*
- *What do you think men in your community can do to be better long-term partners with women*

Again, these questions could be adapted to emphasise particular practices or behaviours, if that makes sense.

**6. DO normalise caregiving**

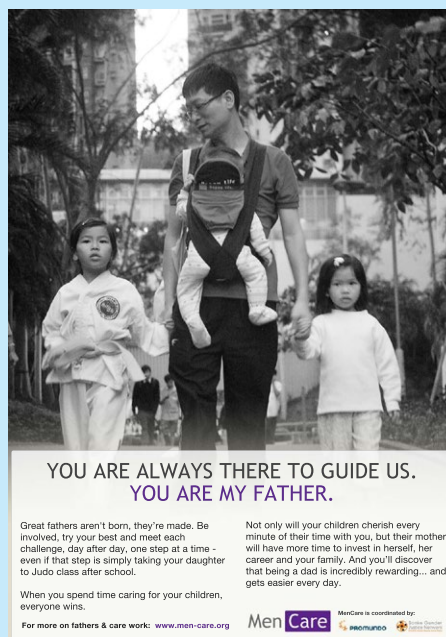
Individuals may be motivated to change if they believe that their peers and neighbours have also embraced the new behaviours (this is particularly the case when gender norms are key drivers of men's limited engagement).

It is important to show that being affectionate, loving and involved is “normal” and that it is easy to make small changes (like holding your baby close, taking him or her to a health visit, playing with him or her, doing household work).

**Guiding questions:**

- *What do you do (or could you do) every day to support your partner's health and wellbeing, or the upbringing of your children?*
- *What is something that your partner has asked you to do, or might appreciate your help with, when it comes to improving her health or the development of your children?*
- *What is something that you see men in your community often doing to improve their partners' health and to share responsibility for the care and upbringing of their children?*

Again, these questions could be adapted to emphasise particular practices or behaviours – for instance, do they see other men sharing responsibility for housework? Or for bathing and feeding their young children?



MenCare's posters and films work to normalise caregiving by showing that anyone can take small steps towards becoming a positively involved caregiver. This poster on caregiving reads: “Great fathers aren't born, they're made. Be involved, try your best and meet each challenge, day after day, one step at a time – even if that step is simply taking your daughter to Judo class after school.”

See the poster: <http://men-care.org/resources/carework-global-poster/>

## Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)

### 7. DON'T only feature or focus on men

While men's behaviour change might be the objective of the SBCC messaging, their behaviours come in the context of relationships and a broader community. Men often need support from their partners, families and the broader community to engage meaningfully. This can be made clear by showing images of couples and families (with a diversity of family structures – including adoptive parents, single parents, gay parents, etc. – that are present in the communities where you work), and by highlighting images that promote men's and women's communication and collaboration in maternal health, caregiving and household tasks.

#### Guiding questions:

- *What are some of the actions related to maternal health or caring for your young children that you have done or can imagine taking on, together with your partner?*
- *What are some of the actions related to maternal health or caring for your young children that you have done or can imagine taking on with another family member? Who is that?*
- *Whose support and encouragement would help you to be more engaged as a partner and father?*

Again, these questions could be adapted to emphasise particular practices or behaviours.

## Examples from MenCare: A Global Fatherhood Campaign



The MenCare campaign in Nicaragua, coordinated by the Red de Masculinidad por la Igualdad de Género and Fundación Puntos de Encuentro, uses images and phrases that highlight the importance of healthy couple relationships based on respect, shared decision-making and non-violence. This Nicaraguan poster's catchphrase is: "I like that you respect my mother. You are my father."

View the poster: <http://men-care.org/resources/nicaragua-poster-4/>



The MenCare campaign in Rwanda, coordinated by the Rwanda Men's Resource Center (RWAMREC), uses images and language focused on men and women working together to share key decision-making in MNCH/SRH, including family planning. This Rwandan poster's catchphrase is: "My wife and I plan our family together."

View the poster: <http://men-care.org/resources/rwanda-poster-9/>

## Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)

### 8. DO invest in high-quality photos and film

While resources are often limited, using engaging photos and video can help to capture the attention of your audience, and help them to absorb the intended message. Think about using posters, films, performances or stories as ways to get across your messages.

#### Guiding questions:

- *Do you watch TV? How often, and what channels or programmes?*
- *Do you listen to the radio? How often, and what channels or programmes?*
- *Do you connect to social media – if so what platforms do you use?*
- *What other sources of media or entertainment do you use?*

### 9. DO engage with high-profile fathers/parents

Celebrity endorsements can be challenging to achieve, but effective if the individual's values are aligned with the values of the campaign. Using the voices of those who are respected in the community (whether it be a celebrity, authority figure, religious leader or otherwise) can help to amplify the message and its impact. Remember that the celebrity's behaviour should be in line with a gender transformative approach, modelling both involved fatherhood and gender equitable relationships.

#### Guiding questions:

- *Who (celebrities, peers, leaders) do you admire?*
- *Who (celebrities, peers, leaders) do you feel gives a positive example of a man who is engaged in the care and wellbeing of his partner and children?*
- *Who (celebrities, peers, leaders) has the power to influence others in your community?*

## Examples from MenCare: A Global Fatherhood Campaign



Many MenCare campaigns around the world have used professional or talented photographers and filmmakers to produce high-quality communications materials. The MenCare Brazil Film Marcio's Story is one example of a film from Brazil with a moving message about involved fatherhood and caregiving.

"This doesn't just benefit children. Not just the fathers, but women as well. This has the power to transform the community," says Marcio of work to engage men in fatherhood and caregiving.

Watch the film: <http://men-care.org/resources/mencare-brazil-film-marcios-story/>




The MenCare campaign in Indonesia, coordinated by Rutgers WPF Indonesia, recruited national celebrities to speak about the importance of men's positive involvement in the lives of their children and partners. Indonesia television host Ersa Mayori and actor Lukman Sardi are two of the campaign's spokespeople, bringing widespread attention to the campaign on TV.

"I support MenCare and millions of other fathers who are willing to be involved in caring for their children," says Lukman. "My husband and I are committed to support MenCare and millions of fathers who are trying to make positive changes for families," says Ersa.

Watch Lukman's clip: <http://men-care.org/resources/mencare-tvc-lukman-sardi/>

Watch Ersa's clip: <http://men-care.org/resources/mencare-tvc-ersa-mayori/>

Dos and don'ts for developing messaging around men's engagement in nurturing care and ECD (and/or maternal health/wellbeing)	Examples from MenCare: A Global Fatherhood Campaign
<p><b>10.DO make it relatable</b></p> <p>While high-profile fathers and male caregivers can help the message to reach and impact a broad audience, also including visuals of men, women and families who seem relatable (using men/role models from the local communities), in community spaces where the target groups gather, can help the target group feel that the messaging is relevant to them. To do this, it is important to understand who the target group is and where they get their information.</p> <p><b>Guiding questions:</b></p> <ul style="list-style-type: none"> <li>● <i>Where do you live? In a rural or urban community?</i></li> <li>● <i>What level of education do you have?</i></li> <li>● <i>Where do you gather with your friends (cafes/tea stalls, bus stops, shopping malls/market places, community centres)?</i></li> <li>● <i>Where do you get messages that are of relevance for the care and wellbeing of your family (media, health centre, community meetings)?</i></li> </ul>	 <p>The MenCare campaign in Peru, coordinated by the Plataforma de Paternidades Perú, produced a series of posters showing individual fathers from local communities who are participants in the initiative. In this poster, MenCare participant Eduardo (age 34) is shown with his partner Fiorella (age 26) and with Dr Jorge Arias Tayo attending an antenatal visit. The poster's tagline is "I want to be better, here with you."</p> <p>View the poster: <a href="http://men-care.org/resources/peru-2/">http://men-care.org/resources/peru-2/</a></p>

## SHARING THE MESSAGES, ADAPTING THE MESSAGES

At the end of the steps above, you should have defined key, salient messages and visuals that will resonate for your target audiences: these audiences may be at local, national, regional or international levels. You should also have ideas about how your target audiences receive information – and therefore the media that can be used to reach them. This may be through posters in health clinics or other community spaces, stories on community radio or TV soap operas, social media activism, local drama or open theatre.

The following factors will influence where and how you want to disseminate your messages:

- Penetration/reach: where can your targets/stakeholders be reached most directly and in the greatest numbers?
- Efficacy: where do your targets/stakeholders indicate that they are more likely to pay attention to messages – and what medium is likely to be more effective for them?
- Resource availability: what financial and human resources, and partnerships are you able to tap into to support the dissemination of the SBCC messaging through different mediums?

Don't forget to think about how you can use any SBCC materials that you have developed to spark and encourage discussion and dialogue. This will usually be more effective than just sharing/transmitting the materials as it provides an opportunity to share their beliefs about what is normal and expected – and what they think other people are doing and expect them to do. For instance:

- Can you work with community theatre groups to develop short plays/skits that frame these messages and that can be shown in communities, followed by a facilitated discussion afterwards?
- If you have developed programming for radio, could you support communities to set up radio discussion groups. In these groups, community members come together to listen to the programme and then use a set of pre-prepared questions to discuss afterwards what they thought about the programme content.
- Don't forget also that you can use any posters and videos produced as a starting point for discussion with men's groups, parents' groups and community forums!

Finally – do not forget that SBCC campaigns are not a once-only event. Social norm change and behaviour change take time and you will probably need to adapt your messaging over the duration of the campaign. Make sure that you periodically meet with partners to assess progress; analyse what has worked well and less well; agree on whether there are new champions who can be engaged or new stories to be told; and identify whether messaging needs adjustment or whether new forms of dissemination need to be considered.

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## About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognize the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.



## About Promundo

Promundo is a global leader in advancing gender equality and preventing violence by engaging men and boys in partnership with women, girls, and individuals of all gender identities. We believe that working with men and boys to transform harmful gender norms and unequal power dynamics is a critical part of the solution to achieving gender equality. For transformative, sustainable change, men and boys must see themselves as partners in the process. Men and boys also benefit when harmful norms are challenged. Our research, programs, and advocacy efforts show that exploring positive models of "what it means to be a man" and promoting healthy, respectful masculinity leads to improvements in the lives of women and girls, as well as in men's own lives, and the lives of individuals of all gender identities. Promundo is a global consortium with member organizations in the United States, Brazil, Democratic Republic of the Congo, Portugal, and Chile.

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