

Promoting men's engagement as equitable, non-violent fathers and caregivers in children's early lives: Programmatic reflections and recommendations

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While men's engagement in early childhood development is gaining policy momentum, operationalization of these objectives will require consideration of the various barriers and obstacles that exist to men's engagement in the care and development of young children, in different contexts.

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Parents and caregivers are the first and most important providers of the nurturing care that children need to thrive and develop – care that encompasses health, nutrition, safety and security, early learning and responsive caregiving. In our editorial for the April 2019 issue of the *International Journal of Birth & Parent Education* (Swan & Doyle, 2019) we described the importance of promoting men's engagement as fathers and primary caregivers in the care and development of children, particularly in the earliest years. Our call for increased attention to promoting male engagement was founded upon the evidence of what young children's brains need and expect in order to develop, especially in their first three years when brain development is at its most plastic and is influenced by a young child's experiences and interactions with the environment – in particular interactions with parents/caregivers (Black et al., 2017). We highlighted that in most Low and Middle Income Countries (LMICs) – as well as many High Income Countries – women continue to shoulder the majority of the burden of care work, even as they increasingly participate in the labor force (Van der Gaag, et al., 2019). We emphasized that women's ability to provide optimal nurturing care for their young children is influenced by multiple factors, including time, poverty, stress and depression, and a lack of agency and decision-making power (Plan International, 2017). We emphasized that more needs to be done to

Plan International is an independent development and humanitarian organization that works to advance children's rights and equality for girls in 54 countries in Africa, Asia, the Middle East and Latin America. In multiple countries, Plan facilitates strengths-based programming aimed at supporting caregivers – female and male – to provide the nurturing care that young girls and boys need for their optimal early years' development. Our male engagement in Early Childhood Development (ECD) work builds on learning from a multi-country, multi-year gender-transformative program (Strengthening Health Outcomes for Women and Children, SHOW), funded by Global Affairs Canada, that targets adolescent girls, women and children in remote, under-served regions of Bangladesh, Ghana, Haiti, Nigeria and Senegal.

Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls, and individuals of all gender identities. Founded in 1997 in Brazil, Promundo believes that gender equality is a social 'good' for the world. Through our work on fatherhood and caregiving, we collaborate with partners around the world to transform social norms related to men's caregiving and to promote their equitable and non-violent participation as partners and caregivers to young children.



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promote men's shared responsibilities for care work and childrearing, recognizing the emerging evidence around the positive impact this can have for their children's physical and mental health and wellbeing, learning and development, and inter-personal relationships into adulthood (Levtov et al., 2015).

The Nurturing Care Framework (World Health Organization, UNICEF, World Bank Group, 2018) launched at the 71st World Health Assembly (2018), emphasizes the importance of mobilizing and supporting men in their role as nurturing caregivers. In its ambition to amplify the role of health and other sectors in supporting parents/caregivers of children under three years to provide nurturing care, the framework looks beyond men 'helping women out', to men playing a central parenting role. While men's engagement in early childhood development is, therefore, gaining policy momentum, operationalization of these objectives will require consideration of the various barriers and obstacles that exist to men's engagement in the care and development of young children, in different contexts. Of particular importance are gender norms – the community and societal expectations about how men and women should behave and their roles in society – which deeply influence men's and women's household involvement and caregiving actions. Other barriers include the prevailing perceptions that women are innately more capable caregivers than men; the fact that key services such as health and education in large part exclude, rather than welcome, men; and the absence of an enabling policy environment which values and promotes the role of male caregivers (including paid, non-transferable paternity leave).

Moving forward, we can draw on a longer history of programmatic interventions to involve and support men as fathers and caregivers and that consider these barriers. Multiple organizations implementing parenting programs for young children's healthy development in LMICs – including Plan International – began, several years ago, to sharpen their focus on male engagement, recognizing that most programming had traditionally reached women only (consequently reinforcing, rather than challenging, existing gendered norms). Meanwhile, Promundo has been conducting research, advocacy and programs to catalyse men's capacity to care in gender equitable ways for more than two decades. Collectively, Plan,

Promundo and other organizations have used and tested multiple approaches to promoting men's engagement in young children's lives, including **men's or parents' groups** and **health sector outreach** (Promundo's Program P (Promundo, CulturaSalud, REDMAS, 2013), United Nations Population Fund's School for Fathers, Plan International's Daddy's/Father's Clubs); **health sector outreach mentoring approaches** with older community males providing one-on-one support to younger men (for instance Save the Children's/Institute of Reproductive Health's Responsible (REAL) Father Initiative focused on violence prevention in Northern Uganda); **outreach/'quick chat' approaches** (such as Care Bangladesh's tea-stalls conversations (Care, 2017)) and **Social and Behaviour Change Communication campaigns** (such as MenCare: A Global Fatherhood Campaign, which has partners in more than 50 countries [www.men-care.org]).

Increasingly, evaluations of these approaches are addressing the evidence-gap regarding effective approaches for promoting male engagement interventions in LMICs highlighted in earlier systematic reviews (McAllister et al., 2012). A 2018 systematic review found that interventions to engage men in maternal and newborn health were associated with improved antenatal care attendance, skilled birth attendance, facility birth, postpartum care, birth and complications preparedness and maternal nutrition (Tokhi et al., 2018). Evaluations of Plan International Canada's seven years of work to improve gender-responsive maternal, newborn and child health (MNCH) services and men's engagement in eight countries have demonstrated increasing male support for the health and wellbeing of women and children; improved relationships between men and their partners and children, and improved indicators related to maternal health service utilization amongst women in the intervention group in the majority of countries, compared to baseline studies and also in-country comparison groups in some evaluations (Plan International, 2019; 2015). In Rwanda, a randomized controlled trial of Promundo's Program P, implemented by the Rwanda Men's Resource Center, demonstrated that gender-transformative sessions for men and their partners contributed to lower rates of past-year physical and sexual Intimate Partner Violence (IPV) and of physical punishment of children; increased antenatal care attendance for women and accompaniment by men; greater modern contraceptive use; higher levels of men's participation in childcare and household tasks, and less dominance of men in decision-making, compared to a control group (Doyle et al., 2018). An evaluation of the Responsible, Engaged and Loving (REAL) Fathers Initiative in Uganda found that the 12-session father mentoring program contributed to reductions in IPV and in physical punishment of children (Ashburn et al., 2017).

In addition to demonstrating the potential of contextually tailored, gender-transformative approaches to engaging men as fathers and

caregivers, Plan International's and Promundo's work has revealed important insights and challenges inherent to this work. This paper presents our collective lessons learned and recommendations on operational and implementation features, based on anecdotal evidence (including from key informant interviews with practitioners supporting male engagement work in four countries in Latin America - Bolivia, Ecuador, El Salvador and Nicaragua - and empirical evidence from recent studies in Bangladesh, Ghana, Haiti, Lebanon, Nigeria, Rwanda and Senegal, as well as an earlier review of Plan International's men's engagement in MNCH work (Comrie-Thomson et al, 2015). Many of our experiences and recommendations complement and confirm those highlighted by the Burnett Institute's (Australia) operational meta-evaluation of five men's engagement projects (Comrie-Thomson, 2018).

RECOMMENDATIONS

1. Ensure that men's engagement programs actively and specifically promote gender equality, women's empowerment and the transformation of harmful gender norms, roles and relationships

Plan and Promundo approach men's engagement in ECD work from a gender-transformative perspective, meaning that we aim to create spaces where men (and women) can actively reflect on, question and seek to transform inequitable gender norms. Our work is founded upon our vision of a world where all people work to create a nonviolent, caring, and gender-equitable future for themselves and for their children.

This is an evolution from a more instrumental approach that focuses either on the direct assistance that men could provide to the mother and/or young children, or – in contexts where men were the primary decision-maker and acting as 'gatekeepers' or barriers to women's access to services – encouraging men to make decisions supportive of women's access to healthcare. While this can be a starting point, we know that interventions must not stop there. If men are involved solely as 'token' participants in household or childcare tasks, they 'may view their participation in care work as a 'favour' to women – a way of helping out women with tasks that are still totally their responsibility' (Plan International and Promundo, 2019). As a result, these tasks will still be viewed as low-status roles assigned primarily to women. In addition, if approaches do not actively challenge inequitable gender attitudes and norms, they may increase men's control over women's and children's lives and reinforce men's decision-making power as they become more involved in 'traditionally' female-led areas of family life and welfare – undermining gender equality, women's and children's health and well-being. Men's participation in their children's lives and household responsibilities may increase, but there will be no impact on power relations or men's roles as the principal decision-makers in the home (Doyle et al., 2014); furthermore a new generation of girls and boys will grow up learning and internalizing these same norms and expectations.

Through gender-transformative approaches to men's engagement, we aim to catalyse long-term, positive changes in gender norms, relations and power dynamics that shift the conversation around men's caregiving and that contribute to more equitable and non-violent families more generally (Comrie-Thomson et al., 2015). This means moving beyond simply providing men with information and education sessions. Both the Program P curriculum and Plan's Fathers Club curriculum are designed to progressively build fathers' understanding of gender norms: of how subscribing to rigid gender norms and expectations can cause harm to men and those around them; and how changing gender norms and beliefs about how men and women should behave and what they should do, as well as gendered power dynamics, can bring benefits to the mother, children, the family and to men themselves. Both curricula emphasize the importance of a gender-synchronised approach: of supporting a similar process of reflection on gender norms either together with or in parallel to programs for women, and of ensuring that men and women are provided safe spaces to come together to reflect on and actively question what it means to be a man and a woman within their societies, and how this impacts their roles as parents and as partners.

2. Understand the risks and potential harms, and identify how you will mitigate and address these – right from the start

In the section above, we have explained that if male engagement work is not implemented within a broader approach promoting gender equality and norm change, we run the risk of men assuming greater control over women's lives, and of undermining women's agency and autonomy. Another risk is that well-intentioned efforts to promote men's engagement in MNCH, particularly in the health sector, can contribute to official or unofficial policies and practices that prioritize and value men's time and presence, to the detriment of women. In some contexts, where women's access to services has been conditional upon them being accompanied by their male partner, or where women who are accompanied receive services first, this has resulted in reduced access or longer waiting times for single mothers or for women whose partner was unable or unwilling to accompany them. Other important risks to consider are the potential 'sanctioning' – ridiculing, shaming, ostracising or worse – of men who contravene gender norms by taking on caregiving responsibilities traditionally considered women's domain. We have seen that this sanctioning can come from partners, friends, family members, community and religious leaders, and service providers. Importantly, we have seen that when men take a larger responsibility in child care and household tasks, this can sometimes lead to greater sanctioning of or backlash against their female partners (even when men's participation may be celebrated) – with women being viewed as not living up to their expected roles and responsibilities and/or as dominating or 'bewitching' their partners. These risks and their impact do vary. For instance,



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program participants in Rwanda have reported that seeing the value that behaviour change has brought to themselves, their relationships, and their families has been sufficient to displace any negative feedback from their peers (Doyle et al., 2014). In many contexts, community members have identified the benefits that these families have experienced, and view them as role models or examples for others in the community. By highlighting these risks we hope not to discourage, but instead to emphasize the importance of conducting an ongoing analysis of risks to the people that the project aims to benefit, as well as risks to staff, partners and potential community champions (such as religious and traditional leaders when we seek to engage these to validate and support men's engagement efforts) in order to identify and implement appropriate risk mitigation strategies – such as community norms change campaigns. Programs need to engage men and women from the program design stage, creating spaces in which they can identify risks and discuss potential backlash, agree upon changes they feel comfortable with, and establish boundaries.

3. Start with women, their needs, perspectives and priorities – and engage them throughout the program

Programs should always start by understanding the perspectives of women: what changes in men's engagement would they like to see and – as above – what potential risks do those changes carry for women (and men). Men's engagement may be a particular concern for women if they are in relationships characterized by controlling behaviours, violence, or

abuse. Programs need to carefully consider which men they target, recruit or work with, and be prepared to respond to and provide support to women who are survivors of intimate partner violence. Programs should recognise that women may be understandably resistant to the idea of increased male involvement for multiple reasons, including risk of backlash, concerns that their partner's increased involvement will limit their autonomy or decision-making power, or fears that men's presence at health or other services will limit opportunities for discussing sensitive issues or speaking openly (such as in parenting groups or during antenatal visits). In addition, women may have different preferences for men's engagement – such as wanting men's presence at labour but not during birth (Afulani et al., 2018).

At the same time, recent qualitative research conducted by Plan in Bangladesh, Ghana, Haiti and Nigeria (Plan International, 2019) has demonstrated that the traditional perception that women are 'protective' of the caregiving space and role and act as gatekeepers to men's involvement, may not always hold true. While most women consulted still expected some gendered division of labour at home, many described an ideal distribution of household and care work that was more balanced, and even equal (Van der Gaag et al., 2019). Practitioners in Latin America report that women say that they want men to value care work, understand their experiences, support them more during pregnancy and do more in terms of sharing care-work responsibilities. They have emphasized their desire to see their male partners have closer emotional relationships with their children – and for they themselves to be treated better by their partners. These findings echo those of research conducted in multiple settings where women have reported a desire for men's greater participation in unpaid care work (Chopra & Zambelli, 2017).

Programs should be designed, therefore, to respond to women's needs, choices and priorities (and acknowledge the diversity of women's experiences and choices). Women should be involved together with men in determining the acceptability of project activities and key messages, as well as in ongoing program monitoring and evaluation and risk analysis. In addition, couple communication about women's desires and preferences for men's involvement, and potential risks, should be integral parts of program design. Interventions in the health sector in particular should ensure that men's engagement is not *required*, is always with women's consent, and women's decisions take absolute precedence.

4. Group-based (manualized) approaches work, but must be tailored to the local context to address challenges around recruitment, retention and resourcing

Group-based manualized approaches bring multiple advantages: they afford men an opportunity to learn from and support each other; permit implementers – where needed - to gradually introduce reflection around gender norms, roles and relationships, allowing for an incremental contextualization of the topic

within men's lived experiences; and can generate a potentially critical mass of men prepared to make the change in a single community. In addition to contributing to important gender and health-related outcomes referenced in the introduction, we have seen that well-tailored, locally contextualized men's engagement programs (whether with men only or couples) can resonate with men and support them to make changes that bring tangible benefits to their lives, health and relationships with their children and their partners. We have also found that these group approaches can work well across multiple settings, including with refugee/displaced populations, such as those in Jordan (Abbas, 2018) and Lebanon (Van der Gaag et al., 2019).

We know that – notwithstanding the barriers mentioned earlier – many men do want to be more involved in the lives of their children and want to learn how to be better involved. For instance, men consulted through Plan's and Promundo's programs have expressed their desire to have stronger emotional relationships and better communication with their children and partners, and to learn how to discipline their children or to resolve conflict with their partners in non-violent ways. Even so, in some contexts, programs have experienced challenges in recruiting or retaining men in group education sessions. We have found that men are less willing to participate when they feel they are already doing their best to conform with societal expectations of 'good fatherhood' and where their role is expected to be one of protector, provider and decision-maker rather than nurturing caregiver. Others have explained that they don't have enough time to participate in a program given their other responsibilities, often tied to pressures to live up to their 'breadwinner' role.

Increasingly, our programs are adapted to respond to these challenges. We have seen that organizations can be successful when they are able to capitalize on these desires and contextually design or adapt program content to reflect men's ambitions, fears and challenges as caregivers, and to implement them at times and places that work for men. We work to identify compelling messages to mobilize men: messages that reflect and resonate with their aspirations for their children and as fathers – and that refer to the benefits for men themselves. Where possible, we organize session timing and frequency to fit men's (or couples') schedules – holding sessions in the evenings and the weekends rather than the 'working day' (as we have found that even unemployed men may be unwilling to attend at these times) and avoiding particularly busy times of the year such as planting/harvest seasons. In settings where we have found that starting the conversation with a focus on gender and power can deter men's participation, we have adapted curricula to gradually introduce reflections and discussions around gender roles and relationships (including IPV). We prioritize a strengths-based approach that starts with what men already know and are doing, which employs active and practical learning approaches that appeal to a diversity of men and their different learning styles and lived experiences. In Rwanda, where Promundo and

Rwanda Men's Resource Centre adapted Program P, strong partnerships with local government, which increased program visibility and status, and use of locally respected community members as facilitators, are factors that contributed to high rates of men's (and women's) recruitment and retention with men attending on average 14 out of 15 sessions, despite these being three hours in length (Doyle et al., 2019).

Even with these measures, retention may be a challenge. Plan has experienced drop-out/attrition rates of 15 – 20% or more in some programs, with a notable proportion of men attending some sessions and not others, which makes the delivery of a phased curriculum with fidelity, as well as the building of a mutually supportive group, very difficult. We are exploring different avenues to respond to these issues some programs have included entertainment elements such as games and/or additional income generation elements such as savings and production of artisanal goods for sale. In Latin America, several countries have begun to test a shorter program of sessions with men (four to six sessions compared to a typical program of over 12 sessions). Some countries have decided to focus on first-time expectant fathers who are keen to learn about their role as a father, as well as to discuss the implications of having a child on their relationship with their partner. Rather than 'prescribing' a specific curriculum, we are suggesting that countries adapt existing manuals/session guides to the local literacy and resource levels and develop a full, phased curriculum - but train and empower facilitators to know what is core and essential and what can be adapted, moved around, or potentially left out. And we are promoting alternative ways - for instance, using videos, social media - to share information usually included in parenting groups in order to capitalize on the group time for discussion and reflection.

5. Flexibility is needed as you decide on your approach – and multi-actor, multi-level interventions will usually be required

In any context where you plan to work to promote male engagement, formative research – even if rapid and high level – will usually be needed to understand how much men are already involved and engaged, and what factors explain their behaviours. In many contexts, this will mean identifying whether gender norms are in play and if so, how strong they are and which actors and policies are responsible for maintaining and enforcing them.

In contexts where norms are in play, programs have to shift their focus from working only with men (and their partners) and include interventions to promote changes in these limiting gender norms and the creation of an enabling environment. For this reason, more recent men's engagement interventions are employing multiple strategies with different actors alongside the direct work with men: mobilizing and engaging community leaders (traditional, political and religious) to garner their support for male engagement; training health workers and educators (and sectorial authorities) in order that health and



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early childhood education services are inclusive of male caregivers; implementing Social and Behaviour Change Communication campaigns to gradually shift ideas and expectations around 'good' fatherhood, and influencing changes in policy as well as service norms and regulations to support men's engagement.

6. Whatever your approach, ensuring adequate training and support for program implementation staff and for facilitators and others who will interact with the communities is essential.

Staff responsible for implementing activities with men will have a strong influence on whether these are able to effectively engage men. In many contexts, staff who come from the same communities or implementing localities may share the same expectations and attitudes about male engagement as the men we aim to influence.

Both Plan and Promundo have worked to train and support community members who will then work with their peers – including community leaders, community health workers and traditional healers. Like other organizations, we have found that male facilitators are usually preferable (as models, and because men will be more willing to discuss sensitive issues with them) although female facilitators have worked well in some contexts and male-female pairs have also been successful. We have found that a facilitator's technical knowledge – for instance around child health and development – is less important than their ability to counsel and facilitate dialogue with sensitivity. And this means that the 'usual suspects' may not be the best fit as facilitators; for instance, health-workers are often more accustomed to didactic approaches to

teaching and learning and to telling people 'the right way to do things' rather than dialoguing and exploring possibilities together.

This has several implications. Project staff will usually need to have opportunities for reflection and dialogue on male engagement before working with communities; in all cases, implementing staff need to have been supported to understand, internalize and believe in the rationale for a gender-transformative approach. Facilitators should be given the chance to experience the full men's (or couples') group curriculum themselves before 'replicating' it with others. The training curriculum and Information Education and Communication (IEC) materials must be adapted to reflect the prevailing literacy levels of both the facilitators and groups of men, given the complexity of some of the topics. The 'traditional' four to five-day cascaded training approach will often not be effective – and it may be better to break the training into blocks. Furthermore, it may be preferable to expose a larger group of potential facilitators to the curriculum initially and then select a smaller group that will start the work with the communities. All facilitators will need substantive mentoring and support-supervision, as well as the provision of materials and resources for their work, and appropriate compensation. New groups of facilitators will need to be trained periodically, as existing facilitators drop out over time (and in order to avoid an over-reliance on a small number of excellent facilitators who end up being over-burdened).

CONCLUSIONS

Plan's and Promundo's experience and research demonstrate that gender-transformative men's engagement approaches – whether with men only or couples – can successfully increase men's equitable and non-violent participation in caregiving. Successful programs are designed to resonate with men's and women's desires and ambitions, are tailored to local contexts and constraints, take a strengths-based approach, and consider and address potential risks of men's greater engagement. However, there is no one-size-fits-all solution and these programs are not quick or inexpensive; they require multi-year and multi-actor investment, often from multiple government institutions.

As we reflect on the achievements of men's engagement approaches, we see a need to move beyond stand-alone, small-scale and high-intensity projects in order to take these programs and their impacts to scale. The health and education sectors in particular provide important entry-points for layering or institutionalizing these approaches into existing sectorial services and programs – whether by adapting existing sectoral materials or integrating program implementation into the responsibilities of service providers. To do so requires building a greater understanding not only of what works, but also why it is working and for whom it works: to strengthen our understanding of the features of program implementation and the contextual factors that are critical for effectiveness and scalability.

In parallel, we see multiple areas for future research and enquiry. What can we do to promote

men's engagement across the continuum of the child's life-course, looking beyond the health and ECD sectors? What are the unintended benefits and long-term changes at the community level associated with men's engagement programming, including how and if men continue to form social and community bonds? Can we leverage the media more, and what other opportunities exist to saturate our messaging with strong emotional appeal and to reach broader audiences to transform societal norms related to men's caregiving? How do different levels of marginalization or poverty influence program design and impact? And, of course, how can we ensure that more programs reflect the true diversity of fathers and male caregivers, their relationships, and their families?

FURTHER INFORMATION

For more information about the resources by Plan Canada, Promundo and MenCare developed for working to promote male engagement in MNCH, please go to www.men-care.org

For more information about Plan's package, developed in collaboration with Promundo, on gender-transformative programming and influencing to transform gender norms and promote male engagement in ECD (which includes modules on reaching men directly, working with healthcare providers and preschools and working with communities and their leaders) please contact melanie.swan@plan-international.org

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