

Why we need more behavioural approaches focused on fathers

Evidence from Uganda and Vietnam suggests ways to engage male caregivers

Joshua Jeong

Research Associate

Harvard T.H. Chan School of Public Health
Boston MA, USA

Over the past decades, there has been growing recognition globally and across various sectors about the importance of targeting male caregiving behaviours and engaging men in nurturing care interventions for young children. Fathers can promote their young children's healthy development through supportive caregiving behaviours that include responsive interactions with children – such as play, feeding and non-violent discipline – and positive relationships with their partners (Cabrera et al., 2018). However, the vast majority of early childhood interventions focus on mothers only (Panter-Brick et al., 2014). Little evidence is available about how best to design and deliver interventions to reach, engage and support male caregivers.

Many factors influence how involved fathers are in raising young children. These include their awareness of childcare-related matters, marital satisfaction, mental health, socioeconomic status and gender attitudes (Jeong et al., 2018). Across diverse cultural contexts, social norms are changing with more men co-residing with their partner and children and paternal engagement in childcare is

more accepted than ever before (Kato-Wallace et al., 2014; Martin & Zulaika, 2016). This highlights the present potential for engaging men globally in nurturing care interventions.

My team at Harvard University systematically reviewed social and behavioural interventions that engage male caregivers in improving the nurturing care of children from birth to age 5 in low- and middle-income countries. We aimed to identify effective approaches, barriers and enablers to engaging male caregivers, and to uncover evidence gaps for future research. While our overall findings are currently under peer-review elsewhere for publication¹, in brief, we discovered 33 interventions that met our inclusion criteria. Most invited fathers to participate alongside their partners in community-based programmes that primarily focused on addressing child nutrition and health.

¹ Further information about the systematic review can be found under Prospero on the UK National Institute for Health Research website at: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=310288



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Our review found that most of the 33 interventions used only a few basic behaviour change techniques with fathers – mostly counselling or information sharing – and these were of limited effectiveness, in part due to typically low attendance rates among fathers for such programmes. However, we identified a handful of noteworthy real-world examples, two of which we highlight below, that creatively used a range of behaviour change techniques to engage and support male caregivers.

Positive examples from Uganda and Vietnam

Conducted in Northern Uganda, the [REAL Fathers Initiative](#) was a 12-session mentoring programme designed to reduce child maltreatment and intimate partner violence that was implemented by volunteer mentor fathers (Ashburn et al., 2017). It combined individual meetings and peer group sessions to build social interactions and support among men.² Further family support was fostered by involving female partners in two individual sessions and one group session together with fathers.

During the sessions, mentors demonstrated strategies to avoid violence, such as a “yellow card” system for pausing a discussion with a partner when it looked likely to escalate to violence. The couples

practised this system during the mentoring sessions. At the end of each session, the fathers were given new skills to practise as homework and they discussed their progress at the following session.

The initiative also used print media to disseminate messages more widely. Posters showing male involvement in parenting were displayed in community locations frequented by young fathers. The programme culminated in a “community celebration” event with the female partners and families of the participating fathers, at which the fathers set goals for applying the lessons learned and sustaining behaviours after the programme.

Another intervention, in Vietnam, trained health workers to deliver counselling sessions with groups of fathers at health centres, and to conduct home visits during the first few months after birth.³ Health workers counselled fathers on how to engage in responsive interactions with their infants, support their partners to breastfeed, and work with their partners as part of a parenting team (Rempel et al., 2017).

The health workers showed fathers how to pay attention to their babies, talk with them, recognise their cues, and engage in activities such as diaper changes. Fathers were given a calendar with

² More about the REAL Fathers Initiative mentoring programme in Uganda is available at: <https://www.usaid.gov/global-health/health-areas/family-planning/fathers-can-prevent-violence-too-lessons-real-fathers>

³ A blog post about the project can be accessed on Family Included at: <https://familyincluded.com/fathers-bond-child-development-breastfeeding-vietnam/>

suggestions on how to interact with their babies during different developmental periods. Posters in the community shared messages about the importance of father involvement in childcare, and each week a ten-minute broadcast over outdoor speakers encouraged fathers to get involved.

Organised using a Facebook group, “Fathers clubs” were held regularly in the community, inviting not only fathers but also community leaders to discuss challenges and successes and offer mutual support. The programme culminated in “Fathers contests”, where men publicly demonstrated the parenting skills they had learned to their broader communities.

Two opportunities for future research

In addition to these selected encouraging examples, our review uncovered two strategies in particular that were rarely used with fathers and merit further research into their effectiveness. The first is providing opportunities for fathers to actually

interact with children during the sessions while receiving coaching and live feedback from facilitators about their interactions – an approach that has proved impactful with mothers (Aboud & Yousafzai, 2015).

Use of text or video messages was another underutilised approach that has previously shown effectiveness when used with mothers (Obasola et al., 2015). Incorporating technology may have unique potential for reaching out to fathers, given the in-person attendance challenges commonly encountered by male engagement programmes. There is growing recognition of the importance of involving men in nurturing care interventions (Plan International and Promundo, 2021; World Health Organization, 2015). We hope designers of those interventions will increasingly incorporate and refine behaviour change strategies to maximise the interest and engagement of men and the impacts on their child and family caregiving behaviours.

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