



Men Care

## **MENCARE IN THE PUBLIC HEALTH SECTOR IN CENTRAL AMERICA:**

**Engaging Health Providers to Reach Men  
for Gender Equality in Maternal, Sexual, and  
Reproductive Health**

## INTRODUCTION

Engaging men in active fatherhood is critical to achieving gender equality. Of all the topics discussed in engaging men in gender equality, the issue of men and caregiving, including men's involvement in maternal, newborn, and child health (MNCH), remains conspicuously absent and underexplored. Men who report being more involved in birth and taking some paternity leave to care for a child are more likely to be involved in caregiving later in their children's lives. Men who play a greater role in caregiving have deeper connections with their children and partners and themselves have better physical and mental health outcomes. This increased caregiving by men can lead to a range of positive outcomes, including expanded economic opportunities for women and families, lower rates of family violence, and more equitable decision-making in the home, thus promoting a cycle of empowerment for women.

To achieve greater and more sustainable change in gendered norms and practices, efforts need to focus on integrating men's involvement in MNCH and caregiving *within* the health system. In the health sector, health providers' gender attitudes greatly affect the quality of care they provide to the mother and the way they interact, or do not interact, with the father. Pre- and post-natal health visits are a key entry point to engage men in MNCH and reproductive health, if the mother is interested, and to promote joint responsibility in MNCH and care of their children after they are born. Health providers delivering pre- and post-natal care can be, and should be, seen as potential allies who can transform the consultation space as a gateway to more involved, active, and gender-equitable fatherhood.

## WORKING WITH THE HEALTH SECTOR IN GUATEMALA AND NICARAGUA

MenCare partners *ECPAT (Asociación para la Eliminación de la Explotación Sexual, Pornografía, Turismo y Tráfico Sexual de Niñas, Niños y Adolescentes en Guatemala)* in Guatemala and *Puntos de Encuentro* and the *Red de Masculinidad (REDMAS)* in Nicaragua worked within their countries' existing health systems to promote men's engagement in active fatherhood and MNCH. In both countries, the work led to positive changes in understanding the importance of men's role in caregiving and involvement in pre- and post-natal care, not only among men and women at the individual level, but also at the institutional level, resulting in policy change and promotion.

Program partners trained health providers, health facility staff, and health educators; developed culturally appropriate materials; and provided group education to nearly 1,000 fathers and mothers. They also worked with health system leadership to successfully implement institutional changes and promote existing policies that support men's engagement in caregiving and MNCH. The results of the experiences in both Guatemala and Nicaragua demonstrate how working in partnership with country health systems and service providers is critical to promoting program sustainably and to making long-term structural change.

## THE APPROACH

ECPAT, Puntos de Encuentro, and REDMAS collaborated with local health systems and with health providers to:

### MENCARE

MenCare is a global fatherhood campaign that promotes men's involvement as equitable, nonviolent fathers and caregivers in order to achieve family wellbeing and gender equality. It provides high-quality community and mass media messages, technical assistance and training, policy and program recommendations, and evidence to support local NGOs, women's rights organizations, governments, and United Nations partners in their efforts to engage men and boys in caregiving. The campaign is coordinated by Promundo and Sonke Gender Justice in collaboration with its steering committee: the MenEngage Alliance, Save the Children, and Rutgers WPF.

## PROGRAM P

Program P (“P” for *padre* and *pai* in Spanish and Portuguese, respectively, meaning *father*) provides concrete strategies and activities to engage men globally in active fatherhood from their partners’ pregnancies through their children’s early years. It identifies best practices on engaging men in maternal and child health, caregiving, and preventing violence against women and children.

Program P is designed for health workers, social activists, nonprofit organizations (or NGOs), educators, and other individuals and institutions that aim to use “men as caregivers” as a starting point, with the goal of improving family wellbeing and gender equality. It was developed by REDMAS, CulturaSalud, EME, and Promundo, as part of the MenCare campaign.

1. Train and develop resources for health providers and volunteer health educators on engaging men in pre-natal and post-natal care;
2. Conduct group education sessions, based on Program P, with fathers and their partners around MNCH, violence prevention, and caregiving;
3. Conduct formative research to understand the experiences of young fathers, as well as health provider attitudes and health clinics’ receptiveness to engaging men in supporting MNCH;
4. Develop campaign materials to promote men’s participation in caregiving and MNCH, including videos and posters.

## COUNTRY BACKGROUND: GUATEMALA AND NICARAGUA

Over the past few decades, Guatemala and Nicaragua have made great strides in reducing maternal and child mortality rates and increasing access to health services overall. Health infrastructure is improving, and with an increasing number of births attended by skilled health professionals, both countries have seen a decrease in maternal deaths. However, health inequalities persist and the low-income and indigenous populations remain those most impacted. Nearly half of Guatemala’s population is comprised of people from indigenous tribes,<sup>1</sup> and close to half of Nicaragua’s population live in rural areas.

According to the World Bank, one out of every five Guatemalan women had no access to pre-natal care, and only 50 percent of women had a pre-natal visit in their first trimester.<sup>2</sup> Adolescent women in both countries continue to have high fertility rates

(102.4 and 104.9 births for every 1,000 live births, respectively)<sup>3</sup>; one in every 190 women in Guatemala and one in every 350 women in Nicaragua die of pregnancy-related causes.<sup>4,5</sup>

Gender inequality remains high – on the 2012 Gender Inequality Index, Guatemala was ranked 114th and Nicaragua 89th out of 148 countries. In addition to the aforementioned health indicators, female participation in the labor force is low compared to male participation (less than 50 percent of women compared to nearly 90 percent of men in both countries).<sup>6,7</sup> In the OECD’s 2014 Social Institutions and Gender Index, Guatemala and Nicaragua were both classified as countries with “medium levels of discrimination”, and the report showed high restrictions on women’s decision-making power and status in the family and household in Nicaragua and high son-bias and restricted civil liberties in Guatemala.<sup>8</sup>

In both countries, promoting gender equality must continue to be a priority. According to some sources, Guatemala has one of the highest rates of femicide – the gender-motivated murder of women, which generally occur in the domestic sphere<sup>9</sup> – in the region.<sup>10,11</sup> In 2012, Nicaragua passed a new, groundbreaking *Comprehensive Violence against Women Law* that covers sexual harassment, rape, and domestic violence and outlines the responsibilities of the government and authorities to protect women. However, less than two years after the law’s passing, the National Assembly voted to weaken the protections given in the law.<sup>12</sup>

## HEALTH SERVICE PROVIDERS

*APROFAM (Asociación Pro Bienestar de la Familia de Guatemala)*, a program partner, is the largest non-governmental sexual and reproductive health care provider in Guatemala. Operating 27 clinics and five mobile health units, its 3,000 community health promoters and youth peer educators fill service delivery gaps by bringing vital health care to people living in rural and marginalized communities throughout Guatemala. Its integrated services include gynecological care, contraceptive distribution, cervical cancer screening, post-abortion care, and STI testing and treatment. In 2013, APROFAM provided more than 1.6 million services nationwide.

The *Ministerio de Salud (MINS)* is Nicaragua's primary health service provider. By some estimates, MINS provides 70 per cent of the population's health services. MINS's mission is to develop a free and universal-access health system that services the needs of all Nicaraguans and promotes healthy lifestyles that improve quality of life and national efforts to improve human development.

# GUATEMALA

**Partners:** *ECPAT*, working with the *Asociación Pro Bienestar de la Familia (APROFAM)*

**Location:** In Guatemala City, and neighboring communities, including Amatitlán, Villanueva, Ciudad Quetzal, Mixco, San Julián, Chinautla, and in the following departments: Santa Rosa, Sacatepéquez, and Chimaltenango.

## INSTITUTIONAL IMPACT

This project contributed to significant policy changes within APROFAM and improved the gender-sensitivity of service provision among its providers. Implemented in four clinics throughout Guatemala City and neighboring areas, 54 APROFAM health service providers, including obstetricians and gynecologists, nurses, pediatricians, and psychologists, and 32 APROFAM sexual and reproductive health educators were trained in Program P to encourage the participation of fathers in appointments, labor, and delivery. For these health professionals, the training strengthened their focus on integrating a gender approach in their work, including men in MNCH and commitment to support a decrease in violence against women.

Thanks in large part to this project, APROFAM acknowledged that it could do more to support active fatherhood and developed the *APROFAM Fatherhood Policy*. This policy includes:

- The institutional guarantee that fathers will be able to be present (and that health staff will promote their presence and educate fathers on the importance of being present) in pre- and post-natal visits, during labor, in the delivery room, and during routine pediatric visits for children ages 0-4.
- Two days of paid leave for APROFAM employees whose spouse or partner is having a child.
- The provision of additional education for fathers on their right to paid leave for the labor and birth of their child.
- Development and permanent establishment of the *Escuela para Papás* (Fathers' School). Facilitated by health service professionals using the Program P curriculum, the *Escuela para Papás* complements the long-standing *Club de Madres* (Mothers' Club). It occurs every Saturday in APROFAM's central hospital and clinic, and it is aimed towards first-time fathers.

Additionally, the program led to a high-level APROFAM commitment to search for funding





to scale up the program nationally. ECPAT and APROFAM also developed communication materials to be used throughout APROFAM and provided diaper bags both to first-time fathers whose partners were in labor and to those that completed Escuela para Papás sessions.

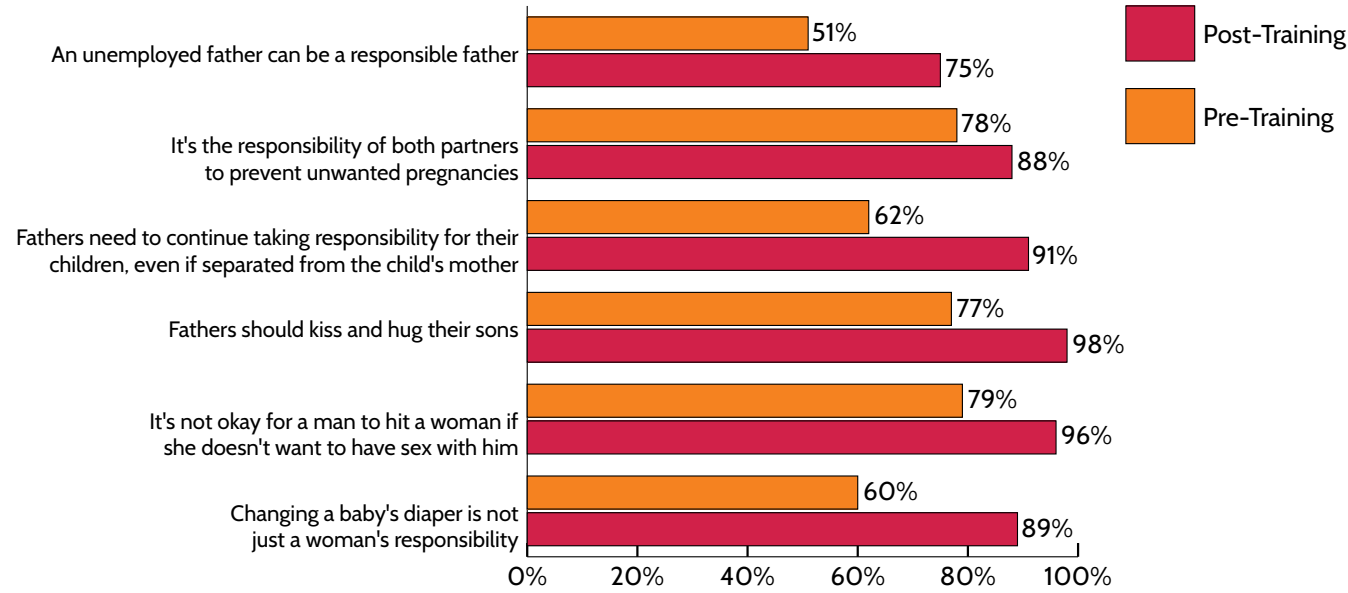
## INDIVIDUAL AND COMMUNITY IMPACT

Volunteer community and health educators, trained in Program P, conducted participatory sessions with 630 fathers. Fathers worked in both civil society (agriculture, carpentry and factory workers) and the police and military.

Fathers who completed the program showed dramatic changes in their attitudes around the roles of men and women in caregiving, household duties and parenting responsibilities. For example, at the end of the workshop:

- Nearly 30% more participants believed that changing a baby's diaper is not just a woman's responsibility;
- Approximately 25% more participants stated that an unemployed father could also be a responsible father;
- Almost 20% more participants stated that it is not acceptable for a man to hit a woman if she doesn't want to have sex with him.

FIGURE 1: PERCENT OF FATHERS WHO AGREE THAT ...





## NICARAGUA

**Partners:** *Puntos de Encuentro* and the *Red de Masculinidad (REDMAS)* working with the Nicaraguan Ministry of Health

**Location:** Granada, Somoto, Managua, and Ciudad Sandino

### INSTITUTIONAL IMPACT

Puntos de Encuentro and REDMAS worked with the Nicaraguan Ministry of Health at the local level to involve health care professionals in the inclusion of fathers in the health sector. As a first stage, research was conducted in three health centers with health providers and fathers to identify obstacles to and opportunities for bringing men closer to health care units and hospitals.

Several key barriers to men's involvement in health facilities were identified. Among these were:

1. Lack of adequate infrastructure in facilities, leading to alienation of fathers, overcrowding, and lack of privacy.
2. No specific trainings for health workers on how to engage men in MNCH.
3. The mother/child-focused health system, which excludes fathers. Appointment times, for example, are made taking only the mother's

schedule into account.

4. Lack of national policies promoting the involvement of fathers, which limits the ability of men to take time off from work for MNCH activities.

A key component of the work in Nicaragua was special seminars aimed at health professionals to educate them further on *Normativa 042* (Norm 042) on the "Humanization of Institutional Childbirth." Norm 042 clearly states the importance of fathers' participation in care activities – namely, in childbirth and maternal and child health. Individuals and communities must be educated on this norm and understand how it encourages their involvement in caregiving.

To raise awareness of the importance and impact of engaging men, Puntos de Encuentro and REDMAS developed a range of materials that were widely disseminated as part of the "Vos sos mi papá" ("You are my father") campaign, including videos, posters, and handouts. The campaign was selected as a finalist for the 2014 Avon Communications Awards, from more than 870 submissions by 303 organizations in 78 countries.

Puntos de Encuentro and REDMAS conducted

Program P seminars with 70 health professionals in order to provide them with tools to better engage men in the health sector and to draw their attention to the benefits of fathers' participation in caregiving – for their children, for their partners, and for themselves – in terms of family development and wellbeing. At the end of the sessions, health providers stated that they better understood these benefits and that they had a more positive attitude towards engaging men in MNCH and caregiving. Puntos de Encuentro and REDMAS are advocating for the Ministry of Health to integrate these seminars into the standardized training for all health professionals.

## INDIVIDUAL AND COMMUNITY IMPACT

Puntos de Encuentro and REDMAS arranged community workshops facilitated by health educators and professionals, reaching a total of 300 men and women. The workshops aimed to sensitize and train fathers, especially community leaders, about the importance of participating in care work and maternal and child health. Program participants stated that, as a result of the workshops, they learned how to participate and share household duties, dedicate more time to their children and wives, and teach their children values of respect and equality. The program also led participants to organize fathers' groups as spaces for future dialogue and the sharing of experiences with other fathers.

## LESSONS LEARNED

The integration of MenCare and Program P into existing health systems to promote active fatherhood in both Guatemala and Nicaragua demonstrated some key lessons learned:

- Norm change cannot happen on the institutional level alone. Men and women who know their rights must work with providers, health systems, and communities to transform gender norms through educating others and advocating for policy changes.
- Health providers must consistently and continuously educate men and women on the importance of men's engagement in caregiving (and, where applicable, their right to participate). In Nicaragua, for example, where institutionalized norms exist, health providers should actively educate patients on these norms. Additionally, health providers should make efforts to include men in pre- and post-natal visits, as well as in labor and delivery, provided that women's interests and safety are always ensured. Health providers are very respected in much of Central America and can have a strong impact on their clients' behaviors.
- Long-term sustainability and norm change within the health sector will happen most effectively with strong institutional partnerships. For example, APROFAM's commitment to promoting men's involvement in caregiving led to policy changes that will impact all of its clinics across Guatemala.

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“We as health professionals must work from all levels of the health system, from health centers and health posts, in the promotion and education of men around sexual and reproductive health. We must demystify and make it clear that it doesn't make you less of a man to see a health professional about a health problem.”

“If we could get the participation of men, we would achieve an equilibrium, and it wouldn't seem like some issues are the responsibility of some while other issues are the responsibility of the rest. There are no separate men's issue and women's issues; it shouldn't be like that.”

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For more information, visit [www.men-care.org](http://www.men-care.org)  
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