





MenCare+: A 4- Country Initiative to Engaging Men in SRHR, Caregiving and Violence Prevention

















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See: https://www.rutgers.international/programmes/mencare

1. <u>Concrete steps MenCare+ has taken, at normative, institutional and programme levels to engage men and boys.</u>

RATIONALE AND PROGRAMME

The sexual and reproductive health and rights (SRHR) of girls and women are critically hindered by rigid gender and cultural norms. Women often lack decision-making power and are at greater risk of HIV infection and intimate partner violence. Men have a crucial role to play in enhancing the SRHR of women and girls. Fatherhood offers an opportunity to reach young and adult men with a new perspective on manhood. When men become more involved and supportive as fathers and partners, intimate relationships improve and violence decreases, women's rights advance, and children have better development outcomes. Research shows that men's involvement in SRHR and caregivers also enhances their own quality of life.1

MenCare+

MenCare+ was an innovative, three-year (2013-20150, four-country collaboration between Rutgers and Promundo-US, working with long-term national and regional partners with extensive local knowledge and expertise. In Brazil, Indonesia, Rwanda and South Africa a range of strategies were implemented to engage boys and men in social change and as caregiving partners in order to improve the health and lives of women, children and men, to prevent intimate partner violence and to build respectful relationships. The MenCare+ programme was funded by the Dutch Ministry of Foreign Affairs.

Theory of change: an integrated approach

The MenCare+ approach was based on a set of complementary interventions to engage men and boys in gender equality, violence prevention, and in SRHR and Mother and Child Health (MCH) in one comprehensive programme. Counselling men who use violence in their intimate partner relationships, for example, was expected to more effective when embedded in a broader set of interventions, such as community outreach, media mobilization and promotion of an enabling policy environment. Another aspect of this integrated approach was engaging policy-makers in the adaptation of methodologies so that they will be incorporated into public (health) policy, therefore ensuring sustainability and greater reach.

Target groups

- Young men (and women) to address male behavioural norms that influence SRHR outcomes, such as increasing the use of contraceptives and encouraging health-seeking behaviour among men;
- Fathers and their partners to improve equitable involvement of men in maternal and child health and in childcare, and to improve relational well-being of women and men, including preventing intimate partner violence:
- **Health workers** to stress the importance of engaging men in sexual and reproductive health and maternal and child health (MCH) services;
- **Community members** to increase awareness and create an enabling environment for engaging men in SRHR and MCH and for preventing intimate partner violence;
- **Policy-makers** to advocate for policies that engage men in SRHR and fatherhood.

¹ Levtov R, van der Gaag N, Greene M, Kaufman M, Barker G. (2015). State of the World's Fathers: A MenCare Advocacy Publication. Washington, DC: Promundo, Rutgers, Save the Children, Sonke Gender Justice, and the MenEngage Alliance.

Gender transformative approach as core

Gender transformative SRHR programmes aim to reshape gender relations to be more gender-equitable, largely through approaches that free all people from the impact of destructive gender and sexual norms. Such interventions should do so by;

- 1. Raising critical awareness about harmful gender / sexual norms and power relations
- 2. Questioning the 'costs' of adhering to these harmful norms and power relations, for girls, women, for boys, men, and gender and sexual minorities
- 3. Highlight the benefits of changing harmful gender and sexual norms and unequal power relations
- 4. Transform harmful gender and sexual norms and power inequalities, aiming for collectively redefined positive norms and values, and equal rights and opportunities for all; ideally on individual, relational, community, institutional and policy levels simultaneously ².









INTERVENTIONS

The interventions have been developed in certain countries and over the years adapted to many countries over the world, including for MenCare+ countries.

Education: Engaging (young) men, incuding fathers, to make healthier choices regarding their sexual life, relationships, caregiving and prevention of gender-based violence

MenCare+ provided group education that strived to change social and gender norms by engaging men and women in critical reflect and dialogue. For young men and women discussions focus on gender equality, SRHR, intimate partner violence and drug and alcohol abuse. Group education for fathers and their partners had an additional focus on pregnancy and childbirth, family planning, raising children and sharing household responsibilities. Through discussion guides, role-play and hands-on activities, participants were encouraged to challenge gender norms and to practice positive social behaviour in their families and communities.

Programme P: http://promundoglobal.org/programs/program-p/

Program H: http://www.promundo.org.br/en/activities/activities-posts/program-h/

Program M:http://promundoglobal.org/programs/program-m/

> Engaging men in community mobilization and campaigning

Men face great social pressure to behave according to traditional norms. Engaging the community in challenging harmful gender and social norms was fundamental to the fulfilment of women's and men's SRHR. MenCare+ implemented community campaigns to increase awareness of men's roles in fatherhood and caregiving and to promote more diverse images of manhood. These campaigns used role models, such as community and religious leaders and local celebrities and shared the stories of various men with different perspectives on masculinity.

One man Can (OMC) and Community Action Teams (CAT):

² Evidence from a WHO meta evaluation of 58 evaluations of gender and health programmes (i.e. reference nr 4 below) indicates that programmes that are rated as being gender transformative are more effective, especially when they operate on multiple levels of the socio-ecological model simultaneously. The socio-ecological model, first coined by Urie Bronfenbrenner is, widely used to analyse and intervene within the complex interplay between individual, relationship, community, and institutional/policy factors that play a role in maintaining rigid stereotypical and discriminatory gender ideologies and norms.

http://www.genderjustice.org.za/community-education-mobilisation/one-man-can/http://www.genderjustice.org.za/community-education-mobilisation/community-action-teams/MenCare Global Campaign: www.men-care.org

Watch: A little piece of heaven in Bondowoso: A religious teacher in Bondowoso, Indonesia upholds gender equality, women's rights and engaging men in domestic work in his community. https://mencare.org/resources/?type=videos

Addressing men's and boys' trauma to prevent and end GBV in communities, at counselling services MenCare+ trained counsellors to work with men who have used violence in their intimate partner relationships. Through both individual- and group-counselling, safe spaces was created for men to share their own life stories and perceptions, including reflecting on insecurity and fear of losing power. Feeling heard provided an opening to learning about non-violent and more equitable ways of relating to others. Open communication was seen as contributing to healthy relationships, and partners were invited to participate in individual or group counselling. Partners and children's safety remained crucial.

Toolkit for Men: Male Counselling in the Context of Intimate Partner Violence: https://www.rutgers.international/our-products/tools/toolkit-men-male-counselling-context-intimate-partner-violence

Living Peace: http://promundoglobal.org/programmes/living-peace/

> Engaging with the health sector

MenCare+ carried out activities in partnership with government bodies to encourage them to adopt such interventions and to ensure sustainability. The programme developed manuals for training health workers on the importance of engaging men in sexual and reproductive health and MCH services. MenCare+ also engaged with the health sector by collaborating with ministries of health, training health sector professionals on male engagement, participating in technical working groups on men's health, and advocating for policy reforms, on topics such as parental leave and corporal punishment within families. By doing this, MenCare+ stimulated the debate on fatherhood and caregiving within national health systems and social services.

Programme P: http://promundoglobal.org/programs/program-p/

RESULTS

Adolescents and Young People

More than 8,600 young men and women participated at MenCare+ organised gender-transformative group education on SRHR and gender equality.

Findings from the surveys in all four countries, as well as participant testimonies, indicated positive changes towards more equitable attitudes on gender roles and contraception, and suggested changes in behaviour, including increased participation of young men in household work, and increased use of condoms in some settings.

Fathers and couples

"When I meet this group, I feel happiness! The bond I have with my children grows when I get the opportunity to focus on them. We talk more now. I teach them things. Before, I was one of those who often went out and drank, even in the middle of the day. I only thought of myself, not about the kids at home." Mcebisi Elliot, 37, Cape Town

More than 6,900 current or expectant fathers, and their partners, participated in gender-transformative group education on maternal, newborn and child health, fatherhood and caregiving, SRHR, and gender equality. The findings indicate that approaching men as part of the solution, and creating safe spaces to share experiences around parenting and relationships, have enabled men and their partners to challenge gender-biased norms, and adopt more equitable attitudes and behaviours. These have led to new, and more positive perspectives on masculinity, including greater involvement of fathers and supportive partners at the home, and in childcare.

Men's counselling

Partners in all four countries adapted and implemented individual or group counselling methodologies for male perpetrators of violence in intimate partner relationships. As part of this effort, new gender-based violence (GBV) counsellors were trained, existing counsellors were equipped with methods and tools to better engage with male perpetrators, and linkages with the police and the justice sector were created.

The findings across the four countries suggest that different approaches to men's counselling have helped men to develop more respectful and supportive relationships with their partners. Men also expressed that these

approaches helped increase their respect for themselves. Although recruitment and retention of men was a challenge in several settings, these were mitigated through partnership and linkages with the social services and the justice sector.

Health and social services

In total, more than 2,500 health sector professionals received training on adolescent SRHR, and on male involvement in family planning, antenatal care, and delivery.

MenCare+ partners also worked with health institutions, and others, to foster an enabling environment for gender equality and men's involvement in MNCH, SRH and violence prevention, by building the capacity of health and social workers to provide gender-responsive services.

Policy and decision-makers

MenCare+ partners trained more than 2,900 policy- and decision-makers on the importance of gender-transformative programming, and men's involvement in MNCH, SRHR, and violence prevention. More than 100 public health policies and laws were analysed at federal, state and municipal level to inform policy advocacy, and advance work towards gender equality and violence prevention. National-level partnership building and advocacy within MenCare+ was closely linked to global advocacy efforts of the consortium, which crystallised around the launch of the State of the World's Fathers report worldwide. In the Netherlands, the report launch was successful in raising the paternity leave from two to five days, and placing the topic firmly on the political agenda.

2. Challenges that MenCare+ faces, at normative, institutional programme levels.

Young Men, Women and Fatherhood groups

Strong patriarchal and religious norms continue to present barriers in challenging deeply entrenched norms. These include men serving as the head of the household, and being overall responsible for income generation. Other challenges are a moving population for economic purposes, working has higher priority than the MenCare+ program. Furthermore, lack of role models, communication with the community and religious leaders, the low literacy level of the fathers, strong traditional beliefs within the community, involvement and support by partners, the long process to engage the schools, the reactive attitude of the fathers and the shift from the medical perspective to the social perspective have been challenging.

Across the countries, challenges to men's greater participation in antenatal care and delivery continued to persist. In some settings, men's own attitudes continue to limit their involvement. In other settings, structural barriers-such as the gender biases of health providers, or poor or inadequate health facilities-prohibit male involvement, particularly in delivery.

Campaigning and community mobilizing

Changing and sustaining norms and values has been difficult as it was only a 3-years programme. Working together with the media for campaigning and advocacy goals, is sometimes challenging because the media is not trained on how to report on these issues. Moreover, it has been difficult to retrieve the correct numbers and statistics for campaigning. Furthermore, a nationwide campaign was difficult to achieve when there are different cultures and languages within one country. The opinion of the religious leaders, kings and governments can be conservative and not in line with the campaign of MenCare+, which makes is difficult to achieve the advocacy goals. Finally, resistance from men and the perceived loss of power by men makes it difficult to mobilize men for campaigning.

Men's counselling

The capacity of counsellors varies; this was partly caused by the content of the training, and partly by the lack of monitoring and supervision. Another challenge was the level of involvement of the partners of the men coming for counselling, guaranteeing safety seen as crucial but requires high quality of service by counsellors. A third challenge refers to the recruitment of men for these counseling groups on voluntary basis (so not through court) and once in counselling drop-out rates are still high (after 4 sessions of 12). Furthermore the collaboration with the different sectors (justice system, court system) gave challenges. Finally it wa difficult to show to the partners and donor what works, due to difficulties with monitoring.

Health and social services

There was a great variety within the health sector (e.g. nutritionists, doctors, community health workers) and also other sectors (e.g. justice, education) are required to get involved in order to achieve a holistic approach. This made was difficult to institutionalize MenCare+ within the system. Another challenge is how to deal with political processes and

bureaucracy delays. Furthermore, there is a mismatch between demand and supply side due to the fact that funding agencies focus mainly on the demand side and not so much on the supply side. Other challenges within the health sector are (lack of) leadership within the system, opening hours, staff turnover and knowledge loss as well as accountability.

3. Women and girls, including women's rights organizations

An important lesson from MenCare+ is the full engagement of and accountability to women in all interventions, at all levels. Aiming for behavior and institutional changes among men will have implications for women, their safety, their relationships at home, at work, in the community etc. Therefore, working together with women in a context of gender equality is pivotal. In places where no interventions with (young) women were happening, special interventions within MenCare+ were implemented. MenCare+ has drawn important lessons on this, which are taken forward to *Prevention+: Men and Women ending GBV (2016-2020)*, financed by FLOW of Dutch Ministry of Foreign Affairs. The issue of accountability is considered as key, meaning that any engaging of men should contribute to the rights and empowerment of women, at all levels.

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