

Engendering Men

A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality

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Engendering Men
Evidence on Routes to Gender Equality

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3 Fatherhood, unpaid care and the care economy

Alexa Hassink with Laura Baringer¹⁴

3.1 Introduction

Over the past 20 years, social and gender norms around fatherhood, caregiving and unpaid work have been shifting. As women's role in the labour force has increased, men in many parts of the world have also begun to play a larger role in care work, be more engaged fathers and believe that they are equally responsible for the care of their children and families. However, there is still much work to be done. Although women now represent 40 per cent of the paid workforce and 50 per cent of the world's food producers (Budlender 2008; OECD 2010; World Bank 2012), an analysis of six countries¹⁵ showed that women are still spending one to three more hours each day on housework and two to ten times as much time on caring for a child or older person than men are (World Bank 2012).

In order to advance gender equality, the burden of care work on women must be alleviated and redistributed equally between men and women. This chapter will provide an overview of some of the broad shifts in unpaid care work and men's caregiving at the international, national, local and individual levels. It will look at successful policy solutions, including parental leave, that regulate the private and public provision of care and the role of institutions in supporting those changes. Finally, it will provide a few programmatic strategies that have been successful in engaging men to shift gender norms around caregiving and balancing the care divide.

3.2 Trends in caregiving and unpaid work

3.2.1 Distribution of care

The provision of care, also referred to as care work, is essential to the wellbeing of men, women, and children. The definition of care work generally includes the care of children and elderly at the household level, care of the sick and disabled in the community, and housework. Care work is most often undervalued, underpaid and disproportionately falls on the shoulders of women, particularly poor women from marginalised racial and ethnic groups (Razavi 2007). Although care work can be paid, the focus of this chapter will be on the burden of unpaid care work and specifically, the care of children within the household.

The unequal distribution of care work often perpetuates deeply ingrained social and gender norms within the home and communities, concepts that are explored further in Chapter One 'Introduction: Framing the evidence and shifting social norms'. It also often limits women's opportunities for education, employment, earning power and participation in political life (Budlender 2007; Esquivel 2013; Razavi 2007). Traditionally, and still in much of the world today, men are most often expected to be the main or sole providers for their families, and women are expected to be responsible for caring for children, the home and their families, supportive and obedient to their husbands. As these norms are taught, adopted and reinforced at an early age, they often become central to male and female identity, making them even more difficult to change (Muñoz Boudet *et al.* 2013). For example, a man may see

¹⁴ Acknowledgements go to Gary Barker, Michael Flood, Julia Hamaus and Ruti Levtoy for their helpful review of and feedback on this chapter, and to Veronica Brown and Tatiana Elghossain for their contributions in the preparation of this chapter.

¹⁵ Countries studied are: Pakistan, Cambodia, South Africa, Bulgaria, Sweden and Italy.

his participation in care work and domestic tasks as undermining his role as the provider and his identity as a 'real man'. Alternatively, some women may resist men's participation in care work as it provides them personal and social capital and power in the domestic sphere – a role that is challenged as men begin to take on these tasks (Hook 2006).

Women are still responsible for most care work. From 1999 to 2011, the Organisation for Economic Co-operation and Development's (OECD) found that women's time spent on unpaid work was almost double that of men's (275 minutes a day compared to 141 minutes a day) (OECD 2014a). However, some recent evidence has shown that progress towards a more equal distribution of care work is being made. Over the past 40 years (from 1965 to 2003), married, employed fathers were found to spend nearly six hours more per week on unpaid care work; however, men's share of unpaid work has not yet achieved equality with women's, as it did not exceed 37 per cent in any of the 20 countries¹⁶ studied (Bianchi *et al.* 2000; Gershuny 2000; Gershuny, Godwin and Jones 1994, cited in Hook 2006). The definitions of spending time with children may vary between men and women, leading to variations in the data. For example, data from a six-country¹⁷ study from the global South found that although only 10 to 31 per cent of women reported that their partners played a daily role in the care of their child, men's reports of their own participation were much higher (ranging from 36 per cent in Chile to 63 per cent in Croatia) (Barker *et al.* 2011). This difference in perception may be due, in part, to the finding that while men are spending time with their children, very few men reported spending time alone with their children. Men cited playing with children as the most common form of caregiving, which women may not define as caring for a child. Women reported that they are most likely to handle the cooking and changing of diapers, and may think that men are contributing when they take over those tasks.

It should be noted that although women represent a significant portion of the paid workforce, they continue to earn less than men overall – discrepancies not fully explained by education, level of experience, or sector of work (World Bank 2012, 2013). Men are more likely to be in positions that are more secure, with better wages, benefits and titles (World Bank 2012), while women are more likely to be in lower paid, part-time positions without many of the same benefits. See Chapter Two on 'Poverty, work and employment' for a further exploration of women's and men's roles in the labour force.

As will be discussed later in this chapter, parents might make pragmatic decisions based on salary, benefits and potential career growth, about who will be the primary caregiver. Thus, the pay gap between men and women may inadvertently justify women continuing to take more responsibility for care work. Additionally, although women's increased participation in the labour force has served to expand paid caregiving services, primarily in developing countries, these services remain undervalued and lower paid than many other types of formal employment (Razavi 2007), contributing to a societal devaluing of care work overall.

3.2.2 Distributing care work at home

Some theories posit that men and women are pragmatic about how they distribute their care hours and aim for equilibrium. It is thought that men and women consider each individual's time spent working and time spent on unpaid work (Hook 2006). Other theories present much more individualistic ideologies, suggesting that the partner with more economic and social leverage, often the man, will bargain away participation in household labour (Hook 2006). Limited recent research has shown that in some developed countries where a woman in a couple has the higher earning power, the couple may make a joint decision for the father to stay at home with the children (Harrington, Van Deusen and Mazar 2012).

¹⁶ Countries studied include: Austria, Australia, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Germany (East and West), Finland, France, Hungary, Italy, Netherlands, Norway, Sweden, United Kingdom, United States, Yugoslavia.

¹⁷ Countries studied include: Rwanda, Chile, Brazil, Mexico, India and Croatia.

Most theories, however, suggest that men and women may be inclined to 'do gender' or live out their perceived gendered expectations at home. Therefore, promoting male's role in caregiving, increasing the value of care work and shifting the association of care work away from 'women's work', is a critical component in norms changing. Men must begin to see care work and engaged fatherhood as part of the male identity. Men and women may even over-compensate for less traditional situations in which women are the main earners, leading to these women taking on even more responsibilities at home, and men, even those unemployed, taking on fewer tasks (Hook 2006). In turn, this can lead to women reinforcing gender norms, as opposed to women encouraging, supporting and reinforcing male engagement in care work. Further research in this area, focusing particularly on the developing country context, is necessary to better understand the factors associated with decisions around the sharing of caregiving responsibilities and potential programmatic solutions.

3.2.3 The impact of gender norms on care work

Gender norms continue to strongly influence the unequal care work burden on women (Barker *et al.* 2011) and greater gender-equitable attitudes have been correlated with men's greater involvement in caregiving (Kato-Wallace *et al.* 2014). Men who are more supportive of gender equality tend to be younger, have higher levels of education, and live in urban areas (Barker *et al.* 2011; United Nations Division for Social Policy and Development 2011).

A five-country (Brazil, Chile, India, Mexico and South Africa) qualitative study of men involved in non-traditional forms of care work explored men's motivations for taking on caregiving roles (Barker *et al.* 2012). Interestingly, most men involved in caregiving at the family level pointed to life circumstances, including separation and divorce, death of caregiving partners, or chronic health conditions or disabilities on the part of the caregiving partners or of another family member as a reason for their uptake of care work. Some men cited seeing their fathers perform care work as a motivating factor, as well as receiving ongoing support from their partners for doing this work. Men noted a diversity of responses to their roles as caregivers including acceptance, feelings of value and importance of their contributions, as well as, in some cases, loneliness and depression. Overall, the study found that men who took on caregiving found that it was beneficial to their families, could perceive that benefit in a short time, but did not find a sense of identity in doing the care work.

The study's findings suggest the importance of broader norm change – through policies, mass media campaigns, and actions within social institutions – to promote, and highlight men's caregiving. For example, a MenCare¹⁸ Fatherhood Support Programme in Turkey run by the Mother Child Education Foundation (ACEV) worked with fathers to raise awareness about improving communication and child development. Fathers who participated in the programme said they spent more time with their children and according to the mothers became more involved in housework and parenting (McAllister *et al.* 2012)

Some preliminary research has begun to build the evidence base that men's involvement as fathers can lead to improved physical and mental health (Dykstra and Keizer 2009), and that men who play a greater role in caregiving have deeper connections with their children and partners (Barker *et al.* 2012). In the global North, research has shown that when fathers are prepared, even minimally, women's post-partum experiences are improved and can even help compensate for poor-quality obstetric services. Engaged fathers can also help support breastfeeding through helping with housework and other areas of infant care. See Chapter

¹⁸ MenCare promotes men's involvement as equitable, non-violent fathers and caregivers in order to achieve family wellbeing, gender equality, and better health for mothers, fathers, and children. MenCare operates at multiple levels: through media and communications tools that portray positive messages about fatherhood and equality, group education with fathers and couples, training of health and service providers, and advocacy with health and social service systems, local and national governments, and the international community. MenCare is active in more than 25 countries on five continents.

Six on 'Health and wellbeing' for a deeper exploration into the gendered dimensions of men's health.

Additionally, among children, engaged and positive father involvement can lead to better peer relationships, non-traditional attitudes to earning and childcare, higher self-esteem and fewer behavioural problems, including less substance abuse (Burgess 2008). Also of note, women whose partners participate in daily care work report higher levels of relationship and sexual satisfaction (Barker *et al.* 2011). Additional research to examine fatherhood in a diversity of countries and cultures would provide a more comprehensive picture of the psychological impact of active and engaged fatherhood on males and families.

Recent research suggests that increased gender-equitable attitudes in the home have repeated, positive effects on future generations. Men with more highly educated mothers are more likely to have a greater involvement in caregiving later on (Kato-Wallace *et al.* 2014). As mentioned above, men are also more likely to take on an equal share of the caregiving at home when they grow up seeing their fathers participating in these tasks (Barker *et al.* 2011). Conversely, when women do not engage in work outside of the home, their daughters are also less likely to do so and their sons are less likely to marry women in the workforce (World Bank 2012). Additionally, some evidence does suggest that individuals who hold more gender-equitable attitudes as a result of their socialisation, will be more likely to distribute the unpaid work more equally. This idea of gender socialisation has been taken up by many, suggesting a generational shift of increased acceptance of shared distribution of paid and unpaid labour, as new generations of children are coming of age seeing women's greater participation outside of the home (Hook 2006).

3.2.4 The care economy

Estimates of domestic and unpaid care work range from 10 per cent to more than 50 per cent of a country's gross domestic product (GDP) (Sepulveda Carmona 2013). Although other forms of unpaid work, such as agricultural labouring and family employment are included, 'the care economy' is largely absent from economic calculations. An analysis of 26 OECD countries estimates that between one-third and half of valuable unpaid economic activity is not accounted for by GDP or by other traditional measures of estimating wellbeing (Miranda 2011). Even as unpaid care work is more widely recognised as producing value it continues to be excluded from GDP. The pervasive undervaluing of care work not only reinforces the gendered divide, but also adds stress to caregivers, results in lower earnings, less recognition and more dependence; it also decreases the quality of care and increases the vulnerability of those receiving it (Sepulveda Carmona 2013). Including care work in national and global economic data is critical to ensuring care work is valued both in the home and community and at the policy level. This recognition is an essential component to equalising the care burden and enabling more women to participate outside the home.

A challenge to including care work in GDP is that care work can be extremely challenging to quantify, collect data on, and interpret. At times it includes the narrower definition of caring solely for individuals. At other times, it encompasses the domestic and household work so intricately connected and overlapping with care for children, the sick, elderly, or disabled such as providing for health care or shopping to provide for the needs of those being cared for (Budlender 2007). In order to enable care work to be included in estimates of productivity and GDP, it is critical to develop standard definitions and expand the use of comparable, reliable, time use data. Including care work in GDP, thus increasing GDP for all countries, would upend current understanding of historical trends (Budlender 2007; Chopra, Kelbert and Iyer 2013).

While this may require some additional analysis when comparing GDP over time, it is not a sufficient reason to exclude care work from GDP. Without a care work estimate included in GDP calculations, the true wellbeing of a country's population cannot be fully captured, and there will be little political motivation to develop and ensure policies and programmes that

support the equitable distribution of care work moving forward (Budlender 2007; Miranda 2011).

3.3 International attention, policies, and the role of institutions in encouraging men's caregiving

Over the past 20 years, the issue of unequal distribution of care work has attained more global attention and been mentioned in many international agreements, with notable, but insufficient progress being made within the international policy community. The 1994 International Conference on Population and Development's (ICPD) Programme of Action recognised the essential nature of partnership between men and women, including the co-responsibility of care, in productive and reproductive life (United Nations 2014). In 1995, the Beijing Declaration and Platform for Action first addressed the need to take on the inequitable distribution of paid and unpaid work between men and women, in order to achieve gender equality (Sepulveda Carmona 2013).

In recent years, international institutions have continued to highlight the unequal burden of care. For example, in 2004 the Commission on the Status of Women (CSW) encouraged governments to adopt and implement policies that would close the male–female gap in parental leave and working arrangements, in order to encourage men to more fully participate in the care and support of others, particularly children (Barker 2011). Later, in 2009 the CSW selected 'the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS' as a priority theme. The 2013 World Development Report on Jobs stated that the shortage of care services hinders women's participation in the labour force, and recommended providing or subsidising childcare as a public service (Esquivel 2013). Additionally, International Labour Organization (ILO) Conventions as well as various international human rights treaties¹⁹ establish obligations meant to urge states to address the issue of unpaid care (Sepulveda Carmona 2013).

Among countries surveyed in a 2014 20-year follow-up to the 1994 ICPD Programme of Action (ICPD Programme of Action Beyond 2014), roughly two-thirds of countries reported having 'engaged men and boys to promote male participation [and] equal sharing of responsibilities such as care work' in the previous five years. This approach was most prioritised in 81 per cent of the higher-income OECD members compared to lower- and middle-income OECD countries, and high-income non-OECD countries, which ranged between 57 and 69 per cent (United Nations 2014). The report did not note regional differences, and additional research is needed to understand the driving factors influencing this prioritisation as well as the success of these efforts. Although the international community has increased its recognition of the unequal burden of care, further advocacy and change on the international policy level are needed.

Increasing men's role in caregiving has seldom been part of the global gender equality or the early childhood agenda and is addressed even less frequently in government policies. In fact, a recent analysis found that the topic of unpaid care is generally invisible in policies across sectors related to early childhood development in 142 countries and social protection sectors in 53 countries. In cases when it is acknowledged, little is known about the process or influencing factors for how unpaid care has been successfully integrated into these policies (Chopra *et al.* 2013). Even when unpaid care work is mentioned, such as in recent campaigns by ActionAid, the belief that men would actually do more of the care work is virtually absent.

¹⁹ Treaties include: (1) International Covenant on Economic, Social and Cultural Rights (ICESCR); (2) The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); (3) The International Covenant on Civil and Political Rights (ICCPR); (4) The Convention on the Rights of the Child; and (5) The Convention on the Rights of Persons with Disabilities.

The way in which countries, as well as the international community, choose to address care work can either serve to expand the choices and capabilities of both women and men or to reinforce traditional norms, and further confine women to caregiving spaces (Razavi 2007). Much of the focus has been on providing economic and social value to women's care work, which, by describing it as women's work, may serve to reinforce existing norms. An analysis from the multi-country IMAGES²⁰ study found that men who described atypical caregiving activities affirmed that their social networks and their society in general do not value care work, regardless of whether it is carried out by a man or woman (Barker 2014). Therefore, creating clear and nationally and internationally recognised economic and social value for care work should be an international priority.

Strategic public policies adopted by governments and the workplace are essential for the encouragement of men's participation in caregiving. Potential policy solutions to reduce the burden of care, including those with monetary or social security benefits, include tax allowances, tax subsidies, or payments to caregivers, and the provision of social services and social security credits to caregivers (Razavi 2007). These caregiver credits, credits provided to individuals for time spent out of the workforce while caring for children or elderly relatives, for example, are near universal in public pension systems in much of the European Union and high-income OECD countries. They were designed, in part, to emphasise the importance of family-friendly policies (Jankowski 2011; Razavi 2007), and to improve benefits for women who leave the labour force to care for others. Childcare services, which are also a priority of European countries, and employment measures such as parental leave, sick leave, flexitime, reduced working hours, and encouraging women's workplace participation have all been employed to reduce the burden of care, and are explored further below (Jankowski 2011).

It is important to note, however, that while many policies may be designed to reduce the burden of unpaid care, not all – in fact very few, if any – are explicitly designed to increase men's uptake of caregiving responsibilities. For example, only about a quarter (25 out of 107) of social protection policies analysed across 53 countries and about 15 per cent (41 out of 270) of early childhood development policies across 142 countries expressed intent to address unpaid care. Most of the analysed social protection policies focused on transferring responsibilities from individuals to the state, rather than between women and men (Chopra *et al.* 2013).

3.3.1 Workplace policies and parental leave

One strategy that has received increased national and global attention over the past 20 years is the provision of paternity leave – or employment-protected leave for a father after the birth of his child. Paternity leave provides men with an opportunity for the uptake of family responsibilities and early bonding with their children – which are directly related to positive impacts on child development, while serving to reduce the association of women as primary caregivers (ILO 2014; OECD 2014b). Furthermore, men's uptake of paternity leave may also increase their partner's earnings. A recent Swedish study found that for every additional month a father takes leave, the mother's earnings increase approximately 7 per cent (Johansson 2010).

While the provision of paternity leave alone will not achieve full gender equality, it is one of the strongest statements in support of fatherhood that a government or institution can make. It affirms the value of unpaid care work, and more specifically, supports men's participation in unpaid care work (Promundo and Sonke Gender Justice Network 2014). However, many institutions have not caught up: at the workplace level, for example, a 2013 nationwide

²⁰ The International Men and Gender Equality Survey (IMAGES) is a comprehensive household questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women aged 18–59 in Brazil, Chile, Croatia, India, Mexico and Rwanda.

survey found that only 15 per cent of over 500 US organisations offered paid paternity leave (Society for Human Resource Management 2013). Globally, 79 countries have paternity leave provisions (up from 40 countries in 1994) with the majority offering between one and six days (Addati, Cassirer and Gilchrist 2014; ILO 2014). Paternity leave in OECD countries ranged from less than a week in Greece, Korea and Netherlands, to up to 26 weeks in Luxembourg. By contrast in 2013, the average maternity leave in OECD countries was 18 weeks, ranging from no time offered in the US to 52 weeks in the UK (OECD 2014b).

According to the International Labour Organization, paternity leave is paid in 71 out of the 79 countries with paternity leave entitlement (including 29 in Africa, 13 in Latin America and the Caribbean, seven in Asia, five in Eastern Europe and Central Asia, and two in the Middle East) (ILO 2014). In 46 (58 per cent) of those countries where leave is paid, primarily in Africa, leave is an employer liability, and in 22 countries (28 per cent), primarily among developed countries, paid leave is provided through social security (ILO 2014). By supplementing governmental leave benefits or providing at least two weeks of paid leave, employers can play a large role in shifting norms around paternity leave.

It is important that states and workplaces offer access to paid parental leave, intended for both mothers and fathers and available for both biological and adoptive parents. Maternity leave as a standalone policy often reinforces traditional caregiving dynamics, taking women away from the workplace, and, in the case of long-term leave, potentially entrenching them in the home indefinitely (Hook 2006). Paternity leave as a companion to maternity leave is critical to addressing the gendered assumption that women should be the primary caregivers of their young children (Hook 2006). While many countries offer paternity leave, men's uptake of parental leave can be limited by the length of parental leave available, men's eligibility to take leave, and the social and structural encouragement to take leave (Hook 2006). Policy measures to improve men's uptake rates and overall share of parental leave include: adequate compensation during leave (recommended to be at least 50 per cent of income), allocating portions of leave as individual and non-transferable, and increasing the flexibility with which leave can be taken (ILO 2014). Additionally, supportive workplaces, which actively value fathers' involvement in family responsibilities, are an essential key to men's uptake of leave (ILO 2014).

Only three countries (Chile, Portugal and Italy) currently offer compulsory paternity leave, of varying lengths, helping to ensure men's participation in childcare (ILO 2014). A few countries, such as Sweden, Iceland and Norway, in an effort to pursue gender equality, have taken on a 'father quota' or 'father bonus' by offering non-transferable leave, exclusive to fathers with a policy of 'use-it-or-lose it' (OECD 2014b). In these countries, fathers' uptake of parental leave is far higher than in countries without this policy (for example, 90 per cent of fathers in Sweden take leave vs 24 per cent in Denmark) (Moss 2014). Non-transferable parental leave policies can accompany broader social changes in the acceptance and valuing of men's caregiving, and have the capacity to truly change and impact gendered assumptions around caregiving (World Bank 2012).

Restricting maximum working hours is another workplace policy that can address the unequal burden of care work. Restricting weekly or daily working hours, and increasing vacation time and overtime compensation can create an environment more conducive to caregiving for the primary breadwinner (most often the male partner). These institutional policies can free up time to spend on childcare and domestic tasks, although they are not necessarily an indication that additional time will lead to an increase in caregiving (Hook 2006). Additionally, it should be noted that these policies are targeted to affect large-scale institutional change in formal working environments. They do not often have the desired impact on those operating in the informal market or in unsecure forms of employment.

Generally, when a large proportion of a population works in the informal sector, low pay, lack of social protections, and poor working conditions are common occurrences, and traditional

policies that encourage the relief or redistribution of care may not apply. In 2013, vulnerable employment – which includes jobs that are made of contributing family workers and own-account workers, rather than those who are salaried or wage earners – comprised 56 per cent of the total employment in developing regions, and about 10 per cent in developed regions, with women more likely to hold jobs that are less secure (Too-Kong 2014; United Nations 2014).

Increasing subsidised childcare in countries with large vulnerable and informal work sectors could enable women who are responsible for the majority of care work to work longer or more predictable hours, thereby increasing their access to the formal work sector. Additional complementary policies could include longer school hours or a later start to the school day (World Bank 2012). While subsidised childcare can facilitate women's workforce participation and reduce the care work burden on women's time, it can also promote the appearance that men have less of an obligation to take on more of the childcare at home; therefore, it may not ultimately promote men's active engagement in caregiving (Hook 2006).

It is critical to note that it may not be appropriate to promote paternity leave policies in all countries. When recommending policies or programmatic solutions aimed towards equalising the caregiving burden, it is critical to first take into account individual country contexts. Paternity leave may be most appropriate for countries with a large formal economic sector, such as most middle-income countries. In countries with a large percentage of workers in the informal sector, for example subsistence agriculture, formal paternity leave or regulated workplace policies may not be possible. Other approaches, such as cash transfers when a child is born or fatherhood interventions outlined below, may be more effective in promoting greater participation by men in care work.

3.3.2 Policy recommendations

- *Advocate for international and local policies that support fathers and mothers in equal caregiving:* Work within the country-specific context to advocate for appropriate workplace or parental leave policies and fatherhood programmes that promote equal caregiving for fathers and mothers.
- *Support employers in establishing realistic and flexible practices:* Where appropriate, work with employers to offer paid flexible, non-transferable paternity and maternity leave (including for adoptive parents and same-sex couples). Where state-subsidised childcare is not available, encourage workplaces to support low-cost childcare.
- *Institutionalise the building of parenting skills of men and boys:* A marked shift in attitudes about fatherhood has occurred between the older and younger generations, but this needs to be reinforced. In addition to encouraging fatherhood classes at the workplace, countries should work to integrate fatherhood classes in health centres, community centres and throughout communities.

3.4 Role of men and boys in interventions and approaches that encourage men's caregiving

Implementing more progressive policies that encourage and support men's role as care workers on the governmental and institutional levels, such as paternity leave, are critical. Equally critical is the development of locally driven public awareness and educational campaigns and programmes designed to change men's attitudes around traditional gender norms (Ricardo 2014). Publicly supported courses to prepare men for fatherhood and engage men in reflections around harmful gender norms can help men see how participating in care work can benefit their partners, children and themselves. These can also help address any insecurities or feelings of unpreparedness men may have (Ricardo 2014). Programmes can and should also target younger men, before they become fathers, to promote the development of alternative versions of masculinity and perceptions of care work from a young age (Barker 2008).

Educational programmes and campaigns have been successfully implemented across the world. Below is an overview of programmes that have been implemented in a variety of different contexts. MenCare+ is a four-country project coordinated by Promundo and Rutgers WPF that works at multiple levels to combine health provider training with group education for young men and women, fathers and their partners on a variety of topics including gender equality, caregiving, sexual and reproductive health, maternal and child health, and community campaigns. As further described in Box 3.1, it works to increase men's involvement in unpaid care, as well as their role as advocates in their own health and the health of their partners and children.

Box 3.1 MenCare: A global fatherhood campaign

MenCare is a global fatherhood campaign. Its mission is to promote men's involvement as equitable, responsive and non-violent fathers and caregivers in order to promote children's, women's and men's wellbeing. Through media, programme development and advocacy, MenCare works at multiple levels to engage men as caregivers and as fathers, as programme participants in fathers' groups and couples education, and as community mobilisers who push for progressive family legislation. MenCare also serves as a platform for institutions to recognise the engagement of men as caregivers as a key dimension of gender equality. The campaign was founded in November 2011, and is now active in 25 countries, on five continents, coordinated by Promundo and Sonke Gender Justice. Over the past two years, MenCare partners have taken on local fathers' groups, and are advocating for family-friendly policies.

Through a four-country programme entitled MenCare+, 'Program P: A Manual for Engaging Men in Fatherhood, Caregiving and Maternal and Child Health', is being adapted to reach fathers through healthcare settings. Along with local implementing partners, these programmes aim to increase sexual and reproductive health and rights (SRHR) and maternal and child health (MCH) knowledge and positive decision-making among young people, fathers and couples, preventing gender-based violence (GBV), as well as increasing use of contraceptives by young men and couples. Simultaneously, MenCare+ intends to improve SRH service provision that engages young men and women in SRH and fathers in MCH, while promoting policy change around engaging men in SRHR and MCH through advocacy and partnership-building via the MenCare campaign. Throughout these activities, partners highlight the need for fatherhood engagement strategies to think beyond men's token participation in the home, and instead use it as an entry point for larger gender transformation.

Working within the public health systems in Brazil, Indonesia, Rwanda and South Africa, country partners have launched multiple levels of activities, including training healthcare workers to recognise and support men's positive roles in their partners' health; facilitating conversations with young men and women about sexual health and gender roles; running group counselling sessions with men, to help prevent future violence against female partners; and launching community-wide campaigns (www.men-care.org).

The United Nations Population Fund's (UNFPA) *Ecole de Maris* (Schools for Husbands) initiative in Niger, described in Box 3.2, is another notable example of engaging men as caregivers through participation in community groups that identify obstacles to the health of their partners and children (UNFPA n.d.).

Importantly, men's caregiving may also be promoted through other programmatic entry points, such as women's economic empowerment. Most livelihood and economic empowerment initiatives in the global South, importantly, focus on women; however, in most cases, household decision-making is still dominated by men (Promundo and CARE International in Rwanda 2012). In order for these programmes to be successful in achieving economic empowerment for women, they should challenge the gendered distribution of care as well as power dynamics related to decision-making, including how monetary gains are spent. As described in Box 3.3, CARE International and Promundo partnered in Rwanda to address these issues through developing the resource *Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment*.

Box 3.2 *Ecole de Maris (Schools for Husbands), Niger*

Ecole de Maris is a UNFPA Niger initiative that began in 2008 with the goal of improving women's reproductive health and reducing maternal mortality through involving men in health promotion. The schools are informal and provide a forum for men to discuss relevant health issues in their communities and develop action plans. Schools are comprised of husbands, over the age of 25, who are accepting of women's participation in community life and willing and able to become role models within their communities.

The Husbands' Schools have had a positive impact on reproductive and maternal health indicators. For example, in two sites, the percentage of safe deliveries doubled from 2008 to 2009. Additionally, schools have led to important community action such as the building of latrines and additional exam rooms in health facilities (UNFPA n.d.).

Box 3.3 Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment, Rwanda

CARE International and Promundo partnered in Rwanda to design *Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment*, to thoughtfully involve men in women's economic empowerment, and to improve programmatic outcomes and household dynamics.

Partners of female participants in Village Savings and Loan (VSL) programmes were then given companion training on: (1) business skills, information about the VSL programme, and income-generation planning and activities, including sessions that focus on negotiation and decision-making patterns between men and women; (2) health and wellbeing, including practical information about general health, reproductive health, sexuality, alcohol consumption, and strategies for coping with stress; (3) gender-based violence laws and policies promoting gender equality in Rwanda.

This training intervention was implemented with a very limited experimental group, consisting of 30 female beneficiaries of the VSL programme. Husbands of these women were engaged in 16 weekly group education sessions, while a comparison group continued VSL training and issuing loans for women without the engagement of their partners.

The families of men who participated in the intervention group saw a significantly higher gain in income compared to families of men who did not participate. Additionally, some men became more supportive of family planning and many became more involved with childcare activities – changes that were not seen in the comparison group (where the VSL was carried out without engaging the male partners of women participants) (Promundo and CARE International in Rwanda 2012).

Another promising intervention, CARE's Pathways to Secure Livelihood Program (Pathways), is being implemented in selected regions in six countries (Bangladesh, India, Malawi, Tanzania, Mali and Ghana). Pathways aims to increase the productivity and empowerment of women farmers in more equitable agriculture systems at scale (CARE 2013). To holistically advance women's empowerment and sustainable agriculture, CARE highlighted and incorporated strategies to engage men, boys, and other power-holders, creating the CARE Farmer Field and Business School (FFBS) methodology, which includes training modules to create awareness on workload burden/time-use, access to and ownership of resources, gender-based violence, household decision-making and power analysis among other issues.

3.4.1 Programmatic recommendations for interventions:

- *Involve fathers in interventions from the prenatal period:* Programmes should work with fathers even before their first child is born. Working with fathers early on can be critical to establishing high levels of future involvement. Research in the global North finds that men who are more involved during pregnancy are more likely to be involved in infant caretaking, which can lead to developing a quicker bond with infants and greater enjoyment of fatherhood overall (Burgess 2008).

- *Create safe spaces that facilitate open dialogue:* Gender-transformative group education interventions that encourage men and women to question rigid norms, and to do so in couple, group and same-sex or mixed-sex settings have consistently shown changes in attitudes and some in behaviour in rigorous evaluations (Barker, Ricardo and Nascimento 2007).
- *Sessions should include interactive activities that can help internalise new behaviours:* Including interactive programme activities, such as role plays, can facilitate dialogue and provide space for participants to rehearse and internalise new behaviours (Promundo, CulturaSalud and Child Health 2013).
- *Conduct pilot research to engage men in existing programmes:* Many countries, particularly those in the global South, have large-scale health programmes that target women (including, but not limited to, prevention of mother to child transmission, maternal health and child survival programmes). Working with these programmes to pilot initiatives that engage men can be an effective way to develop new and diverse programmes (McAllister *et al.* 2012).

3.5 Conclusion

Without a 'radical redistribution of care work', achieving political, social and economic equality for women and men may not be possible (Barker 2014). Research from around the world confirms the importance of men's roles as caregivers in achieving positive outcomes for women's empowerment and children's rights and development. Much work remains to elevate men's participation to 50 per cent of the care work burden. The unequal distribution can hinder a woman's ability to fully participate in social, economic and political life, as well as increase her vulnerability to poverty, and reduce opportunities for education.

Change must happen at all levels to avoid further contributing to the denial of caregivers' human rights to health, education and access to participation in the labour market. It is the responsibility of the state, institution and workplace to address this unequal distribution of care. Without a considerable and continued shift in the global perception of women's and men's expected roles in unpaid labour, women will continue to shoulder a double burden for both paid and unpaid responsibilities, and will not achieve full equality in social, economic or political life.

3.5.1 Recommendations for action

- The unequal burden of care work must be addressed on a large scale across multiple levels to ensure that unpaid care work is valued for its social and economic contributions and redistributed equitably among men and women. This includes integrating care work into national economic indicators, such as GDP, and beginning to standardise and start a long-term application of time-use surveys across countries.
- Governments and institutions should implement policies that seek to engage men directly in caregiving and create systemic shifts in the care work dynamic, including paid, non-transferable paternity leave, as well as other policies that apply more explicitly to informal work economies, such as the provision of childcare, or implementation of restrictions on working hours. (See specific policy recommendations in Section 3.3).
- Parenting programmes, as well as livelihood, health and other sector programmes should engage fathers, as well as mothers, in shifting traditional gender norms around care work. New interventions should be pilot-tested [before scale-up]. (See specific programmatic recommendations in Section 3.4).

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