Program P: Working with Fathers/Couples to Prevent Violence and Promote Equality

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Activity: Father’s Impact/Legacy
MenCare

active in approximately 40 countries.

For more information about the campaign and its partners, visit MenCare

www.men-care.org
Program P

Authors:

REDMAS | Promundo | EME
Program P components

1. Fatherhood in the Health Sector: A Guide for Health Professionals on Engaging Men

2. Engaged Fatherhood: Group Education for Fathers and their Partners

3. Community Mobilization Strategies
Program P Theory of Change

LEARN
Expectant and new fathers and their female partners engage in critical self-reflection on the norms preventing men’s engagement as equal, non-violent partners and present fathers, to develop new attitudes and skills

REHEARSE
Attitudes and behavior changes, and new skills in a safe environment of group educational sessions

INTERNALIZE
New gender-equitable attitudes and norms

LIVE
Gender-equitable, non-violent and healthy attitudes and behavior in everyday life in a sustained way. This contributes to positive outcomes such as increased participation in family planning and maternal and child health, more equitable and non-violent couple relationships, and increased participation by fathers in the lives of their children

SUPPORTING INFLUENCES AND STRUCTURES
Peer groups questioning and transforming gender norms regarding gender equality, fatherhood and care work; role modeling of gender-equitable lifestyles and positive parenting techniques and taking action through advocacy in one’s community and broader levels; institutions, structures, services, and policies support these changes
Program P/ MenCare in Brazil
MenCare/Program P in Brazil: A focus on systems
As crianças que têm pais emocionalmente próximos tendem a ser mais envolvidas com suas comunidades e a ter uma melhor saúde mental. Pais sensíveis e participativos também podem ajudar quando as mães estão estressadas ou têm problemas de saúde. Exercer a paternidade através do cuidado traz benefícios para homens, mulheres, seus filhos e filhas.

“As pessoas acham que pai é só o provedor, quem cuida e dá carinho é a mãe. O pai pensa em dar o melhor em bens materiais, mas não na área sentimental. Pai não é só alguém para sustentar, é alguém com quem poder contar. Quero que minhas filhas me vejam como um amigo, que possam conversar e abrir o coração.”

Anderson Barbosa Silveira, com a filha Ana Clara.

Os homens podem desempenhar um papel importante para alcançarmos a igualdade entre meninas e meninos. Ler para as crianças, acompanhar seu progresso na escola, interagir e conhecer seus professores são atividades fundamentais para o desenvolvimento das crianças com respeito. Exercer a paternidade através do cuidado traz benefícios para homens, mulheres, seus filhos e filhas.

“Aprendi a acabar com o preconceito de que a mulher faz as tarefas de casa e o homem trabalha na rua. Eu dou banho, troco fralda, vou na escola. Dizem que são coisas de mãe, mas faço com prazer. Assim a gente cria um elo. Fui criado sem pai. Tente dar às minhas filhas o que não tive, para elas passarem isso para os filhos delas também.”

Marcos Antônio dos Santos, com a filha Ana Beatriz.
Program P/ Bandebereho in Rwanda
Program P in Rwanda: Evidence of Impact

Gender transformative curriculum adapted from Program P

Targeting new parents and expectant couples ages 21-35

15 weekly sessions for men (8 with their partners) led by trained community facilitators

Relevant Topics:
- Family communication & decision-making
- Understanding Violence
- Conflict Resolution
- Gender equality
Study Design

- Two-armed, multi-site randomized controlled trial (3rd cycle)
- Sites: 4 districts of Rwanda (16 sectors)
- Sample size: n=1199 couples (624 control, 575 treatment)
- Study funded by Dutch SRHR Fund, MacArthur Foundation, anonymous donor

Baseline: men
Prior to the intervention Feb - Mar 2015

Endline: men & women
9 months post baseline Nov - Dec 2015

Follow-up: men & women
21 months post baseline Nov - Dec 2016
Findings: Intimate partner violence

Intimate partner violence (women’s reports in past 12 months, 21 months post-baseline):

- Any physical violence: 33 (Intervention), 57 (Control)
- Frequent physical violence: 4 (Intervention), 18 (Control)
- Any sexual violence: 35 (Intervention), 60 (Control)
- Frequent sexual violence: 9 (Intervention), 25 (Control)
- Emotional violence: 47 (Intervention), 70 (Control)
- Frequent emotional violence: 9 (Intervention), 27 (Control)
Findings: Lower rates of violence & greater engagement with children

<table>
<thead>
<tr>
<th></th>
<th>Control Group</th>
<th>Intervention Group</th>
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<tbody>
<tr>
<td>Used physical discipline with children (men’s reports)</td>
<td>67.3%</td>
<td>57.7%</td>
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<tr>
<td>Used physical discipline with children (women’s reports)</td>
<td>79.2%</td>
<td>68.3%</td>
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<tr>
<td>Hours/day spent telling stories, singing, or playing with children (men’s reports)</td>
<td>0.26</td>
<td>0.40</td>
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Multiple positive outcomes:

Compared to the control group, in the intervention group:

**SRH/MCH:**
- Higher rates of modern contraceptive use
- Women attended more ANC visits
- Men accompanied partners to more ANC visits
- Women reported more support during pregnancy

**More equal relationships:**
- Lower rates of men’s dominance of decision-making
- Less controlling behaviors
- More equal division of household & caregiving tasks
Conclusions

• Fatherhood as a key entry-point
• It is possible to address and have impact on multiple outcomes!
• Efforts to engage men in RMNCH must be transformative
• Gender synchronized approach is important
• Additional adaptation to further address unpaid care and violence
• Scale-up to embed approach in institutions e.g. health system
THANK YOU
MURAKOZE
OBRIGADO

Promundo
Rio de Janeiro, Brazil
Washington, DC, USA
www.promundoglobal.org
Findings: More positive SRHR & MNCH behaviors

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<tr>
<th></th>
<th>Control Group</th>
<th>Bandebereho Group</th>
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<tbody>
<tr>
<td>Used modern contraceptives (men)</td>
<td>64.9%</td>
<td>75.4%</td>
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<tr>
<td>Used modern contraceptives (women)</td>
<td>60.5%</td>
<td>69.9%</td>
</tr>
<tr>
<td># of ANC visits (women)</td>
<td>3.11</td>
<td>3.40</td>
</tr>
<tr>
<td># of ANC visits accompanied by men (men)</td>
<td>1.57</td>
<td>2.09</td>
</tr>
<tr>
<td># of ANC visits accompanied by men (women)</td>
<td>1.15</td>
<td>1.71</td>
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Findings: men less likely to dominate decision-making

- **Man has final say on number and spacing of children (women’s reports)**
  - Bandebereho group: 35
  - Control group: 48

- **Man has final say on number and spacing of children (men’s reports)**
  - Bandebereho group: 32
  - Control group: 49

- **Man has final say on income and expenses (women’s reports)**
  - Bandebereho group: 56
  - Control group: 79

- **Man has final say on income and expenses (men’s reports)**
  - Bandebereho group: 45
  - Control group: 70
Findings: more equal sharing of tasks

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<tr>
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<th>Intervention Effect</th>
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<tbody>
<tr>
<td>Sharing of tasks*</td>
<td>1.77 (0.48)</td>
<td>2.10 (0.50)</td>
<td>Beta = 0.33 (0.26 - 0.41) p&lt;0.001</td>
</tr>
<tr>
<td>Mean, SD</td>
<td></td>
<td></td>
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<tr>
<td>(men)</td>
<td>1.65 (0.48)</td>
<td>2.04 (0.51)</td>
<td>Beta = 0.39 (0.31 - 0.47) p&lt;0.001</td>
</tr>
<tr>
<td>Sharing of tasks*</td>
<td>1.40 (2.09)</td>
<td>2.26 (2.38)</td>
<td>Beta = 0.86 (0.50 – 1.22) p&lt;0.001</td>
</tr>
<tr>
<td>Mean, SD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(men)</td>
<td>8.34 (5.30)</td>
<td>8.34 (5.05)</td>
<td>Beta = 0.07 (-0.53 - 0.68) p=0.81</td>
</tr>
<tr>
<td>Hours per day spent on unpaid care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(women)</td>
<td></td>
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* Sharing variable is a continuous scale of mean score across the tasks, ranging from 1 to 5, with 5 indicating men's greater participation.
Findings: HH economics (caution!)

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<tr>
<td>Able to put aside money in past two weeks (men)</td>
<td>48.2%</td>
<td>60.9%</td>
<td>OR=1.68 (1.31 – 2.15) p&lt;0.001</td>
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<tr>
<td>Able to put aside money in past two weeks (women)</td>
<td>44.8%</td>
<td>57.6%</td>
<td>OR=1.69 (1.30 – 2.18) p&lt;0.001</td>
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<td>Has health insurance (men)</td>
<td>82.9%</td>
<td>87.4%</td>
<td>OR= 1.41 (1.05 – 1.89) p=0.023</td>
</tr>
<tr>
<td>Has health insurance (women)</td>
<td>77.9%</td>
<td>84.2%</td>
<td>OR=1.52 (1.13 – 2.05) p=0.006</td>
</tr>
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