MenCare

A GLOBAL FATHERHOOD CAMPAIGN

GUIDE FOR MENCARE PARTNERS

Male Engagement in Maternal, Newborn, and Child Health/Sexual Reproductive Health and Rights

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ACKNOWLEDGEMENTS

Kate Doyle and Jane Kato-Wallace, Senior Program Officers at Promundo-US, authored this guide with support from Saadya Hamdani, Senior Gender Equality Advisor at Plan International Canada. This guide was developed as part of Plan International Canada's Strengthening Health Outcomes for Women and Children (SHOW) Program funded by Global Affairs Canada. This guide is generously made available to MenCare partners by Global Affairs Canada.

The authors would like to thank Michelle Gaspari, Nina Ford, and Alexa Hassink of Promundo-US for their contributions to the adaptation of this guide. The authors would also like to thank the Rwanda Men's Resource Center (RWAMREC) for sharing experiences that enriched this guide.

The photographs included in this guide by Bêto Pego, Perttu Saralampi, and Seth Chase were taken as part of Promundo initiatives in Brazil and Rwanda.

Layout by Michelle Gaspari, Promundo-US

Cover photo by Perttu Saralampi, 2013

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PART 1

Rationale and Approach to Male Engagement

WHY ENGAGE MEN IN MNCH/SRHR?

There is growing recognition that men's involvement and support during pregnancy and beyond can contribute to maternal, newborn and child health (MNCH) and to gender equality. Although the evidence on the direct links between male engagement and MNCH outcomes is still limited,[i] new findings reveal encouraging connections between engaging men and increased uptake of MNCH and sexual and reproductive health and rights (SRHR) services by women, a key pathway to improved MNCH/SRHR outcomes.

Recent research from low- and middle-income countries found that male involvement was significantly associated with improved skilled birth attendance and increased utilization of post-natal care. [ii,iii] In addition, some studies have found that men who are educated about the danger signs during pregnancy or delivery are able to ensure that their partners receive the appropriate care during obstetric emergencies.[iv,v] Studies have also found that men's involvement during pregnancy is associated with reduced likelihood of their partner developing

Photograph by Beto Pêgo

[i] Comrie-Thomson L, et al. (2015) *Men Matter: Engaging Men in MNCH Outcomes*.
[ii] Davis J, et al. (2012) *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*.
[iii] Yargawa J, and Leonardi-Bee J. (2015) *Male involvement and maternal health outcomes: Systematic review and meta-analysis.*
[iv] Chowdhury RI, et al. (2007) *Delivery Complications and Healthcare-Seeking Behaviour: The Bangladesh Demographic Health Survey, 1999-2000.*
[v] Rahman MM, et al. (2010) *Factors affecting the utilisation of postpartum care among young mothers in Bangladesh.*

postpartum depression. [vi] Men's involvement has also been shown to be helpful in encouraging and supporting women to breastfeed. [vii,viii] **The World Health Organization (WHO) recommends that MNCH interventions promote men's involvement during pregnancy, childbirth, and after birth in order to:** [ix]

- Facilitate and support improved self-care of women
- Improve home care practices for women and newborns
- Improve the use of skilled care during pregnancy, child birth, and the postnatal period for women and newborns
- Increase the timely use of facility care for obstetric and newborn complications

Harmful gender norms and unequal power dynamics lie at the heart of many MNCH/SRHR-related inequities. For example, in many communities men hold most of the decision-making power at the household level, and decide unilaterally how family resources are saved, spent, and invested. Men also often play a major role in decision-making when it comes to family planning,[x] women's access to antenatal care (ANC), and care during delivery.[xi] Such inequitable power dynamics between men and women, particularly around decision-making, are complex and can also shift and change depending on the situation, and vary from couple to couple.

Engaging men as fathers during pregnancy is a positive entry-point to improve MNCH as well as couple relations. Men's greater involvement in MNCH can also open opportunities to improve men's own sexual and reproductive health, disrupt intergenerational cycles of violence, and promote men's roles as advocates for MNCH/SRHR. In short, it is clear that men must be engaged as part of the solution.

Programs involving men in MNCH/SRHR have shown improvements in: [xii]

- **Health outcomes for women, newborns, and children through increased up take of MNCH services**
- **Increased couple communication, particularly around family planning and contraceptive use, and improved relationships**
- **Reduced maternal workload**
- **Increased maternal nutrition and rest during pregnancy**
- **Increased value of girl children**

[ix] WHO. (2015) *Recommendations on health promotion interventions for maternal and newborn health*.
[x] Shattuck D, et al. (2011) *Encouraging Contraceptive Uptake by Motivating Men to Communicate About Family Planning: The Malawi Male Motivator Project*.
[xi] Abosse Z, et al. (2010) *Factors Influencing Antenatal Care Service Utilization in Hadiya Zone*.
[vi] Yargawa J, and Leonardi-Bee J. (2015) *Male involvement and maternal health outcomes: Systematic review and meta-analysis*.
[vii] Maycock B, et al. (2013) *Education and support for fathers improves breastfeeding rates: A randomized controlled trial*.
[viii] Bich, TH, et al. (2014) *Fathers as supporters for improved exclusive breastfeeding in Viet Nam*.
[xii] Comrie-Thomson L, et al. (2015) *Men Matter: Engaging Men in MNCH Outcomes*.

A GENDER-TRANSFORMATIVE APPROACH

Photograph by Beto Pêgo

It is critical that male engagement interventions take a gender-transformative approach, by engaging participants in actively questioning what it means to be a man and a woman in society and in challenging inequitable gender norms and power imbalances. [xiii] The evidence-base reveals that many male engagement interventions take an "instrumental" approach, rather than a transformative one. [xiv,xv] An instrumental approach focuses on the direct assistance that men can provide during pregnancy, delivery, and the post-natal period without questioning harmful

[xiii] Promundo, and UNFPA (2010) *Engaging men and boys in gender equality and health- A global toolkit for action.*

[xiv] Comrie-Thomson L, et al. (2015) *Challenging gender inequity through male involvement in maternal and newborn health: critical assessment of an emerging evidence base.*

[xv] Barker G, and Das A. (2004) *Men and sexual and reproductive health: The social revolution.*

gender norms. By not directly addressing gender relations, these interventions miss the opportunity to change men's attitudes and identities as fathers and partners, in addition to their behaviour. [xvi] A gender-transformative approach seeks to engage men to promote long-term changes in gender relations and power dynamics, that can improve men's relations with their partners and their children well beyond the perinatal period.

In a gender-transformative approach, men and women work together to identify the gednder inequitable norms that serve as barriers to improving MNCH/SRHR, and develop practical solutions. This type of approach recognizes how subscribing to rigid gender norms and expectations can cause harm to men and those around them. For example, men who subscribe to rigid definitions of masculinity often believe that 'real men' are not involved in caring for newborns or do not prepare food for children. Such beliefs place enormous time burdens upon women and girls who are tasked with domestic and care work, as well as income generating responsibilities. Such beliefs also limit men's own emotional connections with their children and their partners, and the knowledge needed to support their health.

We recommend gender-transformative approaches be **gender-synchronised** and **intentionally engage men and women together** 'to challenge harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and hinder health and well-being.'[xvii] Programs can be synchronized by implementing interventions with couples, or by ensuring that both women and men in the community are reached (separately) with gender-transformative interventions.

Promundo's experience, for example, has found that efforts to promote men's involvement and transform gender relations work best when men and their partners participate together in some, if not most, of the intervention. Men and women often appreciate and see the benefits of having separate same-sex sessions (especially where women may be uncomfortable expressing opinions in front of men), as well as couples' sessions. Engaging partners together opens up unique opportunities for practicing couple communication, discussing goals, and for men to listen to the voices of women – a rarity in many communities. The appropriate model should be chosen based on the needs of the specific context.

[xvi] Comrie-Thomson L, et al. (2015) *Challenging gender inequity through male involvement in maternal and newborn health: critical assessment of an emerging evidence base.*

[xvii] Greene ME, and Levack A. (2010) *Synchronizing gender strategies: A cooperative model for improving reproductive health and transforming gender relations.*

Key definitions:

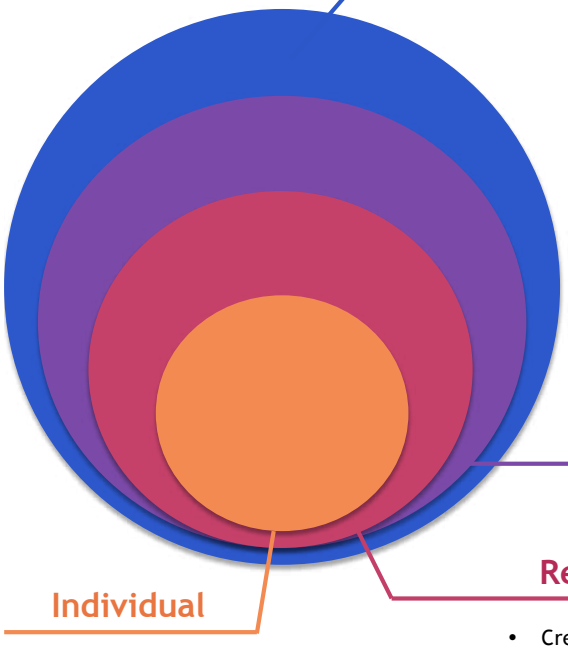
The Interagency Gender Working Group (IGWG) [xviii] categorizes programs addressing gender norms and relations in the following way:

- **Gender exploitative: programs that reinforce or take advantage of gender inequalities and sterotypes.**
- **Gender accomodating: programs that work around existing gender differences and inequalities.**
- **Gender transformative: programs that foster critical examination of gender norms and dynamics, strengthen or create systems that support gender equality, strengthen or create equitable gender norms and dynamics, and/or change inequitable gender norms and dynamics.**

USING THE SOCIO-ECOLOGICAL MODEL

Effective programs aiming to improve gender norms utilise a socio-ecological model approach: [xix] aiming to affect change at multiple levels of society. The socio-ecological model helps to highlight the many entry points for challenging harmful gender norms at the individual, relationship, community, and societal or structural levels. Research shows that individual and relationship level male engagement programs should be designed together with strategies to sensitise the larger community and key institutions on gender equality and the importance of male engagement. **This may include the following strategies:**

[xviii] IGWG. (2014) *Gender equality continuum tool*.
[xix] Heise LL. (1998) *Violence against women: An integrated, ecological framework*.



Societal/Structural

- Advocate for local, provincial, national government officials to integrate and budget for engaging men as partners in MNCH/SRHR and nutrition policies and programs
- Train community health extension workers on gender equality, gender-related barriers in accessing/utilizing MNCH/SRHR services and the importance of engaging men
- Train facility-based health providers and auxiliary workers (e.g. receptionists, security guards, drivers) on gender-responsive services and engaging men in ante- and post-natal care, delivery, and child health visit
- Integrate gender-responsiveness and male engagement into national traini curricula for all levels of health providers including doctors, nurses, community health and other extension workers, and as a key component o quality of care supervision and clinic management

Community

- Train community and religious leaders to see the benefits of and to support gender-transformative approaches to engaging men in MNCH/SRHR
- Launch community mass education (including print, electronic and social media, theatre etc.) and MNCH/SRHR campaigns that promote positive images of men caring for children, making joint decisions and sharing household tasks with their partners
- Work with existing local and provincial nutrition, gender equality and/or child protection networks to have a wider reach in promoting messaging

Relationship

- Create safe spaces to promote cross-gender dialogue on MNCH/SRHR and men's and women's roles

Individual

- Conduct gender-transformative and gender-synchronized group education for men and women
- Create sessions for men that incrementally provoke reflection on men's notions of masculinities, gender equitable behaviours in intimate relationships, use of violence against women, child early and forced marriage, substance abuse and other harmful practices

As much as possible, strive to make connections between interventions implemented at these different levels. For example, MenCare partners have found that group education interventions at the individual/relationship level are often more effective when combined with community campaigns that promote new perceptions of men's caregiving.

PART 2

Designing and Implementing Male Engagement Interventions

In the remainder of this document, we focus on lessons learned from implementing gender-transformative group education with men on MNCH/SRHR at the individual or relationship level. These interventions can be implemented via the health sector (through antenatal care education), in the community, or at the workplace. They can target first-time, expectant, or experienced fathers and their partners, and can be implemented with couples, with men and women separately, or with men only. Implementing successful male engagement interventions requires time and planning to tailor the intervention to the local context and program objectives. There is no one-size-fits-all approach, but we highlight some key lessons learned and questions that can assist you in designing your intervention.

DESIGNING OR ADAPTING THE PROGRAM CONTENT

Fathers groups (and their partners) are places where men can get help to be the fathers and partners that they desire to be. These interventions can help men to understand the stages of pregnancy, the importance of seeking health care, and how to foster positive connections with their partners and their children. In addition to reflections on gender and masculinity, sessions can be informational in nature, promoting men's involvement in antenatal care visits and birth preparedness, and informing participants how to identify signs of complications. Sessions can also help men understand how they can bond with their newborn and promote his/her growth and development, for example, by providing skin-to-skin contact directly after birth. Group sessions can also focus on promoting couple communication on family planning and raising children. During the group sessions, men are also encouraged to think about the benefits of male support, such as stronger couple relations and happier homes.

It's important to tailor the content of your intervention – the key themes, messages and activities – to the local context and to the target population(s). Gender assessments and formative research with community members at the start of your program can help to inform you on what kind of content your program should have and how to implement the intervention.

When deciding what topics or information to include, consider the following questions:

1) **What are the overall project objectives?**

   e.g. What attitudes and behavior do we seek to change?

2) **What are the needs and desires of men and women as parents in the community?**

   e.g. What do men want to learn to become better fathers or partners? What challenges do men face as fathers? How do women want, or not want, men to be involved in MNCH/SRH?

3) **What are the key MNCH/SRHR policies or priorities of the health system/ government?**

   e.g. What key priorities or messaging related to MNCH-SRHR/men's involvement does the health ministry have that you can incorporate in your intervention?

Take the time to listen to what women and men say about pregnancy, raising children, and their relationships. Include content that responds to their needs: it is more likely to resonate and lead to changes in participants' attitudes or behavior. For example, household finances and financial security is often a concern for men and women as parents, which isn't always addressed in MNCH/SRHR programming.

Consider including a session on developing a family budget (that emphasizes investment in children) or provide skills focused on starting a new business. These topics can incentivize men and their partners to participate in the groups, while opening up crucial opportunities for couple communication and shared financial decision-making.

Be aware that the content may need to be modified to respond to the needs of particular populations – such as men from polygamous households or men who migrate for work. These groups may require different recruiting strategies (e.g. inviting a man and 1-2 of his wives) or sites of implementation (e.g. conducting workplace interventions with men who migrate for work). Piloting your intervention and requesting feedback from community members (and health workers) can help refine the content and strategies to improve the intervention's resonance with the community.

INTEGRATING GENDER EQUALITY MESSAGING THROUGHOUT

It is critical that discussion of gender roles, norms or equality not be confined to a single "gender" session or block of sessions. Gender norms and relations are present in and influence all aspects of men and women's daily lives; particularly, their roles in MNCH/ SRHR, and their discussion should be incorporated throughout the intervention. Space can be created within group education sessions for gender-equitable discussion and decision-making, without calling attention to the "gender" content of the intervention. Sometimes when gender singled out, it can deter men (as well as women) from participating in the discussion, or make them defensive. Men may be suspicious of efforts to promote gender equality because they believe that when women gain rights (or are empowered), men lose out.[xx] The way gender is discussed in the first couple sessions matters – aim, from the beginning, to promote reflection on how gender inequality negatively impacts women and men and families as a whole.

Photo courtesy of MenCare

[xx] Levtov RG et al. (2014) *Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries.*

That is not to say that gender equality cannot or should not be directly or explicitly addressed within the intervention. In fact, in some settings where there has been strong gender equality promotion, we find it useful to address gender equality laws and policies directly, in order to dispel the myths and misconceptions about equality, which participants identify as contributing to household conflict.

Lessons from Couples' Group Education on MNCH/SRHR in Rwanda:

In Rwanda, Promundo and the Rwanda Men's Resource Center adapted Program P for young and expectant parents ages 21-35. The gender-transformative intervention aimed to improve couple relations and to increase men's involvement in maternal, newborn and child health and family planning. The 15-session curriculum included 7 sessions designed for men, and 8 sessions designed for men and their partners (a total of 45 hours of intervention for men; 24 for women). Young fathers in the community were trained to facilitate the group education sessions with small groups of men and their partners. Over a two-year period, more than 1,700 couples participated in the intervention, with men participating in 14 out of 15 sessions on average.

Photograph by Perttu Saralampi

At four months post-intervention, a randomized controlled trial of the program, conducted with 1,198 couples, showed positive results in terms of couples' use of contraception, men's participation in antenatal care visits, men's participation in the household, women's experiences of support from their partners during pregnancy, and intimate partner violence. Men said that their favorite topics covered in the intervention were (in order) gender equality, fatherhood and caring for children, how men can support their partners during pregnancy. Women's favorite topics were gender equality, family planning methods, and how men can support their partners during pregnancy. The findings indicate that both male and female participants saw the intervention's focus on gender equality as a critical and useful component of the program. The study also collected data at 16 months post-intervention, which will be published in 2017.

HOW MANY SESSIONS?

Group education programs range in duration – from a single group discussion to ongoing weekly or bi-weekly sessions – and intensity (the length of a session) based on context. The evidence on the most effective number of sessions or length of a session is limited and context-specific. One study found that the most effective "dose" of group education for sustained attitude and behavior change was sessions lasting 2 to 2.5 hours per week, for a period of 10 to 16 weeks. [xxi] Other studies have shown an impact on changing attitudes in just 2-6 sessions. We typically recommend a session not exceed 2 hours due to participants' attention span, availability, work and household responsibilities, and because some sessions can be very emotional or 'heavy.'

Weekly sessions are recommended, 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. A greater number of sessions, and more regular sessions, allows for greater acceptance and internalization of the issues discussed. It also provides men with time during the week to discuss the topics with their partners (if carrying out male only, or separate male and female sessions) – allof which increases the likelihood of seeing positive results. We have found that after 10-15 weekly sessions, many men are motivated to reach out to other men and couples in their community and to share the positive benefits of being more involved in their children's and their partners' lives.

When designing your intervention it is important to consider men's (and women's) availability:

- **Which days and at what times of day are men typically available?**
- **How does this vary by season (e.g. rainy season vs. dry)?**
- **Where do men usually go when they have leisure time?**
- **Where is it convenient for men to meet?**
- **How many hours are men typically available to meet?**

[xxi] Barker G, et al. (2007) *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions.*

Scheduling Group Education Sessions:

We recommend at least 10-15 sessions and recommend that these take place weekly, especially at the beginning of the intervention. Sessions can range from 1.5 to 2 hours in length, depending on the context. The frequency of the sessions can be reduced over time, gradually shifting from weekly to biweekly and eventually, monthly sessions. Tapering off the sessions towards the end of the program can promote a sense of continuity and support among the group members. This can help participants to sustain and continue to create positive behavior and attitudinal change.

GROUP FACILITATION

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 where every group member is able to fully express him/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. [xxii] Facilitators play a critical role in the creation of these safe spaces from the very first session.

Photgraph by Seth Chase

[xxii] Definition adapted from Advocates for Youth http://www.advocatesforyouth.org/publications/publications-a-z/608-creating-safe-space-for-glbtq-youth-a-toolkit#tips and the Safe Space Network http://safespacenetwork.tumblr.com/Safespace

Facilitators can create a safe space by carrying out the following:

- **Undergoing training that emphasizes skills on creating dialogue where participants can identify problems and develop solutions. Facilitators do not teach or preach!**
- **Developing and respectfully enforcing ground rules;**
- **Validating participant contributions through giving thanks and positive acknowledgement;**
- **Challenging gender inequitable views or stereotypes as they arise from the group;**
- **Asking for feedback at the end of each session on how such sessions can meet the needs of the participants themselves, and make reasonable revisions within existing program constraints.**

SELECTING FACILITATORS

Choosing the right facilitators, and investing in their training, is an important step towards successful group interventions. It is recommended that one or two facilitators lead a small group of 10-15 men (and their partners when relevant/ appropriate). Larger group sizes may require two or more facilitators, depending on 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 role model. However, pairing a male and female facilitator (where appropriate) has worked well in some settings, and provides an opportunity to demonstrate men and women working together with equality and respect. [xxiii]

Photograph by Beto Pêgo

[xxiii] Promundo, CulturaSalud, and REDMAS. (2013) Program P – *A manual for engaging men in fatherhood, caregiving, maternal and child health.*

In some settings, community health workers, local health or child protection committees, or local leaders make excellent facilitators, if they are available. The main challenge for these individuals or teachers will be to unlearn top-down models of “teaching”, in favor of a more dynamic, group-centered approach. Our partners have had success training lay facilitators – men from the community who are fathers themselves, but have no facilitation experience. These men can be excellent mobilizers and relatable role models for their peers, provided they are given adequate training and ongoing support.

Photograph by Perttu Saralampi

When selecting and training facilitators, it is recommended to:

- Consider using a male and a female facilitator (if appropriate), who can model respectful and equitable gender relations to the group.
- Choose facilitators who are respected, but relatable: facilitators from the same community or surrounding area may be more accepted (however, in some settings information provided by "outsiders" may be more accepted) and less likely to move away or dropout.
- If choosing facilitators from outside the community, select facilitators who can speak the local dialect or language.
- Avoid selecting facilitators in positions of authority that might threaten or limit men's active participation, or who are likely to scold participants for their behavior (participants should not feel that they are being policed).
- Consider the existing workload of individuals and how many groups or sessions they can feasibly implement. Where facilitators are not financially incentivized or subsidized, only one group session per week might be feasible.
- Reflect on your long-term program goals, and whether there are existing structures (e.g. community health workers) that could support or facilitate the intervention in a sustainable way.
- Invest in training facilitators (more than once) and ensure trainings have enough time to allow facilitators to transform their own perceptions and practices, and to master the content of the intervention. Provide opportunities for facilitators and their partners to participate in the intervention prior to facilitating their first group as: 'You cannot give what you do not have.' [xxiv]

[xxiv] Quote from a couples' MNCH group education facilitator in Rwanda, when noting the importance of having been a participant himself before becoming a facilitator

MOTIVATING AND RETAINING FACILITATORS

It is important to think of strategies to support, motivate and retain facilitators. Facilitators may move away or dropout of the intervention over time – especially if they feel their work is not fully supported or valued. Factors that might contribute to dropout should be identified and explored during facilitator selection and training, and reassessed during implementation. You may also want to consider graduated or cascading facilitation structures, whereby select group participants graduate to become facilitators, replacing or alleviating some of the workload of existing facilitators. The quality of group education can only be as good as the quality of the training and ongoing support provided to the facilitators. Remember that the facilitators will be interacting with men (and 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 facilitators in the long-term.

Photograph by Seth Chase

We recommended the following strategies to motivate and retain facilitators:

- **Make sure not to overburden facilitators with too many groups, constant travel, or lots of paperwork. Be considerate, and calculate the amount of time a facilitator puts into preparing for, implementing and monitoring the intervention. If certain tasks are too time consuming, work with the facilitators to simplify the programmatic and administrative procedures.**

- **Ensure facilitators 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.**

- **Organize monthly or quarterly debriefing meetings where facilitators can discuss positive and negative experiences, and help each other to develop solutions to common problems.**

- **Promote opportunities for mentorship among facilitators, and support those who might be struggling by pairing them with a stronger co-facilitator.**

- **Provide regular refresher trainings (these can also be important monitoring opportunities to identify problems and implement solutions to get the program back on track).**

- **Ensure facilitators who need it receive psychosocial support, and educate and remind facilitators 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 community.**

- **Observe facilitators in the field to identify challenges they may face in promoting dialogue, in using the manual, and in ensuring all participants, regardless of gender, are able to participate.**

- **Explain clearly the expectations you have for the facilitators, such as when and how many groups to form, when the next meeting of facilitators will be, when you will visit their groups, etc.**

RECRUITING MEN AND THEIR PARTNERS

1. Recruit Effectively and Keep Groups Small

We recommend that gender-transformative group education activities be limited to small groups of roughly 10-15 participants to ensure everyone can actively participate. Remember, if you plan to include a few sessions for couples, the group will double during those sessions. The messages that you use to explain what the intervention is about and where you recruit men 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 an existing intervention (e.g. participants in a village savings and loan program)? Intervention design will also influence who and how you recruit: do you plan to reach men and their partners – separately or together – or are you only targeting men (not recommended in a synchronized approach); will you invite men directly, or through their female partner (e.g. at a pre/antenatal care visit)?

2. Create a Target Profile

There is no single type of man to recruit for group education – the type of man you want to target will vary by context and by programmatic objectives (e.g. expectant fathers, first-time fathers, fathers of children under-five, etc.). Some men will be open to discussing issues of MNCH/SRHR or gender equality, while others may be slightly resistant, but interested in a program that can help them to improve the well-being of their families. Within a group, it can be useful to create opportunities for men who are open to hearing about these issues to be able to learn from men who are actively demonstrating equitable, non-violent and involved fatherhood in their own lives.

Photo courtesy of MenCare

3. Use the Right Messaging

In general, it is important to tap into men's own self-interest for change when approaching them to participate. In many places, the phrase "gender equality" is often erroneously understood as women gaining rights while men lose out, and "maternal and child health" are perceived as only women's issues. While the groups will aim to challenge these common misconceptions, program staff recruiting men may want to emphasize the idea of the group sessions as promoting "healthy families or children," "peaceful households," "better couple relationships," or "father involvement." Such language still 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.

Photograph by Perttu Saralampi

4. Create the Right Group Environment

When targeting men to participate 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(s) feels singled-out, isolated or ostracized due to his (or her) background or lifestyle. However, that should not be a reason to exclude certain individuals from the intervention entirely!

When identifying and recruiting men for male engagement interventions, it is recommended to:

- Tap into men's self-interest for change and frame the intervention and its outcomes in ways that appeal to men's own concerns as fathers and as partners.
- Frame men's involvement in MNCH/SRHR in terms of the positive benefits it has for women, children and men, but don't oversell the intervention or create unrealistic expectations.
- Involve facilitators and community members in designing the recruitment messages and strategies to ensure that they resonate with men and their partners.
- Recruit men and their partners to participate in a synchronised intervention – with opportunities for men and women to have their own spaces, as well as opportunities to work together as a couple. Men may be more likely to attend when their partner is also involved.
- Involve local authorities such as health workers, social affairs or community development personnel, and religious or other leaders in identifying and helping to recruit men (where appropriate).
- Consider the best space and strategy for reaching men in your context. This can be in person visits, through their female partner, a letter from the health center, via phone, SMS or Whatsapp, through a leaflet, or at a community event.
- Clearly articulate to participants why or how they were chosen, to avoid speculation or misunderstandings about why a person was recruited. This is particularly important in some settings, where men may think they were targeted because of certain "bad" behaviors.

MOTIVATING MEN TO ATTEND

Many men value the unique opportunity to come together, in socially sanctioned spaces, 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 cost-prohibitive or undermine efforts at sustainability.

There are other ways to incentivise, reward or value men's participation (and facilitators'). For example, you can devise strategies to build participants' social capital in the community, or to let men and women know that their positive changes are valued and validated by community members and leaders. In some settings, we have found that the involvement and visible support of the intervention by community leaders has contributed to a recognizable "brand," which participants were proud of and strongly associated with. This motivated men to live up to the ideals of the "brand" and mobilized other men to want to attend as well.

Photograph by Beto Pêgo

To encourage and motivate men to continue attending, it is recommended to:

- Implement the activities close to where men live or in spaces where men already meet. This will make it easier for them to attend and to attend regularly. Choose spaces where men feel they can talk freely and avoid spaces like bars, canteens, or the house of a community leader. Ask the group to decide the most convenient time to meet.

- Ask facilitators (and provide them with resources such as airtime/phone cards) to call participants to remind and encourage them to attend the next session.

- Organize “Family Days” or family sessions, where men and women (and children sometimes) spend the day practicing open, non-violent communication, building household budgets and developing a shared vision for the family.

- Involve local leaders in raising the profile of the intervention such as by celebrating the achievements of group participants. Consider the type and means of recognition that men and women in the community might value. For example, giving out certificates of completion or providing a public graduation ceremony.

- Link participants to economic or income-generating opportunities, or provide information that can support participants in addressing financial concerns. For example, an internal savings and loan group can provide short- and long-term motivation for group members to work together.

- 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 programs to raise awareness of the benefits of men’s involvement in MNCH/SRHR.

- 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 want) to share their stories of transformation with others at community service, community or town hall meetings, or other events (which can also serve as recruitment opportunities for future groups).

PROMOTING SUSTAINABILITY

It is strongly encouraged that gender-transformative, male engagement interventions be designed in ways that can be sustainably scaled-up or embedded ("institutionalized") within the health system over the long-term. [xxv] At the same time, strategies can be employed to sustain the positive outcomes of interventions at the individual, relationship and group levels. From the very start, the 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 perceptions of men's caregiving and transforming inequitable gender norms within the community. 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 support it offers can undermine men and their partners' efforts to maintain and or make new behavior or attitudinal changes.

Photograph by Beto Pêgo

Photograph by Perttu Saralampi

Gradually reducing the intervention's support to or interaction with participants, alongside strategies to promote community and family involvement can help to address this challenge. In our experience, participants want to be able to share their experiences with others who understand and who will value and validate their personal transformation. Creating networks of individuals – group participants, family members, neighbors, community leaders – who can provide this support and validation after the intervention ends can motivate men, especially if faced with community members who ridicule or ostracize them for these changes.

[xxv] WHO. (2009) *Practical guidance for scaling-up health service innovations.*

In order to promote male engagement intervention sustainability, it is recommended to:

- Gradually taper off the group sessions, moving from weekly or bi-weekly meetings to monthly ones. 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 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/couples' family and friends, and community leaders to celebrate the achievements of group members. In some settings participants create songs or role-plays to share, or take a pledge to be involved, supportive fathers and partners. Other groups have organized 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 MNCH/SRHR, family planning and/or violence prevention.

- Encourage men to create their own community action teams or clubs to mobilize other men in the community, or to join and participate in existing community health committees or other relevant bodies where they can continue to affect change in their community.

MONITORING AND EVALUATION

Monitoring and evaluation are an integral part of implementing any intervention. Routine monitoring helps to answer output-level questions such as, how many sessions were conducted and how many participants attended each session. Evaluations aim to assess the impact of the intervention by answering outcome-level questions such as the percentage of participants who attended antenatal care visits with their partners. But, it's also important to assess the quality and fidelity of the intervention, or how well it is implemented.

Program implementers can utilize a variety of methods to collect regular feedback on the intervention that will help them to quickly identify and address problems if they arise. There are a number of key questions that can help to assess this:

- How comfortable are the facilitators in implementing the curriculum?
- How well are facilitators adhering to the content and messaging?
- What challenges do facilitators face?
- What could help facilitators to feel more comfortable and confident?
- How do the participants appreciate and perceive the intervention?
- How could the intervention be improved to help retain and motivate participants?

Some of these steps require in person meetings, mentoring and follow-up with individual facilitators or groups of facilitators. Other steps can be achieved by designing simple tools to gather feedback that can identify impediments or facilitators who need extra assistance.

1. External Observation

In the beginning of the intervention, we recommend scheduling periodic external observations of the groups to assess the quality of the facilitation and dialogue. We recommend these visits be scheduled with the facilitator's knowledge, and that they do not disrupt the normal schedule of the intervention. If a facilitator is unaware that he/she will be observed, it can distract or derail the session, and it may lead the facilitator to feel that he/she is being tested is being tested or is not trusted. Staff or local partner organizations can observe a session being facilitated and determine

if and how the facilitator could improve his/her facilitation and whether additional training or mentoring is needed. Simple worksheets can be devised with a standard set of questions to record feedback. The worksheets can then be consolidated todraw an assessment of facilitators and the intervention over time. At the end of the session being observed, the observer can ask the participants for feedback on the intervention: *What do the participants like best about the group sessions? What could be improved?* This process should focus on the sessions and curriculum itself, rather than the facilitator, which might undermine the facilitator'srespect within the group. This feedback can help the program implementers to know if the intervention resonates with participants, or if adjustments need to be made. These opportunities also make participants feel valued and part of a larger program that connects them to a network of other men with similar experiences.

2. Facilitator Feedback

Facilitators can also gather and provide feedback on the intervention – this can be done internally within the group, and externally to provide information to partners. Within the group, we recommend facilitators include a short feedback discussion at the end of each session to ask participants: What were the major lessons learned? What ideas will you take from the group and apply to your own lives? The beginning of each session can also include a short discussion to share participants' reflections since the last session and to discuss any homework assignments. The integration of these feedback opportunities can assist the facilitator in gathering information to improve his/her facilitation skills and assess the intervention's relevance and resonance.

Easy-to-use forms can be developed to collect feedback from facilitators. It's important to consider the literacy level of facilitators, the amount of time required to complete the forms, and the amount of time required to collect and review the forms. Forms that are too long or collected too often can create extra work that actually inhibits staff and facilitators from being able to use the information collected in a timely and effective manner. For this reason, simple checklists may be preferred over open-ended questions. The forms might include questions about a facilitators' comfort level, group members' participation, relevance of the activities, timing, and challenges. Simple yes-or-no responses, or scales (e.g. Strongly agree, Agree, Disagree, Strongly Disagree) may be used. These forms can be collected every second or third session. This information can also be collected via SMS surveys on facilitators' mobile phones, in order to reduce paperwork and the time needed to collect the information.

3. In Service or Debriefing Sessions

Additionally, we recommend scheduling periodic “in service” sessions with the facilitators where they can meet in groups to reflect on the progress of their groups, to discuss issues or challenges they are facing and to develop new or joint solutions. These meetings can also have a therapeutic angle, in that facilitators (who can suffer secondary trauma by listening to personal histories of violence or hardship) can gain a sense of healing and debrief on any particular stressors they are facing. Additionally, these sessions can provide a sense of agency and ownership to the facilitators. By eliciting their feedback and suggestions for improvement, you can send the message that facilitators’ ideas are valued and important. During the initial training of facilitators, ask them how frequently they would prefer these sessions be conducted and the most effective way of structuring the sessions.

The sessions are also opportunities for program implementers to identify any risks, key lessons learned or emerging trends during the implementation, allowing time to adjust or reconfigure as needed. During these sessions, you can identify facilitators participants or couples’ that are demonstrating positive changes and putting into practice gender equitable behaviors. These may be participants who can provide testimonies, participate in community events and campaigns, or be the subject of case studies to communicate the intervention’s impact externally.

Monitoring and Evaluating Your Sessions

- Define what is or is not essential to know in order to monitor the quality of the intervention. Identify any red flags that could indicate the need for follow-up with a facilitator or changes to the intervention, and incorporate these into your routine monitoring of the intervention.

- Develop quick, easy-to-use forms, such as checklists or multiple choice questions, for facilitators to provide feedback on how the sessions are going. Consider using an SMS or mobile phone application to collect this information.

- Schedule periodic observation visits where staff from the implementing partner observe a sesssion in progress. Make sure not to disrupt the normal schedule of the group or to distract from the session itself.

- During observation visits, ask participants to provide feedback on the content of the intervention– what they appreciate and what could be improved. This can assist in improving the intervention's ability to motivate and retain participants.

- Organize "in service" or debriefing sessions with groups of facilitators to share lessons learned and to develop joint solutions to common problems or challenges. Encourage facilitators to provide feedback on what is and is not working within the group sessions and promote a sense of ownership and agency within the program. These sessions can identify any need to reconfigure the intervention, as well as emerging trends and case studies for communicating impact.

- During program evaluation, it is essential to hear from women how their male partners have changed, if at all. Often, their views give a fuller picture of what is happening at the household level, while men may have a tendency to overreport certain favorable behaviors that they know program staff are looking for.

Photograph by Beto Pêgo

SUMMARY

Dos and Don’ts of Designing Male Engagement Interventions

Designing/Adapting Your Program	
DO	**DON'T**
• Frame male engagement in terms of the positive benefits it has for women, children and men • Engage community members in the design or adaptation of group interventions and community campaigns • Design interactive sessions that promote dialogue on gender norms and men's roles as fathers and caregivers • Integrate discussion of gender norms and equality throughout the entire program • Consider inviting community experts to provide information and promote discussion on topics like laws & policies • Engage men and women in gender-synchronized ways (e.g. separate male and female groups, as well as specific couples' sessions) • Invite role models of involved fathers & respectful partners to share their experiences with other men • Challenge myths or misconceptions about gender equality laws & policies (where appropriate) • Have men discuss and practice positive behaviors and attitudes in the sessions • Design your program in response to men and women's different schedules, needs, and desires	x Frame male involvement or gender equality as a zero-sum game in which there is only one winner x "Teach" or lecture men on how to behave or tell them what not to do x Confine gender equality discussions to a single "gender" session or blocks x Assume certain topics are too taboo for discussion: let the group decide x Prioritize staff or facilitators' time and schedules above the participants'

Selecting and Training Facilitators	
DO	**DON'T**
• Choose relatable and respected individuals who speak the local language/dialect	x Choose facilitators who are unlikely to be accepted or respected by participants
• Consider using a male and female facilitator to model respectful, equitable relations (where appropriate)	x Use individuals in positions of authority that might threathen or deter participants
• Invest in sufficient training of facilitators, including periodic refresher trainings	x Assume that all staff and facilitators hold equitable gender attitudes or support men's caregiving
• Support facilitators in creating safe spaces that encourage dialogue and reflection	x Ignore the toll that group facilitation can have on facilitators' physical and emotional health
• Be considerate of the time and workload demands on facilitators	x Overburden facilitators with too many groups, constant travel, or lots of paper work
• Organize regular debriefing meetings to discuss facilitators' positive and negative experiences	x Discourage facilitators from raising challenges or proposing solutions to common problems
• Foster mentorship and support among facilitators	
• Encourage facilitators' input and feedback on the program	

Recruiting and Retaining Participants	
DO	**DON'T**
• Ensure men and women are both involved in efforts to challenge inequitable norms and behaviors • Promote opportunities for men and their partners to participate together (where appropriate) • Create separate, safe spaces for both men and for women • Be creative in how you approach men and appeal to their concerns as fathers and partners • Reflect on the type of men that will be open to change and to participating • Consider group dynamics and who men will feel comfortable interacting with when inviting men – consider the different needs and perspectives of men of different ages, demographic factors, education levels, etc. • Ask men where and when they are able to and would like to meet • Organize activities close to where participants live • Begin with weekly sessions, tapering off into bi-weekly and monthly sessions • Involve participants in designing community campaigns and outreach	x Assume that only men hold inequitable gender attitudes and beliefs x Target only men who are unlikely to be open to change or to attending the sessions x Stigmatize or exclude certain men from the group, or recruit only men who are visibly "different" x Organize sessions far from where participants live or at times that are inconvenient for participants

Monitoring and Evaluation	
DO	**DON'T**
• Define what information is essential to monitor intervention quality, and design appropriate tools • Use quick, easy-to-use forms or SMS applications to collect necessary information from facilitators in a timely manner • Conduct observation visits to monitor facilitation and gain feedback on intervention content from participants	x Overburden facilitators or staff with frequent and lengthy reporting x Disrupt the sessions to gather information

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