

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

Tatiana Moura (Instituto Promundo)
& Ruti Levtov (Promundo-US)

Activity: Father's Impact/Legacy



Men Care

active in approximately 40 countries.

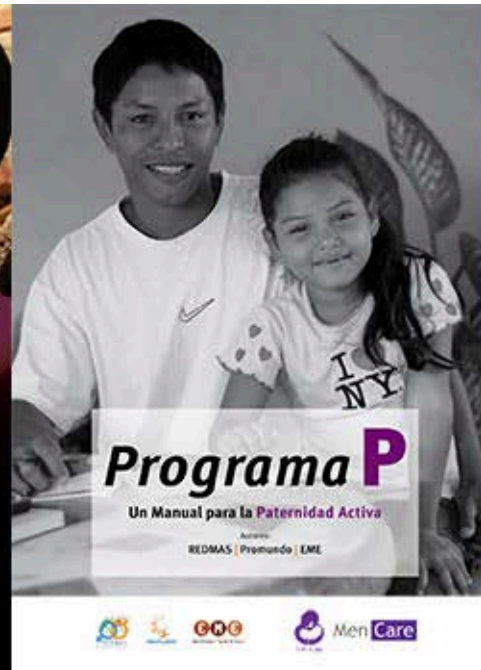
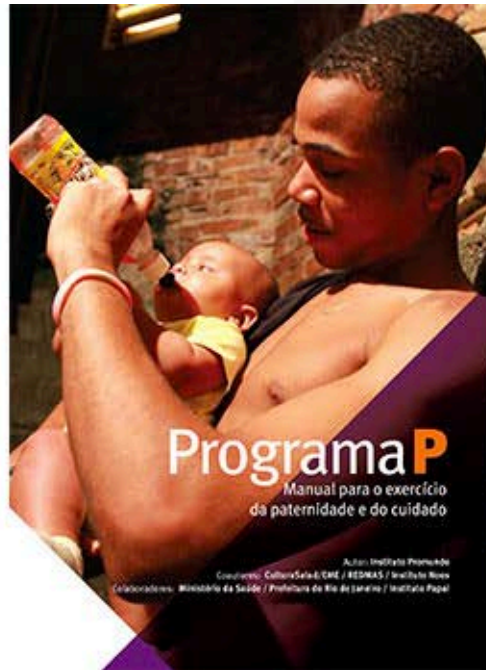
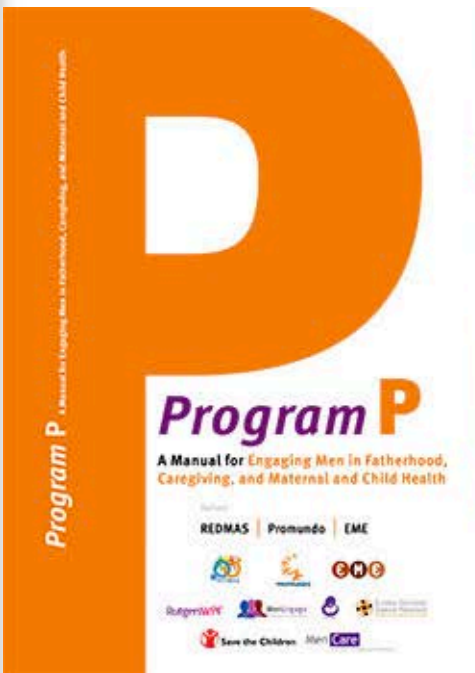
For more information about the campaign and its partners,

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



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Promoção do Envolvimento dos Homens na Paternidade e no Cuidado

CdP / UFRN / MS

Entrar no curso

Info / Módulos / Promoção do Envolvimento dos Homens na Paternidade e no Cuidado

INFO | SOBRE | OBJETIVOS | CONTEÚDO | CRÉDITOS | MÓDULOS

Conteúdo

- ✓ Apresentação
- ✓ Masculinidades, Paternidades e Saúde do Homem
- ✓ Encerramento e reflexão
- ✓ Gênero, Masculinidades, Sexualidades e Direitos
- ✓ Violência baseada em Gênero

Como nos organizamos

Metodologias: Cada uma das unidades temáticas é formada por apresentações, vídeos, imagens, textos, sínteses e fóruns para compartilhar experiências e reflexões.

Competência: Ao final do módulo o aluno deverá ter refletido sobre suas práticas no que se refere o envolvimento de homens e o encaixamento no exercício da paternidade e do cuidado. além de se sentir sensibilizado sobre a importância do exercício



Programa P

Manual para o exercício da paternidade e do cuidado

Autor: Instituto Promundo
Coautores: CulturaSaúde/EME / REDMAS / Instituto Noos
Colaboradores: Ministério da Saúde / Prefeitura do Rio de Janeiro / Instituto Papai

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VOCÊ ME DÁ CARINHO. VOCÊ É MEU PAI.

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 só 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.

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VOCÊ ME ENSINA A CUIDAR. VOCÊ É MEU PAI.

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 só 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. Tento 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.

+pai

Men Care +
ENGAGING MEN IN A 4-COUNTRY INITIATIVE

Men Care
A GLOBAL FATHERHOOD CAMPAIGN

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Men Care +
ENGAGING MEN IN A 4-COUNTRY INITIATIVE

Men Care
A GLOBAL FATHERHOOD CAMPAIGN

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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

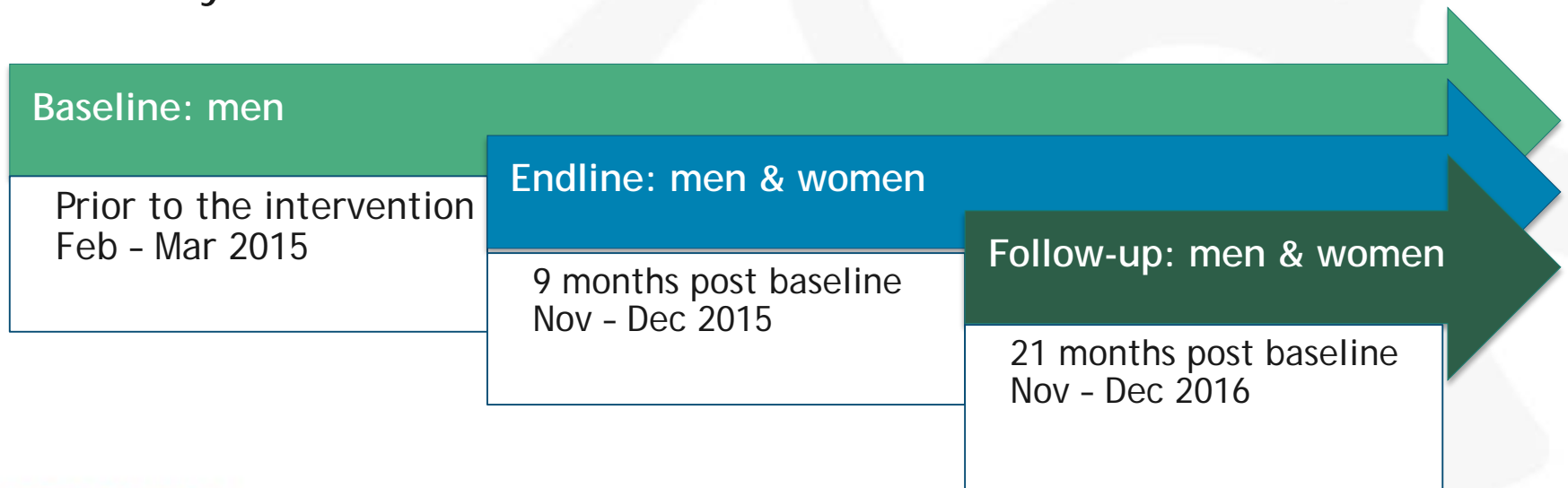


Bandebereho
Indigana mu buzima



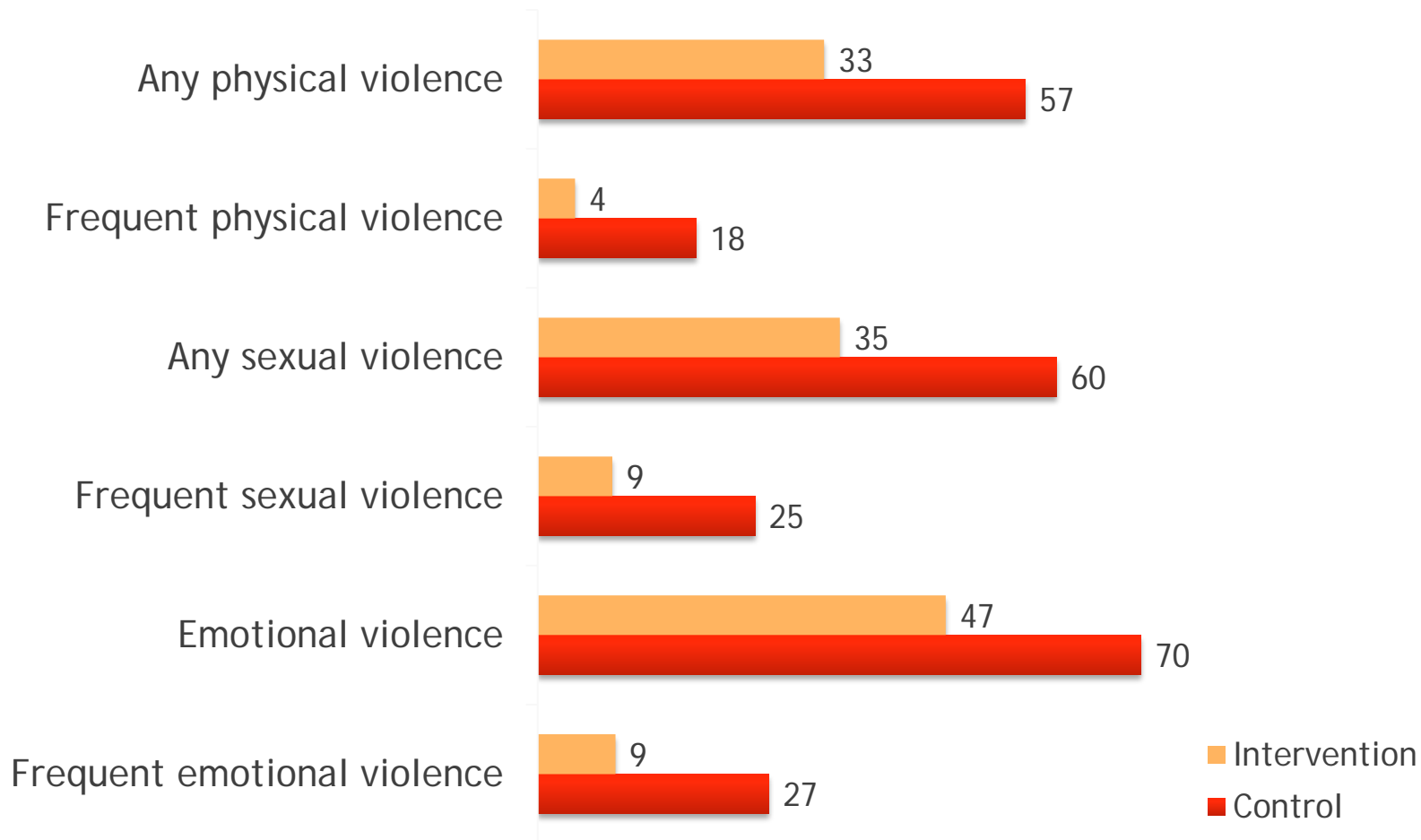
Study Design

- 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



Findings: Intimate partner violence

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



Findings: Lower rates of violence & greater engagement with children

	Control Group	Intervention Group
Used physical discipline with children (men's reports)	67.3%	57.7%
Used physical discipline with children (women's reports)	79.2%	68.3%
Hours/day spent telling stories, singing, or playing with children (men's reports)	0.26	0.40

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

Additional slides

Findings: More positive SRHR & MNCH behaviors

	Control Group	Bandebereho Group
Used modern contraceptives (men)	64.9%	75.4%
Used modern contraceptives (women)	60.5%	69.9%
# of ANC visits (women)	3.11	3.40
# of ANC visits accompanied by men (men)	1.57	2.09
# of ANC visits accompanied by men (women)	1.15	1.71

Findings: men less likely to dominate decision-making

Man has final say on number and spacing children (women's reports)



Man has final say on number and spacing of children (men's reports)



Man has final say on income and expenses (women's reports)



Man has final say on income and expenses (men's reports)



■ Bandebereho group ■ Control group

Findings: more equal sharing of tasks

	Control Group	Bandebereho Group	Intervention Effect
Sharing of tasks* Mean, SD (men)	1.77 (0.48)	2.10 (0.50)	Beta = 0.33 (0.26 - 0.41) p<0.001
Sharing of tasks* Mean, SD (women)	1.65 (0.48)	2.04 (0.51)	Beta = 0.39 (0.31 - 0.47) p<0.001
Hours per day spent on unpaid care (men)	1.40 (2.09)	2.26 (2.38)	Beta = 0.86 (0.50 - 1.22) p<0.001
Hours per day spent on unpaid care (women)	8.34 (5.30)	8.34 (5.05)	Beta = 0.07 (-0.53 - 0.68) p=0.81

* 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!)

	Control Group	Bandebereho Group	Intervention Effect
Able to put aside money in past two weeks (men)	48.2%	60.9%	OR=1.68 (1.31 – 2.15) p<0.001
Able to put aside money in past two weeks (women)	44.8%	57.6%	OR=1.69 (1.30 – 2.18) p<0.001
Has health insurance (men)	82.9%	87.4%	OR= 1.41 (1.05 – 1.89) p=0.023
Has health insurance (women)	77.9%	84.2%	OR=1.52 (1.13 – 2.05) p=0.006