

**ENGAGING MEN AND BOYS IN REPRODUCTIVE, MATERNAL,
NEWBORN AND CHILD HEALTH AND NUTRITION (RMNCH/N) INITIATIVES:
Impact and Lessons Learned from Three
World Vision Canada RMNCH/N PROGRAMMES**

APRIL 2022



Table of Contents

- 1** Acknowledgements

- 2** Reproductive, Maternal, Newborn, Child Health and Nutrition RMNCH/N and the MenCare Approach

- 3** Key MenCare Activities and Actions

- 5** Key MenCare Results

- 7** Critical Success Factors and Lessons Learned



Acknowledgements

This report was written by Jenny Acton (Gender Consultant), on behalf of World Vision Canada (WVC), with contributions by WVC's gender team: Socorro Maminta, Sophia Papastavrou and Merydth Holte-McKenzie, with support from Dr. Asrat Dibaba Tolossa (ENRICH Chief of Party) and Kioko Munyao (Team Leader, Sectoral Integration & Technical Branding).

A special thank you to Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH), a five-year, multi-country grant program funded by the Government of Canada through Global Affairs Canada (GAC). ENRICH supported the MenCare Assessment exercise in three recently completed programmes & project focused on improving Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH/N) in Asia and Africa funded by Global Affairs Canada, with support from Johnson and Johnson (for Born on Time programme). These programmes & project are: **1**) Born on Time (BoT); **2**) ENRICH; and **3**) Supporting Systems to Achieve Improved Maternal, Newborn and Child Health (SUSTAIN).

The team also wishes to give special acknowledgement to all the women and men, community leaders, government representatives and partners who participated in the focus group discussions and key informant interviews and provided their invaluable insights and testimonies on their first-hand experience with MenCare/male involvement.



Photo by Paul Bettings/World Vision Canada,
All photos © World Vision.



RMNCH/N and the MenCare Approach

Gender inequality is a persistent barrier that prevents women and girls from realizing their health rights. Sexual and Reproductive Health and Rights (SRHR) are particularly impacted by discriminatory gender norms, roles and relations that limit the ability of women of reproductive age to make decisions related to pregnancy, birth spacing, child rearing and nutrition, leading to poor Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH/N) outcomes.

World Vision Canada (WVC) believes that empowering women and girls to realize their health rights requires challenging and transforming the discriminatory gender norms that drive poor RMNCH/N. While women and girls have enormous potential as advocates and change agents for their own health and equality, men and boys have a crucial role to play as allies and drivers of gender-transformative change that is required to improve the health and well-being of women and girls worldwide.

For more than 20 years, WVC has been implementing and adapting the global MenCare approach as its key strategy for engaging men and boys in the pursuit of gender-equality and the advancement of the rights of women and girls. Adaptation of this approach varies from country-to-country depending on contextual realities. Coordinated by Promundo and Sonke Gender Justice Network, MenCare is a global fatherhood campaign which promotes men's involvement as "equitable, nonviolent fathers and caregivers to achieve family well-being, gender equality, and better health for mothers, fathers, and children.¹ As a partner in the global MenCare campaign, WVC has been working with men and boys around the world to challenge

traditional gender roles, and to carve out space for men to be active, engaged parents, more equitable partners, and agents of positive change in their communities. For example, WVC employed the MenCare approach to tackle Prenatal Sex Selection in Armenia and to engage fathers in India in the prevention of Child, Early and Forced Marriage (CEFM). Increasingly, WVC is investing in projects that engage men, particularly fathers, as critical partners in addressing poor RMNCH/N outcomes by building their knowledge and skills related to RMNCH/N and their awareness of the important role and responsibility they have as husbands/partners and fathers in ensuring that women and newborns remain healthy before, during and after childbirth.

This report examines WVC's implementation of MenCare in projects focused on improving RMNCH/N outcomes based on the experiences of three recently completed WVC projects in Africa and Asia funded by Global Affairs Canada: 1) Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH, 2016-2021); 2) Supporting Systems to Achieve Improved Maternal, Newborn and Child Health (SUSTAIN, 2016-2021); and 3) Born On Time, a project focused on the prevention of preterm births (BOT, 2016-2021). This report was informed by a review of project documents (reports and evaluations), interviews with project staff, and in the case of the ENRICH project, qualitative field research (focus group discussions and key informant interviews) with men, women, and local leaders in select project areas.

¹ Accessed online: <https://men-care.org/about-mencare/>

Project Overviews

ENRICH: Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH) was a \$52 million, five-year, multi-country program funded by Global Affairs Canada that sought to improve the health and nutrition status of mothers, newborns, and children in select regions of Bangladesh, Kenya, Myanmar, and Tanzania, and public engagement on maternal, newborn, and child health (RMNCH/N) in Canada. Its overall goal was to contribute to a reduction in maternal and child mortality in the four countries by addressing issues critical to the health of mothers, newborns, and young children.

SUSTAIN: Supporting Systems to Achieve Improved Maternal, Newborn and Child Health (SUSTAIN) - Kigoma, was a \$11.9 million Global Affairs Canada-funded grant, implemented by WV in Kigoma region of Tanzania, from 2016-2021. Focused on Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), SUSTAIN worked to improve the delivery of quality, gender-responsive RMNCAH services (supply

and increase the utilization of RMNCAH services by women and their families (demand), with a focus on enhancing gender equality.

Born on Time: In 2016, WVC teamed up with Plan International Canada, Save the Children Canada, the Government of Canada, and Johnson & Johnson to implement Born on Time (BOT), the first public-private partnership dedicated to the prevention of preterm birth. This five-year (2016-2021), CAD \$30 million initiative was implemented in Bangladesh, Ethiopia, and Mali - three countries that together account for more than one million preterm births annually. In all three countries, the risk factors for pre-term births and poor maternal and newborn health outcomes are influenced by rigid gender norms and cultural practices that fuel premature births, as is the case in all three projects reviewed in this report.

Key MenCare Activities and Actions

Drawing on the latest evidence-based research on engaging men as allies for gender equality, the three RMNCH/N projects adopted similar strategies to build and leverage men's awareness and sense of responsibility for the health and well-being of their wives and children. MenCare groups were formed and members trained using locally contextualized RMNCH/N curriculum focused on increasing men's knowledge of RMNCH/N issues and encouraging men to be active and accountable husbands and fathers. This was achieved by becoming directly involved in safe pregnancy, childbirth, and childrearing, eliminating gender biases, sharing decision-making with their wives, ensuring good nutritional practices for Pregnant and Lactating Women (PLW), taking on a more equal share of household chores and childcare responsibilities, reducing alcohol dependence, ending Gender-Based Violence (GBV), and preventing CEFM. Some men who received the training were mentored to become role models, or MenCare "Champions," to

mobilize other men in their communities to become active, engaged parents and more equitable partners. Champions were responsible for organizing seminars in their respective communities to disseminate information from the trainings to other men. Champions also conducted home visits where they provided information to couples on family planning, and shared evidence to support the benefits of men involved in RMNCH/N to advance family health and well-being.

Beyond the formal MenCare training, and the MenCare "Champions" program, information was shared, and behaviour changes further promoted through community awareness raising events, discussion groups for men, father-daughter dialogues, couples-counselling, and counselling for men on RMNCH/N issues. Men were engaged in social and behaviour change activities where they learned the evidence supporting their need



to proactively support their spouses during pregnancy, at birth, and in the postpartum period, and to reflect on the gender norms and traditional practices that threaten the health and well-being of their wives and daughters. During male engagement dialogues and couple's counselling sessions, participants gained strategies for improved couple communication and gender equitable decision-making and discussed the role of husbands and fathers in preventing gender-based violence, combatting the harmful practice of CEFM and serving as champions for gender equality to inspire change in other men. Men also participated in training on 'Positive Masculinities' which encouraged a fairer distribution of household chores and childcare responsibilities between women and men. Men also supported SRHR for their wives and daughters. Seizing the critical window of opportunity presented by adolescence, adolescent boys were also mobilized through the creation of adolescent boys' peer education groups aimed at fostering positive masculinities anchored in gender equality and girls' rights.

Through the MenCare programs, men gained skills in the organization and facilitation of community events which encouraged all community members (men, women, girls, and boys) to challenge accepted ideas of "manhood", and rigid definitions of "men's" and "women's" work, and to support their husbands and fathers to become engaged and compassionate family members. In addition, men encouraged other men at these events to make space for their wives' opinions when making household decisions about nutrition, health care, education, and family budgeting, stressing the benefits for all family members when decisions are

made in an inclusive way. Community level actions were often coordinated with community leaders/ gatekeepers for greater community acceptance and impact. WVC drew on its experience partnering with faith leaders around the world as allies for gender equality, to engage Imams, Pastors and Priests in 'Change Maker Groups' where their influence was leveraged to promote the uptake of maternal and newborn health, including adolescent sexual and reproductive health services, to discourage CEFM and other forms of GBV and to mobilize men to adopt attitudes and behaviours in support of gender equality and improved RMNCH/N.

To support the nutritional needs of PLW, men and women were trained to grow and prepare iron rich beans and orange flesh sweet potatoes, among other nutritious produce and were encouraged to support PLW to consume iron and folic acid supplements. Men received training in evidence based infant and young child feeding practices (IYCF) including the importance of actively supporting their wives to exclusively breastfeed by taking on greater care responsibility in unpaid care work² for the first 6 months and assisting in feeding their babies complementary foods at the appropriate time.

² Unpaid care work is defined as informal caregiving undertaken without monetary compensation, including: a) direct care of persons, including children, older persons and persons with disabilities; b) indirect care such as cooking, cleaning, washing clothes; c) related activities like collecting water and fuel (accessed online: https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorites-priorites/riap_care_work-paif_prestation_soins.aspx?lang=eng)

Key MenCare Results

Project evaluations and qualitative field research findings suggest that the ENRICH, SUSTAIN and BOT projects contributed to gender-transformative change among couples and within families directly engaged in MenCare activities. These transformations challenged the discriminatory gender norms and power dynamics that reinforced gender inequalities and prevented women and girls from exercising control over their RMNCH/N. Men began to individually and collectively challenge established ideas and behaviours related to manhood and masculinity, prompting transformational change in gender relations, roles, expectations, perceptions, and values at an individual, interpersonal and community level. The findings further suggest that the MenCare approach was effective in reducing gender inequalities and in contributing to better RMNCH/N outcomes for women and girls whose husbands and fathers participated in the program. Outlined below are the key results that emerged from WVC's MenCare programming in RMNCH/N focused projects (specifically ENRICH, SUSTAIN and Born on Time):

- Men are playing a more proactive role in RMNCH/N, including jointly making decisions with their wives on contraception, number of children desired, and birth spacing; accompanying their wives to health centers for antenatal and post-natal visits; and ensuring that children are taken to the health clinic for regular weight checks. In addition to tangible changes in men's behaviour in support of improved RMNCH/N, MenCare activities also helped to improve the health seeking behaviour of PLW through increased emotional and financial support provided by men.
- Men are contributing more to domestic and childcare activities in their households and are carrying out jobs traditionally perceived as "women's work" such as fetching water, chopping firewood, washing dishes, doing laundry, cooking, and bathing, and feeding children. Equal sharing of domestic and caring responsibilities between women and men has resulted in a reduced domestic burden for many women and girls in project areas. This is significant because it represents an important shift in men's perception of their own role and responsibilities as fathers and husbands, from rigid conformity to a more flexible adaptation determined by family needs.
- Men are less likely to make family decisions individually because they now listen to their wives' views and make joint decisions related to healthcare, nutrition, education, and family budgeting. In the BOT project for example, male partners in Mali reported that equitable decision-making between women and men within their household in relation to seeking health care information and services increased from 5.9% to 19.5% over the life of the MenCare program.
- Men are sharing the responsibility for improved family nutrition by applying their new ability to grow and prepare nutrient dense foods, prioritizing the specific nutritional needs of PLW and children under five and adhering to evidence based IYCF practices.





- Men are motivating other men to play a more active role in the health and well-being of their families and to think critically about harmful gender norms by sharing information on the importance of men's support for good RMNCH/N practices and health consequences of GBV and CEFM with other men through seminars, discussion groups and community events. Also, fathers are serving as positive role models for sons who are learning about the benefits of becoming involved fathers and helpful partners.
- Men are less likely to discriminate against girl children by favouring boy children. Families who participated in MenCare activities reported improved attitudes among fathers towards their daughters and reduced discrimination against girl children within families in relation to food distribution, age of marriage and education opportunities. One of the results reported as part of the SUSTAIN project evaluation was a reduction in school dropout rates among girls, which may be linked to the changing attitudes of fathers regarding the value of girls' education.
- Men are less likely to support CEFM. In the ENRICH project, both women and men reported a decrease in CEFM in their communities since MenCare was introduced. This change was attributed to the knowledge men have gained through MenCare activities about the negative consequences of CEFM for their daughter's health and future.
- Men's behaviour change resulting in a reduction in intimate partner violence and other forms of GBV. Reduced levels of intimate partner violence perpetrated by husbands was a key result reported

by women and men across the three projects. Women and men reported that family relationships had improved overall, with fathers spending more time at home with their families and playing with their children more than before. In Ethiopia for example, male partners who considered a husband to be justified in hitting or beating his wife decreased from 67.4% to 46.8% over the life of the MenCare program. Reduced alcohol consumption by men was identified as a contributing factor to lower rates of violence against women and children.

- These positive changes in men's attitudes and behaviours were validated by their wives and daughters. Women and girls reported feeling more respected by their husbands and fathers, supported in domestic chores, and consulted more often on household financial decisions. Women also reported that incidents of intimate partner violence had declined following their husbands/partner's involvement in MenCare activities.



Critical Success Factors and Lessons Learned

- Ensuring that training and group discussion content and behavioural change strategies were locally informed and appropriate for the local context was a critical first step in the roll-out of MenCare in all three projects. Different models were used to understand the range of local factors, (including local barriers and motivators) influencing male engagement in RMNCH/N. This information was used to prioritize interventions, develop customized modules, and target social and behaviour change communication materials effectively. This approach resonated at both the individual and collective level to shift both men's and women's attitudes towards more equitable gender relations.
- MenCare role models or 'champions' sharing personal experiences of the positive impacts of MenCare on their lives, their relationships, and on family well-being with male community members was instrumental in shifting perceptions, attitudes and behaviours around gender equality and men's role in improving RMNCH/N.
- Complementing advocacy and education-related initiatives with concrete material inputs to help communities implement their new learnings was key to success and contributed to the sustainability of results. For example, orange flesh sweet potatoes vines and high iron bean seeds were provided to MenCare groups in the ENRICH project to give men a chance to apply their newly acquired farming skills to grow bio-fortified crops. These nutritious foods were regularly consumed by women and children resulting in better nutrition outcomes as well as financial profit from selling surplus crops.
- The impact of all the RMNCH/N MenCare programs was strengthened by the support it received from community, religious and government leaders who rallied behind the program and used their platforms and influence to promote the benefits of MenCare values and practices for the whole community.



- Success in engaging men and boys for gender equality was due in part to the use of consistent and prolific messaging at every possible opportunity. Rather than limiting messages related to male engagement to MenCare activities, project teams incorporated these messages wherever possible and in other areas of the project, i.e., training of health professionals, educational sessions in SRHR clubs for in and out-of-school boys and young men, in the text and images used in RMNCH/N materials, and in training and orientation modules.
- In the words of a Village Executive Officer who worked with the ENRICH MenCare program in Tanzania, MenCare has been effective because it focuses on key issues over which men exert control - when to get married, when to seek healthcare, who to prioritize, what to eat, how to spend money and where to give birth.
- To address low participation rates at the beginning of some MenCare programs, project teams attracted men by appealing to their interests. Coffee drinking corners were established to provide a relaxed atmosphere and opportunities to socialize. MenCare topics were integrated into football matches and boardgame competitions. This strategy was effective in drawing and retaining more men into MenCare groups.
- Promoting men's contribution to domestic and unpaid care work was in some cases met with push-back and suspicion from their wives. Some women were resentful of their husband's involvement and others were suspicious that their husband's suddenly changed behaviour and desire to help was an indication that they had been unfaithful in the marriage and were feeling guilty. The projects soon recognized the importance of engaging women in the behavioural change aspects of MenCare from the outset to facilitate a smooth transformation in men's attitudes and behaviours at home and to emphasize the need for spousal communication and collaboration. The projects opened the lines of communication between husbands and wives through couples' and women's discussion groups where the rationale for men's behaviour change was clarified, and potential suspicions and concerns discussed.



- Reports from across the three projects suggest that contrary to widespread assumptions informed by strict gender norms, men are eager to learn about RMNCH/N issues, and many of them have felt excluded from programming that has traditionally focused solely on women. While some men were reluctant to engage in activities that threatened the status quo, many were happy to be given the opportunity to redefine masculinities to include being informed and supportive husbands, and caring, involved fathers. Furthermore, women wanted their husbands to receive information and training on RMNCH/N and to motivate other men and community leaders to normalize these new, progressive behaviours, recognizing that men's active involvement was the missing piece in achieving better RMNCH/N outcomes.



World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.

To learn more about how World Vision works to address gender inequality and improve the lives of girls and boys, please contact Meryth Holte-McKenzie, Senior Gender Advisor, World Vision Canada at Meryth_Holte-McKenzie@worldvision.ca