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MINISTRY OF HEALTH
PROVINCIAL HEALTH
DIRECTORATE OF NAMPULA

Gender Equality, Social Inclusion, and Youth in Maternal, Neonatal, and Child Health

TRAINING TOOLKIT



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We would also like to mention that the guidelines presented here were inspired by existing manuals, such as those of Concern, Promundo, MenEngage, Helen Keller, and Save the Children, as well as by other agencies that have been developing their work in the same thematic areas.



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I. Introduction

The Alcançar Project (Achieving Quality Health Services for Women and Children—known in Mozambique as *Alcançar: Qualidade de Serviços de Saúde para Mulheres e Crianças*) is led by FHI 360 and consortium partners HOPEM (Men for Change) Network, EHALE, and AJN in Nampula Province, Mozambique. The objective of the Alcançar Project is to strengthen the efficient and sustainable provision of evidence-based maternal, neonatal, and child health (MNCH) care, through the delivery of technical support that increases the capacity of the health management system.

One of the project's strategies is to integrate a gender and social inclusion approach that prioritizes female empowerment and male engagement at all ages, in order to address unequal social and gender norms underlying many MNCH challenges. These challenges are women's lack of access to health care, exposure to disrespectful maternal care, other forms of gender-based violence (which include gender inequality within the health system), and the lack of male involvement in MNCH care.

Starting from these assumptions, the Alcançar Project conducted a **gender equality and social inclusion (GESI) analysis** as a way to (1) systematically examine and investigate differences in roles and norms for women and men, girls and boys, people with disabilities, people of different sexual orientations, ethnic minorities, and marginalized groups in communities of Nampula Province; (2) determine the different levels of power that each group holds; (3) identify different needs, constraints, and opportunities among the different subgroups; and (4) analyze the impact of these differences on people's daily lives.

From the findings, lessons, conclusions, and recommendations of the GESI analysis, the **GESI and Youth Strategic Plan (2020–2024)** was developed as a guiding instrument that enables the Alcançar Project to integrate a gender transformative approach into its work in order to achieve its objectives.

Because there is a need to build a common understanding about gender equality, social inclusion, and youth in the context of maternal, neonatal, and child health, the project developed this training toolkit. The toolkit is aimed at health professionals and community workers, community health workers (*Agentes Polivalentes Elementares* (APEs)), traditional birth attendants, community leaders, activist groups, and other stakeholders).

The training toolkit is intended to be used during regular reflection sessions held in health units, co-management committees, community health committees, savings groups, and other community meetings aimed at men, women, and youth.

The training toolkit addresses diverse topics that include:

- Gender, power, and an intersecting debate on masculinities
- Nutrition related to newborns, their mothers, and how men/partners can get involved in the pregnancy and birth processes
- A core set of guidelines for health professionals to help strengthen their ability to engage men in maternal and child health care
- Domestic violence and sexual harassment, with the specific aim of encouraging survivors and health care workers to report cases of violence or harassment

This training toolkit was developed under FHI 360's leadership, with support from the US Agency for International Development (USAID), and with the objective of supporting the government of Mozambique and supplementing its existing efforts to improve the quality of maternal and child health care. In particular, it makes a practical contribution to operationalizing the Ministry of Health's (MOH) 2018 *Guidelines for Male Engagement in Health Care*, which address how gender inequality constitutes a barrier to the effective participation of men as users of health care services, either for their own benefit, as women's partners, or as caregivers of children and adolescents.

II. Objectives of the Training Toolkit

The main objectives of the toolkit are the following:

- Raise awareness among health professionals, APEs, co-management committees, and other health actors, and guide them in promoting men's involvement in maternal and child health care
- Increase the understanding of social norms and their impact on the construction of masculinities and femininities, and their contribution to gender inequality
- Increase men's understanding of how gender inequality negatively affects the lives of women, children, and men themselves
- Promote men's involvement in household duties, in their own health care, and the health care of their families
- Promote shared decision-making within families

III. Implementing the Training Package

TARGET AUDIENCE

The target audience of this gender training toolkit includes men and women (who are married or partners), as well as health professionals who help foster safe pregnancy and childbirth, prevent and mitigate gender-based violence, and promote social justice.

FACILITATORS

Ideally, each group should have two facilitators—a man and a woman. If this is not possible, we recommend that men facilitate sessions intended for men only and women facilitate sessions intended for women only. However, participants often report that a facilitator's competencies are more important than his or her gender. If in doubt, discuss the options with the group and identify the group's preference.

LOCATION OF SESSIONS

Choose a neutral location that is easily accessible for most participants and where they feel safe. For instance, do not choose to hold a meeting or session in the house of the village leader. Instead, consider holding meetings in the space owned by the project.

FACILITATOR'S ROLE

Your role is to create an open and respectful environment in which men and women can feel comfortable with the sharing and mutual learning that the sessions promote.

Some sessions are designed for men and women to participate together. In these sessions, the directions may require you to separate men and women occasionally during group discussions. This is done to ensure that men and women feel comfortable expressing their ideas and opinions, especially on issues that may be particularly sensitive when discussed in the partner's presence.

Other sessions are designed exclusively for men. The goal is to lead men to reflect, not only on gender inequality, but also on how they can be active agents of change.

It is important to remember the practical realities of group members' lives and realize that they may face challenges or even danger when trying to make changes in their lives.

Help the participants along the paths of support and protection and, when needed, report to other team members.

Changing attitudes and behaviors is not a simple task. Participating in these activities will not necessarily lead to an immediate transformation in the participants' lives or relationships. This is the beginning of a process to promote change and personal transformation.



Report instances of sexual harassment and sexual abuse to FHI 360 project leadership.

Tips for Successful Facilitation

Create a safe, equal, and gender-neutral space. Facilitators and participants should sit in a circle during the discussions to encourage equal exchange of experiences and points of view. Avoid sitting in a chair if the participants are sitting on the floor. **Everyone (men and women) should be seated at the same level.**

Follow the ground rules. Ask participants to agree on a set of ground rules and abide by them throughout the sessions. The rules should include listening and showing respect for each other (not talking when others are speaking, not making sexist or rude comments, not talking on the phone), confidentiality, and participation.

Do not judge. Remember, you are here to facilitate discussion and reflection. Your role is not to lecture or punish anyone. Be friendly and create rapport with your participants. Be aware of your own position of power—avoid judgmental and authoritarian attitudes. Never impose your feelings or opinions on the group.

Promote inclusion. Ensure that all participants have the opportunity to speak. Be careful not to let one person dominate the conversation or make other people feel that they cannot share their own opinions. During the sessions with men and women, ensure that men's voices are not dominant. Motivate and encourage women to share their opinions and contribute to the discussion. Encourage people with disabilities to participate in the sessions, creating conditions for them to feel comfortable and to be heard.

Address participants' concerns. The group meetings can serve as an opportunity for participants to receive help and advice. A “state of play” (similar to an ice breaker) takes place at the beginning of each session, during which men and women can share what is going on in their lives and ask for advice. You can engage the group in helping to propose solutions to the problems each individual is facing. Ask the group: “How do you think this problem could be solved?” Or, “Has anyone faced a similar situation? What did you do?”

Manage conflicts respectfully. If a conflict arises among the group, or if a participant shares a discriminatory view, remind participants of the ground rules, which should be posted and visible during all sessions. Also, encourage other members to help mediate the situation. Ask the group what they think about the question raised or how they would suggest handling the problem. When necessary, you can offer brief responses to questions and clarify misinformation.

Appreciate honesty and openness. Encourage participants to be honest and open. They should not be afraid to discuss sensitive issues for fear of ridicule from their peers. Thank the group members for sharing their personal stories. Never force anyone to participate in the activities.

Promote movement and interaction. Include as much physical movement in the sessions as possible so that participants remain active, alert, and interested. Use short energizer activities—such as songs, dances, or games—between activities to keep the participants engaged in the topics you are discussing.

Manage your time. Keep track of time; do not spend more than about two hours on a given session. Keep in mind participants' attention spans, work schedules, and other commitments.

Ask for feedback. Use the weekly “closing” to capture participants' feedback about what they like and do not like about the sessions, and what they feel is working and not working. Use participants' input to improve future sessions. Do not divert from the planned activities, but use feedback to improve how the sessions are run (for example, by including more energizers).

III. Approach of the Training Toolkit

From a gender-transformative perspective, families, communities, and social institutions are key actors in supporting individuals' changes in attitude and behavior. People who facilitate these training sessions are encouraged to sensitize wider communities, and institutions are encouraged to create environments more conducive to gender equality. This can be done through initiatives at the interpersonal, community, and structural levels.

At the individual and family levels

- Promote awareness and engagement of men to support women's and girls' empowerment as well as to address men's own norms of masculinity in order to promote gender equality and maternal and child health, prevent gender-based violence and encourage involvement in domestic chores
- Dialogues with couples to improve their health care skills
- Promotion of approaches that promote healthy lifestyles for men, women, and children

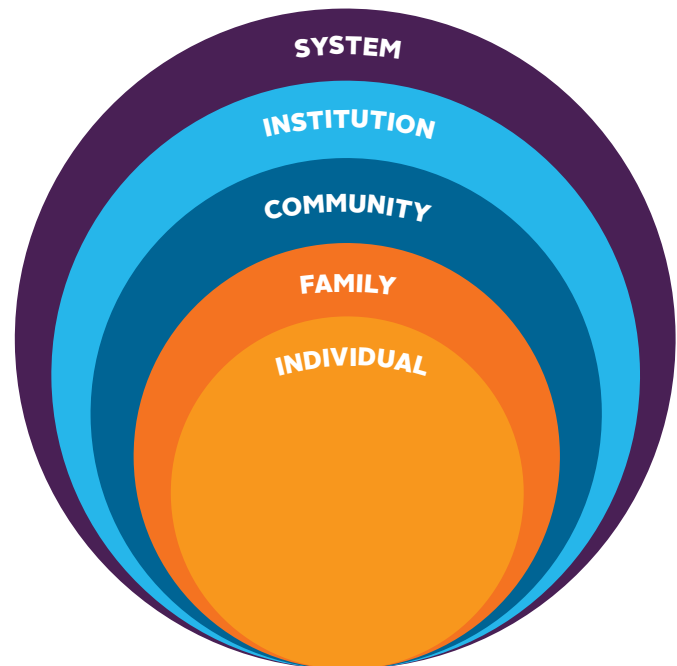
At the community level

- Training of community leaders and other key people in a gender-transformative approach
- Launching of community or media campaigns in different communities
- Work with local and provincial networks on issues related to health (including psychological services), gender equality, and child protection so that messages have a broader impact

At the institution and system levels

- Advocacy with local, provincial, and national authorities to integrate a gender-transformative approach on budgeting and in policies on nutrition, male engagement, and maternal, neonatal, and child health

Socio-ecological Model



Glossary

Sex – Physical and biological differences between men and women, including the different sex organs, hormones, etc. It can also refer to sexual contact, such as intimacy, touching, and all the other activities that make up the richness of sexuality, including sexual intercourse.

Gender – Power relations and socially constructed characteristics about the functions, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender equality – The right of men and women, regardless of their biological differences, to justice and equality in the use, control, and enjoyment of the same opportunities, laws, goods, and services in a given society.

Femininities – Refers to how women are socialized and the discourses and practices that are associated with the different ways of being a woman. In short, it concerns what it means to be a woman in a given context.

Masculinities – Refers to how men are socialized and the discourses and practices that are associated with the different ways of being a man. In short, it concerns what it means to be a man in a given context.

Patriarchy – A system of society or government where men hold power and women are largely excluded from accessing or exercising or holding power within the institutions of society.

“Power with” – The collective strength of a community, group, or couple to find a common goal and make positive changes from which everyone benefits. This promotes a “win-win” mentality.

“Power within” – A person’s feelings of self-worth and self-knowledge. This is related to people’s ability to imagine a better life for themselves and to have hope and the sense that they can change the world. It involves having a sense of self-confidence and a feeling that people have value because they exist.

“Power over” – Refers to the exercise of authority, control, domination, exploitation, or command over others. This promotes a “win-lose” mentality.

“Power to” – Refers to the ability to influence and shape one’s own life.

Violence – The intentional use of physical force or power, real or in threat, against oneself, another person, a group, or a community, that results in, or has the possibility of, injury, death, psychological harm, and deprivation.

Gender-based violence – Any conduct (action or omission) of discrimination, aggression, or coercion caused by the mere fact that the victim is a woman or man, girl or boy. The main victims are women and, research has shown that throughout their lives, one out of every three women in the world suffer physical or sexual violence.

Obstetric violence – Obstetric violence is physical, sexual, and verbal abuse, intimidation, coercion, humiliation, and assault perpetrated by medical staff—including nurses, doctors, and midwives—against laboring and birthing women. Obstetric violence occurs anytime a woman in labor or delivery experiences mistreatment or disrespect of her rights, including being forced into procedures against her will, at the hands of medical personnel.



INTRODUCTORY SESSION

Three Delays Model

INTRODUCTORY SESSION

Three Delays Model

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

- Discuss the challenges of maternal and child health in Mozambique
- Find ways to reduce and eliminate maternal and child mortality
- Make men aware of their role in maternal and child health

DURATION: 1 hour 45 minutes

MATERIALS: Markers, flipcharts

SESSION OVERVIEW

- **State of Play** (20 minutes)
- **Activity:** Three Delays Model (1 hour 15 minutes)
- **Closing** (10 minutes)



Tips for Facilitators

You should have data on hand about maternal, neonatal, and child mortality from your local district or province to help participants understand the plight of women and children around them. You may even ask the participants for concrete examples from their own communities. Sharing experiences can bring up sad memories for people who have lost loved ones. Be supportive and create empathy among the participants.

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

1. Introduce yourself and thank all the participants for coming to the session.
2. Ask everyone to introduce themselves.
3. Talk about the purpose of the session.
4. Explain the organization of the modules and their average duration.
5. Ask for everyone's commitment to participating in the sessions and establish the ground rules together.



THREE DELAYS MODEL

DURATION: 1 hour 15 minutes

Step 1

Present the facts and expectation below:

Fact 1

It is currently estimated that for every 100,000 live births there are at least 408 maternal deaths in Mozambique (IDS, 2011; PORTAL DO GOVERNO, 2020).

Fact 2

These deaths occur at home and in health units.

Expectation

This situation needs to change. Pregnancy cannot be a death sentence for women.


Step 2

1. Ask participants, “What factors influence maternal and child mortality in Mozambique?”
2. Write down the responses on flipchart paper (or other paper) and try to generate further discussion and contributions.
3. After noting the responses, ask, “In which of these causes can you intervene to help prevent maternal and child mortality?”
4. If there are causes that were not mentioned, ask, “Who else (individuals, institutions, etc.) can contribute to prevention?”

Step 3

1. Inform participants that the “Three Delays Model” indicates the main factors that contribute to maternal, neonatal, and child deaths. These factors are:
 - Delay in deciding to seek care
 - Delay in reaching the health unit
 - Delay in receiving adequate health care
2. Using the information in the supporting text below, explain what each of the three delays means.

Step 4

1. Tell participants that now that they understand the problems, they will work together to brainstorm solutions.
 2. Split the participants into three working groups.
 3. Ask each group to suggest actions that could enhance health care for pregnant women and women in labor. One group will be responsible for presenting solutions for the delay in deciding to seek care, another for the delay in reaching the health unit, and the last group for the delay in receiving adequate health care.
 4. Then ask the groups to present and discuss their proposals.
- 

SUPPORTING TEXT

Delay in deciding to seek care

This refers to the delay in deciding when to take the pregnant woman to the health unit as the time of delivery approaches or some complications occur. This delay is often due to negative attitudes of the husband/partner, family and, in some situations, the woman herself, because of family dynamics, social and gender norms, and religious beliefs.

What causes this delay?

- The low status of women, which prevents them from making decisions about domestic matters and their own lives (including the decision to seek care in a health unit)
- Poor understanding of complications and risk factors in pregnancy and when to seek medical help
- Previous poor experience with health care
- Acceptance of maternal death
- Financial implications
- Tradition of home birthing and use of traditional birthers (*matronas*)
- Influence of a mother-in-law over how a woman will give birth, her nutrition, postpartum care and breastfeeding

Delay in reaching the health unit

What causes this delay?

- Distance to the health unit
- Availability and cost of transportation
- Poor roads and infrastructure

Delay in receiving adequate health care

Sometimes pregnant women are able to overcome the first two barriers yet still face delays in receiving adequate care when they arrive at the health unit.

What causes this delay?

- Insufficient number of health professionals
- Inadequately trained and poorly motivated medical staff
- Inadequate referral systems

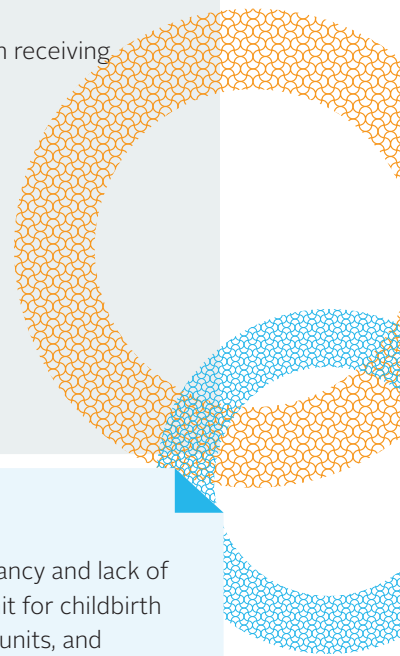
Result

- More delays, more deaths.

KEY MESSAGES

Maternal, neonatal, and child mortality is largely the result of (1) lack of care related to pregnancy and lack of prenatal consultations, (2) delay in the decision to take the pregnant woman to the health unit for childbirth services or pregnancy follow-up, (3) challenges with transport of pregnant women to health units, and (4) weaknesses in health care services.

The Alcançar Project aims to help reduce or eliminate these problems. For this reason, it has defined four pillars of intervention, described below.



KEY MESSAGES CONT.

Strengthen the link between communities and health units

- Under this pillar, the project is carrying out activities to mobilize communities and raise men's awareness about the need to be involved in maternal and child health care. Alcañçar is working with community leaders, APEs, co-management committees, and traditional birth attendants to refer pregnant women and their partners to health units.
- The project encourages participation in savings groups. In addition to funds people save to improve their economic conditions, people are encouraged to save for obstetric emergencies. Having savings available at all times for the care of the pregnant woman ensures that in the event of any obstetric emergency, the family has resources available to refer the pregnant woman immediately. This money can be allocated for transportation or other needs that may arise.

Improve the provision of health care services

We encourage health professionals to be open to male involvement in ante- and post-natal care. We are training community health workers as well as health providers to raise awareness about COVID. We provide materials and equipment so that the government can manage the COVID protocols, and participate in regular meetings with government officials.

Improve the management of health resources

This pillar strengthens the health information system; contributes to the improvement of planning, allocation, and management of resources; and improves the management of maternal and child health products to ensure their availability.

Strengthen the ability of the Government of the Republic of Mozambique to improve the quality and humanization of health care

The Alcañçar Project supports the development, improvement, and implementation of policies that help to enhance the quality and humanization of health care by supporting the Ministry of Health to review the National Strategy on Quality Improvement and Humanization and supporting the development of indicators so that it can be effectively monitored.

You are here because there are solutions that only the community can offer. The barriers for making decisions occur at the family and community levels, so we involve families and communities.

WRAP UP

DURATION: 10 minutes

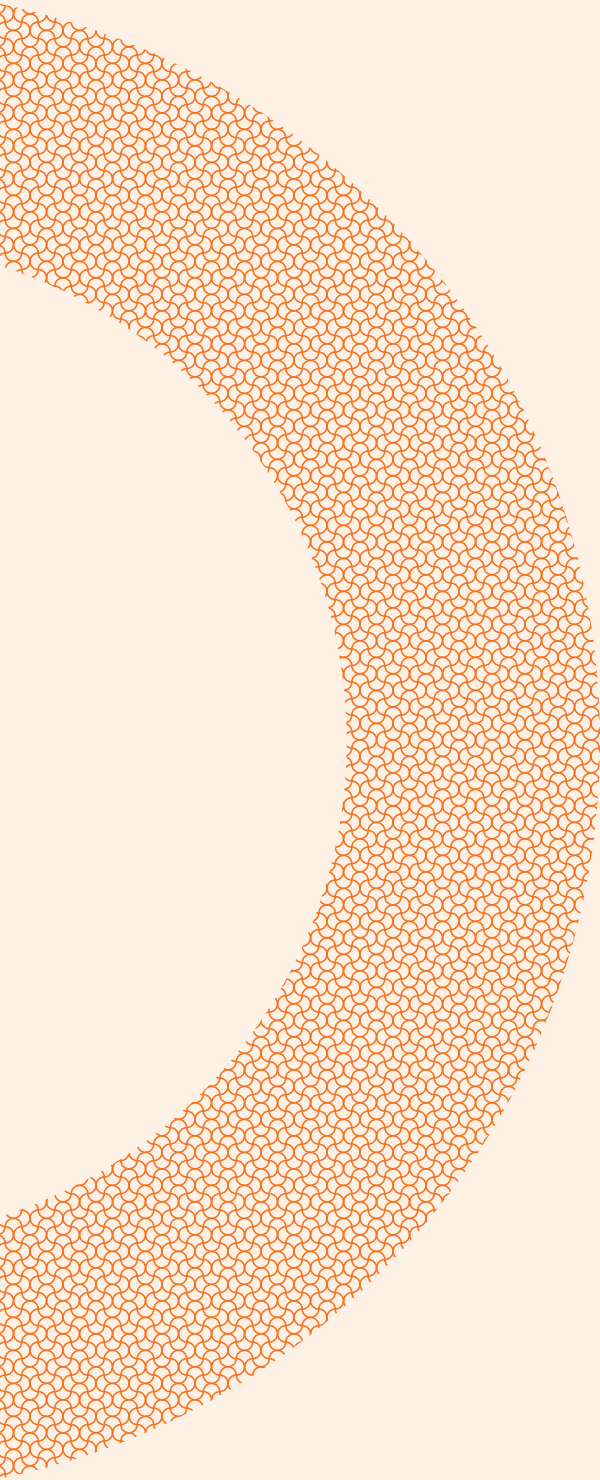
Ask participants the following questions:

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you will make? If so, what are they?

HOMEWORK

- At home, reflect on the harmful attitudes that you, your community, or your religion have taken toward pregnant women.
- What can you do to change the situation?

We encourage health professionals to be open to male involvement in ante- and post-natal care. We are training community health workers as well as health providers to raise awareness about COVID. We provide materials and equipment so that the government can manage the COVID protocols, and participate in regular meetings with government officials.



MODULE 1

Gender and Power Dynamics

SESSION 1.

Gender and Power Dynamics

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

- Explain the concepts of gender and sex
- Identify the biological “determinants” of socio-cultural differences

DURATION: 1 hour

MATERIALS: Markers, flipcharts, paper (optional)

SESSION OVERVIEW

- **Setting the Stage** (10 minutes)
- **Activity:** Gender and Power Dynamics (40 minutes)
- **Wrap Up** (10 minutes)

KEY MESSAGES

The differences between men and women can be attributed to both biological attributes as well as concepts that are socially and culturally constructed. In their social interactions, men and women produce the differences, injustices, and inequalities. They alone have the power to transform socially-constructed, harmful gender norms. That is why it is necessary to reflect and discuss gender and power dynamics, so that we can transform the lives of men and women and boys and girls for the better.

SETTING THE STAGE

DURATION: 10 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

Ask participants the following questions:

- How are you?
- Has anything new happened since the last session?

Ask a few participants to share their homework assignments.

OBSERVATIONS:

ACTIVITY: GENDER AND POWER DYNAMICS

Step 1

1. Split participants into groups of four (be sure to include participants of both sexes in each group).
2. Ask them to divide a sheet of flipchart paper into two, drawing a boy on one side and a girl on the other side.
3. Ask them to describe both the boy and the girl (for example, the girl has breasts, the boy does not; the girl wears a skirt/*capulana*, the boy wears pants, and so on).
4. Also, ask them to write down the type of clothes and toys, along with their colors, that they usually buy for boys and girls.

Step 2

5. Invite each group to present their work and ask if each characteristic indicated corresponds to sex (biological characteristics) or gender (cultural expectations).
6. Also, ask the groups if the toys, clothes, and colors chosen have any relation to sex or gender.

Step 3

7. Invite participants to reflect on the fact that some of the characteristics that they identified as “belonging” to girls or boys are actually cultural/external characteristics that may change over time. Tell participants that later you will discuss how gender norms can have negative outcomes.

Step 4

Discuss the chart below, which describes the difference between sex and gender. (If possible, print out and distribute the chart to participants).

SEX	GENDER
Biological (man or woman)	Socially-constructed roles, responsibilities, and behaviors (sometimes associated with being “male” or “female”)
Biological (man or woman)	Socially- constructed
Born this way	Learned
Does not change naturally over time	Changes over time
Does not vary between or within cultures	Varies between and within cultures

SUGGESTION

If during the discussion the participants have not addressed the issue of violence, please clarify that encouraging boys to be violent from an early age, while encouraging girls to be quiet and submissive, contributes to the aggressive behavior of some men as adults. The impact of violence is always negative and is aggravated in pregnancy, where women and adolescents who are victims of violence committed by their own partners end up suffering from bleeding, premature births, or underweight babies. Violence during pregnancy may even cause the death of the mother and/or the unborn child.

Explain the following points to participants.

- From a young age, both men and women are socialized to follow strict definitions of manhood and womanhood.
- In patriarchal societies, gender socialization creates inequalities that negatively affect the wellbeing of women and girls. For example:
 - Many women have no power to make financial decisions either at the community level or in the household.
 - Many women and girls suffer a double burden by performing domestic chores and other forms of work, studying, caring for family members, and have very little time for self-development.
- For this reason, poverty alleviation programs that focus on gender equity also aim to increase the access of women and girls to resources and services.
- While many men are supportive of these initiatives, some feel threatened and insecure about the increasing attention given to women in such programs. Some men think of gender equality as “zero-sum”: “When women are empowered, men lose out.”
- However, it is important to challenge this way of thinking and explore men's self-interest for change, because gender inequality brings disadvantages to men and makes them vulnerable too (though often not to the same extent that it disadvantages women and girls).
- Gender inequality also has negative impacts on men as a result of unrealistic expectations of masculinity. This can create:
 - Inability to cope with the demands of an idealized manhood (for example, a man must appear “tough” and never show fear, and he must be the breadwinner).
 - High level of mental health problems (such as stress, depression, and anxiety) and discouragement to seek help, which can result in suicide.
 - Poor physical health because men are encouraged to engage in risk-taking behaviors such as binge drinking, having sex with multiple partners, abusing drugs, etc.
- Remind participants that these sessions provide an opportunity for men to reflect on these rigid expectations and their negative effects. Through this reflection, men can see the benefits of redefining masculinity for themselves and, within that, sharing power within households and communities.

KEY MESSAGES

- During pregnancy, it is recommended that women have at least three meals a day and consume varied food rich in vitamins and minerals (rice, cassava, yams, sweet potatoes, eggs, beans, fish, meat, peanuts, fruits, sugar cane, sweet potato leaves, moringa leaves) to strengthen the health of both mother and baby.
- It is not true that pregnant women cannot consume eggs, fish, or pineapple.

WRAP UP

DURATION: 10 minutes

Ask participants the following questions:

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you can make in your own life? What are some examples?

HOMework

Changing paradigms

Encourage participants to reflect on their homes in relation to how they educate girls and boys, the expectations they have of girls and boys, the level of investment made in both boys and girls, etc.

They might consider:

Provide choices – Do not assume what children want and like according to their sex. Encourage them to try different books, toys, clothes, colors, etc.

- *Ask yourself why before you buy: Why this clothing? Why this toy? Why this color? Why this painting? Asking yourself these questions helps you avoid reinforcing gender stereotypes.*

Join forces – Talk to other people (friends and parents) about gender issues and the need to make changes in their homes, be it through domestic chores, games, etc.

Strengthen girls' education – Support and encourage girls to study and help them identify and address anything that may be a barrier to their education, whether it is pregnancy, marriage, menstrual cycle, etc.

Listen – Listen to the experiences of boys and girls, men and women, how they think about gender relations and existing assumptions. Encourage them to question their assumptions and broaden their ideas about sex and gender.

Talk – Talk to friends and speak up when faced with sexist language and ideas.



SESSION 2

Analyzing Powers

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

- Raise awareness among men and women about power and the different ways in which power presents and sustains itself.
- Reflect on how people manifest power in their relationships, and how to promote more equitable relationships as well as power-sharing within the family.

DURATION: 1 hour 15 minutes

MATERIALS: None

SESSION OVERVIEW

- **Setting the Stage** (20 minutes)
- **Activity: People and Things** (45 minutes)
- **Wrap Up** (10 minutes)

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

Ask participants the following questions:

- How are you?
- Has anything new happened since the last session?

ACTIVITY: PEOPLE AND THINGS

DURATION: 45 minutes

OBJECTIVE

Reflect on how men and women manifest power in their relationships and how to promote more equitable relationships as well as power-sharing within the family.

MATERIALS: None

INSTRUCTIONS

1. Explain to the group that this activity focuses on our own experiences when we feel powerful or powerless, and how this affects the way we treat people around us.



Tips for Facilitators

During this session, some participants may state that men need to have power over women. Invite participants who disagree with this statement to share their thoughts. If necessary, emphasize the importance of men and women working together to create a world where power is shared and can be used in positive ways within families and among partners.

The “People and Things” activity may cause some discomfort to the participants because they may experience what it feels like to be treated as an object and not as a human being. Be prepared to lighten the atmosphere after the activity with an energizer, such as a song or a dance, to help participants relax and smile.

2. Ask participants to divide into two equal groups.

Participants in Group 1 will be **“things.”**

Participants in Group 2 will be **“people.”**

3. Read the following instructions to the groups.

Participants who will be **things:** You cannot think, feel, or make decisions. You will have to do what the “people” say. If you want to move or do something, you have to ask the people for permission.

Participants who will be **people:** You can think, feel, and make decisions. Furthermore, you can tell the “things” what to do.

4. Ask each **“person”** to join a **“thing.”** All participants should now be in pairs (groups of two). If there is an odd number of participants, a group may have three participants.
5. Explain that after counting to three, the “people” can tell the “things” what to do. For example, jump, roll over, sit on the floor, etc. **Count “1, 2, 3... Start!”**
6. After two minutes, ask the group to stop. Explain that the groups will change roles. “People” will become “things” and “things” will become “people.” The new “people” will now have two minutes to tell the “things” what to do. **Count “1, 2, 3 ... Start!”**
7. After two minutes, ask the participants to sit in a circle. Start a discussion about the questions below.



Tips for Facilitators

It may be helpful to have two volunteers perform a short role play for the group first, on how a “person” might treat a “thing.”

QUESTIONS FOR GROUP DISCUSSION

- **For the “things”:** How did it feel to be treated as a “thing”?
- **For the “people”:** How did it feel to be treated as a “person”?
- In your daily life, are you treated like **“things”** or made to feel powerless? What happened? What was the situation? How did it make you feel? (Example: Angry? Sad? Embarrassed?)
- In your daily life, do you treat others as “things”? What happened? What was the situation? How did it make you feel?
- In marriage, do people treat each other like things or people?
- Why do people treat others as “things”?
- Are there other more positive ways to use power?
- How can we use power in a positive way to improve the wellbeing of our families?
- How can this activity help you make changes in your own relationships? impact on our children?

KEY MESSAGES

- Treating someone as an object reduces that person’s ability to make decisions about their body and their life.
- By working together, you can create a world where power is used in a positive way between couples.

WRAP UP

DURATION: 10 minutes

Thank people once again for participating and engaging in the discussion.

Ask the participants:

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you will make? What are some examples?

HOMEWORK

The homework for this session is to treat someone in your lives as a “person” and not as a “thing.” This may include sharing the power of making decisions about how much money to spend on new seeds or how much money to save for your child’s school fees or for hospital bills. Please be prepared to share your experience in the next session.



SESSION 3

Discussing Power

PARTICIPANTS: This session is for men and women (can be adjusted for young people).

SESSION OBJECTIVES

- Help participants develop a clear understanding of power.
- Explain how power over others is sometimes wielded harmfully, and encourage the positive use of power.

DURATION: 1 hour 30 minutes

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, paper, pens/pencils

SESSION OVERVIEW

- **Setting the Stage** (10 minutes)
- **Activity: Thoughts on Power** (1 hour)
- **Wrap Up** (20 minutes)

SETTING THE STAGE

DURATION: 10 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

Ask participants the following questions:

- How are you?
- Has anything new happened since the last session?

ACTIVITY: THOUGHTS ON POWER

INSTRUCTIONS

Step 1

- Ask the participants how they define power.
- Then ask the following questions, and write responses on flipchart paper.
 - Who do you consider to have power in your home?
 - What does the person who has power at home do?
 - Why does this person have power?
 - Why do other people in the family have little or no power?
- Take advantage of each answer to generate discussion that will enable more reflection on the subject.



Tips for Facilitators

The facilitator must have clear notions of power and its implications in the lives of men, women, and children. You should emphasize shared power as the way to build healthy families.

1. Explain to participants that the concept of power is quite complex. It is sometimes very difficult to notice who has the power, but it is easy to know who does not.
2. Explain that power can be understood as the ability of an individual or a group to decide or exert influence.
 - » Who does what? (Example: in the family, who does paid work and who does unpaid work such as taking care of the house and looking after the children)
 - » Who has access to what? (Example: who has access to land, education, etc.; who has priority in medical care).
 - » Who sets the agenda? (Example: who sets priorities at family, community, and national levels, etc.).
 - » Who decides what?
 - At individual level – Who and when someone should marry? When to have children? Whether or not to use family planning? When to have intercourse? Who should attend school?
 - At home level – What should be planted in the fields? Where to live? What should be spent? What to do with family income?

Step 2

1. Inform the participants that there are various forms of exercising power, some negative and some positive. It is essential that each participant reflects on how he or she exercises power in relation to other people. Encourage participants to always exercise power in a positive way.
2. Explain that you will now present some forms of power (power over, to, within, and with). Ask participants what they think each form means, then correct or add to their definitions as needed.
 - Power over
 - Power to
 - Power within
 - Power with

WRAP UP

DURATION: 20 minutes

Ask participants the following questions:

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you will make? Can you give some examples?

HOMEWORK

- Think about a situation in your life, community, or work when you noticed the exercise of “power over.” What were some of results? Were they positive, negative, or both?
- Think about experiences of “power with.” What were the results? Were they positive, negative, or both?
- Prepare to discuss these reflections during the next session.

KEY MESSAGES

- The best way to exercise power, especially in those things that can affect other people, positively or negatively, is **POWER WITH**: Communication – Conversation – Consultation for collective decision-making.



Tips for Facilitators

Power over – The most visible and common form of power. Refers to the ability of a person or group to impose decisions on another person or group.

Example:

1. The person or family who decides whether the pregnant woman should have the birth at home or in the health unit.
2. The person who decides what to do with the household money, or what to buy as a priority.
3. The person who decides whether the family should practice family planning.

Power to – Refers to the ability to act for oneself or others for any type of personal, collective, or political purpose. It is the power to do things without seeking other people's permission.

- Ask the participants, “Do you have this power? Do you exercise this power? Do you have some examples of things you have decided on your own?”

Power within – Refers to when an individual has the information and knowledge he/she needs to make better decisions and choices.

- Ask, “What kind of information do you think a pregnant woman and her partner should have? Who should share the information?”

Power with – Refers to collective power. Everyone is involved in the search for solutions to essential issues. More than one voice can say what should and should not be done.

Example:

- A couple that decides together if they are going to have another child or if they are not going to have more.
- A couple that learns about family planning methods and decides together which one they should use.
- A couple talks together about the need to save money for obstetric emergencies.

SESSION 4

Being a Father in Daily Life

PARTICIPANTS: This session is for men and women (can be adjusted for young people).

SESSION OBJECTIVES

- Reflect on how men and women spend their days differently, related to their daily tasks.
- Discuss how men can be involved fathers and identify ways in which men can become partners who are actively involved and supportive during pregnancy.

DURATION: 1 hour 40 minutes

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, paper, pens/pencils

SESSION OVERVIEW

- **Setting the Stage:** (10 minutes)
- **Activity 1: 24-Hour Day** (40 minutes)
- **Activity 2: The Role of Men in Creating Healthy Families** (40 minutes)
- **Wrap Up:** (10 minutes)



Tips for Facilitators

Be prepared to present positive models of masculinity in order to avoid emphasizing the prevailing models. This requires advance preparation.



ACTIVITY 1: 24-HOUR DAY

DURATION: 40 minutes

OBJECTIVE: Discuss how men and women each spend time during the day, and identify ways for men and women to collaborate in order to support women's work out of home.

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, paper, pens/pencils

INSTRUCTIONS

1. Explain that the group will be reflecting on the different ways men and women spend their days.
2. Divide the participants into male-only and female-only groups. Give each group a piece of flipchart paper and a marker or pen.
3. Ask participants to identify typical tasks that a man and a woman carry out during the day, at home, and in the community (you can add group work).
4. Ask participants to draw a table on their paper, like the example below.
Say: **"This table represents a 24-hour day."**

ACTIVITY	TIME
Sleep	6 hours
Tend to the fields	5 hours
Cook	2 hours
Eat	1 hour
Shop	1 hour
Fetch water	1 hour
Do laundry	2 hours
Bathe the children	1 hour
Chat with friends	2 hours
Play (local games)	2 hours
Rest	1 hour

- Using the flipchart paper, each group should divide their time into slices proportional to the amount of time they spend on their daily activities.
- Participants should feel free to include leisure activities, if any. For example, many men usually rest when they arrive home from the fields.
- After 10 minutes, ask each group to post their flipchart paper in a place where everyone can see (example: a wall or a tall tree).
- Ask a man and a woman to represent the groups and present what they have written or drawn within their respective group.
- After the presentations, begin a discussion using the questions below.



Tips for Facilitators

For groups with low levels of literacy, ask participants to describe the tasks in a different way (through images, drawings, etc.) or make sure that each group has at least one person who is capable of writing.

QUESTIONS FOR GROUP DISCUSSION

- Have you noticed any differences in how men and women spend their days?
- Who usually performs more tasks during the day? Men or women?
- Who usually spends more leisure time with friends and family? Men or women?
- Many people say that men work less than women do, but that their work is harder. That is why it is often said that men do less than women do. Do you think these differences are fair? Why or why not?

Ask the women: You are all very busy in and outside of your homes. Are there any things men can do to collaborate with women in this effort?

Ask the men: Given what the women have just said, are there activities that you are available to do in collaboration with your wives/partners in your daily life, both in and out of your homes?

Ask the group: Can men and women accomplish things together? What are some of the benefits/advantages of men and women working together in these activities? For women? For men? For the family?

KEY MESSAGES

- Women and men are taught to do different tasks, and women are usually the ones who take on a significant part of child care and housework.
- Women are usually solely responsible for domestic chores and for taking care of the family and children. This creates an extra burden for them because they also work in the fields or conduct other activities and have reduced leisure time.

WRAP UP

DURATION: 10 minutes

Ask participants the following questions.

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you will make?

HOMEWORK

- Think about how time and tasks have been distributed between men and women in your home.
 - Are they equally distributed?
 - What can be changed to promote greater equity and justice?


ACTIVITY 2. MEN'S ROLE IN CREATING HEALTHY FAMILIES

DURATION: 40 minutes

OBJECTIVE: Discuss how men can become involved fathers from the beginning of the reproductive process.

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, pens

INSTRUCTIONS

1. Explain to the participants that they are going to carry out an activity that will help them understand how men can help create a healthy and happy family.
 2. Draw two columns on a piece of flipchart paper. On one side write **“Woman”** and on the other side **“Man.”**
 3. Explain that a woman takes on many tasks and responsibilities to ensure the health of her family. Some of these are tasks that only a woman can biologically perform, but others are socially assigned to her by gender.
 4. Ask the participants, **“What can a woman do to ensure the health of her family, including when she is pregnant?”**
 5. Write the answers in the **“Woman”** column.
- 

Things a woman can do to help ensure the health of her family, including when she is pregnant

Hygiene

- Wash hands with soap or ashes
- Make sure their breasts are clean before breastfeeding
- Put ashes in latrines to reduce bad odors

During pregnancy

- Visit the health unit in the first 12 weeks of pregnancy (before the first trimester of pregnancy)
- Attend prenatal consultations
- Eat healthy and nutritious food
- Sleep under a mosquito net to help prevent malaria
- Get plenty of rest
- Avoid picking up or lifting weights
- Live in a house without physical or psychological violence
- Take iron and folic acid pills to prevent anemia
- Take deworming pills to help prevent anemia
- Take an HIV test and, if necessary, seek medical advice to prevent mother-to-child transmission
- Drink lots of water
- Do not consume alcohol
- Do not smoke

After the baby is born

- Exclusively breastfeed for the first six months
- After 6 months, introduce some food diversity, such as corn, beans, pumpkin, sweet potato, orange and other fruits
- Vaccinate the baby (comply with the schedule for 0 to 5 years old)
- Decide on family planning and contraceptive use

6. Let the group give as many answers as possible. If participants are having trouble coming up with ideas, you can help by guiding them through the suggestions in the box below.
7. Tell the group, **“To promote and create a healthy family, a woman has to do many things! There are also many ways men can participate in promoting a healthy family.”**

WOMAN	MAN
Eat healthy and nutritious food	Buy healthy food and participate in its preparation for his wife/partner

8. Explain that for each task listed for women, the group should think about how men can support their partner in completing this task (and ensuring a healthy family). Give some examples, like the one below.
9. Continue until the group identifies at least one task that a man can perform to support his partner, for each task on the woman's list. Write the answers in the "Man" column, as shown in the example above.
10. Once all tasks have been identified, start a discussion using the question below.

QUESTIONS FOR GROUP DISCUSSION

What do you notice when comparing these two lists?

KEY MESSAGES

Hygiene

- Women must take care of their personal hygiene during pregnancy and after delivery.
- Men/partners should support the hygiene care.

During pregnancy

- Pregnant women should go to the health facility so that they can create a prenatal record in the first 12 weeks of pregnancy. The nurse can review the history of the pregnant woman, assess potential risks, and give proper guidance in order to ensure a healthy pregnancy.
- Prenatal consultations are essential for a healthy pregnancy. Pregnant women should have at least four consultations before delivery to reduce the risk of pregnancy complications.
- Pregnant women should eat a healthy diet, with lots of vegetables, rice, cassava, and fruits. It is important to dispel myths and taboos related to food (example: if you eat eggs the baby will be born bald). Healthy pregnancy contributes to a safe delivery and a healthy newborn baby.
- Prenatal care is a *couple's* business. The man should participate in the pregnancy and support the woman's daily life, and both should attend consultations and follow the medical guidelines, for the sake of the future mother and baby.



Tips for Facilitators

Here, the point is to emphasize the many ways that men can support their wives/partners in having a healthy pregnancy. For every task a woman does, there are ways that her husband/partner can help.

- Are there other ways men can promote healthier families that are not included in this list?
- Why do men not get more involved in tasks like cooking or taking the children to get vaccinations?
- What are the benefits to men of being more involved in promoting healthy families and supporting their wives/partners?

Invite women to highlight the positive aspects of greater involvement by men, such as better couple relationships, healthier families, and less money spent on health bills.

Other examples:

- A mother may feel more supported during her pregnancy if her partner goes to prenatal consultations with her.
- A father may feel more connected to his son or daughter if he begins to be an involved parent early in the pregnancy. He will also know better how to support his partner's health during pregnancy.



WRAP UP

DURATION: 10 minutes

Ask participants the following questions.

- Do you have any questions about the session?
- Any doubts or confusion?
- Did you learn something today that will be useful in your own life? Are there any changes that you will make?

HOMEWORK

Men: working together with your partner, choose one or two activities you can do as a father to promote the health of the family, and that you have not done before. Examples include taking your children on vacation, helping to prepare a nutritious meal, discussing family planning, etc.

SESSION 5

Understanding Men and Women

PARTICIPANTS: This session is for men and women (including youth).

SESSION OBJECTIVES

- Explore the participants' attitudes toward men and women.
- Reflect on how society's expectations of both men and women and their relationships can be negative.

DURATION: 2 hours

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, pens

SESSION OVERVIEW

- **Setting the Stage** (20 minutes)
- **Activity 1. Vote with Your Feet** (30 minutes)
- **Activity 2. Man Box and Woman Box** (1 hour)
- **Wrap Up** (10 minutes)

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

Ask participants the following questions:

- How are you?
 - Has anything new happened since the last session?
 - How did the homework assignment go?
 - How did you feel after doing the assignment?
 - What was the result of the assignment?
1. If someone hasn't done their homework, ask them why they haven't and explain that in addition to the sessions, homework is a very important part of the learning experience.
 2. Thank everyone for sharing their experiences and for doing their homework.



Tips for Facilitators

Before Activity 1 begins, write **"I Agree"** on one piece of flipchart paper, **"I Disagree"** on a second flipchart, and **"I Don't Know"** on a third. Stick them on a wall.

Leave enough space between the papers to allow groups of participants to stand next to each other.

During the discussion about the participants' attitudes toward men and women, remember that your role is to remain neutral. You should promote discussion of the different options and not judge participants' opinions or suggest that they change their minds.

If someone has a very strong or divergent opinion, ask the group: "What do you think about the statement or opinion that was shared?"



OBSERVATIONS:

ACTIVITY 1. VOTE WITH YOUR FEET

DURATION: 30 minutes

OBJECTIVE: Explore the participants' attitudes toward men and women.

MATERIALS (optional): Flipchart paper (and something to stick the paper to a wall) with **"I agree," "I disagree,"** and **"I don't know,"** flipchart paper, markers pens

INSTRUCTIONS

1. Explain that this activity will help them reflect on their attitudes toward men and women.
2. Ask the group to stand up.
3. Explain that you will read a series of statements. Participants should stand in front of the flipchart that reflects their opinion – **"I agree"** or **"I disagree."** If someone is not sure whether they agree or disagree with the statement, they can stand in front of the flipchart with **"I don't know"**.
4. Before reading the first sentence, remind participants of the ground rules (examples: everyone is entitled to their opinion; be respectful, which includes listening while the other participants speak; be empathetic and try to imagine yourself in the other person's position; do not judge the participants' thoughts or experiences).
5. Read the first sentence: **"Men should always have the final word."**
6. After the participants have decided if they agree, disagree, or don't know, ask at least two participants (male or female) who agree with the sentence to explain why they agree. Then ask two participants (male or female) who disagree to explain why they disagree. If someone is **not sure whether they agree or disagree**, invite them to explain their point of view.
7. After the participants have explained their reasons to agree or disagree with the sentence, ask if anyone wants to change their mind.
8. Read the following sentence: **"Women know how to take care of children better than men"** and repeat steps 6 and 7.
9. Read the following sentence: **"A strong man does not cry"** and repeat steps 6 and 7.



Tips for Facilitators

Your role is to remain impartial and promote the discussion about different opinions. You should not express what opinion people should have or suggest that people should change their opinion. However, you should highlight some patterns identified in the answers. *Are there more men or women on one side or the other? If a majority of respondents has similar views about a particular sentence, is there anyone who disagrees or who is undecided?*

Additionally, promote interaction by allowing participants to ask each other questions. The purpose of this activity is not to reach an agreement but rather for participants to hear new and challenging perspectives.

10. You can also read the following sentences, depending on how much time you have:
- The man is the bank of the household.”
 - “A woman cannot refuse to have sex with her husband.”
 - “A woman’s main job is to take care of the home and the family.”
 - “It is easier to be a woman than to be a man.” / “It is easier to be a man than to be a woman.”
 - “A husband is justified in beating his wife when she argues with him.”
 - “Domestic violence is a private matter between the couple.”
 - “Men can take care of children as well as women.”
11. Next, ask the group to sit in a circle and then start a discussion using the questions below.

QUESTIONS FOR GROUP DISCUSSION

- About which of the sentences do you have the strongest opinion?
- How can these thoughts and beliefs have a negative impact on men, women, and children?

KEY MESSAGES

- Men and women have different attitudes or beliefs about how they should behave and act as men and women.
- These ideas and beliefs affect our relationships and behavior with others, and we do not always realize it!
- It is important to change ways of thinking that are harmful to our wellbeing.

ACTIVITY 2. MAN BOX AND WOMAN BOX

DURATION: 1 hour

OBJECTIVE: Help participants recognize the challenges that men and women (including youth) face in trying to fulfill societal expectations, understand the harmful costs of such challenges, and perceive that it is possible to change.

MATERIALS: Flipchart paper (and something to stick the paper to a wall), markers, pens

INSTRUCTIONS

Drawing the Man Box

1. Draw a box on a flipchart.
2. Ask the participants to shout out what comes to mind when they hear the phrase “Act like a real man!” Write all the words and phrases on the flipchart paper as they are spoken. Keep repeating the phrase “act like a man” until the participants have no more comments to add.
3. Write all the words on the paper as they are said. Continue to encourage participants to remember more and more examples until they can’t think of any more.



Tips for Facilitators

This is not a list of things you think are true, but rather a list of messages that boys hear when someone says to “act like a man.”

Examples of what “act like a man” means

- Being the boss of the house
- Beating the wife up
- Buying a hoe for the future father-in-law
- Getting his wife pregnant
- Having many children
- Being the “household’s bank”
- Not crying
- Having many sexual partners
- Being strong
- Being aggressive
- Being brave

4. Ask, **“Where do these messages come from (who is the messenger)?”**
(E.g., mother, father, teacher, sibling, peer, friend)
5. Say, **“This is the Man Box.”**
6. Explain, **“Man Box refers to gender roles and expectations of how men and boys must behave.”**
7. Ask, **“What advantages are there for men who stay in the box?”**
8. Write the advantages on a flipchart.

Examples of the consequences of stepping outside of the box

- Being respected as a “real man”
- Being famous or admired

9. Ask the group, **“What can happen to a man or boy who does not fit in this box and chooses to step out of the box?”**
10. Write their responses around the outside of the box.

Examples of what “act like a man” means

- Being called a “drunk” or a “junkie”
- Being called a woman
- Having very few friends
- Being called “weak,” “soft,” or “idiot”
- Being discriminated against

11. Say, **“This shows us that men are trained to stay in the box.”**
12. Ask, **“What are the costs to the men who live inside the box?”**
13. Write on a new flipchart paper, “Costs of staying in the box.” Record responses.

Examples of the costs of staying in the box

- Becoming violent/suffering violence
- Running away from home
- Feeling the pressure to continuously provide for the family
- Depression
- Children and wife afraid of him
- Risk of getting sexually transmitted infections
- Unnecessary expenses
- Pay less attention to his family
- Early death

14. Write on a new flipchart paper, “Advantages of stepping out of the box”.
15. Ask, “**Are there any advantages to stepping out of the box?**” Record responses.

Examples of the advantages of stepping out of the box

- Happier
- Having credibility in society
- Showing love and respect for his wife
- Greater emotional connection with children
- Having more money because the decisions on how to save and invest are made together with his wife
- Less stress
- Healthier

16. Ask, “**Can you think of examples of men in your own lives who do not conform to the messages inside the box? How are they able to move beyond the box?**” Discuss what the participants can do to change their own behaviors and attitudes (or those of other men) and be role models for other boys and men.
17. Discuss what participants can do to step out of the Man Box.

Drawing the Woman Box

18. Draw another box on flipchart paper.
19. Ask the participants to shout out what comes to mind when they hear the phrase “**Act like a woman!**”
20. Write all the words and phrases on the flipchart paper as they are spoken. Keep repeating the phrase “act like a woman” until the participants have no more comments to add.



Tips for Facilitators

This is not a list of things you think are true, but rather a list of messages that girls hear when someone says to “act like a woman.”

Examples of what “act like a woman” means

- Getting married and obeying her husband at all times
- Getting pregnant
- Taking care of all household needs (cooking, fetching water, sweeping, cleaning, washing)
- Knowing how to use the pestle and mortar
- Using capulana (Mozambique’s traditional fabric)
- Not sharing her thoughts or opinions
- Kneeling before her husband

21. Say, **“This is the Woman Box.”**

22. Explain, **“Woman Box refers to gender roles and expectations of how women and girls must behave.”**

23. Ask the group, **“What advantages are there for women who stay in the box?”**

24. Write the advantages down on flipchart paper.

Examples of the advantages of staying in the box

- Having a good reputation
- Keeping her husband happy

25. Ask the group, **“What happens to a woman or girl who wants to step out of the box?”**

26. Write these responses around the outside of the box.

Examples of the consequences of not fitting in or stepping out of the box

- Insults, threats, violence
- Bad reputation
- Being called a “manipulator”
- Being seen as making her husband “suffer”
- People saying, “Your husband will leave you to live with another woman, or he will take a second wife”

27. Tell the group, **“As you can see, there are often negative consequences when women want to step out of the box.”**

28. Ask, **“What are the costs to the women who live inside the box?”**

29. Write on a flipchart paper, **“Costs of staying in the box.”** Record responses.

30. Ask, **“What are the advantages for women who step out of the box?”** Record the responses.

Examples of the advantages of stepping out of the box:

- Greater independence and decision-making power that promotes family wellbeing
- Having more money because the decisions to save and invest are made by the couple
- Less stress and more sharing of household tasks as well as income generating tasks

31. Ask, “**Is it harder for women or men to step out of the box? Why?**”

32. Ask, “**Can you think of examples of women in your own lives who do not conform to the messages inside the box? How are they able to move beyond the box?**”

33. Discuss what participants can do to step out of the Woman Box, and how men can help women stepping out of the box.

KEY MESSAGES

- Both men and women benefit when they are able to step out of the box!
- Stepping out of the box will help your family to achieve their dreams.

WRAP UP

DURATION: 10 minutes

INSTRUCTIONS

1. Ask participants the following questions:
 - Do you have any questions about the session?
 - Any doubts or confusion?
 - Did you learn something today that will be useful in your own life? Are there any changes that you will make? What are some examples?

HOMEWORK

Save time tonight to discuss with your partner how you might work together to step out of your Man Box and Woman Box. From this conversation, choose a specific activity that the woman can do that is traditionally done by the man, and vice versa. For women, this could be resting at night, talking to friends, or listening to the radio. For men, this could be fetching water or bathing children, for instance.

SESSION 6

Sharing Experiences of Being a Man and Being a Woman

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

Help participants understand how men and women are personally affected (positively and negatively) by the social expectations of what it means to be a woman and a man.

DURATION: 1 hour 30 minutes

MATERIALS: None

SESSION DESCRIPTION:

- **Setting the Stage** (20 minutes)
- **Activity: The Gender Fishbowl** (1 hour)
- Wrap Up (10 minutes)

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

1. Ask participants the following questions:
 - How are you?
 - Has anything new happened since the last session?
 - How did the homework assignment go?
 - How did you feel after doing the assignment?
 - What was the result of the assignment?
2. If someone hasn't done their homework, ask them why they haven't and explain that in addition to the sessions, homework is very important as part of the learning experience.
3. Thank everyone for sharing their experiences.



Tips for Facilitators

Think about whether you want to facilitate the discussion of the Gender Fishbowl with mixed-gender groups or with all-men and all-women groups. If you decide to facilitate the activity with all-men and all-women groups, be sure to have a qualified female team member for the all-women group and a qualified male team member for the all-men group. Guidelines for each of the options are given in the activity.

Take extra care to ensure that women's views are respected in this session. For many men, this may be the first time that they are actively listening to the voices and experiences of women. Go over the ground rules before starting this activity, emphasizing the importance of respect. They can demonstrate this respect by:

- Keeping phones off
- Avoiding side conversations
- Not laughing
- Staying in one's seat for the entire conversation



OBSERVATIONS:

ACTIVITY: THE GENDER FISHBOWL

DURATION: 1 hour

OBJECTIVE: Explore, through cross-gender dialogue, how men and women are personally affected by gender socialization.

MATERIALS: None

INSTRUCTIONS

1. Ask two participants to prepare and perform a short role-play (about two minutes) of a couple in which the man is authoritarian and the woman is very obedient. *(This instruction should be given only to the two participants who will play the role of a couple.)*
2. At the end of the role play, ask the group, **“How did the man speak to his wife? Do you think she felt free to express her opinions?”**
3. Ask two other participants to perform a short role-play (about two minutes) of a couple in which the man talks openly and with great affection to his wife, who also talks with her partner in a more comfortable way. *(This instruction should be given only to the two participants who will play the role of a couple.)*
4. Ask the participants about the second role-play. **“What is happening there? What are the differences between the first and second role-play?”**
5. Explain to the group, **“Listening is often difficult. Sometimes people believe that they are always right and that other people are wrong, and therefore stop listening.”**
6. Explain, **“Next you’ll carry out an activity whose goal is to listen. This is an activity where men and women will have the opportunity to talk about what it is like to be a man or a woman. In this exercise, it is important to keep your ears open and your mouth closed.”**

Do you want to conduct the activity with mixed-sex or separate groups?

If you are facilitating the session with mixed-gender groups, proceed to step 7.

If the groups decide to take the activity in separate all-women and all-men groups, accept their suggestion. See adaptation for single-sex groups on page 37.

7. Divide the men and women participants into two separate groups. Ask the men to sit in the middle of the room in a circle facing each other, and ask the women to sit around outside the circle, forming a “fishbowl.”
8. Explain that you will start by asking the men a set of questions. Women cannot talk.
9. Remind women of the ground rules and the importance of listening respectfully to what men say.



Questions for Men (ask all questions)

- When did you first realize you were a boy? How did you feel?
 - What is the best part about being a man?
 - What is the hardest part?
 - What do you find difficult to understand about women?
 - What would you like women to know to better understand men?
10. After 20 minutes, end the discussion.
 11. Ask the women and men to switch places. Lead a discussion with the women while men listen.
 12. Remind men of the ground rules and the importance of listening respectfully to what women say.

Questions for Women (ask all questions)

- When did you first realize you were a girl? How did you feel?
 - What is the best part about being a woman?
 - What is the hardest part?
 - What do you find difficult to understand about men?
 - What would you like men to know to better understand women?
13. After 20 minutes, ask the groups to come together in one circle.
 14. Tell the group, **“Each of us, from childhood to today, has been receiving messages that say we should fit in the Man Box or Woman Box. This can sometimes have a negative impact on ourselves.”**
 15. Next, start a discussion about the activity using the questions below:

QUESTIONS FOR GROUP DISCUSSION

- Did this activity surprise you at all?
- How did it feel to talk about these experiences?
- How did it feel to listen?
- How do the messages we receive from the “Man Box” and the “Woman Box” have a negative impact on our children?

EXAMPLES (DO NOT READ ALOUD)

- Giving the daughters more housework, like cooking and cleaning, than the sons
- Sending sons to school for more years than daughters
- Having the expectation that the boys will be tougher and not show pain, fear, or sadness

What can we do to ensure that we listen to the experiences of others as we have done in this activity?

KEY MESSAGES

By having a better understanding of the opposite sex and their needs and experiences, we are able to have greater empathy for how they experience gender and how it affects them.

WRAP UP

DURATION: 10 minutes

INSTRUCTIONS

1. Ask participants the following questions:
 - Do you have any questions about the session?
 - Any doubts or confusion?
 - Did you learn something today that will be useful in your own life? Are there any changes that you will make? Could you share some examples?

HOMEWORK


Explain that the homework for this session is a listening activity. All participants, men and women, should ask their partners about their experience of being a man or a woman. While one explains his/her experience, the other should listen. A good listener is someone who does not talk while the other person is speaking, and who shows interest in what the other person is saying. Partners should be good listeners and make efforts in this regard. Since the next session is for men only, each man should come prepared to share the experience of the couple as a whole.

Adaptation of instructions to facilitate single-sex group discussions

In this adaptation, you must have a qualified female team member to assist the facilitation of the all-women group and a qualified male team member to assist the all-men group. Lead the activity according to the steps identified below:

- a. Explain that the all-male and all-women groups will be facilitated separately and that they will join the full group later. A representative of each all-men and all-women group will then share a summary of their group's activity with the other.
- b. Divide the male and female participants into two separate groups and take them to separate areas in the room, or even to different rooms. Each group should have a facilitator.
- c. Before starting the discussion, ask one person to volunteer to summarize the activity to the other group.
- d. Explain that you will ask a set of questions.

Ask the questions for men or women only according to the gender of the group.

- e. After finishing the questions, ask the groups to come together in a large circle.
 - f. Have a representative from each group share what was said in the respective group.
 - g. Go to step 12 of this activity.
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MODULE II

Men and Caregiving

Support Information for Facilitators

BASIC TIPS FOR FACILITATORS

While Module I focused on the themes of gender, masculinity, power, and how these elements play an important role in the daily lives of men and women, Module II will focus on transforming specific practices and perceptions related to (1) family decision-making; (2) men's role in caregiving and domestic chores; and (3) family planning.

MenCare—a global fatherhood campaign currently active in more than 30 countries—is an excellent platform for downloading positive images of men involved in caregiving tasks. MenCare is coordinated jointly with Promundo and the Sonke Gender Justice Network and implemented by several organizations, including the HOPEM Network. Think about sharing with the group some posters or similar images of men and women sharing domestic and caregiving work. If you are facilitating a session in an urban context, such as a city with access to electricity, show one of the MenCare Campaign short films from your computer during one of the sessions to promote these positive messages. Moreover, if you feel the need to include additional sessions on fatherhood and caregiving, download Program P (for older men) and Program H (for young men) from the Promundo website (www.promundo.org.br).

In Mozambique, there are good examples of working with men to transform gender norms through male engagement, such as the TV program “Homem que é Homem” (Man who is Man) aired on TVM (Television of Mozambique) (www.hqh.org.mz) and the programs “Fatherhood and Caregiving” and “Men in the Kitchen” from the HOPEM (Men for Change) Network (www.hopem.org.mz). These can also serve as good references.

KEY DEFINITIONS FOR MODULE II—MEN AND CAREGIVING

Active fatherhood – When men take an active interest in the lives of their children and are supportive of their partner by helping with domestic and caregiving tasks.

Caregiver – A key figure, such as a partner or family member, who provides unpaid care to an individual, whether it be a child, a person with disability, or someone else.

MODULE II KEY FACTS

- While women now represent half of the world's food producers and an increasing share of the paid labor force, men's participation in unpaid household chores has hardly increased.
- Some programs aimed at increasing women's economic empowerment through savings or loans have concluded that decision-making at the household level remains dominated by men, even when their wives contribute to the household income through their earnings from work.
- For this reason, it is important to engage men and boys to increase the economic and social empowerment of women. These efforts should also promote the involvement of men in unpaid caregiving tasks (e.g., caring for children and the elderly) as well as domestic work (e.g., cooking and cleaning).
- Promoting men's involvement in domestic and caregiving tasks also benefits men themselves.
- Caregiving gives men a way to express their emotions and helps them expand their own perception of what it means to be a father (i.e., a sense of fatherhood based on more than the man's ability to guarantee a family income, build a house, or give orders).
- Promoting men's involvement in childcare, and in family planning by using contraceptives, is an essential part of a healthy relationship.

SESSION 7

Being an Involved Father from the Beginning

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

- Reflect on how men can learn from their own childhood to be better fathers to their children.
- Discuss how men and their female partners should have an equal role in their family planning.

DURATION: 2 hours

MATERIALS: Two sheets of writing paper

SESSION OVERVIEW

- **Setting the Stage** (20 minutes)
- **Activity 1: My Father's Legacy** (45 minutes)
- **Activity 2: Fatherhood by Accident or Choice?** (45 minutes)
- **Wrap Up** (10 minutes)

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

1. Thank all the participants for coming to the session.
2. Ask participants the following questions:
 - How are you?
 - Has anything new happened since the last session?
 - How did the homework assignment go?
 - How did you feel after doing the assignment?
 - What was the result of the assignment?
3. If someone hasn't done their homework, ask them why they have not and explain that in addition to the sessions, homework is very important as part of the learning experience.
4. Thank everyone for sharing their experiences.



Tips for Facilitators

“My Father's Legacy” can have a great emotional impact on participants because violent experiences or other traumatic life events, such as abandonment, may be recollected.

Therefore, it is important to give the participants emotional support during this process. Generally, this can be achieved by respectfully listening to the participants, without judging or pressuring them.

It is also important to direct those in need of additional support to the appropriate services. Contact your manager for a current list of the available services.

You may wish to invite a sexual and reproductive health professional to provide information during this session in order to increase participants' knowledge about available contraceptive methods. If a reproductive health professional is unable to attend, share information about existing services in your community where men and women, and in particular adolescents and youth, can be informed about sexual and reproductive health, such as health units and adolescent and youth-friendly health services, Serviços Amigos dos Adolescentes e Jovens (SAAJ).

OBSERVATIONS:

ACTIVITY 1. MY FATHER'S LEGACY



PARTICIPANTS: This session is for men only.

DURATION: 45 minutes

OBJECTIVE

- Reflect on the ways in which men can learn from their own childhood experiences to be better fathers to their children.

MATERIALS: None

INSTRUCTIONS

1. Tell the group, **“In this activity we will reflect on the influence of our own fathers in our lives and how we can take the positive aspects of our relationships with them and use them with our children.”**
2. Ask the group to form a circle. Then ask everyone to close their eyes and think of an object that reminds them of their father or the main male figure in their childhood. This could be a tool, a book, a piece of clothing, the smell of beer, etc.
3. Ask the group to spend a few minutes concentrating on the object they identify with their father or another male figure. **What emotions does this object awaken in you?**
4. After two minutes, ask the group to open their eyes.
5. Ask participants to turn to someone sitting next to them and explain the identified object. Ask them how this object relates to their father or the main male model of their childhood. Give them 5 minutes to share.
6. Ask a few participants if they would be willing to share their impressions with the group.
7. Ask everyone to think about this statement: **“One of the negative things about my father that I do not want to repeat with my children is ...”**
8. Explain that each person should think about this statement and imagine how they would like to be in the future. Ask them to share their thoughts with the person sitting next to them. Give them 5 minutes to share.
9. After everyone has shared their thoughts with their group partner, ask them to think about this statement: **“One positive thing about my father that I want to repeat with my children is ...”**
10. Ask them to share their thoughts with the person next to them. Give them 5 minutes to share.
11. After everyone has shared, ask everyone to return to the circle. Next, start a group discussion using the questions below.

Tips for Facilitators

To lighten the mood, it is a good idea to use an energizer before moving on to the next activity.

QUESTIONS FOR GROUP DISCUSSION

- How does the “Man Box” have a negative impact on a father’s involvement in their children’s lives?
- A few examples: Men cannot cry; men should not express physical affection to sons such as kissing or hugging; men use violence to resolve conflict.
- How can we not repeat negative practices to become more involved in our families?
- Have you learned anything in the activity that may be useful to be a good father?

KEY MESSAGES

Reflecting on our own past allows us to make positive choices for our future to become good fathers.

ACTIVITY 2. FATHER BY ACCIDENT OR BY CHOICE?

PARTICIPANTS: This session is for men and women together.

DURATION: 45 minutes

OBJECTIVE: Foster communication between couples and joint decision-making regarding family planning.

MATERIALS: Two sheets of writing paper, two pieces of bread, large pieces of flipchart paper or a rope, copies of the supporting text if possible.

INSTRUCTIONS

1. Explain to the group that being a good father implies planning with your partner how many children they want to have, as well as preventing unplanned pregnancies. In this activity, you will have the opportunity to reflect on the impact of unwanted pregnancies on the wellbeing of the family.
2. Draw two large squares of the same size on the floor with enough room to accommodate two to three couples (four to six people) standing in each square. This can be done using a flipchart paper and a rope, or by drawing the squares on the floor or the ground, if it is on cement or sand.
3. Tell a story about two couples:

First couple: José and Maria

Second couple: Nelson and Palmira

4. Ask for volunteers to play the roles of José, Maria, Nelson, and Palmira. Each couple should stand in one of the big squares.
5. Explain that the squares inside which the volunteers are located represent the couples’ homes.
6. Start the story by saying, “**José and Nelson are brothers and they decide to get married on the same day. José married Maria and Nelson married Palmira.**”
7. Ask the participants to clap their hands or sing a song to celebrate their wedding. If the volunteers feel comfortable, they can dance together in their respective “homes.”
8. Continue the story by saying, “**In the first year of marriage, each couple had their first child.**” Ask two volunteers to play the children’s roles. Each volunteer should join the couple in their “home.”



Tips for Facilitators

Consider inviting a health care professional to talk to the group about contraception and family planning, and provide information about where these services can be accessed.

The purpose of this session is to point out that there is no “perfect” family size. However, each couple has to decide together how many children they can support so that each child has a chance to have a healthy start in life.

Couples’ communication and joint decision-making (“power with”) about the best time to get pregnant is an important part of a healthy relationship.

Unwanted pregnancy can cause harm to a woman’s health and to the unborn child, and bring economic hardship if a family is not prepared to have an additional child.

Men and fathers have a lot of power to influence your family positively.

9. Continue the story by saying, **“After the birth of their first child, José and Maria agreed to delay having their second child and decided to use contraceptive methods. Meanwhile, Palmira told Nelson that she would like to use contraceptives, but Nelson refuses to discuss the issue. He says If Palmira wants to use contraceptives he will look for another wife who will give him more children. In the second year of marriage, Palmira gives birth to the couple’s second child.”**
10. Ask one more volunteer to join Nelson and Palmira in their “home.”
11. Continue the story by saying, **“In their third year of marriage, Nelson and Palmira had their third child.”** Ask one more volunteer to join Nelson and Palmira in their “home.”
12. Continue the story by saying, **“In the fourth year of marriage, José and Maria had their second child. Nelson and Palmira had their fourth child.”** Ask for two more volunteers. Each volunteer should join one of the couples in their “home.”
13. Continue the story by saying, **“In the fifth year of marriage, Palmira gives birth to her fifth child.”** Ask one more volunteer to join Nelson and Palmira in their “home.”
14. Finally, give each couple a loaf of bread and ask them distribute it in their home among their family members.
15. Ask the volunteers to show their piece of bread to the group so they can appreciate the difference in quantity.
16. Thank all the volunteers for their participation in this activity and ask them to join the group again.
17. Start a discussion using the following questions.

QUESTIONS FOR GROUP DISCUSSION

- Why did Nelson refuse to discuss contraceptive use and family planning with Palmira?
- Why do some men and women in our communities avoid talking about contraception and family planning?
- What does this have to do with the Man Box and Woman Box? Examples (do not read aloud):
 - * Belief that having many children conveys an image of wealth
 - * Belief that a woman has to conceive until she grows old
- What are the negative effects of lack of communication about family planning on Palmira's health? On the health of her children? On Nelson and Palmira's relationship?
- What would be the impact on Nelson's life if he had a second or a third wife? (Example: less bread for each person = more poverty in the family)
- Does the role play we just saw happen in real life? Why or why not?
- What is the impact of having a large family?
- Why is it important for couples to talk openly about how many children they want and when to have them?
- Why is it important for women to have the last word in these matters?
- What can you do right now with your partner to promote communication about family planning?



KEY MESSAGES

- Boys and girls should postpone the initiation of sexual activities until they turn 18. It is important to prevent sexually transmitted infections and pregnancy to allow their body to develop. If they have started sexual activity, they should use condoms and other contraceptive methods. For more information, contact your nearest health unit.
- Pregnancy before the age of 18 requires greater attention from families and health professionals because it involves the danger of miscarriage, fetal malformation, premature birth, underweight of the baby, obstetric fistula, pre-eclampsia, eclampsia, depression, bleeding before and after delivery, and, in some cases death. Pregnant teenagers should be monitored at a health unit during the first three months of pregnancy and continue with consultations until delivery.

WRAP UP

DURATION: 10 minutes

INSTRUCTIONS

1. Ask participants the following questions:
 - Do you have any questions about the session?
 - Any doubts or confusion?
 - Did you learn something today that will be useful in your own life?
Are there any changes that you will make?

HOMework

The homework for this session is about discussing contraception and family planning with your partner. What questions do you have as a couple about sexual and reproductive health? Do you know where to go for information about contraception? What are your partner's perspectives, questions, and concerns about having children? Be prepared to discuss these matters in the next session.

Distribute copies of the supporting text below to the participants.

SUPPORTING TEXT ON MATERNAL, NEONATAL, AND CHILD HEALTH**Delay in deciding to seek care**

What is exclusive breastfeeding?

Babies should be breastfed exclusively for the first 6 months of their lives. This means that even water or tea should not be given. The baby's growth and mother's health should be monitored in a health unit.

The prenatal consultation is free!

You do not pay for the consultation. During the prenatal consultation the woman receives—free of charge—ferrous salt, mebendazole, a mosquito net, and medicines to treat sexually transmitted infections and malaria!

Childbirth in the maternity hospital

- Have your baby in a maternity hospital.
- Right after the birth, the mother must breastfeed the baby following the nurse's directions.

What are the advantages of having a baby in the maternity hospital?

Childbirth at the maternity hospital is free of charge and ensures that mother and baby receive the health care they need. The maternity hospital is staffed by health professionals and is prepared for any emergency.

How to avoid transmitting HIV to your child?

- Avoid transmitting HIV to your child by being tested during pregnancy and childbirth.
- The test is free; protect yourself and your child!
- If the result is positive, take the medication and follow the instructions of your health care provider.

What is family planning?

- Family planning is the process of deciding the number and spacing of children.
- The minimum recommended interval between births is two years.

What are the advantages of family planning?

- The family planning consultation and medications are free. Family planning helps the mother have time for herself and take good care of her baby in order for him or her to grow healthy.
- Family planning helps the couple decide together how many children they can have, and when they want them.

Extended vaccination program

All medical contacts with women of childbearing age should be used to check if their vaccinations are current and to give women appropriate advice about the vaccine schedule.



SESSION 8

Mother and Child Nutrition

PARTICIPANTS: This session is for men and women.

SESSION OBJECTIVES

- Address the effects of malnutrition on pregnant women and children.
- Inform participants on ways to promote optimal health and growth from the beginning of a child's life.
- Foster exclusive breastfeeding for babies in the first six months of their life, and reflect on how men can support their breastfeeding wives/partners.
- Raise awareness on the importance of complementary feeding in children from six months of age, and encourage discussion between men and women about the nutritional needs of children.

DURATION: 3 hours (these activities can be divided into two sessions, if necessary).

MATERIALS (OPTIONAL): Posters (e.g., of a malnourished child, a healthy child), flipchart paper, markers, tape, and one tablespoon and a 250-ml cup to demonstrate the nutritional needs of the child. Copies of the supporting text, if possible.

SESSION OVERVIEW

- **Setting the Stage** (20 minutes)
- **Activity 1. Promote the Health of the Child from Birth** (30 minutes).
- **Activity 2. Mothers, Fathers, and Exclusive Breastfeeding** (45 minutes).
- **Activity 3. Learning about Complementary Feeding** (1 hour).
- **Wrap Up** (15 minutes)



Tips for Facilitators

Your task is to promote discussion between men and women about their roles in promoting good, up-to-date feeding practices for pregnant women, and for children (especially those ages 0 to 5 years). You are not expected to give specialized information on nutrition and feeding practices. Such information may be provided by a clinical nutrition specialist or other health worker in a health unit

If possible, try to ensure that someone specialized in nutrition is present in this session.

SETTING THE STAGE

DURATION: 20 minutes

INSTRUCTIONS

Thank all the participants for coming to the session.

1. Ask participants the following questions:
 - How are you?
 - Has anything new happened since the last session?
 - How did the homework assignment go?
 - Any questions or clarification about homework?



ACTIVITY 1. PROMOTING YOUR CHILD'S HEALTH FROM BIRTH

DURATION: 30 minutes

INSTRUCTIONS

Explain to the group that today's session is all about the nutritional needs of pregnant and nursing women and children ages 0–5 years, as well as how men and women can promote the health and growth of their children in the first 1,000 days (approximately the first 2 years and 7 months) of life.

Step 1

1. Say to the group, **“The objective of this activity is to support the family to better respond to the nutritional needs of children in the first 1,000 days of life, which is the period between conception and child's third birthday. This is a critical period in the child's growth and development, because what happens during this phase affects the child's entire life.”**
2. Ask the group, **“What does it mean to be malnourished? What are some of the causes and effects of malnutrition?”**
3. Allow some volunteers to share their ideas.

While sharing ideas, ask about the myths they may have heard in the community and, if the participants are having difficulties, give some examples.

Examples obtained during the Gender Equality and Social Inclusion analysis in Nampula:

- If you eat an egg, the baby is born bald
- If you eat pineapple, the baby is born with fish scales
- If you eat fresh fish, labor will be longer

Be clear that these are just myths and do not correspond to any scientific truth, especially since these foods in particular are quite nutritious for both mother and baby.

Step 2

1. Ask the group, **“Does anyone know what ‘stature deficit’ means and what effect it has on children?”**
2. Allow some volunteers to share their ideas.
3. Try to have a poster of a malnourished child on hand. Present the image and review the following points with the participants.
 - Infants and children need nutritious food to grow, develop, and be healthy. Pregnant and nursing women also need rich nutrition in order to support their baby's growth. When a person does not ingest the right amount of food, or the right kinds of food, malnutrition can result. When children are malnourished, as shown on the poster, their bodies are less able to fight off diseases, including infections.
 - Poor nutrition, as well as frequent infections or illnesses, can lead to short stature (or “stature deficit”), which means that a child's height is lower than it should be at his or her age. The overwhelming majority of children (90%) who suffer from dwarfism begin this process in the first 1,000 days of life.
 - The effects of stature deficit in the first two years of children's lives can slow their growth; increase the risks of illness and death; delay brain development; and have a negative impact on children's ability to learn, grow, and develop—all of which will affect them for the rest of their lives.

Step 3

1. Point to the image of a healthy child on another poster and explain to the group:
 - **“Proper nutrition for pregnant and nursing women and their children, adequate health care, and a healthy environment can prevent dwarfism and ensure healthy growth and normal brain development, increasing the child’s ability to learn and decreasing susceptibility to diseases.”**
2. Ask the group, **“Is stature deficit common in the community?”**
3. Explain to the group, **“Ensuring optimal nutrition is crucial to preventing your child’s stature deficit and malnutrition. This begins by ensuring that pregnant and nursing women ingest healthy and nutritious food, and the process continues by ensuring that your child receives the nourishment required during the first 2 years of life.”**
4. Ask the group if anyone knows the special nutritional needs of pregnant and nursing women. Are there things that women should or should not eat during this period?
 - Allow some people to share their ideas about what pregnant and nursing women can and cannot eat.
5. If possible, present healthy eating plans to the participants. Be sure that the plans contain foods that are easily accessible in participants’ communities and do not clash with their daily reality. You will find some suggestions in the key messages. Provide copies of the supporting text to the participants.

SUPPORTING TEXT: NUTRITIONAL NEEDS OF PREGNANT AND NURSING WOMEN

- Mothers need to eat nutritious food, including milk, fresh fruits and vegetables, meat, fish, eggs, grains, peanuts, peas, and beans. They should also drink lots of liquids.
- During pregnancy, mothers should eat an extra meal or snack every day, to provide energy and nutrition for themselves and their growing babies.
- During breastfeeding, mothers should eat two small meals or extra snacks every day, to provide energy and nutrition for themselves and their growing babies. There is no forbidden food. However, it is not recommended to drink alcohol during pregnancy and breastfeeding.
- Drinking tea or coffee at meals can interfere with how your body makes use of food. Pregnant women should reduce the consumption of such drinks.
- During pregnancy and breastfeeding, there are special nutrients that will help the baby grow and be healthy. Women should ingest iron, folic acid, and vitamin A tablets according to a prescription from a doctor.

6. Tell the group that during the remainder of the session, they will learn more about the nutritional needs of infants and young children, and how men and women can work together to ensure these needs are met.

KEY MESSAGES

- During pregnancy, it is recommended that women have at least three meals a day and consume varied food rich in vitamins and minerals (rice, cassava, yams, sweet potatoes, eggs, beans, fish, meat, peanuts, fruits, sugar cane, sweet potato leaves, moringa leaves) to strengthen the health of both mother and baby.
- It is not true that pregnant women cannot consume eggs, fish, or pineapple.

7. Tell the group: **“Proper nutrition during pregnancy is essential for a woman’s own health and to ensure the safety of the developing child. Prevention of stature deficit and malnutrition begins early in pregnancy, contributing to the development of your child throughout life.”**

ACTIVITY 2. MOTHERS, FATHERS, AND EXCLUSIVE BREASTFEEDING

DURATION: 45 minutes

Step 1

1. Explain that in this activity the group will discuss the nutritional needs of children during their first six months of life, as well as how fathers and mothers can play an active role in meeting those needs.
2. Let the people involved share their ideas.

Step 2

1. Ask the group, **“When should a mother start breastfeeding her baby?”**

Then explain that a mother should start breastfeeding her baby within the first hour of life. Early breastfeeding helps the baby to learn how to suckle, while breasts are still soft and pliable, and helps to prevent bleeding nipples. Mothers must breastfeed often to have sufficient breast milk production. Breastfeeding should be established according to the needs expressed by the baby, both day and night.

2. Next, ask the group, **“What do babies in your community eat in the first six months?”**

Allow some volunteers to share their ideas.

Step 3

1. Using the posters you showed previously, ask the group about the difference between a malnourished child and a healthy child. After listening to some of their answers, read the following points aloud.
 - For a baby, breast milk is the most important source of nutrition. The Ministry of Health recommends that mothers adopt exclusive breastfeeding during the first 6 months of their child's life. This means that a child should receive only breast milk and not ingest any other food, not even water.
 - Breast milk provides all the nutrients and water that your baby needs during the first 6 months of life. Maternal milk has important vitamins, minerals, proteins, and energy that your baby can easily digest. Breast milk also helps to protect your baby from the most common diseases. During this period, you should only give medicines to your baby if a health professional instructs you to do so.
 - Giving water, food, and other liquids during the first six months can upset your baby's stomach and cause illness. This also increases the baby's possibility of suffering from diseases such as diarrhea and pneumonia, leads to malnutrition, and reduces the natural protection of breastfeeding along with all the other benefits your baby receives from breast milk.

Next, ask the group, **“Is exclusive breastfeeding practiced in the community?”**

2. Allow some volunteers to share their ideas. Tell the group that all mothers want their babies to be as healthy as possible, but that sometimes they face challenges that make it very difficult to feed their baby through exclusive breastfeeding for the first 6 months.
3. Ask the group why some women don't start breastfeeding right after delivery or don't provide exclusive breastfeeding for their baby during the first six months of life. You can illustrate by showing a poster where one man is at home but has no domestic activity, and another poster where the man is not at home.

Step 4

1. After the group has identified possible solutions to the challenges described, start a group discussion using the questions below.



Tips for Facilitators

It would be useful to write the participants' answers on a flipchart or on a small sheet of paper to help you remember all the answers. You will use the challenges identified by the group in the next steps of the activity. Examples of challenges can be found in the text box below, in case the group cannot identify enough challenges.

After the group has finished identifying the challenges faced by women, ask the group: **“Can anyone think of solutions to any of these challenges? Are there specific ways in which men can support their wives/partners while breastfeeding?”**



QUESTIONS FOR GROUP DISCUSSION

Ask the women:

- What do you think of the suggestions made by the group?
- Would you like the men to become more involved and supportive while you breastfeed?

Ask the men:

- Do you think some of the solutions identified by the group can be implemented? Why or why not?
- How can men in the community be encouraged to become more involved and supportive during exclusive breastfeeding?

Ask the group:

- Are there other ways in which men can support their wives/partners while breastfeeding that have not yet been identified?

KEY MESSAGES

- Soon after birth, breastfeed your baby. Continue with exclusive breastfeeding until the baby is 6 months old. Do not give your baby water or any other food because breast milk has everything your baby needs.
- After your baby is born, he/she will receive a medicine in his/her navel and eyes, and a vaccine. Do not put anything else in your baby's eyes or navel. If you have not been given anything at the hospital, just wash with clean water and soap until the baby's navel is fully treated.
- Each caregiver should take their children ages 0 to 2 years to the health unit or Mobile Health Brigade to get the vaccines according to the vaccination schedule, to keep children strong and healthy and prevent diseases.

Closing Statement:

Read to the participants:

“During the first six months, exclusive breastfeeding is very important to ensure that your baby grows healthy and strong. Although breastfeeding is something that only women can do biologically, men can be supportive of their wives/partners during this period in many ways. Fathers can create a strong bond with their children at this early stage by taking an active role in breastfeeding and caring tasks. Fathers can encourage their partners to breastfeed. They can also help mothers with breastfeeding by taking on household chores. Exclusive breastfeeding will give your child the best start in life.”

ACTIVITY 3: LEARNING ABOUT COMPLEMENTARY FEEDING¹

DURATION: 1 hour

Step 1

1. Explain to the group that this activity is a continuation of the discussion on the nutritional needs of children ages 0 to 2 years.
2. Ask the group, **“Does anyone know how a child should be fed after 6 months of exclusive breastfeeding?”**
3. Allow a few volunteers from the group to share their ideas.
4. Read the following to the group:

“As children grow up, they need to eat different kinds of food, and to eat more often. At 6 months, the amount of energy and nutritional value of breast milk begins to be insufficient for the child. This is why parents, when the child reaches 6 months of age, should begin to give other food to complement the maternal milk. The new food does not replace mother’s milk. Breast milk remains an important source of nutrients and helps to protect children from diseases until the age of 2 and even after.”

5. Ask the group: **“In your community, how are children fed when they are 6 months old? Do they normally eat the same food as the rest of their family?”**

Allow some volunteers to share their ideas with the group.

6. Next, explain that children who are 6 months old can eat food other than their mother’s milk, but the food that 6-month-old babies eat is different from the rest of the family. It is desirable to have a poster showing the types of food that a child 6 months of age can eat. The text box below can be helpful.
7. Ask the group, **“What complementary food, how much food, and how often should a child be fed between the ages of 7 and 9 months?”**

Allow some volunteers to share their ideas with the group. Encourage those who have attended meetings of different community groups to share what they have learned. Share the information in the box below.

From 7 to 9 months

Parents should try to feed their child a variety of foods at each meal, including more than one of the following types of foods:

Foods of animal origin, such as beef, chicken, fish, liver, eggs, and dairy products.

Basic foods, such as corn, wheat, other cereals, rice, millet and sorghum, and roots and tubers such as cassava and potatoes.

Vegetables, such as beans, lentils, peas, peanuts, and seeds such as sesame.

Fruits and vegetables rich in vitamin A, such as mango, papaya, passion fruit, oranges, dark green leaves, carrots, yellow sweet potatoes, and pumpkin.

Other fruits and vegetables such as banana, pineapple, watermelon, tomato, avocado, eggplant, and cabbage.

Food should be finely chopped or mashed. Food must be thick enough not to slip out of the spoon. At 8 months of age, your baby can start eating food cut up into pieces big enough to be held by the fingers.

Complementary foods should be given 3 times a day, 3 tablespoons each time.

Continue breastfeeding your baby whenever he or she wants, day and night. Breast milk provides half of your baby’s energy needs. Keep giving your baby breast milk before other foods.

¹ This activity was based on the AgriNutrition Manual from Concern Worldwide, and Infant and Young Child Feeding and Gender: A Training Manual for Male Group Leaders created by PATH.

Ask the group, **“What do you think of the information I have shared with you?”**

8. Next, ask the group: “What complementary food, how much food, and how often should a child be fed between the ages of 9 and 12 months?”

Allow some volunteers to share their ideas with the group. (The foods appropriate for children between the ages of 7–9 months are similar to the foods appropriate for children between the ages of 9–12 months).

9. Next, ask the group: **“What complementary food, how much food, and how often a child should be fed between the ages of 12 and 24 months (1–2 years old)?”**

Allow some volunteers to share their ideas with the group.

Describe the types of food a child between the ages of 12 and 24 months can eat. Use the text box above to help the participants come up with ideas, or to complement what they have said.

10. Next, start a group discussion using the questions below.

QUESTIONS FOR GROUP DISCUSSION

- Have you learned anything new from this activity?
- Do you believe that most children in our community are being fed according to the recommendations we have just discussed?
- Are there challenges that prevent families from feeding their children according to these recommendations?

Possible challenges include (1) lack of information on guidelines for adequate complementary feeding; (2) lack of access or resources to provide the variety of foods needed; (3) women stop breastfeeding before the child is 2 years old.

- How can men contribute to the healthy feeding of children?
- What can we do to help ensure that the child is provided with the variety and amount of food needed?
- Are there any ways that women and men can work together to meet these challenges?

Ask the men:

- Has this information been shared in the community meetings you have attended?
- Do you think it would be beneficial to participate in meetings with this content?

Closing Statement

“As children grow up, they need to eat different kinds of food, and to eat more often. At 6 months of age, parents can begin to give other foods besides breast milk. These new foods do not replace breast milk, but complement it. Breast milk remains an important source of nutrients and helps to protect children from diseases until the age of 2 and even after. Together, new foods and breast milk provide the nutrients a child needs to develop. With this knowledge, men and women can work together to better meet the nutritional needs of their children as they grow.”

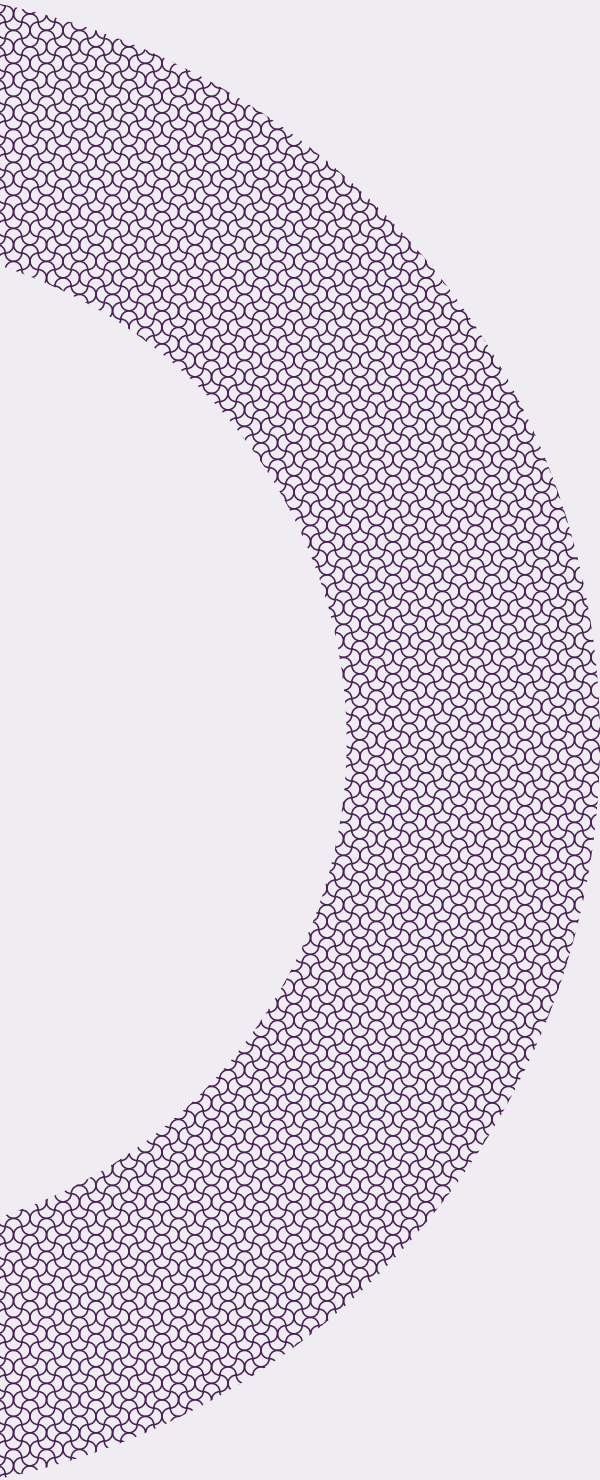
WRAP UP (15 MINUTES)

Repeat the “Wrap Up” steps as described in Session 1.

HOMEWORK

Explain that the homework for this session is for both men and women to practice using the information they learned in today’s session to help meet the nutritional needs of their children. Men and women should discuss their children’s nutritional needs based on their age or on the nutritional needs of the pregnant woman, and work together to understand how to meet best these needs. Participants should be prepared to share their experience in the next session.





MODULE III

Initiative
for Improving
the Quality
of Maternal,
Neonatal,
and Child
Health Care

Maternity and Paternity within the National Health Care System

BACKGROUND

The health sector is a key area for promoting engaged and responsible parenting by both women and men. Every day, health professionals interact with mothers and fathers in health consultations during pregnancy and delivery, and consultations of children ages 0 to 4 years.

Traditionally, there is a tendency to relegate maternal and child health responsibilities and care to women, with the result that men have little or no participation. Lack of male involvement may be due to the limitations of health care facilities for men, as well as cultural constraints that limit male participation because of the belief that caregiving is a woman's exclusive role. There are also few role models on male involvement in caregiving, as noted in the following statement:

“In my family, neighborhood, and community, I have never seen a man accompany his wife to a prenatal consultation, so I won't accompany my wife either.”

– Adolescent male, focus group discussion in Eráti District, during the Gender Equality and Social Inclusion analysis.

Currently, the presence of fathers in health facilities is gradually increasing, especially at the time of birth. The most involved fathers are usually the youngest, with a higher level of education and flexible work, where they can ask to be released, or are unemployed. Thus, the health sector is also beginning to interact with fathers, seeing them as an important element of care and support during all stages of pregnancy and birth.

In 2018, Mozambique adopted the “Guidelines for the Involvement of Men in Health Care,” whose objective is to *guide the implementation of interventions aimed at engaging men and boys in the use of health care services at the community and workplace levels*. Thus, the government, in line with the gender strategy of the health sector, is prioritizing interventions that aim to (1) improve indicators on men's use of health care services and (2) reduce male morbidity and mortality from preventable and treatable diseases.

Guidelines for male engagement in health care are a powerful and forward-looking tool for breaking all the traditional patterns that have tended to treat men as marginal subjects in the MNCH area of the health system. Thus, fathers are given an instrumental role because they are involved in supporting the care of their children, but they also have activities focused on the men themselves. This step provides a great opportunity to involve men in caring for themselves and their families.

However, along with the guidelines and this manual, it is also essential to make greater investments in:

- Clearer guidelines and protocols on how to work with families and men who are fathers
- More campaigns and educational materials that encourage and promote men's involvement in health care
- Promoting fatherhood when mothers and fathers are engaged in health care activities

Providing adequate pro-fathering directions for each of the following cases: when the mother is single and does not have the support of the father (within a comprehensive and nondiscriminatory approach); when parents are separated; when adolescent parents need special support to participate in caregiving without dropping out of school; when couples go through situations of serious conflict or when domestic abuse or gender-based violence is identified, in which women and children are the most affected; and when there are homosexual relationships and different family configurations.

Thus, this chapter presents some recommendations for health professionals on ways to promote paternity and paternal care in prenatal consultations, childbirth, and consultations for children ages 0 to 4 years. It includes a self-assessment guide for health teams on how they currently work with paternity issues.

Recommendations for Health Professionals Responsible for Prenatal Appointments

1. Prenatal appointments

Medical examinations during pregnancy aim to protect the health of the unborn child, as well as the health of the mother. Over the decades, the discourse and practices of health systems have focused on pregnant women and, traditionally, “mother and child health care,” referring to the *mother-child* binomial. From this perspective and practice, fathers have been made invisible, excluded from participation in these processes or placed in a marginal position.

Recent studies show that the bond between child and father is built before birth, and the exercise of an active role by the father during pregnancy is increasingly important. The involvement of the father from the beginning of the pregnancy is not only of great importance to create the bond between the child and the father, but also contributes to the physical and psychological health of the mother, the wellbeing of the unborn child, and the growth of the father as an individual.

Any moment of interaction between the health system and families during pregnancy is an open door to include the father, emphasize his important role, help him generate joint responsibility for the child to be born, encourage his support of the mother, help him build a bond with his future child, and fully assume his fatherly role. Moreover, these moments also can be conducive to the father's greater care for his own health by attending the *male prenatal care visit*, an action that aims to include fathers in the health system, prevent diseases, and promote fatherhood and a greater involvement in caregiving tasks.

Unfortunately, although the willingness of health institutions to change regarding the father's involvement during pregnancy is clear, there are still old concepts and practices that continue to approach pregnancy as a process that only concerns the mother and child, without considering the role of the father.

Examples of obstacles to the participation of fathers during pregnancy include the following: fathers were not allowed to be present at prenatal consultations; not all health facilities have an extra chair in the consultation room so that the father can sit; and there is no record of the father's attendance at pregnancy check-ups, nor indicators to monitor the father's attendance during pregnancy check-ups. The health units which do have fathers' attendance records have poorly prepared health professionals who do not know how to guide the fathers, who thus continue to play a secondary role in the process without receiving any incentive for greater involvement.

All these factors suggest the need for greater investments in policies, infrastructure, and interpersonal relationships between health professionals and fathers.

2. Obstacles to parents' participation in maternal and child health care, including adherence to delivering children at a maternity hospital.

- Non-friendly environment for male engagement.
- Being charged by health professionals for giving birth childbirth process and for receiving a vaccination cards or being threatened that the woman will receive bad service.
- Violent treatment and humiliation of pregnant women by health professionals.
- Women with disabilities having limited access to inclusive care.
- Refusing to start a prenatal record at the health unit if a woman is not accompanied by a male partner, which is a serious violation of women's rights in terms of sexual and reproductive health. The most aggravating aspect of this situation is that although this practice is carried out in several health units, there is no policy or decree from the Ministry of Health (MISAU) indicating that the woman must be accompanied

by her husband/partner. The Guidelines for Male Engagement in Health Care promote the use of health units by fathers and couples through the transformation of social norms that affect the use of health care (www.misau.gov.mz). However, at no time do the guidelines mention that women should be barred from access to health care services when not accompanied by a male partner.

- Difficulties of health professionals in making early diagnosis of pregnancy, which results in opening prenatal records only when women are visibly pregnant.
- Absence of health infrastructure that accommodates fathers.

3. The attendance of fathers at health units has the following objectives:

- Prepare fathers for the arrival of their child and involve them in the challenges of fatherhood from the beginning.
- Promote the bond between father and the child to be born, thus facilitating a future active, caring, and communicative role in the child's development, especially in early childhood.
- Promote the involvement of men in household chores and nutritional care.
- Help fathers understand the different stages of pregnancy and be supportive during each transition.
- Encourage fathers to take care of their mental and physical health, assume a healthy lifestyle, reduce/eliminate risk behaviors (such as tobacco and alcohol use), and thus generate a better environment for the development of their child, along with the physical and emotional wellbeing of the partner.
- Promote the elimination of physical and psychological violence, which may affect pregnancy, the mother, and the relationship between the couple.
- Promote mutually supportive attitudes and collaboration and dialogue between father and mother to better deal with changes, concerns, and adjustments that arise from pregnancy.
- Address concerns and questions about pregnancy and sexual life during the gestation period.

4. Possible courses of action for health professionals

- The paternal bond can be built from the very beginning of pregnancy and strengthened at each moment of the gestation process.
- Each moment of this process is therefore a special opportunity to increase awareness and involve the father in his present and future role as a parent.
- At the start of a woman's pregnancy, health professionals have a fundamental role in building the father-child bond.
- In each instance—pregnancy test results, prenatal appointments, ultrasound, etc.—require specific guidance and strategies to work with both parents.
- The directions or comments of the health professional, even when the consultation takes place without the presence of the father, may influence him to attend and participate in the following consultations.
- In order to provide adequate information about fatherhood, it is critical to know the family and cultural reality of the couple. There are fathers who wish to participate, but many times their work makes involvement difficult. In addition, depending on the experiences of the pregnant woman and the baby's father, maybe neither of them knows how to deal with the expectations of being a parent.

5. Professional practices suggested by the initiative “Unidades de Saúde Parceiras do Pai” (Partners of Fathers’ Health Units)

- Among the health care team, promote reflection on themes related to masculinities, fatherly care, and methodologies for working with men.
- Include fathers in the service routines and invite them to consultations, examinations, and group activities related to the care of their children and partners. Appointments to which fathers should be invited include counseling on contraception, pregnancy test, and pediatric follow-up.
- Encourage fathers’ participation in prenatal, childbirth, and postpartum care and give them meaningful tasks, such as cutting the umbilical cord or giving the child’s first bath. Make known the father’s right to be present at his child’s delivery, if the mother so wishes. Make it easier for fathers to visit their children in the wards.
- Promote educational activities with men that discuss topics related to caregiving, from a gender perspective. Welcome men, value their skills, listen to their demands and suggestions, offer support in difficult situations, and encourage them to take care of their own health.
- Propose adjustments in the health care settings to encourage the presence of men, such as providing chairs, beds, male restrooms, partitions, posters, and magazines.
- Give visibility to the topic of fatherly care, including it in the different educational activities carried out by the unit, such as during consultations on contraception, prenatal, and breastfeeding, and in groups for adolescents, parents, and seniors.
- Provide alternative schedules, such as Saturdays and third shifts, for appointments, group activities, and visits to the wards in order to facilitate the presence of working fathers.
- Establish partnerships with the community to strengthen the social support network.
- Consider including “model men,” who are champions of change and can help with presentations at the health unit.

What we can do as health professionals if ...

... the mother attends prenatal appointments without the father

- If a pregnant woman arrives at the prenatal appointment without a partner, ask about her relationship with the child’s father and if she would like him to accompany her during the next appointments and delivery.
- If the pregnant woman wants to attend the appointments together with the child’s father, talk to her about how to invite him, the benefits of such involvement, and what to consider for his participation (time to be included in the request to leave work, etc.). Consider the possibility of a standard letter or brochure that the mother could take to him.
- If the pregnant woman would not like the father to participate, question the reasons and ask if she would like someone else to accompany her. Explain the benefits of having a companion at these times, without making this an obligation and embarrassment for the woman who may be single or having conflicts with her partner.
- If she decides not to have the child’s father present, respect her decision. Consider if the behavior of the father could endanger the health of the pregnant woman or the pregnancy.
- Always remember that the participation of men cannot justify a violation of women’s privacy and confidentiality.
- If the father cannot accompany the pregnant woman to appointments for reasons such as travel, work, prison, etc., guide the mother to pass on all the information to him so that he feels encouraged to be involved in the process.
- Never prevent a pregnant woman from enjoying her right to medical assistance because she is not accompanied by the child’s father.

... the father is present at prenatal appointments

- Engage him actively in the prenatal interview and consultations; do not treat him as secondary.
- Ask the pregnant woman to come in with him, look at them and give information and directions to both equally. Avoid focusing only on the woman, which can make the man feel lost.
- Take advantage of the moments of greater participation and motivation, which are usually ultrasounds and listening to fetal heartbeats, to promote and encourage the father's bond with the child.
- Encourage the man to participate in his child's first ultrasound and, at that moment, emphasize the importance of involving him in other consultations as well. Include him in the experience of seeing his child and hearing the child's heartbeat. Pay attention to his emotions and questions.
- Encourage the future father to start communicating with his child, whether through touch and massage of the pregnant woman's stomach, conversation, music, etc.
- Encourage the couple to participate together in all stages of pregnancy: prenatal appointments, routine exams, and ultrasound.
- Provide information on upcoming appointments to both, and encourage them to come together. You can even hand over the consultation card to the partner as a strategy for greater accountability.
- Talk about the signs and symptoms that identify an obstetric emergency and what steps to take.
- Make space for them to raise their concerns and worries. Create time for any issues that arise, whether related to health, stress situations (current or potential), financial situation, work, the couple's relationship, housing, environment, sanitation, etc.
- Talk about the vertical transmission of sexually transmitted infections, such as syphilis and HIV, and explain how essential it is for men to have all the related tests done. Show him it is one of the first caregiving activities he can perform for his child.
- Ask about the couple's concerns about their sexual life during pregnancy. Provide information and guidance to both of them about the exercise of sexuality during this phase.
- Encourage the pregnant woman to share with the child's father the feelings and emotions she is experiencing during pregnancy.
- Encourage the future father to provide emotional support and help with practical tasks throughout the pregnancy.
- Encourage him to participate in promoting a healthy lifestyle during pregnancy. Examples include healthy food, tobacco-free environments, responsible alcohol consumption, resting, and recreation, among others. Include the concept of "shared leisure," referring to rest and relaxation time for both the man and woman. Address the consequences of violence on women and unborn children.
- Invite the father to participate in birthing preparation courses (if any) and make a visit to the maternity ward together.
- Communicate to the future father the importance of his presence at the time of birth, giving examples of the positive impacts of such involvement, and talk about what is expected of him. It may be the perfect time to encourage natural childbirth, exclusive breastfeeding up to 6 months, and precautions to avoid obstetric violence during childbirth.
- When the future father is unable to attend consultations, for work or other reasons, give the pregnant woman suggestions and small tasks, such as conveying information, asking questions, reading the information leaflets, asking for an opinion, and alerting him about the next appointment or examination. The presence of the future father may depend on the consultation with the future mother.
- Tell about the Law 10/2017 of August 1, which grants 7-day leave to new parents if the father is a formal-sector employee.

6. Recommendations for health professionals responsible for prenatal, childbirth, and postpartum care

From the moment pregnancy ceased to be mainly a family and community event, the pregnancy and childbirth process was incorporated as a medical procedure that began to take place within a hospital structure with little autonomy of the women and almost no space for the children's fathers. In the past 50 years, the guidelines given to health professionals and maternity hospitals have been guided by this approach, centered on medical knowledge and technology.

In health units dedicated to deliveries, fathers have long been invisible or excluded from participating in the process and have not been present at the time of birth. Both the prenatal and childbirth processes were considered issues that concern only the mother and the health system, giving rise to specific guidelines, staff, and infrastructure.

Although it is evident that the health of the mother and child is the focus of this process, more and more fathers are becoming involved in childbirth, as well as in the processes associated with it. In many countries, the involvement of the father during childbirth, his engagement from the beginning of pregnancy, and the establishment of an early bond with his child have been encouraged.

The opening of the health system to the increasingly active participation of the father reinforces the concern to humanize the childbirth process, generate more support and security for the mother at that moment, encourage the early bond of the father with his baby, and promote greater co-responsibility in caring for his child from the beginning. Men from different social classes have shown more interest in being present at these moments.

Currently, the public health system believes that the presence of the father during the prenatal period and childbirth can be essential for the mother, the child, and the father himself. Birth is only a brief moment, but it has a great emotional and experiential impact for all involved.

Furthermore, it is clear that for both the newborn and the father, participation during childbirth is a key moment of connection. Indeed, the possibility of participating in this moment has been assumed by many men not only as an important and spiritual moment, but also as a right.

There are still many challenges within the Mozambican setting, such as having infrastructure that can accommodate the father at childbirth, and where the mother's right to privacy is not violated. Protocols, guidelines, and larger campaigns for the involvement of men are also essential.

Including the father in the prenatal period and childbirth means:

- Respecting childbirth as a natural and human event
- Emotionally supporting the mother during childbirth
- Promoting the father-child bond from the moment of birth
- Fostering and reinforcing the father's role from the experience of participation in the birth process of his child.



What we can do as health professionals ...

... in the prenatal period and during childbirth

- Ask the mother who she wants to accompany her throughout the process. However, do not impose a specific person; doing so would be a violation of her rights. For various reasons, the mother may not want the presence of the husband/partner and may prefer to have someone else to play this crucial role. If this is her first time becoming pregnant, it is important to explain the danger signs in pregnancy as well as give information about the birth (for example, during the GESI analysis, we found that many women pregnant for the first time did not know from which part of the body the baby would come out).
- Explain what obstetric violence is and how the presence of the father can be critical to preventing this from happening during childbirth.
- Include the future father and give him specific instructions on what to do in the situations in which he wants to participate, such as helping to dress the mother, take care of her belongings, support her emotionally, create physical contact, and alert her to danger signs that require attending the health unit immediately, among others.
- Include the future father in the activities of the psychoprophylactic method. For example, giving the mother a massage and saying words of encouragement and support, among others.
- Explain briefly and clearly to the father where he can be in the delivery room (if conditions allow) and what his contribution to the process is; stress the importance of his presence.
- At the time of delivery, make sure the father is in a suitable place where he feels comfortable and can give emotional and psychological support to the mother during the procedure.
- So that he can contact his child as soon as possible, ask the father to assist in cutting the umbilical cord, holding and weighing the baby, and other procedures.

... in the postpartum period

- Promote mother and father contact with the baby; try to give each one the necessary time.
- Encourage and help the father to hold the child in his arms.
- Extend the presence of the father near the newborn and mother for as long as possible.
- Inform the father and mother about every medical or routine procedure that is performed on their baby.
- If the father or mother do not feel comfortable with initial physical contact, support them. This process can take hours or days. The important thing is that they find their own way, and build a contact bond with the child.

...before medical discharge, still in the maternity ward or in a room with both mother and baby?

- Explain to the father how he can help with breastfeeding: taking the baby to the mother, supporting her during the process, positioning the baby to burp, and putting the baby to sleep so that the mother can also rest.
- Also inform both of them about the immediate care of the newborn: exclusive breastfeeding, care of baby's navel, etc.
- Encourage the father's involvement in breastfeeding, first bath, and other first care.
- Briefly inform the mother and father about the changes that the woman's body will undergo during the postpartum period, until it returns to the characteristics prior to pregnancy, and the way this may interfere with sexual activities. Listen to their concerns.
- If the mother has undergone any surgical intervention, please also explain to the father the special care she requires.

- Explain to the father that the only thing he cannot do is to breastfeed. He can perform household and caregiving tasks, and his emotional support will be essential.
- Explain to the father the need for the mother to rest. Suggest that he become co-responsible for all the household chores.
- Tell the father that the material and emotional support given to the nursing mother is essential.
- Inform him about the date and place of the baby's first health consultation and encourage his participation.
- Inform the father about the importance of being present during the first 0–4 years at medical appointments or at the Health Unit.
- Encourage any father who works in the formal sector that he can take the paternity leave—this is his legal right.
- Upon leaving the maternity ward, congratulate the mother and the father and thank them for their cooperation and participation during the process.

7. Recommendations for health professionals in charge of consultations for children ages 0 to 5 years old

After birth, the health system conducts consultations to ensure the best possible development of the child. This activity is carried out by health teams who monitor the growth and the physical, psychological, and emotional development of the child, and record any health problems. In addition to these health evaluations, the consultations serve to inform and train parents about the necessary care for their child, as well as encourage the inclusion of healthy lifestyles for children, parents, and other meaningful individuals. This enables health care providers to detect health problems in a timely manner, and carry out basic actions to protect and promote a healthy lifestyle.

In the same way, the period in which the consultations take place serves to create an important learning process for parents around their relationship with the child. In this phase, the support of the health professional can be an important contribution to promote the healthy development of the child. Consultations are an opportunity for learning, dialogue, and information on health care and education for both parents, but above all they are a unique opportunity to encourage changes to dominant gender patterns and involve parents in the care and upbringing of their children in a co-responsible manner.

Generally, the mother is present in all these processes. However, for various reasons, the father of the child may have to take the baby to the consultations alone. Health professionals should have an open mind to deal with these cases without any suspicion, distrust, or embarrassment. In the opposite situation, when women go to medical appointments without a partner, careful and respectful communication is also indispensable. Following are guidelines on how to handle the presence or absence of mothers or fathers at medical appointments.

8. Professional attitude

- If the mother arrives alone, ask her what the father's role is in the child's care, if he is involved and, if there are conditions for the father's participation, what can be done to get him to be more involved.
- If the biological father is absent—because he is out of contact (due to violent behavior or living in another country)—promote the participation of other important male figures as social fathers. Invite that person to the appointments.
- Whether or not she arrives with the father, encourage the mother to involve him in the health care of the child, medical examinations, and childcare and child-raising tasks, when possible.
- If the father attends the first consultation, tell him the importance of his presence and role, and encourage him to participate in the next ones. Ask about any limitations to attendance he may have because of work and ask what could be done in terms of authorizations or schedules.
- During the consultation, address both father and mother, look at both when giving instructions and guidance. Remember that health professionals often address only the mother.

- Make sure the father is informed of the dates, activities, and development of his child, and that he knows the schedule of mandatory vaccinations and consultations. If he is not present, try to make sure the information reaches him.

What if the father arrives alone?

- Remember that the father may come alone with his child to the consultation. Consider that it is possible for the father to be highly participatory and treat him as an equal partner to the mother.
- Always remind both parents that the contact, encouragement, and quality presence that the father has with his child are fundamental to the child's psychosocial development, and that the father is as important as the mother.
- Consider that, due to sexist tradition, active and involved fatherhood is a difficult issue for both men and women. Fathers must become aware of this reality, and specific opportunities and activities should be created for their involvement and co-responsibility. Preliminary work with community health workers, Health Co-management Committees, Health Management Committees, and activist groups, among others, can help minimize barriers.
- Tell the father, or father figure, that his child's health issues and consultations are also a “man thing.”
- Appreciate the efforts made by the father to be present at the medical appointments, sometimes with great effort, due to the need for authorizations to leave work and long journeys to the health facility.
- Listen carefully to his concerns and questions.
- Encourage the father's participation in activities such as taking the child to be vaccinated and to routine consultations; attending fatherhood educational activities (if any); playing, bathing and dressing the child; sharing everyday situations and telling stories; and much more.
- If possible, propose a consultation schedule that fits the working hours of the father and mother, to ensure that both can be present, especially in some of the important health exams to be done on the child.
- Always take into account the peculiarities of each family structure, conditions of the workplace, and other factors that may act as a barrier in any childcare directions provided.
- Explain that health care and tasks related to raising the child are carried out by both parents jointly—whether they have an intimate relationship or not.
- Make the mother and father understand that they can have different child rearing approaches but need to accept and respect each other's approach; even if it is sometimes difficult or involves negotiation, this will be positive for their child. Use the consultations to promote dialogue on this important topic.
- In case of marital problems or child rearing disputes, suggest that they seek support from their closest networks, and mediate as much as possible in the consultation, suggesting basic principles of coexistence such as respect and non-violence.

SESSION 9

Gender-Based Violence²

SESSION OBJECTIVES

- Encourage participants to examine personal feelings and attitudes regarding violence.
- Familiarize participants with some types of violence: psychological, physical, sexual, and patrimonial/economic.

DURATION: 1 hour 15 minutes

MATERIALS: flipchart, markers, prevention of sexual exploitation and abuse leaflets, sheets of flipchart paper marked “Agree,” “Disagree,” and “Not Sure.”

ACTIVITY 1. VOTING PEACEABLY AND DEBATING (45 MINUTES)

1. Tell the group that this activity, which will be done in one large group, you will ask them to express their feelings and opinions regarding violence. Point out the three pieces of paper you posted before the session on different walls: “Agree,” “Disagree,” “Not Sure.”
2. Explain to the group that you are going to read some statements. As you read each statement, you want them to think very carefully about how they feel about that statement. Each person will move to the paper that best support his or her answer: “Agree,” “Disagree,” “Not Sure.”
3. Explain that after everyone has moved to the sign that represents his or her opinion, you will ask volunteers to explain why they feel that way. Explain that everyone has a right to express his or her opinion, without being judged, put down, or disrespected.

KEY MESSAGES

There are different types of violence.

- **Psychological:** offenses, verbal harassment/insults, injuries, emotional manipulation, humiliation, exploitation, libel, slander, defamation, publishing or speaking against anyone offending their honor, reputation, and character
- **Physical:** hitting, kicking, burning, strangling, punching
- **Sexual:** any sexual act or attempt to obtain a sexual act by violence or coercion, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim
- **Patrimonial/Economic:** not giving the family (wife, husband, children) money, food, shelter, education
- While some of these issues are difficult to detect, and in some situations considered “normal,” they are equally harmful and always a violation of human rights.



Tips for Facilitators

- Remind participants about confidentiality and that what is mentioned in this session should not be shared outside of the session.
- This is a space where everyone can speak freely and confidentially. **Facilitators and participants should share their thoughts in a respectful manner.** Facilitators should try to make the session simple, and use humor whenever possible and pertinent.

Remember!

Some of the participants might consider the violent behaviors mentioned in this session a normal part of life and not view them as violence. This training program is intended to enable participants to question and, ultimately, change their ideas of what they consider to be violence.

4. Most important, tell participants that they can change their minds and move their position at any time during the activity. For example, participants might say they “Disagree,” but after hearing the opinion of someone in the “Agree” category, they may then “Agree” or become “Not Sure.” After reading each statement, encourage them to move to the sign that reflects their personal opinion (if they are not aware, facilitators should help them!).

Remember to maintain respect and try not to let the discussion get too heated.

5. Ask participants to stand during the activity so that participation is energetic and active, and not to sit or vote from their seats, unless their health requires sitting.
6. Read each of the following statements, one at a time. Ask participants to position themselves near the sign that reflects their opinion about the statement.
 - a. *If a woman wears short clothes and she is raped, she is to blame.*
 - b. *Boys also experience sexual abuse and exploitation.*
 - c. *Only the victim should report the sexual harassment or abuse.*
 - d. *An adult has the right to become sexually involved with a person under 18, as long as it is consensual.*

If you have no time to read all the sentences, read at least sentences **a** and **b**. After **15 minutes** of discussing each statement, if any participant has not yet come up with the correct answer, tell them what the correct answer is, and why it is important to human rights.

If you have finished, ask participants for a round of applause for their enthusiastic participation.

7. Explain that violence can be divided into four categories: psychological, physical, sexual, and patrimonial/economic.

Note: Remind participants that the purpose of identifying these categories is not because we can clearly organize the circumstances in which the violence occurs. Rather, the aim is to **be more alert to the different types of violence**, even those that are difficult to identify.

8. Bring the group back together and share examples of the three types of violence. Write them on flipchart paper. Lead a discussion based on the following questions:
 - a. Why is it difficult to think of examples of types of violence that are difficult to identify?
 - b. For those types of violence that are difficult to identify, how are victims treated by others?
 - c. In which types of violence are girls most vulnerable?
 - d. And in which types of violence are boys most vulnerable?
9. End the session by revisiting its key message:
 - There are four types of violence—psychological, physical, sexual, and patrimonial/economic. While some of these issues are difficult to detect, and in some situations considered “normal,” they are equally harmful and always a violation of human rights.

Remember!

There will definitely be **correct** and **incorrect** answers in this activity. It is facilitator’s job to ask questions that will help the participants give the correct answers.

CONCLUSIONS ON THE SAMPLE STATEMENTS PRESENTED IN THE ACTIVITY

a. If a woman wears sexually revealing clothes and she is raped, she is to blame.

FALSE. *The idea of respectable or acceptable clothing for women varies among communities and over time (as does gender). But human rights never change. No matter what the woman or girl is wearing, she always has the right not to be harassed, abused, raped, or assaulted. Also, it is important that boys and men do not justify themselves by saying that they have lost control of their action—they are able to control themselves and should be responsible for their actions.*

The key point of this discussion is that ANY NON-CONSENSUAL sexual activity ALWAYS constitutes sexual exploitation and abuse, and is a violation of human rights. It is a crime!

Questions for Reflection:

- Do girls and women have different **rights** because of the way they dress? Do they still have the right NOT to be assaulted?
- Do all men rape girls in short skirts? No? So, if many men can control themselves, are men who cannot control themselves the real problem?

b. Boys also experience sexual abuse and exploitation.

TRUE. *Sometimes it is difficult to identify what is difficult to understand, but boys are also victims of sexual abuse and harassment. Perpetrators can be both men and women. Boys may feel more ashamed when they are victimized because it is a much less common situation, and it is hard for people to understand.*

Questions for Reflection:

- If a crime is not reported, does that mean it did not happen? If a violence survivor is not sure about what happened in the crime, does that mean it is not a crime?
- What will be the expected reaction of friends, family, and authorities if a boy files a complaint about one of these types of incidents? How can he file a complaint if he thinks it might raise suspicions about his sexuality or masculinity?

c. Only the victim should report the sexual harassment or abuse.

FALSE. *Anyone can report harassment and sexual abuse. It is important that reporting mechanisms are put in place, and that the contacts of support services for victims of sexual harassment and abuse be shared, so that in a confidential manner people can report without fear of retaliation. People who see and remain silent, consent and become accomplices in the perpetuation of the cycle of harassment and abuse.*

d. An adult has the right to become sexually involved with a person under 18, as long as it is consensual.

FALSE. EVERY child has the right to be free from abuse, violence, and exploitation, including being forced in to any kind of sexual activity. It should be noted that, under Mozambican law, a child is defined an individual under the age of 18, regardless of physical appearance or culturally contextualized definitions.

Questions for Reflection:

- Even if a child agrees to sexual intercourse, is he or she mature enough for such a decision? Is it not the responsibility of adults to watch over the rights of children?

Violence and Gender

Because of the roles and patterns we discussed earlier (remember the **Gender Box**), boys and girls often face different types of violence. Sometimes boys face physical violence in the form of fights. Power imbalances between boys and girls make girls more vulnerable to sexual exploitation and rape.

SESSION 10.

Prevention of Sexual Harassment, Abuse, and Exploitation

SESSION OBJECTIVES

- Explain the correct definition for sexual harassment, exploitation, and abuse.
- Identify mechanisms to report suspected harassment, violence, or misconduct.
- Identify forms of protection for complainants.

TARGET AUDIENCE: This reflection session is aimed at health professionals, Health Co-management Committees, and Community Health Committees.

INSTRUCTIONS

1. Make sure there is a safe and secure atmosphere in the setting of the session.
2. Review the objectives and then ask this self-reflection question: "When you think about harassment, what comes to mind?"
3. Write participants' responses on a flip chart and discuss point out similarities and differences in opinions.



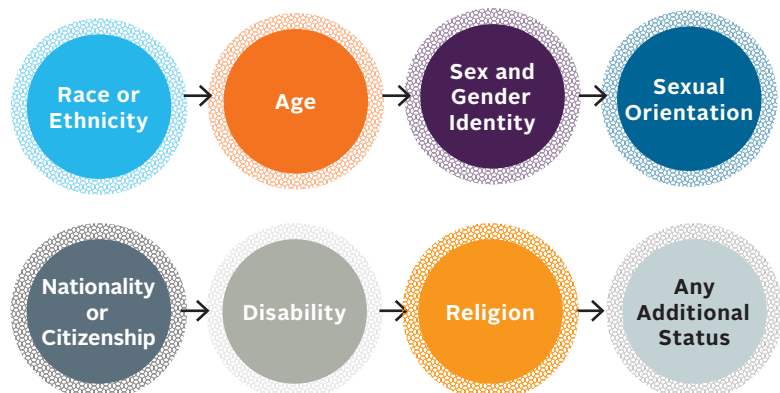
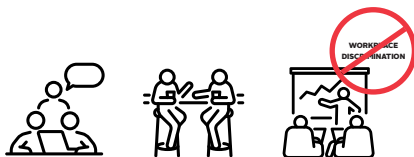
What is Harassment?

- **Unwanted and unwelcome conduct that is serious and pervasive enough to interfere with a person's work performance, or creates a disrespectful, intimidating, hostile, degrading, humiliating, abusive, or offensive work environment.**
- **Repeated and persistent behavior that targets a specific person or group, affecting their peace, dignity, and freedom.**

There are different types of harassment, such as moral, sexual, psychological, virtual, and judicial, among others. However, they are all based on the principle of persecuting and forcing someone to do something against their will.

Who Can Be Harassed?

Anyone...based on...



Harassment behavior

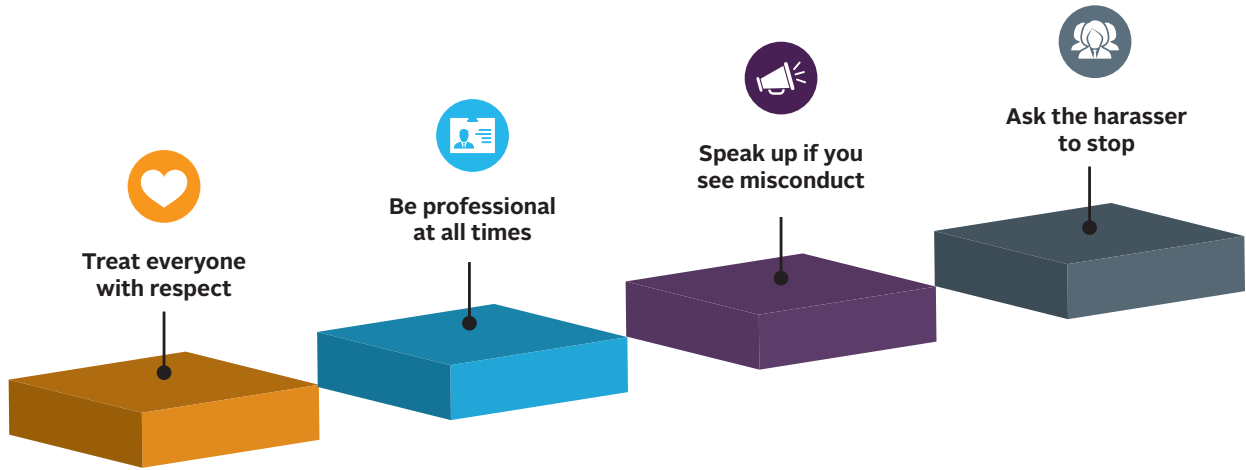
- Derogatory or insensitive jokes, pranks, or comments
- Slurs or epithets; ridiculing or demeaning comments
- Direct or veiled threats of physical harm, violence
- Unwelcome sexual advances or invitations, whether verbal, physical or online, including social media
- Attempted or completed sexual assault or rape
- Nonverbal behavior such as staring, leering, or gestures
- Ridiculing or demeaning comments; innuendos or veiled threats
- Displaying or sharing offensive images such as posters, videos, photos, cartoons, screensavers, emails, social media posts, or drawings that are derogatory or sexual
- Offensive or unwelcome comments about appearance, other personal or physical characteristics, or offensive generalizations about people with disabilities (including physical, mental, emotional or learning disabilities), age, gender, race, ethnicity, or nationality
- Unnecessary or unwanted bodily contact such as groping or massaging, blocking normal movement, or physically interfering with the work of another individual
- Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward
- Threats or demands that a person submit to sexual requests as a condition of continued employment or to avoid some other loss, and offers of employment-related benefits in return for sexual favors
- Retaliation for sexual harassment complaints.

Note: The preceding list of examples is not exhaustive, and other conduct may constitute unacceptable harassment in accordance with institutional policy or applicable laws.

KEY ISSUES

- Actions to fight sexual harassment, exploitation, and abuse must be sustained by a “first, do no harm” approach, prioritizing the rights, needs, and desires of the survivor, while ensuring procedural fairness for all parties.
- Treating the survivor with dignity and respect.
- Involving the survivor in decision-making.
- Providing the survivor with comprehensive information.
- Protecting privacy and confidentiality.
- Not discriminating based on sex, age, race/ethnicity, skills, sexual orientation, or other characteristics.

What are Staff Responsible to Do? BE A ROLE MODEL?



Who is the Harasser?



ANYONE CAN BE THE HARASSER!

- FHI 360
- Consultant
- Contractor
- Volunteer

- Funder
- Gov Official
- Vendor
- Community Member

Where can harassment occur?

At offices, in health units, in places of worship, in the community, during workshops, etc.

What can create conditions for the practice of harassment?

- Unequal power and gender dynamics
- Hiring people who are “different” without awareness and preparation
- Having a decision-making structure that is strongly hierarchical
- Little exchange of views, minimal criticism, limited complaints from staff, especially among junior staff
- Access to information tightly controlled
- Warning signs: high level of complaints or almost no complaints

Consequences of Sexual Harassment and AbuseOn victims

- Double wounded—first by the situation itself, and second by the system that should protect the victim
- Sexually transmitted infections (STIs), pregnancy, psychological trauma, stigmatization, loss of self-esteem

In Communities

- Violation of our right and duty to care for the communities
- Creation of lasting intergenerational scars
- Breakdown of family structures
- Prostitution or production of pornographic material
- Labor trafficking and commercial sexual exploitation, resulting in actual or potential harm to health, wellbeing, survival, development, or human dignity of women, men, girls and boys, transgender individuals

In Organizations

- Ethical challenges, image challenges
- Scandals can destroy missions/organizations
- Loss of trust from community, donors, and health providers
- Security risks

In the International Development Sector

- Threatens the legitimacy and financing of the entire sector
- Violates globally recognized international norms and legal standards
- To engage in child abuse, exploitation, or neglect, including sexual activities or marital union involving children below the age of 18 is a crime

Preventing Abuse and Exploitation

- It is important to identify Safeguarding Focal Points at the level of the health units, in places where savings groups or community dialogues are held, or at community-based organizations, with which cases of abuse should be shared.
- It is important to share with the health unit users and the community in general, all the reporting and compliance mechanisms, such as complaint/suggestion boxes, as well as the contacts of the health unit managers to which the users can report.
- The Human Resources of the health units should create mechanisms to protect the complainants and guarantee absolute confidentiality.

SUPPORT SERVICES FOR CASES OF GENDER-BASED VIOLENCE

Police, Institute for Legal Assistance and Representation (IPAJ), Integrated Assistance Centers (CAI), District Health Services, Ministry of Women and Social Action (MMAS), NGOs, Churches and other community institutions.

PROTOCOL OF ASSISTANCE TO VICTIMS OF GENDER-BASED VIOLENCE

Consult your local/country protocols on Gender-Based Violence survivors/victims.



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