

# MenCare in Latin America: Challenging Harmful Masculine Norms and Promoting Positive Changes in Men's Caregiving

## EMERGE Case Study 5

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Engendering Men  
Evidence on Routes to Gender Equality

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# Abbreviations

APROFAM	Asociación Pro Bienestar de la Familia de Guatemala (Guatemala)
CEMG	Centro de Estudios sobre Masculinidades y Género (Uruguay)
CpE	Cómplices por la Equidad (Mexico)
ECPAT	Asociación para la Eliminación de la Prostitución, Pornografía, Turismo y Tráfico Sexual de Niños, Niñas y Adolescentes (Guatemala)
GBV	Gender-based violence
ICRW	International Center for Research on Women
ILO	International Labour Organization
IMAGES	International Men and Gender Equality Survey
MNCH	Maternal, newborn and child health
NGO	Non governmental organisation
OECD	Organization for Economic Cooperation and Development
PdE	Puntos de Encuentro (Nicaragua)
SOWF	State of the World's Fathers
UNICEF	United Nations International Children's Emergency Fund
WEF	World Economic Forum

# Abstract

This study details the implementation and impact of MenCare – a global fatherhood and care giving campaign – in its engagement of men as involved, non-violent fathers for the advancement of gender equality in six Latin American countries – Brazil, Chile, Guatemala, Mexico, Nicaragua, and Uruguay. According to this study, fatherhood is a key entry point for discussions around household labour, childcare responsibilities, and gender equitable relationships. It can also serve as a gateway to involve men in other domains concerning gender equality. By analysing each country’s approach and implementation of the MenCare campaign, this study draws lessons learned from the best practices and innovations of each case in order to inform future programming on men’s caregiving in different contexts across the region and globally.

# 1 Introduction

It is estimated that 80 per cent of men will become fathers during their lifetimes (Levtov *et al* 2015), making clear the importance of, and opportunity for, engaging men and boys in care giving. Viewing men as both potential allies in women's empowerment and beneficiaries of gender equality, the MenCare campaign uses a comprehensive approach to promote men's involvement as equitable, non-violent fathers and care givers in order to achieve family well being, gender equality, and better health for mothers, fathers, and children.

The MenCare Campaign, globally coordinated by Promundo and Sonke Gender Justice, launched in Latin America in 2011 in partnership with a selection of NGOs working in the gender equality field. MenCare partners implement evidence based programming, conduct trainings with healthcare and service providers, launch media campaigns, and execute targeted advocacy with health and social service systems, governments, and the international community.

This study explores the struggle for gender equality, specifically by engaging men as involved, non-violent fathers in Latin America. It details the implementation and impact of MenCare – a global fatherhood and care giving campaign – in six countries in the region: Brazil, Chile, Guatemala, Mexico, Nicaragua, and Uruguay. As we will see in this study, fatherhood often presents a key entry point for discussion around household labour, childcare responsibilities, and men's experiences as fathers more generally. From there, a 'thematic cascade methodology'<sup>1</sup> (Interview with Maria Eugenia Villarreal, ECPAT Guatemala, July 2015) can be used to introduce other issues pertaining to gender equality, creating the space for critical reflections on gender norms across different thematic entry points.

This study identifies as its key findings that:

- MenCare partners in Latin America have been implementing the MenCare campaign in their countries based on the concept and guidelines of the global campaign, but **adapting and innovating** based upon their own local context and dynamics
- Many **changes** have been achieved during the implementation of MenCare campaigns in Latin America at both the **individual level**: (1) change in attitudes towards gender and fatherhood (2) openness to redefining manhood and fatherhood and (3) awareness of paternity leave as a right. And the **institutional level**: (1) quality of care in the health sector improved for men, including how the health sector views men and (2) advocacy at the national level to improve a national policy on men's health and push for increased paternity leave. MenCare country representatives acknowledge that these changes cannot be directly attributable to the MenCare campaign alone, but rather consider MenCare as an element that positively contributes to a cumulative process of behavioural transformation towards greater gender equality.
- This study **observes** that a comprehensive approach to involving fathers in care giving, based on research and evaluations, is key for successful programming and that future steps should (1) include women as participants (2) improve the evidence base on programming (3) anticipate resistance (even from obvious allies) (4) increase public awareness of the role of fathers in child development (5) use fathers' involvement in care giving as an entry point to truly transform gender norms and dynamics within the home when planning programming strategies (6) ensure that gender transformation is

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<sup>1</sup> The term 'cascade methodology' was coined by Maria Eugenia Villarreal, originally referring to an operational methodology: the training of health professionals who trained volunteers to work in fathers' schools in those health centres. Those schools in turn would train fathers-to-be by means of workshops and peer groups. This study decided to include a thematic dimension to this concept, as the issues of fatherhood and caregiving pave the way for numerous other gender equality issues.

being addressed, and that men are truly sharing care giving responsibilities and not just acting as helpers and (7) make use of a synchronised and comprehensive approaches in key sectors involving national and international governmental institutions.

## 2 Background

Although Latin America has long been portrayed as a region marked by its 'machismo'<sup>2</sup> and dominated by patriarchal attitudes and behaviour, it has made progress across several dimensions of gender equality. Countries like Chile, Brazil and Argentina currently have female heads of state, and many Latin American countries are promoting the implementation of laws to create (more equitable) access for women in public offices (as is the case in Uruguay)<sup>3</sup> or to establish 50/50 gender quotas on candidacies for public offices as is the case in Nicaragua, Ecuador, Mexico, and Bolivia (IDEA 2014). According to a 2013 report by five UN agencies (CEPAL et al 2013), women's labour force participation in Latin America has increased from 49.2 per cent in 2000 to 52.9 per cent in 2010. Countries like Chile and Mexico have adopted laws to close the wage gap.<sup>4</sup> In 2014, and for the third consecutive year, Nicaragua was considered the most gender equitable country in Latin America and the sixth most gender equitable country in the entire world, according to the World Economic Forum's Global Gender Gap Report<sup>5</sup> (WEF 2014).

Despite the existence of promising policies and other advances, much work remains to be done to attain gender equality in the region. Research from Latin America shows that men are the principal perpetrators of violence against women as well as against other men (Barker and Aguayo 2012). In Brazil, researchers estimate that 60 per cent of women have been victims of some type of domestic violence by an intimate partner in the course of their lives,<sup>6</sup> and 20 per cent of them had suffered psychological violence and serious physical violence during pregnancy (Durant and Schraiber 2007). The Ombudsman Office of Bolivia (El Nuevo Diario 2013) cites 14,000 reported cases of sexual violence per year, estimating that seven out ten women have suffered some type of sexual assault. They conclude that only 0.04 per cent of judicial charges end up sentencing the perpetrators, who are overwhelmingly male. Nicaragua, the most gender equitable country in the region by many standards, also has roughly 14,000 reported cases of sexual violence every year.<sup>7</sup>

Among other factors, the way men are socialised and the harmful norms about what it means to be a man promote and sustain this violence in the social, work, family, and partner contexts (Barker and Aguayo 2012). The IMAGES survey in Brazil, Chile, and Mexico found that men who witnessed violence against their mothers at the hands of a male partner during childhood were more likely to have committed physical violence against female partners at some point in their lives, when compared with men who did not witness violence (Barker and Aguayo 2012). On the other hand, men's positive involvement in care giving can challenge

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<sup>2</sup> 'Machismo' is generally associated with conservative values, wherein men oppose women's rights and their pursuit of things that fall outside the purview of traditional gender roles. It is usually associated with the negative characteristics of sexism and hyper-masculinity. 'Macho' men are usually described as violent, rude, womanising, prone to alcoholism and as domineering through intimidation, and as seducing and controlling women (Arciniega *et al* 2008).

<sup>3</sup> Interview with Darío Ibarra, CEMG, Uruguay, July 2015.

<sup>4</sup> Interview with Francisco Pancho Aguayo, EME/Cultura Salud, Chile, July 2015; and with Benno de Keijzer, CpE, Mexico, July 2015.

<sup>5</sup> The Global Gender Gap Report takes into account four key dimensions: economic opportunities, access to education, health and life expectancy, and political participation.

<sup>6</sup> 'Of the total of interviewed women (n=1922), 60.6% (1.165) have suffered some sort of IPV [Intimate Partner Violence] during their lives, with 52.0% having suffered some sort of psychological violence, 40.5% physical violence and 20.4% sexual violence. Psychological violence combined with physical violence is the most common of IPV among the interviewed women (19.5%), followed by psychological violence (15.1%) and a combination of the three types of violence: psychological, physical and sexual (14.4%)' (Durant and Schraiber 2007).

<sup>7</sup> Interview with Douglas Mendonza, RedMas/PdE, Nicaragua, July 2015.



and revert these gender norms and break away from the intergenerational reproduction of gender based violence. By caring for children, men build stronger and more affective connections with those for whom they care. Men's active engagement with care giving has a positive effect on the gender socialisation of girls and boys, and makes children themselves more open to questioning traditional gender roles. In turn, women who have involved partners feel more emotionally supported and less stressed than women with absent or uninvolved partners. Children who have supportive and affectionate fathers are more likely to be safer and better protected from violence, be more successful, and handle the stresses of life more easily than those with an absent father. The benefits of engaging men in care giving benefit men as well: those who participate more equally in care giving report better mental and physical health (Promundo, CulturaSalud, and REDMAS 2013).

Men in Latin America spend a limited amount of their time caring for their children, though this seems to be increasing (Barker 2008). In Guatemala, research finds that men spend about a third of the time that women do in caring for children (Alatorre 2002). In Brazil, men in two parent families spend almost the same amount of time as their partners on several areas of child interaction: playing, taking children to school, and helping with homework. While in terms of direct care of children, men spend just 77 per cent of the amount of time that mothers do (Benetti and Roopnarine 2006). Underpinning men's participation in domestic and care work – even if such tasks are distributed equally – is the societal perception that they are simply 'helping' women rather than acting as full, equally responsible partners (Barker 2008).

The caregiving divide between men and women is further reflective of the gender inequalities in the region. Across the Organization for Economic Cooperation and Development (OECD 2014) countries, women spend on average 2.6 hours more per week on paid and unpaid work combined than men do (OECD 2014). In Latin America, the disparities are even greater, with women spending between six and 23 more hours a week than men on paid and unpaid care work combined (Barcena *et al* 2013). And this disparity affects women's participation in the labour market. In one study in Latin America and the Caribbean, more than 50 per cent of women aged 20 to 24 said that their unpaid responsibilities in the home were the main reason that they could not look for paid work (Antonopoulos 2008). Even where men and women enter the workforce at similar rates, women are much more likely to switch to part time work or to exit the paid labour market altogether once they have children.

Findings from the International Men and Gender Equality Survey (IMAGES) reveal that a majority of men in Chile and in Mexico (54 per cent and 56 per cent, respectively) believe that women's most important role is to take care of household work (Barker and Aguayo 2012). These inequitable gender attitudes, amongst other factors such as workplace policies and lack of childcare funding, perpetuate the unequal care work burden (Barker *et al.* 2011). Promisingly however, IMAGES also finds that men's support for gender equality, is correlated with their greater involvement in care giving, illustrating the importance of affecting both attitude and behaviour change to close the care giving gap (Kato-Wallace *et al.* 2014). Research shows that men who are exposed to more gender equitable attitudes in the home see positive benefits in their own lives, as do future generations (Hook 2006). For example, sons of highly educated mothers are more likely to be involved in care giving later on in their lives (Kato-Wallace *et al* 2014). In addition, men are also more likely to take on an equal share of the care giving if they grow up in a home where their fathers did so (Barker *et al* 2011). Generally speaking, individuals with gender equitable attitudes are more likely to distribute the unpaid work more equally (Hassink and Baringer 2015).

## 2.1 What is the specific problem?

Despite being a largely overlooked aspect of achieving gender equality, the participation of men in domestic work, maternal health, and as care givers for children is critical (Hassink and Baringer 2015; Levtov *et al* 2015). Promoting equal responsibilities between men and women in caregiving is at the heart of one of the most challenging and lingering aspects of gender inequality. It empowers women to find paid work outside home, improve their health, pursue education, and take on leadership roles (Levtov *et al* 2015). This benefits everyone: women and girls, men and boys.

Despite its benefits, men's involvement in unpaid care work and care giving has not accompanied the evolution of women's integration in the work force (CEPAL *et al* 2013). Partly, this is because redistributing care – and achieving gender equality – requires a reconfiguration of power relations and redefining deeply ingrained perceptions of masculinity and fatherhood. Breaking away from stereotypes and traditional gender norms is crucial to push for gender equality and requires a comprehensive and coherent institutional strategy.<sup>8</sup> When programming is institutionalised into organisations' policies and practices, its impact is amplified and its ability to influence public policies is elevated. However, despite increasing acknowledgement of this need, there are still few institutionalised approaches to increasing men's time spent on caregiving in Latin America.

## 2.2 How is this study exploring the issue?

This case study, authored by Promundo, one of the coordinators of the MenCare Campaign, explores how organisations in Latin America are working to combat gender inequality by analysing the implementation of the MenCare campaign work in six countries in the region: Brazil, Chile, Guatemala, Mexico, Nicaragua and Uruguay. The MenCare campaign engages 'men to be allies in supporting women's social and economic equality, in part by taking on more responsibility for childcare and domestic work' (MenCare 2015).

By analysing the adaptation of the MenCare campaign across several countries, a comparative look at the successes and challenges of the methodology is used to highlight its accomplishments and shortcomings.

To better understand work on the gender and caregiving divide as well as the stories of change fostered by MenCare in Latin America, the author of this case study conducted a literature review on the topic of caregiving and gender equality globally as well as in the Latin American context, analysed an independent evaluation report on the global MenCare campaign (Van der Gaag 2015) and various reports and documents informing, presenting and analysing MenCare globally and in the region, as well as relevant websites and videos. Additionally, the principal author conducted in depth interviews with the representative of each country program.<sup>9</sup>

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<sup>8</sup> According to IDS, Promundo and Sonke Gender Justice (2015: 4) 'strategies that employ a relational, structurally contextualised approach to addressing gender inequality at different levels and scales must ... be developed and evaluated. Research should focus on gaps identified and build on what we already do know about how men and boys relate to gender equality ...' and what seems to work best in work to engage them.'

<sup>9</sup> See Annex 1 of this study.

## 3 Findings

### 3.1 How is the problem being addressed?

The MenCare campaign engages 'men to be allies in supporting women's social and economic equality, in part by taking on more responsibility for childcare and domestic work' (MenCare 2015). In order to do so, the MenCare global campaign utilises three approaches: (1) research and programming via Program P<sup>10</sup> (2) joint advocacy initiatives and (3) media campaigns. Program P builds on existing evidence based programs and aims to guide health professionals on how to engage men in the prenatal consultation space and primary health clinics, it offers a series of interactive modules for gender-transformative group education with men, and in some instances their female partners, and provides a step by step guide to create and launch a MenCare community campaign. Additionally, there have been some joint advocacy initiatives, such as through the recommendations put forward in the recently launched State of the World's Fathers report (Levtov *et al* 2015). Finally, there are adaptable media campaigns, which use media messaging (e.g. posters, videos, photo exhibitions) that capture the emotional value of gender equitable transformation and also seek to change how the health sector engages men in maternal and child health, amongst other targeted goals.

Across Latin America, MenCare partners have been engaging men as care givers and as fathers since 2011, using qualitative research to drive the messages through media campaigns, and developing evidence based programs together with key public sector and local partners. Additionally, they conducted local and national level advocacy initiatives in nine countries – Brazil, Chile, Costa Rica, Guatemala, Mexico, Nicaragua, Peru, Puerto Rico, and Uruguay. These focussed on issues ranging from violence against women and child protection, to maternal health and prenatal care, and active fatherhood (MenCare s/d2).

Each national organisation present in this study has been working for nearly a decade or more on advancing gender equality and most of them have specifically targeted men's involvement. Many of them, such as CulturaSalud (Chile), Promundo (Brazil), Cómplices por la Equidad (Mexico), and ECPAT (Guatemala) have been a part of MenCare since its inception in 2011. Centro de Estudios para las Masculinidades y Género (Uruguay) joined in 2013. The majority of the organisations began working with fathers when they joined MenCare, although all of them had previously worked on gender related topics, and most of them had some experience or expertise in the field of men and masculinities.

This section details the approach of each organisation, highlighting its target sectors and thematic areas, rationale for working with fathers, and strategy of implementation and innovation.

#### 3.1.1 MenCare partners in Latin America

This section presents an overview of the MenCare Latin America partners included in this study and the date they joined the MenCare campaign.

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<sup>10</sup> Program P is named after *padre* and *pai*, the words for father in Spanish and Portuguese. Part of the MenCare Campaign, Program P is a direct and targeted response to the need for concrete strategies to engage men in active fatherhood from prenatal care through delivery, childbirth, and their children's early years. Developed in partnership with Puntos de Encuentro in Nicaragua, CulturaSalud in Chile, and the Brazilian Ministry of Health, the program has three components: offering information and tools for health care providers, developing group activities for fathers and couples, and providing guidance for designing community campaigns. By targeting men, primarily through the health sector, Program P engages fathers and their partners at a critical moment – usually during their partners' pregnancies – when they are open to adopting new care giving behaviours. More specifically, the Program P manual contains: (1) background research on the latest data on why engaging men as care givers is an essential part of maternal health and gender equality (2) a guide for health professionals on how to engage men in the prenatal consultation space and primary health clinics (3) a series of interactive modules for gender transformative group education with men, and in some instances their female partner; and (4) a step by step guide to create and launch a MenCare community campaign.

In Brazil, MenCare's partner is Promundo, a NGO which works internationally to promote gender justice and prevent violence by engaging men and boys in partnership with women and girls, and which is also a global coordinator of the MenCare campaign. Promundo's engagement in men's care giving dates back to the creation of the institution's Program H<sup>11</sup> 13 years ago, aimed at encouraging critical reflection around rigid norms related to manhood, including men's care giving. In 2011, along with Sonke Gender Justice, Promundo launched the Global MenCare Campaign, and adapted MenCare to the Brazilian context. Brazil's MenCare campaign 'Você é meu Pai' (in English, 'You are my father') was launched in 2012.

In Chile, MenCare partners are CulturaSalud/EME. CulturaSalud is a Chilean organisation founded in 2007 that conducts research and develops social interventions around gender, fatherhood and care giving, health, and violence prevention. EME represents the section of Fundación Cultura Salud dedicated to research and initiatives related to men and gender equality. The organisation was part of the first committee meeting of MenCare, which took place in Washington DC, and now coordinates the Latin America MenCare website. CulturaSalud/EME launched the MenCare campaign in the country in 2011, applying 15 years of work experience in masculinities and fatherhood and seizing the momentum of the national program 'Chile Crece Contigo.'<sup>12</sup> This political and programmatic moment was highly favourable to the development of the campaign, in order to optimise the work and push for changes around gender norms and care work at a national level.<sup>13</sup>

In Guatemala, ECPAT Guatemala is the MenCare partner. ECPAT is an NGO that focuses on the elimination of child prostitution, child pornography, and the trafficking of children for sexual purposes. Although much of the work developed by ECPAT Guatemala has been on the judicial sector, and its core work focuses on human trafficking and sexual abuse against children, gender and masculinities have always been a cross-cutting topic of its work. ECPAT was invited by Promundo to join a MenCare Global Meeting in South Africa in 2013 where MenCare's concepts and tactics were discussed, and from there, ECPAT launched its own MenCare Guatemala campaign in 2013.

In Mexico, MenCare's coordinator 'Cómplices por la Equidad' (in English, 'Accomplices for Equality') is the one of the founding organisations of the MenEngage alliance in Latin America. Cómplices por la Equidad (in English, 'Accomplices for Equity') is the Mexican MenEngage network (formed in 2008), through which men and women from various organisations and institutions develop activities, campaigns, and materials to engage men in gender equity. Cómplices por la Equidad (CpE) initially focused on three issues: violence, homophobia and fatherhood. 'With time, the issue of fatherhood gained momentum over the two others as it was more appealing to men and could act as a gateway to work in other areas' (Benno de Keijzer, Cómplices por la Equidad, Mexico, July 2015). And that was when CpE decided to join MenCare.

In Nicaragua, Puntos de Encuentro (PdE) and REDMAS joined MenCare in 2011, participating in the creation of the MenCare global campaign, and beginning implementation in Nicaragua in 2012. Fundación Puntos de Encuentro is a Nicaraguan feminist organisation that works with young and adult women in developing their capacities to exercise their rights and autonomy. Puntos de Encuentro uses media along with training and alliance processes

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<sup>11</sup> Program H is named after *homens* and *hombres*, the words for men in Portuguese and Spanish. Launched in 2002 by Promundo and partners and now used in more than 22 countries, it primarily targets men, ages 15 to 24, to encourage critical reflection about rigid norms related to manhood. It promotes group education sessions combined with youth led campaigns and activism to transform stereotypical roles associated with gender.

<sup>12</sup> 'Chile Crece Contigo' (in English, 'Chile grows up with you') is a government system of child protection. Its mission is to accompany, protect, and fully support all children as well as their families through awareness, advocacy, information, and education on care and timely stimulation of children. By means of radio and TV programs, websites, manuals, phone lines, and social media, this system seeks to create a social environment favourable to the children and their full potential development.

<sup>13</sup> Interview with Francisco Aguayo, Cultura Salud/EME, Chile, July 2015.

to promote and defend gender and generational equality, respect for diversity, rejection of discrimination and violence, and relationships based on mutual respect. REDMAS is a coalition of 22 Nicaraguan organisations working together on gender and masculinity issues with boys and men of diverse social backgrounds. PdE and REDMAS have worked since 1993 with men and boys to advance gender equality in areas such as the prevention of violence against women, reproductive health, HIV prevention, and responsible fatherhood. Together with CulturaSalud from Chile and Promundo-Brasil and Promundo-US, PdE and RedMas designed the Manual Programa P, one of the key MenCare programmatic tools, with specific contributions to section two, ‘Engaged fatherhood: group education for fathers and trained partners.’

Finally, in Uruguay, Centro de Estudios sobre Masculinidades y Género (CEMG) joined MenCare in 2013. CEMG is a private non profit, based in Montevideo, Uruguay, staffed by a team of health professionals committed to gender equity and specialising in men and masculinities studies. It works to promote gender equality by working with men, and is the first civil society organisation to work on the topic of masculinities in Uruguay.

**3.1.2 Rationale for working with fathers**

For all MenCare partners, fatherhood and care giving emerged as an entry point to change gender norms and behaviours around violence prevention and the promotion of gender equality. Indeed, by engaging men and their partners in a gender transformative parenting curriculum that promotes critical reflection on the gender norms that inhibit men’s positive involvement in the lives of their children, MenCare partners seek to change the way men conceptualise fatherhood, and stop their use of psychological and physical violence.

**Table 3.1 Rationale for MenCare partners in Latin America working with fathers**

Rationale for working with fathers	MenCare partners					
	Brazil	Chile	Guatemala	Mexico	Nicaragua	Uruguay
	Promundo	Cultura Salud/EME	ECPAT	CpE	PdE/REDMAS	CEMG
Prevent and eliminate GBV	√	√	√	√	√	√
Promote gender equality	√	√	√	√	√	√
Prevent and eliminate child sexual abuse			√			
Prevent and eliminate corporal punishment	√					√
Prevent and eliminate violence against children	√	√	√	√	√	√

*For us the theme of fatherhood and care giving is a central one for the process that we do with men in order to transform gender inequality by involving men in domestic work, involving men in the relationship with their partners, particularly in terms of communication, violence prevention, and care giving.*  
(Douglas Mendonza, RedMas/PdE, Nicaragua, July 2015)

*To involve men in the pre-natal medical appointments, in the birth and in the first four years of the child is crucial in order to create new synergies between father and children to prevent mistreatment of them and the mother, and to involve the men in domestic work and in baby care work.*  
(Maria Eugénia Villarreal, ECPAT Guatemala, Guatemala, July 2015)

*According to different research, one of the benefits of involving men in fatherhood and care giving is to diminish gender violence. There are a huge number of studies that point to the connection between father’s greater involvement in care work and a range of positive outcomes for children and mothers, as well as for the fathers themselves.*  
(Darío Ibarra, CEMG, Uruguay, July and August 2015)

### 3.1.3 Target sectors

MenCare partners in Latin America work in the health sector, building on research that shows that engaging men early on in pre-natal visits, in childbirth, and immediately after the birth of a child can have positive effects on maternal health, women’s use of maternal and newborn health services, and fathers’ longer term support and involvement in the lives of their children (Promundo, CulturaSalud and REDMAS 2013; Levtov *et al* 2015). While all partners have chosen the health sector as an entry point, each partner has expanded their work to reach other sectors, such as the education sector (e.g. Promundo in Brazil, Cultura Salud/EME in Chile, CpE in Mexico and CEMG in Uruguay), social sector,<sup>14</sup> (Cultura Salud/EME in Chile, CpE in Mexico), security sector (ECPAT Guatemala in Guatemala), and community sector<sup>15</sup> (Promundo in Brazil, CpE in Mexico, PdE/REDMAS in Nicaragua).

**Table 3.2 Working sectors by MenCare partners in Latin America**

MenCare partner	Country	Health	Education	Community	Social	Security
Promundo	Brazil	√	√	√		
Cultura Salud/EME	Chile	√	√		√	
ECPAT Guatemala	Guatemala	√		√		√
Complices por la Equidad	Mexico	√	√		√	
Putos de Encontro/REDMAS	Nicaragua	√	√	√		
CEMG	Uruguay	√	√			

### 3.1.4 Implementation strategies

The strategic approaches and processes to put MenCare plans into action have been fairly similar among MenCare partners in Latin America, despite the nuances and innovations that each partner brought to the implementation of the campaign in their country. This section will present the process each partner undertook in order to implement the MenCare campaign in their country, enabling a comparative analysis of each partner’s strategies across formative research, programming and entry points, networks for wider reach and sustainability, community influenced media campaigns, reaching out the general public, and innovation.

#### Formative research

Each partner developed its own campaign based on research on fatherhood, care giving, and gender equality as well as on its own work experience. However, some partners – specifically in Chile and Nicaragua – were able to conduct formative research to guide the implementation of their MenCare campaign in country. In both countries, formative research was conducted within the health sector, the main entry point of all MenCare campaigns in Latin America.

Prior to Chile’s participation in the MenCare campaign, CulturaSalud/EME with support from the country’s Ministry of Health, conducted national research on fatherhood in the public health system. Researchers conducted a survey with 1,850 health professionals across the country to determine their attitudes and practices related to men’s engagement in the maternal and child health sector. Additionally, a telephone survey was administered to parents who attended the public health system to inform the development of the MenCare program and campaign.<sup>16</sup>

In Nicaragua, initial research was conducted in three health centres with health providers and fathers to identify obstacles and opportunities for bringing men in to health care units and hospitals. Several key barriers to men’s involvement in health facilities were identified within this research, namely: (1) a lack of adequate infrastructure in facilities, leading to alienation

<sup>14</sup> In this study, the social sector refers to all governmental and non governmental institutions and policies that work to provide assistance to vulnerable individuals and families (e.g. welfare programs).

<sup>15</sup> In this study, the community sector refers to all activities and institutions that are created and promoted by a particular grassroots community to serve people belonging to that same community. This is a particularly strong sector within Latin America context.

<sup>16</sup> Interview with Francisco Aguayo, CulturaSalud/EME, Chile, July 2015.

of fathers, overcrowding, and lack of privacy (2) no specific trainings for health workers on how to engage men in maternal, newborn, and child health (MNCH) (3) a mother/child focused health system, which excludes fathers (appointment times, for example, are made by taking only the mother's schedule into account) and (4) a lack of national policies promoting the involvement of fathers, which limits the ability of men to take time off from work for MNCH activities (ECPAT Guatemala *et al*/2015). This formative research worked not only as a way to obtain a snapshot of the situation, but also to identify entry points for work with fathers: 'within this process, we [also] entered in the theme of life stories of fathers, we started talking about their preparation in the pre-natal period, preparation for birth, pre-natal care, post-natal care and family planning' (Douglas Mendonza, Cultura Salud/EME, Chile, July and August 2015).

### **Programming and diverse entry points**

All MenCare partners used the health sector as a main entry point. Similarly, all MenCare partners used Program P as a guideline for their programming targeting the different audiences. Nuances, however, particularly combining other entry points as well as each partner's sector specific approaches, have been recorded. Much of the differences and nuances are based upon the country context as well as of each partner's area of expertise, its funding, and existing networks.

Promundo in Brazil made efforts to encourage men's active parenting and care giving, targeting various audiences and levels of implementation. Program P was implemented in the health and education sectors as well as in local communities by means of involving national government and non governmental organisations in programming, training professionals in these areas, and creating fathers' discussion groups. Program H was also implemented in some communities as part of the MenCare Campaign.

In Chile, CulturaSalud/EME trained health and education professionals as well as social workers to carry out Program P. 'What we have done the most was to work with municipal networks and to train their professionals: psychologists, social workers, healthcare professionals, kindergarten teachers. This has been our greatest work' (Francisco Aguayo, Cultura Salud/EME, Chile, July 2015).

In Guatemala, embodying a cascade-like process, the campaign began with the creation and production of materials based on MenCare's global guidelines. ECPAT Guatemala then used those materials as a base to move into the training of health professionals in four clinics throughout Guatemala City and neighbouring areas. These trainings included health centre directors and doctors, to psychologists and volunteers who, in turn, trained fathers and mothers in the so-called 'Fathers' Schools' and 'Mothers' Schools.' These processes required changes in institutional protocols, namely on how to adapt maternal health and children's medical appointments from a mostly women and child centred system to a parents/couple centred system. Changing to a focus on engaging both parents had some unintended consequences. For example, children's medical appointments lasted longer when both parents were included in the dialogue, and the number of people in waiting rooms doubled, creating a need to accommodate everyone on waiting and exam rooms. ECPAT Guatemala also worked with police and military groups within the MenCare Campaign by means of workshops involving fathers in those sectors.

In Mexico, CpE works directly with the population and with professionals from the education, healthcare, and social sectors in five cities through training and public debates. CpE undertakes several workshops per year in different cities and hosts a fatherhood festival<sup>17</sup>

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<sup>17</sup> This festival includes activities with fathers and children such as cooking lessons; workshops for children interviewing their fathers, storytelling, games and seminars. All these activities are designed to help grow the connection between fathers and their children, while involving mothers as well.

that starts in Mexico City and tours other cities across the country in collaboration with Radio Educación.

In Nicaragua, a key component of MenCare's partners' work consists of seminars aimed at health professionals to educate them on the importance of fathers' participation in care activities, namely, in childbirth and maternal and child health. They conducted Program P seminars with 70 health professionals in order to provide them with tools to better engage men in the health sector and to draw their attention to the benefits of fathers' participation in caregiving – for their children, for their partners, and for themselves – in terms of family development and wellbeing. Puntos de Encuentro and REDMAS are advocating for the Ministry of Health to integrate these seminars into the standardised training for all health professionals. Additionally, MenCare partners in the country arranged community workshops facilitated by health educators and professionals, reaching a total of 300 men and women. The workshops aimed to sensitise and train fathers, especially community leaders, about the importance of participating in care work and maternal and child health. The program also led participants to organise fathers' groups as spaces for future dialogue and the sharing of experiences with other fathers. MenCare partners in Nicaragua also worked with the Ministry of Education in setting 'Father's Schools' in different communities.

In Uruguay, CEMG promotes seminars and hosts workshops in the education and health sectors. It has also undertaken workshops in public institutions such as the Antel Uruguay, which is the national communications company, and they work closely with Secretaría de la Mujer de la Intendencia de Montevideo (in English, 'Governmental Women's Department').

#### **Networks for wider reach and sustainability**

MenCare partners often work in collaboration or partnership with governmental, non governmental and civil society organisations. Combining efforts by working through networks helps to raise the profile of the cause and provides greater opportunities for institutionalisation, ensuring long term sustainability, particularly in the absence of additional funding.

As an institutional strategy, Promundo in Brazil worked with the Men's Health Unit of the Brazilian Ministry of Health to adapt Program P (e.g. trainings, creation of protocols). Additionally, Promundo collaborated with other national ongoing programming focused on involving men in fatherhood and caregiving like the 'Men's Prenatal Program', held seminars with various organisations on cross-cutting topics such as early childhood development and the extension of paternity leave benefits, and also articulated their MenCare work with other ongoing initiatives such as the national campaign 'Pai não é visita' (in English, 'The father is not a visitor'), which intends to promote men's participation in the labour and delivery room.<sup>18</sup> According to the coordinator of MenCare's campaign in Brazil, Marco Aurélio Martins, a key strategy for the campaign was to join national networks as 'a form of ensuring sustainability'. Also, by creating strong networks the visibility of the topic of caregiving increases. Promundo used the visibility and the receptivity of the MenCare campaign to advocate for other related issues, such as paternity leave in Brazil: 'drawing on the work of fatherhood and caregiving, we also approached other topics which are also important and related to gender inequality and to violence' (Marco Aurélio Martins, Promundo-Brazil, July and August 2015).

In Chile, MenCare work has also been supported by key partnerships with local civil society organisations, the national government as well as with UNICEF, UFPA and the MenEngage Alliance.

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<sup>18</sup> In Brazil, according to Federal Law No. 11,108, the NHS is obliged to allow the presence of a companion next to the woman during the pre-birth, delivery and the immediate postpartum period. However, there is much resistance from health institutions and professionals to enforce this law. Resistance is even greater in the case when the companion is the father. 'The father is not a visitor' campaign aims to promote critical discussion about the constant violation of this law.



In Guatemala, ECPAT began partnering with the sexual and reproductive health sector, particularly Asociación Pro Bienestar de la Familia de Guatemala (APROFAM),<sup>19</sup> to integrate gender transformative approaches to engaging men as care givers within their own health services.

CpE, in Mexico, has been working by establishing institutional networks in order to create synergies with several like minded civil society organisations for almost 20 years. Radio Educación helps to disseminate the work and raise visibility of the issues, as do collaborations with universities such as the Observatorio Universitario de Equidad y Género (University Observatory on Equality and Gender) and the Asociación Mexicana de Estudios de Género de los Hombres, along with individual academics who work in related areas, and platforms like MenEngage Alliance. Additionally, CpE has been collaborating with, and receiving support from, the Women's National Institute to engage men for gender equality, both at the municipal level (Veracruz) and at the federal level. In Nicaragua, through REDMAS and MenEngage platforms and alliances, PdE and REDMAS were able to work with local grassroots movements and associations to expand their original research and implement the campaign. Puntos de Encuentro and REDMAS also worked with the Nicaraguan Ministry of Health at the local level to involve health care professionals in the inclusion of fathers in the health sector, and with the Ministry of Education.

In Uruguay, although most initiatives and collaborations with other institutions have been ad hoc, MenCare partners have begun developing efforts to build consolidated partnerships with peer organisations in the country.

### **Community influenced media campaigns**

Each of MenCare's partners developed community driven media campaigns intended to inspire men, their families, and their communities to support men's care giving. Each MenCare partner tailored its media campaign and slogan to the cultural context. Much of these materials were used to create TV advertisements, posters, slogans, photos, radio advertisements, and advertisements for local fathers' groups.

Brazil's media campaign includes posters with real life stories and positive messages about fatherhood, videos with three public figures, and one Program P participant's story. At the end of many seminars and workshops with the communities, MenCare partners and participants in Brazil created a media campaign based upon their discussions, to reach the community with targeted messages. Additionally, involved fathers were asked to send photos of themselves, which, combined with photos of celebrity fathers, comprised the photographic exhibition, 'Você é meu Pai'.

In Chile, a MenCare media campaign entitled 'Tu eres mi papa' with posters and videos was also created. CulturaSalud/EME created manuals and materials to inform and engage men about the benefits of involved fatherhood. They organised public debates and created a fatherhood bulletin ('Boletín de Paternidades EME').

In Guatemala, ECPAT created a participatory media campaign using posters that told positive stories and stories of change of fathers who were or became involved in caregiving, so that other fathers could feel inspired to do the same.

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<sup>19</sup> APROFAM is a Guatemala NGO created in 1964 that provides integrated health services including family planning and maternal and child health care, with a significant focus on reaching people in rural areas where health and education provision is limited, water supplies are restricted, and power is next to non-existent. APROFAM provides contraception, oral rehydration, and parasite treatment and is actively involved in identifying new ways to approach men to inform and educate them about family planning and its benefits. In parallel with this, the organisation provides counselling for women to raise their self-esteem, and runs workshops and discussion groups aimed at asserting women's rights to control their own health and well-being. The media play a key role in their work: information and education campaigns are run through radio, television, and the press. Also, the organisation disseminates sexual and reproductive health and rights (SRHR) messages via soap operas, comic strips, advertisements, publications, and sex and family life education projects.

In Mexico, a participatory media campaign entitled 'Es dulce ser padre' (in English, 'It is sweet to be a father') aimed to target the general public with a specific focus on fathers. They also organised a fatherhood festival that starts in Mexico city and tours other cities across the country.

In Nicaragua, PdE and RedMas developed an educational media campaign with a range of materials that were widely disseminated as part of the 'Vos sos mi papá' (in English, 'You are my father') campaign. 12 television spots were broadcast, which highlighted conversations on fatherhood and testimonials by the programme participants (alongside their children and partners). Radio vignettes for public broadcast were disseminated as well as posters, other merchandise (t-shirts, backpacks, etc.) and a video entitled 'Carlos' story.' MenCare partners in Nicaragua did a ten city tour of Nicaragua in which they recorded a video of what the men had learned. They also published an e-book with the real life stories of the male participants and interviews with their wives, families and neighbours, to acknowledge these men's changes.

In Uruguay, CEMG also used media campaigns and social media to target the general public, by using posters that raise fathers' awareness of the topic of involved fatherhood and men's care giving. Additionally, involved fathers were asked to send a testimony and a photo of themselves with their children, which were displayed on their MenCare campaign blog.

### **Innovation**

MenCare in Brazil included well known personalities in the media campaign in order to increase the campaign's impact and advocacy efforts. They also, as in Chile, implemented the campaign using three different entry points, which were identified and targeted with a holistic and integrated approach. Chile targeted the health, early child education, and welfare sectors, while Brazil targeted health, education, and community sectors.

In Guatemala, three main innovations are of note. First, a 'Mothers' School' was created, since, as stated by Maria Eugénia Villarreal, 'women can also be *machistas*'– (i.e. women can also uphold and perpetuate patriarchal views and dominance). Second, workshops on engaging fathers in care giving targeted police and military groups.<sup>20</sup> Finally, ECPAT created diaper bags for fathers, both for first time fathers whose partners were in labour as well as for those that completed 'Fathers' Schools' sessions, in order to increase fathers' engagement in care giving.

In Mexico, CpE drew new strategies in an attempt to capture evidence of its reach. In 2015, during the fatherhood festival in Mexico City, CpE decided for the first time to register all of its 300 attendees and start an electronic mailing list to consolidate its ties with them. Additionally, and to demonstrate the impact of its work, CpE published a video online during the festival. According to Keijzer, that video had 1,200 views on that day, and by the end of three or four weeks, the same video had over 400,000 views. This indicates that the fatherhood festival, a truly unique characteristic of the Mexican case study, might be worth pursuing further assessment.<sup>21</sup>

In Nicaragua, PdE/REDMAS published an e-book with the real life stories of male programme participants and interviews with their wives, families and neighbours, to acknowledge the men's changes. Partners also targeted women in their workshops since they felt that true gender transformation could only be achieved by targeting both parents. Finally, they used sports TV as key communications platform to broadcast their MenCare

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<sup>20</sup> Contradicting commonly held expectations, these target groups reported finding the project very interesting, since it enabled them to see gender relations and their relationships with their wives and children from a completely new perspective.

<sup>21</sup> Interview with Benno de Keijzer, *Cómplices por la Equidad*, Mexico, July 2015.

campaign videos so that these videos could challenge men in very traditionally masculine environments.

In Uruguay, the main innovation was the inclusion of workshops in companies. One of the examples is Antel Uruguay, which is the national communications company of Uruguay. Moreover, CEMG presented a holistic approach on health and gender addressing reproductive, physical, and also mental health with its approaches to gender identities, gender relations, and fatherhood.

**3.2 What has changed?**

Many changes have been achieved during the implementation of MenCare in Latin America at both the individual and institutional level. MenCare country representatives acknowledge that these changes cannot be directly attributable to the MenCare campaign, but rather consider MenCare as an element that positively contributes to a cumulative process of behavioural transformation towards greater gender equality.

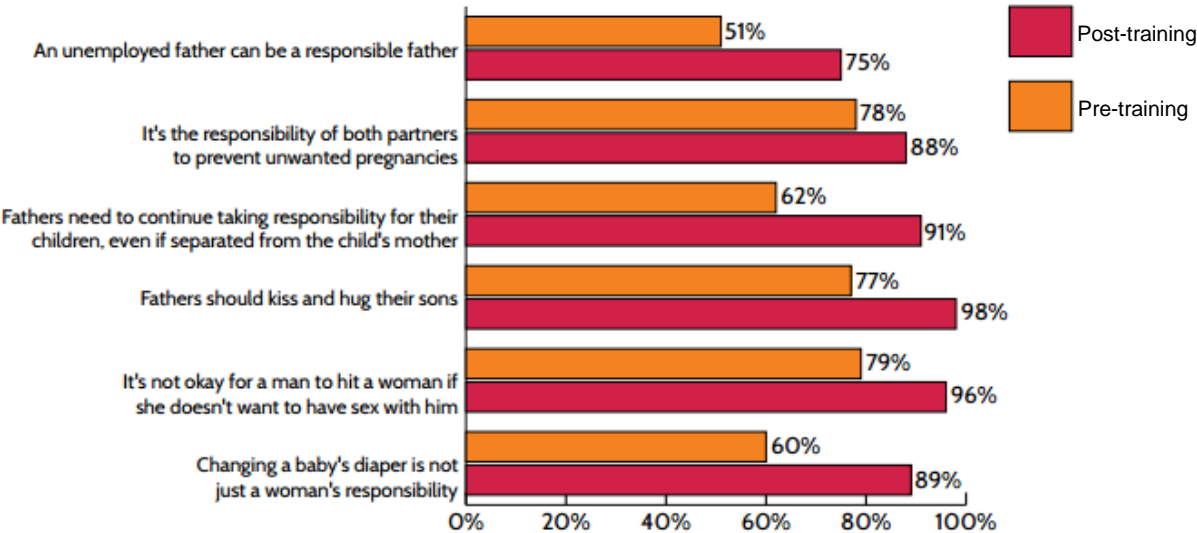
**3.2.1 Individual level**

Through MenCare, men were able to access different narratives and perspectives on what it means to be a man, and to relate to their partners and their children in different ways. In these narratives men are present in a more positive and engaging way.

**Changes in attitudes towards gender and fatherhood**

From the 630 fathers who completed Program P in Guatemala, many showed changes in their attitudes around the roles of men and women in care giving, household duties, and parenting responsibilities (ECPAT Guatemala *et al* 2015). For example, at the end of the workshop, nearly 30 per cent more participants believed that changing a baby’s diaper was not just a woman’s responsibility. Approximately 25 per cent more participants stated that an unemployed father could also be a responsible father. Almost 20 per cent more participants stated that it is not acceptable for a man to hit a woman if she doesn’t want to have sex with him (ECPAT Guatemala *et al* 2015).

**Figure 3.1 Percentage of fathers attending MenCare’s training in Guatemala who agreed with these statements (ECPAT Guatemala *et al* 2015)**



In Nicaragua, program participants stated that, as a result of the MenCare workshops, they learned how to participate and share household duties, dedicate more time to their children and wives, and teach their children values of respect and equality (ECPAT *et al* 2015).

One of the stories from MenCare's partners in Latin America that synthesises the individual change MenCare has promoted in the region is from Guatemala:

*A military young man – 21 or 22 years – holding a low position, said that at his house he was never taught to respect women, that he shouldn't participate in domestic work – that was considered to be a woman's responsibility – and that he never had seen a man doing that kind of work. Through this talking ['ECPAT's workshops for fathers'], for the first time he had access to this kind of information [of engaged fatherhood and caregiving] – and that he should support his wife. He has already three children and he had never went with her wife in the medical appointments before or after the birth. [Now he acts differently.] So this has changed immensely his life [sic].*  
(Maria Eugénia Villarreal, ECPAT Guatemala, Guatemala, July 2015)

Also, in Uruguay:

*Most of the partners of fathers who participated in CEMG's workshops realised that one of the changes they have noticed is that their partners have been paying increasing attention to their children's homework, are more aware that they can support and take care of their children when they are sick. When men cease to be violent, they begin to be closer to their children.*  
(Darío Ibarra, CEMG, Uruguay, July and August 2015)

#### **Openness to redefining manhood and fatherhood**

Darío Ibarra, from CEMG, when talking about impact says that 'work on these topics with men generates subjective processes that are very interesting: they hear things that they have never heard until then... and they are usually receptive to these new perspectives.' Puntos de Encuentro and REDMAS, working in ten cities across Nicaragua, reached 397 men and 293 women from several barrios in Managua and up to 500 men across Nicaragua in eight months. When implementing the Program P curriculum, they discovered that the men were comfortable talking about their experiences with fatherhood and care giving, an entry point for work on violence prevention.

#### **Awareness of paternity leave as a right**

As Maria Eugénia Villarreal highlights, after the workshops 'fathers are more aware of the need for paternity leave and feel more entitled to claim for their rights when facing their employer', which also supports a key structural change.

### **3.2.2 Institutional level**

The impact of MenCare at the institutional level has been highlighted by different MeCare partners as one of its most important achievements. The institutionalisation of change and of MenCare practices allow for a longer term and in depth social transformation in terms of care giving and gender norms.

#### **Quality of care in the health sector has improved for men**

MenCare in Guatemala contributed to significant policy changes within APROFAM and improved the gender sensitivity of service provision among its providers. Thanks in large part to MenCare in the country, APROFAM developed its own fatherhood policy which includes the institutional guarantee that fathers will be able to be present (and that health staff will promote their presence and educate fathers on the importance of being present) in pre- and post-natal visits, during labour, in the delivery room, and during routine pediatric visits for children up to age four. It offers two days of paid leave for APROFAM employees whose spouse or partner is having a child, the provision of additional education for fathers on their right to paid leave for the labour and birth of their child, development, and permanent establishment of the Escuela para Papás (in English, 'Fathers' School') (ECPAT Guatemala

2015). Also, in terms of protocol, there have been changes in the institutions with which MenCare worked involving men in care giving.<sup>22</sup>

### **Advocacy at the national level to improve a national policy on men's health and push for increased paternity leave**

In Brazil, by working with ministries and with the health and education sectors, MenCare in the country ensured that the programming and work MenCare developed will outlast its funding and be incorporated in each institution's procedures, protocols, and agendas.<sup>23</sup> Also, in terms of advocacy for paternity leave, MenCare contributed immensely to validating and bringing visibility to the need to extend paternity leave in Brazil for longer than five days.

*We were able to include paternity leave in our MenCare media campaigns, include it in our seminars held locally and nationally, targeting different sectors professionals, politicians, local communities, we were able to discuss it with technical and policy experts – the campaign gave the room and the tools to make the advocacy path more effective.*

(Marco Aurélio Martins, Promundo, Brazil, July and August 2015)

### **Changes in how health sector staff view men**

Francisco Aguayo tells a story that emphasised how institutions also need to change and how sometimes they are open to that change:

*A teenage couple where the mother has drug problems and the psycho-social team [that was supporting her throughout her pregnancy] has tried to engage the mother's grandmother. The teenager father was always present in the sessions, despite the team wasn't directing any of the work to him. After some weeks, the intervention team changed its strategy and started to work with the teenager father, they started to engage him and as such, they solved this specific problem. There is also an institutional learning to be done.*

(Francisco Aguayo, Cultura Salud/EME, Chile, July 2015)

Also, at the end of the sessions in Nicaragua, health providers stated that they better understood these benefits and that they had a more positive attitude towards engaging men in MNCH and caregiving (ECPAT *et al* 2015).

### **Local communities feel empowered to advocate for health care centres to engage men in their services**

In Brazil, the standard procedure was for Promundo to raise awareness of, and train health centre professionals on, the need and importance of involving men in health practices and caregiving. Now, in Vila Joaniza it is the community itself which is leading the demands for a more gender equitable health services and practices.

## **3.3 What can we learn?**

From a practitioner's perspective it is important to analyse and compare the differences and commonalities among the case studies and acknowledge what works best and what might work well, and to provide recommendations for the best ways to move forward. The following section highlights the commonalities and differences among MenCare campaigns in Latin America and recommendations for practitioners on engaging men in care giving.

### **3.3.1 Commonalities and differences**

MenCare campaigns in Latin America demonstrate clearly that although based on global guidelines, they were each adapted in country, and given a country specific lens to go along with the country specific work.

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<sup>22</sup> Interview with Maria Eugénia Villarreal, ECPAT, Guatemala, July 2015.

<sup>23</sup> Interviews with Marco Aurélio Martins, Promundo, Brazil, July and August 2015.

The greatest commonality among MenCare in Latin America is the use of the health sector as the main entry point, while also combining other entry points based on each of the organisations' expertise and background, allowing a more holistic approach. Each Latin American country where MenCare was implemented also relied heavily on media campaigns to disseminate their messages, as well as working in networks to achieve greater impact and sustainability (except for Uruguay, which has not yet developed a consolidated network). Additionally, MenCare partners have also created a joint website (<http://www.campanapaternidad.org/>) and some of the partners created country specific websites for their own MenCare campaigns where different research, campaign, and programmatic materials are available.

Differences have been recorded mostly at the level of networks created. MenCare campaigns in Brazil, Mexico, and Nicaragua have established more comprehensive networks, both horizontally (with other local and grassroots organisations and NGOs) and vertically (through partnerships with governmental organisations and programmes). MenCare partners in Guatemala or Chile have been working with smaller networks, while Uruguay has established more ad hoc partnerships.

Another difference lies in the type of outputs that each campaign develops. All campaigns rely on workshops directed at fathers, while partners in Nicaragua and Guatemala work with mothers' groups as well. Others rely more heavily on communication products such as posters (e.g. Uruguay and Guatemala) or publicity designed for television and radio broadcast (e.g. Nicaragua, Mexico, and Brazil), and others add other types of outputs, such as diaper bags for fathers as in Guatemala.

Differences are partly due to the specific context of each country, but mostly to the specificities of each MenCare partner in terms of expertise, creativity, work experience, funding, and networks. Also, a sense of serendipity and opportunism should also be taken into account (Van der Gaag 2015).

### **3.3.2 Recommendations**

Based on the interview process and evaluation reports, this study learns that a comprehensive institutionalised approach to involving fathers in care giving, based on research and evaluations, is key for successful programming. The recommendations below can be adapted across low, middle, and high income settings so that future programming to advance men's care giving can be informed by Latin America MenCare's strengths, challenges, and lessons learned.

- **Include women when engaging fathers in care giving.** Whenever one is working to change social norms, it is necessary to engage both men and women, creating a transformative process for both genders. Like men, women can also be prone to unequal gender attitudes and perceptions due to social norms influenced by education, the media, religion, and other factors. In Guatemala, ECPAT created 'Mothers' Schools' to complement their work with fathers. In Nicaragua, MenCare partners included women in fathers' caregiving workshops, which proved to be important: men reported feeling more supported and less agitated and embarrassed due to women's involvement. In Brazil, MenCare partners believe that the absence of women's organisations in their work is one of its greatest weaknesses. Women's organisations are key allies in promoting men's involvement in care giving, despite some resistance in aligning efforts between men's and women's organisations. All MenCare partners highlighted the importance of involving the women's movement in programming and advocacy for men's increased caregiving.
- **Improve the evidence base on successful programmatic interventions to involve fathers in caregiving.** Research findings are key to inform and design effective programming. Although there is significant data on a global level, country specific information on fatherhood and care giving is often lacking. In Chile and Mexico,

MenCare partners undertook rigorous IMAGES research to better understand gender norms and associated behaviours, which informed and improved their programme design and also influenced their agenda setting, showing the need for specific investments. In Nicaragua, formative research was conducted in three health centres to identify obstacles to, and opportunities for, bringing men closer to health care units and hospitals. This research was particularly important to define strategies and guidelines within the programming. Although none of the countries have a comprehensive evaluation of their programming, all agree that this is one of the limitations of their work and all are developing efforts to assess the impact of MenCare work in their countries.

- **Ensure that gender transformation is being addressed, and that men are truly sharing care giving responsibilities and not just acting as helpers.** It is important that fathers move beyond the idea of ‘helping out’ and instead become engaged as co-responsible care givers. The importance of this role should be emphasised frequently in programming, citing the benefits to all family members, including fathers themselves. For example, during their work in Uruguay, CEMG professionals noted that ‘semi-change’ was relatively common. Monitoring and evaluation of programmes should include measures to determine if men’s transformation has been supported and achieved.
- **Use a synchronised and comprehensive approach in key sectors, ensuring strong institutional partnerships, to push for effective and sustainable gender norms change across sectors, locations, and audiences.** A holistic and multi-level approach is essential to push for gender equality and transform gender norms in both short and long term programming. Across MenCare’s Latin America partners, programming was developed to address a variety of sectors, including the health, education, security, and social sectors, allowing for a comprehensive and holistic programmatic approach, reinforcing the potential for change at both individual and institutional levels. It is important to engage with sectors that may be considered patriarchal, or particularly challenging, including the security sector, as well as the media.
- **Anticipate resistance (even from obvious allies) when implementing comprehensive strategies to involve men in care giving.** Evidence from several countries indicates that resistance or receptivity can come from unexpected places. In Guatemala, engaging doctors, traditionally seen as allies, proved to be challenging, while the military or police forces – often associated with dominant masculinities and ‘machismo’ – were more receptive than expected. To help overcome resistance, it is important to highlight the benefits of the work (e.g. financial, work load, values), showing the long term advantages that gender norm change can bring to society and to those resistant groups themselves.
- **Make sure to involve governmental organisations, both national and international, to ensure effective and sustainable programming.** Involving governments and institutions both in the health and education sectors allowed for MenCare programming to be promoted in an effective and holistic way, and to affect the public policy agenda. In Brazil, Promundo pursued an ongoing partnership with the Brazilian Ministry of Health, allowing it to lobby more effectively for the extension of paternity leave, and to reach increasingly more health professionals in Program P trainings (including through an online course using a Ministry of Health platform). However, despite successful efforts towards the institutionalisation of its work, MenCare still faces the challenge of sustainability, particularly due to electoral cycles and government changes, which may hinder the progress achieved so far. Involving key decision makers as well as technical and political actors in the development of messages and dissemination of MenCare programming and campaigns is a key ingredient to achieve greater sustainability.
- **Build country wide networks in order to reach wider and different audiences (both in terms of geography and socioeconomic background).** In countries where inequalities are high and territory is extensive, MenCare programming can

unintentionally exclude many people. In order to grapple with these two great challenges, building networks with governmental and non governmental institutions across the country and in different sectors can be important. This was the case in Brazil and in Mexico, where due to the countries' sizes and various forms of inequality, MenCare work still grapples with efficiency in terms of reach. Stronger partnerships and networks need to be built and consolidated in order to effectively expand MenCare's impact in country.

- **Increase public awareness of the role that fathers can play in child development and promote changes in gender and social norms related to caregiving.** It is important to emphasise the value of men's role in caring for children among fathers, mothers, children, service providers, policymakers, and community leaders. Media and communications outreach can help to elevate these messages and highlight the benefits of men's engagement in the lives of their children, for the children, men, and their partners. All MenCare partners used media campaigns in order to reach the general public in an emotive, informative, and engaging way. Other initiatives such as seminars or radio programs were also used and acknowledged as important factors in engaging different audiences that did not participate directly in MenCare programming.
- **Fathers' involvement in care giving can be a key entry point to discuss other issues related to gender inequality.** All partners stated that care giving was a gateway to truly transform gender norms and dynamics within the home. Workshops on fatherhood give the opportunity, for example, to address related issues such as the respect for the mother, violence against women, and the importance of positive and engaged male role models more broadly.

## 4 Conclusions

This study explored the struggle for gender equality in Latin America by analysing the implementation and impact of MenCare in Brazil, Chile, Guatemala, Mexico, Nicaragua, and Uruguay. Each MenCare partner in Latin America sought to adapt a global campaign to its own country. MenCare has been implemented globally since 2011 and is active in more than 35 countries on five continents. Each country partner contributes its own expertise, vision, and priorities to adapt the global MenCare campaign concept and materials to its own specific realities.

MenCare campaigns in Latin America show very clearly how MenCare has been based upon global guidelines, but adapted in the different countries. The greatest commonality among MenCare campaigns in Latin America is their use of the health sector as the main entry point, while also combining other entry points based on the organisations' expertise and background, enabling a more holistic approach. Differences among the campaigns are partly due to the specific context of each country, but mostly to the specificities of each MenCare partner in terms of expertise, work consolidation, funding, and networks, as well as available opportunities. Also, a sense of serendipity and creativity should be highlighted.

A comprehensive approach to involving fathers in care giving, based on research and evaluations, is key for successful programming. All partners stated that their work in caregiving allowed them to introduce several other issues around gender inequality, including violence against women, highlighting fathers' involvement in care giving as an excellent entry point to truly transform gender norms and dynamics in private and public settings. Additionally, including women when involving fathers has proven to be a best practice approach for this process to reach its transformative potential for both genders.



According to all interviewed project representatives, MenCare raised awareness of the need and the benefits of engaging men in care giving and positive fatherhood among the participants: health, education, welfare, and development sector professionals and men themselves. However, despite the impact and success stories, many challenges still lie ahead.

A common trend identified by several of the interviewees was the notion that greater involvement of fathers in care giving may fall short when it comes to true gender transformation. Some representatives of MenCare in Latin America noted that while men who had participated in the workshops had developed more gender equitable relationships, they were still treating care giving or household work as women's responsibility. Care giving or household work must not continue to be perceived as women centred duty, but instead the equal responsibility of both women and men. In this effort, it is important that MenCare partners ensure that men's involvement and engagement in caregiving is not a way for them to gain control and undermine women's caregiving responsibilities, subverting the goal for gender equality. Monitoring and counselling sessions are crucial to make sure transformation is accompanied and achieved.

There is an urgent need to improve the evidence base of the impact of MenCare's work on the ground. None of the countries have a comprehensive evaluation of their work, but all agree that this is a limitation and are developing efforts to assess the impact of MenCare in their countries. For example, all countries are now, even if just recently, monitoring the participation and engagement of fathers. By asking for men's feedback on workshops and other activities, there has been an assessment of the (largely positive) perception of fathers concerning MenCare's work, even if a formal evaluation is still not in place. Representing some movement in the direction of evaluation, earlier this year, results from MenCare's work in the health sector in Guatemala and Nicaragua were published (ECPAT *et al* 2015) highlighting MenCare's impact in those countries. There is still much to be accomplished across several domains, from structural policies concerning paternity leave to subsidised day care, from adequate income for low income families to key leadership action from women's rights groups that push for a greater responsibility of men in care giving. Thus, MenCare can be the platform through which this institutional and grassroots change can take place.

Working with partner organisations around the world at multiple levels to engage individuals, communities, institutions, and policymakers in a holistic and targeted approach on the issue of fatherhood is an entry point for advancing gender equality. Fatherhood, as highlighted by all countries' representatives of MenCare in Latin America, proved to be an excellent gateway to working with fathers on a variety of issues related to gender equality. Men's positive engagement in care giving and in the lives of their partners and children creates a global opportunity for equality: for prevention of violence against women and children; for better maternal, newborn, and child health outcomes; for better communication between partners and more gender equitable relationships at home; and finally, for women's advancement in the workplace.

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## Annex 1 List of participants

<b>Country</b>	<b>Organisation</b>	<b>Name of participant</b>
Brazil	Promundo	Marco Aurélio Martins
Chile	EME/CulturaSalud	Francisco Pancho Aguayo
Mexico	Complices por la Equidad	Benno de Keijzer
Guatemala	ECPAT	María Eugenia Villarreal
Nicaragua	REDMAS/Puntos de Encuentro	Douglas Mendonza
Uruguay	Centro de Estudios sobre Masculinidades y Género	Darío Ibarra

Engendering Men: Evidence on Routes to Gender Equality' (EMERGE) is a two-year project to build an openly accessible basis of evidence, lessons and guidance for working with boys and men to promote gender equality, by early 2016. Supported by the UK Department for International Development (DFID) Leadership for Change Programme, a consortium of the Institute of Development Studies (IDS), Promundo-US and Sonke Gender Justice Network collaborates in reviewing and analysing existing evidence, in documenting lessons from the field and in developing guidance for improved learning, policy and practice.

Institute of Development Studies: [www.ids.ac.uk/](http://www.ids.ac.uk/), Promundo-US: <http://promundoglobal.org/>,  
Sonke Gender Justice: [www.genderjustice.org.za/](http://www.genderjustice.org.za/)

Learn more about EMERGE, our work, our findings and our free resources on: <http://menandboys.ids.ac.uk/>



This publication is available on the Men, Boys and Gender Equality website at:  
<http://menandboys.ids.ac.uk/evidence>