CATHOLIC RELIEF SERVICES

Father Engagement in Nutrition:

A QUALITATIVE ANALYSIS IN MUHANGA AND KARONGI DISTRICTS IN RWANDA

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Executive Summary

The Embassy of the Kingdom of the Netherlands project to Accelerate Reduction of Stunting of Children Under Two Years (EKN project), managed by UNICEF and implemented by Catholic Relief Services (CRS) through local partners Caritas Kabgayi and Eglise Presbytérienne au Rwanda (EPR) in Muhanga and Karongi districts, targets pregnant and lactating women and children under two years old in an integrated package of interventions to reduce the incidence of chronic malnutrition, or stunting. Men are not a primary target for this project, but in its third year CRS is interested in understanding how men are in fact playing a role in their family's nutrition around the first 1,000 days and identifying barriers to greater engagement of fathers. To this end, in-depth qualitative inquiry was conducted in eight sectors of Muhanga and Karongi Districts, utilizing focus group discussions (FGD) (men, women, and mixed-gender); in-depth interviews (IDI) with fathers identified by project staff or leaders as role models within their communities ("engaged fathers"), and key informant interviews (KII) with *chefs du village* and with implementing partner staff.

OBJECTIVES

- Assess current knowledge, attitudes and practices around male engagement in child nutrition and maternal/child health in the EKN project districts;
- Assess potential barriers and enablers to male involvement in these domains;
- Assess the degree to which men have been involved in EKN programming, and explore ways that programming may currently encourage or discourage male participation; and
- Identify existing and appropriate future avenues to better engage men with maternal, infant, young child nutrition (MIYCN) messaging in the context of EKN.

Data from the FGDs, IDIs, and KIIs were collected by two recorders per interview, discussed during daily debriefing sessions and thematically analyzed based on a pre-developed conceptual framework of determinants of male engagement, examining the relative salience of different pre-identified barriers and the most promising avenues for addressing these barriers. The exercise yielded useful key findings.

CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES IN MALE ENGAGEMENT

- Men generally see themselves as engaged in their children's nutrition mostly via **financial and resource support,** and **allowing wives to participate in activities** around nutrition and income-generating activities such as Savings and Internal Lending Communities (SILC). They contribute less often in other domains, such as accompaniment (to the health center, for example), emotional support, or direct caregiving/bonding with children.
- A minority of men express more open attitudes to involving themselves in tasks such as caring for children or cooking. Most of the time, this is only acceptable when the wife is not available for such tasks, but a minority report regular involvement in these domains.
- Men have a good degree of basic knowledge about key nutrition messages, but often lack detailed knowledge.
- For the most part, men want to be more engaged and do not think that their current level of engagement is enough. Women perceive that the contribution of men in nutrition and childcare is not equal, but do not universally see it as a problem.

BARRIERS AND ENABLERS

- **Knowledge:** Knowledge of basic nutritional principles among male respondents was high, although in-depth understanding was lower. Knowledge is still a barrier for some, but it is not the primary barrier for the men in this study, as responses reflected understanding of key nutrition and MIYCN messages.
- **Couple Communication and Decision Making:** Men generally reported that they felt comfortable talking with their wives about their children's well-being, and reported "consulting" them in major decisions. Women reported communicating about family health issues regularly with their husbands. However, decision-making power is largely unequitable within the household, with men having the final say on how resources are allocated including for nutrition and health-related expenses. Both men and women nearly universally view men as the lead decision makers in the household. While men may be more or less receptive to considering their wives' advice, and women may occasionally be able to independently make small purchases, there is a power imbalance that presents a barrier to full involvement.
- **Social and Peer Support:** In general, men have limited social support for engagement. Although role models of active fatherhood do exist and have an influence, men who are viewed as too involved are likely to be laughed at or otherwise experience negative reactions from other men. Most commonly, these men are viewed as having been "poisoned" by the influence of their wives.

- **Cultural and Social Norms around Gender:** Local norms present significant barriers to male engagement. Despite Rwanda's progressive gender equality laws, respondents still describe a traditional gendered division of roles and responsibilities, upholding a dichotomy of men as providers and women as caretakers and nurturers. The influence of these roles is by all accounts still strong in both districts. Some leaders noted that there is a gradual shift taking place, and some men, particularly engaged fathers, did indeed describe taking on tasks not typically ascribed as masculine.
- **Male-friendly MIYCN services:** Health centers and community nutrition sites are branded largely as female spaces. Men do not tend to frequent them unless there is a reason their wives cannot attend. However, some men report occasionally accompanying children to growth monitoring sites. Also, men who had attended health facilities reported positive or even preferential treatment by health providers.
- **Other Influencers: Mothers-in-law** were identified as particularly important influencers both in terms of male engagement and in terms of nutrition and feeding practices more generally. Examples were cited of this influence being positive (encouraging fathers to be involved) and negative (upholding traditional social roles and incorrect ideas about child feeding).

EKN INVOLVEMENT

- **Men perceive the EKN project as a women's project** and do not report high levels of involvement. Most commonly, they cite passive roles, such as giving permission for their wives to attend, or providing them with monetary contributions for SILC meetings, as their primary form of involvement. Some reported providing assistance with household tasks so that their wives could attend, and some have "stepped in" to Farmer Field Learning Schools (FFLS) and SILC activities when their wives could not be present.
- Some men are reporting taking **an active role in cultivating kitchen gardens** at home, which is more prevalent than participating in EKN activities directly.
- Direct father involvement in any of the nutrition aspects of the project (cooking demonstrations, growth monitoring, nutrition education) is rare.

REACHING MEN

- Men have been reached through broad awareness campaigns on the first 1,000 days of life, including National Family Campaigns, International Women's Day and through the radio and large-scale community campaigns around issues like gender-based violence (GBV). They have also been reached through the *Umugoroba w'Ababyeyi* (Parents' Evenings), a government strategy for bringing men and women together at village level to discuss various issues related to family well-being. Local authorities have used these meetings to promote "complementarity" between husbands and wives.
- Men desire to receive some of the same training as their wives, and want the opportunity to participate particularly in SILC and aspects of FFLS to improve their household economic situation.
- Men are interested in learning together with their wives as couples. However, they also expressed a desire for a space to learn and exchange with other men.

Based on these core findings in each domain, a number of recommendations were generated to strengthen current and future interventions to encourage male engagement in promoting improved household nutrition:

KEY RECOMMENDATIONS

- **Leverage existing program activities as opportunities to increase male engagement.** Project monitoring, including home visits, of activities around bio-intensive agricultural techniques (BIAT), for example, are a good opportunity to involve men in discussing their household kitchen garden.
- **Utilize "father role models" and promote dialogue-focused approaches.** Men want the opportunity to learn and exchange with other men, which increases social support for behavior change. Men who are already engaged (the "positive deviants") may be able to facilitate a group dialogue focused approach which not only provides information on topics related to nutrition and family health, but also examines notions of gender norms, masculinity, and fatherhood, and encourages transformative thinking and behavior change towards greater engagement. Importantly, interventions should seek to encourage reflection and to change underlying attitudes, rather than promoting isolated behaviors as a sign that men are adequately engaged.
- **Strengthen communication and the couple relationship:** Although men and women report being comfortable exchanging with their spouses, unequitable decision-making is still the norm. The *Umugoroba w'Ababyeyi* and other, more in-depth forums should be used as opportunities to help couples reflect upon their communication dynamics and encourage collective decision-making. Events should be planned which are aimed at couples, to foster a sense of learning together and increase men's investment in understanding how to ensure the health of their families.
- **Engage other actors, particularly mothers-in-law.** Mothers-in-law are key influencers with regards to household roles and responsibilities as well as nutritional practices, and are not targeted by current interventions. Training could target mothers-in-law, alongside *mamans lumières,* to equip the mothers-in-law with the skills and knowledge to promote positive MIYCN behaviors and to encourage father involvement at household level. Qualitative research focused on this group would help to better understand their practices and needs and to design an intervention.
- **Emphasize active caregiving for both sexes:** There is limited awareness of the importance of active caregiving, bonding and stimulation for children's development. Both men and women should be provided the opportunity to learn about and practice principles of early child development. Messages should encourage both fathers and mothers to regularly play and engage with their young children. CRS' ECD pilot must ensure that fathers as well as mothers have the opportunity to participate.

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Acronyms

BIAT	Bio-intensive Agricultural Technique
CHW	Community Health Worker
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
EKN	Embassy of the Kingdom of the Netherlands
EPR	Eglise Presbytérienne au Rwanda
FFLS	Farmer Field Learning School
FGD	Focus Group Discussion
GBV	Gender-based Violence
GOR	Government of Rwanda
IDI	In-depth Interview
IYC	Infant Young Child
IYCN	Infant Young Child Nutrition
KII	Key Informant Interview
MCH	Maternal-Child Health
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCN	Maternal, Infant and Young Child Nutrition
MIGEPROF	Ministry of Gender and Family Promotion
MNCH	Maternal, Newborn and Child Health
n.d.	No Date
NGO	Non-Governmental Organization
PD/H	Positive Deviance/Hearth
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RWAMREC	Rwanda Men's Resource Center
SILC	Savings and Internal lending Communities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VNS	Village Nutrition School
VSL	Village Savings and Loans
VSLA	Village Savings and Lending Association

Part I: Background

INTRODUCTION AND RATIONALE

Although many efforts to improve nutrition and maternal and child health outcomes worldwide have traditionally targeted mothers of young children as their sole beneficiaries, the role and contribution of the father in the well-being and health of both mothers and children has come into increasing focus in recent years, particularly with the Millennium Development Goal focused on gender equality, and now Sustainable Development Goals.[1] Recent efforts to engage men in health have often centered on maternal or reproductive health and addressing the root causes of gender-based violence, but there has been less focus on involving men more in child health and child care, including in nutrition and child feeding issues.

Globally, CRS works to engage men in maternal and child health care in multiple countries. Based on experience with these interventions, a guide was developed for increasing male involvement in maternal and neonatal health using a behavior-change negotiation approach.[2] However, in searching for documentation of specific CRS interventions in this domain, most interventions addressing male engagement have focused on maternal health and antenatal care, with less emphasis on child health and nutrition and the ways in which fathers support or discourage behaviors in these domains. In Rwanda, CRS currently incorporates some messages about male engagement into its nutrition programming in limited ways, such as through including specific messages on the importance of male engagement in the first 1,000 days of life during sensitization sessions and events surrounding International Women's Day or National Family Campaign, for example. CRS/Rwanda also carried out a documentation exercise in 2012 for male involvement for USAID's *Higa Ubeho* nutrition project. The EKN project in Muhanga and Karongi districts (see *Implementation context*), like *Higa Ubeho*, aims to improve nutritional outcomes by promoting behavior change and adoption of optimal MIYCN practices. However, limited information has been gathered about the opinions, motivations and experiences of men in relation to MIYCN in this context, nor has there been any systematic exploration of the barriers men face to taking an active role in these domains as fathers of young children.

1 MenEngage: http://menengage.org/wp-content/uploads/2014/01/MenEngage-Post-2015.pdf.

2 CRS (2014). Engaging Men to Improve Maternal and Newborn Health: A Facilitator's Guide. http://www.crs.org/our-work-overseas/research-publications/engaging-men-improve-maternal-and-newborn-health.

Poor understanding of the current situation of male engagement and barriers to engagement presents a distinct challenge to the attainment of project goals. EKN activities are ostensibly targeted at pregnant women and lactating mothers of children under two, and the project design did not incorporate interventions targeting husbands of female participants in a systematic way. However, it has been well recognized that the active participation of fathers is important for reaching the project's objectives of improving nutritional outcomes. Where women do not find a supportive home environment for practicing positive child feeding and child health behaviors, it may become much more difficult to continue practicing these behaviors in the long term. A recent gender analysis carried out by USAID Rwanda highlighted the high workload and lack of free time faced by women in Rwanda, as well as the limited control that they tend to have over household resources.[3] In this environment, the potential opportunity cost of adopting new practices, such as actively maintaining kitchen gardens or negotiating for more of the household budget to be used for protein-rich foods, can be high. Where male partners are understanding and supportive, the burden that the new practices present can be reduced.

Despite increased dialogue about male engagement, anecdotal observations with partners and other EKN-implementing organizations have suggested that men remain on the periphery; partners have reported difficulty obtaining broad male participation and support in various program activities. This is illustrated in the low number of males directly participating in different project activities, and may also be reflected in unchanged household power dynamics. Sensitization sessions have focused on the positive benefits of men's involvement in their wives and children's nutrition, but these have been designed and carried out without evidence of the actual barriers to engagement which need to be addressed in these communities.

The perception of weak demonstrated engagement of men, specifically the husbands/partners of women participating in the Village Nutrition School (VNS), SILC and FFLS activities, warrants investigation as it may represent a missed opportunity to accelerate progress on nutrition goals. Understanding why these problems exist, and engaging men more thoughtfully and deliberately on the basis of the identified causes, can contribute to a household environment that, as described above, is more conducive to adoption and maintenance of optimal MIYCN behaviors. This, in turn, can magnify the impact of nutrition interventions.

AUDIENCE FOR THIS REPORT

The findings of this formative analysis will be useful for CRS' programming. It was conceived to generate recommendations for CRS/Rwanda to improve its efforts at engaging men in nutrition programs in its current portfolio (including EKN) as well as in other nutrition projects. As CRS/Rwanda's nutrition work is likely to continue into the future, it is important to more systemically and effectively integrate gender into program design considerations.

3 USAID/Rwanda. (January 2015). Gender Analysis for VOICE Project (external version). Accessed 25 March 2016 at https://www.usaid.gov/sites/default/files/documents/1860/GA%20-%20VOICE%20project%20-%20FINAL%20Jan%2021%202015%20-%20Public%20Version%20(1).pdf.

LITERATURE REVIEW

GENDER CONTEXT AND MALE INVOLVEMENT IN NUTRITION/MATERNAL AND CHILD HEALTH (MCH) IN RWANDA

Rwanda has made great strides regarding both nutrition and gender equality based on the results of recent representative surveys. Acute malnutrition rates are low (under 1% in the 2015 DHS) and chronic malnutrition, while still high, is reducing at a gradual pace (38% in the 2015 DHS, down from 51% in 2005)[4], with government and civil society actors coordinating more than ever before to accelerate this trend.[5] With regard to gender equality, indicators have also been encouraging. The percentage of both men and women who report making decisions jointly regarding health care and household purchases increased steadily from the 2000 to 2010 DHS, while the percentage of both men and women who say that wife beating is justified for any reason (a proxy for the perceived acceptability of gender-based violence) has decreased,[6] although some research has indicated that the practice of domestic violence is still relatively high.[7] Meanwhile, crucial conversations around gender norms and positive masculinity are taking place, a process facilitated by both NGOs and the government.[8] These improvements suggest an increasingly supportive enabling environment for conversations about gender roles and responsibilities for family well-being.

However, at the household level, the influence of traditional gender roles remains strong, as shown by several qualitative gender analyses carried out in Rwanda in recent years. An Oxfam study focused on gender influences on livelihoods described a strong shame associated with a married man undertaking domestic tasks culturally designated as women's work, including cultivating crops for household consumption and caring for children. The study highlighted that although Rwanda has instituted reforms to the policy framework for ensuring gender equality, and there is widespread knowledge of women's rights, there is an important cultural resistance to change in fundamental gender roles and relationships. This resistance makes it difficult for high-level policy initiatives on gender to have an impact locally. The authors argue that men and women need to be engaged in programs that seek transformational change in gendered relationships, but that interventions with this approach are few and far between in Rwanda.[9] Likewise, a 2011 gender assessment conducted by USAID/Rwanda asserted that while women have made immense progress towards equality in the public sphere, this shift has not been accompanied by a fundamental change in thinking around roles and responsibilities of men and women in the private sphere. The authors posited that greater attention needs to be paid to addressing harmful stereotypes about masculinity in Rwanda, which act as constraints to men's social roles and involvement in family health issues.[10]

The Rwanda Men's Resource Center (RWAMREC) has been working on the issue of transforming concepts of masculinity, particularly as they relate to gender-based violence. RWAMREC carried out a study of masculinity throughout the country, including quantitative and qualitative elements examining social norms around gender

4 National Institute of Statistics of Rwanda, Demographic and Health Survey 2014/2015 Rwanda: Key Findings. http://www.statistics.gov.rw/publication/demographic-and-health-survey-dhs-20142015-key-findings.

5 Rwanda is a member of the Scaling Up Nutrition movement, and now has a functional civil society coordination mechanism for nutrition action.

6 USAID DHS Statcompiler, Rwanda comparison of indicators from DHS 2000, 2005, and 2010.

7 RWAMREC (2013). SGBV in 13 Districts: A Baseline Study. http://www.rwamrec.org/IMG/pdf/baseline_study_on_gbv_may_2013-_rwamrec.pdf.

8 RWAMREC, the Rwanda Men's Resource Center, is active in the project districts and promotes messages around GBV and positive masculinity as reported by project staff and beneficiaries.

9 Pamela Abbott, Lillian Mutesi and Emma Norris (March, 2015). Gender Analysis for sustainable livelihoods and participatory governance. Oxfam International, Kigali, Rwanda.

10 USAID/Rwanda (2011). Gender Assessment. http://pdf.usaid.gov/pdf_docs/pnadz185.pdf.

roles and GBV. Among the findings, 44.2% of men agreed that "changing diapers, giving the kids a bath, feeding the kids are a mother's responsibility." Interestingly, a much higher percentage of women—78.3%—agreed with this statement. This highlights the role that women's attitudes may play in the perpetuation of traditional gender roles in this context.

In 2011, CARE Rwanda carried out a qualitative gap analysis of gender dynamics within its savings group platform, known as Village Savings and Lending Associations (VSLAs). Their findings highlighted the fact that the benefits women could gain from greater access to finance were hindered by their economic dependency on their husbands for a weekly contribution, as well as by their limited ability to make autonomous decisions about spending money earned in the groups. The study documented instances where participation in the VSLAs was perceived as pulling women away from their domestic responsibilities and thus became a source of conflict between women and their husbands.[11] The findings support the assertion that, in the context of Rwanda, community-level interventions traditionally targeted towards women must also address gender and power relationships. When they do not, the project may not achieve optimal impact, and there may be unintended adverse consequences. Although the project had no nutrition component, the VSLA component is very similar to EKN'S SILC methodology, and similar issues could reasonably be expected to occur with other programs which take up women's time and pull them away from the home.

PROGRAMS ENGAGING FATHERS IN FAMILY HEALTH AND RESEARCH ON BARRIERS

Although evaluations are sparse, and many existing evaluations are of short-term or pilot projects, the benefits of interventions to improve father participation in household health outcomes have been documented. Male involvement interventions in maternal health[12, 13] and reproductive health[14]—particularly in the prevention of mother-to-child transmission of HIV[15] —have demonstrated notable positive effects on areas such as postnatal consultation attendance and PMTCT regimen uptake and adherence. CRS' own operations research in Nicaragua found a positive effect of including men in maternal and child survival programming, especially around financial preparation for birth costs and assuring birth is attended by a skilled provider.[16]

The effects of father engagement on nutrition- or child-health related behaviors and outcomes (including in community-focused interventions), and the extent to which men are actually involved in these domains, have not been as extensively

11 CARE Rwanda (2012). Mind the Gap: Exploring the Gender Dynamics of CARE Rwanda's Village Savings and Loans (VSL) Programming. http://www.care.org/sites/default/files/documents/2012-Mind-the-Gap.pdf.

12 Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: systematic review and meta-analysis. Journal of epidemiology and community health, jech-2014.

13 Mullany, B. C., Becker, S., & Hindin, M. J. (2007). The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial. Health education research, 22(2), 166-176.

14 Peacock, D., & Levack, A. (2004). The men as partners program in South Africa: Reaching men to end gender-based violence and promote sexual and reproductive health. International Journal of Men's Health, 3(3).

15 Kalembo, F. W., Zgambo, M., Mulaga, A. N., Yukai, D., & Ahmed, N. I. (2013). Association between male partner involvement and the uptake of prevention of mother-to-child transmission of HIV (PMTCT) interventions in Mwanza District, Malawi: a retrospective cohort study.

16 Catholic Relief Services (2012). Operations Research Brief: An Innovative Approach to Involving Men in Maternal and Newborn Health Care. https://www.usaid.gov/sites/default/files/documents/1864/CRSORBrief.pdf.

explored in the literature as in maternal health and in PMTCT.[17] However, a review of 58 program evaluations for male engagement-focused interventions, conducted by the International Center for Research on Women, noted that well-designed male engagement programs can have a positive impact in the MNCH domain, particularly when these programs embrace a gender-transformative approach which emphasizes equitable relationships, communication and decision-making.[18] An evaluation of male engagement activities for MCH conducted in Tanzania, Zimbabwe, and Bangladesh by Plan International found that a variety of strategies were perceived by program participants as having improved the situation of male engagement in MCH, including home visits and outreach, "edutainment," and health facility-based and community meeting strategies. The study highlighted a need to use multiple strategies aimed at addressing gender norms, attitudes and beliefs which drive actions, rather than isolating and promoting one or two specific behaviors on the part of men.[19] In the specific domain of MIYCN, a recent quasi-experimental study in Kenya evaluating the effectiveness of a dialogue-focused, peer-to-peer approach to encouraging men and mothers-in-law to provide greater support infant feeding found that this approach increased the physical and material support provided to mothers, and had a positive effect on some but not all infant feeding practices. Based on these results, the authors highlighted the potential promise of dialogue-based approaches to male involvement, and the need for further research on these rarely-evaluated efforts.[20]

In addition to evaluations of programmatic interventions, the literature also explores barriers to male engagement. Much of this work is qualitative, and much of it explores male involvement in the context of PMTCT programs specifically. A review of studies examining barriers to male engagement in MCH in Sub-Saharan Africa found that cultural stigmas around becoming "too involved," poor treatment by providers in the health system, as well as poor couple communication, were among the most common determinants of male non-participation in health programs—specifically antenatal care or PMTCT programs.[21] Barriers to male engagement have rarely been explored for MIYCN specifically, as noted in a recent literature review from USAID on involving grandmothers and men in health programs.[22] In a rare formative research study looking closely at the issue of male engagement in MIYCN in Kenya, it was found that while strong cultural limitations of the male's role in child health and caregiving were an important contributing factor to low male involvement, men also had a clear desire to learn more about nutrition from authoritative experts and were willing to be more supportive, if they could access guidance on how to do so.[23]

GAPS IN UNDERSTANDING OF MALE ENGAGEMENT

The global literature, along with reviews and analyses specific to the Rwandan context, provide insight to some degree on the current situation of male involvement in nutrition and maternal and child health, and on the most salient barriers to

17 Dumbaugh, Mari, et al. "Perceptions of, attitudes towards and barriers to male involvement in newborn care in rural Ghana, West Africa: a qualitative analysis." BMC pregnancy and childbirth 14.1 (2014): 1.

18 Barker G, Ricardo C, Nascimento M, Olukoya A, Santos C: Questioning gender norms with men to improve health outcomes: evidence of impact. Glob Pub Health. 2010, 5 (5): 539-553.

19 Comrie-Thomson, L., Mavhu, W., Makungu, C., Nahar,Q., Khan, R., Davis, J., Hamdani, S., Stillo, E., Luchters, S(2015). Men Matter: Engaging Men in MCH Outcomes. Plan Toronto: Canada. http://plancanada.ca/file/documents/MenMatter-email.pdf.

20 Mukuria, A. G., Martin, S. L., Egondi, T., Bingham, A., & Thuita, F. M. (2016). Role of Social Support in Improving Infant Feeding Practices in Western Kenya: A Quasi-Experimental Study. Global Health: Science and Practice, 4(1), 55—72. http://doi.org/10.9745/GHSP-D-15-00197.

21 Ditekemena, J., Koole, O., Engmann, C., Matendo, R., Tshefu, A., Ryder, R., & Colebunders, R. (2012). Determinants of male involvement in maternal and child health services in sub-Saharan Africa: a review. *Reprod Health*,*9*(1), 32.

22 USAID IYCN Project (n.d.) The roles and influence of grandmothers and men: Evidence supporting a family-focused approach to IYCN.

23 USAID/IYCN Project/Kenya Ministry of Health (n.d.) Engaging grandmothers and men in IYCN and maternal nutrition.

involvement. However, there are many gaps in understanding that existing studies have not yet filled. Specifically:

- We need to better understand what knowledge men have gained about nutrition and child health in the context of projects targeted at women in their communities.
- Qualitative analysis on men's own perceived barriers to becoming more involved in nutrition and family health issues are lacking. Although studies have been carried out related to gender and GBV, the role of men in nutrition and food security related decisions at household level is underexplored, as are the barriers.
- There is a need for further exploration of both men and women's perspectives on the question of male engagement in nutrition and MCH, and the forms that this engagement should take. All types of engagement may not be equally useful or helpful, and some may exacerbate unequal power relations. In some cases, women may not wish for their husbands to take part in certain activities. It is necessary to understand and promote forms of engagement tailored to local realities.
- More exploration is needed of how integrated projects such as EKN, which are targeted at women with children under two, may inadvertently discourage male participation.
- A better understanding of the best approaches and interventions for encouraging male engagement is needed. Particularly, what format would be most appropriate for helping men to critically reflect on their engagement and the gender roles within their households? How can more transformative thinking around gender and familial responsibilities be encouraged?

GUIDING QUESTIONS FOR ANALYSIS

In light of the gaps in understanding highlighted in the literature review, the present analysis aimed to explore knowledge, attitudes and other factors which may impact men's role in MIYCN in the CRS EKN project districts, examining both the *degree and nature of male involvement in household-level actions on nutrition* and the *determinants* of this involvement. Study objectives were as follows:

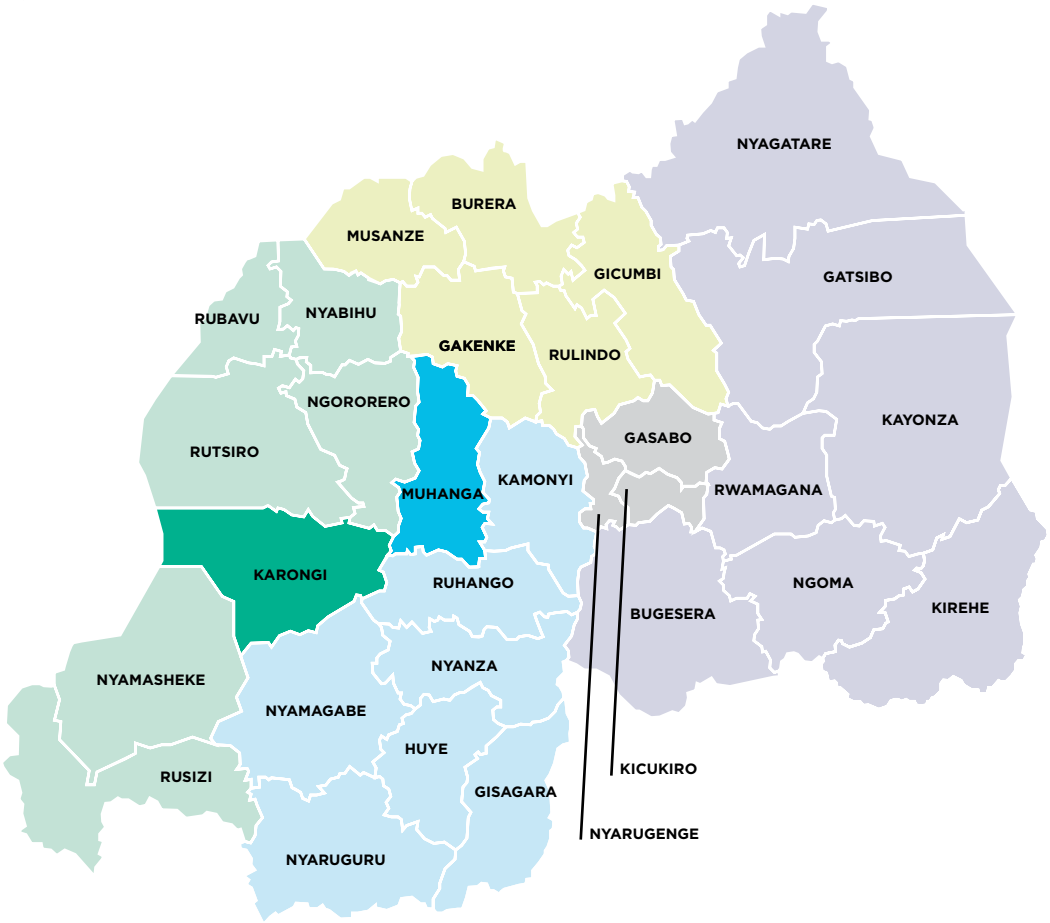
1. Assess current knowledge, attitudes and practices around male engagement in child nutrition and maternal/child health in EKN beneficiary communities;
2. Assess potential barriers and enablers to male involvement in these domains;
3. Assess the degree to which men have been involved in EKN programming, and explore ways that programming may currently encourage or discourage male participation; and
4. Identify existing and appropriate future avenues to better engage men with MIYCN messaging.

IMPLEMENTATION CONTEXT OF EKN

The EKN nutrition project is a three-year project, funded by the Embassy of the Kingdom of the Netherlands in Rwanda through the United Nations Children's Fund (UNICEF), which aims to accelerate the reduction of stunting rates in under-two children across Rwanda. The program uses an integrated three-part approach to addressing child malnutrition which includes nutrition, economic strengthening and agricultural components. Good nutrition is promoted via Village Nutrition Schools, a strategy which includes nutrition education, growth monitoring, and cooking demonstrations along with hygiene and feeding practices, using a modified form of the Positive Deviance/Hearth (PD/H) model (which brings groups of 10-20 mothers of children under two together to practice the preparation of nutrient-rich meals over

the course of 12 consecutive days)[24]. Household economic strengthening is enabled through the formation of SILC groups where participants meet regularly to make contributions and take out and repay loans, later "paying out" the accumulated funds among all members of the group in proportion to their contributions. For agriculture, locally-chosen group leaders promote FFLS to improve overall food security, dietary diversity and balanced diet through bio-intensive agricultural techniques (BIAT) including kitchen gardens, approaches which encourage collective demonstration and experimentation with innovative cultivation techniques at the community and household level. Cross-cutting capacity building activities help to increase district-level actors' ability to promote and implement the integrated approach and to effectively use available monitoring and evaluation systems around nutrition. The project began in 2013, and is scheduled to end in late 2016. CRS is the lead implementing partner for two districts: Muhanga and Karongi in the Southern and Western regions of the country (*see Figure 1*).

Figure 1: CRS EKN Districts



24 The PD/Hearth groups are traditionally intended to be rehabilitative (i.e., children with moderate malnutrition participate to improve their nutritional status during the intervention). However, in Rwanda, the government has promoted this approach more comprehensively and groups may include women whose children are in a good nutritional state.

STUDY DESIGN

ANALYTICAL FRAMEWORK: CONCEPTUALIZING MALE ENGAGEMENT

Interview with Engaged Fathers in Karongi district

Despite the increased discussion around men's roles and responsibilities in the area of maternal and child health, "male engagement" remains a broad, ambiguous concept which can be difficult to define concretely, even in different studies on this subject.[25] This is in part because conceptualizing male engagement involves understanding men's own perceptions and motivations—aspects of which are necessarily intrinsic, subjective and context-specific. Although certain actions may demonstrate engagement in a concrete, observable way, understanding male engagement holistically cannot be limited to checking off a list of actions in which men may participate to varying degrees, and what constitutes a high level of engagement is relative and situational.

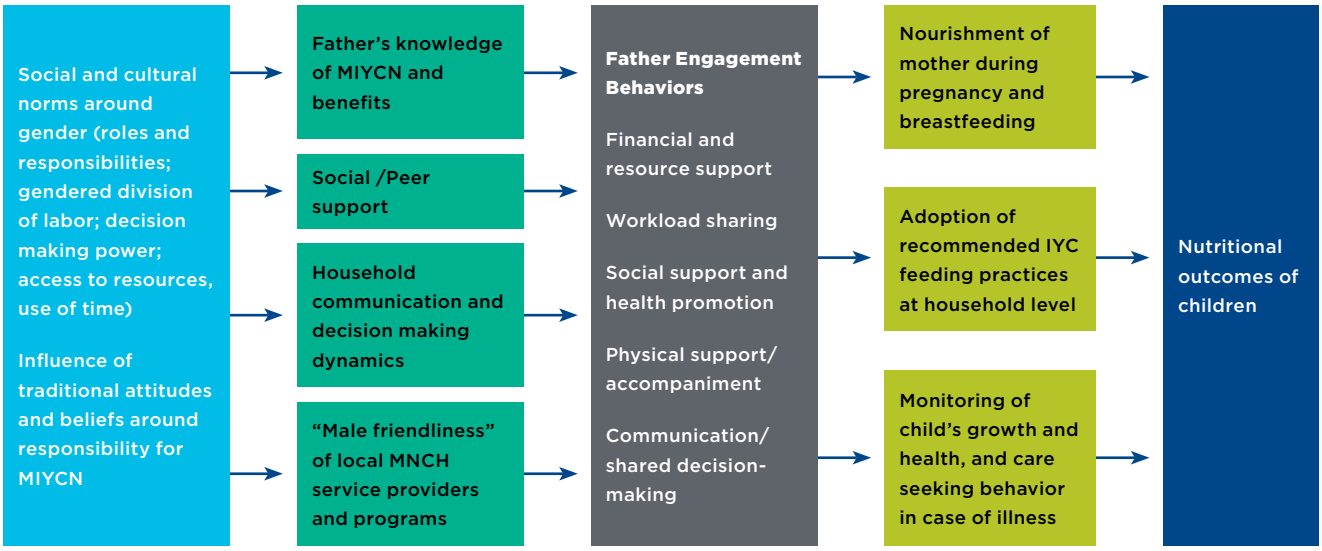
Despite these limitations, it is useful for the present exercise to be able to define male engagement in MIYCN based on active participation in clearly defined domains, which are hypothesized, as illustrated on the conceptual framework below, to exercise positive influence on key MIYCN practices and behaviors at the household level. The framework shown below was adapted from that of a multi-country study of male involvement in MCH carried out by Comrie-Thomson et al. (2015), which was useful in delineating domains of engagement in the area of MIYCN. [26]

The framework divides male engagement actions in MIYCN into the following domains, based on demonstrable ways that men may be able to exercise positive influence on MNCH outcomes: (1) Financial and resource support; (2) Sharing workload; (3) Social support and health promotion; (4) Physical support/accompaniment; and (5) Communication with spouse, shared decision-making. Figure 2 presents illustrative actions for the engagement behaviors described in the framework.

25 Montgomery, E., van der Straten, A., & Torjesen, K. (2011). "Male involvement" in women and children's HIV prevention: challenges in definition and interpretation. JAIDS Journal of Acquired Immune Deficiency Syndromes, 57(5), e114-e116.

26 Comrie-Thomson, L., Mavhu, W., Makungu, C., Nahar,Q., Khan, R., Davis, J., Hamdani, S., Stillo, E., Luchters, S(2015). Men Matter: Engaging Men in MCH Outcomes. Plan Toronto: Canada. http://plancanada.ca/file/documents/MenMatter-email.pdf.

Figure 2: Conceptual framework for male involvement in MIYCN



DESIGN OF THE STUDY

This exploratory study was carried out using a qualitative methodology, with an emphasis on understanding the underlying dynamics and barriers which influence the involvement (and non-involvement) of men in nutrition and maternal and child health in EKN districts. Due to the nature of the questions of interest, the conception of data collection tools pulled in elements of gender analysis, barrier analysis, and the socio-ecological model for analyzing multi-level influences on human behavior. The questions were addressed through multiple qualitative approaches, including FGDs (men-only, women-only, and mixed-group), IDIs with fathers who were identified by project staff as having shown engagement in project activities; and KIIs with local leaders *chefs du village* as well as with the two implementing partners, Caritas Kabgayi for Muhanga district and EPR for Karongi district.

Sampling of project sites for data collection was purposive. CRS worked with its implementing partners in selecting sites for the FGDs, KIIs, and IDIs. It was determined that it would be best to select sites at sector level, both in terms of coordination and in order to be able to examine any possible differences at sub-district level. The goal in selecting the sectors was to obtain information in sites that were all rural, geographically dispersed within the district (not clustered together), but also accessible to travel over several days of data collection, and which were perceived by partners as representing a good cross-section of level of exposure to male engagement messages. There were a few sectors where there had been sensitization directly addressing male involvement in nutrition, and some of these sites were included in addition to sites where community-level sensitization on male engagement had not taken place, although radio campaigns on these issues had been disseminated in the sector.

TABLE 1: SITES WHERE DATA WAS COLLECTED

TYPE OF DATA COLLECTION	TOTAL
FGDs (Men, Women, Mixed-Gender)	24
IDIs: Engaged fathers	8
KIIs: Village leaders	8
KIIs: Implementing Partner staff	8

TABLE 2: TYPES OF DATA COLLECTION CARRIED OUT

MUHANGA DISTRICT	KARONGI DISTRICT
Rugendabagari	Twumba
Nyarusange	Gashali
Nyabinoni	Gishyita
Cyeza	Gitesi

Figure 3: Illustrative Actions of Male Engagement behaviors

Financial and Resource Support

- Provides nutritious food (or money for food) for wife during pregnancy/ breastfeeding
- Provides nutritious food or supports wife to buy nutritious food for young children in household
- Provides financial /logistical support for seeking health care when needed

Workload Sharing

- Provides childcare when wife is sick or overburdened
- Engages in stimulating activities with the child
- Ensures wife has reduced workload during pregnancy/breastfeeding

Social Support and Health Promotion

- Provides social support/encouragement to wife in breastfeeding or child feeding behaviors
- Offers advice or suggestions (not orders) on child feeding or dietary diversity

Physical Support/Accompaniment

- Accompanies wife/attends growth monitoring sessions
- Accompanies wife/attends child's other medical consultations
- Attends Open Days and events to learn more about MIYCN

Communication

- Regularly communicates with wife about children's health
- Consults wife in decisions around household resource allocation

After an orientation on the study and data collection tools and a review of translated questionnaires, the team conducted data collection over the course of two weeks in Muhanga and Karongi Districts. Teams of ten CRS and implementing partner staff and interns per district visited each of the four identified sectors to conduct the FGDs, IDIs and KIIs, with one facilitator and two recorders on hand for each discussion and interview. Having two recorders allowed for comparison of responses and reduced missed information and recorder error.

In total, 24 FGDs were conducted (12 from each sector; four for men, four for women, and four mixed-gender groups of 8-12 participants each). While the women's groups consisted of EKN beneficiaries, the participants in the male and mixed groups had varying involvement with the project—some were husbands of beneficiaries, while others had no familial connection to the project, which allowed for a cross-section of perspectives. In addition to the FGDs, eight IDIs were carried out with engaged fathers and further eight with village chiefs. Finally, a staff person from each of the implementing partner organizations took part in key-informant interviews. This provided for a variety of perspectives on male engagement allowing for triangulation of data points. At the end of each day, data collectors debriefed and took general notes on the agreed-upon highlights and important themes.

Detailed notes of each discussion, written in Kinyarwanda by the staff recording each discussion, were translated into English by the same staff, and responses for each

discussion and interview were compiled by site and district to facilitate analysis and identification of themes. Translated notes were coded by theme using pre-identified domains from the conceptual framework set out above. Additional themes were added as they arose. During the analysis phase, CRS staff met to discuss emerging themes and to clarify points that may not have been completely clear from the interview and FGD notes. Draft findings were circulated for additional comment and discussion prior to synthesis and finalization of the report.

LIMITATIONS

The study was conceived as an exploratory, in-depth analysis to inform CRS' approach to better involving men in Rwanda in nutrition and maternal and child health. The respondent sectors were purposefully chosen in districts where the EKN project is active. The present exercise was not developed to be a scientific study, nor a full evaluation of the EKN package of interventions. As all areas of Muhanga and Karongi districts were covered by EKN activities, there was no control (although every effort was made to include both communities that had received specific messages about male involvement through EKN and those who had not). Additionally, participants were not stratified by age. The lack of age stratification was a potential pitfall recognized during data collection, as it was difficult to analyze shifting trends and possible generational influences in relatively older and younger people's views on male engagement.

Focus group discussion of males being conducted in Karongi district

Another limitation relates to the identification of engaged fathers. The only standard selection criterion of engaged fathers is that they were perceived by frontline project staff as those men whom they had observed in the community as being either particularly involved in EKN activities or recognized as models of fatherhood in their local communities. In cases where project staff did not have particular fathers in mind, the local leaders were consulted to make this selection. This was a limitation because it relied on the perceptions of project staff and leaders, and likely only allowed for the selection of men whose engagement is highly visible.

Furthermore, many messages about male engagement have been promoted in the district through various government strategies including radio messages and monthly Parents' Evening meetings; thus, cross-permeation of messages is likely high and most men have likely been exposed to information on male involvement via one medium or another. In this environment, potential for social desirability bias is higher, as men may be somewhat more 'primed' to the issue and perhaps more likely to provide a response about male involvement that they believe would satisfy an interviewer. This is especially true in a context like Rwanda's, where the government and NGOs are working in concert and widely disseminating harmonized messages on this topic. However, interviewers emphasized in explaining the study that we sought the participants' honest opinions about the subject and that open discussion about different viewpoints was encouraged.

Detailed notes from the FGDs and interviews were taken in Kinyarwanda, as participants are most comfortable in this language. The notes were later translated by the note takers into English for analysis. During this translation process, it is likely that some of the finer shades of meaning presented in the local language discussions were lost. Although there were two note-takers per group to mitigate the potential for missed information, there is the possibility that some elements of the responses were not fully captured.

Part II: Characterizing Engagement

PERCEIVED SEVERITY AND PERCEIVED SUSCEPTIBILITY TO MALNUTRITION

Perceived severity and perceived susceptibility respectively refer to the extent to which a person believes that a health problem has serious consequences, and the extent to which they believe they are vulnerable to such a problem. The focus group and interview questionnaires touched upon both of these elements to understand community perceptions of the magnitude and severity of malnutrition. In general, FGDs, KIIs and IDIs revealed that both men and women recognize that malnutrition is a problem that has serious implications for overall development of the children.

> ***"Malnutrition is a big problem. Children do not think well because of bad brain development."***
>
> —Engaged father, Twumba

However, the majority of respondents in this study believed that the nutrition situation is improving—namely, that malnutrition has been decreasing in their community. Many cited EKN interventions specifically, in addition to the support and encouragement of behavior change from local leadership, as playing an important role in this decline.

"We try to mix meals and to ensure a balanced diet. Before the population were attending clinical health facilities severely malnourished. Now, it's not the same case... Before I thought eating eggs was only for rich people, but now in my diet I have fruits, eggs and vegetables."

—Male FGD participant, Cyeza

"Before, it was a serious problem. Cases of severe malnutrition were observable. But now, there are only a few. We have the sector executive secretary who has encouraged us to plant different crops in kitchen gardening. Now we know the importance of planting vegetables and we have the luck of being near Lake Kivuwe, where we can get some fish. We have knowledge about nutrition."

—Male FGD participant, Gishyita

"No, let me explain it statistically, as based on the monthly figures from growth monitoring. We have five out of 127 children who are underweight. This means that malnutrition is not a big problem in our community."

—Male FGD participant, Rugendabari

"It exists but it has reduced significantly. When we are in growth monitoring, for example, we found only two children with this problem. There are a few children suffering from undernutrition since birth."

—Female FGD participant, Cyeza

It was acknowledged by some that malnutrition was still a problem within vulnerable groups, such as adolescent mothers. It was also noted to be more of a problem in families practicing polygamy.

"The problem of malnutrition comes mostly to the young girls or adolescent girls who conceive, the very youngest who do not have the capacity to care for their children."

—Female FGD participant, Gishyita

"Actually, hunger and malnutrition results from the head of the family who... seeks a second wife, where the child suffers from malnutrition and other health conditions."

—Female FGD participant, Nyarusange

"In this village, most of the children are weaned at two years old or later, except for mothers with difficulties or other social problems."

—Mixed group FGD participant, Cyeza

"Child malnutrition is still a problem, but in a few households with a poor mindset. There are still some people who neglect to apply what they are taught, especially older adults."

—Male FGD participant, Cyeza

The groups universally felt that malnutrition was on the decline in their community, although still a problem for some vulnerable families. While this trend is positive, there

was some concern expressed on the part of project staff that the gradual decline, and the visibility of this decline observed in many villages, may have made some parents complacent with regards to malnutrition. This has made them in turn less likely to participate in project activities which are aimed at preventing malnutrition, since they no longer believe their children are susceptible.

> ***"In Muhanga, men are not engaged in agricultural activities [of the project] because they believe that malnutrition is not a problem, because their (own) children are not malnourished."***
>
> —Caritas Kabgayi staff

KNOWLEDGE OF NUTRITION PRINCIPLES

Given the high saturation of EKN activities in virtually all villages in Muhanga and Karongi districts, and the focus on improving the knowledge of target beneficiaries, it was expected that much of the knowledge transferred to the target beneficiaries of the program (pregnant and lactating women) could have spillover effects in terms of improving men's knowledge as well. Based on the responses within the focus groups, the level of basic knowledge of married men about basic nutritional principles is indeed relatively high. In-depth knowledge of some topics is lower, however. The husbands' focus groups were able to explain key messages about exclusive breastfeeding, complementary feeding, dietary diversity/ food groups, growth monitoring, signs of malnutrition, and nutrition during pregnancy but in many cases were not able to elaborate extensively on some of these ideas, and in some cases expressed some incorrect assumptions. Knowledge of the men's discussion groups in each area is discussed below.

BREASTFEEDING

Basic knowledge of breastfeeding guidelines is common in EKN communities. In Muhanga and Karongi, most groups had members who correctly stated that breastfeeding should occur for the first two years, although not all groups mentioned exclusive breastfeeding for the first six months. Several, although not all, mentioned the importance of breastfeeding immediately after birth, and a few discussed the importance of ensuring good hygiene during breastfeeding or assuring proper breastfeeding technique.

> ***"The wife must ensure that the child should first have her hands clean during breastfeeding."***
>
> —Male FGD participant, Rugendabari
>
> ***"Hygiene is important, [so is] giving the child one breast to finish before taking the other."***
>
> —Engaged father, Rugendabari

Most knowledge cited about breastfeeding was correct. However, there were a few instances where men stated that they simply did not know, or where responses indicated a less than complete understanding. For example, the group in Gishyita noted that they do not know about the appropriate frequency of breastfeeding. One respondent explained that children who breastfeed beyond two years old can "become stupid," and that weaning must be complete by two years old. While this correctly identifies the two-year milestone, it erroneously assumes that any breastfeeding beyond two years old is dangerous for the child.

DIETARY DIVERSITY

Knowledge of the need for a diversity of food groups among the male FGD participants was relatively high. All groups in their responses were able to not only state the three main food groups (energy foods, protein foods, and "protection" foods high in vitamins), but were also able to give correct examples of these different types of foods. Some were able to describe how they would apply it in a particular meal.

> *"I can prepare sweet potatoes, add on green leafy vegetables, and small fish, and then put in a fruit, such as an avocado."*
>
> —Male FGD respondent, Cyeza

GROWTH MONITORING

In six out of eight of the all-male focus groups, men could explain the importance of growth monitoring in terms of keeping track of the health of the young child and ensuring that problems are addressed early. There were some different opinions on the timing of growth monitoring, with some stating that it should begin at three months, others at six months, and others that it is done after any vaccination of the child. Respondents in five of the eight male groups noted that should be done monthly and some mentioned that it is done in their communities, indicating a general awareness of community activities around child nutrition.

SIGNS OF MALNUTRITION

All groups were able to mention two or more signs of malnutrition in children. The malnutrition danger signs most commonly cited by men included: weakness, frequent illness, dry or discolored hair, swelling of the feet (edema); and poor growth. The distinction between the different types of malnutrition (marasmus vs. kwashiorkor), and the difference in signs of these two types of malnutrition, were not mentioned by any of the groups.

NUTRITION DURING PREGNANCY

The male discussion groups demonstrated an understanding that pregnancy is a time of special nutritional requirements for women and that pregnant women are particularly in need of a balanced diet. However, this discussion did not, in general, reflect in-depth knowledge—such as the important fact that pregnant women need a high amount of iron and can take dietary supplements to meet this requirement. Some groups' members mentioned the need to provide pregnant women with food that would satisfy their cravings as a duty of the husband, mentioning cravings for iron-rich foods such as meat. The majority of the male groups touched upon the need for pregnant women to avoid stress and working too hard.

"A pregnant mother needs a balanced diet, and to avoid family conflicts, stress, and heavy workload. In my household when my wife is pregnant, she takes vegetables three times a week. Once a week she has meat, small fish, or an egg."

—Male FGD respondent, Gashali

"I give her what she wants to eat; when she craves something in particular, I try to get what she is craving. For example, when she wants rice, you try today or tomorrow to get what she needs. If you do not, she becomes affected. Even seeing behaviors such as craving as signs of pregnancy, you start to prepare for that, buy some meals like meat, and try to make her happy and avoid things that would make her become sad."

—Male FGD respondent, Twumba

OTHERS' PERCEPTIONS OF MEN'S KNOWLEDGE ON NUTRITION

Female FGD participants generally concurred that their husbands had good knowledge of nutrition. They perceive that the men's indirect involvement in EKN activities has helped to increase their knowledge. Women see themselves as responsible for imparting this knowledge to their husbands and reported doing so on a regular basis.

"Our husbands have gained experience and become skilled because of us. For example, my husband has learned to eat vegetables whereas in the past he never ate them. He did not know that cultivating vegetables is important and necessary."

—Female FGD participant, Gashali

"About breastfeeding, my husband knows that that the breastfeeding mother needs a balanced diet to produce enough breast milk."

—Female FGD participant, Karongi

"My husband is even better trained than I am, because when he goes to the market, he purchases more nutritious foods than I do."

—Female FGD participant, Rugendabagari

Interestingly, given the knowledge that men displayed during focus groups and interviews, "low knowledge" and limited understanding were still cited as an important reason why men are not optimally involved in child nutrition and health. Community leaders and some partner staff highlighted this lack of knowledge as a problem. However, the focus group data suggest that while detailed knowledge may be lacking, it is clearly not the only issue for many men in the community. Interventions to improve male involvement beyond the current levels will have to go beyond simply improving basic knowledge and awareness, and address other barriers to engagement described in this section.

SPECIFIC CONTRIBUTIONS OF MEN

Men in Muhanga and Karongi perceive that they do in fact have an important personal contribution to make to their children's nutrition. In line with the prevailing dichotomized gender role dynamics, the discussions about their contributions tended

to fall largely on the side of the paradigm of "male as economic provider." Most men emphasized getting money for the family's health insurance, providing resources to facilitate their wives' participation in activities (such as providing their wives with a weekly SILC contribution), and cultivating food through farming activities as the most important ways in which they contribute to household nutrition. The tendency in the groups was for discussion to center around this role as breadwinner and provider—the "material and financial support" category of the male engagement framework discussed previously. As noted in the literature review section, this provision of financial support can exacerbate unequal power relations, reinforcing women's economic dependency on their husbands. Nonetheless, this was perceived as an important area in which men contribute.

> ***"I struggle in order to get something that could support the family needs….I wake up early and go search for a job."***
>
> —Male FGD Participant, Nyabinoni

> ***"We give them [wives] money to go to the market to buy nutritious food, and money to contribute to the SILC groups."***
>
> —Male FGD participant, Twumba

Although financial or material support was emphasized, both men and women brought up other ways that men contribute actively to nutrition, as supportive partners of their wives and not merely as household providers. Physical accompaniment (accompanying wives to the health center or for growth monitoring) was cited by some men and corroborated by many women's groups and community leaders. However, the prevailing view seems to be that many in the community still believe that involvement in health promotion activities is primarily a woman's responsibility, and that growth monitoring activities are a woman's space. Some participants cited evidence that views are changing in this regard.

> ***"Some men can't do it, but me, I usually take my child to the weighing site to know her nutritional status."***
>
> —Male FGD participant, Cyeza

> ***"[I] build a kitchen garden at my house so that I can produce fruits and vegetables myself, then that money can be allocated towards other needs. But sometimes when [my wife] is not around I also take care of the children, and even when she is sick, I accompany her to the hospital."***
>
> —Male FGD participant, Rugendabagari

> ***"Last time when I gave birth, my husband used to just stay away from me when I needed him the most. But these days, he helps me in everything, like accompanying me when I go to do [our child's] vaccination."***
>
> —Female FGD Participant, Nyabinoni

In addition to providing permission for wives' participation in nutrition-related activities, cited in some groups, men sometimes "step in" to represent their wives

during the FFLS groups or SILC groups when their wives are traveling or ill, and several discussion groups cited this involvement as another important contribution made to household nutrition. In particular, interviews with local leaders emphasized that men are in some cases becoming involved with the kitchen gardens, both in terms of constructing and, less frequently, cultivating and maintaining them. Kitchen gardens were frequently mentioned by the male, female and mixed discussion groups as an important area in which some men are now contributing. Given that cultivating food for household consumption is perceived as a woman's domain in Rwanda,[27] this participation in kitchen garden maintenance is significant, although responses were not consistent as to how common this participation is in the wider community.

Direct involvement or "stepping in" in the Village Nutrition School activities (growth monitoring, PD/Hearth, cooking demonstrations) when needed was rarely cited. One project staff member did mention that one of the husbands has assisted the VNS groups by collecting water and firewood for cooking demonstrations, but no groups mentioned taking part in the cooking demonstrations or child feeding on their own as a way in which men contributed.

In contrast to financial support and, to a lesser degree, physical accompaniment, direct caregiving support (caring for the children) was an area mentioned only twice across the FGDs as a paternal contribution. Men in the focus groups felt very comfortable discussing the ways in which they contribute to the household economy; however, they made far fewer mentions of assisting their wives with routine household tasks, such as cooking or childcare. The main exception to this lack of involvement in the domestic realm is when the wife is ill or sometimes during pregnancy, in which case many men reported being willing to cook, or having cooked, meals for the children. Apart from this, however, men largely reported that doing the household cooking or providing childcare would not be acceptable unless the mother was not present at home.

> ***"Many husbands feel ashamed to feed a child when the mother is there, and when it is done, it is only because the child is crying so much."***
>
> —Female FGD participant, Nyarusange

> ***"Normally, no man cooks. But when it happens that [the wife] is not available, a man could cook meals for the children."***
>
> —Male FGD participant, Twumba

However, in two of the FGDs, a few participants revealed a more open stance to helping out with childcare duties and supporting household tasks.

> ***"We share responsibilities, like when we come from farming, my wife can take care of the children, like breastfeeding, while I do the cooking. I clean the house and clothes of the child while she is doing something else."***
>
> —Male FGD participant, Cyeza

> ***"I know how to prepare the soybean milk and I prepare it for my children. I saw a big impact from consuming it on the health of my children"***
>
> —Male FGD participant, Cyeza

27 USAID Gender Analysis (2012).

Women's discussion groups noted that men often play a supportive role by providing advice or reminding them of appointments or principles that they have learned during community nutrition activities. Men did not tend to mention this role as an important one, however; they focused primarily on their role with kitchen gardens and adopting the agricultural techniques learned in the project, and on attending FFLS or SILC group meetings in their wives' absence.

> ***"We have a ten-month old child and when we go to cultivate the fields, my husband reminds me to go with my child's food and to feed the baby at 10 o'clock, 12 o'clock, and so on"***
>
> —Female FGD participant, Rugendabari

> ***"He reminds me to give Ongera [micronutrient powder] to the children."***
>
> —Female FGD participant, Nyabinoni

> ***"In fact, a husband and a wife should help each other. When we come back from EKN, I share what I learn from the group and my husband memorizes it. Then if I am cooking and I forget something, my husband reminds me."***
>
> —Female FGD participant, Rugendabari

Rarely mentioned was interaction or play with children. Men almost never included engaging with their children as an element of their contribution to the child's well-being. In fact play, interaction and bonding as a whole was scarcely mentioned at all by any group, including as a responsibility of women. More so than a gendered difference, then, this finding seems to highlight a need for greater awareness about holistic early child development and its close relationship to nutritional outcomes, which CRS will work to address through a new pilot project. With regards to creating a bond with their children, most men indicated that they would not feel comfortable physically carrying their child around, although there were some exceptions.

> ***"Sometimes men are discouraged by issues related to culture…for example, to carry a child."***
>
> —Local leader, Rugendabari

> ***"Now my husband can hold a baby in his hands, a thing he could not do for so long."***
>
> —Female FGD participant, Nyabinoni

PERCEPTION OF CURRENT LEVEL OF INVOLVEMENT

It is important to consider not only the type of involvement shown by men, but also to understand their level—and women's level—of overall satisfaction with the current involvement. Seven of eight of the all-male groups described not being satisfied with the current status quo, although they tended to qualify their sentiments with the caveat that they have limited resources and do what they can within their means. While acknowledging progress and effort that men had made towards playing a more active role, groups highlighted many shortcomings of the current situation. Others expressed being relatively satisfied with the way things are.

> ***"It is not enough….men are engaged at like 20%. Women have so many duties, we should try to help them. We should attend more evening Parents' Forums."***
>
> —Male FGD participant, Rugendabagari

> ***"Generally, men are beginning to get engaged. Before, some men used to drink from morning to afternoon, but now we sometimes see them at market buying healthy foods for their family."***
>
> —Male FGD participant, Nyabinoni

> ***"Based on the existing means and resources that we have, it is enough, but some improvements are needed if we have the means for it."***
>
> —Male FGD participant, Gashali

Women expressed mixed views of their husbands' involvement. Although many expressed that the contribution was not equal, this was not universally perceived as a problem or as an undesirable situation, due to the perception that is natural for women to take a larger role in day-to-day care of the children than men. Many of the women expressed some level of satisfaction with the ways in which their husbands currently support their households financially, and when discussing areas in which they wish they had more help, tended to cite continued or increased financial or material support rather than a desire to be able to share more of the household or child care tasks. Some women expressed a desire for greater consultation with their husbands for major family decisions. Frequent attendance at the local *cabarets*, establishments where men drink and socialize with friends, was perceived by many women's focus groups as a major hindrance to optimal involvement of fathers that needs to be addressed.

"[The husbands' involvement] is moderate, because even though the husband brings money, it is only the wife who stays home looking after the children and she is the first to know when the child is sick."

—Female FGD participant, Rugendabagari

"The responsibility of the male parent is the largest for the nutrition of their children, because they earn a lot of money. But in comparison, the wife is more competent with [caring for] children than the man."

—Female FGD participant, Gishyita

"My husband's involvement and support for child nutrition at 100% is not possible….it's about half compared with women's contribution."

—Female FGD participant, Gitesi

"For me, my husband does not do enough…for example cooking, he doesn't accept to do it at all. But when we went in the project he has started to make a change little by little and has started giving me money for the savings group in our project and helped me to increase my share of savings."

—Female FGD participant, Gitesi

"My wish is that my husband would come home and we could sit together to make decisions, instead of him always going to the bar."

—Female FGD participant, Cyeza

Part III: Analyzing Barriers

SELF-EFFICACY

Self-efficacy in public health refers to an internalized belief that one has the inherent ability to successfully perform a given behavior.[28] To understand self-efficacy in the context of father engagement in nutrition, interviewers asked men how confident they were that, in their role as fathers, they are able to ensure their children are healthy and well-nourished. In general, responses revealed that men are quite confident in their ability to ensure the health of their family. In some cases, men cited economic constraints as a significant concern—they were worried about being able to provide for their families during periods of fluctuation in family income. As a whole, however, men, and particularly engaged fathers in interviews, felt that through their hard work, there was no reason their children would be at risk for malnutrition. Based on their responses, there is no lack of self-efficacy, and this factor does not seem to be a significant barrier to male involvement in MIYCN services in the two districts.

> ***"My confidence is based on my knowledge, but sometimes I lack the financial means because I have a family with six children, for example to buy land, or food or hygiene facilities."***
>
> —Engaged father, Cyeza

> ***"There is no problem. With what means there are, I try to do all I can, including buying foods for a diverse diet."***
>
> —Engaged father, Rugendabari

> ***"I am confident because I have saved money in a bank for my children, I have bought a field and cows."***
>
> —Engaged father, Gitesi

COMMUNICATION AND DECISION-MAKING DYNAMICS BETWEEN SPOUSES

Household-level communication and decision-making dynamics can either support or discourage father engagement in children's health—when these processes are equitable, a sense of shared responsibility can flourish. To explore this, participants were asked about communication and decision-making practices and dynamics within the household. Both men and women widely reported that they felt they could communicate with their spouse openly about issues related to their children's

28 Strecher, V. J., DeVellis, B. M., Becker, M. H., & Rosenstock, I. M. (1986). The role of self-efficacy in achieving health behavior change. *Health Education & Behavior,* 13(1), 73-92.

health and nutrition. Both often discussed the value found in the exchange, including the ability to give and share advice. Many responses of the men included mention of taking advice from wives.

There was also acknowledgement that communication is not always good between all couples; this was attributed to poor "complementarity" between the husband and the wife and other conflicts that may exist. This narrative of complementarity—of husband and wife working as a team—is one which has been heavily discussed during anti-gender based violence campaigns in the project districts and has clearly been internalized by many respondents. These campaigns have been run by the Government of Rwanda, and have largely been implemented through Parents' Forums (*Umugoroba w'Ababyeyi*).

> ***"I feel very comfortable [discussing with my spouse]. It is good, because you can remind each other about certain points you learned, and this can facilitate a common understanding."***
>
> —Male FGD participant, Nyabinoni

> ***"The house is for both a woman and a man. We share responsibilities and I feel comfortable discussing with her. When there is a food shortage, I advise her to be careful and to use the money efficiently."***
>
> —Male FGD participant, Twumba

> ***"[There is] no problem to discuss nutrition or child health issues because we can help each other in the development of the household. There are others who do not discuss child health issues because they're uncomfortable with it or there are conflicts or low complementarity."***
>
> —Mixed FGD participant, Gashali

UMUGOROBA W'ABABYEYI: MONTHLY PARENTS' FORUMS

The *Umugoroba w'Ababyeyi* (Parents' Forums) are an initiative of the GOR to encourage collaboration and discussion in villages about issues affecting family life, in the longstanding Rwandan tradition of collective action. They began as "women's forums" in 2010 and in 2013 the strategy was changed through MIGEPROF to emphasize the role of both parents. The overall goal is to improve family relationships and living conditions, ultimately improving development.

Members generally meet monthly at an agreed-upon time and discuss issues related to socioeconomic development, resolving household conflict and poor practices, preventing GBV, child protection and childcare and gender equality.

The *Umugoroba w'Ababyeyi* benefit from a high level of political will and close proximity to the community, since members are neighbors. However, in the first few years they have faced challenges including lower participation of men than women in the groups as well as logistical and funding challenges.

(MIGEPROF UA Strategy, 2014)

Most women in the women's FGD and mixed groups echoed that they felt that they had no problem with communicating with their husbands, although such problems could be prone to under-reporting bias, particularly in a group setting. The groups described regularly communicating with their husbands at different points throughout a typical day. The women's groups noted that, while they generally felt comfortable in communication with their spouse, many women that they know do not feel comfortable—an indication that the near-universal comfort in communication expressed by the men's participants is not perceived in the same way by women. Only a few participants mentioned issues with communication with their own spouses.

"My spouse and I, we discuss our children's well-being in the evening time. We think together about what we must do to improve the nutrition status of our babies, and their health status."

—Female FGD participant, Gitesi

"There is no problem to discuss with my spouse about our child's health and good nutrition, because we can improve our ideas which can help us to increase household well-being. But there are other men who cannot accept to discuss [these things] with their wives; in this case their wives have a fear of talking with them."

—Female FGD participant, Gishyita

"I do not feel comfortable because most of the time, [my husband] does not support what I suggest to him."

—Mixed FGD participant, Rugendabagari

In addition to discussing general communication around nutrition issues, participants were also asked about household-decision making around nutrition and health, such as choosing foods to buy, allocating resources, and deciding to seek medical care in case of illness. For household finances, men in all of the FGDs as well as the engaged fathers reported routinely making household decisions on spending, although some cited that their wives were allowed to spend as they wished, and consultation or exchange with wives was frequently mentioned on major decisions around resource allocation. For example, women may be the ones to note which household resources need to be purchased, but men will have the final say over whether the purchase is made. Women corroborate this, with most echoing that their husbands are the primary decision-makers in financial matters, although many cite exchanging ideas with their husbands or sometimes making joint decisions in particular cases, such as when a child is sick and the couple decides together whether to seek out medical attention. Women generally make the decisions about what foods to buy at market ("making the list") but men are often gatekeepers of these funds and control the flow in and out, whether for purchasing food, medical treatment or other expenses.

"We both share and plan together. You may make a wrong decision if you do not share ideas. I cannot sell a cow without consulting her. But there are a few men who do not want to work in partnership with their wives."

—Male FGD participant, Rugendabagari

"We sit together and we discuss, but mostly it is us men who have the final decision. It is like this by law and culture."

—Male FGD participant, Nyabinoni

"We both take decisions together, but mostly, it is us men who make decisions on [spending]. But she is allowed to take money without asking permission and use it—for example to buy food, or pay medical expenses."

—Male FGD participant, Gashali

"We both make agreements. For example if you have a financial problem, you may sit together and plan for borrowing 10,000 RWF; before getting this money, you both plan on how you will use it and how you will pay for that. But mostly the man is the decision-maker on the use of money."

—Male FGD participant, Gishyita

"There was a time he gave me 1,000 RWF when he was paid 5,000 RWF. And sometimes I earn money and I spend it however I want, without telling my husband."

—Female FGD participant, Rugendabagari

Many leaders in the study communities cited various sensitization around spousal communication through Parents' Forums or with NGOs working on gender issues, and this level of awareness was apparent in both men's and women's discussions around these issues. Although men still often exercise control over household resources and decision-making is not always equitable, there was a good deal of exchange and discussion with spouses reported as well, rather than a unilateral decision-making process.

SOCIAL SUPPORT FROM OTHER MEN

Support (or a lack of support) from one's peer group can have an important effect on adoption of positive behaviors. Responses in this area were varied; most groups mentioned that support from other men for this engagement was mixed. Some men in the community provide support for other men's engagement through encouragement and validation, and by following their example. Furthermore, the men's groups and community leaders were able to cite positive role models who exercise influence on the behavior of their peers. Respondents also mentioned cases of social pressure discouraging men from taking part in activities which draw them away from their families.

"There is encouragement from other men. Whenever there is a man who doesn't care about his children or family or who misuses his money buying beer, others rebuke him and give him advice."

—Local Leader, Nyabinoni

However, most respondents said that not all men in their communities are supportive of the idea of male involvement in household nutrition activities. The perception that being too active in certain familial domains violates gender norms seems to be an important driver of the resistance some men may find from other men when they become engaged in nutrition or MCH activities.

> ***"Some men discourage us, saying that we do the roles of women."***
>
> —Male FGD participant, Nyabinoni

> ***"Sometimes they discourage me by saying that I am doing women's work. These are especially the ones who don't know about parents' responsibilities. But others really appreciate it."***
>
> —Engaged father, Nyabinoni

> ***"Some discourage me, saying, 'Why can't you come share drinks?' But these are not good behaviors. They don't know what they are talking about."***
>
> —Engaged father, Nyarusange

> ***"Most men discourage their engaged peers. Even women laugh at men who take the children to the health facility for one reason or another. For example, I went in a household and found a man cooking for children, and someone nearby said, laughing, that no man cooks or prepares meals for children."***
>
> —Caritas Kabgayi staff

> ***"Men in our community discourage one another from taking an active role in the well-being of their families; some men consider nutrition activities as not valuable, and there are other men who encourage others in activities that do not develop the family."***
>
> —Local leader, Gitesi

Men reported sometimes discussing issues that affect their children with other men in the community, but this was not a common theme. Interestingly, men mentioned sometimes discussing such issues over drinks at the bar. A few leaders mentioned that men have the opportunity to exchange during the parents' evenings. However, these events are oriented towards couples, and there do not seem to be any male-only spaces where men can discuss shared challenges, other than meeting up with friends occasionally in the *cabarets*, where they are perceived to be wasting time away from their families.

> ***"No, we mostly do not discuss it among ourselves [men], but we learn through observation."***
>
> —Male FGD participant, Nyargusange

> ***"We can discuss it as two men while sharing drinks, or in a bar, but when you are too many you cannot. You might discuss it also when you are with friends. He can tell you the problems he is facing whether health insurance or something else, and you can give advice on life challenges including about nutrition."***
>
> —Male FGD participant

MALE FRIENDLINESS OF MIYCN SERVICES

Where men want to become involved, access to MIYCN services which are welcoming to fathers, at both facility and community level, can facilitate their involvement. Meanwhile, when men do not feel welcomed by existing services, whether within the community or in health facilities, this may be a deterrent to further efforts to take an active role. Thus the study aimed to assess the degree to which men feel welcome when seeking nutrition services at different levels.

Reponses made clear that it is still primarily women who take children to health facilities for consultations and check-ups (with the exception, previously discussed, of situations when the wife is unavailable). When attending health facilities, men generally reported receiving a good welcome from health center staff, and in some cases actually being singled out for special treatment because of their perceived high level of involvement. Unexpectedly, there were no incidents mentioned of discomfort with the reception at the health facility.

> ***"Health care providers are happy when they see us seeking medical care for our children; they see that we care for our children and they wish that every man could behave as such. Sometimes they serve you first. Some get excited to see you because this does not always happen. It is a new behavior that is being adopted."***
>
> —Male FGD participant, Nyabinoni

> ***"Mostly it is women who take children for medical care. But we feel all right when we take our children….Health workers receive us very well, because they see us helping our wives. They feel the child is for both of us. At a health center when you get there, they see it as normal and they become happy to see a man interested in taking care of his children."***
>
> —Male FGD participant, Cyeza

Community-based nutrition services, such as growth monitoring or nutrition education, are perceived much more as female domains. Although there were a few mentions of being involved in growth monitoring (see Section IV), male participation in these activities is very weak—as reported both by project staff and by men themselves. Project staff highlighted the non-inclusiveness of activities as an important barrier—most men do not feel that they "belong" in these groups, as they are aware of the population the project is targeting. Men did report being able to get information from EKN workers and from community health workers, including during household visits. Engaged fathers specifically reported having positive interactions with the CHWs at home visits for their wives. Several men also reported that they had attended growth monitoring on one or more occasion. Thus, men do have some opportunities for inclusion in non-facility-based MIYCN services, including sensitization. However, these seem to be the exception rather than the norm. With the majority of men not participating in the nutrition activities, there is the risk of further reinforcing the perception that nutrition activities—particularly those that involve preparation of food and child feeding practices, rather than aspects of household food production or economic strengthening—are the domain of women. When men described what further training they would like to receive, for example, most of the responses referred to agriculture/fertilizer, livestock, or the

opportunity to access credit through SILC groups. In no instance did they describe a desire to learn more about child feeding practices, although there was one single mention of wanting to learn more about growth monitoring.

SOCIAL AND CULTURAL NORMS AROUND GENDER

When describing the ideal roles and responsibilities of both men and women within the family, focus group respondents in large part described a traditional gendered division of labor, with women's roles falling largely into the domestic sphere— direct child care, cooking, keeping the house and nurturing the family—and men carrying the responsibility of providing resources for all of the family's needs, such as for food, money for household necessities, and health insurance. This split was characterized in a similar way by both men and women, engaged men, and leaders with few exceptions. This was the case even as the discussion about actual engagement revealed that many men are willing to, and in fact do, engage in many activities that would fall into the sphere of "women's work" by the standard of traditional gender roles. This reveals an ongoing tension between what is acceptable from the standpoint of culture and some of the ways that men are more frequently, based on this analysis, becoming involved. It was clear that the influence of these archetypal roles remains strong, although a few respondents argued that attitudes are beginning to change and that fewer people are adhering strictly to these roles.

> ***"Social roles play a big role in influencing attitudes and behavior of men and women, but it's becoming better when they are just working, without considering the roles of each one. It's producing a good result in the well-being of the family."***
>
> —Local leader, Gitesi

> ***"A few men have still not changed their mindset about the role of men in child nutrition and health in the household. A few men are still thinking that in the afternoon, they have to go in the bar and drink beer, and not participate in home activities."***
>
> —Local leader, Nyabinoni

Although many men are clearly taking a more active role in different aspects of household and family life, including in nutrition and child health, some cultural norms are still viewed as barriers to high-level engagement. There was a consistent reference throughout the different discussions to the idea that a man who adopts too many tasks that are perceived as "women's work" as being "poisoned" by his wife. Nearly all groups made mention of this "poisoning" in some form, a widely used way of describing a woman exercising undue or inappropriate influence over her husband—to the extent that he becomes willing to do the tasks that a man would not normally be willing to take part in.

"According to the culture, if a man shows good interest in improving the health of his children, especially in doing some activities which normally must be done by his wife, other men and women say that his wife has poisoned him or that he does not have right to the word [decision-making authority] in his family."

—Mixed FGD group, Rugendabagari

"They [others] have weakened us by saying that we were poisoned due to the culture. Men and women who have conflicts in their families corrupt us…to become like them."

—Mixed FGD participant, Nyargusange

"All people are not the same, but some of them [other men] laughed, saying that [our husbands] have been poisoned by us when we started this program. But our husbands don't care about this."

—Female FGD participant, Twumba

"If a man is involved in the health of his child, other men may say that he is not powerful (inganzwa), that the woman has given him poison."

—Male FGD participant, Twumba

Despite this persistent sentiment expressed in the repetitive use of the word "poisoning," some responses in the discussion provided evidence that men are increasingly willing to look beyond these cultural adages and to ignore the potential negative opinions of others, once they realize the strong benefits that their close involvement can have for their children. Several of the engaged fathers described being able to influence skeptical friends to take steps towards engagement, beginning with cultivating kitchen gardens with vegetables. This demonstrates that good role models —men who are involved and outwardly display the benefits of this involvement to their peers—can be a powerful tool in counteracting any negative social implications of being perceived as "too involved" based on social and cultural norms. While these norms do not shift easily or quickly, it is clear that some men in the community are "early adopters" of engagement practices, and can be an important force for behavior change in their peers.

"Before, I was laughing at other men who were engaged, and I was not even able to buy fruit for my children. But now, I have changed my mind—I go to the market and purchase fruits for my child."

—Male FGD participant, Cyeza

ADDITIONAL THEME: ALCOHOLISM

While the original conceptual framework did not include alcoholism as a theme for exploration in this study, it was mentioned consistently by men, women, leaders and project staff as a major inhibitor of male involvement in different villages. Going to the bar in the afternoons is a regular pastime for some men, and the long hours spent there are cited as keeping the man separated from his home responsibilities. Virtually all of the engaged fathers perceived this as a key obstacle to being more involved for many in their peer group. Reference was made to a prohibition against attending bars

during working hours, implemented recently by local authorities. This could be an important step in curbing alcohol consumption of men, but community members still see alcoholism as a very serious issue to be solved.

"[We need to] reduce bar attendance and drinks, and then become focused on developing our families."

—Male FGD participant, Nyarusange

"They [men in this village] always go to town for no reason, to bars drinking alcohol."

—Engaged father, Nyabinoni

SUPPORT OR DISCOURAGEMENT FROM OTHER ACTORS

Another domain hypothesized to influence male involvement in nutrition was the level of support for this involvement from other key influencers, such as (extended) family members. Generally, influential family members accept and encourage men to take a close interest in their families' health. However, some older family members, particularly mothers-in-law, may resist actions deemed as not fitting traditional men's household roles and exercise considerable influence on these domains. Some responses suggested that such involvement was previously taboo, but that that is now changing.

"Normally it is not a problem and they support and encourage you. Unless they find that your spouse is not being responsible for her own duties—then they may see it as a problem."

—Male FGD participant, Gishyita

"Mostly they discourage it, saying that men are the head of the family (agagabo ni ingazwa). Family members like the mother-in-law say that it is not a good thing; that is influenced by her low knowledge."

—Male FGD participant, Cyeza

"A father might get advice from her [his wife's] mother, when he tries to deviate from what is expected. The sister-in-law can also advise him on how to act."

—Female FGD participant, Nyabinoni

"Mothers-in-law contribute. But they need to updated and to change some cultural habits, for example using small fish in cooking meals, cassava leaves."

—Mixed group FGD participant, Nyabinoni

"Other relatives have had a big contribution to encourage my husband to take the initiative of caring for the children. For example, when I was breastfeeding, I did not know that eating vegetables is very important for breast milk production. The sister of my husband cooked the vegetables and encouraged my husband to cook it every day."

—Female FGD participant, Twumba

"The other relatives have big involvement….for example, your mother-in-law can tell your husband information about child's nutrition and educate him."

—Female FGD participant, Gishyita

Consistent with findings elsewhere in Sub-Saharan Africa, discussions with both men and women suggested that mothers-in-law are particularly important influencers when it comes to the adoption of MIYCN practices at household level, including male involvement. However, this is not a group that has been previously targeted in nutrition interventions in the district. Some responses suggested that mothers-in-law may perpetuate some nutritional practices which are no longer deemed helpful, and that they thus could also benefit from training on nutrition and related topics. A more detailed analysis focused on this group would help to understand the current level of knowledge of MIYCN among mothers-in-law, in order to better engage this population and to leverage their natural influence over mothers and fathers to improve household nutrition.

Part IV: Male Involvement in EKN and Future Avenues for Engagement

DIRECT MALE INVOLVEMENT IN PROJECT ACTIVITIES

Although the EKN project targets mothers of young children, it was clear from the focus groups and interviews that men are participating in various elements of the project—some more so than others. In some cases, men's participation is passive and limited to providing permission for wives to participate, or sometimes allowing the groups to meet in their households. Some men perceive that providing this authorization is a substantial contribution, given that there have been cases of men having pulled their wives out of EKN activities. Partner staff confirmed that this permission for participation was not universal.

> *"We do not participate [in EKN groups] directly but we do help them; even allowing them to participate in the group activities is a good thing."*
>
> —Male FGD participant, Gishyita

> *"We always let our wives go in the activities of the project. We do not know the project [well] but we know of its activities."*
>
> —Male FGD participant, Rugendabagari

As mentioned in the section about men's specific roles in nutrition, some men are in fact involved at household level in the agriculture components of the project. In fact, after providing financial support, developing and supporting a kitchen garden was one of the most common ways that men say they contribute to household nutrition. Almost all of the engaged fathers interviewed mentioned that they had been involved in some capacity in kitchen gardens, and women discussed sharing what they had learned during FFLS with their husbands at home. Occasionally, both men and project staff mentioned that men attend FFLS meetings when their wives are unable to do so, but for the majority of men, involvement is limited to supporting the kitchen garden process at home or is indirect, "freeing" their wives to participate in the activities of the FFLS group or providing resources such as agricultural tools.

> *"There are men who are much involved in the farming activities aimed at ensuring food security in their households. They spend a great deal of time in their home gardens."*
>
> —Male FGD participant, Nyabinoni

Men may also take part in SILC groups in the absence of their wives. As one project staff member stated, the economic strengthening aspects of the project are particularly compelling to men, as increasing their incomes directly impacts their ability to fulfill their financial responsibility for their family. Some of the engaged fathers as well as some of the focus group participants noted that they had stepped in during SILC when their wives could not be present. However, it is more common for men to give money to their wives for the SILC group contribution, thus supporting the activities in an indirect way.

Direct involvement of fathers in the Village Nutrition School sessions was generally not noted. A few men described occasionally attending growth monitoring for their children, but participating in food preparation demonstrations and the nutrition sensitization that occurs during the PD/Hearth groups is not a common occurrence, even among fathers who are quite engaged in the project in other ways.

PREVIOUS MESSAGES RECEIVED

Male engagement in nutrition and maternal and child health is not an entirely new topic of discussion for many of the EKN communities. Focus group participants reported having heard about the subject on the radio, particularly in messages around the First 1,000 Days campaign. This was the most common medium cited through which male involvement has been promoted.

Messages have also been disseminated through community meetings on different issues that relate to responsible fatherhood. The Rwanda Men's Resource Center's (RWAMREC) campaign was cited numerous times; their efforts are focused on sensitization of men to address gender-based violence and encourage household conflict resolution in this regard. Although some leaders reported that a dialogue around gender had been raised in their communities, project staff reported few interventions besides RWAMREC's which aimed to critically engage the population on gender norms and equality.

The Parents' Forums (*Umugoroba w'ababyeyi*) were mentioned as popular fora for leaders to raise questions around father involvement and to discuss potential solutions. These meetings bring together couples to hear about and discuss various matters pertaining to the well-being of the household.

> ***"The population has been exposed to the dialogue on these topics through Parents' Forums, visits of the village by local authorities, growth monitoring sessions, and so on. This dialogue has created change of attitudes and behavior of the population."***
>
> —Local leader, Nyabinoni

Many leaders cited hearing various messages promoting the importance of male engagement. However, in interviews the local leaders tended to highlight male involvement messages that have encouraged men to be involved largely in the more typical domains of financial and resource support (i.e., building kitchen gardens, participating in SILC groups on behalf of their wives). They did not tend to cite messages which touch upon or challenge gender roles or encourage dialogue about the division of these roles at household level. The messages discussed by the leaders do not generally address the father's role in ensuring appropriate social-emotional development, for example, or increase comfort with more direct involvement in

raising the child. This is an aspect of male involvement which has been under-discussed and represents a gap that future programming could help to fill.

CURRENT AVENUES FOR INFORMATION ON NUTRITION AND MALE ENGAGEMENT

The EKN project includes messages on male engagement through sensitization around the *First 1,000 Days* nutrition campaign. Beyond this, the government has promoted messages about the importance of male engagement and thus the population has been quite exposed to messages on this topic, which was evident in the focus groups' and community leaders' discussions regarding avenues for information. The primary mediums mentioned included 1) radio shows; 2) awareness events such as those organized for World Breastfeeding Week; 3) parents' meetings and other community meetings convened by local authorities, and 4) home visits or small-group sensitizations with community health workers. Some also mentioned receiving messages about male engagement during church services or from a *maman lumière* in the community. Both men's and women's groups frequently mentioned that local authorities had expressed support for male involvement through multiple meetings and events, with Parents' Forums being the most commonly cited.

Local leaders, for their part, indicated a variety of ways that community leadership is supporting male engagement, and responses suggested an overall positive outlook on the process of changing attitude and behavior. The most cited behaviors the local leaders said they promoted included encouraging men to seek information from CHWs on nutrition during community meetings and to assist one's wife in the kitchen gardens. However, it is not clear that the manner of reinforcing these behaviors is always positive, with some citing application of negative social pressure, such as through punishment or reporting the man to a higher authority, for men who do not yet demonstrate engagement.

> ***"For improving male engagement, community leaders use a system of punishment to the men who are not demonstrating involvement. The advice we give to men is about complementarity between mothers and fathers in the family."***
>
> —Local leader, Twumba

> ***"Ninety-five percent of the population has been exposed to the dialogue on [male engagement] topics through Parents' Forums, visits of the village by local authorities and growth monitoring sessions. This dialogue has created a change of attitudes, behavior, mindset of the population."***
>
> —Local leader, Nyabinoni

REACHING MEN MORE EFFECTIVELY FOR NUTRITION PROMOTION

Respondents in both focus groups and interviews were asked to describe their ideas for how to improve upon the reach of nutrition and MCH messaging, making it more engaging, inviting and helpful for men. Responses here touched upon a variety of techniques, but the underlying theme was that **men need designated spaces to learn about these issues.** Respondents differed somewhat in visions of what such an inclusive space might look like; many emphasized that men and women need more opportunities to learn together, as couples and as parents, while others focused more on providing space for discussion and exchange among men alone. When the men's groups were asked their preferred way to learn about family health issues, the

majority noted that they would rather learn about health information together with their wives, but also have opportunities to exchange with other men.

> ***"I wish that this project could involve us by training all of us, men and women. This can help us to have a common understanding on the messages they provide."***
>
> —Engaged father, Nyarusange

> ***"We can invite them [men] to sit together, so they can see together the challenges we face as fathers….call those men who are not engaged and ask them why, to know their reasons."***
>
> —Engaged father, Nyabinoni

> ***"It could be better to involve both men and women because this improves the way you understand things. She can remind you of things you have forgotten, and vice versa."***
>
> —Male FGD participant. Cyeza

> ***"There is no problem with the ones who are in EKN. So, they need to be taught more, and start a project which will bring men together, increase the number of men's sessions."***
>
> —Mixed FGD participant, Cyeza

Some of the women's FGD responses highlighted the role that they themselves should play in increasing the involvement of the men in their lives, in addition to the role that project organizers can play in creating more opportunities for information exchange for men. Several also expressed that men need to be reached in the areas that they frequent, such as in the *cabarets*.

> ***"As women, it is our responsibility to show and to explain more to men about how they can contribute and the importance of their participation in the nutrition of their children."***
>
> —Female FGD participant, Gashali

Project staff in Muhanga highlighted the need for male-only resource spaces, and also the need to think about how to reach men in their everyday environment. Responses also highlighted the notion of family-to-family (couple-to-couple) mentorship, an idea that the staff member described has been successfully applied in the area of addressing household gender-based violence and could be used for other gender-related issues as well, including male engagement.

Part V: Discussion and Recommendations

DISCUSSION

This study has provided information on the perspectives of men, women, local leaders and project staff in the EKN project districts on the question of male engagement in promoting household nutrition. While male engagement activities have been ongoing during the project and do not represent a completely new initiative, the topic of male engagement has remained relatively under-explored. Thus, the present formative evaluation was developed to fill gaps in understanding of how communities perceive the current situation of male involvement in nutrition, the main barriers, and possible solutions which could be delivered through EKN, or through future nutrition or MCH interventions. It also yielded contextual information not currently available from secondary sources (such as the DHS and other surveys) or available localized qualitative studies.

With regards to the current situation of involvement, it is clear that men do believe that they have an active role to play in the nutrition and well-being of their children, feel that they are capable of ensuring their children's health, and report providing support to their wives in a number of different ways. Most men perceive the provision of material and financial support as one of the most important ways they participate in ensuring good nutrition for their children, whether providing funds for their wives' SILC investments, for the purchase of nutrient-rich food to supplement what is grown at household level, or to pay for health care or health insurance. All of the male focus groups and the interviews with fathers included this theme to some degree, and women's groups reinforced this type of support as a central contribution of fathers to the well-being of the household.

Physical support/accompaniment is less common than financial or material support, but not unusual. Some men in the community are clearly comfortable with attending the health center or growth monitoring sessions along with their wives and report having done so, but many also noted that this is an infrequent behavior. Workload sharing, likewise, tends to occur while the wife is pregnant or occasionally when she has too many tasks on her plate, rather than a habitual behavior. The men in this study rarely discussed ways in which they provide direct caregiving support. While the high level of reported financial and material support is evidence that men are indeed invested in the health of their families, the other, less tangible ways in which men can be supportive of nutrition and health deserve greater attention and promotion. The study revealed that there are men in the community who are already practicing these behaviors and exercising a positive influence over others, serving as role models for engagement beyond providing financial support.

Despite these illustrations of engagement, there seems to be a "comfort zone" of engagement for men—domains in which it is generally acceptable to be involved. Many men do not feel comfortable engaging in actions outside of this zone. There has been a good deal of sensitization around the fact that men should be supportive of nutrition, and men feel that they are doing so—by taking an interest, prioritizing financial resources for nutrition and child health, and allowing their wives to participate in nutrition education efforts. Yet more direct forms of involvement are less common, a fact attributed to persistent cultural stigmas associated with male participation in certain domains of household life, such as direct caregiving.

In general, men expressed that they would like to do more to be actively involved in the health and nutrition of the children, but a number of barriers remain despite various messages around male engagement which have been promoted in the districts. Knowledge was proposed as a barrier and cited in multiple focus groups and interviews with project staff. However, responses in the men's focus groups indicated that basic knowledge of nutrition principles exists among men, including around breastfeeding, balanced diet, and complementary feeding timeline, as well as signs of malnutrition. Although there is certainly room for improvement in knowledge, this reveals that men are in fact absorbing core nutrition messages disseminated in the community, whether from the radio, community sensitization, or from their wives. It also indicates that increasing knowledge of men alone cannot be the sole focus if the goal is to inspire and sustain increased male engagement in promoting household nutrition. Since knowledge in many cases is already there, there must be other barriers at play which must be addressed.

Social or peer support was found to be one such important barrier. Reactions from other men for demonstrating engagement may be unfavorable, and men who are involved can be seen as being unduly influenced by their wives. Men also report that often they do not communicate with other men about issues affecting their families. These dynamics are likely linked closely to the dichotomized traditional gender roles characterizing life in these districts, with men the economic providers and women's responsibilities focusing on the domestic sphere. These roles are often reinforced by others in the family. Particularly frequently mentioned were mothers-in-law, who often wield significant influence in household dynamics—sometimes through supporting active engagement and correct behaviors, and other times through reinforcing the traditional division of labor. Importantly, however, respondents reported a gradual shift in mentality, helped along by men who choose to become more actively engaged and serve as role models for others.

MIYCN services in the community vary in the degree to which they invite male participation. Within health centers, men report being welcomed or even singled out for special treatment by health workers when they do attend for their child's consultations or vaccinations—an action which, based on the discussions, is still a relatively uncommon occurrence, but is not unheard of. Many responses indicated that men are increasingly accompanying wives for medical appointments. However, for community-based nutrition services like growth monitoring or cooking demonstrations, few men reported ever attending and these are perceived as activities meant for their wives.

Surprisingly, reported communication between spouses was generally good, although men still appear to have the final say in most major household decisions. In the FGDs, men often reported consulting their wives and seeking their advice; some women reported having independent decision-making latitude when it came

to use of household resources for small purchases, but the examples cited were modest (independently purchasing small amounts of food for meals at the market, for example, or paying for a child's medical check-up). Most male and female respondents reported comfort with communicating and having exchanges with their spouse about household issues, including nutrition. This may be in part the result of an ongoing dialogue regarding couples' relationships, sparked by anti-domestic violence interventions led by government and NGOs, and reinforced through couple-focused avenues such as community Parents' Forums. However, from participant responses, this is clearly not the case in all households in the community; furthermore, emotional support and equitable decision-making processes, which are related to communication dynamics, are often lacking. Therefore, more efforts to engage husbands and wives together would be beneficial, ensuring the participation of households most vulnerable to poor communication, limited participation of husbands, and ultimately, to malnutrition.

Men are involved in the EKN project activities in limited indirect ways—primarily through:

- allowing/encouraging the participation of their wives,
- providing resources (such as providing funds for participation in SILC)
- supporting household implementation of BIATs/kitchen gardens (whether cultivating or helping to establish)
- occasionally taking part in the FFLS or SILC groups in the wife's absence.

While some men have been present during home visits from EKN staff and received nutritional advice along with their wives, they are not generally involved in the community nutrition groups in any significant way, with the exception of a few of the engaged fathers who reported having attended growth monitoring from time to time. Men understand the project's targeting of mothers of young children, although they also express the desire to be trained similarly to their wives. Given their role supporting families economically, SILC group participation is often of particular interest to men. Overall, men expressed willingness to learn and desire to play a more active role, and would clearly appreciate the opportunity to learn both with their wives and with other men in groups. When targeting men through such mediums, it will be important to consider the type of support that women express that they need, and to ensure that efforts focus on helping men to examine beliefs and attitudes, rather than imposing specific behaviors through social sanctions or punishment.

RECOMMENDATIONS

Based on the findings of this qualitative study, a number of practical recommendations were generated which could inform the remaining year of EKN implementation:

- **Leverage SILC and FFLS:** The SILC and FFLS groups are the most feasible immediate entry points for engaging men, as some men are already participating in them to some degree, whether in their wives' absence or occasionally on their own. Ongoing SILC and FFLS activities can take advantage of the natural interest of men in improving the economic situation of their families by specifically inviting them to certain sessions where household financial education topics (such as creating a budget or financial planning) of joint interest to the couple could be discussed. Home visits for monitoring of BIAT adoption can also be a good opportunity to engage with men and women in their homes about how they can work together on using these techniques, and to encourage those men who are already playing an active role in kitchen gardens. CRS programming can further encourage men's participation by removing the barrier of one participant per family in SILC and FFLS groups.

- **Incorporate "positive deviant" fathers and explore dialogue-based approaches:** Men in Muhanga and Karongi clearly expressed a desire and willingness to learn more and to receive more information about how they can support MIYCN. A couples-focused approach has been promoted through the government's implementation of monthly Parents' Forums, but no efforts were cited which focused on bringing men together in their own groups to discuss issues that commonly affect them and find solutions, in the same way that the PDI/Hearth groups provide mothers the opportunity to share their challenges and learn from one another in a peer-to-peer setting with designated role models. Fathers should be afforded a similar opportunity for peer-to-peer learning, and such an activity could be implemented with relatively low additional resources alongside existing activities for mothers. This study showed that such "positive deviant" fathers do exist and are already leveraging their influence to encourage other men. The recommendation therefore is to create fathers' groups as an opportunity to experiment with group dialogue approaches, where papas lumiéres role model fathers could be trained as facilitators of structured small-group discussions around nutrition, child health, gender roles, fatherhood, supporting early child development, and other issues. Such an approach would help to increase social support from the peer group—the lack of which is an important barrier to increased male engagement found in this analysis.
- **Widen MIYCN focus to the couple and family, and take an approach emphasizing communication and the couple relationship:** This study revealed that men in Muhanga and Karongi want more opportunities to engage with their wives, to exchange and share. Parents' evenings are a good public platform already being used to touch upon family health issues and gender, but they are not ideal for in-depth discussion of issues, and thus other avenues should be explored, as well. Certain project trainings should be offered for husbands and wives together, and the project can consider incorporating couples' sessions for beneficiaries on a regular basis (perhaps monthly) to encourage small groups of couples to learn from one another in a way that is not possible in a larger group setting, such as Parents' Forums. CRS has resources available for improving couple communication and understanding—including the Faithful House approach—which could be adapted for the context and used to start the conversation.
- **Emphasize child bonding with both mothers and fathers:** Direct caregiving of children is one of the less common ways men are currently involved in nutrition, and the early child development activities being piloted in EKN provide an opportunity to spark conversation about how fathers can be involved in stimulating and responsive care to their young children. In addition to the events specifically addressing male engagement in this domain, men should be explicitly invited to as many ECD events as possible and couples should be encouraged to attend these events together.
- **Consider hosting "father days" at local health structures:** The analysis found that a few men have brought their children to the health center or growth monitoring sessions, and that CHWs encourage this when it occurs—but this is still not a common activity for men to do. A designated "father's day" (or series of days) at health centers could provide a way for men to become more comfortable with a space which they do not normally inhabit. The CHW and health center staff could use this opportunity to familiarize groups of men with nutrition and child health milestones and to answer their questions while providing preventative services.
- **Incorporate mothers-in-law into nutrition education efforts:** This study found that not only do mothers-in-law actively support or discourage male involvement, but that they are also important persons of influence around child feeding and

nutrition more generally. Yet they have not specifically been reached in current programming. Education sessions or home visits should aim to work with mother-in-laws specifically, ensuring that they have correct knowledge of appropriate child feeding at different stages, correcting any misconceptions, and empowering them to use their natural influence to encourage positive health behaviors at the household level.

CONCLUSION

Father engagement is an important aspect of the fight against malnutrition which deserves greater attention. Although messages about the role and importance of fathers in nutrition and MCH are gaining increasing visibility in Muhanga and Karongi, it is important that approaches towards engaging fathers in the longer-term are grounded in a clear understanding of barriers and a sense of the perspectives and desires of men, women, community leaders and project staff. Clearly, many of the core messages of the EKN project are reaching men in these districts, but more can be done to address the identified barriers to engagement—and to spark critical dialogue around more direct and profound involvement of fathers in the health and well-being of their children.

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APPENDICES

APPENDIX A

FOCUS GROUP DISCUSSION GUIDE: FATHERS OF CHILDREN UNDER TWO

EXPLANATION AND GOAL

Hello everyone, my name is _____ and this is my colleague _____ . We are part of a team from Catholic Relief Services. We have organized community focus groups to help understand the problem of child malnutrition in Rwanda, especially how fathers become involved in the nutrition and health of their children. As fathers of young children, we're very interested to have your ideas on this topic. The opinions you share with us today will help us to improve the EKN program but will also help us to design future projects for nutrition and maternal and child health.

Thank you for agreeing to participate in the group today. I will pose a question to the group, and then facilitate the sharing of your opinions on the topic. We are not here to give our opinions, but are only interested in hearing yours. There are no right or wrong answers; you can agree or disagree with the points others make, or even change your ideas during the discussion. We hope you will feel at ease to share your experiences and perceptions, and to speak honestly about how you feel. We hope to hear from everyone in the room. My colleague is going to record our discussion today so that we can remember all of the opinions that are discussed and not miss any important ideas. However, I'd like to reassure everyone that this group discussion is confidential; no one outside the group will be able to know who said what, and your name will not be attached to any comments you may make during our discussion.

Please do not hesitate to respond to a question posed; you do not need to wait to be called on, but please allow the person who is speaking to finish their thought before starting to speak. It will be much easier to follow the discussion if only one person speaks at a time. Please be respectful of all viewpoints and remember not to share anything that is said today with others.

Your participation in the group is completely your choice, and you can choose not to answer a question, or to stop participating and leave the group at any time, with no consequence to you.

Does anyone have any questions?

Are you willing to participate in this research? *(ensure verbal consent of all participants)*

So that we all know each other, can we start by going around the circle and sharing your name?

OBJECTIVE 1: UNDERSTAND CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES IN CHILD NUTRITION AND MCH		
1	How big of a problem is malnutrition in children in (name of community)?	
2	I would like to know what you already know or understand about child nutrition and health. What messages have you heard about: *(treat each point separately; discuss what they know about each element on the list*): • Breastfeeding? • Weaning/ nutritious complementary feeding? (timeline, appropriate weaning foods)? • Dietary diversity/food groups • Growth monitoring (importance, frequency)? • Danger signs of malnutrition? • Nutrition during pregnancy • Long-term consequences of chronic malnutrition for the child? For the family?	
3	Where or from whom do you usually hear or obtain information about nutrition topics like those we just discussed?	
4	In what *specific ways* are you involved in your children's nutrition and health? **Possible probes** *(See what examples are offered first, and don't mention specific probes unless needed to jumpstart the discussion):* Providing advice or suggestions on diet, farming/gardening nutritious food, financial support to buy nutritious food during pregnancy or breastfeeding, caring for children or cooking when wife is sick/away, accompaniment to medical appointments/growth monitoring, social and emotional support, sharing workload).	
5	Reflecting on the current level of support you provide your wife in ensuring your child's well-being, do you think your involvement is enough? Are there ways would you like to be involved more? Which ones?	
6	What are the *advantages* of a father being closely involved in his children's nutrition, health and well-being? Why? What are the disadvantages?	

OBJECTIVE 2: ASSESS ENABLERS AND BARRIERS AT THE LEVEL OF THE INDIVIDUAL, HOUSEHOLD AND COMMUNITY/SOCIAL NORMS		
7	What is the expected role of a mother in ensuring her child's health?	
8	What is the expected role of a father in ensuring his child's health?	
9	Do you feel comfortable discussing nutrition or child health issues with your spouse? Why or why not?	
10	In your household, who usually makes decisions about: • Spending money on food or medicine? • What meals are prepared and which ingredients used? • Seeking medical care when your child is sick?	
11	If a man is involved in the health of his child, will other men support or discourage him? Why?	
12	Do you engage with other men on issues affecting your children? How?	
13	Do leaders in the community encourage you to take an active role in your children's well-being, health and nutrition? Which ones? (probe: How?)	
14	Do other relatives (mothers-in-law, grandparents, etc.) encourage or discourage you to get involved in the well-being of your children? Who? How?	
15	How often do you attend your child's medical appointments? How are you received when you attend? Do you feel welcome? Why or why not?	

OBJECTIVE 3 AND 4: ASSESS PARTICIPATION IN EKN PROGRAMMING AND IDENTIFY EXISTING AND APPROPRIATE FUTURE AVENUES TO BETTER ENGAGE MEN WITH MIYCN MESSAGES		
16	What EKN activities have you been directly involved in? (Probe: SILC, FFLS, nutrition open days, VNS)	
17	If you have been involved in any EKN activities, how have project staff received you? Have you felt welcome? Why or why not? (If you have not been involved, why have you not been involved?)	
18	Who is the EKN project most trying to reach? Why?	
19	How can the project do better in involving men?	
20	Can you think of other messages you have heard about the importance of male involvement in their children's well-being? What was the message, and where did you hear it? (Probe: community mobilization sessions, radio show, at the health center.....)	
21	Do you prefer to learn new information about your family's health with other couples (husbands and wives) or in a group with other men? Why do you feel this way?	
22	What kind of information or advice would you like to receive on child health and child care? Why? How would you like to receive new information?	

WRAP-UP
Given everything we have discussed today, is there anything else important you would like to mention?

APPENDIX B

FOCUS GROUP DISCUSSION GUIDE: MOTHERS OF CHILDREN UNDER TWO

EXPLANATION AND GOAL

Hello everyone, my name is _____ and this is my colleague _____. We are part of a team from Catholic Relief Services. We have organized community focus groups to help understand the problem of child malnutrition in Rwanda, especially how fathers become involved in the nutrition and health of their children. As participants in the EKN project, we are very interested to have your ideas on this topic. The opinions you share with us today will help us to improve the EKN program but will also help us to design future projects for nutrition and maternal and child health.

Thank you for agreeing to participate in the group today. I will pose a question to the group, and then facilitate the sharing of your opinions on the topic. We are not here to give our opinions, but are only interested in hearing yours. There are no right or wrong answers; you can agree or disagree with the points others make, or even change your ideas during the discussion. We hope you will feel at ease to share your experiences and perceptions, and to speak honestly about how you feel. We hope to hear from everyone in the room. My colleague is going to record our discussion today so that we can remember all of the opinions that are discussed and not miss any important ideas. However, I'd like to reassure everyone that this group discussion is confidential; no one outside the group will be able to know who said what, and your name will not be attached to any comments you may make during our discussion.

Please do not hesitate to respond to a question posed; you do not need to wait to be called on, but please allow the person who is speaking to finish their thought before starting to speak. It will be much easier to follow the discussion if only one person speaks at a time. Please be respectful of all viewpoints and remember not to share anything that is said today with others.

Your participation in the group is completely your choice, and you can choose not to answer a question, or to stop participating and leave the group at any time, with no consequence to you.

Does anyone have any questions?

Are you willing to participate in this research? *(ensure verbal consent from all participants).*

So that we all know each other, can we start by going around the circle and sharing your name?

OBJECTIVE 1: UNDERSTAND CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES AROUND MALE ENGAGEMENT IN CHILD NUTRITION AND MCH		
1	(Warm-up): How big of a problem is malnutrition in children in (name of community)?	
2	As a mother of a young child participating in this program, you have received, along with other mothers, a lot of information about ensuring your child grows well. How much do you think *your husbands know* about the topics you've learned about? **Probes:** Specific examples of knowledge on exclusive breastfeeding, complementary feeding schedule, nutrient-rich foods, growth monitoring…	
3	Howw engaged are fathers in this community in the health and nutrition of their children?	
4	In what *specific ways* has your spouse demonstrated support for your child's nutrition and health? **Possible probes***:* Providing advice, producing/farming nutritious foods, financial support to buy nutritious food, caring for children or cooking when wife is sick/away, accompaniment to medical appointments….	
5	What is your opinion about your spouse's current level of involvement and support for child nutrition? (too involved, not involved enough, good level of involvement) ? Why do you feel this way?	
6	In what *specific ways* do you wish you had more support from your spouse in ensuring the health of your children?	
7	What are the *advantages* when a father is very engaged in the nutrition of his children?	
8	What are the *disadvantages* when a father is very engaged in the nutrition of his children?	
9	In your household, in what situations do you communicate with your spouse about your child's well-being? What do you discuss?	
10	In your household, who makes decisions about spending money for nutritious food or medicine?	
11	In your household, how often does your spouse take part in children's medical appointments or community screenings? If not often, why?	
12	In your household, from whom do you typically get information or advice on nutrition & childcare?	
13	In your household, who assists you with your workload when you are pregnant or breastfeeding?	

OBJECTIVE 2: ASSESS ENABLERS AND BARRIERS AT THE LEVEL OF THE INDIVIDUAL, HOUSEHOLD AND COMMUNITY/SOCIAL NORMS		
14	What is the expected role of the mother in children's nutrition and childcare?	
15	What is the expected role of the father in children's nutrition and childcare?	
16	If a man is very involved in the health of his child, how will other men treat him? Why?	
17	Do you feel comfortable having discussions about your child's health and nutrition with your spouse? Why or why not?	
18	Do community leaders encourage or discourage men to take an active role their children's well-being? How?	
19	To what extent do other relatives (mothers-in-law, grandparents, etc.) encourage or discourage your spouse to get involved in the well-being of your children?	

OBJECTIVES 3 AND 4: IDENTIFY EXISTING FUTURE AVENUES TO BETTER ENGAGE MEN WITH MIYCN MESSAGES		
20	How do you involve your spouse on anything that you have learned in the EKN project? (Probe for specific examples)	
21	Can you think of other messages you have heard about the importance of male involvement in their children's nutrition? What was the message and where did you hear it? (Probe: IWD, community mobilization sessions, radio show, at the health center.....)	
22	What ideas do you have about other opportunities to encourage men to be engaged?	

WRAP-UP
Given everything we have discussed today, is there anything else that you would like to mention?

APPENDIX C

MIXED GENDER FOCUS GROUP DISCUSSION GUIDE

OBJECTIVE 1: UNDERSTAND CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES IN CHILD NUTRITION AND MCH		
1	How big of a problem is malnutrition in children in (name of community)?	
2	I would like to know what you already know or understand about child nutrition and health. What messages have you heard about: *(treat each point separately; discuss what they know about each element on the list*): • Breastfeeding? • Weaning/ nutritious complementary feeding? (timeline, appropriate weaning foods)? • Dietary diversity/food groups • Growth monitoring (importance, frequency)? • Danger signs of malnutrition? • Nutrition during pregnancy • Long-term consequences of chronic malnutrition for the child? For the family?	
3	Where or from whom do you usually hear or obtain information about nutrition topics like those we just discussed?	
4	In what *specific ways* are you involved in your children's nutrition and health? **Possible probes** *(See what examples are offered first, and don't mention specific probes unless needed to jumpstart the discussion):* Providing advice or suggestions on diet, farming/gardening nutritious food, financial support to buy nutritious food during pregnancy or breastfeeding, caring for children or cooking when wife is sick/away, accompaniment to medical appointments/growth monitoring, social and emotional support, sharing workload).	
5	How engaged are fathers in this community in the health and nutrition of their children?	
6	Reflecting on the current level of support that men provide to their wives in ensuring their child's well-being, do you think that their involvement is enough? Are there ways they can be involved more? Which ones?	
7	What are the *advantages* of a father being closely involved in his children's nutrition, health and well- being? Why? What are the disadvantages?	
8	What is the expected role of a mother in ensuring her child's health?	

9	What is the expected role of a father in ensuring his child's health?	
10	Do you feel comfortable discussing nutrition or child health issues with your spouse/husband? Why or why not?	
11	In your household, who usually makes decisions about: • Spending money on food or medicine? • What meals are prepared and which ingredients used? • Seeking medical care when your child is sick?	
12	If a man is involved in the health of his child, will other men support or discourage him? Why?	
13	Do leaders in the community encourage you to take an active role in your children's well-being, health and nutrition? Which ones? (probe: How?)	
14	Do other relatives (mothers-in-law, grandparents, etc.) encourage or discourage you to get involved in the well-being of your children? Who? How?	

OBJECTIVES 3 AND 4: ASSESS PARTICIPATION IN EKN PROGRAMMING AND IDENTIFY EXISTING AND APPROPRIATE FUTURE AVENUES TO BETTER ENGAGE MEN WITH MIYCN MESSAGES		
15	What EKN activities in which the men have been directly involved? (Probe: SILC, FFLS, nutrition open days, VNS activities?)	
16	How can the project do better in involving men?	
17	Can you think of other messages you have heard about the importance of men involvement in their children's well-being? What was the message, and where did you hear it? (Probe: community mobilization sessions, radio show, at the health center.....)	

WRAP-UP
Given everything we have discussed today, is there anything else important you would like to mention?

APPENDIX D:

KEY INFORMANT INTERVIEW GUIDE: PROJECT STAFF /LOCAL LEADERS

Date:

Name of Interviewer:

Introduction: Thank you for agreeing to talk with me today. We are carrying out a study to help better understand barriers and enablers in engaging men in nutrition projects, particularly in the context of the EKN project. This will help us improve our efforts to involve men in different facets of the program. As a (*key implementing partner staff member/local leader*), your impressions and opinions are valuable in exploring this problem, root causes, and possible solutions.

I am going to record our interview today, in addition to taking notes, so that I can remember all of your important comments, but your name or personal details won't be attached to anything you share with me. You can end the interview at any time or skip any questions you do not want to answer. Do you have any questions for me?

Are you willing to participate in this interview?

Can we begin by sharing your name, the name of your organization, and your official role within the EKN project? (record here):

Name: _____ Organization _____ Title _____

OBJECTIVE 1: UNDERSTAND CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES AROUND MALE ENGAGEMENT IN CHILD NUTRITION AND MCH	
Question Guidelines	**Response Notes**
1. In your role working with (name of organization) in (name of district), what specific successes or challenges have you noted in terms of male involvement? (Probe: Direct involvement of men in each of the three project areas; indirect involvement in terms of reported support from spouses) **2.** In general, what is the level of knowledge and awareness of men in this community with regards to nutrition? **3.** In your work, what evidence have you seen, of male support of their wives in ensuring child nutrition/maternal and child health? **4.** In your work in the community, have you encountered any instances or examples of behavior or attitudes that discourage men to be actively involved in the health of their children? Please explain.	

OBJECTIVE 2: ASSESS ENABLERS AND BARRIERS AT THE LEVEL OF THE INDIVIDUAL, HOUSEHOLD AND COMMUNITY/SOCIAL NORMS	
Question Guidelines	**Response Notes**
5. From your perspective, what social and cultural norms might play a role in the relatively low participation or engagement of men in issues like nutrition or MCH? How do they play a role? **6.** From your experience in the community, what are the ideal social roles of mothers and fathers? To what extent do these influence the attitudes and behavior of the men and women with whom you have worked? **7.** How do men in this community either support or discourage one another, as peers, in taking an active role in the well-being of their families? **8.** How have community leaders or other actors addressed the notion of male engagement? In what ways have they influenced the discussion?	
OBJECTIVE 3: IDENTIFY EXISTING AND APPROPRIATE FUTURE AVENUES TO BETTER ENGAGE MEN WITH MIYCN MESSAGES	
9. Can you think of any specific examples of male "role models," men who are very engaged and supportive of their wives in the project? How have they demonstrated positive engagement? **10.** To what degree has the community been exposed previously to dialogue regarding gender roles, gender equality, masculinity, and/or male engagement in child health? **11.** What specific messages about male engagement have previously been disseminated, and how were they delivered? In your opinion, how effective have these messages been in shifting mens' attitudes or behaviors? What gaps or weaknesses, if any, have you noticed with these previous efforts? **12.** What are the ideal avenues for communicating with men about these issues? Do you have any innovative ideas for reaching men with MIYCN messages?	

APPENDIX E

KEY INFORMANT INTERVIEW GUIDE: ENGAGED FATHERS

Date:

Name of Interviewer:

Introduction: Thank you for agreeing to talk with me today. We are carrying out a study to help better engage men in nutrition projects, particularly in the context of the EKN project. This will help us improve our efforts to involve men in different facets of the program. As a man who has taken an active role in the health of your family, we are interested in learning from your experience and understanding your thoughts on this issue.

I am going to take notes today so that I can remember all of your important comments, but your name or personal details won't be attached to anything you share with me. You can end the interview at any time or skip any questions you do not t want to answer. Do you have any questions for me?

OBJECTIVE 1: UNDERSTAND CURRENT KNOWLEDGE, ATTITUDES AND PRACTICES AROUND MALE ENGAGEMENT IN CHILD NUTRITION AND MCH	
Question Guidelines	**Response Notes**
1. Is child malnutrition a big problem in your community? Why or why not? 2. In your community, how frequently are men involved in activities related to nutrition and maternal and child health? Is this a good level of involvement? Why or why not? 3. How much do you feel you know about nutrition and making sure your child grows up healthy? Can you recall specific advice you have received? (*probe: breastfeeding, complementary feeding, dietary diversity, growth monitoring, consequences of long-term malnutrition*) 4. In what *specific ways* do you see yourself as contributing to the nutrition and good health of your children? 5. From where have you obtained information about ensuring your children's health and well- being? When you have questions or need advice, who do you prefer to ask?	

Are you willing to participate in this interview?

OBJECTIVE 2: ASSESS ENABLERS AND BARRIERS AT THE LEVEL OF THE INDIVIDUAL, HOUSEHOLD AND COMMUNITY/SOCIAL NORMS	
Question Guidelines	**Response Notes**
6. What are the roles and responsibilities of a mother in ensuring the health of her child? What are the roles and responsibilities of a father in ensuring the health of his child? **7.** How confident do you feel that you, as a father, are able to ensure that your child grows well? Why? **8.** When you have been involved in your child's health and nutrition, how have other men in your community responded? Have you felt support or been discouraged in your involvement? Do you feel you have been able to influence the behavior of others? If so, how? **9.** What are major obstacles to men engaging more in the health of their families? **10.** Which community leaders have been particularly supportive of men becoming involved in their family's health, if any? How have they been influential?	
OBJECTIVE 3/4 IDENTIFY EXISTING AND FUTURE AVENUES TO BETTER ENGAGE MEN WITH MIYCN MESSAGES	
Question Guidelines	**Response Notes**
11. Can you recall any campaigns that took place in your community to encourage men to be involved in their children's nutrition and health? If so, what was discussed? (probe: Radio, community sensitization, other events). In your opinion which ones were the most successful and why? **12.** How have you been directly involved in the EKN project activities? How have you supported your wife in being involved? **13.** If you have been involved, what has been your experience with the project staff? How welcomed have you felt in participating in project activities? **14.** What ideas do you have for how the project can encourage more men to be involved and to play an active role? **15.** Is there anything else you'd like to share with me?	

APPENDIX F

TERMS OF REFERENCE

QUALITATIVE ANALYSIS OF ENABLERS AND BARRIERS TO MALE ENGAGEMENT IN MIYCN EKN PROJECT/CRS RWANDA

PROJECT DESCRIPTION

The EKN project is a three-year project, funded by the Embassy of the Kingdom of the Netherlands in Rwanda through UNICEF, which aims to accelerate reduction in stunting rates in under-two children across Rwanda. This is to be accomplished through an integrated approach to addressing child malnutrition, which includes activities to improve maternal, infant and young child nutrition (through Village Nutrition Schools and strengthening the capacity of the health system to mount a response; promote household economic strengthening (primarily through Savings and Internal Lending Community (SILC) groups); and disseminate enhanced agricultural practices to improve overall food security (through Farmer Field Learning Schools). The project began in 2013 and is scheduled to end in 2016. CRS is the lead EKN implementing partner for two districts: Muhanga and Karongi.

CONTEXT FOR STUDY

A key challenge encountered in the course of EKN implementation, not only by CRS but by other EKN implementing partners as well, relates to the question of meaningful male engagement in activities to improve child nutritional status. Specifically, while program activities are ostensibly designed to be targeted at mothers of children under two, active participation of fathers is important for reaching the project's objectives of improving nutritional outcomes. Where women do not find a supportive environment for practicing positive child feeding and child health behaviors at home, it may become much more difficult to continue practicing these behaviors in the long term.

Despite this realization, anecdotal observations with partners and other EKN-implementing organizations have suggested that men remain on the periphery; there has been a noted difficulty in obtaining broad male participation and support in various program activities. This is shown in the low number of males directly participating in different aspects of the project, and may also be reflected in household level dynamics, although these have not been fully explored. Sensitization sessions on the issue have focused on the positive benefits of men becoming involved in their children's nutrition, but without research exploring the actual barriers to engagement which need to be addressed. The perception of weak demonstrated engagement of men, specifically the husbands/partners of women participating in the VNS, SILC and FFLS activities, warrants investigation as it may represent a missed opportunity to accelerate progress on nutrition goals.

CONCEPTUALIZING MALE ENGAGEMENT

Although evaluations are sparse, the benefits of father participation in household health outcomes have been documented, with male involvement interventions in maternal health[29, 30] and reproductive health[31]—particularly prevention of mother-to-child transmission of HIV (PMTCT)[32] —shown to have positive effects on areas such as postnatal consultation attendance and PMTCT regimen uptake and adherence. CRS' own operations research in Nicaragua found a positive effect of including men in maternal and child survival programming, especially around financial preparation for birth costs and ensuring births are attended by

29 Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: systematic review and meta-analysis. Journal of epidemiology and community health, jech-2014.

30 Mullany, B. C., Becker, S., & Hindin, M. J. (2007). The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial. Health education research, 22(2), 166-176.

31 Peacock, D., & Levack, A. (2004). The men as partners program in South Africa: Reaching men to end gender-based violence and promote sexual and reproductive health. International Journal of Men's Health, 3(3).

32 Kalembo, F. W., Zgambo, M., Mulaga, A. N., Yukai, D., & Ahmed, N. I. (2013). Association between male partner involvement and the uptake of prevention of mother-to-child transmission of HIV (PMTCT) interventions in Mwanza District, Malawi: a retrospective cohort study.

a skilled provider.[33] The effects of father engagement on nutrition- or child-health related behaviors and outcomes (including in community-focused interventions), and the extent to which men are actually involved in these domains, have not been as extensively explored in the literature as in maternal health and in PMTCT.

Despite the increased discussion around men's roles and responsibilities in the area of maternal and child health, "male engagement" remains a broad, ambiguous concept which can be difficult to concretely define, even in different studies on this subject.[34] This is in part because understanding male engagement involves understanding men's own perceptions and motivations—aspects which are necessarily intrinsic, subjective and context-specific. Although certain actions may demonstrate engagement in a concrete, observable way, understanding male engagement holistically cannot be limited to checking off a list of actions in which men may participate to varying degrees, and what constitutes a high level of engagement is relative and situational.

Despite these limitations, it is useful for the present study to be able to define male engagement in MIYCN based on active participation in clearly defined domains, which are hypothesized, as illustrated on the conceptual framework below, to exercise positive influence on key MIYCN practices and behaviors at the household level.

The framework divides male engagement actions in MIYCN into the following domains, based on demonstrable ways that men may be able to exercise positive influence on MNCH outcomes:

1. Financial and Resource Support
2. Sharing workload
3. Social support and health promotion
4. Physical support/accompaniment
5. Communication with spouse, shared decision-making

Each domain includes specific actions which can be understood to contribute to a man's overall level of engagement in MIYCN, although this list cannot be considered to be exhaustive.

As noted above, one purpose of this study is to understand how men themselves conceptualize their own involvement—what "being engaged" in their family's health actually means to them. In trying to understand the behaviors and motivations of "very engaged" men, an important starting point is a working definition. Therefore, for purposes of this analysis, **an "engaged father" is one who perceives himself as taking an active and proactive role in his children's health, *and* who demonstrates specific, concrete actions in some or all of the domains above.** "Some *or* all" is important, because there can be understood to be multiple levels of engagement—for example, a man who only provides financial support for nutritious food, but does not communicate with his spouse about nutrition or provide emotional support—is still arguably engaged to a degree, but he is not highly engaged—whereas a man who is active in most of the domains is comparatively more engaged. Furthermore, we recognize that non-participation in certain actions or activities is not necessarily indicative of non-engagement; as an example, some men may not always be able to accompany their wives to growth monitoring sessions due to work schedules, but may actively follow-up and communicate about the results of the session at home. These subjectivities underscore the need for real exploration of men's and women's own perceptions to flesh out what ideal "engagement" looks like to them.

Various possible explanations have been discussed for the challenges faced in garnering strong male support in nutrition and maternal and child health activities. Rwanda is a country which is perceived to have made greater strides on gender equality than many others in the region, and there are efforts focused on confronting gender norms and promoting positive masculinities, particularly around the issue of gender-based violence. Despite this progress, it has been suggested that persistent social and cultural norms still place issues of nutrition and child health squarely under the purview of the mother, or that there may still

33 CRS (2012). Operations Research Brief: An Innovative Approach to Involving Men in Maternal and Newborn Health Care. http://www.mcsprogram.org/wp-content/uploads/2015/08/CRS-Nicaragua-OR-Brief.pdf

34 Montgomery, E., van der Straten, A., & Torjesen, K. (2011). "Male involvement" in women and children's HIV prevention: challenges in definition and interpretation. JAIDS Journal of Acquired Immune Deficiency Syndromes, 57(5), e114-e116.

be a lack of peer social support for fathers to be closely engaged in matters of familial health. Within the project, messages have been developed promoting the advantages of male involvement in nutrition, but these messages were not necessarily designed with a specific in-depth understanding of the particular reasons for non-involvement, or of the local population's attitudes and perspectives on this question.

In order to better understand the dynamics surrounding male engagement in nutrition programming to inform further efforts to implicate men in EKN and future programs, it is necessary to examine current forms of and attitudes towards male engagement, from the perspective of both women and men. It is important to explore some of the factors which may hinder active involvement of fathers ("barriers") as well as possible factors which may facilitate or encourage such involvement ("enablers'") —including understanding the motivations and actions of men who already demonstrate active engagement as described above. Additionally, we are interested in understanding how men have participated in the EKN program specifically, and how the design of aspects of the program may inherently encourage or discourage male participation. While this is not, strictly speaking, a formal Barrier Analysis (which would require a large sample of clearly-identified "engaged" and "non-engaged" men for statistical comparison), the study will nonetheless provide important insight on key factors affecting male engagement in nutrition and child health.

Ideally, this assessment would be carried out as a formative exercise, initiated at the program design stage for the development of appropriate messages. However, performing this assessment at the later stages of the project will still be useful. The results of this study will help us to understand, beyond the anecdotes collected in previous monitoring activities at field sites, in what ways men are already involved in nutrition and their perception of such involvement, and which factors may either facilitate or inhibit paternal implication in nutrition in the areas where EKN is active. This will not only help to inform the development of any male engagement activities within the EKN project for its remaining year and possible extension (and possibly to identify emerging success stories of male engagement), but the findings may also be useful in CRS/Rwanda's portfolio of other nutrition/ maternal and child health projects and in the design of future projects. It will provide a base of knowledge upon which other projects with a male engagement component can build.

SPECIFIC QUESTIONS AND OBJECTIVES

This qualitative study will explore knowledge, attitudes and other factors which may impact men's role in MIYCN in the CRS EKN project districts. It will aim to explore both the *degree and nature of male involvement in household-level actions on nutrition* and the *determinants* of this involvement.

Study objectives:

1. Assess current knowledge, attitudes and practices around male engagement in child nutrition and maternal/child health;
2. Assess potential barriers and enablers to male involvement in these domains;
3. Assess the degree to which men have been involved in EKN programming, and explore ways that programming may currently encourage or discourage male participation; and
4. Identify existing and appropriate future avenues to better engage men with MIYCN messaging

Some of the specific questions to be explored include:

CURRENT KNOWLEDGE AND PRACTICE:

- What is the current perception of the level of male engagement in nutrition in project communities?
- In what *specific ways* are men already engaged in supporting the nutrition of their children? What *specific actions* illustrate that men are engaged in their children's nutrition?
- What do men and women already know about the benefits of male engagement in nutrition?
- To what degree have men been exposed to MIYCN messaging and what are the messages they have retained?

EXPLORING BARRIERS AND ENABLERS:

- What are the perceived *normative roles and responsibilities* of men and women with regards to the health and nutrition of their children?
- Which factors play an important role in whether or not men are involved in child nutrition issues, and in what ways (barriers vs. enablers)? Factors to be explored include:
  - Social and cultural norms/acceptability
  - Perceived consequences of non-involvement/sense of responsibility for nutritional outcomes of children
  - Social/peer support (from other men/fathers)
  - Possible external influencers (community opinion leaders, grandmothers)?
  - Others?

EKN PROGRAMMING:

- In what aspects of the EKN project have men been directly involved? In what aspects have they been supportive of their wives?
- How do men perceive the targeting of project activities?
- To what degree have men felt welcomed to participate by project staff? How could the project more closely/more explicitly engage men?

MESSAGING AND APPROACH:

- Which avenues may be most appropriate for delivering effective messages about male engagement in nutrition? Which mediums?

PROPOSED METHODOLOGY

This analysis will aim to explore the above-mentioned questions through a **participatory and qualitative approach,** primarily utilizing focus group discussions (FGDs) and structured KIIs to illuminate the perspectives of different groups on these issues. The KIIs will likely be conducted first; the results of these may help to identify themes that might be helpful in modifying or adding to the FGD guides and IDI guides.

- **FGDs:**
- Sixteen structured FGDs (10-12 participants each) will be held between the two districts (8 in Muhanga and 8 in Karongi):
  - Eight of these groups will include (married) mothers of children under two who are active participants in one or more EKN activities;
  - Eight will include married fathers of children under two years old.

Each of these two groups will have separate questionnaires in order to understand the distinct perspectives of both men and women on the question of male engagement in the domains described above.

- **In-depth interviews**

  A. **Engaged fathers:** The study will aim to interview at least 2-3 engaged fathers per district. "Engaged fathers" are defined as men who have already shown a high level of positive involvement in their child (ren)'s health and nutrition and who have well-nourished family members. These men may be identified with the assistance of project staff, CHWs, or community members. These interviews will aim to understand their personal motivations for maintaining a high level of engagement and to gain insight on how such behaviors might be effectively promoted in the wider community, taking the "positive deviance" approach which has been applied to many different health-related behaviors. The information garnered from these interviews may also be able to be used to develop in-depth case study materials.

- **Structured key-informant interviews:** KIIs will be held with the following individuals, to diversify and enrich the perspectives included in this study.
    A. **EKN Project staff:** Local partner staff from Caritas and EPR work directly with beneficiaries on a daily basis and have clear insight to share regarding the challenge of male engagement. The study will aim to interview at least three project staff per district, including project managers, nutritionists and/or other available staff who are locally involved with project participants. The questionnaire will aim to examine their observations and perceptions of male involvement in nutrition-related activities in their project area.
    B. **Local personnel:** Where available, district or sector authorities may also be interviewed (using a modified version of the Project Staff questionnaire) to understand their perspective on barriers to male engagement in their area.

FGDs, IDIs and KIIs will be carried out in the field over the course of about **two weeks,** preferably with a gender-balanced team of at least four (the male FGD should be moderated by a male staff member; one person will moderate, and one will focus on taking notes). FGDs will take place in Kinyarwanda and will be translated, while KIIs may be carried out in Kinyarwanda or French, depending on the preferred language of the person to be interviewed.

Once the qualitative data has been collected and all FGD and KII Notes compiled and transcribed, a manual content analysis will look at recurring themes, trends, as well as examine any divergent viewpoints. The study report will present findings for the various determinants and analyze which barriers and which facilitators already exist. Based on the analysis, recommendations will be generated regarding key messages to promote and possible programmatic implications for EKN and nutrition/MCH programs more generally.

ETHICAL CONSIDERATIONS

Verbal informed consent will be obtained from all respondents prior to participating in interviews and FGDs.

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