



Sexuality and
Reproductive Health

Author:



**Fatherhood
and Caregiving**



From Violence to
Peaceful Coexistence



Reasons and
Emotions

Preventing and
Living with HIV/AIDS

Section 2



project

MODULE 1



What and Why

Author:

FATHERHOOD
AND CAREGIVING



 **OVERVIEW**

This module presents a series of reflections based on a review of the literature, direct program experiences and group discussions on the issue of men's participation in caregiving. This reflection focuses on men's socialization and uses a gender perspective. While we widely discuss fatherhood and taking care of children, this is not the only issue within caregiving. Furthermore, this section of the manual is not intended to be a

"how-to" manual for young fathers; neither should it be seen as an attempt to promote the "joys" of adolescent fatherhood. Rather, what we propose to do is to reflect in a thoughtful way on caregiving in the context of gender relations. By questioning the assumption that men are not concerned with caregiving, and do not know how to provide care, this manual invites the reader to listen to how young men themselves define caregiving and the place it has, and should have, in their daily lives.

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Why Talk about Fatherhood and Care with Young Men?

In various countries in Latin America, the conception and raising of the children are still experiences attributed to women, with the father having a relatively limited presence. As we saw in the section on sexuality and reproductive health, little is asked of young men about their participation, responsibility and their desires in the reproduction process. On the other hand, many recent studies have shown the importance and the need for men's participation in child care, as well as the desire of some young men to take part to a greater extent in domestic decisions and chores.¹

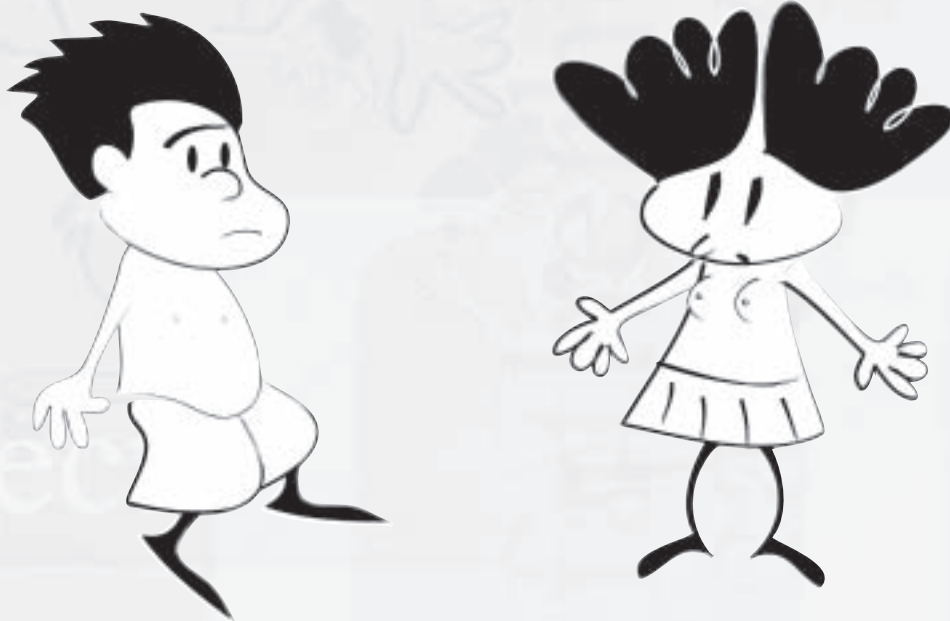
As highlighted in the previous section, we know that men (and women) are brought up from an early age to respond to pre-determined (and mutually exclusive) models of what it means to be a man and to be a woman². These models vary, of course, over time, as well as across cultures. However,

in general, we see that gender socialization is guided by looking at the differences (being a man is different from being a woman!) and by inequality (being a man is better than being a woman!). This assertion is of course not new. In fact, this has been one of the great legacies of the feminist movement and of gender studies: recognizing that the social construction of gender matters a great deal more than biological differences.

In the context of child care, these gender models manifest themselves in various ways. For example, to be a woman is mainly about affection and connection. We often speak about a mother's love as a maternal instinct, a supposedly innate characteristic which guides maternal daily practice, and which is generally defined as gratifying in and of itself (being a mother is suffering in paradise!, as a common Brazilian expression goes).

Being a man, in contrast, is to succeed in the financial and economic sphere. A man must assume fatherhood and financial responsibility for the home or, as we often hear, "he must make sure that there is nothing lacking at home." In this respect, men are generally seen in our society as incapable of performing child care and, to some extent, culturally authorized not to participate in it. In short, the woman provides care, the man provides.³ Thus, even when a man wants to play an active role in terms of child care, social institutions – ranging from the family, school, work, health facilities, NGOs and military to society in general – deny him this possibility.⁴

From a broader viewpoint, we can see that this assumed "incapacity" for child care extends to (or has its origins in) other areas of daily life, as men often are seen (including by themselves) as being incapable of caring for a sick person, things around them, a child, the home and themselves and their own bodies.



How the Medical Sciences Originally Viewed sex Differences

Recently a number of researchers have come to the conclusion that the very recognition of the morphological differences between the male and female body is a historically dated construction. Until the end of the 18th century, doctors and the practice of medicine used to recognize the existence of only one sex: the male. The woman was the inferior representative of this sex, because she supposedly did not possess sufficient vital heat to attain the perfection of the male. The sexual hierarchy went from the woman up to the man. Nature was thought to have made

the woman without the same vital heat as the man, so that she could receive the sperm and the fertilized eggs without destroying them. Thus, the supposed coldness of the woman was considered necessary for reproduction, that is to say, if the woman were as hot as the man, the embryo might be dissolved. In matters of sex, the male reproductive organs were used exclusively as a reference. The female reproductive organs were seen as an internalized representation of the male. In other words, the woman was thought to be an inverted man.⁵

What is Care-giving?

The term “caring or care” is used in a variety of situations with different meanings. In the fields of Psychology, Sociology of Education, Social Services, Child Development, Philosophy and Nursing, among others, the term care is associated with the provision of personal services to others.⁶ Many other terms could have been chosen to define what we call “care” in this manual. Some people might prefer to use the word cooperation, others might call it link/tie/bond/attachment; others might even call it love, empathy, protection, affection, commitment or responsibility⁷, but perhaps none of these would be able to express the complete meaning of this type of relationship. Irrespective of the term used, what we are talking about is a kind of interaction of a person with the world around him/her, including objects, plants, animals and particularly other human beings. This also includes self-care. This caring relationship or attitude is often defined in our culture as a “female” attribute or characteristic, and from whose domain men, from an early age, are encouraged to exclude themselves.

The Concept of Care-giving

Caregiving as a topic of research emerged simultaneously:

- ✎ In Psychology, from feminist studies on the construction of femininity, in which it is argued that the personality of the woman is constructed, from an early age, on the basis of ideas of relationship, connection and caring, which leads women to feel responsible for maintaining social relations and for providing services to others, central characteristics of the current notions of femininity; and
- ✎ In Sociology, with research on the unpaid work of women in the home, or concerning types of services provided by women to individuals who are disabled or elderly.⁸





Do Men Care for Themselves?

Wherever the setting, the story is often the same: boys are encouraged to defend themselves and fight back, to pick themselves up at once when they fall off a bicycle (preferably without crying!), to climb back up a tree after they have fallen and to be brave and bold. Generally speaking, men are socialized from an early age to respond to social expectations in a pro-active way, where risk is not something to be avoided and prevented, but to be confronted and overcome, on a daily basis. The idea of self-care is displaced by a self-destructive lifestyle, where risk is valued over security.

In adolescence and adulthood, these attitudes take on alarming overtones. Men are often reluctant to recognize a health problem and seek assistance. Such reluctance has created, for example, complex problems in terms of the spread of HIV/AIDS, as we saw in section 1 and as we will see again in section 5. Studies from Africa and Asia, as well as in other parts of the world show that HIV-infected men, in general, draw less support from each other and ask for help from the family and friends less frequently than women.⁹ Men are also less likely to provide care for other HIV-infected individuals, whether in intimate or family relationships.

As we will see in section 4 (Reasons and Emotions) and in section 3 (Violence), it is not by chance that men have occupied historically the unenviable first place in various different leagues of statistics: number one in homicides, the highest rates of suicide, death by accident, particularly involving vehicles, alcoholic drinks and substance use, highest number of thefts and assaults and, as a result, the highest rate of incarceration, in addition to being the major perpetrators of physical aggression in domestic or public spheres. These statistics show a constant pattern: the lower life expectancy of men in relation to women and higher mortality rates. Moreover, analyzing the mortality differential according to sex and age, one can clearly see a higher rate of mortality for males, due to external causes, in all the age groups, particularly among adolescents.

Do Women Care for Themselves More than Men?

In our society, caring (for children, sick people, the elderly etc.) is viewed as a “woman’s business”. The “art of caring” appears almost as a natural condition of being a woman: “Being a woman means being good at caring for people.” However, in many parts of the world, we are seeing more men carrying out tasks associated with child care, either inside the home or in institutions (kindergartens, infant schools, nurseries, etc.).

As previously noted, studies carried out in the Dominican Republic and Mexico have highlighted the fact that women who are HIV-positive sometimes go back to their parents’ home because there is little likelihood that their husbands will give them adequate attention. Moreover, similar studies in African countries show that families are more willing to devote an important part of their time to a male member of the family with HIV/AIDS than a female member.¹⁰

This lack of men’s involvement in many caregiving tasks means that women carry a double burden, particularly those who are trying to find a place in the labor market and who at times can not accept a certain job because they have to take care of the children or other relatives and friends. Many women face what is often called a “double workshift,” so as not to be labeled as “negligent mothers.” They also are encouraged to be super-Moms, often having been told that after their child is born they are expected to achieve, in a flash, an instant bonding with the infant, and develop a

receptive ear for the child's crying and a nose that is not bothered in the least by the odor of feces, etc.¹¹

The father, on the other hand, after his role in conception, finds a gaping hole in his role in the process, recovering some space only when the child reaches pre-school age. In nursery schools and kindergartens the situation is even more complicated, with the

presence of a man often generating concern and anxiety, out of fear that he might sexually abuse the children or might have sexual problems or be a sexual deviant. Thus, the figure of the "caring man" is often associated with the image of an "effeminate" person or an "abuser." Those men who want to share these tasks often find little space to do so, or inevitably have to put up with comments like "at times like this, men only get in the way."¹²



Can a Man Learn to Be Caring?

Frequently we do not realize that caring is a skill that is learned in the course of life. From childhood on, women practice and learn caregiving. From an early age, girls are encouraged, for example, to play with dolls, exercising what supposedly lies ahead for them: domestic life. When a boy decides to play with domestic things, he is generally met with ridicule and censure. For girls, we teach that health care is important and that a "good girl" is always neat and tidy (not necessarily for herself, but nearly always for the "consumption" of others). For boys, we teach that it is important to be strong and virile, not to cry and to be ready to overcome obstacles and face risks. A friend, for example, told us that on one occasion, his father put him in an

empty box and closed the lid, so the boy would have to force his way out. When the boy finally managed to raise the lid, he was all alone on the roof of the house. The father had put him on the roof and was shouting from down below: "Now get down! Are you a man or not?!" We know of many cases where, when a boy starts to play "girl's games," the parents buy guns or similar toys, treating him in a rough-and-tumble way, saying that this is for his own good: "To teach him to be a man!"¹³ In sum, in the same way that men learn not to be caring or not to care for others, they can also learn caring. For this to happen, it is key that we – as teachers, health educators, youth workers and parents – provide opportunities for this experience.



Men, Children, Caring and AIDS

Studies carried out in different countries in America, Asia, Africa and Australia show that men are generally less involved than women in caring for children, particularly in the first 3 years of a child's life, when feeding, hygiene and health in general are basic concerns. As a recent UNAIDS document warns, it is important to remem-

ber that at the end of the year 2000, there were about 13 million children orphaned by HIV/AIDS who will require the help of adults to grow and develop. The great majority of these children receive care from women, relatives or neighbors, although some groups of orphans are under the guardianship of men.¹⁴

If Men Cared More for the Children, Would the Situation be Different?

In practice, socialization also takes place through imitation and at a more elaborate level, through identifying with peers and adults. Thus, it is important to consider that if boys interact with adult men (fathers, uncles, family friends, etc.) in a caregiving situation, they will likely view men's caregiving as part of the male role. They may also be encouraged to question/deconstruct gender inequality in the home. In other words, the greater participation of men in caring for their children may have a dynamic impact on gender relations, insofar as the children will be able to observe their parents' (in this case fathers') behavior in these activities, thus allowing a broader meaning of what it means to be male and female.

Are Children Raised Without a Father at Greater Risk During their Development?

Although it is commonly assumed that not having a father present is a risk for children, for example leading to greater aggressive behavior, or school difficulties, or problems with gender identity, the issue of father absence is complex. So far, existing research has not adequately helped us assess all the reasons for success or failure in child-rearing. There are some experts who seek to understand the possible implications of father or mother absence but none have gone so far as to state categorically that children raised without one or the other parent are inherently more "problematic" than others. There are more exceptions than rules, as not every child brought up without the father (or mother for that matter) has the predicted problems. Furthermore, a family structure considered "stable" does not necessarily lead to a child having a perfect emotional balance.¹⁵

What about Adolescent Fathers?

In general, adolescent pregnancy is often confused with adolescent motherhood; that is when we talk about early childbearing, we are nearly always talking about adolescent mothers. The reasons for this are various and include:

✎ The child, generally speaking, is perceived in our culture as the mother's.

✎ Young men are almost always perceived as being naturally promiscuous, irresponsible, reckless and impulsive.

✎ The young father is generally seen as absent and irresponsible: "it's no good looking for him, he doesn't want to know about it!"

✎ The young father is recognized more in the role of son than father.

✎ Concern about the reproductive experiences of adolescents centers largely on the idea of prevention, with less attention to the needs of adolescent parents themselves.¹⁶

Research on Adolescent Fatherhood

One of the major limitations of research on adolescent pregnancy is the lack or total absence of information about the fathers.¹⁷ These studies tend to focus on the mother's experience and have little (or nothing!) to say about the father. When fathers are included we find a number of limitations, including:

✎ Researchers frequently fail to ask what men think about reproduction or fertility.

✎ When the adolescent father is included in the research, the theme in general is not adolescent fatherhood. For example, in research on "single fathers," men are often asked about the experience of being adolescents or being single rather than about the experience of fatherhood.

✎ In much of the research, information about the father is obtained indirectly, very often from what the mothers say.

✎ When fathers are included in such studies, the number is generally small.

✎ Not every partner of the pregnant adolescent is an adolescent. In general he is a young man or an adult, another issue that is often excluded.

✎ The available information is generally restricted to those fathers who currently live with their children, which may be a minority of fathers in some settings.



Why do Some Adolescents Become Parents?

Pregnancy, motherhood and fatherhood should not be seen as diseases, whether in adolescence or in any other stage of life. Thus, it is not possible to speak about the relationship between symptoms and causes in a limited public health model. That is to say, there is no single reason we can find to define precisely why some young people become parents during adolescence. Some adolescent women become pregnant of their own free and spontaneous will; some even have their parents' support. Some young women become pregnant due to lack of information on contraception. Pregnancy can also occur through sexual abuse or violence.

The realities of adolescent parents and their motives or reasons for becoming parents are multiple and a thoughtful approach to the issue requires us to listen with respect to the specific situations of all adolescent parents. To be sure, for many adolescents, as we discussed in section 1 (on sexuality and reproductive health), having a child while still adolescent is an obstacle for their educational and professional attainment. But many adolescent parents do not see their pregnancy or parenthood as problems to them. Each adolescent parent has his or her own story and realities, and each adolescent parent brings his or her own subjectivity to parenthood. Understanding the specific reality or case of each adolescent parent does not mean to encouraging adolescent pregnancy – rather it means creating conditions so that this adolescent parenthood is not an impediment to the development and well-being of the adolescent parent or parents nor to their children.



Adolescent Pregnancy in Numbers

Table developed with data from the Alan Guttmacher Institute, based mainly on the Demographic and Health Surveys (DHS), an international survey coordinated by Macro

International in cooperation with governments and national organizations, with support from the US Agency for International Development (Website: www.agi-usa.org).

Countries	Adolescents of both sexes (aged 10-19)		Women aged 15-19		
	Absolute number	% of total population	Absolute number	Number of children born to adolescent mothers	% of girls who are mothers
Subsaharan Africa					
Botswana	371.200	24	87.000	11.200	12,87
Cameroon	3.248.800	23	751.000	123.200	16,40
Nigeria	26.989.800	23	6.135.000	895.700	14,60
Northern Africa ⁽¹⁾					
Egypt	14.668.000	22	3.315.000	208.800	6,30
Morocco	6.190.600	22	1.498.000	59.900	4,00
Tunisia	2.011.600	22	477.000	12.900	2,70
Asia ⁽¹⁾					
China	205.834.000	17	47.679.000	524.500	1,10
India	200.540.000	21	45.758.000	5.536.700	12,10
Thailand	11.468.000	19	2.867.000	152.000	5,30
LA & Caribbean					
Bolivia	1.730.200	22	404.000	38.000	9,41
Brazil	33.698.000	20	8.245.000	709.100	8,60
Colombia	7.551.800	21	1.832.000	163.000	8,90
El Salvador	1.441.800	24	350.000	46.900	13,40
Ecuador	2.636.200	22	631.000	56.200	8,91
Guatemala	2.669.600	24	608.000	81.500	13,40
Mexico	20.853.400	22	4.981.000	428.400	8,60
Paraguay	1.143.200	22	256.000	24.800	9,69
Peru	5.375.200	22	1.303.000	79.500	6,10
Dominican Republic	1.699.800	21	402.000	35.400	8,81
Trinidad & Tobago	281.400	21	66.000	5.400	8,18
Developed countries					
France	7.710.200	13	1.890.000	15.100	0,80 ⁽²⁾
United Kingdom	7.337.200 ⁽³⁾	13 ⁽³⁾	1.751.000	41.700	2,38 ⁽²⁾
Japan	15.321.000	12	3.988.000	16.000	0,40 ⁽²⁾
United States	36.957.600	14	8.824.000	502.900	5,70 ⁽²⁾



Notes on the Previous Table

1- In Asian and North African countries, women that have never married are assumed to never have had children.

2- In developed countries, the rate is for the most recent years available: 1992 in Great Britain (only England and Wales) and 1993-1995 for the others.

3- Refers to the United Kingdom – Great Britain (England, Scotland and Wales) and Northern Ireland.

Year of surveys: Botswana, **1988**; Cameroon, **1991**; Nigeria, **1990**; Egypt, **1992**; Morocco, **1992**; Tunisia, **1988**; China, **1992**; India, **1992-1993**; Thailand, **1987**; Bolivia, **1993-1994**; Brazil, **1996**; Colombia, **1995**; Dominican Republic, **1991**; Ecuador, **1987**; El Salvador, **1985**; Guatemala, **1987**; Mexico, **1987**; Paraguay, **1990**; Peru, **1991-1992**; Trinidad & Tobago, **1987**; France, **1994**; Great Britain, **1991**; Japan, **1992**; United States, **1995**.

Source: AGI, *Into a New World: Young Women's Sexual and Reproductive Lives*, New York: AGI, 1998.

Contextualizing the Data on Adolescent Pregnancy

Data on adolescent pregnancy is often presented as showing a major social crisis. However, we assert that adolescent pregnancy as a social phenomenon cannot be analyzed exclusively according to absolute numbers, nor on the basis of fertility rates; this analysis must also take into account important historical and demographic conditions and other complementary data.¹⁸ For example, in Brazil, the 1996 National Demographic and Health Survey (NDHS) revealed that in the last 10 years, there was a 30% reduction in fertility in every age group, with the exception of adolescents. The fertility of women between 15 and 19 years old grew until 1990 and remained stable over the next 5 years. For women in the 20 to 24 age group, fertility steadily declined between 1965 and 1995, but the big drop came in the 1985 to 1990 period. However, in looking at Brazil as a case in point, we cannot forget three interconnected aspects which help us to contextualize and, in a certain way, give a relative weight to the magnitude of these rates and the visibility of this experience in the contemporary world:

1) The Youth Boom

Brazilian demographics in recent years have witnessed a youth boom phenomenon which marks a steady increase in the popu-

lation in the 15 to 24 age group. The number went from 8.3 million (in 1940) to 31.1 million inhabitants (in 1996). Thus, one cannot measure adolescent pregnancy exclusively on the basis of the number of births, according to Ministry of Health data. That is to say, logically, a greater number of young people will lead to a greater number of pregnancies in this age group.¹⁹

2) Contraception

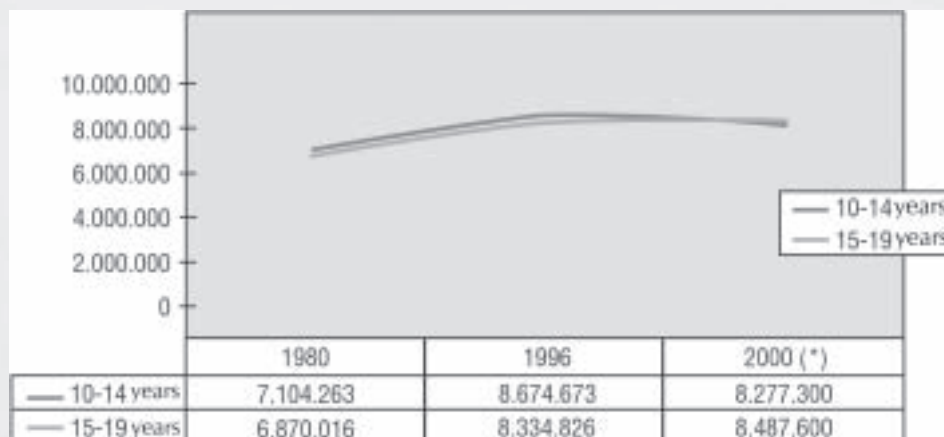
Fertility rates among adult women dropped particularly as a result of the practice and incentive of sterilization on a large scale, particularly in the developing countries. Data from 1996 show that 40% of adult women of reproductive age have undergone tubal ligation.²⁰

3) Relative data²¹

Step by step, then, how can we reach a balanced view on adolescent pregnancy?

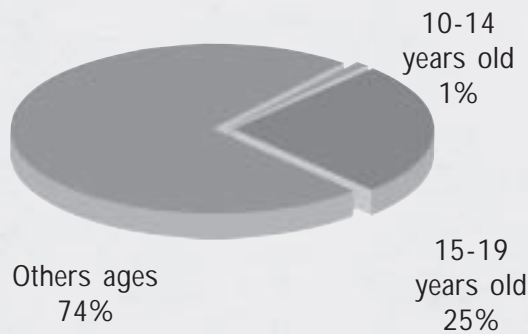
First step: Let us start by dividing the adolescent population into two groups: 10-14 and 15-19. As we can see in the chart below, the total number of women in the 10-14 group went from 7.1 million (in 1980) to 8.7 million (in 1996). According to projections, this number will decline in 2000 to around 8.3 million. The 15-19-year-old group of women increased from 6.9 million (in 1980) to 8.3 million (in 1996). According to projections, this number will continue to

Continued on pg. 98



grow to approximately 8.5 million in 2000, when it will then start to decline.

Second step: National public health data in Brazil registered 2,617,377 births in 1998. National census data suggests adding an additional 16% more births onto this data. Proceeding in this way, in 1998 there would have been 3,036,157 births. Of this total 37,041 were to women aged 10-14 and 773,309 were to women aged 15-19. In percentage terms, this yields the following distribution:



Third step: Finally, let's calculate the adolescent fertility rate. By dividing the estimated number of births (37,041) by the total number of women in the same age group (8,277,300) we find that the percentage of 10 to 14-year-

old women that gave birth in 1998 was 0.45%. The same reasoning shows that 9.11% of the female population aged 15 to 19 gave birth in 1998. If we compare this with previous years, we get the following table:

	1993	1998	Increase
10 - 14 years old	0.36%	0.45%	0.09%
15 - 19 years old	9.03%	9.11%	0.08%

Conclusion:

Although there has been an increase in fertility rates among women aged 10 to 14 and 15 to 19, based on these data alone we cannot affirm an "epidemic" of adolescent pregnancy as some have argued. This does not imply, however, that a 10% annual fertility rate among young women ages 15 to 19 is not a major social issue, requiring action at the policy level and by families and communities. However, births to adolescent women in Brazil are not increasing at an alarming rate as has often been argued.

How Can We Engage Young Men in Caring for their Children?

In countries such as Brazil, Cameroon, Jamaica, Sweden and Uganda, important initiatives have been carried out with the aim of promoting greater participation by fathers and future fathers in caring for their children. These initiatives have sought to encourage the commitment of fathers to caring for their children.²²

Engaging young men as fathers requires recognizing as a first step that not all fathers are absent nor irresponsible. And although pregnancy occurs in the woman's body, the responsibility for and the pleasure from gestation, birth and caring for the child is a right of the couple. Thus, it is not a case of forcing young men to assume fatherhood, or to stay with the young woman. Rather we propose listening to the voices and wishes of young women and young men – to understand how they experience these processes. In listening to young men, for example, we often find that young men experience sadness and concern when they receive confirmation of a pregnancy, even if they do not show it. Research and our own program experience with young people have shown that stereotypes concerning the adolescent pregnancy must be questioned. While many young men do not want to be involved, there are adolescent fathers who are just as involved and committed to the children as they are to the mothers of these children.

The main challenge for young men when they become fathers is that they often lack the social and financial resources to take on the responsibility of caring for their children – and seldom receive support from their families or communities to do so. Young men, as we have previously mentioned, also face the stereotype that they do not know how to care for young children.

What nearly all adolescent mothers and fathers require is support from their families and communities. In this respect, support programs for young parents like the one at the Pediatric Department of the Medical Center of the University of Utah (USA) have provided information about pregnancy to the adolescent couple, promoting the father's role in all aspects of caring for the child, as well as caring for himself. There are also support services for fathers related to vocational guidance and housing. Initial evaluation of this and other similar experiences in the U.S. and elsewhere have shown that the young fathers have become more involved in the pregnancy, in caring for the children and in facing the challenges resulting from fatherhood.



What Are the Benefits for Young Men for Becoming More Involved as Fathers?

Unlike maternity, which is defined initially through changes in the body, fatherhood is for the most part a relational concept; that is, men experience fatherhood only after the child is born. Understanding that men assume fatherhood rather than automatically feel or experience fatherhood means that we as health workers, educa-

tors and other professionals must work with fathers and others to create new ways of engaging fathers. This will lead to benefits both for the children and for the father himself. Men who are more active in caring for their children report great satisfaction in their relationships with their partners and in their daily life.

Key-Points

We must seek to understand care-giving from the man's point of view, as well as the woman's.

As educators, we must be careful not to reinforce stereotypes through our acts and words. In defining care-giving, based on the way women provide care, we often send the message that men do not provide care or do not know how to provide care. We must take the time to understand how men define care and identify those things that men already do to provide care.

Pregnancy is not the same as motherhood

In general, when we talk about pregnancy, we seldom mention the father. Men, particularly young men, whether in hospitals or prenatal clinics are seen as outsiders or intruders, or maybe as visitors – rarely as partners and participants in their own right. We must remember that fathers have the following rights:

- ✎ To participate in prenatal care.
- ✎ To find responses to his doubts about the pregnancy, including doubts he may have about his relationship with his partner and

about caring for the baby. As the father, he is not only his partner's companion, but also the father of the child that is going to be born.

- ✎ To be informed about how the pregnancy is progressing and any problem that might appear.

- ✎ To be recognized, at the time of the birth, as the FATHER and not just as a "visitor" to the clinic or hospital.

It is important for the young man to be able to participate in caring for the infant during the first moments and days after birth. Some things, of course, he is not able to do. Others, the woman will also not be able to do, due to her own recovery period. However, both can learn to support each other – assuming their relationship permits such cooperation. If they are separated, they must also negotiate the division of these responsibilities and activities.²³

Not all adolescent pregnancies are unwanted.

Caring for a child is not an easy task, particularly if we consider the economic questions. And of course, some young men



(perhaps the majority!) are not adequately prepared to care for a child. Becoming a parent for the majority of adolescents is probably not the best choice for their lives. However, pregnancy and fatherhood can provide some adolescent parents with substantial emotional benefits.

First, we must acknowledge that some adolescent couples have fared well at school, in family life and in caring for the child. Surveys in the human and social sciences carried out in different countries, highlight that pregnancy is seen by some adolescents exactly as a transition to adulthood, conferring on them status. For some young people, becoming parents allows them to restructure their lives, and sometimes even abandon substance use or involvement in delinquency.²⁴

As we have mentioned here, in some countries, adolescent pregnancy has been seen by some health professionals as a social problem, marked by a generally alarmist discourse, associated with negative aspects that can occur with the adolescent mother and her baby (dropping out of school, difficulty in getting a job, low weight of the babies at birth, etc.) and pejorative adjectives associated with pregnancy: unplanned, undesired, precocious, premature. Such an attitude reflects the social fear that adolescent motherhood and fatherhood creates obstacles to the economic growth of developing countries, generating additional difficulties for the government of these countries, already impoverished as a result of economic policies that are still little suited to the social needs of their populations.²⁵

To be sure, around the world, pregnancy rates are higher among young persons with lower educational attainment, or those with less hope of escaping from poverty, and consequently can contribute to poverty. Furthermore, many young parents leave school early, due to a lack of economic conditions on the part of their families to keep them at school. However, research shows that adolescent pregnancy per se is not the main cause of dropping out of school. When pregnancy occurs, the majority of the adolescents from the underprivileged classes have already dropped out of school, or have never been enrolled. Furthermore, when we

review the literature, we see that having a child while still an adolescent is not the cause of health risks to the mother or child; the main risk is the lack of prenatal care and adequate social support.²⁶

In sum, analyzing the causes and effects of early childbearing must be thoughtful, and requires questioning our alarmist tones and stereotypes. We do not advocate for young people to start childbearing in adolescence. We advocate that families, communities and caring professionals take a more balanced view of the issues – taking into account the specific realities and needs of young people themselves.

Support is key

There are two key ways of supporting adolescents on these issues: (1) reflection/discussion about pregnancy before it occurs, and (2) support to young people once they have become pregnant (which can include counseling about decision-making about the pregnancy, or prenatal care and support to those adolescents who are already parents). An ideal support network for young people should include both. Furthermore, services

for young people should not have preconceived notions about adolescent motherhood and fatherhood, that is labeling adolescents as irresponsible. Furthermore, in dealing with pregnant or parenting adolescents, we must be careful not to treat pregnancy as a disease.

What then can the health educator or youth professional do? First, as health educators we must realize that we do not have all the answers. Engaging young mothers and fathers must be a task not merely of conferring information but primarily of creating spaces, showing alternatives and awakening the pleasure for knowledge. It is not up to the educator to define on the moral plane what is right or wrong. It is the educator's task to develop a capacity for attentive listening and without any pre-suppositions. It is necessary first to hear the question, and then to look for answers. In the case of being told that one of your students is pregnant/got someone pregnant, try to talk to him/her and offer support. This help can be

fundamental in avoiding disturbances in the future. Supporting an adolescent father or mother does not mean encouraging the practice. On the contrary, not speaking or giving support can cause irreparable harm to someone who needs help. We should abolish the "you shouldn't" attitude and learn to listen to the adolescent's wishes. We must allow adolescents to make their own decisions and use their own voices.

When thinking about young men, we must avoid generalizations. Not every young man reproduces the model of hegemonic masculinity that we have discussed – that is that men are not responsible for caring for children, that reproductive matters are not their concern, and that taking risks is always more valued culturally. It is important that we – as health educators and youth professionals – make a point of identifying the young men who defy and contradict the norms, particularly those young men who do want to be involved in caregiving.



References

- 1- See: ENGLE, Patrice, BREAUX, Cynthia (1994) - *Is there a father Instinct? Fathers' responsibility for Children*. The population Council/International Center for Research for Women Series; ENGLE, Patrice (1995) - *Men in families. Report of a consultation and the role of males and fathers in achieving gender equality*. New York: UNICEF; EUROPEAN COMMISSION CHILDCARE NETWORK (1990) - *Men as carers for children*. Report on Childcare Network Technical Seminar. Glasgow, May; MUNDIGO, Axel I (1995). *Papéis masculinos, saúde reprodutiva e sexualidade*. Conferências Internacionais sobre População. MacArthur Foundation. São Paulo, July 31 1995.
- 2- For a useful discussion on the gender concept see: SCOTT, Joan W. (1988) - *Gender: a useful category of historical analysis*. Reference consulted: *Gênero: uma categoria útil para análise histórica*. Educação & realidade. Porto Alegre, v. 20, n.2. July/dec, 1995. p. 71-99
- 3- See: TRINDADE, Zeide A. (1991) - *As representações sociais da paternidade e da maternidade: implicações no processo de aconselhamento genético*. Ph.D. Theses in Psychology. São Paulo: USP; LYRA DA FONSECA, Jorge. *Paternidade Adolescente: uma proposta de intervenção* (Master's dissertation in Social Psychology. São Paulo: Pontifícia Universidade Católica - PUC/SP, 1997, 182p.); SAPAROLI, Eliana C. L. (1997) *Educador infantil: uma ocupação de gênero feminino*. Dissertation (Master's). São Paulo: PUC/SP; MEDRADO, Benedito (1998) – *Homens na arena do cuidado infantil: imagens veiculadas pela mídia*. In: ARILHA, M.; UNBEHAUM, S. & MEDRADO, B. *Homens e Masculinidades: outras palavras*. São Paulo: ECOS/ Ed. 34, pp. 145-161.
- 4- See LYRA DA FONSECA, Jorge. *Paternidade Adolescente: uma proposta de intervenção* (Master's dissertation in Social Psychology. São Paulo: Pontifícia Universidade Católica - PUC/SP, 1997, 182p.);
- 5- For a more in-depth look at the question of the social construction of the difference between the sexes, we recommend: LAQUEUR, T. (1990). *Making sex: body and gender from the Greeks to Freud*. Cambridge, Mass.: Harvard University Press; COSTA, Jurandir F. (1995) - *A construção cultural da diferença dos sexos*. *Sexualidade, gênero e sociedade*. Nº 3. Junho. Rio de Janeiro: Instituto de Medicina Social.
- 6- For a useful conception discussion on care-giving, we suggest the book: CARVALHO, Marília P. de (1999) – *No coração da sala de aula: Gênero e trabalho docente nas séries iniciais*. São Paulo: Xamã/FAPESP. E-mail: xamaed@uol.com.br
- 7- See: ARILHA, M. (1998) - *Homens: entre a "zoeira" e a responsabilidade*. In: ARILHA, M.; UNBEHAUM, S. & MEDRADO, B. *Homens e Masculinidades: outras palavras*. São Paulo: ECOS/ Ed. 34, pp. 51-78.
- 8- See CARVALHO, Marília P. de (1999) – *No coração da sala de aula: Gênero e trabalho docente nas séries iniciais*. São Paulo: Xamã/FAPESP. E-mail: xamaed@uol.com.br
- 9- *Los varones y el sida: Un enfoque basado en consideraciones de género*. *Campaña mundial contra el SIDA*, 2000. Unaid, 2000. For a complete version of the text, visit the site: www.unaids.org.
- 10- Idem.
- 11- BADINTER, Elizabeth (1985) - *Um amor conquistado - o mito do amor materno*. Rio de Janeiro: Nova Fronteira; PARCEVAL, Geneviève (1986) - *A Parte do pai*. Porto Alegre: L&PM.
- 12- See: SAPAROLI, Eliana C. L. (1997) *Educador infantil: uma ocupação de gênero feminino*. *Dissertação (mestrado)*. São Paulo: PUC/SP; Medrado, Benedito (1998) – *Homens na arena do cuidado infantil: imagens veiculadas pela mídia*. In: ARILHA, M.; UNBEHAUM, S. & MEDRADO, B. *Homens e Masculinidades: outras palavras*. São Paulo: ECOS/ Ed. 34, pp. 145-161.
- 13- See: CONNELL, R.W. (1995) - *Masculinities*. Berkeley: University of California Press; ALMEIDA, Miguel Vale de (1995) - *Senhores de si. Uma interpretação antropológica da masculinidade*. Lisboa: Fim de Século. 264p; MEDRADO, Benedito (1997) - *O Masculino na mídia*. *Repertórios sobre masculinidade na propaganda televisiva brasileira*. Master's dissertation in Social Psychology, São Paulo: PUC/SP.
- 14- *Los varones y el sida: Un enfoque basado en consideraciones de género*. *Campaña mundial contra el SIDA*, 2000. Unaid, 2000. For a complete version of the text, visit the site: www.unaids.org.
- 15- See: LAMB, Michael E. (ed.) *The father's role: applied perspectives*. New York: John Wiley, 1986.
- 16- CANNON, Lucimar (2001) – *A mãe adolescente*. Lecture given at the VIII Brazilian Congress, VII International Congress, III Congress of ASBRA on Adolescence. Salvador-BA.
- 17- For more extensive discussions on fatherhood in adolescence, see: ROBINSON, Bryan E.; BARRET, Robert L. (1982) - *Issues and problems related to the research on teenage fathers: A critical analysis*. *Journal of School Health*. Vol 52(10) 596-600, dez; LAMB, Michael E. e ELSTER, Arthur (eds.) (1986) - *Adolescent fatherhood*. Hillsdale. New Jersey: Lawrence Erlbaum Associates; ROBINSON, Bryan E. (1987) - *Teenage fathers*. Lexington, MA: Lexington Books; BARTH, Richard P.; CLAYCOMB, Mark; LOOMIS, Amy (1988) - *Services to adolescent fathers*. *Health and Social Work*. vol. 13, nº 4, p. 277-287; CERVERA, Neil (1991) - *Unwed teenage pregnancy: family relationships with the father of the baby*. *Special issue: fathers*. *Families in Society*. vol. 72(1), p. 29-37, jan; ADAMS, Gina, PITTMAN, Karen e O' BRIEN, Raymond (1993) - *Adolescent and young adult fathers: problems and solutions*. In: LAWSON, Annette e RHODE, Deborah L. *The politics of pregnancy: adolescent sexuality and public*



policy. New Haven: Yale university press. p. 216-37; LYRA DA FONSECA, Jorge L. C. (1997) - *Paternidade Adolescente: uma proposta de intervenção*. Master's dissertation in Social Psychology São Paulo: PUC/SP, 182p; LYRA, Jorge e MEDRADO, Benedito. *Gênero e paternidade nas pesquisas demográficas: o viés científico*. Revista Estudos Feministas. Dossiê Relações de Gênero e Saúde Reprodutiva. CFH/UFSC. vol. 8, nº 1/2000, p. 145 – 158; MEDRADO, Benedito; LYRA, Jorge (1999). *A adolescência “desprevenida” e a paternidade na adolescência: uma abordagem geracional e de gênero*. In: SCHOR, Néia; MOTA, Maria do Socorro F. T.; CASTELO BRANCO, Viviane (orgs.). *Cadernos Juventude, saúde e desenvolvimento*. Brasília: Ministério da Saúde, Secretária de Políticas de Saúde. p. 230-248.

18- See: TESTA, Mark (1992) - Introduction. In: ROSENHEIM, Margaret K. e TESTA, Mark F. (eds.) *Early parenthood and coming of age in the 1990s*. New Brunswick, NJ, US: Rutgers University Press. REIS, Alberto O. A. (1993) – *O discurso da saúde pública sobre a adolescente grávida: avatares*. São Paulo: 1993. Thesis Ph.D. in Public Health. FSP – USP; MARQUES, Neuza M. (1995) – *Motivational determinants of teenage pregnancy in Recife, Brazil*. Ph.D. Thesis (Department of Epidemiology and population sciences). London School of Hygiene and Tropical Medicine. Faculty of Medicine of the University of London; STERN, Cláudio y GARCÍA, Elizabeth (1996) - *Hacia un nuevo enfoque en el campo del embarazo adolescente*. Seminario internacional sobre avances en salud reproductiva y sexualidad. México, 18 a 21 de novembro de 1996; CABRAL, Maria da Graça S. R (1997) - *Conseqüências da gravidez na adolescência: riscos para a saúde da mãe e do recém-nascido*. Dissertation Master's Degree in Pediatrics Recife: UFPE; PAULA, Dirce B. (1999) - *O olhar e a escuta psicológica desvendando possibilidades: o vínculo saudável entre a adolescente mãe e seu filho*. São Paulo: 1999. Thesis (Ph.D. in Social Psychology) - PUC/SP; ARILHA-SILVA, Margareth. (1999) *Masculinidades e gênero: discursos sobre responsabilidade na reprodução* (Master's dissertation presented to Pontifícia Universidade Católica/PUC, São Paulo, 117p.); CALAZANS, Gabriela J. (2000) - *O discurso acadêmico sobre gravidez na adolescência: uma produção ideológica?* (Master's Degree in Psychology presented to Pontifícia Universidade Católica/PUC, São Paulo, 325p.).

19- See MADEIRA, Felícia e RODRIGUES, Eliana M. (2000) - *Adolescentes brasileiros: quantos são, onde e como estão*. Revista Perspectivas em Saúde e Direitos Reprodutivos. MacArthur Foundation. São Paulo: StilGraf; MADEIRA, Felícia (1998) – *Recado dos jovens: mais qualificação*. In : *Jovens acontecendo na trilha das políticas públicas*. Brasília: CNPD, 1998.

20- Source: BEMFAM. *Pesquisa Nacional sobre Demografia e Saúde - 1996*. Relatório. 1997.

21- BERQUÓ, Elza. *A brief look at pregnancy in adolescence*. Simpósio Internacional Gravidez na adolescência: Parlamentares e especialistas construindo propostas de ação. Organização: Ministério da Saúde; Bancada Feminina do Congresso Nacional; Organização Pan-americana da Saúde. Brasília, 10 and 13 August 1999.

22- *Los varones y el sida: Un enfoque basado en consideraciones de género*. Campaña mundial contra el SIDA, 2000. Un aids, 2000. Para uma versão completa do texto, visitar o site: www.unaids.org.

23- Text adapted from the publication *Gravidez saudável e parto seguro são direitos da mulher*, produzido pela Rede Nacional Feminista de Saúde e Direitos Reprodutivos (E-mail: redesaude@uol.com.br)

24- See: ELSTER, Arthur B. *Adolescent fathers from a clinical perspective*. In: LAMB, Michael E. (Ed.) (1992) - *The father's role: applied perspectives*. New York: John Wiley, 1986, p. 325-36; ROSENHEIM, Margaret K. e TESTA, Mark F. (eds.) (1992) - *Early parenthood and coming of age in the 1990s*. New Brunswick, NJ, US: Rutgers University Press; STERN, Cláudio y GARCÍA, Elizabeth (1996) - *Hacia un nuevo enfoque en el campo del embarazo adolescente*. Seminario internacional sobre avances en salud reproductiva y sexualidad. México, 18 a 21 de novembro de 1996, mimeo; MORAES, Maristela (1999) – *Entre a margem e a responsabilidade: a experiência da paternidade para jovens usuários de drogas em um núcleo de atendimento psicossocial*. Recife- UFPE, mimeo; BARKER, Gary (2000)- *Working with adolescent boys: a review of international literature and a survey of programs working with adolescent boys in health and health promotion*. Geneva: WHO.

25- See: LAWSON, Annette e RHODE, Deborah L. (1993) *The politics of pregnancy: adolescent sexuality and public policy*. New Haven: Yale university press, p. 216-37; ARILHA-SILVA, Margareth (1999) - *Masculinidades e gênero: discursos sobre responsabilidade na reprodução*. Master's dissertation in Social Psychology. São Paulo: PUC/SP, 117p.

26- For example, in a research project carried out in Recife in 1997, the pediatrician Maria da Graça Cabral studied the consequences of pregnancy in adolescence on the health of the mother and the newborn baby. This researcher carried out a study with 475 mothers under 19 years of age and 468 mothers between 20 and 29. Maria da Graça compared the two groups of mothers according to the weight of the baby at birth, neo-natal infections, if the baby was born premature, frequency of serious cases and miscarriage. She concludes that the age of the mother cannot by itself be considered as the cause of undesirable consequences of pregnancy among adolescents. In general, inadequate conditions of pre-natal, during and immediately-after-birth care, can produce generalized difficulties and obstacles for the health of the mother and the baby.

MODULE 2



Educational Activities

Author:

**FATHERHOOD
AND CAREGIVING**



▽ OVERVIEW

In this module we present a number of activities, field-tested with young men, for facilitators to carry out with young men on the issue of fatherhood and caregiving. As in the case of the other themes included in this series, these activities can be carried out in schools, health programs, NGOs and other settings where young men – and young men and young women – meet. These activities seek to deconstruct the idea that men are not involved in caregiving or do not know how to provide care, promoting a reflection on how young men perceive caregiving in their lives. To the extent possible, these activities incorporate research on gender and care-giving, as well as the authors' own research and program experiences presented previously. These do not have a specific order; and the facilitator can and should adapt the activities to his/her needs. In spite of this flexibility, we suggest working with the young men first to define caring and caregiving and then moving on to

discuss different forms of caregiving in our daily lives, and the role of gender. The activities included here touch on a variety of themes, including adolescent fatherhood, men's socialization, gender and parenting, self-care, child care, daily housework, homoeroticism and homophobia among others.

Finally, as a note to facilitators, we would like to emphasize that, although participation in group reflection activities is of extreme importance, these activities alone are not necessarily enough to change the young men's behavior. We have noticed in practice that these activities help to bring about changes of attitude in young men in the medium term. As such, we recommend the use of these activities as part of an integrated program for young men, promoting a long-term discussion about gender roles, including all the themes included in this manual series, and engaging service providers and other individuals involved in the lives of young men.



This activity helps the educator to explore the theme of caregiving based on the ideas, opinions and doubts of young men themselves.

Activity 1

What Comes Into Your Head? The Meaning of Caregiving

Purpose: To explore how young men define caregiving and how they deal with it in their daily life.

Material required:

Pens, White sheets of paper, Paper strips
Blackboard (cardboard or flip chart)




Recommended time: 1 hour

Planning tips/notes: In the case of persons that have difficulty in reading and writing, the facilitator can ask them simply to talk, without using paper or the blackboard. Nonetheless, it is important to maintain the sequence: first, the brainstorming, then the stories from their childhood.


Procedure

- 1- Hand out a sheet of paper and a pen to each participant. Ask each of them to write on their paper the word CARING.
- 2- Then ask them to write all the words and phrases that come into their heads when they hear the word CARING.
- 3- After about 5 minutes, ask each person to read what they have put down and compile a list of all the words and phrases that appear, in order to identify the most frequent associations.
- 4- Following this, hand out three strips of paper to each participant and place the rest in the center of the circle formed by the participants. Ask them to think about their lives from the time they were children, then try to remember situations in which they witnessed a scene of caregiving.
- 5- After 20 minutes, ask one of the participants to volunteer to read his account. Ask if there are other similar stories and open up the discussion.

Discussion questions

-  Is it possible to define caring or caregiving based on a single idea?
-  Is it good to be cared for? Why?
-  Is it good to care for someone? Why?

CLOSING

 Comment that, as we can observe from the variety of words that the group produced, it is obvious that there is not a single or correct definition of caring and caregiving, but that these terms have multiple meanings.

This activity promotes a practical experience of caregiving.

Activity 2

Caring for the Family¹

Purpose: To promote a reflection about caregiving based on a practical experience.

Material required: Balloons filled with water; Markers

Recommended time: 30 minutes in the classroom; 5 to 7 days in daily life

Planning tips/notes: Should the group not have a second opportunity to work together, the balloons can be handed out at the start of the session and the experience discussed at the end of the session. The balloon can be substituted with another object, such as a plant, or an egg.

Procedure

- 1- Hand out a balloon to each participant.
- 2- Tell the participants that they now are fathers and that the balloon is their child.
- 3- Ask them to draw the face of the child that they imagine, using a marker. They should draw eyes, mouth, nose, hair, etc.
- 4- Encourage the participants to give life to "their child", giving it a name, a nickname, etc.
- 5- Develop the group's commitment to care for their "balloon-babies," taking them home and never leaving them alone. They must take the balloon with them wherever they go.
- 6- Set a day for them to bring their "balloon-baby" back.
- 7- Discuss with the group incidents that took place while they were caring for their "balloon-babies."

Discussion questions

- How did the balloon-baby interfere in your daily life?
- What feelings were aroused?
- What difficulties did you face?
- What did you like the most about caring for your balloon-baby?
- Did you ask anyone for help?
- When you couldn't be with the "baby," what did you do?
- And if it had been a real child, what would it have been like?
- If the balloon-baby had been a sick relative, what would it have been like?

CLOSING

- Emphasize to the participants that the act of caring for someone can be rewarding and bring pleasure to the caretaker, along with challenges and responsibilities. This applies not only to child care but caring for people in general.

¹ Activity inspired by "Cuidando do ninho", Manual do Multiplicador, produced by the Ministry of Health – Brasília – Brazil, 1997, p. 48. Various versions of this activity have been used with young people throughout Latin America. In some cases, an egg is used as the baby. In others, a sack of flour may be used. In some cases, couples may be formed to take care of the "babies."



This activity helps young men see various ways they already provide care or could provide care in their daily lives

Activity 3

Objects, Plants, Animals and People

Purpose: To increase young men's awareness of various forms of caregiving in their daily lives.

Recommended time: 1 hour

Material required: 4 large plastic garbage bags

Planning tips/notes: The bags can be replaced with boxes, envelopes or any other available packaging.

Procedure

- 1- Divide the participants into 4 groups.
- 2- Give a bag to each group and tell them it is a present from Santa Claus.
- 3- Tell the groups that they should imagine that the bags are filled with a specific object:
Group 1 – will imagine a bicycle
Group 2 – will imagine a dog
Group 3 – will imagine a plant
Group 4 – will imagine a person.
- 4- Ask the groups to open the respective bags and carefully take out what they have been given.
- 5- Encourage the participants to "give life" to

what they were given, by asking such questions as: How big is this bicycle? What color is it? How old is this person? What is his/her name? What breed is the dog? Is it male or female? How big is this plant? Does it have flowers and fruit?









6- Next, tell the group that this object/animal/plant/person has a problem: the bicycle is broken, the plant is dying, the person is sick and the dog doesn't want to eat.

7- Ask the group to imagine how they would react. Encourage them to act out what they would do.


8- When they have finished, ask them all to form a large circle and open the discussion.



Discussion questions

-  Are there any differences in caring for a plant, a person, a bicycle and a dog? What are they? Why?
-  Which is the easiest to care for? Why?
-  Which is the hardest to care for? Why?
-  Which is the most pleasant to care for?
-  Which is the most unpleasant to care for?
-  What happens if you don't care for the bicycle, person, dog or plant?
-  Are we born knowing how to care for people and things or do we learn later?
-  Do men and women care for things/people in the same way? How do men care for things/people? How do women care for things/people? Why?

CLOSING

 Close the activity by saying that there are various ways that people relate with the world around them. Some of the ways we interact with the world around us are identified as caring relationships, particularly those that we establish with other people that need help. However, there are other forms of caregiving that we often carry out but do not perceive as "acts of caring." Remind them that men and women can perform any of these forms of caring, particularly those that involve other people.



LINK

This activity connects well to the activity "Persons and Things" which discusses rights in the section on "Sexuality and Reproductive Health".



This activity promotes a reflection about gender differences in caregiving.

Activity 4

Men, Women and Caregiving

Purpose: To promote reflection and increase awareness about gender differences in terms of caregiving and caring relationships.

Material required: Two empty boxes (a shoe box, for example); Drawings or photos of people, objects, animals or plants

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The photos, etc. can be cut out of newspapers or magazines by the group itself

during the warm-up period.

It is useful to include pictures of babies, elderly persons, small animals, broken toys, electronic equipment, etc. Reserve a place for the images that they do not put in either of the two boxes.

Question whether any of the figures can be changed and, if someone makes a suggestion to do so, change them for the ones that were suggested, and discuss the change.

When working with school groups, the figures can be replaced with words, but the use of images, even in these groups, makes the activity a richer one.

Procedure

1- Present the two boxes to the participants, saying that one of the boxes will be given to a man and the other to a woman.

2- Ask the participants to place in the woman's box the figures or images of things that women know how to care for, or care for better.

3- In the other box, the man's box, ask the participants to put the figures or images of things that men know how to care for, or care for better.

4- After they have done this, take the figures or images out of the box, one by one, showing them to the group.

5- Try to explore how they grouped the figures together (e.g. persons, broken objects, electronic equipment, etc.)

6- Open up the discussion, exploring why:










a) *some types of picture are only found in the man's box;*

b) *some types of picture are only found in the woman's box;*


c) *some types of picture appear in both boxes.*



Discussion questions

-  Who is better at caregiving, men or women? For what? Why?
-  Can men and women learn to care for things in different ways or is the way we care for things part of our nature, or our biology?
-  Do you think that any man could care properly for the figures or things that are in the woman's box?
-  Do you think that any woman could care properly for the figures that are in the man's box?
-  What do you think of the phrase: "Women take care of the children, men help."
-  What do you think of the phrase: "Men work, women take care of the house."
-  Do men take care of themselves? Why?
-  Do women take care of themselves? Why?
-  Who in general cares more for people, men or women?

CLOSING

-  The facilitator should point out that it is common to attribute to women the task of caring for people, animals and plants, as well as daily housework. On the other hand, men are attributed with caring for objects, like cars, electrical work in the house, painting the walls, repairing the roof, etc., depending on local culture. It is important to stress that these gendered ideas about caregiving are historically and culturally constructed and passed on to new generations.

This activity provides an opportunity for young men to reflect on the importance of self-care.

Activity 5

Caring for Oneself: Men, Gender and Health¹

Purpose: To promote greater awareness among young men about the need to care for their own bodies and health.

Material required: Lottery cards (see Back-up Sheet), pencil, markers.

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The cardboard can be replaced with a blackboard or flip-chart. If no such material is available, one can simply read out the questions and answers. For groups with reading difficulty, the card can be replaced by reading out loud.

Procedure

- 1- Divide the participants into groups of 5 or 6.
- 2- Tell the participants that they will be taking part in a lottery and the person that scores the highest will win a prize.
- 3- Hand out a "lottery of life" card to each group.
- 4- Explain the card to the participants, pointing out that there are three columns: Man, Woman and Both. The group should answer the questions on the card, marking with an X the reply they think correct.
- 5- Allow 20 minutes for the group to discuss and mark the answers.
- 6- Then collect the cards.
- 7- Write the questions on a large poster, flipchart paper or on the blackboard and then read out each question; ask how the groups replied and mark with an X the correct answer. (The correct answer for every question is Men!)
- 8- Explore the replies of the group, asking them to justify their replies, particularly when they have marked Woman or Both.
- 9- At the end, clarify that for all the categories, men are in the majority. Open up the discussion: Did you know this? Why do you think this happens? How is it possible to avoid this?

¹Inspired by the activity in the manual *Fatherhood Development: A Curriculum for Young Fathers*, by Pamela Wilson & Jeffery Johnson – Public Privates Ventures, 1995.

Discussion questions

- ✎ If men took more care of themselves, would this situation be the same?
- ✎ What kinds of stresses do men face? Why?
- ✎ What kinds of stresses do women face? Why?
- ✎ When you are ill or sick, what do you do?
- ✎ Do you usually look for help as soon as you feel ill, or wait?
- ✎ How often do you go to the doctor?
- ✎ Can a man be vain or worried about his appearance?
- ✎ Who usually worries more about their appearance, women or men? Why?



CLOSING

- ✎ In closing the session, remind them that the majority of the causes of death for men are associated with the self-destructive lifestyle that many men follow, but that through taking care of themselves and re-thinking their health, they can change this.






LINK

For further information about the male mortality rate due to external causes, particularly related to violence, see the next section in this manual series, on Violence.



Resource Sheet

LOTTERY OF LIFE

	 MAN	 WOMAN	 BOTH
1- Who has a shorter lifespan?			
2- Who dies more from homicide?			
3- Who dies more in road accidents?			
4- Who dies more from suicide?			
5- Who kills more?			
6- Who steals more?			
7- Who consumes more alcohol and gets drunk more?			
8- Who dies more from an overdose (substance abuse)?			
9- As infants, who dies more?			
10- Among adolescents, who dies more?			
11- Among the elderly, who dies more?			
12- Who dies more in work accidents?			
13- Who is more likely to be infected by HIV/AIDS?			

This activity promotes a discussion about the ways that both fathers and mothers care for children.

Activity 6

Father Care, Mother Care

Purpose: Discuss the models of fatherhood and motherhood found in our culture, questioning the rigidity of roles.

Material required: Paper strips with true stories (see Resource Sheet)

Recommended time: 1 hour and 30 minutes







Planning tips/notes: In groups that have reading difficulties, the facilitator can read the stories aloud and then continue in the same way as outlined in the Procedure.

This activity can be applied with large groups, including in auditoriums, by reading the cards one by one to the participants, and comparing the different replies. In a large group setting, the facilitator can also tabulate the responses on flip chart paper, for example.


Procedure

- 1- Divide the participants into small groups of 5-6 participants.
- 2- Hand out a number of true stories to each group.
- 3- The group should divide them into two piles: one for the father's stories and the other for the mother's stories.
- 4- After the discussion within the small groups, return to the full group to debate each story, one by one, seeking to identify the criteria used by the small groups for the classification.
- 5- Start an initial debate with the full group through questions like: *Does everyone agree? Why or why not?*
- 6- Then, reveal to the groups that the stories are true and were told by a young father. Open up the discussion.

Discussion questions

-  Why did you think that the stories were told by fathers and mothers (or a mother)?
-  Which story seemed most likely to have been told by a mother? Why?
-  Which story seemed most likely to have been told by a father? Why?
-  Which story did you think couldn't have been told by a father?
-  Would the fathers you know have stories like these?
-  If you were a father, do you think you would have similar statements to make?

CLOSING

-  At the end, highlight that many fathers talk about the affectionate relationships they have with their children, but that our culture tends to create barriers for this type of relationship.



Resource Sheet

Personal Stories

1- We started going out. We began to get to like each other. We began to have sex ... I used to think that contraceptives caused allergy problems. And so I was afraid. So we used the rhythm method. You know what that's like. Get the day wrong, you're in trouble. Then I went to a doctor and asked him about this business of contraception. He told me that it didn't cause any allergy. So I thought: "Geez, aren't I stupid!" You know why? Because we are afraid to go to our parents and ask them about it, you know, the fear of what they might think... "What are you up to, eh?" Makes things a bit awkward at home, so we kept quiet, and when the bomb dropped (when we got pregnant), then we talked about it.

2- It's so good, really great. The first time I went to the doctor, I remember it like it was today. The doctor told me a lot of things. The second time was better and the third time he put some liquid or gel on the belly and listened. I almost cried. It was so cool! He did an ultrasound. The first time, it didn't show the baby's sex. It was all curled up, so you couldn't see. The second time though, the ultrasound showed the baby's foot. We asked right away, "Is it a girl or a boy?" The doctor replied: "You can go and buy a pair of earrings" And that was it ... I started to cry. I felt so happy to know that she was going to be born.

3- I don't think my daughter is going to have these problems about sex education. I don't think my mother prepared me right for life. For me, there was no father in this whole business. My brothers gave me a few tips, but what I learnt was really in the street, and my sister had a big influence on my upbringing. But I didn't have my father... I really needed him. My mother ... I think her generation never had much to say (about sex), at least that was my case. There seemed to be a barrier, which is pretty stupid. That's not gonna happen between me and my daughter, and the other

children that might come along. I'm going to pass on to my daughter, to do what I say, but not to do what I did. That's what I'm going to pass on to her. What can I pass on to my daughter? Pass on what is the best for her.

4- Today I have more freedom. Because in your parents' home, you have no freedom. You have to get home at such and such a time, because your mother gets worried. Now that I left home, I can arrive any time I want, I don't have to answer to anyone... because it's one thing to have to answer to the person you live with and another thing to have to answer to your father and mother.

5- The mother is the one who breast-feeds, has more contact with the child, the umbilical cord has not been cut.

6- No, we never thought of getting rid of the child (having an abortion), because it was part of our plan to have a child. It just wasn't the right time, but since it came...

7- The big pain in this whole story is the responsibility of making sure that nothing goes missing at home. If it does, life starts to get a bit complicated. When I get home and find there's something missing, I get really down. You gotta provide everything. You gotta give every drop of blood to see if one day you manage to achieve something.

8- The good side of the story? Ah, my daughter is everything! She's the good part! She's worth everything. She's worth the night that I can't get any sleep, she's worth the not going out anymore. It's just a stage, she's still very little, isn't she?! Going out, travelling, it'll all return when she's a little older. You're dying to go to sleep, she looks at you, gives you a little smile, she's worth it, you know. It's real tough but it's worth it! She's a little bit of me. Whether I like it or not, a lot of things have changed. It will take a little time to have another one, but without doubt it changed my life a lot. It was very good.



9- The worst thing is that I lost the easy life that I had. I could go to Dad and say: "Dad, can you lend me the car? I gotta go somewhere". Going to shows. That's all finished now. They're (my friends) always asking me to go, but I don't go anymore. Now I have to save money to see if something comes up (with my baby), right?

10- No matter where she was, she kept smiling at me, looking for me. Everything that I do with her, the nights that I spend without sleeping ... the time that I'm with her ... I try to spend a lot of time with her (my daughter), as much as possible.

11- For me, my daughter is more important than anything else, more than shows, the bar, anything. Because there are lots of folks that have no daughter, no son, who live in the bar. I'd rather have a daughter, a son, a little boy than going to these places. I prefer to be there giving love, receiving affection and all that stuff than gossiping and drinking.

12- When I got the news, it was a shock. A real shock. I kept thinking for months, I was paranoid, not knowing which way to turn in my life ... A new family, I couldn't even support myself, how was I going to support another person and a child?

13- When our families found out, it was like a bomb exploding. A real bomb, because my Mom ... was going to travel. She wouldn't be here to give me support, to advise me. Everything was up to me and the other family, who at the beginning was always laying down the law and even today they still stick their nose in where they shouldn't. But I reckon that every adolescent couple goes through this.

14- I guess that there are many people who go to college and in the end it comes to nothing. They don't get what they really want. They end up not having enough money to even support the family. What I wanna do is invest in a business. I think I want to have a shop or do a course of Business Administration to run a shop. That's what I'm thinking of doing.

"True Stories"

These stories are true and were taken from an interview with two young fathers conducted by Jorge Lyra, in 1994.

Through examples taken from the animal world, this exercise questions the idea of a maternal instinct and a paternal instinct.

Activity 7

Animal Fathers: Nature versus Nurture

Purpose: To question the traditional division between maternal and paternal activities, deconstructing the idea that child care is “naturally” a feminine trait.

Material required: Cards – Animal Fathers (see Resource Sheet 1); Cards – Fathers all over the World (See Resource Sheet 2)

Recommended time: 1 hour

Planning tips/notes: In groups where the majority of the adolescents are fathers, the facilitator can explore situations of child care which they have experienced. In this case, the facilitator can ask each young father in the group to classify himself as a “lion-father”, “ostrich-father” or a “seahorse-father,” some combination of these, or include other animals that they know. Based on the replies, explore the justifications.








If the group is small, it is not necessary to divide into sub-groups.

If the group is large, the facilitator can increase the number of sub-groups and the number of animals.


Procedure

- 1- Divide the participants into three groups (of about 5-6 participants each).
- 2- Ask each group to choose a representative, who will secretly be given the name of an animal (penguin, ostrich or seahorse) and an information card about the way these animals care for their young (see Resource Sheet 1).
- 3- Next, ask the representatives, one at a time, to imitate the respective animal and encourage the group to guess what animals they are.
- 4- Afterward, the group has to describe how these animals take care of their young: What does the male do? What does the female do?
- 5- After presenting the correct information, prompt a discussion about these animal fathers, asking the participants to list situations from their lives (their own experiences or of people they know) similar (or different) to those found in relation to these animals.

Discussion questions

-  Which animal attracted your attention the most?
-  Do animals choose to care for their offspring or are they born with an instinct to care for their young?
-  Does a father just produce a child or can he also care for it?
-  Are there differences between the animal-fathers and human fathers?
-  Do men know how to care for children?
-  Do women know how to care for children?
-  Why, at times, do men feel incapable of caring for children?

CLOSING


 The facilitator should emphasize that child care and fatherhood are not linked exclusively to biological characteristics, but depend more on how we are raised as men and women, and whether we are raised to believe that men can also take care of children – and if we learn

how to care for children. The facilitator should also emphasize that caring for children is something that has to be learned – in the case of humans anyway – and that few boys or men learn how to do this. To close the session, the facilitator may want to use Resource Sheet 2.

Resource Sheet I

ANIMAL FATHERS

The following are descriptions of how certain animal fathers care for their offspring:

Penguin – In the case of penguins, the male is the one that feeds and warms the offspring while the mother is responsible for providing food for the family. In penguin society an offspring that loses its father is immediately

adopted by another.

Seahorse – The male is responsible for the gestation of the eggs, fertilized outside the female. In this case it is the father that carries the young in a pouch under its tail.

Ostrich – The male shares the task of hatching the eggs with the female, while the latter goes in search of food.

Resource Sheet II

FATHERS AROUND THE WORLD

In various cultures men behave in different ways in relation to their children. The facilitator may want to present some of these examples to the group:

In the Hopis (Native Americans) of Arizona, USA...

The husband goes into “convalescence,” as soon as the woman gets pregnant.

In Tibet...

Various brothers share the same woman. The man becomes a father through a special ceremony and remains as such until another brother assumes the right of paternity.

In India...

In places where women can have more than one partner, the husband and lovers of the same woman share the role of father among themselves, or just those that pay the

childbirth expenses.

In Togo...

Some men that cannot have children, raise, educate and love the child that is the product of the wife’s sexual relationship with another man. Rather than feeling denied of being the “real father,” the men who adopt the child consider the lover to be “robbed”.

In Manhattan (USA)...

Before the arrival of Europeans, for the men of the Kraoke tribe, it was up to the child to choose the man in the tribe who would be his/her father. The chosen man considered the act as an honor, and could not refuse the invitation.

In the “modern world”...

Some men, from various countries, take as their own children, offspring produced by their wives through artificial insemination by other men’s semen.

This activity promotes a discussion among young men about adolescent fatherhood.



Activity 8

The Egyptian Mural: Adolescent Pregnancy¹

Purpose: To discuss the implications of an early pregnancy in the life of an adolescent boy and girl.

Material required: None

Recommended time: 1 hour

Planning tip/notes: The group should preferably be in a room with the participants initially forming a circle. Avoid giving all the instructions at the same time. Give information gradually to ensure better comprehension and attention.

Should pregnancy/fatherhood already have occurred in the life story of the characters, the facilitator should explore this narrative without going to step 5 of the procedure. Sometimes the stories are told without any problems, conflicts or tensions, almost like “fairy tales.” To break this linearity and harmony, the facilitator can include provocative questions or ask a volunteer to read the story from the end of the mural to the beginning. Another story will appear giving the facilitator more options to choose how to work with the theme. For further information about adolescent pregnancy, refer to the data in Module 1 of this section.










Procedure

- 1- Divide the participants into groups A and B.
- 2- Group A will represent the life of Eduardo.
- 3- Group B will represent the life of Monica.
- 4- Ask each group to make up a story about the life of each character, from birth up to the age of 30, according to the following instructions:
 - a) Each group chooses a wall in the room;
 - b) Each story should be put together like an Egyptian mural, with the group remaining static, against the wall, in total silence;
 - c) One participant from group A poses to illustrate any particular stage from the beginning of Monica’s life, with at least one part of the body touching the wall, like a statue;
 - d) Next, another member of the same group places himself to the right of the first participant, illustrating the next moment in the character’s life. The participant should keep at least one part of the body (hand, foot, abdomen, back, etc.) in contact with the wall and another in

- contact with the previous participant;*
- e) One by one, all the members of group A will link up against the wall until we get to Monica at the age of 30;*
- f) At the end, one of the members who is not part of the mural narrates the story to the other participants, interpreting the “statues” and telling the story of the character;*
- g) Group B proceeds in the same way in relation to Eduardo’s life.*
- 5- After the two groups have presented their stories, “dismantle” the murals and ask what it would have been like if Monica had become pregnant when she was an adolescent. Group A should remount the mural from the pregnancy onward.
- 6- Then ask: What would have happened if Eduardo had been a father when he was an adolescent? Group B should remount the mural from Eduardo’s fatherhood onward.
- 7- Open up the discussion.

¹ Inspired by: Técnica Mural Egípcio, adapted by Julie MacCarthy in Projeto Artpad – Teatro e desenvolvimento.

Discussion questions


-  What age does the group appear to have chosen for Monica's pregnancy? Why?
-  What age does the group appear to have chosen for Eduardo to become a father? Why?
-  What was the age of her partner when she got pregnant?
-  What was Monica doing when she got pregnant? Did anything change in her life as a result of the pregnancy? What?
-  What was Eduardo doing when he became a father? Did anything change in his life as a result of the pregnancy? What?
-  What work prospects did the two have when they became pregnant?
-  What study prospects did the two have when they became pregnant?
-  What type of support could have been given to him?
-  What type of support could have been given to her?



LINK

The same activity can be employed for working on such themes as: first sexual relationship, substance abuse, violence, etc.

CLOSING

-  At the end, the facilitator should point out that young men tend to think that having a child while still an adolescent means the end of their life (that is, if they assume responsibility). Although pregnancy cannot be seen as the best option for an adolescent, it is important to make it clear that, should it occur, life continues and the best course is to look for support.

This activity explores societal attitudes, particularly prejudice, toward adolescent parents.

Activity 9

Mock Trial: Fatherhood at School

Purpose: To discuss societal attitudes, in this case attitudes in the school, toward adolescent parents.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important for the facilitator to read the story used in the procedure before carrying out the activity so he/she can tell the story in a more "natural" way.

Pay attention to the length of the trial. Be careful not to take too long, leaving insufficient time for discussion. If the group is made up of young adolescent fathers,

it is important to stress that not all schools treat fathers this way, that this represents an isolated case, and that should this happen to them, they have legal means to defend themselves.

If fathers are a minority in the group of young men, it is recommended that they be placed in the group defending the school principal, to avoid possible identification with the story, which could make the group feel somewhat uncomfortable.

In groups that talk about the possible "guilt" of adolescents, the facilitator should be ready to work on this question, trying to show that the equation: pregnancy in adolescence equals irresponsibility/problem is not necessarily true, nor the only way to see the issue.

Procedure

1- First, ask the participants to tell an interesting story about their father or some father that they know.

2- After the stories, tell them that you also want to tell a story about a certain father:

Marcelo has been going out with Wanda for two years. She is five months pregnant. Last week, she went to meet him when he came out of school. The next day, Marcelo was called into the principal's office. The principal asked Marcelo if he knew the pregnant girl that had been with him the previous day. He told her that she was his girlfriend. She (the principal) asked him if the child was his. He admitted that it was. She then told him that he could no longer continue to attend the school, since that kind of behavior did not match the principles and norms of the school. Marcelo was expelled (Note: This case was published in the newspaper Folha de Pernambuco, 1998, caderno Grande Recife, p. 03. The story is true but the names are fictitious.)

3- Carry out a mock trial, with the facilitator as the judge and inviting someone from the group to play the part of the school principal (the defendant).

4- Divide the group in two (A and B), asking them to choose an attorney to represent each group:

a) Group A will be responsible for the prosecution;

b) Group B will be responsible for the defense.









5- Start the trial by getting the opposing attorneys to present their case, making use of the evidence and witnesses.

6- At the end of the debate, pass sentence or acquit the defendant.

7- The group that argues the best will receive a special prize (suggestion: a pack of condoms, a T-shirt from the institution, educational materials, etc.).

8- To close the trial, the facilitator should tell the participants that, in fact, this was a true story. Then, opening up the discussion to the whole group, ask the participants to give their personal opinions.


Discussion questions

-  How did you feel accusing (or defending) the principal? Which seems easier to you? Why?
-  Should the principal have acted like that to prevent other adolescents following the same example?
-  What should the position of the school be in this situation?
-  Can an adolescent father (or mother) in school be considered a bad example?
-  Does an adolescent who becomes a father have to interrupt his studies and start to work?
-  Does expelling the student from school help to solve the question?
-  How should the parents of adolescents react in a situation like this?
-  What can the adolescent do in a situation like this?

Fatherhood in Adolescence is not a Crime

This activity allows for certain adaptations. However, we do not advise putting the character of the young father on trial because we believe the condition of being a father can in no way be subject to a trial per se and, secondly, if there is a young father in the group, it could create unnecessary personal stress.

▼ CLOSING

-  The facilitator should criticize the prejudice against adolescent parents, suggesting that it serves little to “blame” adolescents, but instead that we must think of what we can do to support young people, to offer other options (to parenthood) and offer support to those adolescents who are parents.

Some Experiences

There have been recent experiences in Brazil, particularly in Rio de Janeiro and Fortaleza, of nursery schools for the children of young mothers, located near the school of these adolescent mothers, following a US model.

Young Mothers

In general, young mothers are more frequently targets of prejudice. In most cases, in various countries, when a young woman becomes pregnant she is expelled from school. This mock trial can be adapted to focus on the mother rather than the father, or on both.

This activity builds on the discussion from Activity 8 (The Egyptian Mural), promoting reflection on the extent to which young men share the responsibility for a pregnancy.

Activity 10

You Have a Message: You're Going to be a Father!

Purpose: To explore a young man's decision to assume paternity.

Material required: Paper, pen, scissors and a small box.

Recommended time: 1 hour

Planning tips/notes: It is vital for facilitators to write the messages in their own handwriting to make the activity more "realistic."
Bearing in mind the possibility of cultural differences,

the messages can be adapted, providing that the same line of reasoning or storyline is maintained in each of them: (1) persons with a long-lasting relationship in which the pregnancy is unplanned; (2) persons in a one-night-stand situation who have friends in common and in which the pregnancy was not expected; and (3) a couple who wants to have a child and finds out they are going to have a child. Should the group have difficulty in reading, the facilitator can read out the messages to each group. This activity can also be applied with adults.

Procedure

- 1- Before starting the activity, write, in your own handwriting, three messages (according to the model on the Resource Sheet).
- 2- Cut out the three messages, fold them and place them in a small box.
- 3- Divide the participants in three groups.
- 4- Hand out a message to each group.

- 5- Instruct the groups to stage a short role play which covers at least three items: (a) the place where the message was delivered; (b) who delivered it? and (c) the reaction of the person that received it.
- 6- Each small group should present its role play to the rest of the group.
- 7- Open up the discussion, exploring the similarities and differences between the scenes.



Discussion questions

- ✎ If the young man assumes paternity, what will he have to do?
- ✎ If the young man does not assume paternity, what can the girl do?
- ✎ What does it mean to assume paternity?
- ✎ Should they get married?
- ✎ What does a young man feel when he gets the news that his partner is pregnant?
- ✎ How do young men view a woman who has sexual relations with a man on their first date?
- ✎ What is the age of each of the couples? Is there any difference between pregnancy that occurs in a long-lasting relationship and one that occurs in occasional sex?
- ✎ In a situation like this, would you think of having an abortion? In which of the three situations? Why?
- ✎ If the woman wanted to have an abortion and you wanted to have the child, what would you do?
- ✎ And if you wanted her to have an abortion and the woman wanted to have the child, what would you do?
- ✎ How do you imagine your family would react?
- ✎ Would you ask for a DNA test? In which of the three situations? Why?
- ✎ To be a father, do you need to be a husband?
- ✎ What if the woman wants financial support (child support)?
- ✎ Should the father contribute financially?
- ✎ Is contributing only financially enough to be a father?

▼ CLOSING

✎ The educator should point out the various feelings, expectations and experiences in relation to the news of pregnancy for young men, helping to dispel two common misconceptions (1) pregnancy in adolescence is always and only a problem and (2) young men never assume the paternity of the child.



LINK

See the discussion on abortion in the section *“Sexuality and Reproductive Health”*.



Resource Sheet

Messages

Hi, how are you?
It's Bette. Remember me?
We met three months ago at a club party. It was an unforgettable night, even if I don't remember very well what happened. The only thing I know is that I, or rather we, have a little problem and I would like to talk with you about it. My father always told me that drinking too much is for fools. I didn't believe him, but now see what happened! Well, I shouldn't have had sex on those days. I was ovulating. It was great to meet you. Our bodies spoke the same language from the word go. I even began to think that "love at first sight" really exists. I don't mean to say that I love you, but it was great meeting you and getting on together so well in bed! But we really should have used some contraception, don't you think? We were stupid!! And now I'm pregnant. I did the tests and there is no doubt. I hope you don't think I'm putting pressure on you, but I took the liberty of sending this note through Paula. I would like to meet you on Monday to talk about it personally. What do you think we should do?

Love
Bette

Hi love,
Hope you're enjoying the trip.
Have some great news. I went to the doctor. We did it!
Now we're no longer two. There are three of us.
Have to fly. See you tonight!

Love
Rita

Hi, baby!
Couldn't face talking to you in person, so I decided to write this note. Last week I started to feel a bit strange, a little bit sick and with a feeling that something was happening. When you took me home after our party to celebrate our two years together, I almost called you, thinking that an accident or something like that had happened. I was really feeling paranoid. I don't know! I was feeling a bit crazy, anyway. Well, now I know the reason for all this. At least I'm feeling more relieved. I don't want to frighten you but I'll get straight to the point. I did some tests and found that I'm pregnant. Since my period sometimes is not on time, at first I thought it might be a false alarm, so I didn't even say anything to you. Trying withdrawal was bound to lead to this. I'm not trying to put the blame on you, but I'm really confused. I don't know what to do now. I'm all mixed up. You're the first person I've talked to about this, and through a note! I know it's not the best way, but I didn't know how to say it to your face. What do you think we should do? I love you so much!

Marcia



This activity promotes a discussion with young men about the difficulties/losses and benefits/gains of caring for children.

Activity 11

Child Care in the Daily Life of Men

Purpose: To discuss how men perceive child care.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: If there is a father in the group or all the young men are fathers, the facilitator should

pay attention to any possible personalization of the discussion. Should the participants' comments start to become too personal, it is useful to introduce questions such as: "And with men in general, is it also like that?"

This activity can be applied in any place, closed or open, although it is suggested that it be carried out in a silent and relatively calm ambience.



Procedure

- 1- Initially, ask the participants to spread out and walk around the room.
- 2- Tell them that when they hear a time of day followed by the word STATUE, they have to freeze in a position that represents the activity they would be engaged in at the respective time. For example: "Noon, STATUE!"
- 3- Then, say out loud, a time of day followed by the order STATUE! Proceed like this for the following times:
 - a) 3:00 a.m.
 - b) 10:00 a.m.
 - c) Noon
 - d) 3:00 p.m.
 - e) 10:00 p.m.
- 4- Afterward, ask the participants to imagine what they would be doing at these times if they had a child to care for. Repeat the same command for the 5 times mentioned above.
- 5- Open up the discussion, exploring the differences between the two occasions, before and after the child, identifying what time of day the presence of the child meant a greater (or lesser) change to the young men's routine.

Discussion questions

- ✎ Does daily life change when you have a child to care for? In what way? Why?
- ✎ And if it was a woman, would it be different? Why?
- ✎ Is having a child one of your life plans?
- ✎ At what time or times is it easier to care for a child? Why?
- ✎ At what times is it more difficult to care for a child? Why?
- ✎ What is the bad side of being a father?
- ✎ What is the good side of being a father?



CLOSING

- ✎ At the end, it is important to explore the doubts and anxieties that young men may have in relation to child care, reinforcing the idea that child care is a skill that one learns.

This activity allows a young man to explore even further any doubts and anxieties about taking care of children.

Activity 12

The Baby is Crying¹

Purpose: To promote a discussion about the difficulties and conflicts in caring for children.

Planning tips/notes: The doll can be replaced by a ball or any other available object, for example, a balloon.

Material required: A doll

Recommended time: 1 hour

Procedure

- 1- Invite all the participants to sit in a circle.
- 2- Give the following instruction: let us imagine that this doll is a child.
- 3- Ask the group: Is it a boy or a girl? What is his/her name?
- 4- Say that the child is crying a lot.
- 5- Ask the group to imitate the sound of a baby crying.
- 6- Pass the doll to one of the participants and ask him to calm the child. The rest of the group continues crying.
- 7- After two minutes, if the baby (the group) is no longer crying, ask the participant to pass the baby on to the next person and proceed in the same way.
- 8- Afterward, open up the discussion, exploring the comments of the group and their doubts in relation to child care (if required, use the Resource Sheet).

Discussion questions

- ✎ What did you feel when the baby would not stop crying?
- ✎ Have you gone through a situation like this in your own life?
- ✎ What did you think was wrong with the baby? Why do babies cry? What can we do to get them to stop crying?
- ✎ Is it easy to care for a baby?
- ✎ Do women have greater skills or abilities for caring for babies? Why?

✎ CLOSING

✎ The facilitator should conclude by stressing that child care is a less complex activity than we usually think, but more tiring and time-consuming than we often imagine. We learn to care for babies through practice, but it is important to discuss with those that have already experienced similar situations or consult specialist books on the subject.

¹ Activity suggested by Benno de Keijzer (*Salud y Género*).



Resource Sheet

Essential Care for Infants

1- THE HYGIENE OF THE BABY

Daily hygiene is essential for the health and well-being of the baby, but goes far beyond that. It provides an important opportunity for intimacy and communication, of strengthening the ties between father and child. It can be a moment of joy and pleasure for the child and for the father.

Bathing will immediately become a daily routine, as, if there is no impediment to such, it should be repeated every day: a quick bath in a suitable place, with the water at the right temperature (warm) so that the child does not feel cold or hot, taking care that everything is carried out in perfect safety conditions.

2- TOUCHING

During the early stages of life, a baby's skin is one of its main sensory organs. Thus, just as it reacts with obvious displeasure to any type of skin irritation, the baby feels enormous pleasure when it is in contact with warm water, which reminds it of the security of the maternal womb, and when it recognizes the touch of its parents' hands all over its body.

The baby's hygiene can become one of the most enjoyable moments of the day. It is the moment to talk with the baby, stimulate its reactions and emotive responses.

3- GIVING A BATH

Prepare all the necessary materials, placing them within easy reach. Check that the water is not too hot or too cold and that there are no drafts. Put water in the bath. The water should be warm. Check the temperature by using the elbow or the internal part of the forearm, where the skin is more sensitive. Don't test the water with the hands, which are accustomed to withstanding much higher temperatures.

Cleaning the face and the head requires special care. To wash the face do not use soap, only warm water.

Have everything you need within reach. Don't leave the baby alone in the bath for a second: it can drown in a few centimeters of water.

Choose a place with no wind drafts.

As a precaution, fill the bath first with cold water and then add the hot water, until you reach the ideal temperature; never put hot water with the baby in the bath.

4- CHANGING DIAPERS

Always wash your hands before and after changing diapers.

5.1.- Disposable diapers

Open the fastener on the diaper, but do not remove it immediately as the baby frequently urinates at this very moment. Wait a few moments to see what happens.

Check if it is dirty. Lift up the baby's legs, securing them by the feet with a finger between the ankles; using a towel, wipe the feces in the direction of the diaper.

With the legs still raised, place the paper towel used for wiping in the diaper, roll everything up under the baby's body. Remove and proceed with the task.

Clean the area covered by the diaper with cotton, wool, or a cloth moistened with warm water. Dry well, particularly in the folds of the skin, and apply a lotion or anti-chafing cream, but never apply talcum powder.

Leave the baby without clothes for some minutes, so that it can kick its legs at will, while its bottom is exposed to the air and dries thoroughly.

Open a clean diaper, raise the baby by the legs and slip the part with the fastener under the body as far as the waist. Separate the baby's legs and pass the front part of the diaper between them.

Stretch the diaper at waist level and check if it is positioned correctly. Take the tape on one side, stretch and fasten and then do the same with the other. When fastening, make sure it is not too tight or too loose.


5.2.- Cotton Diapers


Raise the baby's legs and place the already-folded diaper under the body. The top part of the diaper should reach the baby's waist. Avoid the formation of wrinkles, folding the ends and stretching the diaper.

Pass the front part of the diaper between the baby's legs and stretch as far as it will go, adjusting well between the thighs so that the urine does not leak out.

With one of the hands, hold the front of the diaper securely, so that it does not become loose. With the other, fold over the ends and fasten with a safety pin (or adhesive tape). Do the same with the other end and check that the diaper is not too loose or too tight.

6- CLEANING THE BOTTOM

 **For girls:** Always wipe from the front to the back, otherwise you can take germs from the anus to the vulva and cause an infection. Do not clean inside the vulva.

 **For boys:** Wipe with a damp cloth or paper towel the folds in the groin and the genital organs. If the baby is not circumcised, clean the penis without forcing the foreskin back. Do not forget also to wipe the scrotum which should be cleaned from the front to the back, holding the penis to one side with the fingers, if necessary.

Source: *Your Child: Caring for the Baby Manual. Vol 1, 2, 3, 4. Rio de Janeiro: Editora Globo, 1995.*



This activity is useful for discussing relationships between father-daughter and father-son and questioning some of the myths about men and child care.

Activity 13

Men Caring for Boys, Men Caring for Girls¹

Purpose: To discuss the father's role in child socialization.

Material required: None

Recommended time: 1 hour

Planning tips/notes: It is possible to take advantage of this moment to explore how to bring up a boy and a girl, identifying how gender affects how we raise children.

Procedure

1- Tell the participants the following story:
2- Marcos, a 30-year-old man, decided to adopt a child. He didn't want to get married. He was happy, single, but wanted to have a child. Last week while visiting an orphanage, Marcos saw two children: a boy and a girl. Unfortunately, he only received authorization to adopt one

child. Which one should he adopt?

3- First, ask each participant which child Marcos should adopt. Count up the number of votes for the boy and the number of votes for the girl.

4- Open up the discussion, exploring the reasons underlying their choice and discussing the different implications for socializing and raising boys and girls and the implications of a child being raised by a man.

¹ Inspired by: *Choosing the sex of your baby, on activity, which forms part of "Manual de Formação em gênero da OXFAM" – Edição Brasileira – Sos Corpo, Gênero e Cidadania e OXFAM, 1999, p. 85.*

Discussion questions

- ✎ Why do you think that the man wants to adopt a child?
- ✎ At what age do you think the man should adopt the child? Why?
- ✎ And if it was a woman that was going to adopt, which one should she choose? Why?
- ✎ Is it better for a child to be adopted by a man or by a woman?
- ✎ Is it easier for a man to raise a boy or a girl?
- ✎ Is it easier for a woman to raise a boy or a girl?
- ✎ Can a single father raise a child?
- ✎ Can a single mother raise a child?
- ✎ Is there a difference between a single father and a single mother?



▼ CLOSING

✎ In some settings, there is a common myth that any man who wants to care for a child or adopt a child is gay, or a potential abuser or molester. The facilitator may even use this activity to promote a discussion about gay couples adopting children. In all cases, the facilitator should emphasize that caring for children is something that men can learn. Although girls and women are frequently brought up from an early age to care for children, men can also learn – and learn to do it well.



LINK

See the discussions on Homophobia - Sexuality and Reproductive Health section in this series and in the "From Violence and Peaceful Coexistence" section.



This activity discusses domestic chores – generally daily, repetitive, undervalued and barely visible activities and usually performed by women.

Activity 14

Domestic Tasks: We Only Notice when Nobody Does Them!¹

Purpose: To discuss the lack of visibility and low value attached to domestic tasks and to question the different ways that boys and girls are raised to view domestic chores.

Material required: None

Recommended time: 1 hour

Planning tips/notes: The facilitator can include real objects in staging the scene, such as a broom, feather duster, apron, dish towels, etc.

During the activity, jabs or jokes about the masculinity or manhood of certain participants might crop up. The facilitator should be alert to any possible embarrassment and employ strategies to minimize the effect of these comments.

The majority of men, at one time or other, have already been engaged in some kind of daily domestic activity, even though we seldom talk about this. Such experiences, when evoked, can be worked on as an illustration of other possibilities of action, showing that performing domestic activities in no way affects a young man's masculinity.

Procedure

- 1- Ask the participants to role play or stage as a group the "tidying up" of a home. Each participant performs a function.
- 2- Ask one of the participants to stop working and for the others to divide the activities among themselves.
- 3- Tell another participant to stop working.

- 4- Proceed like this, until only one person remains.
- 5- At the end, ask the last participant to stop working.
- 6- Ask the group: "A week later, what would the house be like?"
- 7- Open up the discussion, inviting the participants to reflect on their personal involvement in domestic chores in their own homes and the value that they attach to these tasks.

¹ Inspired by an episode from the series "Retrato Falado", a humorous sketch of the show Fantástico on Rede Globo de Televisão, Brazil.

Discussion questions

- ✎ How did each participant feel when the other stopped working?
- ✎ How did the last worker feel?
- ✎ Which of the activities staged do the participants really perform in their own home?
- ✎ Who generally performs these activities?
- ✎ What kind of domestic activities do men frequently perform?
- ✎ What kind of domestic activities do men perform only occasionally?
- ✎ Do people notice house work, or is it only noticed when it is not done?
- ✎ In a place like the army, who does the chores? What is the difference between these tasks and domestic activities?
- ✎ In childhood, who is encouraged to do domestic work, boys or girls?
- ✎ Whose toys — boys' or girls' — have more to do with domestic chores?

CLOSING

✎ The educator should point out the importance of daily domestic work, little valued and rarely noticed by those who do not do it, and stress that men and women are equally capable of performing domestic activities. There is nothing in a woman's nature that makes her specifically good at housework. Thus, the differences in attitude between men and women is due to socially constructed male and female models – that is how we are raised to be men and women.



This activity explores different roles in the family – roles that may not coincide with being the biological father or mother.

Activity 15

Family Care

Purpose: To reflect on the current concepts of family, and highlighting the importance of the different caring figures during our lives.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The number of trios can vary according to the size of the group. This activity can

be applied in large groups of up to 40 participants, although in this case the presence of an additional facilitator is recommended.

Generally speaking, this activity is popular among young people, insofar as it involves physical movement and a game. The atmosphere in the group during the activity is relaxed, and thus this activity is highly recommended for situations in which the group will meet only once. It is advisable at the start to include some music to get the ball rolling.

Procedure

1- Divide the group into various trios: two will be the walls of a house, one facing the other, hands raised, palms of the hands together, forming the roof of the house. The third will be the occupant (who will remain standing between the walls).

2- An additional person will be invited to remain outside. This young man will be neither a wall nor the occupant.

3- Instruct this young man to shout out "house," "occupant," or "house and occupant:"

a) When he shouts **house**, the **walls** should

move and take up their position around another occupant;

*b) When he shouts **occupant**, the walls remain static and the occupants change houses;*

*c) If the person shouts **house and occupant**, everyone should change place at the same time;*

d) The one who shouts should run and occupy an available place. The one that is "left out" should give a new order (shout) and try to occupy a place and so on;

4- At the end, explore the following questions with the group: 1) are all homes the same? 2) in what way are families the same? 3) besides your parents, who else do you remember taking care of you?

Discussion questions

- ✎ In what way are families similar and in what ways are they different?
- ✎ What is family for you?
- ✎ Who forms part of your family?
- ✎ Is a family only made up of blood ties?
- ✎ How are the families that you know constituted?
- ✎ Is there any type of family that is better for a child?
- ✎ Is there any type of family that is bad for a child?



CLOSING

- ✎ The facilitator should mention at the end that there is no single family model and that although our cultural model associates family with the relationships between father, child and mother, there are different family structures that can provide a child with an equally healthy development. In principle, there are no family models that are better than others — only different from each other.

