

MENCARE

Facilitators' Training Manual

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ACRONYMS

CanWaCH	Canadian Partnership for Women and Children's Health	IFA	Iron Folic Acid
CEFM	Child, early and forced marriage	IGWG	Interagency Gender Working Group
CHWs	Community Health Workers	IPV	Intimate Partner Violence
COCs	Combined oral contraceptives	IUD	Intrauterine device
CIC	Combined injectable contraceptives	LAM	Lactational amenorrhea method
CCP	Combined contraceptive path	LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex plus
CVR	Combined contraceptive vaginal ring	MNCH	Maternal, Newborn and Child Health
ENRICH	Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia program	POPS	Progestogen-only pills
FP	Family Planning	SGBV	Sexual and Gender-based Violence
GAM	Grants Acquisition and Management	SRH	Sexual and Reproductive Health
GEWGE	Gender equality and women and girls' empowerment	SRHR	Sexual and Reproductive Health and Rights
HTSP	Healthy timing and spacing of pregnancy	STIs	Sexually transmitted infections
IDEA	Inclusion, Diversity, Equity and Access	WHO	World Health Organization
		WV	World Vision
		WVC	World Vision Canada

ACKNOWLEDGMENTS

The World Vision Canada (WVC) “MenCare Facilitators’ Training Manual” provides step-by-step guidance for facilitators to engage participants in the MenCare approach, equipping men with critical knowledge and skills to help them become more active parents, equitable, non-violent partners, and champions of gender equality in their communities. The manual was developed based on gender analysis conducted in five countries of the Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia program (ENRICH 2016-2021). World Vision Canada expresses appreciation to Global Affairs Canada for providing funding to implement the ENRICH program.

This manual has been contextualized from the ENRICH Training of Trainers conducted by the authors: *Dr. Asrat Dibaba*, ENRICH Chief of Party; *Karoline Davis*, ENRICH Gender Advisor; *Karen Peterson*, World Vision India Gender Specialist; and *Miriam Chang*, WVC Nutrition Technical Specialist, in Bangkok, Thailand in November 2017 along with a subsequent training conducted for WVC’s Grant Acquisition and Management (GAM) team in Mississauga, Canada in April 2018 co-facilitated by *Socorro Maminta*, WVC Gender Technical Specialist. This Training Manual was compiled by *Karoline Davis* with the support of team advisors, *Dr. Asrat Dibaba* and *Abena Thomas*, ENRICH Grant Manager and Monitoring and Evaluation Advisor. We acknowledge *Jane Kato-Wallace*, former Director of Programs, Promundo-US, for carrying out the technical review and suggestions for improvement of the WVC/ENRICH’s context specific MenCare Approach Training Manual. We recognize the entire ENRICH team in each country, as well as the WVC Programs and Policy Gender Equality team composed of *Merydth Holte-McKenzie*, *Natalie Fisher-Spalton*, *Socorro Maminta* and *Sophia Papastavrou* for their commitment, dedication, and support in making this document a reality. WVC also expresses its appreciation to *Jenny Acton* (Gender Consultant) who made significant contributions to the manual which helped refine the document to its current form.

Following the formative research and gender assessments carried out in ENRICH countries, a five-day training took place for both ENRICH and GAM teams focused on the involvement of fathers, daughters and couples in gender transformative group education, existing approaches to engaging men, and the contextualization of these specific approaches to a community setting. In this training, participants had the opportunity to translate the objectives that came out of the formative research into workplans and finalize the expected outcomes for the male engagement program. The outcomes and objectives created in this training guided the development of this manual. Each session has also been contextualized and adapted from multiple World Vision gender equality resources and relevant male engagement training programs.

INTRODUCTION AND BACKGROUND



WHY MENCARE?

As a partner in the global [MenCare](http://www.men-care.org) campaign (www.men-care.org), coordinated by Promundo now identifies as Equimundo and Sonke Gender Justice Network, World Vision (WV) has been adapting the MenCare approach in diverse country contexts worldwide to promote men's involvement as equitable, engaged, non-violent fathers, partners and allies for the eradication of gender-based violence, the achievement of gender-equality and the promotion of family health and well-being.



MAIN OBJECTIVES OF THIS MANUAL

While women and girls have enormous potential as advocates and change agents for their own health and equality, this Manual seeks to engage men to work alongside women as partners and catalysts for gender-transformative change.

Men too have much to gain when harmful gender norms are challenged and replaced with positive masculinities. Dominant ideas of masculinity can have a negative impact on men's physical and mental health, discouraging men and boys from showing emotion or seeking help, and encouraging men to assert their dominance through risk taking and physical violence. As traditional powerholders, men are in a unique position to serve as influential gender equality advocates by working with other men and boys to speak out against discriminatory gender norms that perpetuate discrimination, violence, and inequality, and serve as positive role models for other men.

The overall goal of MenCare is to engage men in effective ways to reduce gender inequalities and to promote the health and well-being of women and girls, including putting an end to all forms of gender-based violence. As fathers, men benefit by developing closer and more emotionally connected relationships with their children and stronger bonds with fellow fathers over their shared experience of fatherhood. This Manual gives all men the freedom to question dominant ideas about manhood and/or fatherhood and redefine their own type of masculinity that rejects rigid gender roles, denounces violence, respects women and girls, and shares decision-making power and control over household resources without succumbing to cultural stereotypes. As fathers, this includes not devaluing or undermining daughters in favour of sons and ensuring that sons are raised to reject narrowly defined ideas about masculinity and to become allies and advocates for gender equality. All of this supports WVC's vision of a more equal future with women and girls.

The training is intended to be inclusive of all men and male caregivers, whether they are heterosexual, gay, bisexual or transgender¹; whether they have children or not; live with their partner and/or children, or separately; are married, single or partnered; and whether or not they have biological or adopted children. In the exercises focused on fatherhood, men, together with their daughters, and partners will critically reflect on the cultural and gender norms that prevent men from becoming nurturing, involved, and active fathers. Sharing experiences with other parents provides a valuable educational opportunity for men participating in these sessions as they become more aware of and responsive to each other's concerns and benefit emotionally from the supportive environment. In the exercises focusing on men in general, participants will challenge dominant attitudes and behaviours that threaten the health and well-being of the women and girls in their lives and will learn about the opportunities they have as men to challenge these harmful ways of thinking and behaving. The expected outcome is that these critical reflections will lead to positive change for their families and communities, and for the men themselves.

More specifically, the aims of the Manual are to:

- Improve men's understanding of how gender inequality drives poor health and economic outcomes and prevents caring, collaborate relationships between men and women, girls and boys as well as overall family well-being.
- Improve and support a healthy couple relationship that supports gender equality and non-violence.
- Improve couples' knowledge and practices around positive, gender-equitable parenting to promote the well-being of children and equal opportunities for daughters and sons.
- Promote men's engagement to improve the health of their families and the sexual and reproductive health of women and adolescent girls.
- Promote men's equitable engagement at home through shared caregiving and domestic work, more equitable, shared control of household resources, and household decision making. This involves promoting, among women as well as men, the benefits experienced by all family members when men increase time spent on domestic tasks and childcare activities.
- Increase men's capacity and willingness to be active, collaborative caregivers and nurturers: when planning to have a child, during pregnancy, during labour, delivery and after the child is born.
- Promote healthier coping mechanisms and positive masculinities that reject alcoholism, substance use and violence.
- Promote shared decision-making around household budgeting and decisions with female members of their households.
- Create an enabling, supportive environment among and between men for the adoption of positive masculinities and flexible, equitable expressions of manhood/fatherhood.

¹ Reminder for field offices to tailor discussions on LGBTQI+ depending on local laws and to conduct risk assessment and develop mitigation strategies to risks involved such as backlash or violence against LGBTQI+ within their community.

Section 1.

ABOUT THE MANUAL





The MenCare training manual was initiated as part of **Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia program** (ENRICH) of WVC, which aims to improve the health and nutrition status of mothers, newborns, and children in select regions of Bangladesh, Kenya, Myanmar, and Tanzania.

This Manual was developed to challenge the strong societal and cultural resistance to male involvement as contributors to family health and well-being, and to provide a tool to increase men's accountability and engagement to influence positive decision making, particularly on health seeking behaviours and utilization of reproductive health services. It is a practical tool to engage men as allies in advancing gender equality and women and girls' empowerment.

Rationale for MenCare Manual: The ENRICH Experience

ENRICH's preliminary gender analysis and formative research revealed that gender inequalities contribute to poor nutrition and health outcomes among pregnant and lactating women, newborns and children in program areas. Research revealed that poor nutrition and health outcomes were fueled by deeply embedded cultural and social norms which discourage both young and adult men from taking equitable responsibility for domestic and/or childcare work and from engaging in Maternal, Newborn and Child Health (MNCH) related issues. The analysis further revealed that gender-based violence and harmful socio-cultural practices, including sexual abuse, female genital mutilation, Child, early and forced marriage (CEFM), alcoholism, intimate partner violence, and gender discriminatory maternal and child health practices, were hidden issues in communities threatening the health and wellbeing of women and children.

The analysis concluded that discriminatory gender norms including rigid ideas of 'maleness' and masculinity must be challenged in order for women and girls to enjoy their health rights and to see real and lasting improvements in MNCH outcomes. To achieve this, men need to be engaged allies and active participants in this transformation. In response to these conclusions, the MenCare approach was applied in the ENRICH program setting for the purpose of engaging men in programming areas to increase the decision-making power of women, to strengthen SRHR and to improve MNCH outcomes. In addition, MenCare was used to engage religious leaders (predominantly men) of various faiths on MNCH, nutrition issues and on the negative effects of harmful socio-cultural practices such as sexual and gender-based violence (SGBV). ENRICH countries worked to strengthen the MenCare approach as a critical strategy for achieving program goals. The MenCare manual is a facilitator's tool to implementing male engagement interventions building on the ENRICH MenCare approach.



With a skilled facilitator, the training provides a safe and constructive space for men to reflect on and redefine what it means to be men in their communities. If the facilitator or program coordinator wishes to deepen her or his understanding of some of the themes/topics or gain more background on masculinity, fatherhood, and gender equality in general, this manual is a good place to find these additional resources.

The manual is organized into 10 sessions. It aims to facilitate interactive and participatory learning. When adapting this approach, it is important for the facilitator/program implementers to remember that each community is different, making it important to identify the needs, challenges and opportunities most relevant to the context they are working in to ensure that they are addressing the most pressing issues, tackling the most relevant challenges, and tapping into local opportunities. This can be done by conducting focus group discussions and in-depth interviews with the key beneficiaries/participants of their program to get insights into their participants' lived realities, how they divide roles and responsibilities in the household, what they believe it means to be a man, woman or a non-binary gender identity, what they see as the main barriers, as well as critical entry points for success. It is also imperative to look at any baseline data on gender collected as part of their program. After collecting this qualitative data and looking at what existing research there is on gender and masculinities in their specific setting, facilitators/program implementers come together as a team to identify how they will adapt the sessions to reflect the needs and realities of their community. If the facilitator is from the community where the manual will be used, it is important that s/he not assume that they inherently know the issues on which to focus and commit to conducting background research just as a facilitator from outside the community would. This will help to ensure that the facilitator is as informed and current as possible.

The manual includes sessions aimed specifically at fathers or future fathers which may not be relevant for all male participants. It is at the facilitator's discretion to decide whether there are enough fathers/future fathers in the group to include these sessions.

Each session has the following components:

Session title: The topic to be covered during the session

Objectives: What the session hopes to achieve

Activities in this session: Specific activities designed to achieve session objectives

Estimated Time: An estimate of the time required to complete each session

Materials Required: A detailed list of the training materials required for the session

Preparation: A list of what the facilitator needs to do before the participants arrive at the session

Methods: The training method to be adopted when conducting the session

Structure: The details of how the session should flow

Key Messages: The key take-home messages from the session

Homework: Any homework that the participants are required to do before the next session Who are the target participants?



Aligned with World Vision Canada's commitment to inclusivity, diversity, equity and access (IDEA), males of any age and life stage are encouraged to participate in the training regardless of race, age, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, marital status, sexual orientation, gender identity/expression or other status. While MenCare is a global fatherhood campaign, participants do not need to be fathers or even husbands/partners to engage with the curriculum. The training is intended for anyone who wants to become an ally for gender equality by exploring and challenging harmful gender norms and notions of masculinity for more just, healthy and prosperous families and communities.

Choosing a facilitator/Who should facilitate?

The facilitator must be knowledgeable about gender equality issues, sexual and reproductive health rights, including sexuality, and masculinity and how these affect attitudes, norms, behaviours, and power dynamics. Since the core objective of this manual is to motivate and enable men to advance gender equality in their daily lives, it is important that facilitators understand how gender norms and inequalities affect men's and women's opportunities and vulnerabilities within society. The MenCare approach is gender-transformative, the purpose of which is to challenge dominant ideas about what it means to be men and women and mothers and fathers, especially beliefs that are harmful to the participants' health, intimate relationships, well-being of children, and the larger community. If there are themes/subject areas that facilitators do not feel fully equipped to lead, co-facilitator subject experts can and should be invited to help lead those sessions.

Facilitators should strive to create safe spaces for all participants to create alternative gender equitable behaviours and perspectives. This may require facilitators to challenge their own long-held beliefs about gender, which can sometimes be uncomfortable. Facilitators should check out the following resources to supplement their knowledge.

- The Interagency Gender Working Group (IGWG) <https://www.igwg.org/>
- UN Women Training Centre: <https://trainingcentre.unwomen.org/>
- Prevention Collaborative: <https://prevention-collaborative.org/>
- Building Capacity and Confidence in Gender-Transformative Programming CanWaCH Learning Centre: <https://canwach.ca/learning/building-capacity-and-confidence-in-gender-transformative-programming-a-virtual-experience/>

Key Facilitation Skills

Facilitators are not expected to play the role of “expert” but instead should help to develop, manage, and synthesize group discussions in accordance with the session’s objectives.

In general, skilled facilitators follow these important guidelines (Adapted from Community Toolbox, <http://ctb.ku.edu>)



1. Space Issues: Think about the space where you are holding the sessions.

- Is it convenient and safe for everyone to get to?
- Is it accessible for all participants, including accessible washroom facilities?
- Is it close to a place where participants can get simple refreshments if they are not being offered on site?

2. Encourage everyone to participate. One of your main jobs as a facilitator is to create a space where everyone has the opportunity to participate, and no one participant or perspective dominates the discussion. Encourage people to share their experiences, and learn to identify when people want to speak, but may be too shy to say something unless called upon. Be aware of power dynamics, even among groups of the same sex. Power can vary based on factors such as age, wealth, sexual orientation, gender identity, race, ethnicity, religion, and disability, among other factors.

3. Be sure to stick to the objectives of the session. Groups tend to wander far from the original objectives, sometimes without knowing it. When you hear the discussion wandering off topic, bring it to the group’s attention. You can say, “That’s an interesting issue, but perhaps we should get back to the original discussion and include this issue in a ‘Parking Lot’ list to be addressed later.”

4. Be flexible with your group. Sometimes issues will arise in the meeting that are so important, they will take much more time than you thought. Sometimes, nobody will have thought of them at all. You may run over time or have to alter your agenda to discuss them. Be sure to check with the group about whether this is okay before going ahead with the revised agenda. Be prepared to recommend an alternate activity, dropping some items if necessary.

5. Summarize the group’s discussion and follow-up actions. Before ending the meeting, summarize the key points/decisions that were made. Be sure also to summarize the follow-up actions that were agreed to. Commend participants on their hard work and the valuable outcomes they achieved collectively. Refer to the objectives or outcomes that were discussed at the beginning to show how much was accomplished.

6. Watch the group's body language. Are people shifting in their seats? Are they bored? Tired? Do they look confused? If participants seem restless, you may need to take a break, or speed up or slow down the pace of the session. If you see confused looks on too many faces, you may need to stop and check in with the group to make sure that everyone knows where you are in the agenda, if the group is still with you or if they have concerns about the format or content.

7. Be prepared to answer "value" questions. Value questions are questions that focus on one's personal opinion on a subject that does not necessarily have a right or wrong answer. Sometimes these are the hardest to answer/moderate because your role is to be objective, and not influence others by promoting your personal values. The group must come to their own conclusions without being swayed by the facilitator. This will require you to check your own personal biases and assumptions and to stay focused on session objectives.

8. Manage large groups. In general, it is best to have groups no larger than 10 to 12 people, but in some cases groups will be larger. Take time to adapt the sessions to have more small group discussions so everyone has a chance to speak. Minimize the time spent in large group discussions.

9. Group members with low literacy. Be prepared to adapt sessions for participants who cannot read or write. Know your participants prior to carrying out the first session. Make sure that you do not point out those with low literacy to avoid shame or embarrassment.

Facilitator Tools: Warm Ups and Energizers

Warm ups and Energizers are important tools for any facilitator. They help to put participants at ease and help the facilitator get to know the individuals who make up the group.

Warm-Up Activity/Ice Breakers

- Facilitators can use their own creativity to make the group feel relaxed and actively engaged in discussions and can also enlist help from participants. Have participants introduce themselves to their group before they get to work. This helps to build a sense of teamwork. An example is provided below, and there are many more ways to facilitate introductions in fun and creative ways.
- In pairs, have people turn to the person next to them and share their name, and three other facts about themselves that others might not know. Then, have each pair introduce each other to the group. This helps to get strangers acquainted and people to feel safe—they already know at least one other person, and do not have to share information directly in front of a big group at the beginning of the meeting.

Energizers

- Energizers are an important facilitator tool because they keep group sessions dynamic. It can be exhausting to sit for two or three hours, even with lively discussion and debate. Use energizers at any time—right after a break between activities, after the morning check-in, or whenever you see participants looking tired and losing focus. You will find that they are the highlight of every session.

Section 2.

MAJOR COMPONENTS AND SESSIONS





SESSION 1: WELCOME SESSION

OBJECTIVES

1. Get to know each other and set the tone for the group
2. Ensure participants are comfortable and develop trust in the group
3. Create a list of participant expectations
4. Establish Ground Rules as a group
5. Use the expressed needs and interests to encourage their participation and to answer their most pressing questions
6. Understand the difference between sex and gender and how gendered ideas, expectations and assumptions affect attitudes and behaviours and can be harmful to both women and men
7. Reflect on ways that gendered ideas, expectations and assumptions affect how families raise girls and boys to become adults

ESTIMATED TIME: 2.5 hours

ACTIVITIES IN THIS SESSION

1. Musical Square Mats - 30 minutes
2. Workshop, Norms, and Logistics – 30 minutes
3. Gender Sensitization - 60 minutes
4. Discussion – 30 minutes



MATERIALS NEEDED:

- Flipchart and markers, or chalkboard and chalk, or cardboard/paper and markers
- Device that can play music
- “Musical Squares²” – these can be mats, pieces of cardboard or paper or cloth that participants can stand on
- Two large sheets of paper
- Video “[When Men Change](#)” by Promundo

² Most of the training materials/input are available at www.innovations.org

PREPARATION:

The following preparations will ensure that the facilitator has everything in place to move through all the activities in this session.

- Place whatever items are being used for “Musical Square” mats in a circle large enough for all participants to stand on a “square,” using a number equal to the number of participants.
- Draw two columns on a large piece of flip chart paper. Make one column heading “Woman” and in the other column heading “Man”
- On flip chart paper or other large piece of paper, write heading “Ground Rules”
- On flip chart paper or other large piece of paper, write heading “Hopes and Expectations”
- Written out or printed in larger font “Sex vs. Gender Table”

STRUCTURE:

Part 1: Group Welcome (5 to 10 minutes)

Greet participants warmly as they enter and ask them to sign in if required.

Part 2: Activity: Introductions through “Musical Square Mats”³- 25 minutes

1. Ask participants to stand in a circle around the mats that were placed earlier. Remove one mat. Now every participant except for one should have a mat in front of them.
2. Tell the participants to run counterclockwise, while stepping on the mats, as you play music in the background. They need to stop and stand on a mat wherever they are as soon as the music stops. Those who couldn't find a mat to stand on have to come inside the circle and introduce themselves. They must also give one trait that they possess and specify whether they think that trait is a feminine or masculine trait and why.
3. Repeat these instructions for each round, as you remove three or four mats each time.
4. Once everyone introduces themselves, they should go back to their places.

³ Adapted from [Gender Training Toolkit](#), World Vision International, 2008.

Part 3: Workshop Ground Rules, Agenda and Logistics⁴ – 30 minutes

STRUCTURE:

1. Hold a quick brainstorming session to agree collectively on the “Ground Rules” to be observed during the workshop.
2. A clear set of Ground Rules creates a sense of safety and open, constructive communication in the group. Participants will feel a greater commitment towards Ground Rules that they create themselves.
3. Place the piece of large paper labelled “Ground Rules” on a wall or other flat surface.
4. Ask the group to name “Ground Rules” they feel are necessary to create an atmosphere of safety, openness, respect, and confidentiality. Write them out on the paper or flip chart and place them where they can be seen clearly by all participants for the duration of the training.
5. Guide participants by asking questions such as:
 - What would make you feel welcome and comfortable?
 - How can we ensure that all perspectives and personalities are given a chance to contribute?
 - What would encourage you to talk in the group?
 - What would stop you from talking in the group?
6. Write responses on flipchart paper. If possible, write the rules up as broad statements in less than 10 rules. Once there is group agreement on the list, write it up neatly and put the Ground Rules up in a part of the room where it can be easily seen by everyone.



Common Ground Rules include:

1. Respect all participants in the group.
2. No insults of other people or their ideas. Each person has the right to think and freely express their opinions. Respectfully challenge ideas you disagree with.
3. Listen attentively. Avoid interruptions because they take time away from others in the group.
4. Each person has the right to pass. No one will be forced to participate in any activity or exercise.
5. Practice empathy: put yourself in another person's shoes.
6. Commit to confidentiality: another person's experience cannot be discussed outside of the group.
7. Be punctual and commit to full attendance.
8. Mobile phones on silent mode

⁴ Ibid.

Overview of Men's Groups and Participant Expectations (30 minutes)

1. Begin by saying the following: "These men's groups were created to support men to be more involved and caring husbands, fathers and/or allies for gender equality. We will, in these weeks, go over many topics related to masculinity/fatherhood including gender roles and norms, child development, couple communication, budgeting, and most importantly, equality in the home. We will look at our communities and think about ways in which we, as men, can change harmful ways of thinking and acting and be better men for our loved ones, children, partners, peers, and ourselves."
2. Emphasize that the training is intended to be inclusive of all men and male caregivers, whether they are heterosexual, gay, bisexual, or transgender; whether they have children or not; live with their partner and/or children, or separately; are married, single or partnered; and whether or not they have biological or adopted children.
3. Bring attention to the large sheet of paper with the session names and describe in 1 to 2 sentences the purpose behind it.
4. Ask the group what they think about these topics and if they have any questions.



Hopes and Expectations

Ask the participants to share the following information with the group:

1. What is your name?
2. Tell us where you are from.
3. What are your hopes and expectations for these sessions and what do you hope to learn?
4. Summarize expressed expectations on flip chart paper and place the wall where they are visible to all participants with the heading "Hopes and Expectations".

Part 4: What is this thing called Gender?⁵- 60 minutes

STRUCTURE:

1. Ask participants what they think the difference between 'sex' and 'gender' is. Explain to participants the difference using the chart below.

Sex vs. Gender Table

SEX	GENDER
Biological: The classification of people as male, female, or intersex. Sex is usually assigned at birth and is based on an assessment of a person's reproductive systems, hormones, chromosomes and other physical characteristics.	Socially-constructed: Gender is based on the expectations and stereotypes about behaviours, actions, and roles linked to being a "man" or "woman" within a particular culture or society. The social norms related to gender can vary depending on culture and can change over time.
Determined at birth	Determined through socialization
Universal	Cultural/Social
No variation from culture to culture or time to time	Variation from culture to culture and time to time
Example: At birth, female-assigned people have higher levels of estrogen and progesterone hormones, while assigned males have higher levels of testosterone. An intersex person is born with biological traits that are outside the strict male/female gender binary, whether it's anatomy, chromosomes, and/or hormones.	Example: The expectation that women are nurturing and emotional while men are strong, brave, and self-assured.

Gender vs. Gender Identity

Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth. A person may choose to express their gender identity through appearance and behaviours. People may

identify with genders that are different from their assigned sex at birth, or with none at all. Someone who identifies with the gender that they were assigned at birth is called "cisgender." Someone who is not cisgender and does not identify within the gender binary (man or woman, boy or girl) may identify as nonbinary, genderfluid, or genderqueer, among other identities.

⁵ Adapted from [Caring for Equality \(worldvision.org\)](https://www.worldvision.org/caring-for-equality)



2. Place the paper with the two columns marked “woman” and “man” on a wall for all participants to see.
3. Ask the participants to each say a word or phrase that they associate with being a man ⁶. Write these in the ‘Man’ column. The words or phrases can be positive or negative. Help the participants name both social and biological characteristics. They do not have to raise their hands; they can say their answers aloud as they think of them.

If not mentioned by participants, include the following for the “Man” column (*optional*):

- “Obligation” (to stay strong and take risks for the good of his family)
 - “Breadwinner” (to earn income to support family)
 - “Continue family lineage”
 - “Must have at least one son”
4. Repeat the same for the “Woman” column.
 5. Have a participant read aloud the words listed from each column and discuss as a group whether the words relate to sex or gender.
 6. Cross out the word ‘Man’ with an ‘X’ and write ‘Woman’ and do the same for the “Man” column.
 7. Ask participants, “*Can a woman also have male characteristics?*” Go down the words listed in this column one-by-one.
 8. Do the same for the second column. Explain that this training will focus on gender issues, and that this is the group’s first opportunity to discuss how gender impacts relationships between men and women. Remind the participants that everyone has the right to his or her own opinion, and that no response is “right” or “wrong.”

⁶ If participants are stuck/not clear on how to proceed, provide some examples but with a qualifier that says “Depending on your context, some examples of words associated with being a man are:....”. Do the same for the exercise on words associated with a woman.

GROUP DISCUSSION:

Encourage participants to think critically about the traits, roles we attribute to women and to men. Emphasize that some of these roles, expectations, and assumptions can be limiting and harmful and can be used to promote inequitable ideas such as that men are more valuable to society than women. Emphasize that ideas about gender can change and evolve over time. Rehearse how you will respectfully challenge common myths or misunderstandings with your group members and respond to difficult questions. Engage participants with the following questions:



- What does it mean to be a (young) man?
- What characteristics of how to be a man are viewed as negative by society? Positive?
- What does it mean to be a (young) woman?
- What characteristics of being a woman are viewed as negative by society? Positive?
- Do you think sons and daughters are raised the same way? Why or why not?
- What would it be like for a (young) man to assume some of the characteristics traditionally associated with women? What about for young women to assume characteristics associated with men?
- How do our family and friends, history and culture influence our ideas of what it means to be men? To be women?
- How does the media (radio, television, newspapers, internet) influence the roles men and women should take?
- How do these expectations affect your daily lives? Your relationships with your partner/loved ones? With young women? With young men?
- How can you challenge some of the harmful expectations from society of what it means to be a man or woman?
- What did you learn from this activity? Is there anything that we can apply to our own relationships?



KEY MESSAGES:

Conclude the discussion by emphasizing that this activity introduced them to the concept of 'gender' meaning how women and men are socialized, and how it differs from biological 'sex' which are the biological characteristics people are born with. Refer to the flipchart with the "Sex vs. Gender" table and review it with participants by reading through the terms "gender" and "sex" and the associated characteristics with the group. Explain how gender determines our own and others' values and attitudes about men's, women's and people with diverse gender identities expected roles and value in society. Ask if there are questions.

HOMEWORK AND CLOSE:

Homework

1. Ask the participants to go home⁷ and take on one caregiving or domestic chore around the home that is typically assigned to women that they have never done before and write about their experience, how they felt doing it, and how others at home responded to it.
2. Write down one gender role or norm they subscribe to that they would change from now onwards and ask them to explain they don't want to subscribe to that norm anymore. Ask them to share their decision with their spouse and children.

Close

- Thank all the participants for sharing their questions, concerns, and experiences.
- Express appreciation for the environment of respect and trust they have sustained throughout the session and encourage participants to continue to take part in future sessions.
- Remind the group about confidentiality and the importance of keeping what is said during the group sessions within the group.
- Provide a brief overview of the next session and encourage all participants to attend.

⁷ Facilitators note: If the training is done in a residence setting where participants are away from home, field visits to nearby villages and observation could be an alternative approach.



SESSION 2: GENDER EQUALITY

OBJECTIVES

In this session, we will be talking about stereotypes and gender stereotyping

- Review common gender stereotypes and support men to understand how these stereotypes impact our attitudes and behaviours and can be harmful
- To understand the meaning of gender equality and understand how our thinking and our beliefs influence how we express ourselves
- To highlight the importance of being creative and innovative in our problem-solving strategies
- Examine how power impacts young girls' risk of entering an early marriage
- Discuss how fathers can play a significant role in challenging harmful traditional practices like Child, early and forced marriage (CEFM) and giving equal opportunities to girls and boys
- To establish that girls and boys are born equal but receive differential treatment
- Reflect upon norms of gender socialization, that is, the different ways in which we treat and educate our children based on gendered expectations

ACTIVITIES IN THIS SESSION

1. Gender Stereotypes - 30 minutes
2. Born Equal, Treated Differently - 20 minutes
3. A Child, early and forced marriage Visualization Activity (Indrani's Case Study) - 30 minutes
4. Problem Solving Activity (Tangled Nail Puzzle) - 40 minutes
5. How Women and Men Express Themselves - 30 minutes
6. Process of Socialization - 30 minutes
7. Thinking Beyond the Box - 40 minutes
8. Gender and Toys - 30 minutes
9. Key Messages and Closing/Homework - 20 minutes

ESTIMATED TIME: 4.5 hours

MATERIALS NEEDED:

- Device for playing music such as tape recorder or mobile phones
- Tangled/Bent Nail Puzzles (enough for 4 groups)
- Wonder Box
- Markers, chart sheets, white board
- “Coloured Feather” Trick including white, pink, and blue feather rings, bag, ribbons
- Bunty-Babli stencils
- Tray (optional)

STRUCTURE:

1. Welcome everyone back to the group. Check in with the participants by referencing the last session.
2. Reiterate the Ground Rules for the training.
3. Provide an overview of the objectives of the session.

Part 1: Gender Stereotypes⁸– 30 minutes

NOTES FOR THE FACILITATOR:

1. Explain the terms “Gender Stereotypes” and “Gender Stereotyping” to the participants. See the definitions in the Key Message/Synthesis.
2. Show the video “The Impossible Dream” and discuss gender stereotypes. Use the link on the right to access the video.
3. Divide the group into four smaller groups and ask them to discuss the following questions:
 - *What was something that stood out to you in this video?*
 - *What are the stereotypes you were able to identify?*
 - *How do stereotypes harm women and girls?*
 - *Is this an impossible dream according to your context? What are some of the things that need to change to make this dream possible?*



[\(4127\) The Impossible Dream - YouTube](#)

KEY MESSAGES:

A stereotype is a widely held perception or bias about a person or group that is over simplified and often inaccurate. Gender stereotypes can result in unequal and unfair treatment based on a person's gender. Gender stereotyping is the practice of assigning to an individual woman/girl or man/boy specific attributes, characteristics, or roles based solely on their gender. *Examples:* “Women are nurturing” or “women are weak,” “men are good decision makers” or “men know how to fix things.”

⁸ Adapted from Gender Manual World Vision India, 2006 (internal document)

Part 2: Born Equal, Treated Differently⁹ – 20 minutes

NOTES FOR THE FACILITATOR:

- Stress that in the same way that the stencils are equal in size, men and women are born equal with equal rights.
- Make note of the opinions/reactions shared by the participants. These can be addressed in detail in the exercises that follow.

STRUCTURE:

1. Divide participants into two sub-groups to demonstrate the Bunty-Babli puzzle to each group simultaneously.
2. Put both the figures/stencils on the ground or on a tray side by side, next to each other. The boy should be placed on the right side.
3. Now ask the participants, “Which of the two is bigger, Babli (girl) or Bunty (boy)?” They will likely say, “boy,” as it seems bigger.
4. Now hold the stencils in your hand and turn them around such that the position of the figures is reversed, i.e., the girl should be placed on the right side now. Repeat the question and the answer this time would be, “girl.”
5. Now hold the stencils together, placing one on top of another to show that though one seems bigger than the other, they are in fact equal in size.
6. Hold a brief discussion using the question below and highlight the key message, that girls and boys appear different only because they are treated differently.

⁹ Adapted from Gender Manual World Vision India, 2006 (internal document)

GROUP DISCUSSION:

1. Who seems to be more powerful in society, men, or women, most of the time? (In terms of access to resources, decision-making power, freedom, etc.) Why?
2. What are the consequences when one person is always more powerful than another person?
3. What are the consequences when boys and girls do not have equal opportunities?



KEY MESSAGES:

Girls and boys appear and are perceived differently only because they are treated differently. Girls and boys are born equal and it is their right to have equal status and opportunities in life. However, generally it is the boys who enjoy a higher status and greater opportunities in our society. Due to inferior status, lack of access to resources, differential treatment based on limiting gender roles and stereotypes, girls do not have the same opportunities to develop their potential to become as independent and powerful as boys.



**Part 3: A Child, early and forced marriage
Visualization Activity (Indrani's Case Study)¹⁰
– 30 minutes**

Introduce the next activity by stating that power inequalities between men and women put girls at risk for early marriage. This is because compared to others in the family (such as sons), a girl is viewed as having little purpose other than to bear children and maintain her current and future home by cooking, cleaning and serving her husband and his family. Girls have very little power to choose when and under what terms they will marry.

¹⁰ Adapted from Gender Manual World Vision India, 2006 (internal document)

1. Invite participants to sit in a circle where they will listen to the story of Indrani [or use a typical girl name from the community]. Read the story below:

Hello. My name is Indrani and I am 16 years old. I live in [insert community name] and belong to the lower caste. Six months ago, my parents arranged my marriage to a 17-year-old boy from a different village. I don't know why I am to be married off at such a young age. I am still living with my parents until the marriage ceremony so I do not know when I will go and live in my new husband's home. When I am asked about my marriage and husband, I just smile and say nothing even though I am sad and scared. I enjoy school and want to become a doctor someday. If I get married now, I will have to leave school to take care of my husband and give birth to children. When I ask my father and mother about delaying my marriage, they say, "This is the way things are. We can't help it. If you do not get married now people will think something is wrong with you and our family. Also, we have no money to keep sending you to school, so be a good daughter and listen to your parents."

2. Ask participants the following questions:
 - What was the cause of Indrani's marriage?
 - › *Probe: Poverty? Community norms and beliefs? Power inequality?*
 - What effect does Indrani's early marriage have on her education and future goal to become a doctor?
 - What did Indrani's parents mean when they said, "This is the way things are?" How does this perpetuate gendered power imbalances?
 - › *Probe: Do you think Indrani's father and mother also felt powerless? Why? Why does the practice of Child, early and forced marriage continue in some communities?*
 - Does Indrani's story sound like what you have experienced or seen?
 - Why is early marriage harmful to young girls? To families? To communities?
 - What is one thing you can do to empower the girls in your lives (daughters, nieces, friends) (*Individually take 5 minutes and write the answers and then divide into groups and discuss your answers. Write these answers on flipchart paper and have a group presentation*).

KEY MESSAGES:

Thank participants for another engaging and reflective discussion. Reiterate that unequal power dynamics between men and women have negative consequences, including putting girls at risk for early marriage, denying girls an education and fuelling all forms of Sexual and Gender-based Violence (SGBV). Adolescent girls, being both young and female, face a double blow to their power, with limited freedom to challenge decisions made by adult men, who are often the ones making decisions regarding Sexual and Reproductive Health and Rights (SRHR) issues and marriage. For example, society may say that girls should not have a say regarding when they will marry, or when sex will take place because of beliefs that a girl is an “object” or “possession” without rights. Close the session by offering up these key facts. The [Girls Not Brides Child Marriage Atlas](#) is a good resource for additional facts.

- CEFM, defined as marriage before age 18, is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty.
- CEFM negatively impacts health. When girls marry and become pregnant before they are fully developed, they are at higher risk of maternal mortality. In fact, pregnancy is the number one cause of death for girls aged 15 to 19 worldwide.
- With limited education or skills training, a girl's potential to contribute positively to her family, her community and her country is severely curtailed.
- CEFM is preventable. Families and communities have a responsibility to work together to combat CEFM and support a girl's right to self-determination.



Part 4: Problem Solving Activity (Tangled Nail Puzzle)¹¹
- 40 minutes

STRUCTURE:

1. Divide the participants into four sub-groups and hand over the nail puzzle to each of the four groups.
2. Tell them that the entangled nails symbolize the problem of gender inequality that exists in our society.
3. Ask the group to work together to separate the two nails signifying the process of solving the problem of gender inequality.
4. After 5 to 7 minutes, through demonstration, help the participants learn the trick of separating the two nails, emphasizing that it requires a hands-on approach that examines multiple angles addressed in a cooperative and collaborative way.
5. Hold a brief discussion around the points below.

¹¹ Adapted from Gender Manual World Vision India, 2006 (internal document)

DISCUSSION:

- What helped you solve the puzzle and separate the two nails?
- What does gender equality mean to you? Facilitator: Define the meaning of gender equality for the group.
- What are the barriers to achieving gender equality in your community?

KEY MESSAGES:

Achieving gender equality is a complex issue, intertwined like the nails with several intersecting forms of discrimination including those related to age, ethnicity, gender identity/expression, sexual orientation, caste, religion, disability, and income. It's also important to stress that gender equality cannot be achieved without ending gender-based violence. Therefore, it requires a well thought out multi-pronged approach at multiple levels simultaneously (inter-personal relationships, families, households, schools, communities, workplaces, governments) followed in a sincere and concerted manner. It also requires willingness on the part of male power holders to share power with women and girls and to understand the role they play in advancing gender equality. Men must examine and challenge their own, and other men's, beliefs, values and behaviours, reflecting on how these thoughts and actions create and sustain gender inequality. Men have a unique role and responsibility due to the higher status and influence they have been granted by society to tackle gender inequality.

Part 5: How Women and Men Express Themselves¹² - 30 minutes

1. Introduce this activity by stating that what men and women *believe* affects how they express themselves in society.
2. Next, ask participants to form 2 lines facing each other.
3. Tell participants that you will say one word and that they will have to make a statue of that word.

LINE 1 should make statues representing how women would express the word and

LINE 2 should make statues representing how men would express the word.

4. Ask participants to close their eyes before you say each

Beauty	Strength
Love	Marriage
Parenthood	Young Adulthood (or Adolescence)
Power	Anger

¹² Adapted from [Program HMD: A Toolkit for Action | Equipundo](#)



GROUP DISCUSSION:

After the participants make statues for each word, they should open their eyes and observe and comment on the similarities and differences between themselves and the statue made by the person across from them.

FACILITATE A DISCUSSION BY ASKING THE FOLLOWING QUESTIONS:

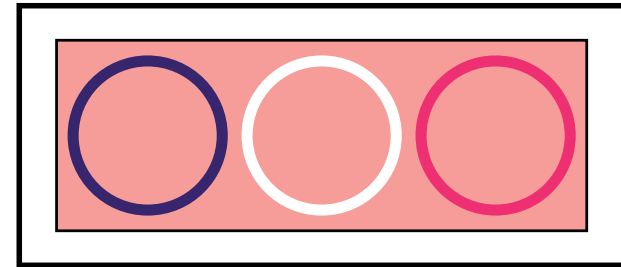
- What was it like to express yourself as a man or as a woman?
- Were you afraid that your statue might look different than others in your line? What does that tell us about our desire to conform to society's gender norms and expectations?
- What was the most difficult statue to make? Was it the same for line 1 and line 2? Why might certain words have been more difficult/easier to convey for the men's line vs. women's line?
- What differences did you notice between the men's statues and the women's statues? And what about the similarities?
- Do we and/or should we expect all those in the women's line to express themselves in the same way? What about those in the men's line? How can we make space for diversity in terms of gender identity and expression?
- How do these differences and similarities relate to how families, particularly fathers and mothers, raise girls to become women?
- How do these differences and similarities relate to how families, particularly fathers and mothers, raise boys to become men?
- How do these differences and similarities influence intimate relationships between men and women such as marriage?
- Have you learned anything that you can apply to the way you relate to your loved ones, the behaviours you encourage and support vs. discourage? What about in your relationship with a partner or close friend/family member?

Part 6: Process of Socialization¹³ - 30 minutes

STRUCTURE:

1. Take out the white feather ring and show it to participants saying that it represents a young infant born in a household. Take out another white feather ring out of the bag and say that it represents another young infant born in another household. Ask participants if they can guess the sex of each infant.
2. Place any one of the white feather rings in the black bag. Now pass the pink ribbon through the hole in the bag. Say a few magical words and pull out the pink feather ring out of the bag.
3. Now place the other white feather ring into the same bag and pass the blue ribbon through the black bag and take out the blue feather ring from the bag.
4. Ask participants to guess the sex of the child. Note their responses.
5. Connect the trick to the **process of socialization**.

The white-coloured feather rings symbolize the sameness with which a girl and a boy are born. We have similar needs for love, food, sleep and care and similar ways of expression. However, as soon as we are born, the process of socialization begins, and girls and boys are treated and looked at differently. The way they are dressed, the toys they are given, the roles and responsibilities they are taught, the freedom afforded to them, and the dreams and plans associated with them is different. Pink is often associated with a girl and blue with a boy. Therefore, the difference in the colour of ribbons symbolizes the different messages given to girls and boys and the impact these messages have on a child's own interests, skills and aspirations. Passing the ribbon through the hole in the bag symbolizes the process of socialization that consequently brings out two different colours of rings, and hence two very different paths through life.



KEY MESSAGES:

What we learn as a child and in our growing years becomes deeply ingrained in our minds and reflected in our attitudes and behaviors. There are many socialization agents like parents, family, neighborhood, community, media, educational institutions, religious philosophy and so on. These deeply influence our thinking and behavior and shape gender roles, norms and responsibilities. These go on to influence our opportunities and life prospects (education level, vulnerability to violence, health status, economic well-being). Yet the socialization process can be changed so that boys and girls, and children with diverse gender identities, grow up with equal opportunities for a full and healthy life. It is up to each of us to take on the responsibility to identify, challenge and replace those attitudes and behaviors that promote gender-based discrimination and gender-based violence, both directly and indirectly.

¹³ Adapted from Gender Manual World Vision India, 2006 (internal document)



Part 7: Thinking Beyond the Box¹⁴ - 40 minutes

STRUCTURE:

1. Hand over one Wonder Box trick to each of the already formed four sub-groups and ask them to open it.
2. Once they are unable to do so, demonstrate the trick.
3. Now ask the group:
 - *What do you think were the reasons behind not being able to open the box?*



KEY MESSAGES:

1. Based on our past experiences, educational background and conditioning, we have learned to solve problems in a particular way.
2. The problem-solving strategies we employ are often based on what we have learned in the past rather than evolving and adapting with the application of new knowledge, skills and awareness.
3. However, it is crucial to “think beyond the box,” and be creative and innovative in our approach in order to find a solution that is fair, just and non-discriminatory, based on the best available information.
4. When common solutions/strategies fail, there are different possibilities waiting to be explored. In fact, sometimes the common solutions are discriminatory in their design, and should be questioned from the start with fairness and equality as guiding principles.
5. Ask participants to apply their conclusions to a problem that is rooted in gender-inequality (such as boys’ education being prioritized over girls’ education, or the practice of CEFM). How can ‘thinking outside the box’ help men and boys challenge gender-inequality?

¹⁴ Adapted from Gender Manual World Vision India, 2006 (internal document)

Part 8: Gender and Toys¹⁵

- 30 minutes

STRUCTURE:

Show the video Girl Toys versus Boy Toys in the link below to discuss how gender stereotypes and toys are related.



[\(4127\) Girl toys vs boy toys: The experiment - BBC Stories - YouTube](#)

GROUP DISCUSSION:

Reflect upon the similarities or differences in the toys given to boys and girls by asking the participants to work individually on the questions below, giving them time to share within the group and discuss.

- When you were a child, did you ever play with dolls? Is it okay for a boy to play with dolls? Why or why not?
- Is it okay for girls to play with trucks, soccer balls, etc.? Why or why not? Why are weapons (guns, bows and arrows etc.) and building or engineering toys typically marketed to boys?
- What do you think children learn about being a girl or boy during playtime?
- What do these toys say about social expectations of being a male child or a female child, and being an adult man or woman?
- How can these social expectations be harmful or limiting to girls? And to boys?
- As fathers, uncles, brothers, or friends, how can we communicate positive messages about equality to our children through the toys we give them and the ways we play with them and encourage them to play with each other?

Show the following two videos and discuss content as a group after each video:



[Boys Don't Cry](#)



[A Call to Men by Tony Porter](#)

¹⁵ Adapted from Gender Manual World Vision India, 2006 (internal document)



Part 9: Key Messages and Closing/Homework – 20 minutes

Re-emphasize that gender is socially constructed, meaning that women and men, girls and boys are influenced by culture, religion, caste and politics. These factors affect what we believe in and have opinions on. This, in turn, affects our behaviors and how we plan for the future. Many of these norms can be harmful because they can promote men's use of violence against women, disadvantage women by giving them little decision-making power when it comes to marriage and create unhealthy and unsafe environments. As men, it is important to recognize which norms are harmful and step away from them in order to seek out more positive and flexible versions of what it means to be men. We will discuss what this means in the next sessions.

HOMework

1. Ask the participants to talk with a partner/loved one and share with this person a concern or fear they have about being a man, and what is expected of them.
2. Ask the participants to invite their partner/loved one to share a fear or concern they have as well. Come ready to talk about what that experience was like with the group in the next session.
3. Ask all the participants to bring an object that they associate with their father/other male role model to the next session. It could be a book, a key chain, a hat or anything that makes them think of this person.

SESSION 3:

THE IMPACT OF FATHERS OR OTHER MALE ROLE MODELS

NOTES FOR THE FACILITATOR:

This activity can have a serious emotional impact on participants and facilitators as violent experiences or other traumatic life events, such as abandonment, may be recollected. Therefore, it is important to give the participants emotional support during this process. Generally, this can be achieved by offering a word of caution that some participants may find the topic distressing and assure participants that they can take a break at any time without needing to provide an explanation to the group. As a facilitator, your job is to respectfully listen to the participants, without judging or pressuring them. The confidentiality commitment should also be reiterated at the beginning of this session so that the participants are reminded not to comment on what is said during the session once they leave.

If a participant begins to break down in front of the group, normalize the experience by giving them room to express that emotion. Consider saying, *"Thank you for being brave and trusting us with that story. I'm sure many of the people in this room have had similar experiences to yours."*

OBJECTIVES

- Reflect upon the influence that fathers or other male authority figures have had on the participants while they were growing up
- Discuss how participants can take any positive aspects of their fathers'/ male role models' influence as well as acknowledging and addressing the negative impacts to promote healing and to avoid repeating harmful patterns

ACTIVITIES IN THIS SESSION:

- My Needs and Concerns as a Man
- My Father's Legacy

ESTIMATED TIME: 2.5 hours



MATERIALS NEEDED:

- Flipchart or paper and markers
- Sticky pads and sketch pens
- Device that plays music

STRUCTURE:

1. Welcome everyone back to the group. Check in with the participants by referencing the last session.
2. Provide an overview of the objectives of the session.

Part 1: My Needs and Concerns as a Man¹⁶

1. Divide the participants into four groups and ask them to discuss within their groups their concerns as men, either as husbands, fathers, uncles, brothers, employees, employers etc. and make a list of the concerns discussed on a piece of paper or a flipchart.
2. Once the list is prepared, ask one volunteer from the group to read out the points to the larger group.
3. Ask participants to stay in their small groups and discuss the following points:
 - How did it feel to hear about the experiences of your peers? Did you learn anything new?
 - Did you notice any common or recurring themes, pressures, or worries?
 - Was there any comment that surprised you?
 - Why do men talk so little about their concerns?

GROUP DISCUSSION:

Ask the participants to volunteer to share their discussion with the women in their lives (wives, daughters, sisters, friends) and to invite these women to share their concerns as women. Do mention that there may be emotional points during the discussion, so it is important to respect each other's feelings.

¹⁶ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

Part 2: My Father's Legacy¹⁷

1. Ask all the participants to get the object that they brought with them that they associate with their father or other male role model who has impacted their lives. It could be anything like a piece of clothing, a key chain, a hat, etc.
2. Ask participants to form a circle and in pairs discuss the following questions:
 - “One thing about my father/ other male role model that I want to take into my personal relationships with loved ones is...”
 - “One thing about my father/ other male role model that I do not want to repeat with my loved ones is...”
3. Now randomly ask some of the pairs to share the points they discussed in pairs. They will speak of what their partner shared with them.
4. Divide all the pairs to form groups and ask them to discuss the following questions.

GROUP DISCUSSION:

- What are the positive things about your relationship with your father/other male role model that you would like to put into practice or teach to your children/loved ones?
- Which things would you rather leave behind?
- How do traditional definitions of manhood impact the way our fathers and other male role models cared for/interacted with children? *Some examples: Men cannot cry; men should not express physical affection to sons such as kissing or hugging; men use violence to resolve conflict.*
- How do traditional definitions of manhood impact the way girls are raised and cared for? *Examples: Women belong in the home, not in the workplace. Women are weaker, etc.*
- How can we “leave behind” harmful practices to be more involved and gender equitable men/partners/fathers?

KEY MESSAGES:

Ask participants to share with their partner chosen during session or someone they trust how they plan to emulate the positive actions of their fathers/other male role model and how they want to learn from and transform the negative experiences. Close the session with a positive message, helping to give a positive meaning to a painful experience as an opportunity for personal development, and to replace negative attitudes and beliefs with positive attitudes and beliefs of respect and equity.

It is important that men talk about their relationship with their fathers/other male role models, to heal and learn from their experiences, and to apply this new awareness to their own roles. This reflection will allow men to identify those positive aspects of their life stories they want to replicate for their loved ones, as well as those negative aspects they do not want to repeat.

¹⁷ Ibid



SESSION 4: PREGNANCY AND BIRTH

OBJECTIVES

- Normalize men's involvement in maternal health and the prenatal period
- Address many of the concerns men have about the experience of pregnancy, such as couple conflict and stress, loss of sexual desire, and more
- Identify specific ways that men can support their partners during pregnancy
- Share ideas and experiences about the role of a father during childbirth and prepare men to be proactive, supportive partners
- Address any concerns men have about childbirth
- Highlight the importance of physically and emotionally bonding with their sons and daughters

ACTIVITIES IN THIS SESSION

- Messaging/Awareness During Pregnancy
- My Domestic Roles
- Delivery Room Role Play

ESTIMATED TIME: 2.5 hours

MATERIALS NEEDED:

- Flipchart and markers, or chalkboard and chalk, or cardboard and markers
- Projector
- A pillow
- Copies of the Supporting Information for Facilitator, "Father's Backpack"



Part 1: Messaging/Awareness During Pregnancy¹⁸

STRUCTURE:

1. Welcome everyone back to the group. Ask them to share the learnings of the previous session. How did their concerns as men differ from the concerns of the women in their lives with whom they shared their thoughts from the last session?
2. Introduce the session's objectives.
3. Explain to the group how a father can support the health of the mother during the pregnancy. Say that men play a key role, and their decisions and actions make a difference during pregnancy, delivery, and the postpartum period.

¹⁸ Adapted from Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

During pregnancy

1. Start by asking what men can do to support their partner in ensuring a healthy pregnancy. Write these on the flipchart¹⁹.
 - Below are recommendations you can list if they aren't mentioned by the group:
 - Ensure good nutrition by:
 - › Ensuring that foods rich in iron and vitamin A are readily available for her to consume. An anemic woman is five times more likely to die of pregnancy-related causes than a woman who is not anemic.
 - › Disregard any cultural taboos restricting certain nutritious foods during pregnancy.
 - › Ensure pregnant woman access and take iron-folate supplements (or multiple micronutrient supplements if recommended by Ministry of Health as per instructions from health workers, and how to manage potential side effects, e.g., taking Iron-Folic Acid (IFA) supplement with a little food if pregnant woman feels taking IFA on empty stomach causes stomach upset; taking IFA may turn stools to green or black and is harmless.
 - › Learn from health workers common discomforts experienced during different trimesters that interfere with healthy dietary intake (e.g., morning sickness, constipation, altered taste preferences, etc.) and practical helps; help pregnant woman find solutions rather than just lecture her on the "shoulds".
 - › Relieve women from any physical work that can put them at risk for pre-term labour.

¹⁹ Facilitators Note: Ask follow up questions on how men/in-laws can impact the health of the mother during pregnancy.

- Ensure proper antenatal and early care by:
 - › Accompanying her to prenatal care visits
 - › Deciding together how to ensure sufficient funds for transportation
 - › Deciding together how to ensure sufficient funds to pay for prenatal care visits (if payment is required)
 - › Learning about the symptoms of pregnancy complications and what to do.
 - Ensure a safe environment free from physical, sexual and emotional violence
 - › The World Health Organization (WHO) states that Intimate Partner Violence (IPV) during pregnancy is associated with fatal and non-fatal adverse health outcomes for the pregnant woman and her baby due to the direct trauma of abuse to a pregnant woman's body.
 - › Pregnancy can be a time of stress, worry, pressure, frustration and confusion for some men. While these emotions are not abnormal, it is important that men learn to manage anger in ways that don't hurt their partner or other family members.
 - › Find a release for any anger or stress that you feel (this could include exercise or meditation).
 - › Thinking/talking through what triggers your anger may also help manage it.
 - › If managing your anger is not working, and you find yourself resorting to violence, there is no shame in seeking professional help.
2. Next, ask what can men do to ensure a healthy labour and delivery. Below are recommendations to add to the flipchart if they are not listed already.
- **Early** on in the pregnancy, make an informed decision jointly with the pregnant woman where she will deliver the baby and with whose assistance – this is part of the birth plan and if additional funds are required, men can help start saving for the transportation costs, additional material needs, and any service fees if health care is not free
 - Arrange for skilled care during delivery
 - › A trained attendant present during childbirth can mean the difference between life and death, for both mother and baby.
 - › Men can help by arranging for a trained attendant who has been approved by wife/partner to be available for the delivery and by ensuring funds are available to pay for the services,
 - › They also can arrange ahead of time for transportation and can ensure funds are available to buy supplies, if necessary,
 - › It is recommended that early planning is crucial in order to save money and being able to purchase supplies. Households need to create a Birth Plan as soon as the pregnancy has been confirmed. Next, go over the delays contributing to maternal death.
3. Next, go over the delays contributing to maternal death.

Delays that contribute to maternal death

- Delay in deciding to seek care
- Delay in getting to health care facility
- Delay in receiving adequate care at health facility

4. You can emphasize that men and other family members play crucial roles to assure prompt care, decide together with wives/partners if the condition is serious enough, decide on the mode of transportation. Men can avoid delays by learning the symptoms of imminent delivery and of delivery complications and knowing when to act and what to do.

SIGNS OF IMMINENT LABOUR

While each woman experiences labour differently, some common signs of imminent labour are listed below. If one or more of these signs are present, go to the hospital/place of delivery immediately and contact your health care provider:

- **Bloody show.** A small amount of mucus, slightly mixed with blood, may be expelled from the vagina.
- **Contractions.** Uterine muscle spasms that occur at intervals of less than 10 minutes may signify that labour has started. These may become more frequent and severe as labour progresses.
- **Rupture of the amniotic sac or “water breaking”.** Amniotic fluid may gush or leak from the vagina. Most women go into labour within hours of the amniotic sac breaking.

Source: Johns Hopkins Medicine, 2022

5. Next, ask what men can do to support women during the post-partum stage (after the baby is born and the mother is recovering from delivery).
6. Be aware that most maternal deaths occur within three days after delivery due to infection or hemorrhage. For this reason, learn to identify potential post-partum complications.





SIGNS OF POSTPARTUM COMPLICATIONS

Many postpartum complications can be successfully treated if they're identified early. Medical care should be sought if a woman has any of the following:

- Bleeding and soaking through more than one pad an hour or blood clots the size of an egg or bigger
- An incision that isn't healing
- A red or swollen leg that's painful or warm to the touch
- A temperature of 100.4 F (38 C) or higher
- A headache that doesn't get better, even after taking medication, or a bad headache with vision changes

Source: Mayo Clinic, 2022

- Be ready to seek help from the provider if they occur. Keep the phone number ready in case you need to call the clinic or hospital.
- Make sure that post-partum women get good nutrition (plenty of fruit and vegetables, protein, healthy fats etc.) and take adequate fluids (clean drinking water, water from fruits, vegetables, and other foods)
- If the mother has had surgery (i.e., a cesarean section), ask the health provider about any special care required while she heals. And provide the care as per health workers' instructions.
- Breast milk offers newborns excellent nutrition. It has ideal amounts of protein, carbohydrates, fat, vitamins and minerals, and is easy to digest and adapts to the babies' needs as she/he grows in the first six months. If the mother chooses to breastfeed, babies can initiate breastfeeding within the first hour of birth. The first milk produced post-partum is a yellowish liquid, called colostrum. Though tiny in volume, colostrum is packed full of proteins and important protective factors that help the baby's immune system. The WHO recommends that babies be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, not even water.
- Learn how to support ongoing breastfeeding with Community Health Workers (CHWs).
- Support the mother's choice to breastfeed. Mothers require active support for establishing and sustaining breastfeeding practices.
- The skin-to-skin contact during breastfeeding also contributes to forming the important bond between mother and baby, which supports the psychosocial development of the baby.

- Share the following facts about postpartum depression:

FACTS ABOUT POSTPARTUM DEPRESSION

- Postpartum depression is a mental health condition experienced by some women in the period after childbirth. Postpartum depression can include feelings of sadness, loneliness or emptiness and a lack of emotional connection to the baby.
- Post-partum depression is due to hormonal factors in the mother's body.
- It can't go away by wishing. Like all other biochemical processes, it is something that a mother shouldn't dismiss. It will take time, and possibly treatment (therapy or medication) to improve.
- It is common: Up to 25% of postpartum mothers experience depression.
- It is temporary.

HOW MEN CAN HELP:

Research has shown that post-partum depression will improve significantly with the consistent support of a husband/partner. Men can:

- Take the lead on household chores.
- Set limits with friends and family.
- Take the baby off her hands so she can rest.
- Tell her you are there for her and will support her unconditionally. And do as you say.
- Educate yourself about post-partum depression.

POST-PARTUM DEPRESSION: KNOW THE SIGNS

If your partner or a woman you know displays or tells you about any of the symptoms below, following the birth of her baby, she may be experiencing postpartum depression:

- Depressed mood or severe mood swings
- Difficulty bonding with the baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep or sleeping too much
- Overwhelming fatigue or loss of energy
- Reduced interest and pleasure in activities she used to enjoy
- Fear that she is not a good mother
- Diminished ability to think clearly, concentrate or make decisions
- Severe anxiety and panic attacks
- Thoughts of harming herself or the baby

7. The World Health Organization currently recommends an interval between the last live birth and the next pregnancy of at least 24 months, for the well-being of mother and child. Ask participants what men can do to ensure sufficient spacing between pregnancies (if another pregnancy is desired/planned.) See the list below and share with participants if they are not mentioned.
- Communicate openly with wives/partners about desired spacing and number of children.
 - Space births and next pregnancy at least two years apart.
 - Make joint decisions about contraceptive use.
 - Accompany wives/partners to appointments, including health-checkups for babies.
 - Become more involved in children's health, and physical and emotional development.
 - Support new mothers to initiate and sustain breastfeeding for at least 6 months, and ideally for two years.
 - Ensure that children receive all recommended immunizations.
 - Play an active role in children's day-to-day care.



Part 2: My Domestic Roles²⁰

ACTIVITY 1

1. Prepare a flip chart with two columns: on one side, write “Mother,” and on the other side, write “Father.”
2. Explain that, during pregnancy, a woman continues to have many tasks and responsibilities, most of which are socially assigned to her because of her gender. Men should increase time spent on caregiving and take on more of the domestic work in the home to elevate the pressure on women. Pregnant women should avoid heavy lifting, climbing, carrying or prolonged standing, particularly in the third trimester as these can increase the risk of complications during pregnancy, especially for those at high risk of preterm labor.

²⁰ Adapted from Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

3. Ask the participants, “*What can women do to ensure a healthy pregnancy?*” and write down their answers. Advice for a safe and full-term pregnancy include:
 - Attend ante-natal care visits. The WHO recommends that women should have eight contacts with a health provider during pregnancy.
 - Attend prenatal classes
 - Women have the right to live in a home free from physical, verbal, or psychological violence
 - Eat healthy and nutritious foods rich in iron, regardless of cultural/gender norms that restrict certain nutritious foods during pregnancy
 - Abstain from drinking alcohol
 - Get plenty of rest
 - Drink plenty of water
 - Abstain from smoking cigarettes
 - Make moderate exercise a part of their routine
 - Avoid others who may have a cold or other infectious sickness, and wash hands often with soap and water
 - Avoid exposure to harmful chemicals and fumes, work in a well-ventilated area and wear safety clothes (such as gloves and a mask)
 - Take pre-natal vitamins and minerals (Iron-folate tables or multiple micronutrient supplements as per health workers' instructions)
 - Limit caffeine intake (such as coffee)
 - Avoid undercooked meat, raw fish, raw or undercooked eggs.
 - Avoid heavy lifting or strenuous physical activity
4. Now that you have a list, ask the men what role they can play to help support women in each of these areas.
5. Ask the participants to take some time in groups to discuss the role of men in ensuring their wives/partners have the support they need to adopt as many of these guideline/behaviours as possible.
6. Ask participants to identify the challenges the mother/father/household may face during the weeks postpartum and share strategies to cope (e.g., lack of/disrupted sleep, baby crying, household chores falling behind, etc.)

ENGAGING YOUNG MEN IN PREGNANCY AND CHILDBIRTH²¹

Families and service providers may not believe that young fathers are capable or willing to care for their children partly because many young fathers lack the necessary social and financial resources to take on the responsibility of childcare. Many young fathers may also face rejection from their partner's family and may believe they are unwelcome and inadequate as parents. All of this can prevent young men from being actively involved in care giving and in providing important emotional and caregiving support to the mothers of their children and can deprive them of close and enriching relationships with their children. Young men may not live with their partner or child(ren) which may also prevent them from playing a more active role. Efforts should be made by service providers and family members to recognize young fathers and to facilitate their positive involvement as fathers.

²¹ Adapted from “Engaging Men and Boys in Gender Equality and Health: A toolkit for global action”, UNFPA, Pronumdo and MenEngage Alliance, 2010.



Activity 2: Delivery Room Role Play

Explain that participants will play different roles today, such as: mother, father, midwives, and other health professionals, and simulate what goes on in the delivery room when a woman is ready to give birth.

1. Ask the participants to form groups of four or more or assign them into groups.
2. Ask each group to assign the following roles to its members:
 - The mother giving birth
 - The father
 - Grandmother and/or mother-in-law
 - The midwife, traditional or faith healer, nurse, or doctor. If there are more than four people in a group, assign the remaining individuals the role of other health professionals

Emphasize that once the participants have been assigned a role, they are actors, and not themselves. In order to act, they will need to “become” the character they have been assigned.

3. Next, set the scene: “It is 10:00pm in the evening. A pregnant woman is in the delivery room and in some pain because she is about to give birth. The doctor and midwife are preparing to deliver the baby. The father is also present.”

Scenario 1: The delivery is proceeding well until the contractions get closer together and the pain increases significantly. The mother asks for more effective pain medication. The mother also has some questions about the numbers she is seeing on the monitor (What do the numbers mean? “Why is the machine beeping? “Is the baby in distress?“) The father tells her that she would avoid pain medication and have a natural birth as they planned. He also snaps at her, telling her not to ask any questions and to allow the doctor/ midwife to do their job.

Scenario 2: The delivery is proceeding well until the contractions get closer together and the pain increases significantly. The mother asks for more effective pain medication. The father assures the mother her wishes are being heard and immediately asks the doctor/ midwife about the pain management options and asks his wife which option she would prefer. The mother has some questions about the numbers she is seeing on the monitor (What do the numbers mean? “Why is the machine beeping?“ “Is the baby in distress?“). The father remains calm and supportive and insists that the health professionals explain exactly what is happening to both.

Give one group “Scenario 1” and the other group “Scenario 2.” Tell participants that, on the count of “three,” they will act out the scene in their groups. “One, two, THREE!” Give the groups five minutes to act out the scene.

4. After five minutes, ask the participants to return to the circle. Ask everyone to “step out” of his or her roles. Ask the following questions of each group:

- How did it feel to play the roles in this exercise?
- How did the mother character feel?
- What role did fathers play in your scenario? How did your father character feel about the part he played in the delivery?
- In what ways would the scenario have been different had the father not been present? For the mother? For the father?
- How did the mother feel giving birth with her husband present?
- What are all the supportive roles the father can play in the delivery room and immediately after the delivery?
- Did supporting the mother and witnessing the child's birth impact the father emotionally? i.e., impact his bond with the baby or the mother?

GROUP DISCUSSION:

- How can a father's participation during pregnancy promote their involvement in the child's life after the birth?
- How can difficult emotions such as stress, worry and anger be managed so that they do not result in IPV with adverse effects on the mother and child?
- What effects would it have on the mother if fathers took more responsibility in domestic chores and caring for children? What impact would it have on the father?
- Based on the above, what are some things you can do now to improve communication and collaboration between you and your partner? How might new habits and practices (*Examples: cooking meals, taking children to school, cleaning, providing emotional support and going to prenatal care visits.*) improve your relationship and contribute to gender equality?

KEY MESSAGES:

Close the session by emphasizing that men's attitudes and behaviours have a profound impact on maternal and infant health. Pregnancy can be a difficult time for women as they are experiencing both physical and hormonal changes in a short time along with significant life-changes when the baby arrives. It is important to remember that men should take their partner's lead when it comes to labour and delivery. Ask your partner what she needs and how you can best support her. After the birth, men can continue to be supportive partners by taking more responsibility for domestic work, such as cooking, cleaning, caring for newborns, taking care of older children living in the home and accompanying the mother to prenatal care visits. Not only will the mother and infant benefit, but the father will as well.



SESSION 5:

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

OBJECTIVES

- To increase participants' awareness of sexual and reproductive health and rights (SRHR) including knowing what these rights entail and how men can actively protect them
- To understand how gender norms and power imbalances influence the degree to which the SRHR of women and adolescent girls are respected
- To understand gender-based violence (including CEFM and female genital mutilation) as a violation of the SRHR of women and adolescent girls
- To raise awareness of different methods of contraception/family planning

ACTIVITIES IN THIS SESSION

- Introducing Sexual and Reproductive Health and Rights
- Birth Control/Contraception and Family Planning
- What Would You Do? Men's Role in the Promotion of Sexual and Reproductive Health and Rights

ESTIMATED TIME: 4 hours

MATERIALS NEEDED:

- Pens and pencils
- Flip chart paper
- Copies of "Our Sexual and Reproductive Health and Rights" for all participants
- Copies of "Contraceptive Methods Chart" for all participants
- Scissors



NOTES FOR THE FACILITATOR:

Explain to the group that sexual rights and reproductive rights are fundamental human rights and belong to both women and men and people with diverse gender identities. When introducing this topic, tie together key learnings from earlier sessions by emphasizing that gender norms, roles and relations influence and often restrict women's and girls' SRHR including their ability to decide whether to have sex, if, when and with whom to have children, when to see a health care practitioner and how to protect themselves from violence and sexually transmitted diseases. Sexual relationships often involve disparities in power based on gender, age, class (employer-employee, teacher-student). Gender norms often mean that women are expected to have few or no sexual partners before marriage, while men's sexual prowess is celebrated. In addition, discriminatory gender norms and ideas about masculinity put women and girls at risk for sexual violence and shape how girls negotiate sex and protect themselves from Sexually transmitted infections (STIs) and pregnancy. As parents or guardians, gender norms may discourage timely discussion of sexual reproductive health topics with one's children as they approach or go through puberty, leaving adolescents stressed or even fearful of the changes they go through which are normal for growth and development, and ignorant of how to look after their own SRH. Parents and guardians' negative attitude towards SRHR could limit children and adolescents' participation in age-appropriate sexuality education²² through formal school systems and community-based programs aimed at empowering young people to know their SRH and corresponding rights. Similarly negative parental attitudes against SRHR could also add to barriers for young people to seek accurate information, counselling and services pertaining to SRH even where services are available.

Men's sexual health is also at risk when gender norms discourage them from seeking health care for a range of male SRHR issues such as contraception, prevention and treatment of sexually transmitted infections, sexual dysfunction, infertility, and male cancers. Gender-based violence, including sexual violence, CEFM and female genital mutilation has serious implications for the SRHR of women and adolescent girls.

²² Facilitators Note: You may want with to check these resources: Review of the Evidence on Sexuality Education: Report to Inform the Update of the UNESCO International Technical Guidance on Sexuality Education - UNESCO Digital Library

Part 1: Introducing Sexual and Reproductive Health and Rights²³

Purpose: To discuss the meaning of Sexual and Reproductive Health and Rights as human rights, and their importance in the lives of all women, men and diverse gender identities²⁴

MATERIALS REQUIRED:

- Pens and pencils
- Flip chart paper
- Copies of “Our Sexual and Reproductive Health Rights”
- Our ‘Sexual and Reproductive Health Rights’ Chart copied onto flip chart
- Scissors

ESTIMATED TIME: 2 hours

²³ Adapted from Promundo, Instituto PAPA!, Salud y Género and ECOS (2013). Program H|M|D: A Toolkit for Action/ Engaging Youth to Achieve Gender Equity. Promundo: Rio de Janeiro, Brazil and Washington, DC, USA.

²⁴ Facilitators Note: Include how different countries have different policies/laws, views about diverse gender identities (e.g., some countries outlaw LGBTQ) which need to be carefully considered depending on context.

STRUCTURE:

1. Prior to the session, print out a copy of “Our Sexual and Reproductive Health and Rights” below. Cut the rights into strips (one right per strip) so that they are ready to be handed out.

OUR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

1. **The right to express sexuality without any form of sexual coercion, exploitation, or abuse at any time and in all situations.** Everyone has the right to express their sexuality, without suffering violence or being forced to do something they do not want to do.
2. **The right to choose sexual partners without discrimination, shame or fear.** Each person has the right to choose his/her/their partner without suffering any discrimination based on sexual orientation, gender identity or gender expression.
3. **The right to full respect for bodily integrity.** Right to have your body and its boundaries respected and to not have others force you to do or experience something you do not want.
4. **The right to opt to be sexually active or not.** This includes the right to become involved in consensual sexual relationships and to get married with the complete consent of both parties. The right not to be forced to marry or have sex with someone.
5. **The right to comprehensive sexuality education and access to safe and confidential SRHR services for adolescent girls and boys.** Adolescents have a right to access information and take steps to protect themselves from unwanted pregnancy and sexual abuse and exploitation. Adolescent girls are particularly vulnerable due to their lack of power and vulnerability to gender-based violence, including CEFM and female genital mutilation.



6. **The right to be free and autonomous to express sexual orientation.** Each person has their own way of expressing their sexuality and their gender identity.
7. **The right to express sexuality independent of reproduction.** Each person has the right have sex without wanting to have children and should be able access contraception to avoid pregnancy.
8. **The right to equality, mutual respect and shared responsibility in sexual relationships.** Men and women have equal rights and responsibilities in sexual relationships.
9. **The right to insist on the practice of safe sex to avoid pregnancy and prevent sexually transmitted infections including HIV.** Each person can demand the use of condoms or other forms of contraception to prevent sexually transmitted infections or to prevent pregnancy.
10. **The right to decide freely and responsibly the number, spacing and timing of children.** People can decide if and when they want to have children and how many they want to have.
11. **The right to information and the means to make decisions.** People should receive comprehensive sexual education information to decide what is best for themselves.
12. **The right to sexual health, which requires access to all types of quality sexual health information, education, and confidential services and the right to confidential non-discriminatory services.**

2. On a flip chart, draw the chart below, filling in participants' responses on whether they agree or do not agree that the different sexual and reproductive rights are **respected** in their community, and particularly by men.

OUR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	AGREE	+/-	DO NOT AGREE
1. The right to express sexuality without any form of sexual coercion, exploitation, or abuse at any time and in all situations.			
2. The right to choose sexual partners without discrimination, shame or fear.			
3. The right to full respect for bodily integrity.			
4...			
5...			

3. Explain to the group that you are going to talk about sexual and reproductive rights, which are part of human rights.
4. Divide the participants into small groups and distribute the strips of paper, each containing one right, among the groups. For groups with low literacy levels, read aloud the rights on the strips of paper.
5. Explain to each group that they have received strips of paper with different sexual and reproductive rights on them, and that they should discuss what they understand by each right. They should then discuss whether they Agree (A), Somewhat Agree (+/-), or Do not Agree that the right on the strip is respected in their community. Allow 20 minutes for these discussions.
6. Ask each group to present the rights they discussed and whether they agree, somewhat agree, or do not agree that the right is respected in the community where they live. Note their responses on the table drawn on the flip chart paper. Ask the other participants if they agree with the response.
7. After the groups have presented all the rights, use the following questions to discuss the importance of SRHR in the lives of women and men allocating approximately 5 minutes for each question. Make note of key points/ learnings on a flip chart.

DISCUSSION QUESTIONS:

1. Were any of these rights challenging for some group members to accept or agree with? What role do socially constructed ideas of gender (appropriate behaviors, values and assumptions) play in how we feel about these rights?
2. Are the sexual and reproductive rights of women in your community respected? If not, which rights are most often violated? Why does this happen?
3. Do you think that underage/adolescent girls and adult women have the same rights? Why or why not?
4. Do you think married women and unmarried girls have the same SRH rights? Why or why not?
5. Do you think that women and men have the same sexual and reproductive health rights? Why or why not?
6. Do you think married men and unmarried men/boys have the same SRH rights? Are the sexual and reproductive health rights of young men in your community respected? If not, which of young men's sexual and reproductive rights are most often violated? What about the rights of LGBTQI+ groups? Why does this happen?
7. What are the biggest obstacles that married women face in protecting their sexual and reproductive health rights? How about unmarried women?
8. What are the biggest obstacles that men face in protecting their sexual and reproductive health rights?
9. How can women and men in intimate relationships respect one another's sexual and reproductive health rights?
10. What associations or institutions in your community offer services to protect the sexual rights and reproductive health rights of young women/adolescent girls?
11. How can men protect and promote the sexual and reproductive health rights of women and adolescent girls in their roles as fathers, brothers, role models, or leaders in the community?
12. How can fathers and brothers protect their daughters from sexual harassment in public spaces? (Will need to probe regarding transport systems, legal aspects, reporting mechanisms, etc.)
13. Have you learned anything that can be applied to your own life and relationships?

KEY MESSAGES:

Sexual rights and reproductive health rights are fundamental human rights and belong to both women and men. These rights include the right to make autonomous decisions about one's sexual and reproductive life free from coercion or violence, and the right to the information and methods necessary to make safe and healthy decisions in this area of our lives. Women and girls are particularly vulnerable to having their SRHR violated as are members of the LGBTQI+ community. Everyone, regardless of marital status, gender, gender identity and sexual orientation has the right to make informed decisions about their bodies. Gender norms and stereotypes shape our perception of SRHR and contribute to vulnerabilities. Men have a responsibility to be aware of what it means to have sexual and reproductive rights, to protect and promote the rights of women and girls and to actively seek information and services for their own sexual health.



Part 2: Birth Control/Contraception and Family Planning

ESTIMATED TIME: 1 hour

MATERIALS NEEDED:

Make copies of “Contraceptive Methods Chart” on the next page to handout to all participants.

STRUCTURE:

Start this session by explaining to participants the connection between contraception and gender equality using the following points:

1. A woman's right to choose the number, timing and spacing of her children is fundamental to gender equality because it allows women to decide when and if they want to conceive a child. Contraception or family planning is an integral part of this decision-making process.
2. When contraceptive use increases, maternal death, newborn/child mortality, sexually transmitted infections and unintended pregnancies all decrease.
3. Contraception leads to expanded life opportunities for women and girls beyond motherhood, including pursuing education or employment opportunities, which leads to more equitable and prosperous societies.
4. 214 million women in developing countries want to avoid pregnancy but are not using a modern contraceptive method. Reasons may include, partner disapproval, fear of side effects, cost, religious beliefs, and access barriers (particularly among adolescents and those in remote areas).
5. There are many benefits to engaging men together with their partners in decisions related to contraception. However, women's autonomy must be protected by respecting the degree to which they choose to engage their partner and by ensuring that their partner is engaged in an equitable way (i.e., not making decisions unilaterally).

METHODS OF CONTRACEPTION

Methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, and fertility awareness-based methods. These methods have different ways of preventing pregnancy and different levels of effectiveness. The availability of certain contraceptive methods varies by country/region/culture. Give participants time to review the contraceptive methods handout and be prepared to answer any questions or refer participants to credible sources of information.

CONTRACEPTIVE METHOD*	HOW IT WORKS
Combined oral contraceptives (COCs) or “the pill”	Prevents the release of eggs from the ovaries (ovulation)
Progestogen-only pills (POPs) or “the minipill”	Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation
Implants	Thickens cervical mucous to blocks sperm and egg from meeting and prevents ovulation
Progestogen only injectables (POIs)	Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation
Monthly injectables or combined injectable contraceptives (CIC)	Prevents the release of eggs from the ovaries (ovulation)
Combined contraceptive patch (CCP) and combined contraceptive vaginal ring (CVR)	Prevents the release of eggs from the ovaries (ovulation)
Intrauterine device (IUD): copper containing	Copper component damages sperm and prevents it from meeting the egg
Intrauterine device (IUD): levonorgestrel	Thickens cervical mucous to block sperm and egg from meeting
Male condoms	Forms a barrier to prevent sperm and egg from meeting
Female condoms	Forms a barrier to prevent sperm and egg from meeting
Male sterilization (Vasectomy)	Keeps sperm out of ejaculated semen
Female sterilization (tubal ligation)	Eggs are blocked from meeting sperm
Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg)	Prevents or delays the release of eggs from the ovaries. Pills taken to prevent pregnancy up to 5 days after unprotected sex
Lactational amenorrhea method (LAM)	Prevents the release of eggs from the ovaries (ovulation)
Fertility Awareness Methods	Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days.

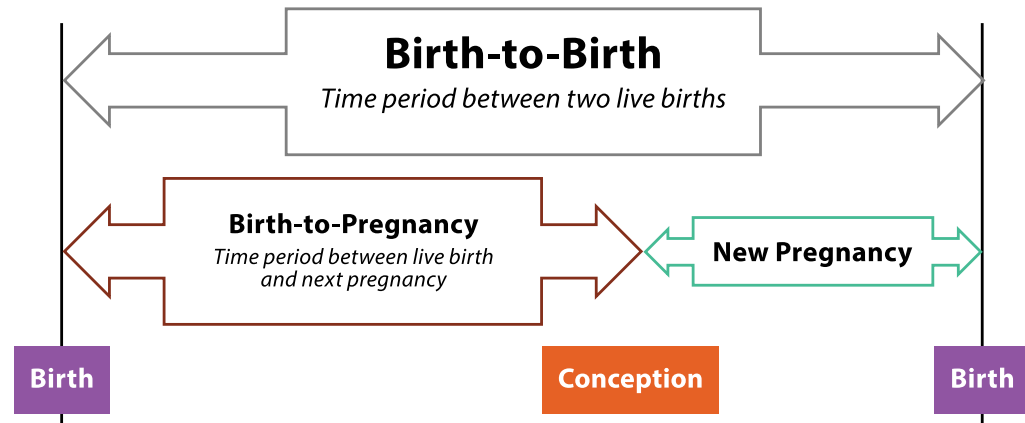
*Source: World Health Organization

Healthy timing and spacing of pregnancy (HTSP) is an approach to family planning that helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. HTSP works within the context of free and informed contraceptive choice and considers fertility intentions and desired family size.

Following are the learnings for HTSP:

- Pregnancy before a girl is physically, developmentally and socially ready jeopardizes her right to health and to a safe, successful transition into adulthood.
- After a live birth, it is advised that a period of 24 months pass before attempting another pregnancy in order to reduce the risk of poor birth outcomes such as preterm birth and low birthweight.
- After a miscarriage or induced abortion, it is advised that a period of at least 6 months pass before another pregnancy to reduce risks of poor birth outcomes such as preterm birth and low birthweight.

Spacing: Birth-to-Birth and Birth-to-Pregnancy Intervals



Birth-to-birth interval is the length of time from the birth of one baby until the birth of the next baby.

Birth-to-pregnancy interval is the length of time from the birth of one baby to the conception of the next baby.

Family Planning (FP) helps provide women and families with:

- The ability to determine freely and responsibly the number and spacing of children
- Protection against unintended pregnancy
- Opportunities for women to pursue education and/or paid employment
- Economic well-being*

*Couples with fewer children may be better able to provide health care, food, housing, clothing, and education.

COMMON BARRIERS TO ACCESS AND QUALITY

- Availability of services: Quality and access are compromised if there is not a range of services/choices, not an appropriate provider available, service site is difficult to find, or the wait time is too long.
- Location/distance: Lengthy distance and travel time, poor roads, inconvenient hours can be barriers to access and quality.
- Knowledge: Lack of knowledge about contraceptive methods or about the availability of certain methods may impede some clients from accessing services and may impede health care workers from providing or referring for services.
- Legal and regulatory barriers: Laws and regulations may restrict the use of some methods and the provision of certain methods by an entire cadre of health care providers who could safely provide the method.
- Population-specific barriers: Adolescents, unmarried individuals, LGBTQI+ populations and people with diverse gender identities often face discrimination and restricted information and services that do not meet their needs because of their age, marital status, sexual orientation, or gender identity.



SOCIO-CULTURAL AND GENDER BARRIERS TO CONTRACEPTIVE USE/ FAMILY PLANNING:

Some common socio-cultural and gender-based barriers to accessing contraception include:

- Negative socio-cultural views towards family planning/contraception or towards certain methods of contraception (e.g., associating condoms with sex work in some parts of the world)
- The belief that unmarried women should have no need for contraception/ family planning
- The belief that information about contraception/family planning will promote promiscuity
- The belief that young people are not mature enough to make informed decisions about their sexuality and that sexuality education promotes sexual activity
- Women's lack of power to make decisions and to negotiate the terms of sexual interactions

- The threat of gender-based violence
- The belief that men and boys do not have a need for sexual or reproductive health services
- The belief that it is inappropriate to discuss sexual matters openly
- The belief that a woman should become pregnant as soon as possible after marriage, regardless of her personal wishes or health status
- The perception that contraception/family planning is not allowed by the couple's religion
- The belief that it is shameful for an adolescent especially girl to seek information about her SRH, and only serious SHR problems (as judged by the parents) warrant seeking health service
- The belief that seeking SRH services is shameful and therefore must be super secretive, and go with the assumption that the healthy system is unable to maintain patient confidentiality
- The belief that it is shameful for a wife to be seen by a health service provider and therefore only the husband would consult with service provider on her behalf



KEY MESSAGES:

1. Men are equally responsible for seeking out information about contraception, and for informing himself about how to avoid unwanted pregnancies and STIs.
2. Taking responsibility for contraception continues to be perceived as a woman's domain. It is important to discuss how beliefs around manhood and sexuality affect men's willingness to participate in contraceptive related decision making and use.
3. The strongest foundation for parenthood is laid when a couple consciously decide together that they want to have children and are prepared to undertake the responsibilities that come with that decision.

Part 3: What Would You Do? Men's Role in the Promotion of Sexual and Reproductive Health and Rights

ESTIMATE TIME: 60 Minutes

MATERIALS NEEDED:

- Flipchart paper
- Markers
- 6 copies of the "What Would You Do?" Scenarios on the right



SCENARIOS: "WHAT WOULD YOU DO?"

Scenario 1: Anya is falling behind in school because she stays home on the days that she is menstruating. She doesn't feel comfortable attending school while menstruating because she feels embarrassed and can't rely on the school to have functioning facilities/supplies to support her menstrual hygiene needs such as water, soap, garbage bins, extra sanitary pads.

Scenario 2: Sangita is 15 years old and has dreams of becoming a doctor. Her parents arranged the marriage of her older sister when she was 17, and Sangita is worried that they will make the same plans for her. She doesn't want to get married and have children yet. She wants to focus on her studies and become financially independent so that she can decide for herself what her future will look like.

Scenario 3: Julius is an unmarried 24-year-old gay male who believes he has contracted an STI. He wants to see a doctor to have the STI treated and knows he needs information about how to prevent STIs in the future. However, he is afraid to go to the local health clinic because he is worried that they will judge him, make him feel ashamed of his sexuality.

Scenario 4: Lucia is a 33-year-old woman who has been married for 5 years and has three children. Her husband doesn't believe in using birth control due to the stories he has heard from other men of their negative impacts on health and fertility. Lucia thinks her husband's view about contraception are based on myths and misconceptions but is afraid to challenge him. Lucia's pregnancies have been very difficult, and she experienced some post-partum depression after her last baby was born. She does not want more children. Her husband tells her that her body will get used to pregnancy and that she will grow to love being a mother.

STRUCTURE:

1. On flipchart paper, write out six roles men play in social and economic life as follows:
 - Partner or Husband or Boyfriend
 - Health care provider
 - Father or Uncle or brother
 - Teacher or School Administrator
 - Community/Religious Leader

Depending on the context, there could be other roles (for example: government clerks responsible for marriage license).

2. Divide participants into five groups. Assign each group one of the roles listed above.
3. Explain that this activity looks at what men can do in each of these roles to address the SRHR related issues outlined in each scenario. Ask each group to choose one scenario (the same scenario can be used with more than one group) and pretend that they have become aware of the situation described in the scenario in their role as X and must decide what action to take to support the SRHR of the people described in the scenarios.
4. Give each group 20 minutes to discuss what they might do in their role to address the issues and support the SRHR of the person involved (Anya, Sangita, Julius or Lucia).

5. Have each group present to the group the key points from their discussion. After each group's presentation, open the discussion to the whole group by asking the following questions:
 - Do you agree or disagree with what this group said they would do to address the issue in their role as X?
 - What might you have done differently had you been the one in this role addressing this issue?
 - What if men ignored the issue or chose to do nothing? What would the consequences be for these individuals and their families?

**SRHR KEY MESSAGES:**

Men play an important role in advancing the SRHR of women and girls by engaging as clients of SRH services, by being supportive partners and parents, and by serving as agents of change in community efforts to advance SRHR. Parental attitude towards their own children's SRHR should also be considered. Men should also be encouraged to seek information and services related to their own sexual and reproductive health. The SRHR of women and girls is essential for gender equality.

SESSION 6: CAREGIVING



OBJECTIVES

- Learn about a baby's care needs and reflect upon men's capacity and willingness to satisfy these needs
- Question the stereotype that women are naturally better at caring for and raising children than men
- Reflect on how gender stereotypes influence a father and mother's behavior towards sons and daughters
- Learn and practice different Positive Parenting techniques available to parents
- Make a commitment to avoid the use of harsh punishments or violence against children

ACTIVITIES IN THIS SESSION

- Caring for my Baby - Practice Makes Perfect
- The Needs and Rights of Children
- Positive Parenting - Putting it into Practice

ESTIMATED TIME: 2.5 hours

MATERIALS NEEDED:

- Baby dolls (wearing real diapers) or pillows to represent babies (4 to 6 dolls or pillows)
- Copies of supporting information for Group Useful How To's
- A device to play music
- Pens, markers or pencils, and paper
- Copies of Stages of Child Development

STRUCTURE:

1. Welcome everyone back to the group.
2. Revisit the previous session.
3. Provide an overview of the objectives of today's session.

Part 1: Caring for my Baby - Practice Makes Perfect²⁵

Play relaxing music. Break into four to six groups of two or three participants. If possible, try to have one experienced father in each group. Provide each group with a baby doll wearing a diaper (or with a pillow if no dolls are available). Explain that you will do three exercises: the first is how to change a diaper, the second is how to properly hold a baby, and the third is how to swaddle a baby.

ACTIVITY 1: HOW TO CHANGE A DIAPER

1. First, explain how to change a diaper. Give a demonstration of each of the following steps listed below on 'How To's', or ask an experienced father to do so.
2. Each person from the group must take a turn in changing a diaper following the steps listed below.

²⁵ Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

STEPS: HOW TO CHANGE A DIAPER

1. Prepare the changing room/space. Make sure that you have all necessary materials and that a trash can or garbage bag is within your reach.
2. Wash your hands with soap and lukewarm water. Use clean towels to dry your hands.
3. Place the child on their back on the changing area. Unfasten the diaper tabs (or pins if you are using cloth diapers) on each side.
4. Then raise your child's bottom off the diaper by gently grasping their ankles and lifting them slightly upwards. If there is stool in the diaper, you can use the upper half of the diaper to gently sweep it toward the lower half of the diaper and slide the diaper away, out of reach of your baby.
5. Always maintain physical contact with the child - i.e., always keep at least one hand on them and never take your eyes off them while they are on the change table as a fall from the table can occur.
6. Use wet towels to clean the baby.
 - Cleaning a girl: Baby girls must be wiped from front to back, so that you aren't wiping bacteria from their bottom into their sensitive genital area (where it might enter the vagina or urethra and cause an infection.) Baby girls should also be wiped very gently from the inside to the outside of the vulva.
 - Cleaning a boy: Use the wet towel to clean under the testicles and wipe under the penis and over the testicles, downward toward the rectum. If he's uncircumcised, do not attempt to pull back the foreskin as it can cause pain, bleeding, and tears in the skin.
7. Use a clean towel each time you wipe.



8. Throw away any dirty items including the disposable diaper and disposable towels in the trash bin or garbage bag and cloth diapers in a laundry bag separate from other laundry after shaking off any excess stool into the toilet.
9. Slide a clean diaper under your baby's bottom. Make sure the tabs are on the side located under your child's bottom. If using cloth diapers, ensure that the diaper is folded to fit snugly between the baby's legs without being too wide. Pull the front between your child's legs and up over their stomach. Pull the diaper tabs open and around to the front, making sure the diaper is snug but not too tight. With cloth diapers, use the attached snaps or carefully pin the diaper closed. Fold the front of the diaper down to avoid irritation of the umbilical stump until it falls off.²⁶
10. Wash your hands with soap and lukewarm water from the faucet only if you can maintain physical contact with the child. Otherwise, use disposable wet towels.
11. To avoid diaper rash, change diapers frequently.

²⁶ Very Well Family. Accessed online: <https://www.verywellfamily.com/how-to-change-a-diaper-289239>

ACTIVITY 2: HOW TO HOLD AND CARRY A BABY

STEPS: HOW TO HOLD AND CARRY A BABY

1. Always support the baby's back and head when carrying him or her.
2. The baby's neck is not strong enough to hold up its head on its own for approximately the first three months.
3. With one hand, hold the baby's back and with your other hand support the baby's head so that it doesn't wobble.
4. Once you have the baby in your hands, support the baby's body in one of your arms, placing its head on the crease of your forearm while you support below the back with the other hand.
5. Tell the participants they will practice how to hold and carry a baby properly, using the dolls.



KANGAROO CARE

- Kangaroo Care is a method of care for newborn babies, both premature and full term that emphasizes the benefits of skin-to-skin contact. The baby is placed naked (except for a diaper) on a parents' bare chest. Both fathers and mothers and fathers can do kangaroo care.

The benefits of kangaroo care for baby may include:

- Stabilized heart rate
- Improving baby's breathing pattern
- Improving baby's oxygen levels
- Improving breastfeeding success
- Less crying

The benefits of kangaroo care for parents can include:

- Faster bonding with baby
- Increased breast milk supply for mothers
- Confidence in the ability to care for your new baby

ACTIVITY 3: SWADDLING A BABY

Explain to the fathers what it means to swaddle a baby.

Swaddling is the art of wrapping a baby in a blanket for warmth and security. It can keep your baby from being disturbed by her own startle reflex, and it can help her stay warm and toasty for the first few days of life until her internal thermostat kicks in. It may even help to calm your baby. Try it, after making sure your baby isn't hungry, wet, or tired. Swaddling can be used to help settle your baby down when she's overstimulated or when she just needs to feel something like the tightness and security of the womb. If you choose to swaddle, be sure you know how to do it correctly. Improper swaddling by tightly wrapping your baby's legs straight down may loosen the joints and damage the soft cartilage of the hip sockets, leading to hip dysplasia. Follow the steps below:



STEPS: HOW TO SWADDLE A BABY

- Tell the participants they will practice how to swaddle a baby, using the dolls.
- Lay a blanket on a flat surface like a diamond and fold down the top corner about six inches to form a straight edge.
- Place your baby on his back so that the top of the fabric is at shoulder level.
- Bring your baby's left arm down. Pull the corner of the blanket near his left hand over his arm and chest and tuck the leading edge under his back on his right side.
- Bring your baby's right arm down. Pull the corner of the blanket near his right hand over his arm and chest and tuck the cloth under his left side.
- Twist or fold the bottom end of the blanket and tuck it loosely behind your baby, making sure that both legs are bent up and out from his body, his hips can move, and his legs can spread apart naturally.
- Show video on How to Swaddle a Baby:



[Swaddling Your Newborn](#)

GROUP DISCUSSION:

Take some time individually and reflect on the questions in your groups and share your thoughts.

1. Did anyone learn anything new, or want to comment on anything you noticed while you were doing these activities?
2. Why don't fathers participate more in taking care of young children, and particularly babies? What makes it difficult for fathers to participate in caregiving?
3. How can men support each other to become more involved fathers?
4. How does having a new child in the family affect the couple's relationship?
Examples: Babies cry a lot and require constant attention, and parents become very tired.
5. Imagine this: It is two o'clock in the morning. Your child is crying, and you are not sure why. Your partner is exhausted because she has been breastfeeding all day and night. You must get up in a few hours to go to work. As a father, what can you do?
6. Who has more difficulty providing care for a baby? The mother or the father? Why?
7. Can one get angry with the baby? Does your level of emotion differ if your baby is a boy versus a girl? Why or why not?
8. Can one get angry with the mother?
9. What do you do if you get angry? What are the options?
10. What are one or two things you can do to be more involved in caring for your newborn? How will this affect the mother? What are one or two things you can do together with the baby?
11. How can men support each other in their caring roles?
12. What are some ways that we can be more responsive to the needs of our young children?

KEY MESSAGES:

This session explains the importance of men learning about a baby's care needs and the importance of reflecting upon men's capacity to satisfy these needs. Emphasize that men and women are equally capable of all childcare tasks and responsibilities other than breastfeeding. This challenges the common stereotypes that women are naturally better at providing care and raising children than men as well as the stereotypes that influence how fathers and mothers treat and care for sons vs. daughters. Gender stereotypes negatively affect the healthy upbringing of children and prevent fathers from experiencing the joy and fulfillment of fatherhood.

Reiterate that everyone benefits when fathers play a more active role in caring for and bonding with infants – father, mother, and baby. Assure fathers that practice will alleviate nerves or fears about caring for infants and that supporting other men in their efforts to become more engaged in childcare is key to long term change.

Part 2: The Needs and Rights of Children²⁷

STRUCTURE

ACTIVITY 1: MY CHILD IN 20 YEARS

1. Individually, or in couples, ask participants to close their eyes and imagine the following, “Your child is all grown up. You are about to celebrate your child’s twentieth birthday. Imagine what he or she will look like at that age. What kind of person do you hope your child will be? What kind of relationship do you want with your children?”
2. Next, ask participants to individually, or in couples, identify five characteristics (long-term goals), that they want their child to have when they are 20 years old. Some examples may be:
 - Kind and helpful
 - Honest and trustworthy
 - A good decision-maker
 - Caring towards you
3. Give participants a few minutes to write down the points and then discuss with the person sitting next to them, or with another couple, the characteristics they desire for their child.



GROUP DISCUSSION:

Ask the group the following discussion questions:

1. What are some of the characteristics you would like your child to have by age 20?
2. How do these characteristics differ for sons and daughters, or are they similar?
3. How does yelling or hitting affect children? How might it impact your long-term goals?
4. What does yelling or hitting teach children about resolving conflict?
5. Is it possible to prevent all misbehavior of children?

²⁷ Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

Part 3: Positive Parenting - Putting it into Practice²⁸

STRUCTURE:

Explain to the group that now you will discuss and practice different positive parenting techniques. However, before taking any action, it is important for participants to ask themselves the following questions.

1. Is the child doing something truly wrong (hurtful, dangerous) that they should understand at their age? Is there a problem here, or have you just run out of patience? Say to the group, "If there is no problem, release the stress away from the child. If there is a problem, go onto the next question."
2. Think for a moment (and refer to the Stages of Child Development below). Is your child capable of doing what you expect or is their behaviour age-appropriate?
3. Say to the group, "If you are not being fair, re-evaluate your expectations. If you are being fair, go onto the next question."
4. Did your child know at the time that he or she was doing something wrong? Say to the group, "If your child did not know what he or she was doing was wrong, then help him or her understand what you expect, why it was wrong, and how he or she can manage the situation differently next time. Offer to help. If your child knew what she was doing was wrong and disregarded your reasonable expectations, then your child misbehaved."

²⁸ Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

Stages of Child Development²⁹

- Newborn
 - Infant
 - Toddler
 - Preschool
 - School Age
1. Next, ask participants to get into pairs and pass out the "Positive Discipline Techniques" handout.
 2. In groups of three or four, ask participants to create and then role play a realistic scene between a child and a parent. In the scene, the child is misbehaving, and the parent must use positive discipline to address the unwanted behavior. Ask a few groups to volunteer to role play their scenario for the larger group.
 3. Give participants 10 to 15 minutes to design a scene.
 4. For any of the role plays presented, what other forms of positive discipline could have been used with the child?
 5. Ask the participants to list positive discipline techniques and negative discipline techniques. Explain the positive discipline techniques.

²⁹ RISE, 2018. [What are the 5 Stages of Child Development » RISE Services, Inc. \(riseservicesinc.org\)](https://www.riseservicesinc.org)

Positive Discipline Techniques³⁰

- **Fix-up:** When children cause trouble or hurt another child, expect them to fix it up—or at least try to help. If they break a toy, ask them to help you fix it. If they make a child cry, have them help with the soothing. If they throw toys around the room, ask them to put them away.
- **Ignore: One strategy** for dealing with misbehavior aimed at getting your attention is to simply ignore it. But be sure to give attention to your children when they behave well. Children need attention for good behavior, not misbehavior.
- **Be firm:** Clearly and firmly state, or even demand, that the child does what needs to be done. Speak in a tone that lets your child know that you mean what you say and that you expect the child to do as he is told. Being firm doesn't mean yelling, nagging, threatening, reasoning, or taking away privileges. Keep suggestions to a minimum, and always speak kindly, even when speaking firmly.
- **Model good behaviour:** Keep calm and in control of your own emotions. Act before the situation gets out of control—before you get angry and overly frustrated and before the child's behavior becomes unreasonable or unsafe.
- **Separation:** When children irritate one another, fight, squabble, hit or kick, have them rest or play apart for a time. Being apart for a while lets each child calm down. Then you can use other ways to encourage better behaviour.

³⁰ Text adapted from "Positive Guidance and Discipline" (1998) by Georgia Knight and Jackie Roseboro. North Carolina State University.



- **Behaviour Management:** Talk with children calmly to learn what caused a disagreement. Acknowledge their feelings and emotions. Then talk about ways to deal with their feelings in a safe and respectful way. Come to a solution that's agreeable to both of you and the children. This helps children learn to be responsible for their behaviour.
- **Redirection³¹:** When children become too boisterous, stop them, explain why you are stopping them, and suggest another activity. For example, when they knock over paint, give them a cloth and a pail of water to clean up the mess. When they race dangerously indoors, if possible, take them outside for a game of chase. When they throw books at each other, gather them for a story time or organize a game.
- **Praise:** Give more attention and praise for good behaviour and less for naughty behaviour³². Don't make punishment a reward. Let the child know that you appreciate a good attitude and cooperation. Children respond positively to genuine respect and praise.

³¹ Facilitators Note: Positive parenting should include conscious efforts to treat both boys and girls fairly.

³² Facilitators Note: Should remind parents for the gender bias trap: A boy who does not clean up after himself is accepted as normal, whereas a girl child who does not clean up after her brothers is punished as lazy.

GROUP DISCUSSION:

Ask the participants:

- Which technique would be the easiest to use with your own children? Why?
- Which technique would be the most difficult to use? Why? What could you do to make it easier to use?
- What are other ways to discipline children through non-violent and respectful ways?
- What are ways in which we can recognize children for positive behavior?
- How is “warmth,” such as showing physical affection or saying, “I love you” to your child a form of positive reinforcement of good behavior?
- Who do you need to “convince” in your home and community to use positive discipline? How will you do it?
- How might the way we discipline boys vs. girls perpetuate or encourage gender inequality?



Close the session emphasizing key messages below.

KEY MESSAGES:

Positive discipline techniques are often different from traditional discipline techniques. However, we now know that hitting, slapping, or yelling at children creates fear rather than understanding and denies the child the opportunity to improve through learning new skills. Positive discipline, on the other hand, helps the child learn to become the kind of person you'd like them to be. Parents must be patient, as the rewards of positive discipline can take some time. Even though it may be a new tactic, positive discipline is a technique that everyone can use including mothers-in-law, grandfathers, cousins, teachers, etc.

Parents should also be mindful of the language they use as well as the behaviours and interests they promote with their children. Are parents using different standards and expectations for daughters compared to sons? The messages that parents send to their children (both direct and indirect) have the power to either perpetuate or challenge gender stereotypes and inequalities.



SESSION 7: VIOLENCE AND ALCOHOLISM

OBJECTIVES

- Increase awareness about the existence of power in relationships
- Reflect on how we communicate and demonstrate power in relationships
- Examine how power impacts girls' risk of entering into an early marriage
- Identify different types of violence and discuss the types of violence that most commonly occur in families and intimate relationships
- Learn how men can help other men avoid substance (alcohol and drug) misuse, and to encourage discussion about alcohol misuse and related problems in families
- Reflect on the link between power, alcohol and drug use and the violence that occurs in families, among couples (mostly of men against women), and violence against children

ACTIVITIES IN THIS SESSION

- What is Violence?
- Understanding Power: Persons and Things
- Violence Clothesline
- Throwing the Ball

ESTIMATED TIME: 2.5 hours

MATERIALS NEEDED:

- Large sheets of paper
- Pens and paper, markers
- Selected stories from the Case Studies below
- Paper or plastic ball (cultural, traditional round object)
- Rope to form clothesline
- Object to hang paper on the clothesline such as paperclips or clothes pegs/clothespins

STRUCTURE:

1. Welcome everyone back to the group. Check in with the participants by referencing last session.
2. Reiterate the Ground Rules for the training.
3. Provide an overview of the objectives of the session.

NOTES FOR THE FACILITATOR:

- This session on violence may generate an emotional response from some participants (distress, shame, fear, anger) due to their own experience as victims/survivors of violence and perhaps some as perpetrators of violence. It is important to foster a safe and sensitive atmosphere free of judgment, while maintaining a focus on the session's objectives. Let participants know that you can help connect them to supports or services if needed.

**ENDING VIOLENCE AGAINST WOMEN AND GIRLS**

Begin by explaining that violence against women and girls takes many forms and affects every society. Violence against women and girls is a form of gender-based violence and is rooted in power imbalances between women and men, girls, and boys. At least one in three females – over one billion worldwide – will experience physical and/or sexual violence in their lifetime, simply because they are female, and mostly by an intimate partner. The following are all forms of GBV:

- rape and attempted rape
- sexual abuse
- sexual exploitation
- CEFM
- intimate partner violence
- trafficking
- honour killings
- prenatal sex selection (sex selective abortions)
- female genital mutilation
- early and forced pregnancy

- Emotional/Psychological violence: humiliating, teasing, threatening, insulting, pressuring, and expressions of jealousy or possessiveness such as the controlling of decisions and activities.
- Economic: exertion of power through the control of money can also be a form of violence.
- A woman's right to live free from violence is upheld by international agreements such as the UN Convention on the Elimination of All Forms of Discrimination against Women and the 1993 UN Declaration on the Elimination of Violence against Women.
- Gender equality will not be achieved until all women and non-binary people are safe from gender-based violence and the threat and fear of violence at home, work, on-line, and in their communities.
- As perpetrators of violence against women and girls, and as de facto power-holders, men and boys must step up, be accountable and proactive and work together to end all forms of GBV, whether in their own relationships, or the violence they see around them.
- Dominant ideas about masculinity and societal roles and expectations also put men and boys at risk for violence and can make it difficult for men to seek help. Working to combat all forms of violence, including violence experienced by men and boys is everyone's responsibility.
- GBV is also used to describe targeted violence against LGBTQI+ populations, and against people with diverse gender identities and expression when referencing violence related to norms of masculinity/femininity and/or gender norm.

Part 1: WHAT IS VIOLENCE?³³

MATERIALS NEEDED:

- Flipchart paper
- Pens, paper, tape
- Selected stories from the Case Studies below

ESTIMATED TIME: 2 hours

NOTES FOR THE FACILITATOR:

Review the case studies and select up to four to discuss during the activity. The case studies depict diverse examples of violence, including men's violence against women, men's use of violence against other men, women's violence against other women, parent's use of violence against children. If necessary, you can make adaptations to these case studies. Before presenting this and the other activities on violence, you should research locally relevant information concerning violence, and violence against women and girls in particular, including existing laws and social supports for survivors and perpetrators of violence. Also be prepared to refer a participant to the appropriate services if they reveal that they are suffering from violence or abuse.

³³ Adapted from Promundo and World Vision (2015). Caring for Equality: A World Vision-Armenia manual to work with men, women, and youth in the promotion of gender equality and the prevention of prenatal sex selection. Promundo: Washington, DC, USA; World Vision Armenia: Yerevan, Armenia. Activity 10.

STRUCTURE:

1. Explain to the participants that the objective of this activity is to talk about different types of violence and to understand them in the context of power dynamics.
2. Divide the participants into three to four smaller groups. Each of the groups will receive a large sheet of paper. Explain to the participants that they are to write a definition of violence, reflecting on what it means to them.
3. Ask the groups, one by one, to present their definitions of violence. On a large sheet of paper or on a chalkboard, highlight common ideas and key concepts from the various groups. Now ask participants to define in their own words the concept of 'Gender-based Violence'. Take note of key ideas on flip chart paper.
4. Now read the following definition of GBV aloud: The United Nations defines Gender-Based Violence (GBV) as "harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms." While women and girls suffer disproportionately from GBV, men and boys can also be targeted. GBV is also used to describe targeted violence against LGBTQI+ populations, and against people with diverse gender identities and expression when referencing violence related to norms of masculinity/femininity and/or gender norm.
5. Introduce the idea (highlighting the group definitions) that acts of violence can be divided into the following categories:
 - Physical: using physical force such as hitting, slapping, or pushing.
 - Emotional/Psychological: often the most difficult form of violence to identify. It may include humiliating, teasing, threatening, insulting, pressuring, and expressions of jealousy or possessiveness such as the controlling of decisions and activities.
 - Economic: Many men try to use their money to control their partners, e.g., keep them from going out, meeting their friends, or even leaving them. In this way, the exertion of power through the control of money can also be a form of violence.
6. Explain that violence can happen to a person before they are even born. In many cultures families choose to terminate a pregnancy because the baby is female instead of male. This is known as prenatal sex selection. There are many contributing factors to this practice, and one of the most important factors is rooted in how our society places a higher value on boys than girls. Prenatal sex selection is a major form of gender-based violence that female fetuses experience.
7. Give each group a story from the Case Studies. Ask each group to read the story and discuss the types of violence represented. Allow each group 5-10 minutes to discuss the story.
8. Ask each group to present their story and reflections and then open the discussion using the questions below.
 - Sexual: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior.



DISCUSSION QUESTIONS:

- Are these situations realistic?
- Are there types of violence that are related to a person's gender? What is the most common type of violence practiced against women? Against men?
- Are only men violent, or are women also violent? What is the most common type of violence that women use against others?
- What are the most common types of violence that occur in intimate relationships?
- Does a person, man, or woman, boy or girl ever “deserve” to suffer some type of violence? Why or why not?
- Is there a relationship between power and violence? Explain. (Encourage the participants to think of the different types of power (i.e. economic, older family members who have more power than younger family members, physical) that a person can have over another, and the link to violence).
- What are the consequences of violence for victims/survivors? On relationships? On children? On communities?
- Ask the same groups to act out the same story they were assigned in a 5-minute role-play. This time, however, the conflict in the story should be resolved without using any kind of violence.

CASE STUDIES FOR PART 1 “WHAT IS VIOLENCE?”

Note to facilitators: Choose names that are appropriate to the country context.

CASE STUDY #1, “MARIAM AND HARUTYUN” Mariam has been dating Harutyun for a few months. Recently, Harutyun has started asking her questions all the time: such as: who she talks to in class, why she isn't home when he phones, why she spends so much time with her girlfriends when she could be seeing him, and so on. Mariam has tried to not pay much attention to these questions, but lately Harutyun has started to get pushier and angrier. He has been yelling at her in the hallways at school and calling her names. Afterwards, he usually apologizes but once, he even hit her. He says he is upset because he loves her so much and she is “driving him crazy” with jealousy.

CASE STUDY #2, “GAYANE AND SUREN” Gayane has been with her boyfriend, Suren, for almost a year. Recently, he has started telling her that she is overweight and that he is too embarrassed to go anywhere with her. He makes comments all the time about other women's bodies and how much sexier Gayane would be if she lost weight. He hardly lets her eat. He says that when she is thinner, they can get engaged.

CASE STUDY #3, “LUIS” Luis is a 17 year old gay male who has not yet come out to his family or friends. After many months, Luis has finally worked up the confidence to ask his friend Marco (who he believes may also be gay) out to a movie. When Luis asks Marco out at school one day Marco appears uncomfortable, declines the invitation, and turns and walks away quickly. After class, Luis returns to his locker to find a homophobic slur painted across it. Moments later, a group of Marco's friends approach Luis and begin taunting him and calling him names. One boy even shoves him hard against his locker. The boys finally retreat and walk away snickering and pointing at Luis as he sits slouched on the floor with his head in his hands.



CASE STUDY #4, "LIANA AND ARMAN" Liana and Arman are married and have three children. Arman returns home late from drinking heavily with his friends almost every evening. Liana asks Arman to spend time with their children, but Arman argues that the children do not listen to him. These arguments sometimes escalate with Arman hitting Liana in front of the children. Liana worries that when the children become adults they will enter similar relationships and replicate their behavior.

CASE STUDY #5, "ARTUR AND LUSINE" Lusine has a very creative and energetic 5-year old son. However, he is always getting into trouble at school. Lusine's husband, Artur, often blames her for their son's bad behavior, saying that she spends too much time at her job when she should be at home. One day Lusine and her husband get into a heated argument, and he hits her. Hurt and angry, Lusine yells at the child, telling him that he is an ungrateful son and only brings her problems.

CASE STUDY #6, "MOTHER-IN-LAW" Mary and Armen are married and live with Armen's mother. Mary has been working outside the home since she was in school, but when their first child was born Armen's mother wanted Mary to quit her job. Armen's mother begins to put pressure on Mary and convinces Armen that he should not allow his wife to work. As a result, Mary quits her job to stay at home with the baby and has even stopped communicating with her friends and former colleagues.



KEY MESSAGES:

At its most basic level, violence is a way to control or have power over another person. When people talk about violence, they think mainly of physical aggression. It is important, however, to also think of other forms of violence as well as the different settings and circumstances in which violence happens. Whether enacted against women, children, men, elderly people, individuals of different religious backgrounds, sexual orientations, gender identities/expressions, or against children before they are even born, violence is always a violation of human rights, is rooted in power imbalances and is never justified.

Part 2: Understanding Power: Persons and Things³⁴

Explain to participants that this activity will help make the connection between power, control and GBV.

1. Divide participants into two groups with an imaginary line. Each side should have the same number of participants.
2. Tell the participants that the name of this activity is “Persons and Things.” Choose at random one group to be “things” and the other group to be “persons.”
3. Read the following directions to the group:

THINGS: You cannot think, feel, or make decisions. You must do what the “persons” tell you. If you want to move or do something, you have to ask a person for permission.

PERSONS: You can think, feel and make decisions. Furthermore, you can tell the “things” what to do.

Note: It might be helpful to ask for two volunteers to first act out for the group how a “person” might treat a “thing.”

4. Give the groups five minutes for the “persons” and “things” to carry out the designated roles.
5. Finally, ask the participants to go back to their places in the room and reflect individually on the questions below and then to facilitate a discussion.
 - For the “things,” how did your “persons” treat you? What did you feel? Why? Would you have liked to have been treated differently?
 - For the “persons,” how did you treat your “things”? How did it feel to treat someone as an object?
 - Why did the “things” obey the instructions given by the “persons”?
 - In your daily life, do others treat you like “things”? Who? Why?
 - In your daily life, do you treat others like “things?” Who? Why?
 - What gave the “persons” power over the “things?” (Prompt: They were given power simply because they were considered “persons”, much like men are granted power simply because they are men.)
 - In what ways are girls and women treated like “things”?
 - How does the community and society support the treatment of women, girls in particular, as objects?

- How can this activity help you think about and, perhaps, make changes in your own relationships?
- What is one thing you can do to empower girls at home?

KEY MESSAGES:

This explains how communities and society support and enable the treatment of women, and girls in particular, as objects to be controlled. Unequal power dynamics between men and women have negative consequences, including putting girls at risk for early marriage, denying girls an education and fuelling all forms of GBV. For example, society may say that girls do not have the power to decide when they will marry, or when sex will take place because of beliefs that a girl is an “object” that does not have rights. CEFM supports the treatment of girls as objects. This activity will help us to think about and make changes in our own relationships by exploring how we perpetuate power imbalances through our own thoughts and actions.

³⁴ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

Part 3: Violence Clothesline³⁵

STRUCTURE:

1. Introduce the next activity, "Violence Clothesline," by stating that one of the many consequences of alcohol and drug misuse is committing acts of violence against others. In this activity, participants will reflect on their own personal experiences.
2. Explain the different kinds of Violence: Verbal, Physical, Emotional, Economic and Sexual Violence.
3. Hand out the sheets of paper and markers, pens or pencils to each participant and explain that this exercise will focus on experiences of violence in the family. ADD words of caution re triggering and that some might find the discussion upsetting and uncomfortable and that you have resources, etc. and to reinforce the support of the facilitator and the group.
4. Tell the participants that they will be asked to draw images on pieces of paper and then hand it over to the facilitator without mentioning their names.
 - The first image: "*Violence that I have witnessed*"
 - The second image: "*Violence that I have carried out*"
5. Assign approximately 10 minutes for each task.
6. Stick the images on two chart sheets as per the above questions and after the next session invite the participants to look at the displayed sketches that all have given.
7. While sitting in a circle, invite participants to reflect on what they read and what they recalled from their personal experiences. Help the participants identify the different forms of violence (Verbal, Physical, Emotional, Economic and Sexual Violence) that they see before them. You may ask:
 - How was it for you to talk about the violence used against you or that you have witnessed, or violence that you carried out?
 - How do you feel when you perform an act of violence?
 - What are the common factors that provoke violence against women in intimate relationships and violence against children?
 - Of the types of violence you see before you, which are acts of gender-based violence? How do you know? (Prompt: GBV is violence rooted in gender-based power-imbalances)
 - How acceptable is it in our communities for men to use violence against women? And what about violence against daughters and sons?
 - Is there a connection between the violence that you do, and the violence done against you?
 - Violence is a cycle, that is, victims of violence are more likely to commit violent acts later in life. If this is true, how can we break this cycle of violence?
 - What can we do about the violence we witness?

³⁵ Adapted from A More Equal Future, [A MenCare manual to engage fathers to prevent child marriage in India](#), Promundo.



THE RELATIONSHIP BETWEEN ALCOHOL AND VIOLENCE

Men who misuse alcohol by consuming large amounts regularly, or binge drinking, are more prone to aggressive and violent behaviour, and are more likely to disregard family budgets and otherwise harm themselves and the people in their lives. Alcohol misuse has been linked to intimate partner violence and violence against children.

Drinking alcohol can have many different meanings and uses for men and women, including some that are positive (relaxing with friends occasionally) and others that are negative (using alcohol to cope with negative events or emotions). There is a difference between moderate drinking and alcohol use disorder. Alcohol Use disorder (also known as alcoholism or alcohol misuse), is a pattern of alcohol use that involves problems controlling drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems.

Part 4: Throwing the Ball³⁶

STRUCTURE

1. Ask the participants to form a circle while standing up.
2. Hand one participant the ball, and then ask the participants to pass (toss) the ball from one to another. Whoever receives the ball must give one reason (either positive or negative) why men use alcohol; each participant gives a different reason while the facilitator writes the answers on a chart.
3. After all participants have received the ball, ask the following question:
 - *Thinking back to the session on gender roles, is there any connection between alcohol use and masculinity (being “real men”)?*
4. In the second round of passing the ball, participants give one problem caused by drinking excessively (e.g., physical, mental health complications, disconnection from family, poverty, etc.).
5. List out the positives and negatives on a chart and summarize if the positives listed are benefitting men and how the negatives listed are impacting their lives.
6. Ask participants to identify one change they can make to their routines/lifestyles to ensure that they are not ‘problem drinking’.

³⁶ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

KEY MESSAGES ON ALCOHOL AND VIOLENCE:

Alcohol misuse is a major problem in many communities linked to dominant ideas about masculinity and what it means to be a “real man.” Also known as ‘problem drinking’ alcohol misuse can lead to negative behaviors such as violence and wasteful spending. Emphasize clearly to participants that under no circumstances should alcohol use be used or accepted as an excuse for GBV. GBV is never justified.

It is important to recognize that it is possible to drink responsibly, but “problem drinking” that has a negative impact on our lives and the lives of our loved ones is dangerous and must be addressed. Individuals and communities must work together to end alcohol misuse and promote healthier lifestyles and habits.

Show the video **Women's Safety Begins at Home** from the link on the right and discuss how children learn from their parents that it is okay to violate women. Also explain that we should teach our sons to respect women and girls and that women's safety begins at home.



[Women's Safety Begins at Home](#)

KEY MESSAGES:

There is no excuse for violence. Under no circumstances is it justifiable. We have a responsibility to control ourselves when we're angry. We can learn more effective ways to communicate and resolve conflicts. Everyone deserves respect and protection against any kind of aggression whether physical, verbal, psychological, sexual, or other. To live a life free from violence is a human right.

Although many men have experienced violence in their childhoods and may have learned to deal with conflict primarily through violence, they have a duty to challenge this pattern of behaviour and stop the cycle of violence. It is possible to stop, get help, and cut the chain of violence between generations. Our sons and daughters are not guilty of their parents' past or present problems, and we must not take our past experiences out on them.



SESSION 8:

FATHER-DAUGHTER SESSION AND PROMOTING EQUALITY



NOTES FOR THE FACILITATOR:

Be conscious of power dynamics as this session engages fathers and daughters. Ensure that girls are given space to voice opinions and encourage their participation by asking them questions. This session includes many opportunities for girls and their fathers to engage in open and honest discussion about sensitive topics. Remind the group of the Ground Rules and ask the daughters if they would like to add any additional Ground Rules for this session. Add any new rules to the Ground Rules poster.

Note: Depending on the make-up of the group, and whether enough men have sons, a similar activity could be conducted between fathers and sons with a focus on what fathers are doing or could be doing differently to raise sons who reject narrowly defined ideas about masculinity and to become equitable partners and allies and advocates for gender equality.

OBJECTIVES

- To give daughters and fathers the opportunity to reflect on how gender roles and norms affect their daily lives
- To develop a sense of empathy and understanding on the part of fathers for their daughters
- To enable girls to discover their leadership styles and qualities through hands-on experience and be supported by their fathers
- To develop a sense of responsibility among fathers to dismantle harmful gender roles and norms that limit their daughters' life prospects and threaten their health and well-being

ACTIVITIES IN THIS SESSION:

- Father-Daughter Fishbowl
- Miss Leadership

ESTIMATED TIME: 2.5 hours**MATERIALS NEEDED:**

1. Sheets of paper for all participants
2. Pencils or pens for all participants
3. Markers, tape, scissors, glue
4. Copies of 'The Challenges' (provided), or have it written out on a flipchart
5. Sweets or some small prizes

STRUCTURE:

1. Welcome everyone to the group, including daughters. Check in with the participants by referencing the last session.
2. Welcome the daughters by stating that this is an important session for their fathers because both girls and their fathers will get an opportunity to talk about their hopes and dreams for the future in a confidential and safe space. They will also play some fun games with their father and other participants in the group and gain some new skills!
3. Review the ground rules assuring the younger participants that they are in a safe and confidential space.
4. Provide an overview of the day's objectives.
5. Now ask each father to introduce his daughter or daughters, mentioning her name along with one positive quality that she possesses. Each daughter in turn will then introduce her father, mentioning one quality trait that she admires about her father.

Part 1: Father-Daughter Fishbowl³⁷

- Explain to the group that they will now do an activity called “Father-Daughter Fishbowl.”
- Divide fathers and daughters into separate groups. Ask a father volunteer to briefly explain the concept of gender roles and norms that they have been learning about throughout the session, to the daughters, allowing the daughters a chance to discuss/debate the definitions with their fathers as a group.
- Ask the daughters to sit in a circle in the middle of the room. Ask the fathers to form an outer circle around the girls and sit-down facing in.
- The fathers' job is to stay silent and listen to the girls' answers to the questions below.
- Once the daughters finish discussing the questions (on the right) for about 30 minutes, close the discussion. Then, have fathers and daughters switch places.
- The daughters' responsibility is to stay silent and listen to their father's answers to the following questions.



QUESTIONS FOR DAUGHTERS

1. What is the best part about being a girl?
2. What do you think is the most difficult part about being a girl in this community?
3. Does every girl have the same experience of girlhood, or is it harder/easier for some girls? What are the factors that make the difference? (*Prompt: income, ethnicity, sexual orientation, disability, religion, rural vs. urban*)
4. What do you find difficult to understand about boys and men?
5. What would you like your father to know to better understand girls?
6. Imagine yourself five years from now. What are your hopes and dreams for the future?
7. How can your father best support your hopes and dreams?

(If the daughters are not comfortable speaking the answers, give them slips of paper to write their answers to the questions, not mentioning their names, and then read their answers aloud for every question.)

³⁷ Adapted from A more Equal Future, [A Mencare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

QUESTIONS FOR FATHERS

1. What is the best part about being a father?
2. What is the most difficult part about being a father of a girl in this community?
3. What do you find difficult to understand about girls and women?
4. How can fathers and sons empower and support girls?
5. Reflect on your experiences as a young boy. What was the most difficult part of being a boy? What did you like?
6. Imagine your family five years from now. What are your hopes and dreams for your daughter's future?

Reflect on the activity once both groups have had a chance to discuss the questions in their fishbowl.

Ask the following discussion questions:

- How did you feel being in the fishbowl?
- How did it feel watching others discussing issues from outside the fishbowl?
- FATHERS: Did you learn anything new by listening to the girls?
- DAUGHTERS: Did you learn anything new by listening to the fathers?
- How can you use what you learned in today's activity to improve communication and mutual support between father and daughter?



KEY MESSAGES:

Equality means that our daughters have the same opportunities for a successful future as our sons (i.e., have access to quality health services, including SRHR services, the opportunity to go to school, to have a career, to live in an environment free from violence). It's also important for fathers to help their sons grow into sensitive, respectful, non-violent young men who can express their feelings, including pain and vulnerability. This will require fathers to help their sons unpack and reject narrowly defined ideas about gender and their contribution to GBV, poverty and inequality.

Part 2: Miss Leadership³⁸

- Divide the group into teams so that each team has two to three father-daughter pairs.
- Explain to participants that each group will be assigned one challenge that they will do as a group. The challenge must be completed in 15 minutes or less.
- Each group must pick one girl as the team leader. The team leader's responsibility is to coordinate and guide the group to accomplish the challenge.
- The challenge is to make a human machine, or 'robot' that can perform a time saving task. The fathers' role is to propose or suggest ideas, but final decisions must be left up to the team leader and the other girls in the group. Remember that all the members of the group should participate in the challenge.
- The winning teams (those who finish in 15 minutes or less) will receive a small prize.
- Let participants know that at the end of each challenge, the team leader will be expected to present their human machine/robot challenge to the group for five minutes, explaining how it works and what it does.
- If there is more time, assign another activity challenge. Team leaders of the activity challenge must always be girls.

38 Adapted from A more Equal Future, [A MenCare manual to engage fathers to prevent child marriage in India](#), Promundo.

GROUP DISCUSSION:

After every group has presented, ask the following discussion questions:

To the Team Leaders

- What did you enjoy about being Team Leader?
- What challenges did you face? How did you overcome these challenges?
- What did you learn about leadership?
- What did you learn about yourself?

To everyone else

- What did you learn by watching the Team Leaders go through the challenge?
- What are some positive leadership qualities you saw both in your group and in the presentation of other groups?
- What are one or two things that the Team Leaders could have done better?



KEY MESSAGES:

Close the session by thanking everyone for participating, especially the daughters, for their meaningful participation. Working together, men and boys and women and girls can promote women's leadership and gender equality, particularly when they are mindful of what each person needs to do to be part of the solution. It is essential that fathers and mothers nurture and support the future of their young daughters by continuing to actively listen and respect their right to equal opportunities including access to education and health care that addresses their specific needs. Fathers must also actively talk with sons about gender-based power imbalances and the need for gender equality. Men must also model the behaviours they wish to see in their sons by being caring, sensitive, non-violent fathers/men. The job of a gender-equitable father may be challenging and scary. Fathers will need to unlearn many of the teachings from their own childhood and reflect critically on some of their most deeply held values. However, with the support of other men, wives/partners and the broader community, fathers can become powerful agents of change for the benefit of generations to come.

Remind the men to invite their partners to attend the next session.





SESSION 9: COUPLE'S SENSITIZATION SESSION – SHARED DECISION MAKING

FACILITATION TIPS:

Care work is undervalued labour that is tied to gender inequality, with men typically providing what may be high value labour (i.e., paid work or 'productive' work) and women typically responsible for doing low value work (i.e., unpaid, "care work" or "reproductive" work). Reproductive work is unpaid even though it is indispensable for the continuation of productive work. This is reflected in government policies that do not provide adequate safety nets such as paid time off to care for young children. Challenging entrenched gender norms and stereotypes is a first step to achieving a more equal distribution of care work between women and men. The link between undervalued care work disproportionately carried out by women, and gender inequality is that every segment of time women spend on unpaid care work represents time not spent on market-related activities or investing in educational and vocational skills.

Do some background research on the connections between gender inequality and unpaid work before the session begins.

OBJECTIVES

- Reflect upon the time men dedicate to caring for and attending to their children and compare it to the time spent by women
- Reflect on the importance of engaging and supporting women and girls in the formal, paid economy
- Analyze the relationship and communication fathers have with the mothers of their children in order to identify weaknesses and strengths
- Discuss the devaluation of daily housework in society
- Couples develop realistic strategies to improve couple communication
- Couples understand the relationship between conflict in the home between couples and how it affects children
- To learn how families can manage their budget to ensure the well-being of their children
- To learn strategies around how to start a small business that will earn extra income



ACTIVITIES IN THIS SESSION:

- Hours in a Day
- The Mother of my Child and Me - Working Together as a Team
- Reflecting on the Family Budget
- Resolving Conflict – A Role Play

ESTIMATED TIME: 2.5 hours

MATERIALS NEEDED:

- Sheets of paper and pencils
- Housework objects such as dust pans, brooms, rags

STRUCTURE:

Part 1: Hours in a Day³⁹

1. Welcome everyone back to the group and give a special welcome to the men's partners. Ask each man to introduce his partner and mention something they admire about their partner.
2. Check in with the participants and revisit the last session.
3. Provide a brief overview of what the sessions have covered up until this point with the partners. Answer any questions they may have.
4. Review the ground rules. Ask the partners if they would like to add anything to the Ground Rules. Make a note of any new rules on the Ground Rules poster.
5. Provide an overview of the objectives of today's session.
6. Give each participant a blank sheet of paper and ask him to draw a large circle on it. Imagine that the circle is a pie, and that it is cut into slices of time, with the entire pie corresponding to a 24-hour day.
7. Explain work roles to the participants:
 - Reproductive Role - RR
 - Productive Role - PR
 - Leisure - L
 - Community Role – CR
8. Ask male participants to draw slices in the pie to reflect the proportion of time they spend on daily tasks: working, sleeping, eating, recreation, leisure time with adults, leisure time with children, housework, childcare, helping children with homework, etc.

³⁹ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

9. Next, ask both female and male participants to collaboratively draw a second similar picture, but this time from the perspective of the mothers of their children. In other words, how does their partner/mother of their children divide her time in a 24-hour day using the same categories above?
10. Then ask participants the following questions:
 - What did you realize when doing this exercise about how men and women use their time differently?
 - How do you feel about the current distribution of tasks that you have with your partner? Do you feel this distribution is fair? Why or why not?
 - How does your partner feel about the current time distribution?
 - Why do we tend to undervalue domestic work such as cooking or cleaning, and time spent caring for children? What does this have to do with gender inequality?
 - Why is paid work seen as having more value?
 - What would you do to change how you currently distribute your time?
 - What can men gain from being more involved in caring for children?
 - What about from being more involved in domestic work like cooking and cleaning?
 - What can women gain from spending less time on domestic and caring tasks?

Part 2: The Mother of My Child and Me - Working Together as a Team⁴⁰

NOTES TO THE FACILITATOR:

1. Thank all participants for sharing their questions, concerns and experiences.
2. Express appreciation for the environment of respect and trust they have sustained throughout the session and encourage participants to take part in future meetings.
3. Explain that you will use all questions posed in these activities to further inform and shape the coming sessions.
4. Remind the group about the Ground Rules related to confidentiality, and the importance of keeping what is said during the group sessions within the group.
5. Finally, mention that all sessions will include a critical reflection on gender socialization, i.e., how boys and girls are raised and educated.
6. Why do men talk so little about their concerns about fatherhood?

⁴⁰ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

STRUCTURE:

1. Ask a few participants (from both the male participant and wives/partner groups) to represent members of a household doing housework and caregiving. Each participant should be assigned a role, such as caring for children, ironing, cooking, washing clothes, cleaning the house or shopping. Say that they will begin the role play on the count of three, "One, two, THREE!"
2. All participants begin doing housework. After one minute, ask one of the participants to stop doing housework, and tell the rest of the participants to divide his/her share among themselves. Meanwhile, the non-working participant listens to a radio, sits around the "house" or rests.
3. Ask another participant to stop working as well. He or she may also rest somewhere, dance, or sleep. And, again, his/her share is to be distributed among the remaining participants.
4. Continue this sequence until there is only one participant left, while the others take naps, read the newspaper, or talk on their cell phones.
5. Finally, ask the last person to stop working.

**GROUP DISCUSSION:**

Ask the participants to "step out" of their roles, and ask them the following questions:

Role Play Participants:

1. How did you feel doing this exercise?
2. How did the working participants feel when the others stopped working?
3. How did the workers feel after they stopped working and began to rest or enjoy free time while the others continued to work even harder?
4. How did the last worker feel?

Questions for the group:

1. Which of the staged activities do you perform at home?
Note: Some men may note that some housework is carried out by men such as repairing a light fuse or fixing a broken motorbike. Make sure to probe how these tasks are rooted in gender stereotypes which also reinforce gender inequalities between men and women.
2. Who generally performs these activities? Why?
3. Is it realistic for men to do this work? Why or why not?
4. Can we assume that all women want their partners to contribute about the same or additional time to domestic and caring work?
5. In what ways can men participate more fairly in the home, even when they work full time?
6. There is some evidence that boys who saw their fathers participate in housework were more likely to do it later in life themselves. What are your thoughts on this?
7. What effect would you doing housework have on your daughters' future relationships?
8. There is some evidence that women who have male partners who participate in housework have greater sexual satisfaction in their relationship. Why do you think this is?

9. There is anecdotal evidence to suggest that fear of being taunted or teased by other men and having their 'manhood' brought into question is one of the reasons men are hesitant to take on tasks traditionally delegated to women such as cooking and cleaning. How can men support each other to take on a fairer share of domestic work and become more involved in their children's care and upbringing?
10. What are one or two things you can do this week in the home?

**KEY MESSAGES:**

Challenging entrenched gender norms and stereotypes is a first step to achieving a more equal distribution of care work between women to men. The link between undervalued care work disproportionately carried out by women, and gender inequality is that every segment of time women spend on unpaid care work represents time not spent on market-related activities or investing in educational and vocational skills.

Part 3: Reflecting on the Family Budget

On flip chart paper write out a list of expenses that a household/family might have, for example: school fees, house payment, water, electricity, transportation, personal care products, health care costs, food, clothes, recreation etc.

Ask the groups to pair off by couple (i.e., those in the same household or family form one couple). Ask the couples to write down the expenses they see on the flip chart and add any additional expenses incurred by their household/family.

With the list of expenses before them, ask the couples to discuss the following questions:

1. How are decisions regarding the family budget made?
 - a. Are there certain expenses men/fathers make the final decision on? What are these?
 - b. Are there certain expenses women/mothers make the final decisions on? What are these?
 - c. Which financial decisions (if any) are made jointly?
2. Within these expense categories (school fees, house payment, water, electricity, transportation, health care costs, food, clothes, etc.) do certain family members have money spent on their needs/wants?
3. How do gender roles and norms influence:
 - a. how is money allocated and expenses prioritized?
 - b. how financial decisions are made?
4. What changes could be made to the way your family budgets and spends money to ensure that all family members are treated equitably and that daughters' and sons' futures are equally prioritized?

KEY MESSAGES:

It is important that an equitable division of labour also includes accepting and promoting joint participation in household decision-making and in the paid workforce. It also means that since both men and women are equally responsible for the well-being of children, that they work together to prepare family budgets and decide together how money is spent.

Part 4: Resolving Conflict – A Role Play⁴¹

STRUCTURE:

Conduct a role play to practice non-violent ways to react when we become angry.

1. Pass out the Supporting Information for Group for this activity, “Practical Methods to Control Anger” and “Communication Styles.” Read through the information with the group.
2. Next, explain that the activity you will do now involves a role-play with two volunteers. Present a scenario like this: “(Insert first name) and (Insert first name) are disagreeing about who is responsible for bathing the children tonight.”
3. Ask the two volunteers to first act in impulsive ways, e.g., by venting their anger against a partner without reaching an agreement on who will bathe the children.

⁴¹ Adapted from A more Equal Future, [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.

4. Next, ask all participants to get into groups of two or three and prepare and act out a situation in which the couple comes to a mutual agreement, taking into account the methods included in the Supporting Information for Group, or other non-violent forms of conflict resolution.
5. If time permits, do one or two more role plays with different situational disagreements about housework or caregiving including one between a father and child.

GROUP DISCUSSION:

Lead the group in a discussion asking the following questions:

Ask the actors

- How did the first scenario compare with the second situation? How did you feel in the first versus the second scenario?

Ask the group

- Generally, is it difficult for men to express their frustration or anger without using violence? Why or why not?
- Often, we know how to avoid a conflict without using violence but sometimes this does not happen. Why?
- What are the main causes of disagreement or conflict in your home?
- Are these methods for preventing arguments from escalating realistic? Why or why not?
- Can anyone provide an example in which they disagreed strongly with their child or partner on something, but resolved it without yelling or using violence?
- What is one way in which men and women can regulate difficult emotions such as frustration or anger against their partner?
- What about against their child?

KEY MESSAGES:

Close the session by thanking the participants for their active involvement during the session. The behaviour witnessed since childhood by adults who are fighting taught us to associate anger or rage with violence. Usually the violence children experience, or witness is accompanied by anger, rage or fury. It is possible to separate the feelings of anger from angry or violent behaviour; the emotion does not have to lead to the behaviour. We can learn to manage our anger, calm down and channel it in a useful, constructive way, without threatening or assaulting others. Perhaps we have succeeded in controlling our anger with certain people who have authority over us (a boss, a public official, etc.), but we easily unleash our anger with our closest family members.

SESSION 10:

A WEB OF MALE ALLIES FOR GENDER-EQUALITY



OBJECTIVES

- Reflect on the experiences that participants have had in this cycle of sessions
- Make a commitment to be a more involved father/husband/male role model, an ally in the fight against GBV and an advocate for gender equality
- Encourage the participants to continue to meet after the session ends to motivate and support each other

ESTIMATED TIME: 1 hour

MATERIALS NEEDED:

- A ball of yarn, ribbon or brightly colored string

STRUCTURE:

Part 1: Final Commitment: A Web of Male Allies for Gender Equality⁴²

1. While holding the ball of yarn or string, say that this will be the last activity that you will do together as a facilitated group, but you hope the group will continue to meet after the session cycle concludes.
2. Say that for this activity everyone will say one thing that they learned while in this group that they will take with them back to their families. They will then hold on to the end of the yarn and toss the ball to another person in the group. This will continue until everyone has had something to say.
3. Begin the activity by saying, "One thing I have learned from this group that I will take with me to my family is..."
4. Once everyone has finished saying what they learned, a web will have formed. The web should be tight, not loosened.

⁴² Adapted from A More Equal Future. [A MenCare Manual to Engage Fathers to Prevent Child Marriage in India](#), Promundo.



KEY MESSAGES:

Explain that this web represents some of the key learnings and highlights from participants' experiences as members of this group. The continuous web joining all participants together demonstrates how the men are now connected through this shared experience and because they have acquired a new definition of what it means to be man. The new understanding of “maleness” involves challenging narrow, discriminatory gender roles, and committing themselves to being active, engaged parents, more equitable partners, partners against GBV and champions for gender-equality. Tell them that the thread should be held tight, and they should not let it sag, which means that if one person in the group becomes less active or loses his commitment, then the group will not be able to function as well. The key to maintaining the web's momentum is the support and encouragement the men give to each other, and to the younger and older men in their lives. The web that is formed also represents a safety net for children, so that they can rely on men for fairness, love and security. The web also represents protection for women and girls from GBV, and a supportive foundation for their health and well-being.

Also think about who would be strategic to include as facilitators in the groups, including community leaders, MOH personnel, health staff, community volunteers, community-based organization leaders, etc. Always ensure, however, that all facilitators (as mentioned at the beginning of this manual) go through an adequate gender and facilitation training and understand the overall objectives of the MenCare program.

CONCLUSION



Gender inequality thrives on unequal power dynamics between women and men, girls and boys, undermining health and development for all. In order to achieve gender equality and empower all women and girls to reach their full potential, discriminatory gender norms must be challenged and transformed at all levels - individual, relationships, community, and society. While women and girls have enormous potential as advocates and change agents for their own equality, men and boys also have a crucial role to play as allies and active participants and catalysts for gender-transformative change.

Anchored in the ENRICH program's efforts to leverage the central role of men's knowledge, attitudes and behaviours in influencing the maternal, newborn and child health outcomes, this MenCare Facilitator's Manual seeks to engage men in tangible and effective ways to promote the health and well-being of the women and girls in their lives. The training is intended to be inclusive of all men and male caregivers, whether they are heterosexual, gay, bisexual or transgender; whether they have children or not; live with their partner and/or children, or separately; are married, single or partnered; and whether or not they have biological or adopted children. While MenCare is a global fatherhood campaign, participants do not need to be fathers or even husbands/partners to engage with the curriculum. The training is intended for anyone who wants to become an ally for gender equality.

Through targeted activities and group discussions on topics covering Gender Equality, Pregnancy and Birth, Sexual and Reproductive Health and Rights, Caregiving, Violence and Alcoholism and Shared Decision-Making,

participants will learn about the critical role they play as men (whether they are husbands, partners, fathers, brothers, sons, uncles, colleagues, employers, teachers, or peers) in advancing women's health, social and economic rights.

Participants will be engaged in the process of examining, questioning and transforming the discriminatory gender norms and stereotypes that threaten the health and well-being of women and girls and encouraged to replace outdated and harmful ideas about masculinity with proactive and positive contributions to their families and communities. Men will also gain an appreciation for the importance of supporting one another as men, to adopt flexible, equitable expressions of masculinity and fatherhood, and of holding each other accountable for ending gender-based violence. Through discussions about the value of being an engaged and equitable partner, participants will be aware of the benefits experienced by all family members when men become more involved in caregiving and domestic work, and of the opportunities that open up when collaborative, gender-equitable decision making is practiced at the household level.

In addition to becoming allies and advocates for gender equality, the training will also help men understand the negative impact of rigid ideas of masculinity on their own physical and mental health. Newly defined, positive masculinities will give training participants the freedom to show emotion, seek help when needed, and enjoy close, loving and peaceful relationships with their children, partners and other loved ones.

ANNEX I. PRE-TEST AND POST-TEST FOR MEN'S GROUPS



In order to evaluate⁴³ the effectiveness of the men's groups, it will be important to administer participant pre and post-tests. The pre-test should be given before the first session begins while the post-test should be given after they have completed an entire cycle of sessions or "graduated". These tests will allow you to see how their knowledge, attitudes, and behaviours may have changed. The following are sample questions.

43 Facilitators Note: You may include pre-post tests in the evaluation of the project report

1. Parents are often eager to learn the _____ of a new baby.
 - a) Gender
 - b) Sex
2. Whose health is affected by gender inequality?
 - a) Women's
 - b) Men's
 - c) Girls' and Boys'
 - d) No one's
 - e) A, B and C
3. Gender norms are:
 - a) Learned
 - b) Socially designed by society
 - c) Both
 - d) None of the above
4. Men and women are both affected by gender norms, but women are disproportionately disadvantaged by gender norms.
 - a) True
 - b) False
5. Gender analysis is:
 - a) A systematic way of examining the differences in roles and norms for women and men, girls and boys
 - b) A systematic way of assessing the effect of gender differences on people's lives
 - c) A and B
 - d) None of the above
6. Which of the following should always be considered in conducting a gender analysis?
 - a) Gender Division of Labour
 - b) Knowledge, Beliefs and Perceptions
 - c) Practice and Participation
 - d) Power, Control and Decision Making
 - e) Legal Rights and Status
 - f) All of the above
7. In societies where women and men have equal access to resources, both can be considered equally active and productive participants in society.
 - a) True
 - b) False

8. To ensure the healthiest maternal, perinatal, neonatal, infant, and under-five health outcomes, women and couples who want to have a child should wait how long after a birth before TRYING to become pregnant again?
- At least 6 months
 - At least 12 months
 - At least 24 months
 - At least 36 months
9. Infants conceived less than six months after a miscarriage, or an abortion are more than twice as likely to be low birth weight or preterm delivery than an infant conceived 18 to 23 months post-miscarriage or abortion.
- True
 - False
10. Agree/Disagree:
- A husband needs to discipline his wife if she is out of line, to correct her behaviour.
 - Men and women are equal, but men are stronger.
 - Men and women are equal, but men are natural leaders and more rational.
 - Mothers who stay at home should receive financial incentives from the government for their work.
 - For me, having a son is more important than having a daughter.
 - It is okay if my son wants to play with dolls.
 - Dads who stay at home to care for their children get a great deal of respect in our society.
11. Which of the following can fathers do to support pregnant and lactating mothers?
- Cooking meals
 - Taking children to school
 - Cleaning
 - Providing emotional support
 - Accompanying mothers to pre-natal and post-natal health visits
 - All of the above
12. There are many ways that fathers can support their female partners to breastfeed their infants. *Agree/ Disagree. Name at least two ways:*
- 1 way: _____
 - 2nd way: _____
13. Is it necessary for fathers to be present in delivery room? Yes/No
- Why?** _____
14. What methods can men use to control their anger:
- Ignore and be silent
 - Express your anger by hitting something like a wall or another person.
 - Express your anger through yelling
 - Take a walk outside until you calm down
 - All the above

15. Questions about health and well-being

Completely agree/Partly agree/Neither agree nor disagree/Partly disagree/Completely disagree

- a) I am happy with my body
- b) I feel that my life is no use to anyone
- c) I have a lot to be proud of on the whole
- d) I feel inferior when I am with my friends

16. How often do you have a drink containing alcohol?

- a) Monthly or less 1
- b) 2 to 4 times a month 2
- c) 2 to 3 times a week 3
- d) 4+ times a week 4

Other recommended questions:

How do you and your partner divide the following tasks?

- Washing clothes
- Fixing things around the house
- Grocery shopping
- House cleaning
- Bathroom cleaning
- Cooking
- Daily care of child(ren)
- Staying home when child is sick
- Picking up child from childcare
- Taking child(ren) to do fun activities

Answer options:

- I do everything.
- Me usually
- We divide it equally or we do them together
- My partner usually
- My partner does everything
- Not applicable

Did you accompany the mother of your child to a prenatal visit during the last pregnancy?

Answer options:

- I do not know if she had prenatal visits
- She did / does not have prenatal care
- Yes, I went / go with her to every visit
- Yes, I went with her to some visits
- No, I did not go to any prenatal care visit

When was the last time you talked to your partner about problems you are facing in your life?

- Within this week
- One to two weeks ago
- More than a month ago
- More than 6 months ago or never
- No answer

When was the last time your partner talked to you about problems they are facing in their life?

- Within this week
- One to two weeks ago
- More than a month ago
- More than 6 months ago or never
- No answer

Some people think that spanking or smacking a child is not harmful for the child as long as it is not done all the time. What do you think?

- Totally agree
- Partially agree
- Partially disagree
- Totally disagree

Gender Equitable Men Scale

- All answer categories: Totally agree, partially agree, disagree

A woman's most important role is to take care of her home and cook for her family

Men need sex more than women do

Men don't talk about sex they just do it

There are times when a woman deserves to be beaten

Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility

It is a woman's responsibility to avoid getting pregnant

A man should have the final word about decisions in his home

A woman should tolerate violence in order to keep her family together

I would be outraged if my partner asked me to use a condom

A man and a woman should decide together what type of contraceptive to use

If someone insults me, I will defend my reputation, with force if I have to.

To be a man, you need to be tough.

ANNEX II. GLOSSARY OF TERMS



Active fatherhood: Fathers who take a motivated interest in the lives of their children and equitably engage in caregiving and domestic work.

Caregiver: A key figure, such as a significant other, family member, friend or neighbour who provides unpaid or paid assistance in caring for an individual, who cannot provide for their own needs fully,

Domestic work: Work performed for the purpose of maintaining a home, including cooking and cleaning.

Gender: Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Gender-based violence: GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.

Gender equality: This refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as

women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.

Gender roles: Roles, beliefs, and expectations typically associated with being male or female. These roles are socially constructed. In other words, we learn these roles from the example and expectations of parents, family, cultural groups, and social context. How men and women are expected to act varies in different cultures and communities, and these roles can change over time. In most communities, however, gender roles are very specifically defined, and are different for males and females. Often, these differences result in inequalities or power differences between men and women.

Gender stereotypes: In the last century, people have started to free themselves of gender expectations so that they can choose for themselves who they want to be. In society at large, however, stereotypes still exist about what are typical traits for men and women.

Gender Identity: Refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth. A person's gender identity is fundamentally different from and not related to their sexual orientation.

Gender Expression: How a person publicly presents or expresses their gender, usually expressed through behaviour, clothing, and/or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either male or female, masculine or feminine.

Intimate-partner violence: Refers to all forms of violence (physical, psychological, emotional, sexual, economic) that can occur within couple relationships, and is not limited to cohabitating couples.

Masculinity: In broad terms, how men are socialized and the discourses and practices that are associated with the different ways of being a man.

Positive masculinity: Ideas around masculinity are socially constructed, therefore there is the possibility of reconstruction. If boys and men can accept a system of domination because they believe it is the path to power, then they can also learn to embrace even more empowering and rewarding masculinities. The construction and promotion of "positive masculinities" creates opportunities for men to change and to become role models for personal and social change.

Power: There are two types of power: one involves having the possibility, opportunity, skills, and ability (i.e., the power to do something); the second means to control, exercise authority, dominate, exploit, command, impose (i.e., power over someone). The existence of this second type of power is closely related to the establishment of social hierarchies, resource control, authoritarianism, access to knowledge, and violence against others.

Sex: This refers to the physical and biological differences between men and women, including the different sex organs, hormones, etc. It can also refer to sexual contact, like intimacy, touching and fondling, petting, oral sex, and all other options that make up the richness of sexuality, including sexual intercourse.

Sexuality: This is a fundamental aspect of human nature, a positive force and a source of energy, creativity, motivation, and interaction. Sexuality is associated with the ability to have children, and with love and pleasure. Sexuality is a complex term. According to the World Health Organization (WHO), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality

can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. The meaning of sexuality varies between and within cultures, from person to person, and between people's different developmental stages.

Sexual Orientation: Sexual orientation is a component of identity that includes sexual and emotional attraction to another person. Sexual orientation is different from gender identity.

Trans or transgender: An umbrella term that describes people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl/woman or boy/man in society. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It includes but is not limited to people who identify as transgender, transsexual, cross dressers or gender non-conforming (gender variant or gender queer)

Violence: The intentional use of physical force or power, either as a threat or actual act, against oneself, another person, a group, or community, that is likely to result in injury, death, psychological or developmental harm, or deprivation. The definition encompasses interpersonal violence, suicidal behaviour, and armed conflict. It also covers a wide range of behaviours that go beyond the physical, such as threat and intimidation that compromises the well-being of individuals, families, and communities (Krug, et al., 2002).

Violence against children: The definition of violence in the UN Study on Violence Against Children (2006) draws on Article 19 of the Convention on the Rights of the Child: "all forms of physical or mental violence, injury, and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" as well as the definition used by WHO in the World Report on Violence and Health (2002):

"the intentional use of physical force or power, threatened or actual, against a child by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development, or dignity."

Violence against women: The United Nations General Assembly defines it as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life." The 1993 Declaration on the Elimination of Violence Against Women noted that this violence could be perpetrated by assailants of either gender, family members and even the "State" itself.

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ADDITIONAL RESOURCES

1. Haberland, Nicole (2007). *Supporting married girls: Calling attention to a neglected group. Transitions to Adulthood*, Brief No. 3. Population Council, NY. Available at: https://www.popcouncil.org/uploads/pdfs/TABriefs/03_MarriedGirls.pdf (PDF; Size: 241.31KB). Brief based on Population Council's research in Bangladesh, India, Burkina Faso, Kenya, Ethiopia, Nigeria, and elsewhere, to better understand the situation of married girls and to more adequately meet their unique social, health, and development needs.
2. ICRW (2006). *Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based interventions*. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Improving-the-Reproductive-Health-of-Married-and-Unmarried-Youth-in-India.pdf> (PDF; Size: 776 KB). Evaluates Adolescent Reproductive Health Programmes; findings show that girls' age at marriage increased by one year, from 16 to 17.
3. ICRW (2003). *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*. <https://www.issuelab.org/resources/11421/11421.pdf> (PDF; Size: 821.53KB) Highlights the adverse effects of bearing children at a young age, and the increasing recognition that education and economic options are essential for young people to succeed in life and contribute to society.
4. Malhotra A, Schulte J, Patel P and Petesch P (2009). *Innovation for Women's Empowerment and Gender Equality*. Washington, DC: ICRW. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Innovation-for-Womens-Empowerment.pdf>. Examines eight catalytic innovations in three domains that intersect areas with the greatest need and most creative entry points for realizing women's empowerment: (1) technology use; (2) social norm change; and (3) economic resilience.
5. Solution Exchange for the Gender Community (2010). *Good Practices against Child Marriage Discussion Summary*. Available at <https://www.icrw.org/publications/solutions-to-end-child-marriage-2/> (PDF; Size: 1.04MB). Shares several interventions against child marriage in India; also challenges hindering success of interventions.
6. USAID (2012). *Ending Child Marriage and Meeting the Needs of Married Children: The USAID Vision for Action*. Available at <https://pdf.usaid.gov/pdf/docs/PDACU300.pdf> (PDF; Size: 1.67KB). Serves to assist USAID to ensure that its programming efforts support boys' and girls' abilities to reach their full potential, foster gender equality, and promote girls' empowerment.
7. A More Equal Future: A MenCare Manual to Engage Fathers to Prevent Child Marriage in India <https://promundoglobal.org/resources/a-more-equal-future-a-mencare-manual-to-engage-fathers-to-prevent-child-marriage-in-india/> and
8. [A MenCare Fathers' Group Manual for Sri Lanka](#) (2013).
9. Men Engage Alliance, Promundo and UNFPA (2010). *Engaging Men and Boys in Gender Equality and Health: A global toolkit for action*. Available at <https://www.unfpa.org/sites/default/files/pub-pdf/Engaging%20Men%20and%20Boys%20in%20Gender%20Equality.pdf>. Promundo and MenEngage Alliance, with support from UNFPA, produced this toolkit addressing strategies and lessons learned for engaging men and boys in diverse themes such as Sexual and Reproductive Health; Maternal, Newborn, and Child Health; Fatherhood; HIV and AIDS; Gender-based Violence; Advocacy and Policy; as well as addressing issues around Monitoring and Evaluation of this work. It includes tools and activities from global organizations and programs that can be adapted and utilized by other organizations.
10. Promundo (2014). *Program M Manual: Working with Young Women: Empowerment, Rights and Health*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Program-M-Working-With-Young-Women.pdf>. This manual

- includes more than 30 activities to carry out group work with young women (ages 15–24) on gender identity, relationships, sexuality, reproductive health, motherhood and caregiving, drugs, work, and preventing and living with HIV and AIDS.
11. Promundo (2002). *Program H Manual: Working with Young Men Series*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Program-H-Working-With-Young-Men.pdf>. This manual includes approximately 70 activities to carry out group work with young men (ages 15 to 24) on gender, sexuality, reproductive health, fatherhood and caregiving, violence prevention, emotional health, drug use, and preventing and living with HIV and AIDS.
 12. Promundo, Save the Children, Bernard Van Leer Foundation. *Ending Corporal and Humiliating Punishments: A manual to inform and empower fathers, mothers and caregivers of children*. Available at: <https://promundoglobal.org/wp-content/uploads/2014/12/Ending-Corporal-and-Humiliating-Punishments.pdf>. This manual contains educational activities to promote reflection on the use of physical and humiliating punishment against children.
 13. Fatherhood Institute, Promundo, Bernard Van Leer Foundation, MenCare (2012). *Fatherhood: Parenting Programmes and Policy, a critical review of best practice*. Available at <http://www.fatherhoodinstitute.org/wp-content/uploads/2012/07/Parenting-Programmes-and-Policy-Critical-Review-Full-Report.pdf>. The purpose of this publication is to review policies and programs that promote or facilitate the involvement of fathers and father-figures from the prenatal period through the first eight years of their children's lives and to establish evidence of these programs' potential to impact family violence, child abuse, and children's health or learning outcomes. Twenty case studies primarily from the Global North, with some from the Global South, are presented, plus a catalogue of additional projects and discussion of key issues. While there were numerous challenges in developing this review (see below), valuable insights have emerged. The paper concludes with recommendations for future research, policy and program design, and evaluation. It also draws attention to ways in which best practices in program areas in the Global South that have successfully addressed men and fathers (e.g., HIV prevention, women's economic empowerment, and maternal and child health) may be transferred to interventions more directly related to parenting.
 14. MenCare, Promundo, World Vision (2013). *A MenCare Fathers' Group Manual for Sri Lanka*. Available at <https://men-care.org/wp-content/uploads/sites/3/2015/05/MenCare-Fathers-Group-Manual-Sri-Lanka.pdf>. This manual contains tested group education modules intended for fathers and their partners, most often spouses, in the plantation region (or tea estates) of Sri Lanka. The purpose of this manual is to promote gender equality within the home and children's healthy development and overall well-being by offering a series of tested activities and group discussions that provide a strong foundation for addressing and transforming norms within families, communities, and, of course, masculinity.
 15. Promundo, International Center for Research on Women (2012). *Men Who Care: A multi-country qualitative study of men in non-traditional caregiving roles*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Men-Who-Care.pdf>. The study presents the results of life history interviews with more than 80 men in five countries—all carrying out caregiving in the home or as a profession. These interviews provide key insights on the challenges to men taking on more equitable caregiving, as well as on how to encourage more men to take on equal roles in caregiving. The results were also instrumental in the creation of the MenCare campaign, a global campaign to engage men as caregivers and fathers, coordinated by Promundo and Sonke Gender Justice.
 16. Instituto Promundo, International Center for Research on Women, Culturasalud, Centre for Health and Social Justice, Rwandan Men's Resource Centre in collaboration with The MenEngage Alliance (2012). *Engaging Men to Prevent Gender-based Violence: A multi-country intervention and impact evaluation study*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Engaging-Men-to-Prevent-Gender-Based-Violence.pdf>. This report is an impact evaluation study of a multi-country project to engage men and boys in preventing violence against women and promote gender equality. Implemented in India, Brazil, Chile, and Rwanda, with support from the United Nations Trust to End Violence Against Women, the project activities in each country varied but all included educational workshops with men and young men on gender equity and training programs with partner staff on evidence-based methodologies for the prevention of violence against women. It is also available in French and Spanish.
 17. Contrera M, Heilman B, Barker G, Singh A, Verma R, Bloomfield J (2012). *Bridges to Adulthood: Understanding the lifelong influence of men's childhood experiences of violence*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Bridges-to-Adulthood.pdf>.

Conducted by Instituto Promundo and International Center for Research on Women, and funded by the Bernard Van Leer Foundation, this report explores the prevalence and nature of violence against children as well as its potential lifelong effects. Using IMAGES data from six countries (Brazil, Chile, Croatia, India, Mexico, and Rwanda), the report expands understanding of these issues by examining data from low- and middle-income countries by analyzing men's reports of experiencing and perpetrating violence, and by examining broad categories of lifelong effects. Download at: www.promundo.org.br

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22. The Population Council, Promundo (2006). *Yaari Dosti: Young Men Redefine Masculinity, A Training Manual*. Available at <https://www.popcouncil.org/uploads/pdfs/horizons/yaaridostieng.pdf>. This training manual is designed to promote the positive aspects of masculinity, encourage men's participation in sexual and reproductive health, promote respect for sexual diversity, and improve the understanding of the body and sexuality. It is a resource for government and non-governmental organizations (NGOs) that aim to promote gender equity and address masculinity as a strategy for the prevention of HIV infection.
23. Check out the latest publications, videos and news at MenCare's global website: <https://men-care.org/> Also see: <http://menengage.org/>, <https://engagingmen.net/>, <https://promundoglobal.org/>