

Men Care

A GLOBAL FATHERHOOD CAMPAIGN

The MenCare Campaign is coordinated by Promundo and the Sonke Gender Justice Network



What Fathers Have to do with it: Engaging Men as Caregiving Partners

Improving Women's and Children's Health and Well-Being – Reducing Violence – Achieving Equality in Caregiving



"There is perhaps no other area of gender equality that offers us this opportunity of providing benefits to women, children and men themselves."

Over the past decade, men and boys have been increasingly integrated into programs and policies that aim to empower women and strengthen gender equality. However, in most countries **men and caregiving remains conspicuously absent from the gender equality agenda.**¹ Today, women represent 40% of the paid workforce and

more than half the world's food producers. But men are clearly not carrying out half the world's care work. Global statistics suggest that the average time women spend on unpaid care work is two to 10 times that of men. Indeed, a core and enduring aspect of gender inequality globally is the fact that men are generally expected to be providers and breadwinners and that women and girls are generally expected to be responsible for caregiving and domestic tasks.

In addition, the relationship between men's involvement in care work and violence against

¹ "Caregiving" and "care work" refer to the care of children or elderly, disabled or infirm family members in the home setting. We use, "paid care work," or, "paid caregiving," to refer to care provided in the context of work, payment or as a profession. We use, "domestic work," to refer more specifically to cleaning, food preparation and similar tasks that are related to care work.

women and children has been largely neglected in research. Numerous studies confirm that men who witness and experience violence growing up are more likely to use violence against children and women later in life. However, research from the International Men and Gender Equality Survey (IMAGES) and other sources suggests that boys who experience a positive caregiving influence from men in the household are more likely to have gender-equitable attitudes, more likely to participate in care work and less likely to use violence against a female partner later on.ⁱⁱⁱ

The key point is this: If we are to advance on gender equality, **men must take on their fair share of the costs, time and care work required in daily life. There is perhaps no other area of gender equality that offers us this opportunity of providing benefits to women, children and men themselves.**

The Opportunity – The Global MenCare Campaign

MenCare is a global campaign to promote equitable, non-violent relationships between men, women and children. It is framed with the assumption that the participation of men in domestic work, in maternal health, and as caregivers for children is a necessary and largely overlooked aspect of achieving gender equality.

The campaign uses media messaging that capture the emotional value of gender transformation, from men as simply the “breadwinners,” to men as engaged, gender equitable and non-violent fathers and caregivers. It also seeks to achieve



change in how the health sector engages men in maternal and child health. IMAGES results show that 78–92% of men reported they had gone to at least one prenatal visit during the birth of their youngest child.^{iv} This offers a tremendous, but still largely overlooked opportunity to increase men’s participation in maternal and child health, and to prevent violence against women and children. MenCare has two interventions that aim to do this:

Program P (for “pai,” or “father” in Portuguese, and “padre” in Spanish), builds on existing evidence-based programs and consists of sessions aimed at fathers and their partners, who are either expecting and/or have children. Proposed outcomes from Program P include (1) increase in number of accompanied prenatal care visits; (2) decrease in parenting-related couple stress; (3) decrease in violence against women during the prenatal period; and (4) increase in men’s engagement in fatherhood and caregiving. In 2012–2013, the process will be pre-tested in Brazil, Nicaragua and Chile by Promundo, CulturaSalud and REDMAS.

Father Schools: A twin intervention is being developed in Southern Africa by Sonke Gender Justice Network and Men for Gender Equality, titled MenCare Southern Africa. Utilizing the method developed by the Father Schools in Eastern Europe, expectant fathers are encouraged by health service providers to join peer groups. Trained facilitators that already work in existing institutions, who can incorporate the fatherhood groups into their daily work, host the groups. The groups in Southern Africa will focus especially on the economic pressures of being cast in the role of breadwinner. The outcomes match those planned by Program P.²

The Benefits of Involved Fatherhood for Women, Children and Men Themselves

At the policy level, MenCare partners are using emerging data to demonstrate the benefits and results of engaging men in caregiving. These include:

As fathers get more involved and share the care and domestic work burden, women’s economic empowerment advances.

Clearly, paternity leave is not a panacea or one-size-fits-all for engaging men in care work, but it is 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 also has the added benefit of reducing gender-based work inequalities in that both male and female employees, or prospective employees, can require (and be entitled to) time off to care for children. A study by the Swedish Institute of Labor Market Policy Evaluation showed that a mother’s future earnings increase on average 7% for every month that the father takes paternity leave.^v While there is little research on how men’s participation in care work affects women’s pay in the Global South, various studies confirm that women’s

² For more information on other fatherhood interventions, or to contact either Promundo or Sonke about these new initiatives in Latin America and sub-Saharan Africa, see www.men-care.org.

almost universal responsibility to provide unpaid care underpins their lower rates of labor force participation and their lower pay.^{vi}

In low-income countries, studies focused on women beneficiaries of economic empowerment initiatives have found that greater income for women can often lead to more respect from male partners. However, few – if any – studies have found that men increase their participation in care work where women’s economic empowerment (WEE) initiatives have been implemented. Promundo and CARE-Rwanda carried out a pilot study in 2012 that compared the women-only empowerment with a community where men were engaged in caregiving. Results suggest that when men were reached with community discussions about how women’s economic empowerment could benefit their households and how they could support the process, they were more likely to participate in household activities than were husbands in the women-only intervention.^{vii}

As fathers get involved, maternal health-related outcomes improve.

The presence of men during labor has been shown to have an important effect on women in Global North and South settings (and assuming that their presence is not violent).^{viii ix} A study in Nepal showed that including men in reproductive health education increased women’s chances of making birth preparations, attending more prenatal visits, delivering in health institutions or having skilled providers at birth, when compared to women who participated in the classes alone.^x An impact evaluation of an initiative to train service providers and counsel couples about engaging men in maternal health in South Africa found similar results.^{xi xii}

As fathers get more involved from the start, there are better child development outcomes.

Numerous studies, most from the Global North, affirm that the involvement of men (assuming that involvement is non-violent, responsive and sensitive) is generally positive for children in terms of physical and mental health, cognitive and social development, and for developing more gender equitable attitudes. This positive impact shows up both in the short-

Fatherhood and the MDG’s

The Millennium Development Goals (MDG’s) are the largest attempt made by nations worldwide to meet the needs of the poorest populations. But they do not include indicators that speak to the involvement of men towards reaching these goals. Since the MDG’s have been defined, however, the evidence that shows how engaging men can help achieve outcomes such as those outlined in the MDG’s has increased significantly. MenCare is envisaged to participate in the MDG review process by highlighting this fact, and to advocate for language that explicitly measures the ways in which men contribute towards development goals.

MDG 3: Gender Equality

Gendered divisions of labor are one of the enduring dimensions of gender inequality that needs to be addressed. By advocating for men to take on more care and domestic work we support women’s economic empowerment.

MDG 4: Child Health

Men must take responsibility for their child’s health and emotional well-being. By breaking down harmful social norms that say men cannot be nurturers and caregivers we open up spaces for them to be more involved and support mothers by taking their child to doctor’s visits, ensuring that family earnings are spent on nutritional foods, and raising men’s awareness of HIV and AIDS and other health issues.

MDG 5: Maternal Health

As noted above, numerous studies have shown that when men are involved as non-violent fathers and caregivers during the prenatal period and during and after birth, mothers feel supported. When partners accompany the mother to prenatal care visits, she is much more likely to go to the doctor more frequently and follow medical advice. During birth, men can be advocates for mothers and supportive partners improving the birthing experience and increasing the likelihood that the father will remain bonded to his child.

term and in the long-term in cases where longitudinal data exists.^{xiii} Data from the U.S. and Europe find that preschool children who experience “sensitive and responsive fathering” perform better on cognitive and language tests than those with less responsive fathers. Similarly, children with involved fathers generally have better educational outcomes, a finding that holds in the Global North and South.^{xv xvi}

As caregiving goes up, violence against women and children goes down.

While the associations are complex and should not be oversimplified, numerous studies confirm that men who witness and experience violence growing up are more likely to use violence against children and women later in life, and less likely to participate in the home in a variety of ways when they became fathers (in childbirth, daily care of children, and in taking paternity leave).^{xvii xviii} On the other hand, analysis of IMAGES data focused on understanding the lifelong influence of men’s childhood experiences of violence found that boys who had fathers involved to a greater extent in their households were less likely to have experienced violence when growing up.^{xix}

As caregiving goes up, men’s mental and physical health improves.

Men’s responsive and non-violent family participation as caregivers is good for men themselves. Studies from the Global

North have found that men who are more actively involved in caregiving live longer, and report lower rates of mental health and other health problems, including high blood pressure and cardiovascular disease.^{xx xxi xxii} Research from low-income settings in South Africa and Brazil suggest that low income, young, unmarried men in settings of high violence sometimes adopt more pro-social behavior after a child is born.^{xxiii xxiv} Additionally, a study from the Swedish Public Health Institute found that men who took 30-60 days paternity leave had a 25% decrease in premature mortality risk compared to men who did not take paternity leave.^{xxv 3}

What Individual Men Can Do

Be involved from the start. Go to prenatal care visits, read father preparation books, educate yourself on children's rights.

By being involved from the beginning, men are setting the foundation for close relationships with their children.

When fathers read to children, follow their children's academic progress, and interact with their teachers they are supporting their educational achievement. Children who have emotionally close relationships with their fathers are more likely themselves to demonstrate empathy, be involved with

their communities and show better mental and emotional health.

Support women's economic empowerment through engaging in active fatherhood.

By being involved fathers, men are not only providing supportive environments for their children, but also their partners. By shouldering part of the care and domestic work burden women can (re)enter the workforce, go back to school and pursue goals outside the home.

Promote the themes in the MenCare campaign at the individual level, local level and structural level.

Mobilizing communities, schools and workplaces to enjoin men to take on active fatherhood starts at all level. Boys need to be taught how to do domestic chores. Boys and individual men – as policymakers, as teachers, as health care workers, as employers, as partners and as fathers – need to be encouraged to take on their fair share, and women must be taught to expect it.

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3 While it may be that men who take paternity leave are healthier to begin with, these results are nonetheless compelling.

End Notes

- ⁱ Budlender, D. (2008). The Statistical Evidence on Care and Non-Care Work across Six Countries. Gender and Development Programme Paper, No.4. Geneva: United Nations Research Institute for Social Development.
- ⁱⁱ Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K. and Nascimento, M. (2011). Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES). Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.
- ⁱⁱⁱ Contreras, M., Heilman, B., Barker, G., Singh, A., Verma, R., Bloomfield, J. (2012). Bridges to Adulthood: Understanding the Lifelong influence of Men's Childhood Experiences of Violence Analyzing Data from the International Men and Gender Equality Survey. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.
- ^{iv} Barker, et al. (2011)
- ^v Johansson, E.A. (2010). The Effect of Own and Spousal Parental Leave on Earnings. IFAU - Institute for Evaluation of Labour Market and Education Policy. Working Paper Series, 4.
- ^{vi} Morrison, A. and Lamana, F. (2006). Gender Issues in the Kyrgyz Labor Market. Background Paper for Kyrgyz Poverty Assessment. Washington, D.C.: World Bank.
- ^{vii} Slegh, H. (Forthcoming). Report of the Pilot Assessment of "Journeys of Transformation." CARE-Rwanda and Promundo.
- ^{viii} Klein R.P., Gist N.F., Nicholson J., Standley, K. (1981). A Study of Father and Nurse Support During Labor: Birth: Issues in Perinatal Care, vol. 8, no. 3, pp. 161-164.
- ^{ix} Cain, R.L., Pedersen FA, Zaslo, M.J., Kramer, E. (1984). Effects of the Father's Presence or Absence During a Cesarean Delivery. Birth: Issues in Perinatal Care, vol. 11, No. 1, pp. 10-15.
- ^x Mullany, B.C., Becker, S., Hindin, M.J. (2007). The Impact of Including Husbands in Antenatal Health Education Services on Maternal Health Practices in Urban Nepal: Results from a Randomized Controlled Trial. Health Education Research, vol. 22, no. 2, pp. 166-176.
- ^{xi} Kunene, B. and others. (2004). Involving men in maternity care. Durban, Reproductive Health Research Unit (Durban) and Department of Obstetrics and Gynaecology, University of the Witwatersrand, See http://pdf.dec.org/pdf_docs/Pnada931.pdf.
- ^{xii} Barker, G., C. Ricardo and M. Nascimento. (2007). Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Intervention. Geneva: World Health Organization.

- ^{xiii} Sarkadi, A. and others. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. Acta Paediatrica, vol. 97, no. 2, pp. 153-158.
- ^{xiv} Bronte-Tinkew, J., Burkhauserand, M., Metz, A. (2008). Elements of promising practice in teen fatherhood programs: evidence-based and evidence-informed research findings on what worked. Report available from www.fatherhood.gov.
- ^{xv} McBride, B. A., Schoppe-Sullivan, S.J., Ho, M.H. (2005). The Mediating Role of Fathers' School Involvement on Student Achievement. Journal of Applied Developmental Psychology, vol. 26, no. 2, pp. 201-216.
- ^{xvi} Mboya, M.M., and Nesengani, R.I. (1999). Migrant Labor in South Africa: a Comparative Analysis of the Academic Achievement of Father-Present and Father-Absent Adolescents. Adolescence, vol. 34, pp. 763-767.
- ^{xvii} Buka, S. L., Stichick, T. L., Birdthistle, I. and Earls, F. J. (2001). Youth Exposure to Violence: Prevalence, Risks, and Consequences. American Journal of Orthopsychiatry, vol. 71, no. 3, pp. 298-310.
- ^{xviii} Carlson, B.E. (1990). Adolescent Observers of Marital Violence. Journal of Family Violence, vol. 5, no. 4, pp. 285-299.
- ^{xix} Contreras, et al. (2012)
- ^{xx} Brown, S.L. and others. (2003). Providing Social Support May be More Beneficial than Receiving It: Results from a Prospective Study of Mortality. Psychological Science, vol. 14, no. 4, pp. 320-327.
- ^{xxi} Bartlett, E. (2004). The Effects of Fatherhood on the Health of Men: A Review of the Literature. Journal of Men's Health and Gender, vol. 1, nos. 2-3, pp. 159-169.
- ^{xxii} Holt-Lunstad, J. and others. (2009). Married with Children: the Influence of Parental Status and Gender on Ambulatory Blood Pressure. Annals of Behavioral Medicine, vol. 38, no. 3, pp. 170-179.
- ^{xxiii} Swartz, S. and Bhana, A. (2009). Teenage Tata: Voices of Young Fathers in South Africa. Cape Town: HSRC Press.
- ^{xxiv} Barker, G and Ricardo, C. (2005). Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence. Social Development Papers: Conflict Prevention and Reconstruction, No. 26. Washington, D.C.: World Bank.
- ^{xxv} Mansdotter, A., Lindholm, L., Winkvist, A. (2007). Paternity Leave in Sweden—Costs, Savings and Health Gains. Health Policy, vol. 82, no. 1, pp. 102-115.