



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

Nurturing care and men's engagement



Why are men important for nurturing care?

The Nurturing care framework (1) emphasizes the importance of men's role as caregivers – alongside mothers, grandparents, and others. There is a growing consensus on this, and the evidence – though still limited – is also increasing.

This evidence is summarized in the box *The benefits of men's engagement*, on page 2. It suggests that men's participation – when it is loving, equitable, and nonviolent – can contribute to improved outcomes for women and children, as well as for men themselves (2, 3, 4).

Research also shows that children benefit from having several nurturing caregivers, regardless of

their gender (4). And studies in several countries show that many men want to be more involved in their children's lives and are eager to learn how to be better caregivers (5).

Yet many children miss out on the full potential of receiving nurturing care from their fathers and other men caregivers. In most countries – whether low-, middle-, or high-income – women are still largely or exclusively responsible for childcare at home, even as their participation in the labour force increases (4).

This brief, aimed at policymakers and programme designers, explores what to consider when designing or adapting services to engage men in providing nurturing care, and why that is important. The document summarizes the evidence and learning so far, then recommends practical actions in the four enabling environments: policies, services, communities and caregivers – all illustrated with case studies. It focuses particularly on what health services can do, while also covering education, social protection and other sectors.

What is nurturing care?

To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. This begins in pregnancy and continues throughout the life course.

We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or big, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

The benefits of men's engagement

Benefits for women

- Men's active participation and support during the prenatal period is associated with the mother being more likely to receive antenatal care, childbirth and postnatal care, as well as the family being more prepared for any complications (6). It can also contribute to reducing maternal postpartum depression (6, 7). Several interventions designed to engage men have achieved these impacts (2, 6, 8-10).
- When men accompany women during labour and childbirth it can also lessen the woman's stress and discomfort (4, 11).

Benefits for children

- Interventions that engage fathers to improve their knowledge, attitudes and

practices of maternal and infant nutrition during pregnancy, childbirth and the postnatal period can contribute to exclusive breastfeeding and better nutrition for infants and their mothers (12).

- Men's care and direct interaction with their young children can also contribute to infants and toddlers' cognitive, social, and emotional development, as well as supporting their children's readiness for school and later educational achievements (3, 9, 13, 14).
- Men's care and direct interaction with their children in early childhood can also support their children's mental health and is associated with fewer behavioural problems in boys and psychological problems in young women (4, 13-15). It can also help to develop children's empathy for others (3, 14).

Benefits for men

- Men's participation and sharing of childcare responsibilities, beginning in pregnancy, can improve their relationships with their partners and children, and it can contribute to the man's physical and mental health, and happiness (4, 11).

Benefits for the whole family

- Parenting interventions explicitly involving men and women as caregivers have demonstrated impacts on couple and family relations. These impacts include strengthened communication, equitable decision-making, and healthy relationships between men and their partners, and reducing violence against women and children (including children witnessing violence against their mothers) (8, 11, 16, 17).

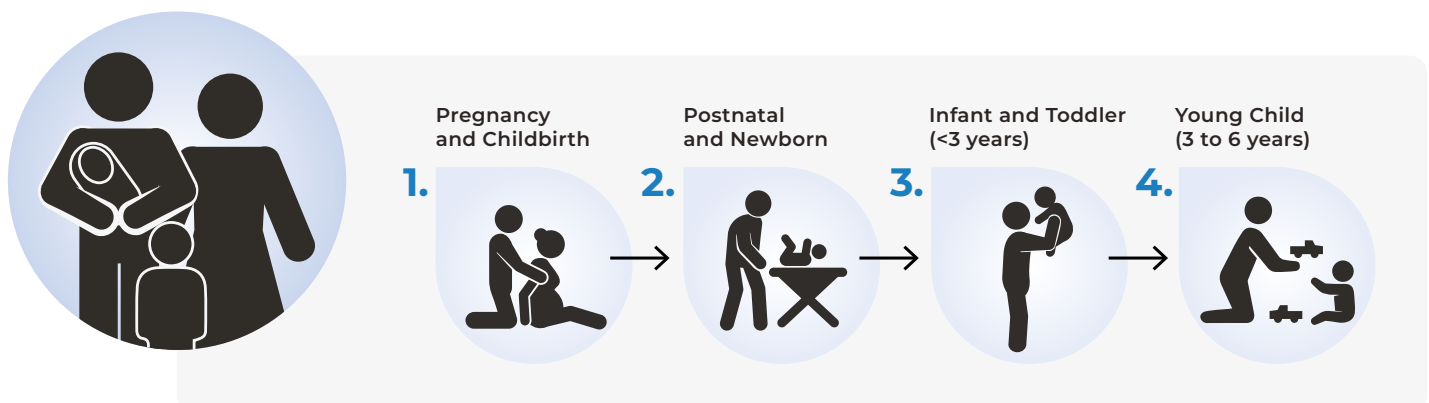
Definitions

Men caregivers

This brief uses the terms **men caregivers** and **fathers** interchangeably, to refer to men who have a primary role in caring for young children – whether they are biological or adoptive fathers, stepfathers, grandfathers, uncles, guardians, or other family members. It recognizes that men caregivers are diverse – they come in different ages, ethnicities, abilities, gender identities, and sexual orientations, they may be raising their children alone or with a partner or co-parent, and they may or may not be living with their children. It recognizes, too, that families come in many forms.

Engagement

Fathers and other men caregivers are **engaged** when they are emotionally involved and responsive caregivers, who take an active role in protecting, supporting and promoting the health, development and well-being of their children. If they are in a relationship with their child's other caregiver(s), engagement also means sharing responsibilities for care work and household decision-making, and fostering a healthy, respectful, nonviolent, caring, and equitable relationship. There is no single model of engaged parenthood – every family should be supported to make the decisions that work best for them. What is important is that men are supported to redefine ways of caregiving that enable better and more meaningful connection with their loved ones.



Adapted from (18).

What are the nurturing care components?

GOOD HEALTH



Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.

ADEQUATE NUTRITION



Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

SAFETY AND SECURITY



Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

OPPORTUNITIES FOR EARLY LEARNING



Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

RESPONSIVE CAREGIVING



Refers to the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

What are the barriers to men's engagement?

Globally, women continue to perform most of the caregiving. Many factors underpin the limited engagement of men. Among these factors is the widespread perception that women are naturally more capable of caring for children and supporting their health and development, and that men are ill-equipped to do this – or incapable of it, or not interested (77, 79).

These perceptions are shaped by gender norms: communities' and societies' expectations and informal rules about how men and women should behave, and what their roles are. These norms profoundly shape men's and women's expectations – for themselves as parents, for each other as partners, and for their children. They mean that, in many contexts, men are expected to be – and are raised to be – protectors and decision-makers, financially responsible for their children but less involved in their daily care. And those men who do want to participate more in caring for their children may be discouraged by the men and women in their lives, including their partners, family or friends.

From very early on in life, girls and boys learn about these gender roles and norms in their everyday experiences with adults. Many boys grow up without seeing men around them involved in caregiving. They then do not build up the confidence, knowledge or skills required for raising their own children later. So it matters what women and men do, and how they relate to each other.

These gendered expectations can also influence the design and provision of early childhood policies, services, and infrastructure – which often ignore or even exclude men. Many services – in maternal, newborn and child health (MNCH), childcare, early education, and social and child protection – are designed only for women, reinforcing unequal gendered expectations about who should care for children.

What works to engage men in nurturing care?

There is a growing body of evidence showing how to increase men's engagement in nurturing care and achieve positive outcomes.

This section presents key lessons from evidence-based programmes, which can also be applied to health, education and other systems that support children and their families. (See the box *Engaging men: four key lessons*.)

Engaging men: four key lessons

- 1 Respect and promote girls' and women's rights
- 2 Appeal to men and help them to support each other
- 3 Integrate the work as part of a broader effort to achieve gender equality
- 4 Support frontline workers to examine their own gender attitudes and enhance their skills

1 Respect and promote girls' and women's rights

Listen to women and get their consent

Women should be involved from the start in the design of initiatives targeting men caregivers. Services need to listen to women's needs and concerns, emphasize gender equality and respect for women's decisions, and get feedback from women on service quality. Their consent is needed for initiatives designed to increase men's participation in services for women, such as maternity services.

When incentivizing men's participation, do not disadvantage women

Engaging men must not undermine women's safety, autonomy or access to services. Efforts to incentivize men's participation, if not well planned, can hinder women's care-seeking and deny women access to critical services: for example, when a man's presence is required to enrol in or receive antenatal care, or when couples are given priority over single or unaccompanied women.

Make sure service providers do not reinforce gender inequalities

If providers are not well-prepared to interact with men alongside their partners, and to understand and respond to power imbalances between women and men, they may end up listening to and deferring to the man, rather than the woman. They can thus unintentionally reinforce gender inequalities and undermine women's agency and decision-making. Equally, some providers may ignore men who are present, missing the opportunity to encourage men's engagement and potentially discouraging future participation.

Provide women caregivers opportunities for reflection and learning

Effective approaches also reach women, providing them opportunities to reflect on and challenge gender attitudes and



norms, and to identify – with their partner – the benefits of change and what they will do together.

2 Appeal to men and help them to support each other

Make services resonate with men and reflect their aspirations

Services should be designed to resonate with men and reflect their aspirations for their children, their families, and for themselves as caregivers and partners. Frontline workers should acknowledge that men care for their children, want the best for them, and want to do their best as caregivers.

Take a strengths-based, practical approach – do not just share information

Start with what men already know and are doing – and support them in addressing the problems they face, building their confidence as caregivers. Take an active and practical approach to learning, appealing to men's different learning styles and lived experiences. Build on existing positive norms and practices that support men's caregiving, and identify men who are already engaged – supporting them to encourage their peers to do the same.

Tailor content for men in their diversity

Simply adding men into existing parenting education and support programmes is usually not enough. Adapt programmes to respond to local realities. Tailor content to the needs of different types of men and family configurations. Include extended, nuclear and single-parent families, adoptive parents, and non-resident or adolescent fathers. Make sure to engage vulnerable families such as, refugee and displaced populations and caregivers of different abilities, gender identities and sexual orientations.

Create safe, supportive environments for men to talk and practise skills

Men need a safe space to express concerns, build confidence, and practise new skills – such as skin-to-skin bonding with a newborn, bathing, feeding young children and managing their behaviour. And men need to be able to learn and practise equitable relationship behaviours with partners, such as nonviolent conflict resolution, communication and shared decision-making.

Encourage peer support and learning

Build peer support and enable participants to learn from each other and work together to find solutions to their problems. Encourage men to reach out to their friends and peers, promoting community-wide, sustainable change.

3 Integrate the work as part of a broader effort to achieve gender equality

Don't just focus on parenting education

Simply including men in parenting education programmes may not be enough to change gender norms. Identify and address the factors influencing men's behaviours, and the barriers to their engagement – including restrictive gender norms. Remember to make this a process that is community led, community-centred and respectful of community values. It may also mean working with service providers, influencing policies, and social and behaviour change communications – all described below.

Include explicit opportunities to reflect on gender norms, attitudes and roles

Provide caregivers and community members of all genders opportunities to reflect on how gender norms influence men's and women's caregiving roles, their relationships, and the way girls and boys are raised. Tailor content to local gender norms, policies, and barriers to men's participation. Use participatory learning methods to support men in seeing how changing their attitudes and power dynamics can benefit women, children and themselves.

Understand that men, women and families may face backlash

When men defy norms by taking on traditionally female caregiving responsibilities, they – and their partners – may be ridiculed, ostracized or worse. Those responsible can be partners, friends, family, community leaders, or service providers. You may need to support individual men, women and couples to mitigate these risks, as you work with communities to shift gender norms.

Support couples to build relationship and parenting skills

Work with couples to strengthen relationship skills – communication, shared decision-making and conflict management – that advance gender equitable relationships and promote

nurturing care. Relationship strengthening can help prevent intimate partner violence, improve the home environment in which children are raised and reduce the risk of violence against children (15). Work with couples can also promote men's shared responsibility for childcare and household tasks and support caregivers to raise boys and girls equitably.

Work to transform the attitudes of key influencers in men's lives

Key influencers include partners, parents and in-laws, siblings and relatives, community and religious leaders, elders, peers, and key service providers. All can act as gatekeepers, restricting or enabling men's engagement in their children's lives – so aim to shift their attitudes and expectations.

Involve men, women and community leaders in the design process

This involvement ensures that programmes reflect men's needs, ambitions, fears and challenges as caregivers, and also respond to women's desires and concerns about men participating more in childcare. It also helps identify appropriate modalities, timing and locations, as well as selecting and recruiting providers or implementing staff who are trusted and respected.

4 Support frontline workers to examine their own gender attitudes and enhance their skills

Help people who work with men and families to reflect on their own gender attitudes

Educators, facilitators, health workers and other service providers often share the rest of the population's attitudes and expectations about gender and caregiving. Give them time and space to reflect, so they can come to understand and believe in men's engagement and gender equality.

Support frontline workers to engage men

To effectively engage and support men caregivers, frontline workers need ongoing supportive supervision, mentoring and coaching. This will help them to facilitate reflection and dialogue, to listen and counsel (not lecture or chastise), and to manage conflict sensitively.



Photo credit: © Perttu Saralampi

What actions can be taken?

A whole-of-society approach is needed to fully realize men's potential for nurturing care. It requires changes in policies, services, communities, and families.

The next four parts of this brief suggest actions you can take to foster men's engagement in each of the four enabling environments for nurturing care (See Figure).

Figure. Enabling environments for nurturing care (7).



Enabling policies

The suggestions for policy actions include key laws and regulations that guide services and programmes related to early childhood, and that influence men's ability to provide nurturing care.

Review health sector policies and regulations

Permit men's participation – with women's consent – in antenatal care and childbirth, postnatal care services for women, create appropriate space and privacy, and encourage men's participation in essential child health services.

Adapt standard operating procedures, health workers' training curricula and infrastructure regulations so that these are supportive of men's engagement.

Ensure adequate staffing, manageable workloads, and budgets are in place to support workers to engage men, while ensuring timely and quality care for all.

Develop comprehensive early childhood development policies, plans and budgets

Apply a family-centred and gender-transformative approach – recognizing different family structures and that people of all genders provide care – when developing or revising policies, plans and budgets. (See the Chile case study.)

Identify and budget for interventions, across different sectors, to enable and promote men's engagement in nurturing care.

Strengthen early childhood care and education policies

Mandate and fund pre- or in-service training for educators and administrators on how to promote men caregivers' participation in their young children's learning.

Revise recruitment and professional development strategies to increase the number of men entering and remaining in early childhood care and education professions.

Include attention to paid parental leave in social protection policies

Make sure that women have adequate, paid maternity leave and offer men parental leave. Men are more likely to take that leave when it is flexible, of adequate length, paid and non-transferable to their partners. (See the box on parental leave, and the Philippines case study.)

Extend parental leave policies to enable caregivers of all genders to take time off as their children grow – for example, if a child is ill or childcare services are limited.

Monitor and evaluate policies and efforts

Track men's participation (in services and beyond), but ensure that participation is not, in itself, seen as the goal. Quality services and improved outcomes – for children and women in particular – are what is important, and should be the focus of monitoring and evaluation.

Monitor efforts to increase men's participation in services, by observing their delivery and getting feedback from users. This is essential for identifying any negative impacts on women's access to or experience of health services, or on their quality. It can also ensure that men's participation does not unintentionally reinforce inequitable power dynamics or undermine women's agency and autonomy.

Facilitate community engagement in social accountability mechanisms – such as participatory monitoring, citizen reports and score cards – to monitor service quality and ensure adaptations to engage men and respond to community needs and priorities.

Parental leave for men caregivers

Parental leave provides a key opportunity for men to bond with their children right from the start, and take a more active role in their care. Leave can enable men to give their partners important postpartum support – physical, emotional and social – and also to share childcare and household responsibilities, particularly if couples can decide the timing of when they take that leave.

But parental leave policies vary widely from country to country. Less than half provide leave for

fathers, and most cover only salaried workers in the formal sector (19). And when leave is provided, many men do not take it up – either because it is too short or poorly paid, or because they fear being stigmatized and marginalized by their employer (4, 19). In other cases, policies do not serve all caregivers – often excluding the self-employed, the under- or unemployed, those who work in the informal sector, and those in non-traditional families.

Paid parental leave policies must be monitored and expanded to ensure that all caregivers benefit. Managers and staff need to understand the benefits of parental leave – for their workplaces, as well as for men and their families. And men's uptake of parental leave needs to be encouraged, by addressing the stigma surrounding it, and by tackling work cultures which discourage it.

For more information, see this [UNICEF evidence brief on parental leave](#).

CHILE

A family-centred and gender-equal policy approach

[Chile Crece Contigo](#) (“Chile grows with you”) is a comprehensive, national system for protecting children and helping them reach their full developmental potential – running from the prenatal period to the age of 9. It takes advantage of every encounter between children, their caregivers and health services, and provides coordinated services from across the public sector, including education and social development.

Recognizing that previous programmes tended to focus solely on mothers, Chile Crece Contigo uses the concept of “parentality” to move beyond seeing fathering and mothering as distinct activities (20). Fathers are encouraged to be present at the birth of their child, and the programme materials – including videos on active fatherhood and co-responsibility – are full of images of men caregivers.

Many studies have shown Chile Crece Contigo's positive effects on children's development and parents' life satisfaction. Other countries in the region are also adopting more comprehensive early childhood policies that include fathers, such as Uruguay's Sistema de Cuidados (“System of Care”).

For more information, see the detailed [case study in the BMJ](#).



Photo credit: © Plan International Ecuador

PHILIPPINES

Providing paid parental leave for fathers

In 1996, the Philippines adopted The Paternity Leave Act, which provided seven days paid paternity leave for married fathers living with their female spouse. This was to be paid by employers in both the private and public sector, and could be used for up to four children. It applied to childbirth, miscarriage, abortion and adoption of children under 7.

In 2019, a new law expanded maternity and paternity leave entitlements. This allowed a mother to transfer up to seven days of paid parental leave to her partner, regardless of their marriage status. The legislation demonstrates the government's commitment to fathers' involvement in nurturing care. Since then, the National Economic and Development Authority has recommended further extensions of both paternity and parental leave. It recognizes them as important policy levers for increasing women's work

opportunities and for promoting gender equality in providing childcare within the family.

Despite these policies, the uptake of paternity leave in the Philippines remains low for several reasons. Over half of workers are employed in the informal sector and so have no access to employer-supported paternity leave. There are limiting gender norms around parenting roles and responsibilities. Men fear career and economic disadvantage if they take leave. And men can only take the mandated leave if they are married, which excludes many different kinds of families in society (21).

This shows that, although parental leave is an important policy lever, it needs to be accompanied by other strategies in order for men to take advantage of it.



Photo credit: © Plan International Philippines

Supportive services

These are suggestions for actions to improve services, including key institutions (and their workers) that provide health, social protection, childcare and early education services to young children and their caregivers.

Actions for MNCH services

Invite men to maternity services – with women's permission

Health workers can invite men to attend antenatal care visits, as well as labour, childbirth, and postnatal care – but only if women want them present. Emphasize to health workers and service users that men's participation is not required for women to access care.

Include fathers as co-parents in child health services

Register men, alongside women, as primary caregivers and contact points for child and family health services. Invite men to participate in their children's growth monitoring, vaccinations and well-child contacts and adapt outreach activities, including home visits, to reach them.



Make health facilities welcoming for men

Health workers can welcome men who participate, provide them tailored information and counsel (not lecture) them and their partners.

Other changes can enable men's participation, while respecting women's privacy and dignity. These include providing enough chairs and space for men to attend, as well as private birthing rooms, privacy curtains in shared rooms, separate bathrooms, and information material (such as posters and leaflets) showing men as caregivers. (See the box *Involving men in MNCH services*.) Services can also be made more convenient for men and families, such as providing services after-work or outside of health facilities.

Train health workers in facilities and communities

Make sure health workers know about the links between gender equality, men's engagement and health outcomes for women and children. Support health workers to reflect on their own attitudes and use practical exercises, such as role play, to strengthen their skills and confidence when interacting with men and couples in routine MNCH and nutrition contacts. Train workers to screen for and support women and girls who are survivors of intimate partner violence, and to know when NOT to encourage men's participation. (See the Ghana case study.)

Involving men in MNCH services

MNCH services can be adapted and health workers trained and equipped to better reach, encourage and support men to provide nurturing care.

Beginning in pregnancy and the postnatal period, MNCH services can engage men and equip them with the confidence, knowledge, and skills to support a healthy pregnancy, ensure women's and children's timely access to essential health services, and support maternal and infant nutrition.

These services can also support men in understanding how their behaviour directly influences their children's development and well-being. They can encourage men to bond with their children, create enjoyable and stimulating interactions, and engage in their daily care. And when MNCH services reach men alongside their partners, they can promote more equitable and supportive couple relationships.

Men's participation in MNCH services also presents an opportunity to promote men's own health-seeking. For example, services can screen for paternal depression, which reduces men's well-being and capacity to provide nurturing care and influences the mental health and well-being of their partners (22).

Revise the curricula of expectant parent sessions and parenting programmes

Adapt parenting programmes or expectant parent sessions facilitated by health workers or implemented through the health system, to better include men. Involve men and women in the design or adaptation, and to identify the best ways to reach men. Invite them in, and mobilize their participation, whether through men-only or couples' sessions. Make sure to reach vulnerable families, including refugee and displaced populations, as well as men in all their diversity (including age, gender identity, ethnicity, geography and abilities) and family configurations.

Actions for early learning services

Make men part of a broader process of increasing caregivers' participation

Early learning services can be formal or informal and delivered in different spaces such as childcare centers, nurseries, and preschools. Their directors, care providers and educators can promote men's participation as part of a broader process of building stronger relationships with families, and increasing caregivers' participation in their children's care and education. Spaces can explicitly invite men to caregivers' meetings and activity days, and arrange them at times when men and women can attend, making sure that men's time is not prioritized over women's.

Revise early learning curricula and materials

Adapt curricula, play and learning materials so that these challenge gender expectations for men's and women's behaviours and roles, and provide positive portrayals of men as nurturing caregivers.

Recruit more men

Childcare centres, nurseries and preschools can also recruit men as frontline care providers and educators, not just in management roles. This gives young children (and their families) positive male role models, and opportunities to see men engaged in childcare alongside women.

Actions for child protection and social services

Adapt existing services to engage men

Work with frontline workers and families to explore how existing child protection mechanisms and social protection services that reach families with young children could be adapted to reach men caregivers. The design and content of these services – such as social assistance or cash transfer programs or child protection networks – could be adapted to promote men's shared responsibility for caregiving and domestic work, and to strengthen co-parent relationships and prevent violence. Train these service providers to reach out to, welcome, and counsel men using a strengths-based approach.

Did you know?

More than

80%

of a human brain is formed in the first three years.

The care and support parents and other caregivers provide children in the earliest years is critical for healthy brain development.

0-3

The human brain develops faster from conception to age three years than at any other time.

Nurturing, protecting and supporting caregivers and children is essential to achieve the Sustainable Development Goals.

In the first years of life, parents, close family members, and other caregivers are the closest to the young child and thus the best providers of nurturing care. In order to provide caregivers with time and resources to provide nurturing care, policies, services, and community supports need to be in place.

Nurturing care improves health, productivity and social cohesion throughout a lifetime, and the benefits continue into the next generation.

In low- and middle-income countries, 250 million children younger than 5 years – more than **40% of children** – have greater risk of not reaching their developmental potential because of poverty and neglect (23).

Every additional **US\$ 1 invested** in early childhood development can yield a **return of between US\$ 6 and US\$ 17** (24).

Training health workers

Since 2016, Plan International has worked with the Ghana National Health System to implement the Strengthening Health Outcomes for Women and Children (SHOW) programme. SHOW aims to ensure that adolescent girls, women and their male partners have access to services for sexual and reproductive health (SRH) and MNCH that are gender responsive and adolescent-friendly. As well as working with men directly, SHOW also works with regional and district health offices to build up health facilities' and service providers' capacity to engage men in SRH and MNCH.

In Ghana, training programmes were conducted for community health volunteers and health workers – both facility- and community-based. These addressed the common gender-related barriers that women and men face in accessing and using health services. They also improved providers' skills in welcoming and engaging men during routine consultations and home visits, and enabled them to practise these skills. Additionally, health managers were trained in supportive supervisory skills. And to enable men to participate in MNCH services (while respecting women's privacy), small, low-cost infrastructure improvements were made in health facilities.

The end-line results showed a significant increase in the proportion of targeted health services meeting quality and gender-responsiveness criteria. There was also an increase in women's demand for and satisfaction with antenatal, childbirth, and postnatal services. Men demonstrated increased knowledge of key gender equality messages and reported more supportive attitudes towards their partners demanding and using services and women making autonomous decisions about their health. Both men and women reported increased levels of men's support for women's use of health

services, although this increase was less significant than the programme's original target. Data suggests this was for two reasons. First, the programme increased people's expectations of what constitutes "very good" support from men – meaning that men were more likely to be perceived to be "falling short". Second, the COVID-19 pandemic and control measures resulted in an increased burden of unpaid care work falling disproportionately on women, with limited support from men overall.

For more information, see [SHOW programme overview](#), [the Men's engagement approach](#) and [Men's engagement resources](#).



Empowered communities

These are suggestions for actions that can be taken with communities to create an enabling environment for men's engagement – including work to shift shared gender attitudes and foster positive norms supporting men's caregiving.

Support communities to lead change

Create opportunities for community members to reflect on and discuss the implications of gender attitudes, norms and expectations for men's participation in childcare and children's development, and collectively agree on the changes they would like to see. Use these opportunities – such as community

dialogues – to also identify positive norms which can be built on, to raise awareness of policies on men's engagement, and to address misconceptions.

Partner with community leaders

Support community leaders – religious, traditional, political – and other influential actors (such as media personalities) who are already modelling involved fatherhood or may be allies for promoting men's engagement. (See the Georgia case study.) Ensure that these leaders are also given opportunities to reflect on the implications of gender norms in their own lives, and support them as they work with their communities to lead, endorse, and encourage change. Partner with them to promote awareness of the benefits of men's engagement, to facilitate community efforts to address unequal gender norms that hinder men's engagement, and to build upon existing or emerging norms and practices that support men's shared responsibility for caregiving.

Invest in health education and health promotion

Use social and behaviour change communications to gradually shift attitudes, expectations and practices around men's caregiving. Show positive representations of men emotionally connecting with their children and being involved as nurturing caregivers, as well as supporting and sharing responsibilities with their partners. Content should be evidence-based and relevant: so development and testing with communities is important. Use appropriate media and digital channels – posters, billboards, theatre, radio, mobile phone, internet – and work to integrate content into existing public service announcements (e.g., health or education) or private sector advertising. (See the Georgia case study.)

GEORGIA

A national campaign to transform attitudes and behaviour

In 2015, the UNFPA's country office for Georgia and Care Together, the non-governmental organization, launched the national [MenCare campaign](#). This was intended to promote men's participation as equitable, non-violent fathers and caregivers, in order to

improve families' well-being, gender equality and the health of mothers, fathers, and children. The campaign was informed by a 2013 study on men and gender relations in the country, which showed that few men were engaged in the daily care of their children. The study also found that gender stereotypes prevented men from being caring fathers, husbands, partners and family members.

Inspired by the global [MenCare Campaign](#), the Georgian campaign takes a positive approach and uses innovative ways of generating dialogue and shifting perceptions of men's caregiving. These include photo projects, fathers' blogs, children's book readings by well-known fathers, popular songs, story collections, a reality TV show with famous men, the Fathers' Football Cup (supported by the Georgian Football Federation), and Father's

Day celebrations on social media. This award-winning campaign is well-known not just among men, but also their families and communities, as well as policymakers.

Building on the campaign's success, several interventions for fathers have been launched, including fathers' groups, day-long Men Talking to Men seminars, and an eight-session Fathers' School curriculum. The campaign has evolved over the years, starting with the idea of involved fatherhood, and progressing to equitable partnerships, and then family-friendly policies such as parental leave.

For more information, see [MenCare's Georgia brochure](#).



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Caregivers' capabilities

These are suggested approaches for building caregivers' capabilities. These interventions are often facilitated by staff of non-governmental organizations, men's peers, community health workers, or community members and leaders.

Use existing services to reach men

Approaches to build caregivers' capabilities can be implemented directly or indirectly through existing services, as described in the earlier page on supportive services. As with services, frontline workers need support to examine their own gender attitudes, as well as training on how to counsel men and respond to family violence. Interventions with men should be complemented by similar efforts to reach women – ideally with some sessions separately and others together.

Create opportunities for peer support

Group-based interventions create safe spaces for mutual learning, critical reflection and dialogue, building skills and peer support. They can give participants an opportunity to integrate what they are learning with their lived experience. These groups can also create a critical mass of men in the community who are prepared to make change. Sessions with men's partners can foster communication and build relationship skills, to support parents to share caregiving and decision-making and develop respectful, non-violent relationships (8). (See the Rwanda case study.)

Provide individual support at home

When timed right, home visits can be one of the best approaches for reaching men caregivers, observing them with their children, and providing direct feedback and skills-building advice. This work with men can be integrated in existing home visiting programmes, such as those run by community health workers or social protection workers (25). This might mean adjusting the timing of visits, recruiting men to conduct the visits, or including new topics such as father-child interactions, nonviolence and equitable family relations.

Provide individual support through mentoring

Mentoring is one-on-one support for men caregivers, given in a safe environment, often by older, respected men in the community. Mentoring allows support to be tailored to the individual's needs and can help to reach men where they are (77).

Use digital approaches

Many men have access to some form of digital technology – SMS, apps, social media and online platforms – which can be used to reach them directly with information and messaging to encourage involvement and interaction with their children and partner support. Messages can be timed to reach individual men with targeted information specific to different stages of pregnancy and their children's early years, and could be integrated into existing mHealth interventions.



Redefining fatherhood

The Bandedereho (“role model”) intervention in Rwanda focuses on fathers of children less than 5 years of age, and consists of around 15 weekly sessions of participatory activities and group discussion – including several sessions for couples. These sessions foster critical reflection on gender roles, promote men’s participation in antenatal care, childbirth and childcare, and equip men and their partners with parenting and relationship skills. The curriculum, adapted from [Program P](#), covers gender and power, fatherhood, couple communication and decision-making, intimate partner violence, caregiving, child development, and men’s engagement in reproductive and maternal health. The intervention was piloted with more than 1,700 couples between 2013 and 2015.

A randomized controlled trial of Bandedereho demonstrated that the intervention led to improvements in both women’s and men’s attendance at antenatal care, men’s time spent caring for their children, couple relations, men’s violence against women, and both men’s and women’s use of violence against children (7). A recent follow-up study found that many of these impacts have been sustained six-years later, and found

improvements in parenting practices and children’s emotional and behavioural outcomes.

Bandedereho is now being scaled up in the Rwandan health system, supported by the Rwanda Biomedical Centre, Rwanda Men’s Resource Centre and Equimundo: Center for Masculinities and Social Justice (formerly Promundo-US).

For more information, see this [BBC short film on Bandedereho](#).



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Moving forward

There are opportunities for policymakers and programme implementers in every country – no matter where they are starting from – to engage men caregivers and support them in providing nurturing care. Services that work with women, children and families can help men realize their full potential as caregivers, by taking some of the steps outlined in this brief.

There are growing numbers of evidence-based interventions for men caregivers and couples, but most have been implemented only on a small scale. Multisectoral collaboration is needed to assess how to adapt their content and the training required, so they can be integrated into public services – such as health, child, and social protection services, including

cash transfer programmes; and to strengthen the evidence base on their positive impacts.

Implementation research methodologies will help in this process of adaptation, enabling us to understand the key implementation factors governing how these programmes work, who they benefit, and how to tailor them to different settings. Once the interventions are integrated, monitoring and evaluation will be needed to ensure their quality, fidelity and effectiveness when implemented at scale.

Over time, these changes – alongside communities’ efforts to transform gender norms – can help to normalize men’s participation as supportive, engaged, and equitable caregivers in their children’s lives.

As a result, more boys and young men will be able to grow up with role models of men as caregivers – and can be encouraged to develop their own capacity to provide care.

Remember

Engaging men in nurturing care has to be part of a broader goal of achieving gender equality.

Strengthen

Services can be adapted to better appeal to and engage men in their children’s care, right from the start.

Add

Create an enabling environment for men’s caregiving by shifting norms and adopting supportive policies.

Selected resources

Being intentional about gender-transformative strategies

<https://www.unicef-irc.org/publications/pdf/Gender-Policy-Action-Plan-Compendium.pdf>

Gender-responsive parenting technical note and tip sheet

https://www.unicef.org/eca/media/16436/file/Gender_Responsive_Parenting.pdf

https://www.unicef.org/eca/media/16446/file/Tips_on_Gender_Responsive_Parenting.pdf

How to engage men in nurturing care across the early life stages

<https://usaidmomentum.org/resource/how-to-engage-men-in-nurturing-care-across-the-life-stages/>

MenCare: a global fatherhood campaign

<http://men-care.org/>

Promoting men's engagement in early childhood development: a programming and influencing package

<https://plan-international.org/publications/promoting-mens-engagement-early-childhood-development>

Program P: a manual for engaging men in fatherhood, caregiving, and maternal and child health

<https://men-care.org/resources/program-p/>

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Nurturing care framework for early childhood development

The *Nurturing Care Framework for early childhood development: A framework for helping children SURVIVE and THRIVE to TRANSFORM human potential* (1) builds on state-of-the-art evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development. WHO, UNICEF and the World Bank Group developed the Framework in collaboration with the Partnership for Maternal, Newborn & Child Health, the Early Childhood Development Action Network and many other partners to provide a roadmap for attaining the Sustainable Development

Goals and the survive, thrive and transform goals of the Global Strategy on Women's, Children's and Adolescents' Health. Launched alongside the seventy first World Health Assembly in May 2018, it outlines: i) why efforts to improve health and well-being must begin in the earliest years, from pregnancy to age 3 years; ii) the major threats to early childhood development; iii) how nurturing care protects young children from the effects of adversity and promotes physical, emotional and cognitive development; and iv) what families and caregivers need to provide nurturing care for young children.

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