MenCare+ Caregiving Matters

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South Africa needs fathers
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South Africa needs fathers

You tell me the most wonderful stories

Paternity leave now!

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www.rutgerswpf.org
Oudenoord 176-178, 3513 EV Utrecht, the Netherlands.

#MenCarePlus
www.men-care.org/plus
Sharing care makes me closer to my child and my partner.

Caring together makes us more of a family.

The love of my mother and father will make me grow strong.
Showing boys and men there is another way

It is a painful and dangerous truth that in many countries the sexual and reproductive health and rights of girls and women are frequently ignored. Rigid ideas about the roles of men and women that create inequality between the sexes are culturally ingrained. Often, women are denied decision-making power in communities and in their own families; they shoulder all the responsibility for the household and childcare; and they are at greater risk of HIV and gender-based violence.

So how can we challenge this status quo? The approach of the MenCare+ programme is to work with the men. To improve the health and welfare of women, children, and men, to reduce gender-based violence, and to build more respectful relationships, MenCare+ concentrates on showing boys and men there is another way.

Like the way Indonesian actor Lukman Sardi is a hands-on father: ‘Every time I have a break from my work I dedicate my time to my kids. I read to them and change their clothes. This allows my wife to have her me time.

Like the transformation of self-confessed gambler and wife-beater, Phocas, who confronted his failings thanks to MenCare+ in Rwanda. He now respects his wife, taking all decisions jointly with her and embracing his role in the family: ‘I care for the babies and I care for my wife.’

Discussing fatherhood offers a unique opportunity to give boys and men a new perspective on manhood. They are keen to learn how their intimate relationships can be improved by becoming involved and supportive fathers and partners. As a result, not only do women’s rights advance, cases of gender-based violence decrease, and children secure better prospects; research shows that men’s involvement as caregivers will also enhance their own quality of life. Everybody wins.

This magazine tells how in Brazil, Indonesia, Rwanda and South Africa, the MenCare+ partners work directly with young men, fathers and their partners, and also with health sector workers who can reach them. Between them they have had great success in engaging individual men to be allies for gender equality and maternal and child health.

For the men who have already used violence with their partners or families, MenCare+ provides counselling. To embed the success of its approach, it raises awareness across whole communities of the positive influence that men can have. And to improve legislation and the implementation of family and gender policies, MenCare+ works with national and local government through advocacy and collaboration.

Together we are making a difference for men, women and children for generations to come.
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<th>Population</th>
<th>GDP Per capita</th>
<th>Life expectancy (male/female)</th>
<th>Maternal mortality (per 100k)</th>
<th>Adolescent birth rate (per 1000)</th>
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**Brazil**
Securing valuable support and involvement from local and national government

By any measure, Brazil is a country confident in its future. Latin America’s largest and most culturally diverse nation has seen rapid economic growth. Not surprisingly, this growth has brought change, not only to the country’s international profile. There is still corruption, and access to quality education and healthcare is by no means universal. But Brazil’s politics is changing and for many of its people, quality of life is improving. To be a young Brazilian today must feel very different to twenty years ago.

In 1988 the country’s new constitution enshrined the principle of gender equality, prohibited discrimination and committed the state to eradicating gender-based violence. Successive governments have legislated for equal rights for women within the family. At the same time Brazilian culture remains deeply rooted in tradition. The centrality of religion and the extended family, though threatened by urbanisation and increased mobility, maintains a strong link between the generations and the way they live. Gender roles are changing for some, but not for everyone and not at the same pace. It was clear from the outset that MenCare+ Brazil should build on the government’s constitu-
tional and legislative record, but push ministries to become active in delivering real equality. A MenCare+ survey of existing policy showed that the national strategies for engaging men and boys ‘were not uniformly adopted at the district level,’ says Marco Aurelio Martins, Project Manager, ‘and this gave us valuable opportunities to partner with district authorities.’

Promundo, the project’s founding NGO that works to engage men and boys to promote gender equality and end violence against women, enrolled the agency Papai, doing similar work in Recife, and a third partner, Instituto Noos, that specialises in counselling men who have used violence. Together they developed a programme covering advocacy, counselling and training. As well as working directly with men and women in transforming some of the accepted, negative ways they play out their masculinity, they work through service providers in the public and community sector. This way the programme harnesses the valuable support of health and education professionals. Through the active engagement of the Ministries for Health and Education, MenCare+ has demonstrated its potential for influencing government policies. The Ministry of Health has developed a Men’s Health policy and created the first Men’s Health Unit. This unit is one of few in the world and is important, perhaps even crucial, for the sustainability of Brazil’s MenCare+ programme.

Today the priority is still to reduce gender-based violence and increase men’s participation in childcare. Everything about the programme is designed to challenge harmful ideas about gender and offers men a space to develop positive ways to express themselves. Men who have used violence within the family are counselled to tackle the causes of their behaviour and help them change.

A high profile campaign ‘You are my father’ shows men fulfilled by their hands-on parenting, but the work with fathers begins before their children are even born. Brazil’s healthcare workers were trained through MenCare+ to encourage men to attend antenatal appointments and classes with their partners. As well as the Ministry of Health, the programme engages with municipal secretariats responsible for delivering primary healthcare services, like Hospital Maternidade Carmela Dutra. It also works in the community with men and couples, and encourages them to advocate for the opportunity to participate fully in maternal and child health. So the sight of men happily pushing buggies, changing nappies, and playing with their kids whatever sex they are should become more common.

Not surprisingly, young Brazilians are showing the way for the next generation of couples and families. MenCare+ has collaborated closely with teachers to develop approaches specifically for schools. In the student-led Sem Vergonha (Shameless) campaign last year, students from public schools in Rio de Janeiro looked at what it means to be a man or woman in Brazil and how stereotypical gender roles make it harder to discuss sex and sexuality. The students used social media like Facebook as well as films, posters and leaflets to communicate about gender and sexual health. As one of the student organisers said, ‘We need to know about contraception and sexual health and be able to discuss these things with our partners. Sem Vergonha isn’t about misbehaving – it’s about being comfortable to be the person you really are.’ Perhaps the only way to be a young Brazilian today is to embrace change.
Parenthood has been a journey of self-knowledge for me and my wife,’ Thiago Queiroz told participants in the sixth Symposium on Fatherhood in Rio de Janeiro earlier this year. Brazilian law was changed in 2005 to give women the right to be accompanied during delivery by their partners. Since then more and more men have been encouraged to be present for prenatal care and childbirth, many by the kind of good practices the symposium highlighted.

‘Our aim is not to educate,’ said Carmela Dutra Maternity Hospital nurse Márcio Luis Ferreira. ‘This is a space for qualified listening, focused on supporting men.’ Nine years ago the Carmela Dutra created ‘Espaço H’, a space where men could express their expectations, anxieties and needs relating to childbirth and fatherhood. The hospital also developed the Kangaroo Father project (Pai Canguru), in which premature infants are held by their fathers in direct skin-to-skin contact which is beneficial for the health and development of the baby.

Another maternity unit, Rio’s David Capristano Filho Birth Center, has become a centre of good practice for humanised childbirth – in other words, reducing the over-medicalisation of childbirth – and the inclusion of fathers. ‘Here, childbirth is considered a family event,’ said Leila Azevedo, a nurse at the centre. The health facility has no surgical centre: childbirths are 100 percent natural. They involve fathers from the first trimester, which helps them take on the responsibilities of care giving and bond with their new babies. Appointments for prenatal care are more flexible, so men can be present before and during childbirth. ■
At the United Nations we have emphasized the role of men to improve women’s rights and gender equality together with South Africa, Rutgers WPF and Promundo. The Netherlands supports MenCare+. The involvement of men and boys is not only of strategic importance, but it has also been proven that caring men are healthier and they contribute to a greater wellbeing of their children.

Liliananne Ploumen,
Dutch Minister for Foreign Trade and Development Cooperation

The role of men in sexual and reproductive health and rights is vital. Who is marrying your daughter? Who allows her to go to the clinic when she is ill or pregnant? In a patriarchal society men make all the decisions. MenCare+ puts the classic division of care between men and women up for discussion. Did you know Brazilians are pioneers in the division of household chores? Even so called progressive Netherlands is more traditional!

Lambert Grijns,
Special Ambassador for Sexual and Reproductive Health and Rights & HIV/AIDS, The Netherlands
What makes you a man is not the ability to make a child, it’s the courage to raise one.
Barack Obama, President of the United States, Chicago, February 15, 2013

We don’t often talk about men being imprisoned by gender stereotypes but I can see that they are and that when they are free, things will change for women as a natural consequence.
Emma Watson, Actress, UN Women Goodwill Ambassador, New York, September 20, 2014

When I learned about gender and equality, I figured I could change something myself. Now I share chores with my sister.
Haile, 15 years, Jimma, Ethiopia

We have to change together, because if you only change one half of the equation, won’t you get half the result?
A 14-year-old boy from India
Indonesia

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Campaigning for change, building alliances

Yanti smiles as she explains what happened after the couples discussion she attended with her husband: ‘We exchanged chores. He learned how to make soup – it makes me happy. It was the first time my husband cook – and he wanted to learn!’

They were participants in the Indonesian Men-Care+ programme, rolled out as Laki Laki Peduli with the slogan ‘Working together towards equality’. At the national level, the campaigning elements of the programme have been deliberately targeted at middleclass couples. As beneficiaries of Indonesia’s economic growth these are the early-adopters who can now be reached using social media like Facebook, Twitter and YouTube, having achieved a standard of living quite different from the rural millions who still rely on agriculture for a living. Beyond Jakarta there are well educated people like Ustadz Muhammad Nur Salim, whose enlight-
ened support for his wife, a head teacher, features in the MenCare+ documentary (see below); as he says, ‘I find it natural to care for my children and join in the household chores.’ But it is dangerous to generalise: to describe Indonesia as a disparate nation is surely an understatement. Its enormous population of 250,000,000 is spread across 6,000 of the archipelago’s more than 17,000 islands (though half live on Java), speaking over 700 hundred languages. It has the world’s largest Muslim population but is a secular state where government legislation and Islamic law often vie for currency.

MenCare+ has reached out to middle-class Indonesians via new media. A nationwide film campaign used a documentary and well-known actors to challenge gender norms more generally, reaching 260,000 people. But changing things in grassroots communities still requires direct contact. Rutgers WPF Indonesia has partnered with PKBI in Lampung and East Java, the Pulih Foundation in Jakarta and the Rifka Annisa Women’s crisis centre in Yogyakarta to work on the ground in four provinces. Two other agencies – Aliansi Laki-Laki Baru and Aliansi Satu Visi – will help develop a network on gender equality and sexual and reproductive health and rights.

Couples forums, like the one attended by Yanti and her husband, are one of the activities of Father Groups, where husbands and wives meet with their peers to be exposed to people who are already trying to model more equal behaviour in their relationships. The forums are an opportunity for men and women to share their experiences, good and bad, and exchange ideas for dealing with problems within the family. Couples have found their own way to redress the imbalances in their home lives: one husband was willing to share household chores if they were divided – he would clean if his wife would cook; another introduced the use of condoms without being asked because he understood they were a simpler contraceptive than some of the alternatives available to his wife.

Real changes to couples’ daily lives have resulted from sessions like these. They have also demonstrated that the idea of men taking a role in maternal and child health and sexual and reproductive health and rights is still a novelty. The work has to acknowledge its context of strong patriarchal values in traditional, religious communities.

A different approach to changing attitudes at the local level was the MenCare+ song-writing workshop in March. Participants were invited to spend two days with the local young composers’ forum, developing work for performance at a specially convened community festival on the third day. Adapting messages to the local culture is an essential technique, strengthened in this instance by the involvement of the local community.
'I come from a place where men are rough. I have seen events in my hometown that contradict my beliefs,' says Ustadz Muhammad Nur Salim. 'However, when I went to Qu’ran study at boarding school, my headmaster taught me to respect women.'

Living in East Java, Muhammad Nur Salim has made gender equality an important part of his life. He respects and supports his wife’s position as a leader of their community in her role as head teacher of a school. As an Ustadz – an Islamic teacher – he often preaches about the moral need for men and women to respect and support each other. He also points out that gender equality has educational, professional and economic benefits.

Prize-winning documentary maker Nia Dinata made the film “Little Heaven in Bondowoso.” She joined Laki Laki Peduli workshops to observe how men and women in Indonesia share child care and other responsibilities in the home. She wanted to see the practical ways people make gender equality work and hold them up as role models for others.

‘I was so proud when I met Ustandz Muhammad and heard his story,’ she says. ‘When I started the documentary I just wasn’t sure I would find these enlightening stories in my own country.’

In another media campaign, Indonesian celebrities have supported Laki Laki Peduli in leading by example. ‘As an actor I am away from my kids quite often. So every time I have a break I always dedicate my time to my kids,’ says actor Lukman Sardi. ‘I support MenCare+ and the millions of other fathers who are willing to be involved in taking hands-on care of their children.’ Lukman and his wife appeared in a national public service announcement for MenCare+ explaining how they divide the care for their children between them.

Watch the film at: www.men-care.org/films.aspx
Some results so far

- 752 Group facilitators trained
- 2,440 Fathers/men in group education
- 2,270 Young men & women in group education
- 2,270 Public health policies and laws analysed
- 571 Staff of partners sensitised/trained to advocate for male access to services
- 52 Counsellors trained in counselling for men
- 495 Men counselled
- 16 Counsellors trained in counselling for men
People reached by MenCare+ campaigns: 43,563,535 and counting

People reached in information session on contraceptives, promoting good health: 7,643

Health workers trained to engaging fathers in maternal health: 551

Health workers sensitised to engaging fathers in maternal health: 476
### Rwanda

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<td>Women who experienced physical/sexual violence (per 100)</td>
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The popularity of groups for fathers and young people is bolstered by Ministry and community support

Thirty-one year old Phocas Munyandamutsa is a husband and father who admits to having some bad habits before he joined one of MenCare+ Rwanda’s Father Groups. ‘I was gambling, and regret the money I lost on that game. I was also a drinker.’

Then, he admits it would get more serious, ‘After drinking local beer, I used to beat my wife. Honestly, the problems were so many in my family.’

MenCare+ has given men like Phocas the space to examine their behaviour and its impact on their relationships. Father groups were set up to challenge gender-inequitable attitudes, such as those that promote intimate partner violence, and to promote dialogue on
sex, contraceptive use and other issues affecting Rwandan families.

The first father groups have shown that it is possible to address sociocultural barriers and break the silence around sex and sexuality, although, change does not occur overnight. Attended by village chiefs, community health workers, local leaders, and community members, the groups have created a network of supporters who are listened to in the community. Getting men to attend these groups was made easier through partnerships with local authorities and the public health system, who refer men to the groups.

The sessions deliver benefits for the individual men, their partners and children. ‘After attending the training, I realised that I wasted my time on bad things,’ Munyandamutsa says. ‘The sessions on gender, alcohol, drugs, and family budget got the better of me: I abandoned gambling and wasting money in bars.’ His family is not just financially better off as a result, but also the proud owners of four pigs and two goats: ‘Actually, I now decide everything together with my wife, so I no longer beat or mistreat her. I share with her the household chores: I care for the babies and for my wife.’

Since April the programme has reached out to the younger generation, working with 18 to 24 year olds. In June, MenCare+ completed the first cycle of 64 groups, half for young men and half for young women. A round of new groups has recently begun, and a third round is planned for 2015. Again, thanks to the support of the local authorities, initial recruitment has not been a problem. But the first groups were an education for the organisers: the early sessions were all run in single sex groups. Following feedback from the young men and women, the next round of youth groups will experiment with sessions on HIV, STIs, contraception and condom negotiation to be run in mixed groups.

Focusing on young people has already brought change to the homes and bustling streets of Rwandan villages. In particular, young men have reported that their ideas about what men and women should and shouldn’t do have changed. This has resulted in different behaviour within their families, like sharing chores and caring roles with their sisters. Change, however, is definitely not a one-way street: one young woman, 20-year-old Jeannette Mutuyimana says attending the workshops made her realize ‘that everything I was doing was unfair to my family. I worked, but the money was for my friends and buying alcohol. I wouldn’t even help my mother with anything.’ Then she attended sessions on gender equality and planning for the future: ‘I was not doing things in the right way. But now, I am helping my mother at home, socially and financially because I have started to save money. I already bought one pig and one goat. My mother is happy – she wishes the group education could stay forever!’

‘Actually, I now decide everything together with my wife, so I no longer beat or mistreat her. I share with her the household chores: I care for the babies and for my wife.’
Over 2,000 fathers-to-be in Rwanda will use life-size baby dolls to learn how they should hold, bathe and care for their new babies. The Rwanda Men’s Resource Centre is using 150 of these dolls in fatherhood group education to support men’s greater involvement in maternal, newborn and child health.

Men who participate in the Father Groups also learn how to support their partners during pregnancy, prevent violence in the family and the benefits of sharing housework and childcare responsibilities with their partners. The groups enable men to be involved in care giving and challenging gender inequalities from the very beginning of their child’s life.

In addition to supporting fatherhood preparation, the ‘dolls for dads’ initiative also contributes to women’s economic empowerment through a partnership with the Tubahumurize Cooperative. The dolls are handmade by women from the cooperative, an organisation that provides counselling, skills training and micro-finance to women who are living with HIV or have experienced gender-based violence. With the skills acquired in the cooperative, the women increase their earning power and are better able to support themselves and their families.

The first dolls are already being used with expectant fathers and their partners in four districts of Rwanda.
Changing policies to engage men

Each MenCare+ country programme aims for its successful approaches to be integrated in health care and service standards. By working with authorities at local and national levels they can ensure these approaches are maintained for the future, and even influence changes in legislation and policy.

Thanks to the development and promotion of best practice by MenCare+, more health providers are adapting their services to include men as active fathers. Comitê Vida, coordinated by the Municipal Health Department of Rio de Janeiro and made up of civil society organisations including Promundo, has certified Base Health Care Units (‘Unidades Básicas de Saúde’ or UBS in Portuguese), which have adopted practices for engaging fathers from the Father’s Partner Units. Comitê Vida provides a manual so that the UBSs can adjust their care services to improve men’s involvement. The Ministry of Health is interested in extending this approach to other Brazilian states.

MenCare+ ran district level advocacy workshops in Rwanda over the first half of 2014, resulting in district authorities making key recommendations and commitments. In some districts this has led to concrete steps to address the barriers to men’s greater involvement in services for maternal, newborn and child health (MNCH) and sexual and reproductive health (SRH). In Musanze district, the head of the Maternal and Child Health Unit within the Ministry of Health committed to writing to all health facilities outlining the Ministry’s support for men’s greater involvement in

The programme’s partners in South Africa have been involved in advocacy around the government’s white paper for families. As a result the National Director for the Department of Social Development will support its positive discipline campaign, and fully support the campaign on paternity leave. MenCare+ partners Sonke and Mosaic have agreed to develop a position paper on paternity leave which the National Department will take up for further work and consultation. They will advocate for ten days of paternity leave.
these services. Ahead of this, father participants in the district are reporting improvements in how they are received when they attend MNCH or SRH services at local health facilities.

In the largest Muslim country in the world, MenCare+ is making progress towards integrating male involvement into policies, laws and regulations. Partner organisations were able to agree with institutions and a district government to put regulations in place towards eliminating domestic violence and increasing men’s involvement in improving maternal and child health. Together with local imam Mohammed Nur Salim – who practices gender equality himself – MenCare+ is reaching out to religious leaders. We hope to work with the religious leaders to improve the attitude of men towards gender equality and child care, and away from gender based violence.

The UN Commission on the Status of Women
MenCare+ took its key message - that improving the position of women and girls cannot be done without engaging men and boys - to the 58th UN Commission on the Status of Women in March 2014. They were determined to extend this approach beyond the countries they work in by arguing for its inclusion in the text of the Commission’s final agreed statement. With the support of the Dutch minister for foreign trade and development cooperation, a MenCare+ position paper was considered, contributing to strong language in the final statement to fully engage men and boys in eliminating discrimination and violence against women. Together with African countries we managed to strengthen the text around ensuring men take an ‘equal share in unpaid care work’.

International
South Africa

Population: 52,800,000
GDP Per capita: $11,500
Life expectancy (male/female): 59/63
Maternal mortality (per 100k): 300
Adolescent birth rate (per 1000): 54
Place on Human Development Index: 118
Place on Gender Equality Index: 94
Women who experienced physical/sexual violence (per 100): 14*

*(physical violence only)*
MenCare+ tackles two of South Africa’s most serious social problems: rape and other forms of gender-based violence, and fathers who are absent from caregiving.

The South African family is in flux. The government has recognised this in its White Paper on families, identifying poverty, gender-based violence and absent fathers as among the greatest threats to stable family life and gender equality. MenCare+ partners Sonke Gender Justice (Sonke) and Mosaic Training, Service & Healing Centre for Women (Mosaic) believe that widespread, rigid ideas about what it means to be a ‘real man’ are causing an emergency in gender relations. Both organisations are working to create positive gender transformation, to achieve gender equality and to combat gender-based violence.

A 2009 study by the South African Medical Research Council (MRC) Understanding Men’s Health and Use of Violence, found that over a quarter of male respond-
ents admitted to committing rape; 42% admitted physical violence with an intimate partner.

With the country’s strong constitution and improving legislation failing to make a significant impact on the problem of gender-based violence, can MenCare+ make a difference on the ground?

Mosaic’s Zarina Majiet says, ‘Men and women need to collaborate to make a difference. We have had to ask what men want, what they perceive their futures to be, and how men and women can make a difference.’ As a result she remains optimistic, ‘I believe men want this: better lifestyles, to be better care-givers, better fathers – these are the things men want, but they ask, “How do I get there?”’

MenCare+ South Africa recognises the importance of working with each new generation, challenging their ideas about gender before they become adults. Nearly three-quarters of those admitting to having perpetrated a rape in the MRC study said they had done so before they were 20 years old.

MenCare+ includes teenage boys, the husbands and fathers of the future, in all of its sexuality and gender role education. But with so much gender-based violence already happening, among teenagers and within couples and families, MenCare+ also seeks to stop violence by working with those who are perpetrating violence.

The project provides counselling to men who use violence within their intimate relationships with the aims of identifying and confronting the causes of their behaviour and helping them work towards gender equitable relationships with their partners.

Support groups for both men and women who complete counselling further help maintain behaviour change.

Through the Male Toolkit counselling programme, men who had been violent or abusive begin to share the work of parenting and caring, and become loving and engaged fathers to their children.

The widespread absence of fathers in the lives of their children presents an obstacle to encouraging equal parenting among South African men. Over two-thirds of children grow up without their father at home. MenCare+ South Africa works with absent fathers, even when their families are not close by, such as fathers who are in prison or those who are engaged in migrant labour. Through fatherhood training, MenCare+ invites men to reconnect with their children, showing them the benefits of emotional bonding, where time with their child is an investment that can reap rewards for both the men and their children.

One explanation for absent fathers is the traditional, narrow definition of their role as breadwinners: men who cannot find work would rather leave than suffer the humiliation of being unable to provide financially. Men who leave to find work elsewhere may not overcome the challenges of distance and estrangement, even if they had hoped to maintain contact with their families.

Sonke has supported the Department of Social Development (DSD) in its review of DSD’s new White Paper on families. In clear recognition of the importance of working with men, DSD has agreed to define a strategy for fatherhood as part of the resulting national family policy.

It may not yet be true for most fathers in the country, but one MenCare+ trainee’s assessment is an encouraging sign: ‘A guy not involved in the life of his partner or family, he is in trouble. These men are out of fashion now.’
We know that men’s parenting of their children is often affected by how they were fathered themselves. Poor parenting, an absent father, or the lack of a good role model of a father can leave as its legacy a concept of fatherhood that says fathers don’t need to care or fathers don’t have a role to play at home. Sometimes all it takes to break a cycle of bad or non-existent role models is to provide a better, more positive example, an alternative that shows what could be.

In June 2014, Sonke Gender Justice launched a new short MenCare+ film for South Africa, *The Gift of Fatherhood*. The film, which has been widely distributed and is used in Sonke’s fatherhood training, tells the story of two brothers and their experiences of fatherhood. Andrew – about to become a father for the first time – is inspired, both by his brother Themba and his experiences at a MenCare+ fatherhood group. He is determined to be involved in the life of his new child, despite having an absent father himself.

A participant in one of Sonke’s fatherhood groups said, ‘I feel really encouraged because the man in the film didn’t have a father and I didn’t either. I have two kids and I’m so proud. I couldn’t be there for my wife in the delivery room, but now I am. I went to the clinic with her last week and I was the only father there. South Africa needs fathers.’
You tell me the most wonderful stories

Campaigning in four countries

MenCare+ is campaigning to engage men in gender equality in all four countries. Through posters we show how men can engage in maternal health, and how health services can involve them. They are rolemodels showing the different ways men care for their children, and demonstrate the impact it has on their sons and daughters.

You are always there. You are my father.

The strongest man is the one that cares. That is my husband.
You tell me the most wonderful stories. You are my father.

As a husband I help my wife to decide about our family planning.
ENGAGING MEN IN A 4-COUNTRY INITIATIVE

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Print: Raddraaier, Amsterdam
Dear Minister,

Paternity leave is essential for our country’s new fathers. Now new papa’s have only a few or even no days to support their partner and new born. This is not enough to ensure strong bonding between father and child, nor will this foster any substantial changes in the care and household work distribution between men and women.

When men are able to take up their part in care work, this is good for women, children and men themselves. There will be less violence, maternal and child health will improve and household income will rise.

Please consider to receive us and discuss how we can enable men and women to support each other in the family care work for a better society.

Name

Signature
When men are involved, caring fathers, their children experience less violence, and have better development and educational outcomes.

Fatherhood is a golden opportunity to engage with men to increase their participation in child care and their support for gender equality.

Paternity leave enables men to take up these care tasks.

Children of couples who practice gender equality are more likely to choose gender equitable relationships themselves.

Women do 2 to 10 times more unpaid care work than men.

When a child is born, men work more paid hours and women work more unpaid hours.

Out of 195 countries worldwide:

**State of the World’s Paternity Leave, in 9 countries:**

**Paid Maternity Leave**
- **Sweden:** 390-480 days
- **Brazil:** 120-180 days
- **Netherlands:** 126 days
- **South Africa:** 90 days
- **Indonesia:** 90 days
- **Pakistan:** 90 days
- **India:** 84 days
- **United States:** 0 days
- **Sweden:** 390-480 days
- **Brazil:** 120-180 days
- **Netherlands:** 126 days
- **South Africa:** 90 days
- **Indonesia:** 90 days
- **Pakistan:** 90 days
- **India:** 84 days
- **United States:** 0 days

**Paid Paternity Leave**
- **Sweden:** 60-150 days
- **Brazil:** 5 days
- **Netherlands:** 3 days
- **South Africa:** 2 days
- **Rwanda:** 2 days
- **Pakistan:** 0 days
- **United States:** 0 days

**Good for Women**
- decreases their care work burden,
- better maternal health,
- better mental health,
- reduces parenting stress

**Good for Children**
- better child development,
- better children’s health outcomes,
- healthier relationships between children and parents.

**Engaged fatherhood lowers poverty rates and prevents violence.**

**Good for Men**
- have longer, healthier lives,
- experience better mental health, and
- more personal satisfaction.

**Men who support gender equality see benefits in their relationships.**

**Paid paternity leave is good for everybody.**

It helps men get more involved in child care, which is:

Better maternal and child health outcomes,

Happy, committed and more productive workers,

Increased gender equality,

Prevention of violence.

Why invest in paid leave for mothers and fathers?

Paid Maternity Leave

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