

Engaging Men in Gender Equality

Lessons from CARE Uganda



Introduction

In 2015, CARE Uganda conducted two researches in the context of its programming to engage men in gender equality, documenting two different aspects:

- Men's motivations and experiences engaging in gender equality work.
- Expectations towards and behavior of men in supporting maternal and child health.

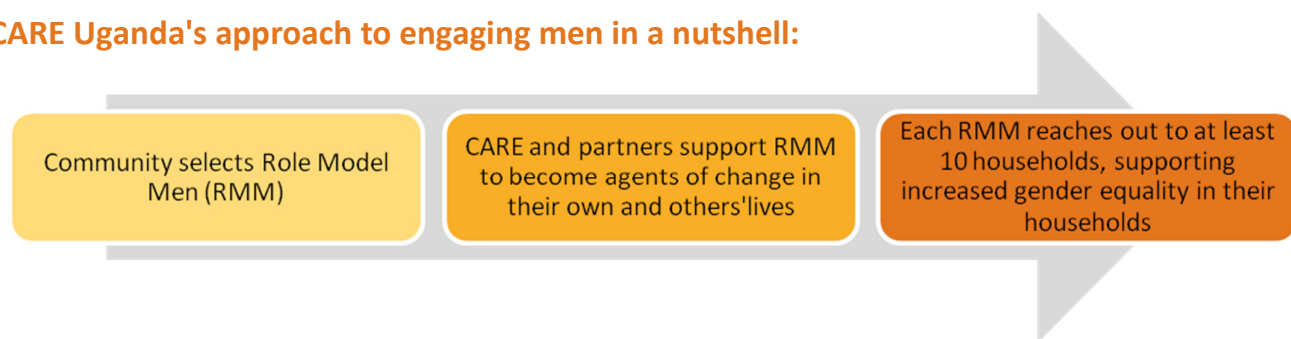
Both researches were implemented in Northern Uganda and used a qualitative approach.

Why CARE invests in engaging men in gender equality

CARE sees gender equality as a fundamental requirement for social justice and poverty reduction. It is the area in which we see the most pressing need for global change in order to reach our vision.

Our experience demonstrates that achieving real and lasting progress toward gender equality requires proactive work with men and boys alongside work with women and girls. Without men, we cannot achieve gender equality.

CARE Uganda's approach to engaging men in a nutshell:



Men's motivations and experiences engaging in gender equality work

Why men are motivated to become engaged in promoting gender equality

Individual level	Household and intimate relations	Peer and community relations
<ul style="list-style-type: none">• Change individual bad behavior such as having multiple partners and alcoholism• Increase self-esteem• Improve their image in the community, or (for existing leaders): live up to community expectations	<ul style="list-style-type: none">• Improve relationships and reduce GBV in the household• Start using family planning• Improve the household's living conditions and income	<ul style="list-style-type: none">• Contribute to positive developments in the community, e.g. reduce alcohol consumption, promote girls' education and reduce GBV• Change their negative image in the community (or confirm a positive image)

Actions taken by men when becoming engaged in promoting gender equality

At the individual and household levels:

- Reduce or stop drinking **alcohol**;
- Show **respect and love** to wife and children, for example by reduced quarreling, no longer hiding money and spending more time at home;
- Share household responsibilities and make **joint decisions** on finances and family planning;
- Support wives to be engaged in income-generating activities and social or political **leadership**;
- Invest in the family's **health and hygiene**;
- Attending to children - both boys and girls - teaching them life skills, paying for their education, feeding and bathing them, etc.;
- Formalize marriages.



"I started sending my kids to school, my last born is in Negri College, a good quality school in Gulu Town. Before joining the GE program I was very traditional, I did not take education issues seriously." Okot Jackson, 60 years

"Before he became a Role Model Man, he used to come home very late but nowadays he comes back home early. Every evening he sets a camp fire and have the children sit around it as he tells them stories and teaches them how to live a better life." Akello Doreen, wife to a Role Model Man

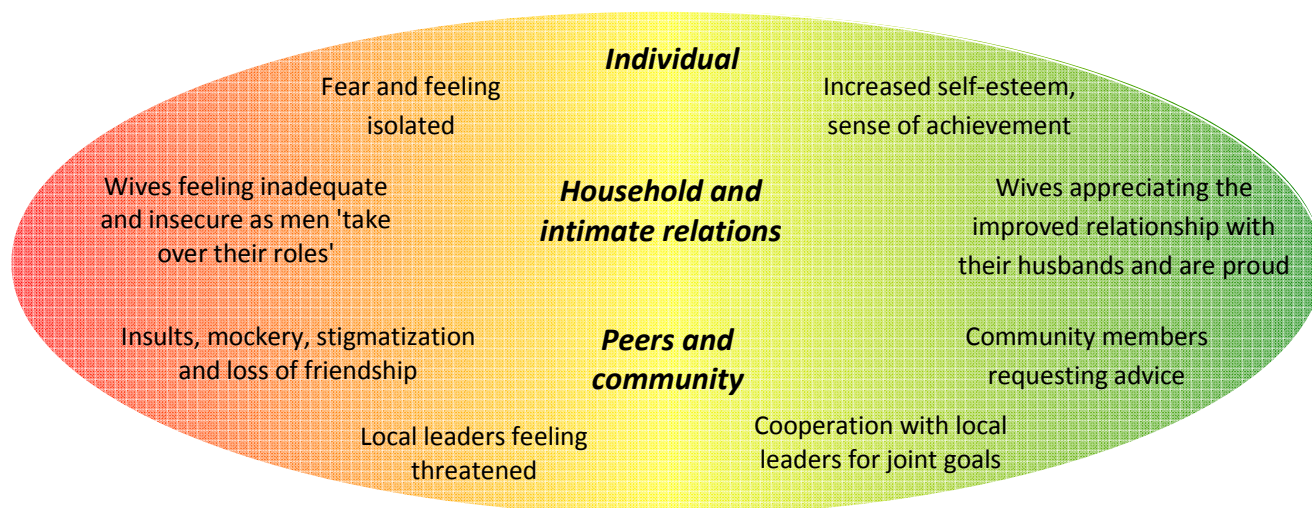
At the community level:

- Engaging in joint activities:
 - Join VSLA groups to show solidarity with women, to learn more about saving and to promote VSLA to other men;
 - Group farming to reduce the workload for households, earn money and teach youth about agriculture.
- Change their behavior in the community:
 - Support those who are vulnerable, e.g. help construct a new hut for a widow;
 - Show increased hospitality, respect for others and counsel them;
 - Disengage from drinking 'clubs' and acquire new friends who do not drink;
- Share their experiences with others:
 - Sensitize community members on shared household responsibilities, GBV, education for girls, among others through a drama group;
 - Promote the enactment of bylaws to combat alcoholism in the community;
 - Counsel other families, men and youth who are struggling with e.g. family disputes.



"I was challenged to follow the footsteps of the RMM and inquired from them where they got changed from." Michael Okello 27 years

Initial reactions to men's action



The role model men in the research explained that in the beginning, it was not easy to start implementing their gender equality work. They feared the reactions of their family members, peers and others in society. Many of these



One of the households attached to a Role Model Man

fears became true. Some wives were initially unsupportive and suspicious. Within the community, there were fears that RMM wanted to 'erase' the local culture or that they intended to make other men's wives fall in love with them. Other community members felt jealous of the RMM's improved livelihoods and wanted to block their progress. Polygamous men were specifically negative - they believed that RMM had received money from NGOs and were now coming back with false advice. RMM also stated that some local leaders felt threatened by their work, fearing that they would lose their income through settling quarrels or GBV cases, or not wanting existing cultural practices to be changed.

"Immediately after training, I had fears that putting into practice the things that we were trained to do, such as bathing the baby, would be difficult and shameful." Odongo Bosco, 33 years

"When I started sharing my wife's traditional roles, she thought I just did not like the way she was doing things and that is why I was doing them myself. She felt inadequate and insecure." Odongo Bosco, 33 years

"In the beginning we were seen as stupid men who had been bewitched by our wives; we were categorized as weak men controlled and overpowered by women or women workers, belonging to the 'mad' religion." A Role Model Man in a focus group discussion.

After a while however, positive changes started to take place. Wives better understood their husbands with time, appreciated their support and became proud of them. Many RMM saw positive changes in their family relationships

and livelihoods. As a result, some community members have come to them for advice. Also, appreciation of RMM's engagement in the community is growing, as is their cooperation with local leaders.

Seeing positive results in their households as well as in their communities helps the RMM to stick to their work, even when reactions from others made that difficult. They feel a sense of responsibility and do not want to let down their wives or the people who elected them as RMM. The cooperation with local leaders that has emerged is also a factor that supports the RMM in their work, as leaders provide them with space to share their messages.

"I saw change and said God is good. It was a miracle seeing my husband making our bed, washing clothes and cooking." Arach Florence, 28 years

"The majority of the people now admire us and aspire to live like us Role Model Men regardless of their social or economic class." Opiria Charles, 45 years

Impact

Individual level

- Increased self-respect as a result of self-motivated positive actions;
- Increased confidence to speak in public and facilitate meetings;
- Increased incomes;
- New social networks;
- Having become respected and trusted leaders in the community.

Household and intimate relations

- Enhanced trust and intimacy, many disputes are solved amicably, reduced intimate partner violence;
- Increased food and income security;
- Children are better cared for and increasingly access education and health care;
- More couples practice family planning, more pregnant women attend antenatal services accompanied by their husbands.

Peer and community relations

- Increased awareness of the risks of GBV and gender imbalances;
- Reduced levels of alcoholism and fighting;
- Increased social responsibility;
- Some women in leadership positions;
- Fewer polygamous relationships;
- Women feel treated with more dignity, fewer men have multiple partners.

Impact seems so far to be limited to the families of the RMM and the ten households that each of them support. Other households interviewed knew little about the RMM's work, showing the need to intensify the approach.

"Because of my engagement as a Role Model Man, I have gained confidence to join politics and been able to run for LC3 Youth Councilor unopposed." Komakech David, 29 years

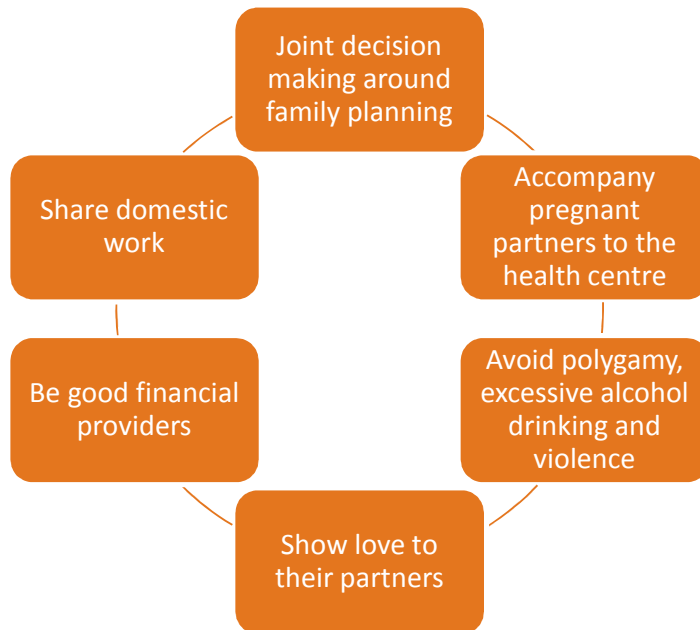
"In the future, our children will not be selected to be role models, they will automatically grow up as role models." Samuel B.Y. Akena, 45 years

Expectations towards and behavior of men in supporting maternal and child health

Expectations towards men

Men (both RMM and other men) as well as health workers held high expectations of men in supporting maternal and child health and expressed surprisingly little traditional views on the division of responsibilities between men and women in this domain. The only expressions that did underline traditional gender norms are those that men "should financially provide" and "should be responsible for everything happening in their homes". Women on the other hand expressed little in terms of their expectations towards men.

Men and health workers expressed the following expectations:



Men's actual behaviors in supporting maternal and child health

Actual behavior by men does not necessarily follow the expectations. Some men show supportive behavior while others do not. There was no consensus between research participants which behavior was more prevalent.

Men's supportive behavior

Apart from the behaviors mentioned above, respondents cited the following supportive behaviors:

- Taking care of and playing with the children;
- Going for HIV/AIDS testing;
- Being supportive around delivery, both emotionally and practically.

Factors that influence men's positive behavior are love, positive masculinity and community education, which leads to discussion among men who listen to these messages.



A Role Model Man raising awareness during the Day of the African Child celebration in Pader district

"They want to show that they are real men and have power and responsibility in their family". A Role Model Man

"When men listen to the teaching from the radios, they start to listen to their spouses. When men also get information from community mobilizers, they also share with their spouses." A mother

Men's unsupportive behavior

Unsupportive behaviors reported by men, women and health workers include:

- Negligence and carelessness
- Alcoholism
- Lack of communication and joint decision making
- Having multiple partners
- Violence and sexual exploitation

Factors that influence men's positive behavior are often linked to a lack of knowledge and traditional gender norms. For example, men fear being laughed at when they accompany their wives to the clinic, or being criticized because they are unable to provide for all that the wife needs during her pregnancy and delivery.

In addition, participants mentioned preferring to spend time in bars, not wanting to be seen with a second partner, distrust of institutions and practical barriers (work responsibilities, long waiting time and long distance to the health center) as factors contributing to unsupportive behavior.

"Some men in our community do not go together for antenatal care because they think that is work of their wives. Some men say that pregnancy is not a sickness, so why should a pregnant woman be supported? They have married a wife who is supposed to do everything. Why should they support her?" A mother

"If you accompany your spouse to the hospital, it means that she has "over powered" you which to some men, this cannot happen." A mother

"It is not happening [Men and women are not going together for antenatal care] in our area because men do not know the positive impact of going together with the woman." A man

The role of the health center

Health centers undertake efforts to support men's engagement in maternal and child health. These efforts include for example:

- Awareness raising and couple counseling on SRH, both in the community and at the health center;
- Providing youth friendly SRH services;
- Cooperation with role model men to reach out to men who are not involved in their wives' and children's health care.



Health center staff also stated that they give priority to couples in provision of services, in order to convince men to join their partner to the center. Although implemented with good intentions, the policy risks depriving women who are unable to come with a male partner of health services.

Based on respondents' answers, some more improvements can still be made at the health centers. These include the attitude of health workers as well as waiting times.

"In our health facility we conduct community outreach, where we offer information and services regarding reproductive, maternal and child health, like family planning, HIV/AIDS awareness and other diseases which most affect them. Sometimes we do home visits to find out how the mothers are doing with their pregnancies to encourage their spouses to support them to come to the health center." A health worker

"Some health workers are seen as negative influence since they treat people rudely which discourages people to go to the health clinics. Medicines are stolen." A Role Model Man

Suggestions from research participants to improve programming

Suggestions from Role Model Men, wives and community leaders to support the Role Model Men

- **Involve spouses** in the training to ensure that they understand what role their husbands are taking up and to invite them to explore their own gender norms;
- Prepare RMM what to expect in terms of **changing relationships** in their families and in the community, and help them manage these changes;
- Help RMM to cope with a number of **practical challenges**, such as managing their time (many RMM take up multiple voluntary roles in their community), visibility, cooperation with other RMM and means of transportation to visit the families that they support;
- **Facilitate liaison with allies**, such as local political, religious and cultural leaders and teachers, involving them from the beginning to limit the likelihood of their opposition to RMM;
- **Recruitment of more RMM** for wider coverage and refresher trainings for existing RMM;
- Recognition of RMM's work, e.g. a token of **appreciation** to the best performing RMM, or local leaders attending their wedding as a sign of acknowledgement of their work¹;
- Inclusion of RMM's work in **a bigger cause**, such as advocacy with the Ministry of Gender to support and replicate the approach and continued inclusion in NGO programming.

Suggestions from men (including RMM), women and health center staff to increase men's engagement in maternal and child health:

- Continue **sensitizing and counseling** men as well as the wider community of the benefits of antenatal care, child immunization etc., and men's responsibility in supporting their family to access health care;
- Expand the **Role Model Men approach**, as their example is considered to be the best educational approach;
- Empower **men as productive actors**. Respondents stated that a feeling of inadequacy to provide financially is a factor inhibiting men to join their wives to the health center. At the same time, being engaged in productive work is perceived to prevent men from engaging in harmful behaviors such as excessive drinking;
- **Enforcement policies**, that force men to be involved in maternal and child health services, or punish those who are not. However, as stated before, such policies can have a backlash effect against women who are unable to bring their male partner to the health center;

¹ In the multi-country research on men's motivation (of which the Ugandan research was a part), it was noted that although recognition of engaged men can be an effective motivator, it also includes the risk that men engage for the personal gain and recognition it confers. An additional risk is when men gain titles such as 'champions' or 'role models' but do not live up to these titles. It may therefore be wise to recognize rather than to reward, and to focus on activities that men undertake rather than labeling men with honorary titles.

- **Incentive policies**, e.g. providing soap to couples who come together for maternal and child health care;
- Support health workers to be more **respectful** towards their patients;
- Punitive measures and/or increase the price of **alcohol consumption**.

Conclusions²

Different groups of respondents perceive the Role Model Men as having a positive influence on society. RMM themselves have reported greater opportunities for self-expression, healthier relationships with partners and



children, and finding their role as leaders in communities as a result of their engagement. Certain community members stated being inspired by their improved lives and observing their positive influence in community, although others remain skeptical or do not know them and their actions well. It is interesting that expectations of men's involvement in maternal and child health are high and do not reflect traditional gender norms. However, expectations have not (yet) always translated into behavior. Traditional gender norms still seem to be the biggest factor causing men's unsupportive behavior in maternal and child health.

Many examples of positive behavior change have been observed. It is however not a given that changed behavior is indeed an indicator of changing underlying norms. Role model men have become much more supportive of joint decision making, shared household responsibilities and their wives' empowerment. At the same time, some responses still seem to be based on the idea of male dominance, even if that dominance is now exercised in a friendlier way. This is the case where men identify themselves (or others identify them) as 'leaders' in gender equality work, who 'give permission' or 'allow' women to earn an income, participate in workshops, etc. It is not clear to what extent these men have embraced gender equality. Time likely is a factor in this: it simply takes longer to fundamentally change norms, while behavior can be changed on a shorter term.

Both researches show a strong link between economic and social development and men's engagement in promoting gender equality. Economic and social (health, education) advantages are a reason for men to adopt more gender equal behavior and are a strong factor in convincing others to do the same. Poverty is also seen as a factor hindering men's positive engagement. Purposely linking men's engagement to economic and social development can be a useful strategy, as long as care is taken that the two do not interfere with each other, and the respective place of each in the overall program remains clear.



RMM supporting orphans and other vulnerable families in the community

² Inspired by both Ugandan researches as well as the multi-country report on men's motivations ('Man in the Mirror; Reflections on men and boys engaging gender work in development. By Diana Wu, with Robyn Baron, Sonia Martins and Robert Shannon. CARE, 2016. A brief of the report is available here: <http://insights.careinternational.org.uk/publications/engaging-men-and-boys-for-gender-equality-series-man-in-the-mirror-brief-3>)