



# Improved child care practices and nutrition through MenCare Fatherhood Programme in Sri Lankan Tea Estate Area

Authors: Aruliah Nawakumar,<sup>1</sup> Esther Indriani,<sup>2</sup> Diane Baik<sup>3</sup>

<sup>1</sup>World Vision Lanka, <sup>2</sup>World Vision South Asia & Pacific, <sup>3</sup>World Vision International



Ambagamuwa ADP MenCare Programme Family Retreat

## Abstract

**Objective:** To promote men's involvement in child well-being practices as gender equitable caregivers and to end violence against women and children.

**Methods:** From 2012–2016, the MenCare programme was implemented in Ambagamuwa Area Development Programme (ADP). In 2012, the first MenCare fathers' groups were formed, comprised of 60 men who met bi-monthly for six months (11 sessions). During the sessions, groups of 15 to 20 fathers with young children (ages 12 and under) discussed themes such as gender norms, non-violence, the division of caregiving, and prevention of alcohol abuse.

**Results:** Some of the preliminary programmatic results show a reduction of child malnutrition in the Ambagamuwa ADP, which can be associated to fathers gaining improved knowledge on child care and nutrition habits of children through MenCare. In the 2011 Baseline Survey, only 50% of children aged 6–23 months received minimum dietary diversity. However, the Annual Monitoring Survey showed that after the implementation of the MenCare approach and other synergistic approaches, as many as 92% children aged 6–23 months received minimum dietary diversity.

Qualitative assessment also shows that the result of MenCare approach was very positive in changing the attitude and practice of fathers toward child care and nutrition.

**Conclusion:** The MenCare approach is a promising approach for communities where mothers actively engage in income generation activities during the day, and in instances where it is essential for responsibilities to be shared between both the husband and wife. Thus, it has a wide range of use, from improving health and nutrition of children, access to micronutrient supplements and iron-rich foods, and in order to have a more gender-balanced division of labour at home. Its potential to be scaled up in South Asian and South-East Asian contexts is very promising, and not limited only to poor communities.

## Introduction

Ambagamuwa Area Development Programme (ADP) is situated in the tea plantation area in Nuwara Eliya District of Sri Lanka. According to DHS 2006–2007, Nuwara Eliya was one of three districts with the highest prevalence of malnutrition among women of reproductive age (17.5% are short (<145 cm height), and 20.1% women of reproductive age are thin (BMI is <18.5 kg/m<sup>2</sup>)). According to the National Food Security Assessment (NFSA) 2009, the tea estate sector showed the highest prevalence of any anaemia (33.6%) in the country, with women on tea estates showing 2.5 times higher prevalence than those living in urban settings. In addition, women with lower education levels, in the lowest quintile, and living in Nuwara Eliya district showed low consumption rates of animal source foods compared to the national level.

Nuwara Eliya has 40.9% stunting prevalence among children under five, and 24.3% anaemia among children under five.<sup>1</sup> Among children 6–23 months old, the score for minimum dietary diversity was relatively low in the estate sector, only one third of children age 6–23 months received a 'minimum acceptable diet', and lowest coverage of vitamin A supplementation was reported.<sup>2</sup>

MenCare is a global fatherhood campaign coordinated by Promundo and the Sonke Gender Justice Network. The MenCare approach promotes men's involvement as equitable and non-violent caregivers and partners in ending violence against women and children. MenCare is one of the first major campaigns to focus on the ways caregivers can be engaged as allies in gender equality, family well-being, and promotion of health and nutrition in the household. WV Lanka began their MenCare programming by partnering with Promundo to develop a fathers' group manual and providing trainings for facilitators and leaders. The MenCare programme was implemented in the Ambagamuwa area from 2012 to 2016.

## Objectives

To promote men's involvement in child well-being practices as gender equitable caregivers and to end violence against women and children.

## Methods

From 2012 to 2016, the MenCare programme was implemented in Ambagamuwa Area Development Programme (ADP). Groups of 15–20 fathers with young children (ages 12 and under) would come together bi-weekly for 6 months (11 sessions) and discuss themes such as gender norms, nonviolence, the division of caregiving, and prevention of alcohol abuse.

In the MenCare groups, participants critically reflect on the cultural and gender norms that inhibit men's participation as involved fathers, and translate this into positive change and practice. The final session covered by the Sri Lanka MenCare manual focuses on community mobilisation and asks participants to brainstorm different ways they can encourage other men to engage in responsive fatherhood<sup>3</sup> and equitable caregiving.

As a way of celebrating the men who successfully completed all 11 sessions, the MenCare programme culminates with a multi-day residential family retreat. During the family retreat, there are separate sessions designed specifically for parents and for children. At the end of the retreat, a graduation ceremony takes place in which the MenCare graduates are awarded a certificate of completion. Each of the graduates take a pledge "to be equitable, non-violent fathers and caregivers"<sup>4</sup> before officially graduating, and receive a printed copy of their pledge to hang in their homes.



Ambagamuwa ADP MenCare Programme Graduation Ceremony



## Key Results

Some of the preliminary programmatic results show a reduction of child malnutrition in the Ambagamuwa ADP, which can be associated to fathers gaining improved knowledge on child care and nutrition habits of children through MenCare. In the 2011 Baseline Survey, only 50% of children aged 6–23 months received minimum dietary diversity. However, the Annual Monitoring Survey showed that after the implementation of the MenCare approach and other synergistic approaches, as many as 92% children aged 6–23 months received minimum dietary diversity.

Qualitative assessment also shows that the result of MenCare approach was very positive in changing the attitude and practice of fathers toward child care and nutrition (see Table 1.0).

**Table 1.0: Preliminary Qualitative Improvements in MenCare beneficiaries**

- decreased alcohol consumption
- decreased domestic violence
- improved financial management
- picking up of child from the crèche rather than waiting for their wife to bring the child home in the evening after finishing work in the tea plantation
- increased time spent playing, teaching and caring for children after work
- increased support for wife in meal preparation for children
- increased consultation with wives before purchasing food ingredients for family (may have contributed to improvement in maternal and child nutrition)
- improved attitude in encouraging wives to attend the health clinic in order to receive iron tablets and vitamin A capsules provided by the Ministry of Health
- improved knowledge and awareness of both men and women in importance of micronutrients and dietary diversity

## Conclusion

This MenCare approach is a promising approach for communities where mothers actively engage in income generation activities during the day, and in instances where it is essential for responsibilities to be shared between both the husband and wife. Thus, it has a wide range of use, from improving health and nutrition of children, access to micronutrient supplements and iron-rich foods, and in order to have a more gender-balanced division of labour at home. Its potential to be scaled up in South Asian and South-East Asian contexts is very promising, and not limited only to poor communities.

**Acknowledgements:** World Vision thanks all partners involved (MenCare, Promundo, Sonke Gender Justice Network) as well as the communities, individual participants in the programme, and World Vision Lanka staff.

<sup>1</sup> Joint report of the Ministry of Health and UNICEF, 2010, accessed 20 October 2016 at <https://dhsprogram.com/pubs/pdf/FR311/FR311.pdf>

<sup>2</sup> Demographic and Health Surveys (DHS) 2006–2007, accessed 20 October 2016 at [http://dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry\\_id=37&c=Sri%20Lanka](http://dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry_id=37&c=Sri%20Lanka)

<sup>3</sup> World Vision Ambagamuwa ADP program management report, p. 34.

<sup>4</sup> MenCare article: In Sri Lanka's plantation sector, religious and community leaders promote involved fatherhood, posted August 21, 2015, accessed 20 October 2016 at <http://men-care.org/2015/08/21/in-sri-lankas-plantation-sector-religious-and-community-leaders-promote-involved-fatherhood/>