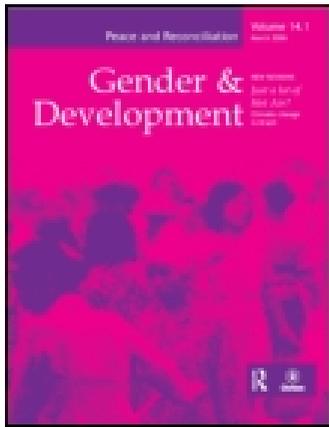


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Transforming gender roles in domestic and caregiving work: preliminary findings from engaging fathers in maternal, newborn, and child health in Rwanda

Kate Doyle, Jane Kato-Wallace, Shamsi Kazimbaya and Gary Barker

This article draws on Promundo and RWAMREC's programmatic experiences in Rwanda of implementing MenCare+, a gender transformative approach to engaging young and adult men (ages 15–35) in caregiving, maternal, newborn, and child health, and sexual and reproductive health and rights. We present initial results from fathers' groups with more than 600 men, including the impact of participation in these groups on men's participation in care work. The results confirm the importance for practitioners' planning strategies to engage fathers to think beyond men's token participation in care work, to use father participation as an entry point to truly transform gender dynamics within the home. The article provides practical lessons learnt to guide other organisations interested in working with men to transform norms around fatherhood and care work.

Cet article se base sur les expériences programmatiques de Promundo et de RWAMREC au Rwanda concernant la mise en œuvre de MenCare+, une approche transformative sur le plan du genre consistant à faire participer les hommes jeunes et adultes (de 15 à 35 ans) à la prestation de soins, à la santé maternelle, néonatale et infantile, et à des projets de santé et de droits sexuels et génésiques. Nous présentons les résultats initiaux de groupes de pères englobant plus de 600 hommes, y compris l'impact de la participation à ces groupes sur la participation des hommes à la prestation de soins. Les résultats confirment l'importance pour les praticiens qui planifient des stratégies visant à faire intervenir les pères de ne pas limiter leur réflexion à la participation symbolique des pères aux soins et d'utiliser la participation des pères comme un point d'entrée permettant de vraiment transformer la dynamique de genre au sein du foyer. Cet article fournit des enseignements concrets visant à orienter d'autres organisations désireuses de travailler avec des hommes pour transformer les normes relatives à la paternité et aux soins.

El presente artículo se basa en las experiencias programáticas desarrolladas en Ruanda por Promundo y RWAMREC. Las mismas se vinculan a la implementación de

MenCare+, un enfoque de género transformador, cuyo objetivo apunta a lograr la participación de hombres jóvenes y adultos (cuyas edades oscilan entre los 15 y 35 años), como cuidadores y como actores en las áreas de salud materna, neonata e infantil, de salud sexual y reproductiva, y de derechos. Los autores presentan los resultados iniciales surgidos de grupos de padres a los que asistieron más de 600 hombres, así como los impactos que la participación en dichos grupos tuvo en el desempeño de los hombres en el trabajo de cuidado. Si el objetivo consiste en analizar el rol de los hombres en este trabajo más allá de lo simbólico, los resultados confirman la importancia de que las estrategias de planeación de los operadores involucren a los padres, y que aprovechen su participación como una manera de transformar efectivamente las dinámicas de género en el hogar. Asimismo, el artículo presenta aprendizajes prácticos que pueden servir para orientar a otras organizaciones a interesarse en trabajar con los hombres en la transformación de normas centradas en la paternidad y en el trabajo de cuidado.

Key words: caregiving; engaging men; Rwanda; maternal; newborn and child health; household gender dynamics

Introduction

There is growing recognition that full equality for women cannot be achieved without more equal and fair participation from men in caregiving and domestic work.¹ The need for greater men's involvement in care work has been a subject of discussion in major development policy arenas for a number of years, including the 1994 Programme of Action for the International Conference on Population and Development. Since then, we have seen an expansion in generally small-scale programme work to reach men as partners in sexual and reproductive health in the global South, and some policy efforts to promote men's caregiving in global North settings.² However, relatively few large-scale efforts have sought to work through large public institutions, like the health and education sectors, to engage men deliberately in taking a greater role in caregiving or in distributing care work more equitably between men and women.

At the same time, women's empowerment programmes have increased opportunities for women to participate in income generation, and women now represent more than 40 per cent of the global paid workforce (World Bank 2012, 3). Women affirm that as they do more paid work, they continue to do the bulk of the caregiving and domestic work at home. Recent research from six lower-, middle-, and high-income countries found that the average time spent by women on unpaid care work was between two and ten times greater than time spent by men on these activities (Budlender 2008, v).

In this article, we focus on our experiences implementing the MenCare+ programme in Rwanda, a collaboration between Promundo and the Rwanda Men's Resource Center. We present initial results from implementing father groups with more than 600 men and their partners, and the impact on men's participation in care work. We pay particular attention to challenges encountered in making fatherhood involvement a transformative experience – where power in household decision-making is shared and gender relations become more equitable – rather than a promotion of men's token participation in care work. The article provides practical lessons learnt to support other organisations interested in working with men to transform norms around fatherhood and caregiving.

We write this article as programme managers based in Rwanda implementing MenCare+ and as individuals co-ordinating global efforts to engage men in care work on behalf of Promundo and the Rwanda Men's Resource Center (RWAMREC). Promundo is an international organisation that carries out research, programme development, and advocacy on men, masculinities, and gender equality, with offices in Rio de Janeiro, Brazil; Washington, DC, USA; and Coimbra, Portugal.³ The RWAMREC is a non-government organisation with headquarters in Kigali, Rwanda, that was created by a group of men to mobilise other men in support of women's empowerment and in eradicating men's violence against women.

The issue and the context

Time-use studies in Rwanda reflect the global trend of an increasing workload for women due to more hours spent in paid work, yet little or no reduction in hours spent on care work at home (National Institute of Statistics Rwanda (NISR) 2012). In Rwanda, as in many countries, social norms teach men from a young age that women and girls raise children and perform household tasks, whereas men's identity is often defined in large part by their ability to earn an income and provide for the family. As women's participation in paid work increases, these household dynamics are often challenged in ways that men may view as threatening to their traditional roles as income earners and heads of household (Slegh *et al.* 2013). Increases in women's economic contribution to the household can also challenge some men's identities as the financial providers. In short, structural changes in women's roles propel men to rethink their own definitions of what it means to be men, but not without difficulty in terms of household dynamics. Outside in wider society, men who engage in care work may be stigmatised in their social networks, by family or their male peers, for participating in 'women's' activities.

Promoting changes in gendered attitudes towards care work is therefore critical to influencing men's behaviours to allow for sharing of responsibilities with women. Research confirms that women benefit when men take on more and different kinds of care work – and not only because their workload becomes lighter. Recent studies confirm that engaging men in caregiving can have a range of positive health and

economic benefits for women (Mullany *et al.* 2007). In addition, men's involvement in caregiving also benefits children (Sarkadi *et al.* 2008) and men themselves (Bartlett 2004). Qualitative research with men has found that involvement in caregiving can increase men's capacity for emotional connection with others, with men describing their roles as caregivers as emotionally fulfilling (Barker *et al.* 2012). Caregiving is an activity through which men learn potentially new ways of interacting at the household level, in ways that are not tied to having power over or using violence against others, thus freeing them from some of the restrictions of traditional, and restrictive, gender roles.

Research indicates complex connections between family violence and couple conflict, and lack of male participation in care work. Findings from the International Men and Gender Equality Survey (IMAGES) in low- and middle-income countries indicate that father involvement is negatively affected by men's adverse childhood experiences.⁴ Notably, men who witnessed violence against their mother by an intimate partner were less likely to participate in care work (Barker *et al.* 2011). IMAGES research from eight countries, including Rwanda, also confirms that men who witnessed and/or experienced violence as children are at increased risk of perpetrating violence against an intimate partner later in life (Fleming *et al.* 2013). On the other hand, research from Bosnia, Brazil, Chile, Croatia, India, and Mexico suggests that seeing one's father participate in caring for one's siblings, being taught to care for children in the family of origin, and having gender-equitable attitudes were associated with men's higher level of involvement in caregiving (Kato-Wallace *et al.* 2014).

Based on evidence such as this, and on feedback from women regarding the need for men to take on a greater share of care work, organisations such as Promundo and RWAMREC recognise the importance of engaging men as caregivers in order to promote gender equality and overall family well-being. Programme work with men has shown that gender-transformative interventions, which confront and transform gender norms, can lead to measurable changes in fathers' attitudes related to gender equality, including caregiving and domestic work (van den Berg *et al.* 2013). In fact, well-designed programmes with men and boys show compelling evidence of leading to changes in men's attitudes and behaviour, as regards sexual and reproductive health, maternal health, interactions with children, and use of violence (World Health Organisation 2007). While such efforts are important at the small-scale programme level, our advocacy work highlights our belief that changes in the attitudes and policies of public institutions are needed to take these efforts to scale, to ensure these institutions play a role in challenging, rather than perpetuating, inequitable norms related to care work.

Our interventions aim to promote greater father involvement alongside men's participation as non-violent and equitable partners, and to challenge the power dynamics that underlie the current inequitable division of care. Programme experience shows the potential pitfalls of engaging men solely as 'token' participants in household tasks, where men may view their participation in care work as a 'favour' to women,

or something that they simply 'assist' in. This fails to promote real changes in attitudes that view care work as low-status tasks assigned to women. If attitudes go unchallenged, men's participation in household responsibilities may increase, but there will be no impact on power relations or men's roles as the principal decision-makers in the home. In short, effectively changing the caregiving divide and advancing gender equality requires a deeper questioning of the power dynamics within the home, and a re-examination of men's and women's own attitudes around their caregiving roles.

The MenCare+ programme

MenCare is a global initiative to engage men in promoting family well-being and gender equality as equitable, caring, and non-violent partners and caregivers, and is active in more than 25 countries.⁵ It includes campaign and programme activities that use fatherhood, and the prenatal period in particular, as an entry-point to involve men in transforming gender dynamics, and redistributing the burden of care work. Research from IMAGES, mentioned above, indicated that, on average, 84 per cent of men in six countries attended at least one prenatal care visit with their pregnant partner (Kato-Wallace *et al.* 2014, 7), highlighting a critical moment to begin to involve men in caregiving.

Building on the MenCare experience, in 2013, Promundo and Rutgers WPF launched the MenCare+ programme, an initiative that works via the health sector to involve men in maternal, newborn, and child health (MNCH), sexual and reproductive health and rights, and violence prevention, in Indonesia, Brazil, South Africa, and Rwanda.⁶ The programme works with local partner organisations in each country to break inter-generational cycles of violence, replacing them with equitable norms around gender, emotional connection, and care. MenCare+ also works closely with governments and the health sector to influence policies, so that health facilities, that have at times seen men as obstacles, irrelevant, or sources of harm for women, become spaces that promote gender-equitable and involved fatherhood.

Implementing MenCare+ in Rwanda

MenCare+ is implemented in four of Rwanda's 30 districts by the RWAMREC, which works in direct partnership with the Rwandan Ministry of Health, via its maternal and child health department. The programme, known as *Bandebereho* ('role model') in Kinyarwanda, aims to engage more than 60,000 community members in campaigns or group education by the end of 2015. Groups for young men, young women, and couples are currently facilitated at the community level by a network of 112 community volunteers. These groups aim to increase gender-equitable attitudes, contraception use, participation in sexual and reproductive health (SRH) and MNCH services, and to

reduce intimate partner violence. Community campaigns and men's group counselling will be launched later this year.

The programme works directly with the health sector to engage health care providers in supporting men's participation in MNCH and SRH services and to advocate with government and district officials to address challenges to men's greater involvement in the prenatal period. The programme takes a 'do no harm' approach (Taylor and Barker 2013), recognising that in light of power imbalances and intimate partner violence, men's participation in the prenatal period is a woman's decision, not a father's or man's right.

As much as possible, the MenCare+ programme works in an integrated way with existing government and grassroots community structures, such as community health workers, for long-term sustainability in transforming men and women's attitudes and behaviours.

Rwanda as a setting for MenCare+

Rwanda has experienced a tremendous shift in women's participation in economic and political life in the post-genocide period. In the wake of mass violence, women took on new and greater roles as leaders and heads of household, and were actively involved in the reconstruction of the country. Obligated to become the sole breadwinners for their families, greater numbers of women entered the paid workforce. At the same time, national laws and policies established new rights for women, including protection from violence, and actively promoted women's engagement in public life (Republic of Rwanda 2010). Today, women represent a majority of Parliament and quotas reserve spaces for women at all levels of local government. According to a national household survey, 82 per cent of Rwandan women aged 16 and above were currently employed in 2010, compared to 80 per cent of men (NISR 2012, 26).⁷ However, the wage gap persists, with women mostly employed in less remunerated fields like agriculture and earning on average less than men.

While women's greater involvement in economic and political life is clear, their roles within the home appear to have changed little or, in any case, less than in the public sphere. In 2010, RWAMREC conducted the IMAGES study with a nationally representative sample, which affirmed that men and women still hold traditional attitudes about gender roles within the home (Slegh and Kimonyo 2010). Here, women's status continues to be defined by their roles as mothers and caregivers, while men are the financial providers and decision-makers. IMAGES-Rwanda found that 73 per cent of men and 82 per cent of women said that a woman's most important role is to take care of her family (Slegh and Kimonyo 2010, 35).

Social norms continue to assign women the bulk of the caregiving and domestic work. A recent national household survey found that women spent three times as

many hours per week on domestic tasks such as cooking, cleaning, collecting firewood, or fetching water in 2011 than men did (NISR 2012, 30). At the same time, women spent three-quarters the amount of time as men on paid work, and when paid and unpaid work is combined, women worked 11 hours a week more than men did. National policies acknowledge that women's participation in care work within the home is a barrier to young women's completion of their education.

Men's continued dominance over decision-making further worsens unequal power relations within the home. A recent national household survey, which asked women whether they participate in decisions about their own health care, major household purchases, and visiting their own family and friends, found that only 59 per cent of women participate in all three decisions (National Institute of Statistics Rwanda (NISR), Ministry of Health [Rwanda] (MOH), and ICF International 2011, 228). In addition, the survey found that 56 per cent of married women have ever experienced either physical or sexual violence at the hands of their husband (NISR, MOH, and ICF International 2011, 246). This research demonstrates the disparities between women's position outside and inside the home, and reinforces the need to engage men and women in confronting social norms in ways that transform gender dynamics and power relations at home.

The intervention: father group education

Father's education groups, which include men and their female partners, are a cornerstone of the MenCare+ programme. Forty-eight father groups are currently active in Rwanda, and more than 600 men and their partners have participated in group education. The groups target men aged 21–35 who are either currently expecting a child or are already fathers to children aged under five. Maternal, newborn, and child health is used as an entry point to engage men in deliberately questioning gender norms, to reflect on their roles as fathers and partners, and to promote their equitable participation in caregiving and maternal, newborn, and child health.

Designing and piloting the group education curriculum

The father group curriculum was adapted from group education activities in *Program P*, a manual for engaging men in fatherhood, caregiving, and MNCH, and other similarly designed gender-transformative curricula developed by Promundo.⁸ The manual was first modified using findings from formative research conducted at the programme start, and then piloted with 48 men and their partners in December 2013. Feedback was collected from RWAMREC staff, Ministry of Health officials, and pilot participants, to refine further the activities based on their suggestions. We found that some topics, like pregnancy and intimate partner violence, required additional activities or sessions, while other topics required less time than anticipated.

The final curriculum includes 15 sessions, each designed around a theme, such as family planning or sharing care work, and consists of participatory group activities that encourage discussion, interaction, and reflection. Men's involvement in care work and couple communication are emphasised throughout. Local experts, including health providers and police, co-facilitate several sessions to provide information on maternal, newborn, and child health, and laws against violence, respectively.

Women are invited to participate in six of the sessions, which focus on MNCH, caregiving, and couple communication and decision-making. A health provider participates in two of these sessions to provide accurate information: on pregnancy, including nutrition, warning signs for obstetric complications, fistula, and prenatal care; and on family-planning methods. The content of these sessions was developed with the Ministry of Health, and is designed to complement information women (and if present, their partners) received during the four recommended prenatal visits. The sessions reinforce the importance of attending MNCH services, and are not designed to replace information provided at these services.

Recruiting men to participate

In Rwanda, many men attend the first prenatal visit, and we initially considered recruiting men directly from health facilities. We chose instead to work with community health workers (CHWs) in charge of maternal, newborn, and child health at the village level. These volunteers form a direct link between communities and health facilities as part of Rwanda's decentralised health system. By working with CHWs, we can identify expectant men who may not attend prenatal services, as well as men with young children below five years. The group facilitators use lists provided by the CHWs to reach out to men directly in their communities.

The father groups take place in government offices, schools, and health facilities at the village level and are led by volunteer facilitators, many of whom are village chiefs, teachers, and pastors. The groups meet once or twice weekly for roughly three hours. Depending on the district, between 15 and 70 per cent of the men were expecting a child when they first joined the group, and a majority had at least one child already. All of the men are considered 'married', although a substantial number of couples are not legally married.

Preliminary results from 48 father groups indicate nearly 100 per cent of invited men attended the first session, and attendance remained fairly constant at subsequent sessions, barring illness or family emergencies. Overall, 89 per cent of men attended all 15 sessions (with an average of 14.7 sessions), and 95 per cent of their female partners attended all six relevant couples' sessions. Several factors likely contribute to these low attrition rates, and some may be particular to Rwanda. The participants, who live in mostly rural areas, may have more free time than men in urban areas. In addition,

some groups operate in remote areas lesser reached by development projects, where men may be more eager to participate.

The programme also has strong partnerships with local government, which has increased the visibility and authority of the programme within local communities. In addition, many group facilitators are themselves in respected positions as village chiefs, pastors, or other types of community leaders, which may increase men's desire to participate. The Rwandan government also strongly promotes 'self-reliance', and encourages individuals to contribute actively to the development of the country. Participation in the groups, whose objectives align closely with national development goals, may therefore be seen as a source of social capital.

Initial results from implementing father groups

In this section, we share initial qualitative results from implementing father groups. We limit our focus to findings on men's greater involvement in care work and MNCH, as well as improvements in couple communication. However, additional changes were reported by some men, such as a decrease in the use of intimate partner violence. All the quotes presented are from focus-group discussions and public testimonies of facilitators and participants.⁹ The results presented are preliminary, but a more rigorous, control-group study is planned later this year, with results expected in 2016. The study will also measure women's reports of men's changes in attitudes and participation in caregiving.

Involvement in care work

Many of the fathers report positive changes in their participation in care work since joining the group, changes that their wives affirm. Men report increases in their involvement in caring for children and their participation in household tasks, which we see as two distinct types of involvement. In many settings, men are often more likely to be involved in caring for children, such as playing with them, with lesser involvement in household chores.

Many of the men say that the frequency or level of their involvement in feeding, washing, or interacting with their children has increased. Men also report taking on entirely new caregiving roles in areas normally reserved entirely for women, like infant care. Most men's interaction with their children was previously limited to older children. In rural areas in Rwanda, women and men affirmed that men are not expected to have much physical contact with children before they walk; indeed, many women consider men to be potentially dangerous to young children, and believe that men simply do not know how to provide care for newborns.

After participation in the groups, many of the fathers are caring for babies in ways they never did before. In the groups, men learn how to hold and bathe their newborns,

using life-like dolls that we designed to enable men to practise these new skills. The sessions also emphasise the benefits that bonding and interacting with their newborns can bring to men and their children. One father explained the reactions he received when he carried his four-day-old child for the first time:

I was very happy to carry my baby. The first person I saw said, 'this is not normal'. Another woman came and she said they would find a woman to help me. I told her that I know how to carry the baby, and showed her what I had learned. They were shocked. (New father, testimony, Musanze, 5 June 2014)

Men detailed how they are also becoming more involved in domestic tasks, such as cleaning, washing clothes, and cooking, in new and different ways. According to these men, their participation in domestic tasks was previously limited mostly to household repairs. Many of the men pointed to the activity on gender roles in the household as a turning point, which convinced them that men are capable of performing any domestic task. Despite this recognition, they admit that change is difficult. Many men were hesitant at the beginning to take on tasks, like cooking, which run opposite to everything they were taught a man should do. This caused some men to question their own personal definitions of masculinity, or what it means to be men.

Men's participation in the domestic tasks is usually stigmatised by other men and by women, which also makes change challenging. Men acknowledged facing resistance from both family and community members, who view men's participation in domestic tasks as a reflection of their subordination to their wives. People say that these men have been 'bewitched' by their wives. For this reason, some men continue to hide their participation in household chores. Others said they no longer feared what other people thought, because they saw the benefits that change could bring. Overall, most of the men saw their participation in new and different forms of care work as a gradual process:

I thought all chores were assigned to women. I tended to do washing only if my wife was sick. Now, we share all the household tasks. We started with things that are easier, and less stigmatised in the society. (Father, focus group, Musanze, 18 February 2014)

Many men identified their own culture, and the ways they were raised to become men, as barriers to change. These men did not have references for involved fatherhood, having never seen their own fathers 'fetch water' or perform household tasks. One father said that he used to help his wife with the cooking, but did so in secret because of how he had been raised:

My mother put this idea into me. She told me boys were not allowed to cook. She said, 'If you decide to cook, you will become like this goat, like an animal.' When I got married, I was just implementing what my mother taught me. (New father, testimony, Musanze, 5 June 2014)

Testimonies like this one demonstrate how women and girls can also reinforce inequitable norms around masculinity and caregiving. Indeed, men often identified women as the biggest resisters to change. It is possible that women perceive men's participation in care work as a threat to their own identities, which have for so long been defined by their presence in this domain. During formative research, women shared with us their fears about how men's involvement in household chores would reflect badly upon them in the community. For this reason, we encouraged men to discuss with their partners and agree before taking on new roles and tasks, so that their partners were supportive of greater involvement, rather than fearful or resistant. Overall, most of the men reported that their wives were very happy with the change and had in fact been, as one man expressed it, 'waiting for a time like this' (father, focus group, Rwamagana, 13 May 2014).

Most of the men agreed that change is needed in order to break away from the attitudes and behaviours of previous generations, which placed an unfair burden on women. These men shared how they have seen the benefits that participating in and sharing tasks more equitably can bring to their families, their partners, and themselves. Some of the advantages they identified were the time and financial rewards of working together, as well as improved family and partner relations. Although it is too early to know whether these behaviours will be maintained in the long run, the benefits that men report, plus the positive feedback they receive from their partners, bode well for the long-term sustainability of these changes. The initial results also suggest optimism that men's greater involvement can lead to a more equitable distribution of care work in ways that benefit both women and men.

Participation in maternal, newborn, and child health

Men's involvement also appears to be increasing in maternal, newborn, and child health as a result of the intervention, an area which is, of course, not easy to separate conceptually from 'care work'. Some men are taking on new roles, like bringing children for medical care, which are generally viewed as mothers' responsibilities. This represents a significant shift from men's traditional role as simply the financial provider of health insurance and medical care. One father, whose own wife admitted that she never thought a husband should take a sick child to the health centre, shared why he did:

I was there, and my wife was pregnant and couldn't carry the child to the clinic. I did it out of love and I felt very good. People could say I am bewitched or stupid. But, if someone can bewitch you to empower yourself and your family, what's wrong with that? (New father, testimony, Rwamagana, 2 June 2014)

More of the men are also accompanying their wives to deliver their babies, a responsibility usually given to female relatives, and are taking more active roles in birth preparations. Many of the men showed a strong desire to be present during the

birth of their child after learning the benefits it can bring to their partners. This represents a major shift in men's roles and participation. One father, who was not present at the birth of his first child, shared this about the birth of his second child:

When my wife gave birth, I went with her to the hospital. I was convinced that I have to go in the delivery room. I was really very happy. I went with her myself, not with my mother or anyone else. (New father, testimony, Musanze, 5 June 2014)

The experiences of fathers also illustrate some of the barriers to enabling men's greater involvement in caregiving and maternal, newborn, and child health. Several fathers reported that health providers had discouraged or prohibited them from being present during the delivery of their child, or from attending MNCH services. Other men experienced challenges when attempting to access information about their partners' or children's health. One man, who was not allowed to enter the delivery room, explained:

We reached the hospital and before entering the waiting room, the nurse shouted at me. I told her that I have the right. She gave me two choices: stay outside, or enter and pay a fine. I am asking nurses and health facilities, please be flexible with us. (New father, testimony, Musanze, 5 June 2014)

Challenges to men's participation in MNCH include structural barriers, like overcrowded delivery rooms, as well as the attitudes of health workers, who often control access to men's participation. The traditional attitudes of health providers can undermine men's involvement, despite an enabling policy environment that encourages their participation in MNCH, and illustrates the need to engage and sensitise these stakeholders. These experiences highlight the importance of working with individual men to create change, but also the need to address norms within the health system. MenCare+ is working to address such challenges through advocacy, training of health providers, and by creating spaces, like the one where this testimony took place, for men to share their own experiences and stories with health providers.

Communication and joint decision-making

In addition to greater involvement in caregiving and maternal, newborn, and child health, some men report improvements in couple communication and more equitable decision-making within the home. Many of the fathers said that they are now sharing major household and financial decisions more with their partners. For many of the couples, discussing family finances happened for the first time within the father group:

I thought men are supposed to make all the decisions at the household level. I learned how to make decisions together about how we use our money, with sincere communication. (Father, focus group, Musanze, 18 February 2014)

Some of the couples have continued to develop a monthly or weekly family budget and are now making joint financial decisions. The greater involvement of women in household financial decisions represents a big shift in gender dynamics and power relations within the household. Men said that in the past, they spent money in ways that did not always benefit the family. But, when they discuss with their partners, they are able to have a shared goal, and it is easier to agree on how to use money in ways that benefit the family. Men also emphasised the importance of communication in order to plan effectively for the future.

Changes in couple dialogue also appear to have increased men's respect for their partner's opinions in ways that are creating more equal power relations within the couple:

There is a need for discussion between a husband and wife, in order to combine power. When power is combined, you can reach success. Before, I did not give value to what my wife proposed. Men's ideas used to have more value than women's. (Father, focus group, Rwamagana, 13 May 2014)

Many of the men emphasised a number of benefits that sharing household tasks and decision-making has had for themselves and their families. Their testimonies also illustrate one pathway to greater involvement in care work, which is the ability to perceive tangible benefits from men's change. Men commonly identified the financial and personal rewards of working together towards a common goal as important advantages:

Now we discuss and share responsibilities in order to save money. We decided to share everything ... For me, there is a confidence in the family that is created by sharing these activities. Each of us believes that the family is one. (Father, focus group, Rwamagana, 13 May 2014)

Most men acknowledged that changing norms and roles within the home is difficult, but saw the benefits as outweighing the obstacles that were in their way. We are optimistic that as men continue to see the rewards of sharing responsibility, it will further validate and reinforce the changes they have made. As one father said, 'if you are not changing, you cannot succeed'.

Conclusion

In this article, we have argued that gender equality requires men's *full* participation as equal partners in caregiving and domestic work, expanding the scope of efforts to engage men beyond the usual spaces of SRH promotion and gender-based violence prevention. Across the globe, we have seen that men's involvement in care work has not kept pace with changes in women's participation in paid work. Women continue to

perform the majority of unpaid care work, despite playing a greater role in economic life. Research has shown that gender norms are 'sticky' and, in many places, continue to define women as caregivers and men as financial providers, enabling unequal power relations to persist (Boudet and Petesch 2013). We believe efforts to engage men in care work must confront these underlying social norms, and work with men in ways that transform unequal power relations within and outside the home.

The preliminary results from father groups in Rwanda affirm our belief that gender-transformative programmes, which engage men in deliberate questioning of gender norms, can increase men's involvement in ways that shift the burden of care work and address unequal power relations. The programme has seen men taking on new and greater caregiving roles, with men perceiving a range of benefits for their partners, their children, and themselves. Men say they are not just participating in care work, but are sharing these responsibilities fully with their partners. Creating spaces for dialogue between men and their partners appears to be critical to this change. Though anecdotal at this time, the results suggest a shift towards more equitable partner relations for some couples, including changes in women's decision-making power within the home.

Fatherhood is an important entry-point for engaging men in activities that promote their roles as caregivers and in domestic work. However, work with fathers must move beyond men's token participation, so that fatherhood involvement becomes a transformative experience where power is shared and relationships become equal. Efforts to engage fathers must be careful not to involve men in ways that reinforce their roles as financial providers and decision-makers, or only promote their limited participation in their children's lives. Instead, these programmes should challenge existing norms and encourage men to be equitable and involved fathers, who share the full range of caregiving and domestic work with women, and perceive benefits from doing so.

Changing social norms around caregiving is a long-term process and requires integrated approaches at the societal, community, group, and individual levels. We must work with communities to transform social norms that discourage or excuse men from participating in care work. We must also engage with the health and employment sectors to advocate for policy changes that support and promote men's roles as equitable and involved fathers and caregivers. Preliminary results from Rwanda and existing research show that these approaches can bridge the caregiving divide and ensure that men value the full potential of their partners in both the public and private spheres.

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Notes

- 1 In this article, we refer to 'caregiving', but some documents refer to unpaid care work, which includes the care of children and other domestic activities.
- 2 These policy efforts include, notably, paternity leave policies in Scandinavia, Canada, and the UK.
- 3 For more information, see www.promundo.org.br/eng.
- 4 IMAGES is a multi-country study of men's attitudes and practices related to gender equality along with women's opinions and reports of men's practices. Topics included: gender-based violence; health and health-related practices; household division of labour; men's participation in caregiving and as fathers; men's and women's attitudes about gender and gender-related policies; transactional sex; men's reports of criminal behaviour; and quality of life. IMAGES was co-ordinated globally by Promundo, and the International Center for Research on Women (Barker *et al.* 2011). From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women aged 18–59 in Brazil, Chile, Croatia, India, Mexico, and Rwanda. For more information, see www.promundo.org.br/en/wp-content/uploads/2011/01/Evolving-Men-IMAGES-1.pdf (last checked by the authors September 2014).
- 5 The MenCare Global Fatherhood Campaign was launched in 2011 and is co-ordinated by Promundo and Sonke Gender Justice. For more information, see www.men-care.org.
- 6 MenCare+ is a four-country initiative led by Rutgers WPF, a Dutch organisation with a long history of working in sexual and reproductive health and rights, in collaboration with Promundo. Funding for the MenCare+ comes from the Dutch Ministry of Foreign Affairs.
- 7 It should be noted that women's (aged 16 and above) higher levels of current employment (in a seven-day reference period) than men's is largely because young men stay on in education longer than their female counterparts.
- 8 In *Program P*, 'P' stands for 'Padre' and 'Pai' in Spanish and Portuguese, respectively, meaning 'Father'. The manual was written by Promundo, Cultura Salud, and REDMAS

in 2013 and can be accessed online at www.men-care.org/Programs/Program-P.aspx (last checked by the authors September 2014).

- 9 It was not possible to interview men's female partners as part of the work presented here, except when they were present during public events and testimonies. Women's reports of changes in men's attitudes and behaviours will be measured as part of the planned impact evaluation.

References

- Barker, Gary, Juan Manuel Contreras, Brian Heilman, Ajay Singh, Ravi Verma, and Marcos Nascimento** (2011) *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*, Washington, DC: International Center for Research on Women; Rio de Janeiro: Instituto Promundo
- Barker, Gary, Margaret Greene, Marcos Nascimento, Marcio Segundo, Christine Ricardo, Alice Taylor, Franciso Aguayo, Michelle Sadler, Abhijit Das, Satish Singh, Juan Guillermo Figueroa, Josefina Franzoni, Natalia Flores, Rachel Jewkes, Robert Morrell, and Jane Kato** (2012) *Men Who Care: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles*, Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo
- Bartlett, Edward** (2004) 'The effects of fatherhood on the health of men: a review of the literature', *Journal of Men's Health and Gender* 1(23): 159–69
- Boudet, Ana Maria Muñoz and Patti Petesch** (2013) *On Norms and Agency: Conversations about Gender Equality with Women and Men in 20 Countries*, Washington, DC: World Bank
- Budlender, Debbie** (2008) *Statistical Evidence on Care and Non-care Work Across Six Countries*, Gender and Development Programme Paper No. 4, Geneva: United Nations Research Institute for Social Development
- Fleming, Paul, Gary Barker, Jennifer McCleary-Sills, and Matthew Morton** (2013) *Engaging Men and Boys in Advancing Women's Agency: Where we Stand and New Directions*, Washington, DC: World Bank
- Kato-Wallace, Jane, Gary Barker, Marci Eads, and Ruti Levitov** (2014) 'Global pathways to men's caregiving: mixed methods findings from the International Men and Gender Equality Survey (IMAGES) and the Men Who Care study', *Global Public Health* 2014: 1–17
- Mullany, Britta, S. Becker, and M.J. Hindin** (2007) 'The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial', *Health Education Research* 22(2): 166–76
- National Institute of Statistics Rwanda** (2012) *EICV3 Thematic Report: Gender*, Kigali, Rwanda: National Institute of Statistics of Rwanda (NISR)
- National Institute of Statistics Rwanda, Ministry of Health [Rwanda], and ICF International** (2011) *Rwanda Demographic and Health Survey 2010*. Calverton, Maryland, MD: NISR, MOH, and ICF International
- Republic of Rwanda** (2010) *National Gender Policy*. Kigali: Ministry of Gender and Family Promotion

- Sarkadi, Anna, Robert Kristiansson, Frank Oberklaid, and Sven Bremberg** (2008) 'Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies', *Acta Paediatrica* 97(2): 153–8
- Slegh, Henny, Gary Barker, Augustin Kimonyo, Prudence Ndolimana, and Matt Bannerman** (2013) "'I can do women's work'": reflections on engaging men as allies in women's economic empowerment in Rwanda', *Gender and Development* 21(1): 15–30
- Slegh, Henny and Augustin Kimonyo** (2010) *Masculinities and Gender-based Violence in Rwanda: Experiences and Perceptions of Men and Women*, Kigali, Rwanda: Rwanda Men's Resource Centre
- Taylor, Alice and Gary Barker** (2013) *Programs for Men who Have used Violence Against Women: recommendations for Action and Caution*, Rio de Janeiro: Instituto Promundo & Washington, DC: Promundo-US
- Van den Berg, Wessel, Lynn Hendricks, Abigail Hatcher, Dean Peacock, Patrick Godana, and Shari Dworkin** (2013) "'One man can'": shifts in fatherhood beliefs and parenting practices following a gender transformative programme in the Eastern Cape, South Africa', *Gender and Development* 21(1): 111–25
- World Bank** (2012) *World Development Report: Gender Equality and Development*, Washington, DC: World Bank, <http://siteresources.worldbank.org/INTWDR2012/Resources/7778105-1299699968583/7786210-1315936222006/Complete-Report.pdf> (last checked by the authors September 2014)
- World Health Organization** (2007) *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*, Geneva: WHO