







Although ways in which men can help alter gender-based healthcare inequities has drawn increased interest over the years, relatively little research, programme or policy efforts have focused on the role of men in maternal, newborn, and child health (MNCH)—including as fathers, husbands, and service providers (Carter and Speizer, 2005).

The period surrounding pregnancy, however, is now increasingly seen as an opportune time to engage and educate men about health in general and the well-being of their families in particular. Research has found that

expectant and new fathers are often particularly receptive to information that will ensure the survival and health of their babies. This corresponds to increased interest in acquiring information about their health and how risk-taking behaviours affect the welfare of others (Burgess, 2007).

More importantly, male involvement during the prenatal, newborn and early childhood period can lead to positive outcomes for fathers, mothers and children, including increasing the likelihood that the father will continue to participate in care giving throughout his children's lives (Burgess, 2007).

## BOX 1

### MATERNAL, NEWBORN AND CHILD HEALTH: AN INTERNATIONAL PERSPECTIVE

Maternal, newborn and child health refers to the health of women during pregnancy, childbirth and the postpartum period and the health of newborns and children under the age of five. Millennium Development Goal Five (MDG 5), which seeks to reduce maternal mortality by three-quarters by 2015, has shown the least progress of all the MDGs (Rosenfield et al., 2006).

It is estimated that over 529,000 women die annually from complications during pregnancy, childbirth, and the postpartum period while an additional 20 million women endure lifelong disabilities such as pelvic pain, incontinence, obstetric fistula, and infertility. Unsafe abortions account for approximately 13 per cent of all maternal deaths or about 68,000 per year (UN Millennium Project 2006). Nearly all of these deaths and disabilities occur in developing countries (UNFPA, 2005).

The fourth Millennium Development Goal (MDG 4) seeks to reduce the under-five mortality rate by two thirds by 2015. The leading causes of infant and child deaths—pneumonia, diarrhoea, malaria and measles—are easily prevented through simple improvements in basic health services and interventions, such as oral rehydration therapy, insecticide-treated mosquito nets and vaccination. Disparities in infant and child health outcomes across regions are significant—a child born in a developing country is over 13 times more likely to die within the first five years of life than a child born in an industrialized country. Sub-Saharan Africa accounts for about half of the deaths of children under the age of five in the developing world. (United Nations, 2008)

Persuading men to become more involved in MNCH can also redress broader gender inequities. Women often shoulder the burden of caring for children and domestic work. This is one reason why they both earn less and tend to be employed as part-time or informal labourers. It follows then that the more men are involved with childcare the more they will help to diminish these inequalities—both in the workplace and at home (Burgess, 2007).

### **Gender norms and inequities play a major role in maternal, newborn and child death and disability.**

In many countries the low social status of women means many have hard time gaining access to the information and services necessary for a healthy pregnancy, birth and postpartum period. In many settings it is usually men who control the household income and who hold the decision making power in matters which can affect maternal health—whether it be with respect to access to social services or reproductive and contraceptive choices (IGWG, 2005; Orji et al., 2007). More critically, it is also often men who make the decision as to whether a woman can seek help if she develops complications during pregnancy, childbirth or soon after. Although men are often the principal decision-makers, many are unaware of the possible complications that a woman may experience during pregnancy and the post-partum period and may be unwilling or unable to talk to her about it.

Even where men do not directly obstruct a woman's access to services, the nature and extent of their participation throughout this period can influence the health experiences and outcomes of women in addition to those of newborns and children. For example, research has found that a father's presence (or, indeed, that of another close friend or relative) at the birth can help make labour and delivery a more positive experience for the mother (Burgess, 2008). Likewise, a mother's decision to initiate and sustain breastfeeding, a practice which has been linked to positive newborn and child health outcomes, can be influenced by the father's own attitudes about nursing (Burgess, 2008). **At the same time, it is important to recognize that male involvement in and of itself does not necessarily ensure more favourable MNCH outcomes—especially, if male behaviour is domineering and controlling (Carter and Speizer, 2005; Mullany et al., 2005).**

In many settings, men are still largely marginalized from MNCH-related services and activities. This can often be attributed to discriminatory attitudes among health providers or to men's lack of knowledge about MNCH and the important role they can play. Other reasons for their marginalization are often related to larger social and economic factors such as the inability of many men to take time off from work

to attend pre-natal sessions or newborn check-ups (Carter and Speizer, 2005). Barriers to take time off can be financial—particularly for those men who are paid on an hourly basis—or structural as in the case of those companies/employers who do not recognize that participating in pre-natal and newborn check-ups is a critical aspect of fathering. Moreover, and as discussed in the introduction, men are often less likely to seek health and social services owing to ideals of masculinity which dictate that seeking help is a sign of weakness.

If men do seek services, it is often because of concerns relating to sexual health—e.g. treatment for STIs or condoms. Health services, in turn, often do not take advantage of this opportunity to engage men in discussions about reproductive health or MNCH. Indeed, reproductive health and MNCH services are often female-oriented and service providers may be unaware of the importance of engaging men and/or of how to do so. Efforts may also be complicated by the fact that women may not feel comfortable in the presence of unrelated men if facilities have not been designed to accommodate both. As a result, clinic staff may be less welcoming to male clients.

**There is little comparative data about the current nature and extent of men's involvement during antenatal, birth, and postnatal care services, nor with respect to societal expectations about men's involvement.** Existing evidence suggests, however, that men support MNCH in varying degrees—ranging from accompanying women to health care visits to helping with household chores. A study of fathers in El Salvador found that 90 per cent had participated in at least one prenatal care visit, delivery, or a postpartum well-baby care visit (Carter and Speizer, 2005). Similarly, a study undertaken in four countries in Central America found that 96 per cent of male respondents agreed that it is important to support partners through the pregnancy and birth (Hegg et al., 2005). In Nepal, 57 per cent of women attending antenatal care at a large urban hospital reported that their husbands helped them to reduce their workload (in Mullany et al., 2005). In England, it is estimated that 86-98 per cent of fathers are present at the birth of their children (Kiernan & Smith, 2003; National Health Service, 2005 in Burgess, 2008). Moreover, research has also found that women prefer that men become more involved with maternal health (Mullany et al., 2005).

Research has also found that the reasons men may not be involved in MNCH are more often related to external or structural factors such as work demands, hospital regulations, and health provider attitudes than to men's perceptions of gender roles or negative attitudes about MNCH (Carter, 2002; Carter and Speizer, 2005). Moreover, a

variety of factors influence the experience of fatherhood and to what extent a man will become involved. These include the relationship with the mother and their age (see Box 2 Young Fathers and MNCH, for example) as well as cultural and social norms related to men and care-giving.

Finally, it is noteworthy that men's engagement in MNCH extends beyond fathers but also to brothers, in-laws, other male relatives, as well as male reli-

gious and community leaders. In some settings, male leaders can play a key role in discouraging child marriage, early childbirth and other local practices and traditions that may affect MNCH outcomes, including female genital mutilation/cutting. Because there is so little opposition with respect to discussions relating to motherhood and children, mobilizing men for MNCH can provide an entry-point for engaging them on other issues such as GBV and the education of girls (Kamal, 2002).

## BOX 2

### YOUNG FATHERS AND MATERNAL, NEWBORN AND CHILD HEALTH

Younger fathers often have a harder time getting involved with MNCH than older fathers. Families, service providers and other gatekeepers may not believe that young fathers are able or willing to care for their children.

Because many young fathers lack the necessary social and financial resources to take on the responsibility of childcare, MNCH services and programmes can be crucial. They can affirm a young man's identity as a father; encourage his participation in MNCH; provide information and counselling with regards to parenting skills and child development and address his anxieties and concerns regarding childbirth and parenting.

Many young fathers may also face rejection from their partner's family and may believe they are unwelcome and inadequate as parents. Young fathers who are not living with the mother of their children may also need specific information about issues such as birth registration and child support.

When possible, MNCH services and programmes should also seek to engage the young father's wider family (his own family and that of his partner) as well as his peers. Family and peers can play a key role in either facilitating or obstructing a young father's engagement with his child or children.

## BOX 3

### KEY ROLES MEN CAN PLAY IN MATERNAL, NEWBORN AND CHILD HEALTH

**Plan their families:** Men can discuss with their partners when and how many children to have. It is important that decisions are arrived at jointly and that men do not insist on more children than partners want.

**Support contraceptive use:** Men should also discuss contraceptive choices and preferences with partners and accompany them to see a family planning counsellor or attend health worker visits. The goal is to decide together which contraceptive method (or combination of methods) best meets the couple's needs.

**Help pregnant women stay healthy:** When his partner becomes pregnant, a man can encourage her to obtain proper antenatal care and offer to accompany her during clinic visits, provide transportation or funds to help pay for expenses. He can also take the time to learn to recognize the symptoms of pregnancy complications and make sure that his partner eats nutritious food, especially food high in iron and fortified with vitamin A.

**Continue to be a respectful sexual partner:** It is important that men (indeed, couples) have accurate information about sex during the different stages of pregnancy and postpartum. Although there are many preconceived notions and myths about sex during pregnancy, generally-speaking it is safe for a woman so long as her pregnancy is normal or low-risk. As at anytime in the relationship, however, men should respect whether or not his partner wants to engage in intimate relations. In some countries, the widespread belief that women cannot have sex during pregnancy and/or soon after often serves as a "justification" for a partner to engage in extramarital relationships.

Addressing the norms and myths that support these perceptions and types of behaviours is an important part of MNCH programming. Moreover, men need to be reminded that STIs can be harmful to mother and baby and can trigger premature labour and cause other serious complications. If there is any possibility that a man is infected he should use a condom.



**Arrange for skilled care during delivery:** Men can help to ensure that a trained attendant will be present during the birth by arranging ahead of time for transportation to a clinic or health post, identifying a blood donor in the case of an emergency, and arranging care for those children who will be left behind. For home births, men can help purchase necessary supplies and arrange for transportation in the case of an emergency.

**Avoid delays in seeking care:** Men can play a crucial role assuring that women receive prompt care by learning to recognize the signs of an imminent delivery and of potential complications.

**Provide support during the birth:** Another way men can help is by learning about breathing techniques and movements that can help alleviate the pain of delivery. Male partners can also make sure that their partner has enough food and drink and is adequately distracted between contractions.

He can also advocate on behalf of his partner to healthcare providers. The emotional support that a man can provide during birth is valuable and can help to transform the pain of birth into more positive experience for the woman.

**Provide support after the baby is born:** During the postpartum period men can provide extra support with housework and childcare. They can be directly involved in newborn care by changing diapers, bathing, putting them to sleep, burping, and even feeding when appropriate.

This early contact strengthens the father-child bond as well. They can learn how to spot potential postpartum complications and to seek help when they occur. Male partners can also help to ensure that the new mother is well nourished and can encourage her to breastfeed. Finally, men can begin using contraception, either as a temporary measure to make sure that subsequent births are adequately spaced or if no more children are desired, undergo a vasectomy.

**Be responsible fathers:** Men promote their children's health by ensuring that they are immunized, are well nourished, have access to clean drinking water and are well-cared for if they fall ill.

As role models, fathers can support their daughters' education, teach their sons to respect women and to treat them as equals, and encourage them to play an active role both within and outside the family.

SOURCE: DRENNAN, 1998

## BOX 4

### MEN AS ALLIES IN THE PREVENTION AND TREATMENT OF OBSTETRIC FISTULA

Obstetric fistula is a preventable childbirth injury that occurs when a woman endures obstructed labour for an extended period without a Caesarean or any other type of medical intervention to relieve it.

It is estimated that at least two million girls and women living in Africa, Asia and the Middle East are suffering with obstetric fistula, and that an additional 50,000 to 100,000 girls and women develop obstetric fistula each year (UNFPA, n.d.).

During obstructed labour, the soft tissues of the pelvis are compressed between the descending baby's head and the mother's pelvic bone. The lack of blood flow causes tissue to die, creating a hole between the mother's vagina and bladder (known as a vesico-vaginal fistula), or between the vagina and rectum (a rectovaginal fistula) or both. The end result is that she is left leaking of urine or faeces or both.

Girls and young women between the ages of 10 to 15 years are especially vulnerable to obstetric fistula because their pelvic bones are not yet sufficiently developed to withstand childbearing and delivery. Fistula can generally be repaired

through a specialized surgery; however, most women with the condition do not know that the treatment exists or cannot afford it. Moreover, not all doctors can repair fistula—it requires training and in many poorer countries only a few hospitals offer the surgery.

In addition to physical health consequences, a girl or woman with fistula may also suffer social stigmatization. Men—as husbands, fathers, and leaders—can help prevent and treat obstetric fistula by promoting female education and empowerment, advocating against child marriage and other harmful practices, and access to family planning and appropriate and timely obstetric care.

SOURCE: WWW.ENDFISTULA.ORG

## PROGRAMMING FOR ENGAGING MEN AND BOYS IN MNCH

Engaging men in MNCH requires a combination of services-based, education, and community outreach and advocacy efforts. On a services level, engaging men may involve training staff and adapting spaces and services so that they are more welcoming for men. On a community level, efforts should aim to change attitudes regarding men's involvement in MNCH, persuade decision-makers and local leaders to get involved and raise general awareness of couple and gender-friendly MNCH services that exist. Finally—as will also be discussed in this section—it is necessary to advocate for changes in the structures and policies (e.g. paternal leave) that often limit men's opportunities to participate in MNCH.

### GROUP EDUCATION

In many countries, caring for children is viewed as an exclusively female domain and girls and women often practice and learn care-giving from an early age (e.g. caring for siblings, playing with dolls). Boys and men, on the other hand, most often learn that they need the skills necessary to become a good provider, but not necessarily caregivers. **Men and boys need an opportunity to develop the necessary confidence and skills to care for children.**

Because the concerns of a father may differ from that of the mother, programmers need to recognize differences and address needs separately. This can be accomplished in a variety of ways: including through couple's sessions where men and women divide for a short period to discuss their concerns separately

(Fisher, 2007). It is best to advertise these as services for both "mothers and fathers" and to avoid using the term "parent" which is commonly understood by both men and women to mean mothers only. Also, it is recommended to avoid using such terms as "group", "education" or "class": Advertising interventions as "how to" information sessions focusing on the baby is far more likely to attract fathers (Fisher, 2007).

Specific content will be discussed in more detail in the following section on services. Case Studies 1 and 2 present examples of education efforts undertaken outside the health services context. The following section discusses services-based strategies designed to serve as an entry-point to educate expectant fathers on MNCH issues.

## CASE STUDY 1

### BOOT CAMP FOR DADS

(PROGRAMME TYPE: GENDER TRANSFORMATIVE)

In the United States, a peer-led programme model called Boot Camp for New Dads invites small groups of expectant fathers to spend an afternoon with two or three "mentor fathers" who bring their babies with them.

A trained facilitator is present, but other than that, there is no curriculum or fixed list of issues to cover. Rather, the expectant fathers are simply given the opportunity to discuss their expectations and concerns with other fathers, and to witness practical baby care in action—changing nappies (diapers), cuddling, massaging, etc.

The role of the facilitator is also to identify those expectant fathers who could serve as mentor fathers to future groups. Proven successful in a wide variety of communities and settings, the programme works with and through maternity services, child health clinics, religious institutions, and in military bases. Over 150,000 men have participated to date and the programme has now expanded internationally to include Italy and Japan.

FOR MORE INFORMATION: [WWW.BOOTCAMPFORNEWDADS.ORG](http://WWW.BOOTCAMPFORNEWDADS.ORG)



BOOT CAMP FOR DADS

## CASE STUDY 2

### FATHERS' CLUBS IN RURAL HAITI

(PROGRAMME TYPE: GENDER SENSITIVE)

The Haitian Health Foundation is supporting the creation of fathers' clubs in a bid to address family and child health issues in rural areas. Fathers meet regularly to learn about child health problems and how to solve them. Specific topics include: Early childhood nutrition, the importance of breastfeeding and routine infant growth monitoring, immunizations, homemade oral rehydration solution (ORS), and when and how to use it, and when and how to seek further professional help if a child is ill. Fathers also discuss how to support their wives with

childcare, share family-related problems and help each other when needed. The meetings are open to all men in the village, and are usually run by a village health agent together with a professional nurse. Participants use a variety of formats to present information and exchange ideas, including songs and skits. Fathers also participate in other health-related and community activities, such as assisting with health fairs (Sloand and Gebrian, 2006).

SOURCE: SLOAN AN GEBRIAN, 2006



## GROUP EDUCATION

Personnel who staff MNCH services often view men as intruders or “outsiders”. Many service providers may see pregnancy as a woman’s domain and may have negative attitudes about male involvement. Programmers need to provide opportunities for service providers to reflect on their attitudes with respect to men’s involvement and their own related expectations and concerns. For example, Fathers Direct training courses for professionals in the United Kingdom rely on provocatively negative statements to stimulate debate and help participants explore their own attitudes about men and women and how these influence their interactions with mothers and fathers in service settings. Examples of such statements include: “A father cannot cope with children without a woman to help him”; “Fathers are not particularly interested in caring for children.” After a period of reflection, programmers discuss the proven benefits of male involvement on maternal and child health outcomes.

As discussed in the section on gender transformative programming, it is important that all services-based staff be offered an opportunity to participate in some kind of male involvement sensitization or training. As security guards and receptionists are often the first people a man will see as soon as he walks in the door, they should also be present in any of the “front-line” and are key to making men feel comfortable and welcome. Similarly, waiting and consulting spaces should also be welcoming—too often posters and brochures available only depict images of women and children. Services should seek to display images that challenge the stereotype of women as sole caregivers, and depict men in care giving roles.

In addition to building their own awareness, many service providers also need the necessary knowledge and skills to effectively engage men with respect to MNCH. They need to be prepared to address common concerns and questions—such as how to support partners, the effect of childbearing and rearing on a couple’s relationship and how to adjust to the demanding role of fatherhood.

At the same time it is also necessary for staff to reflect on, and be prepared for, the possible complexities and challenges involved in engaging men in MNCH. These include dealing with men who are controlling or violent (see Box 6 Dealing with Difficult or Violent Fathers) or organizing spaces in such a way that men can be at their partner’s side without intruding on the privacy of other women—particularly during labour.

In terms of services, prenatal care can provide fathers with an opportunity to learn about how they can assist their partners to prepare for a healthy pregnancy and birth. Service providers should encourage fathers

to attend prenatal sessions. For example: If a woman comes in for a consultation alone the provider can ask if she would like her partner to be invited into the room. If she comes to the clinic unaccompanied, the provider can ask if she would like to take home a signed invitation requesting her husband’s presence at the next session (see Tool “ Sample letter to invite men to pre-natal services”).

There are some MNCH services that can be particularly effective entry-points for involving men in prenatal care. For example, an ultrasound scan (when available) is now recognized an opportune moment to engage fathers: Seeing and listening to foetal movements can offer men a powerful physical link to the reality of the pregnancy and help them transition to parenthood. Some services may also offer incentives: For example, shop vouchers for couples who attend at least four antenatal sessions. It is important, however, to ensure that these incentives are locally appropriate and not unintentionally coercive or discriminatory towards single mothers.

Prenatal education for men should include the same information that women receive: Care and nutrition during pregnancy; pregnancy complications and what to do should the mother require emergency medical care; the importance of breastfeeding; fertility and postpartum family planning; in addition to postnatal and infant and child health and development. Service providers should also inform fathers of the negative health consequences of STIs during pregnancy and provide them with the necessary skills and methods to protect themselves and their partners. Service providers should also alert new fathers of the potential emotional impact of the postpartum period on their couple’s relationship.

The presence of the father during delivery is an important source of support for many mothers and also helps a father to more powerfully bond with the child. Service providers should encourage parents to discuss beforehand whether the father should be at the birth or not and what kind of support he will provide. If parents decide that the father will be present, service providers should instruct him on how he can be most useful and supportive, for example, by helping the woman with breathing techniques to help mitigate the pain or making sure she has enough water.

After the birth, service providers should make sure that both mother and father receive lessons about how to care for the baby. This includes bathing and changing diapers. Many fathers (particularly first-time fathers) for example, may fear that they are too clumsy to carry out these tasks—it is important that providers alleviate their fears and attempt to reassure them that men can learn to do these tasks as well as women.

Providers should also work with couples to identify and create opportunities for the father to regularly bond with the baby: For example by holding the baby for a sustained period while the mother sleeps or rests or burping the baby after feedings. Men should also be engaged during the post-natal period, including in-home visits. If the father does not live with the mother and child, service providers should make special arrangements with the mother to ensure he is included somehow (e.g. through follow-up telephone calls or the provision of informational materials).

Finally, it is important to remember that open-mindedness with regards to being present at the birth, sharing in childcare tasks, etc. is significantly influenced by community and cultural norms regarding respective male and female roles. Service providers should be sensitive to these and identify

the degree to which they should challenge the status quo in given context. For example, where men control female access to services, service providers should focus on sensitizing men to the importance of regular prenatal care, safe birth settings, etc. Where these services are only available on a per-payment basis, service providers will also need to persuade men that money for such services are well-spent. In such circumstances, efforts to encourage fathers to be present at the birth, share in washing, feeding and other child-care tasks may have to take a back seat to the more urgent priority of ensuring the basic health and well-being of mother and child. Moreover, efforts to change the status quo cannot be limited to the service-delivery level. As discussed later, it is also necessary to implement community and society-level action to shift attitudes and perceptions regarding male involvement during the prenatal, newborn and early childhood periods.

## BOX 5

### INVOLVING MEN IN THE PREVENTION OF PARENT TO CHILD TRANSMISSION (PTCT) OF HIV

Parent to child transmission (PTCT) of HIV is when the virus is passed from an HIV-positive mother to her baby. Although also known as mother-to-child-transmission (MTCT), the term parent-to-child-transmission recognizes that both men and women contribute to the transmission of HIV to children. While the immediate source of the child's HIV infection, during pregnancy, childbirth or breastfeeding, is the mother, she might have acquired HIV from her partner. It takes both parents to produce a child and responsibility of giving birth to a healthy baby lies with both.

Primary prevention of PTCT means that both parents have to protect themselves from HIV infection and practice family planning to avoid unintended pregnancies. Where the pregnant woman is already living with HIV, research has found that involving male partners can make a real difference in improving a woman's likelihood of using PTCT

services. When outreach efforts successfully engage men, they are far more likely to support women at critical turning points: Deciding whether to take an HIV test, returning for test results, taking antiretroviral drugs, and practicing safer infant feeding methods (Horizons, 2003).

A study in Nairobi, for example, found that when the partners of women living with HIV came to the antenatal clinic for Volunteer Counseling and Testing, mothers-to-be were more likely to receive nevirapine during follow-up, avoid breastfeeding their infant, and report condom use (Farquhar et al., 2004).

FOR MORE INFORMATION, SEE SECTION ON HIV/AIDS PREVENTION, CARE, TREATMENT AND SUPPORT.

## CASE STUDY 3

### PROMOTING THE RIGHT OF FATHERS TO BE PRESENT AT THE BIRTH OF THEIR CHILDREN

(PROGRAM TYPE: GENDER SENSITIVE)

In Brazil, there is a federal law which guarantees a woman's right to have a companion present before, during and after she gives birth. In practice however, this law is often ignored owing to a combination of negative health provider attitudes and a lack of awareness amongst the general population.

A study undertaken by Instituto PAPAI (Portuguese for father), a Brazilian NGO, found many inconsistencies among the maternity wards in the city of Recife in north eastern Brazil. Some only allowed female companions to be present, others only allowed male companions at the birth but not before or after and in many cases, it was left to the discretion of medical staff as to whether a male was allowed in.

TRANSLATION: THE FATHER IS NOT A VISITOR!  
FOR THE RIGHT TO BE PRESENT AT DELIVERY.

In response, PAPAI organized a public demonstration calling on the government to enforce the law. NGO volunteers also distributed educational materials and engaged in street theatre to promote awareness of just how important fathers are to reproductive health and to childrearing.

FOR MORE INFORMATION: [WWW.PAPAI.ORG.BR](http://WWW.PAPAI.ORG.BR)



#### BOX 6

#### DEALING WITH DIFFICULT OR VIOLENT FATHERS

Service providers occasionally encounter fathers who are difficult to engage or who are disruptive during clinic visits, the birth or at other moments. There can be many reasons behind such behaviour—from a sense of anxiety over impending parenthood to more serious emotional or relationship issues. When the problem is one that exists between the parents, the service provider should refer the couple to a counsellor, religious leader, or other professional if he/she does not feel prepared to handle couple conflict. Speaking with the father directly may help to resolve most minor issues; however, it is always useful to have a referral system with other organizations that are better equipped to deal with issues relating to drug and alcohol use, mental health and unemployment.

In situations where a father is violent towards a pregnant woman or child, service providers should be extra cautious and will need to deal with the situation with utmost care. Service providers should be trained in how to screen clients for signs of violence or abuse (LINK to Tool in section Gender Based Violence: Domestic Violence Assessment Guide) and know how to refer anyone experiencing violence or abuse to services that can provide the appropriate support. Providers should also be prepared to refer those men who want to change their abusive or violent behaviour to services that can assist them while, at the same time, report abuse to local authorities according to local or national reporting domestic violence guidelines.

## CAMPAIGNS AND COMMUNITY MOBILIZATION

In addition to making services more inclusive and friendly, providers should try to reach fathers outside of the services setting. Safe motherhood initiatives undertaken in rural India, for example, have successfully reached men by hiring male health workers. These health workers accommodate their outreach efforts to the work schedules of the men they are trying to reach. An evaluation of the initiative revealed that the number of men seeking out health workers to register their wives for early antenatal care increased—as did the number of husbands accompanying women to hospital, and the number of fathers bringing their young infants in for immunization. The primary reason the initiative was so effective, according to the evaluation, is that many Indian men consider a visit from a male outreach

worker as being far more significant than visits by regular midwives, and thereby attach greater importance to them (Raju and Leonard, 2000).

In addition to reaching large numbers of men with messages and information about how to support maternal and child health, campaigns can also help to contribute to changes in community and social norms. A good example of this is Case Study 5, an Indonesian campaign that was designed to promote safe pregnancy and birth by engaging men. Campaigns can also seek to change public policy and laws by advocating, for example, that fathers be allowed to be present at the birth (see Case Study 3) or that they be granted paternity leave (see Case Study 6).

### CASE STUDY 4

#### A WORLDWIDE CAMPAIGN TO ENGAGE MEN AS PARTNERS IN MATERNAL HEALTH

(PROGRAM TYPE: GENDER SENSITIVE)

On World Population Day in 2007, UNFPA organized a series of activities and events worldwide under the theme: Men as Partners in Maternal Health. The aim was to highlight how the participation of men can improve maternal health.

Campaign organizers used "Men at Work" as the slogan and made sure that all campaign activities and events highlighted a common message: That male participation is vital to the promotion of reproductive health, development and the well-being of families and communities. Campaign activities ranged from TV spots in Mongolia to a live radio-television debate in Rwanda in which representatives from the Ministry of Health, Ministry of Finance and Economic Planning, National Women's Council discussed the importance of male involvement in maternal health and family planning.

FOR MORE INFORMATION: [WWW.UNFPA.ORG](http://WWW.UNFPA.ORG)





## CASE STUDY 5

### SUAMI SIAGA: THE ALERT HUSBAND CAMPAIGN IN INDONESIA

(PROGRAM TYPE: GENDER SENSITIVE)

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

Campaign components included:

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

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

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

Husbands who participated in interpersonal communication about becoming a Suami SIAGA were ten times more likely to report taking action, such as making arrangements for safe childbirth. A number of follow-up SIAGA campaigns focused on other audiences including community members and midwives – all of whom play a critical role in facilitating a safe pregnancy, delivery and postpartum period.

The poster above shown here describes specific ways in which husbands can support pregnant wives and thus ensure a safe and healthy pregnancy and delivery. Translation: (SIAP: On guard and act when you see dangerous signs of pregnancy; accompany your wife to a midwife for a pregnancy check (minimum 1 x in the 1st quarter, 1 x in the 2nd quarter, 2 x in the 3rd quarter); ask for help from the community when your husband is not available. ANTAR: Always prepare a transportation system, blood donor. JAGA: Accompany your wife at the time of, and following, delivery).

## CASE STUDY 6

### GIVE ME LEAVE, I AM A FATHER: PROMOTING PATERNITY LEAVE IN BRAZIL

(PROGRAM TYPE: GENDER TRANSFORMATIVE)

In 2008, a network of Brazilian NGOs launched a campaign to advocate for an expansion of the current paternity leave of five days to at least one month<sup>22</sup>. In addition to producing video spots, posters and other media pieces, campaign personnel organized a series of public debates to bring together government and civil society to discuss the importance of extending paternity leave. The campaign also encouraged fathers to take the leave to which they were already entitled.

FOR MORE INFORMATION:

[WWW.PROMUNDO.ORG.BR](http://WWW.PROMUNDO.ORG.BR) OR [WWW.PAPAI.ORG.BR](http://WWW.PAPAI.ORG.BR)



TRANSLATION:  
GIVE ME LEAVE, I AM A FATHER!

## TOOLS

Education: The Baby is Crying

Services: Sample letter to invite men to pre-natal services

Campaigns: Promoting men's role in safer motherhood

\*FOR ADDITIONAL TOOLS ON WORKING WITH MEN AND BOYS IN THE PROMOTION OF CHILD HEALTH, PLEASE ALSO REFER TO THE FATHERHOOD MODULE (NEXT).