

RESOURCE PACKAGE ON ENGAGING MEN DURING PREGNANCY AND CHILDBIRTH



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**TOGETHER AGAINST
GENDER STEREOTYPES AND
GENDER-BASED VIOLENCE**
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ACRONYMS

CSO	Civil Society Organization
GBV	Gender-Based Violence
EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office
EU	European Union
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
MNCH	Maternal, Newborn, and Child Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

INTRODUCTION

The health sector is an important entry point to promote the early involvement of fathers in caregiving. However, maternal and child health providers often primarily communicate with mothers and children, and do not often engage men as supportive partners to women or as caregivers themselves. However, research¹ shows that the relationship between fathers and the health sector is evolving, with increasing recognition of men as significant sources of emotional support and care, and recognition of the importance of early bonding between fathers and their babies, even before birth. The World Health Organization (WHO) recommends the involvement of men during pregnancy and childbirth to support women's self-care, improve home care practices for women, improve the use of skilled care during pregnancy and childbirth, and increase the timely use of facility care for obstetric and newborn complications².

The health sector can play a key role in the accelerated expansion of father engagement in caregiving and shared responsibility with their partner. Broadly, this requires the following:

- Clearer guidelines and protocols on how to work with fathers and male caregivers.
- More educational campaigns and materials in the waiting room that encourage men's participation in fatherhood and sexual and the couple's reproductive health.
- When men are in the consultation room, encouragement to continue their involvement. If they are not present, encouraging mothers to bring the father,

1 Tokhi M, Comrie-Thomson L, Davis J, Portela A, Chersich M, Luchters S (2018) Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions. PLoS ONE 13(1): e0191620.

2 WHO (2015) Recommendations on health promotion interventions for maternal and newborn health. Available at: https://apps.who.int/iris/bitstream/handle/10665/172427/9789241508742_report_eng.pdf

provided the mothers feel safe, agree to it, and the relationship is non-violent, and as long as it is possible for the father to be involved.

- The provision of context-specific support and guidance: when the mother is single and does not communicate with the father; when the parents are separated; when they are teen parents, to ensure they are able to provide child care while remaining in school; when one or both parents live with disabilities; and in cases of couple conflict, violence against women, substance abuse, or mental health issues.

The following resource package is intended to help healthcare providers in Eastern Europe and Central Asia (EECA) better engage men during pregnancy and childbirth to improve the health and well-being of their partners and children, as well as for their own health, wellbeing, ability to bond, and feelings of connectedness.



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BACKGROUND

This resource package has been produced in the framework of the “EU 4 Gender Equality: Together against gender stereotypes and gender-based violence” programme, funded by the European Union, implemented jointly by UN Women and UNFPA in Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Ukraine. The program works towards:

- Shifting societal perceptions around gender stereotypes and patriarchal norms which limit women’s rights
- Increasing men’s involvement in the care taking of their children and participation in fathers’ programmes
- Increasing the knowledge and tools of social workers (mediators) and CSOs on how to conduct evidence-based violence prevention programmes targeting perpetrators of domestic violence.

GUIDING PRINCIPLES

The resources included in this package promote fathers and male caregivers that:

- Are active caregivers and nurturers: when planning to have a child, during pregnancy, during labor and delivery, and after the child is born.
- Assume equal and joint responsibility of domestic chores and in the development of a happy, healthy, and caring relationship with their partner.
- Come in many forms. They are heterosexual, gay, bisexual or transgender; they live with their partner or separately, or with their parents; they have adopted children; they have custody of children.
- Support gender equality and value the rights of women and children.
- Oppose any form of violence against women and children.



HOW TO USE THIS RESOURCE

This resource package was created for use by healthcare professionals to help them engage with men during pregnancy and childbirth and to promote active fatherhood.

The resources are divided into thematic areas intended to help health providers better engage with fathers in the consultation space as well as create an atmosphere in the clinic setting that welcomes men to prenatal health visits and provides a space, such as in the waiting room, for men to critically reflect on and discuss norms that discourage them from being involved in fatherhood. It also provides tools for health practitioners to evaluate their facility's policies and procedures, and success in raising overall awareness around the importance of engaging men in maternal and child health. Recommendations and tools are provided to show how health centers can develop simple, integrated approaches to engage with fathers. However, as with any resource, the following tools and recommendations will require adaptation and testing to ensure contextual clarity and reliability.

PRENATAL CARE VISITS

The following section provides tools to help healthcare professionals evaluate their current practices during prenatal care visits to ensure they are engaging men in a way that promotes healthy and egalitarian relationships within couples.

GUIDELINES FOR ENGAGING MEN IN PRENATAL CARE VISITS³

- Understand the couple's social, economic, and cultural reality. There are fathers who want to participate, but are hindered by work schedules and other obstacles.
- Prepare men for the challenges of upcoming parenthood and engage them early.
- Encourage men to share an equal burden with their partner by learning caregiving skills and taking on more of the domestic work in the home.
- Encourage the father to learn about the different stages of the pregnancy and be present for prenatal care visits in the clinic or remotely by phone or video chat. This can positively influence a father's attendance and participation in the following visits.
- Prenatal, labor and delivery, and postpartum care issues are not only about the health of the mother and child. Advise the father to look after his own mental

³ Modified slightly from Promundo, CulturaSalud, and REDMAS (2013). Program P - A Manual for Engaging Men in Father- hood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

and physical health, thereby creating an overall healthy environment for the development of his child.

- Talk about the risks associated with unhealthy behaviors such as alcohol and drug use, and physical and psychological violence. Advise the father about the negative effects on the health of the mother and child.
- Promote attitudes of mutual support, collaboration and dialogue between mother and father that allow them to better address the anxieties and concerns often generated during pregnancy.
- Address the father's questions and concerns regarding pregnancy and its impact on the couple's sex life.
- Discuss postpartum contraceptive use to plan for, space, or prevent future pregnancies. Discuss risks of failure of traditional methods of birth spacing, as well as where and how to obtain contraceptive services and contraceptives of choice prior to discharge from a health facility.
- Teach both mother and father how to act promptly and adequately in cases of emergency, know what merits a visit to a health care facility and how to access services.
- During pregnancy, the ultrasound visit is a unique opportunity for men to see their child on a screen and listen to the heartbeat. Therefore, take this moment to promote fatherhood involvement.
- Emphasize that men are equally capable of all child care tasks and responsibilities (except breastfeeding).

IF THE MOTHER ATTENDS WITHOUT HER PARTNER

- Ask if she has a partner, and if so, ask her whether she would agree to have her partner come with her. If so, encourage her to ask her partner to accompany her on subsequent visits and during childbirth.
- If the mother wishes to be accompanied by her partner, discuss with her how to invite them and what steps are needed to make their presence possible (i.e. planning in advance so her partner can change his work schedule). Consider giving her a letter or a brochure addressed to the partner.
- If the mother does not want her partner to accompany her, you can explore whether her reluctance is related to excessive control or violence in the relationship, and if this is the case, offer to refer her to specialized GBV services that can help her. If the concerns don't involve her safety, you can explore what are the constraints and think together through some ways to address them to the extent possible, conveying the importance of early fatherhood involvement.
- If the mother decides against being accompanied by her partner, respect her decision. Consider exploring whether there are any behaviors or other signs within the couple's relationship that could impact the health of the mother. Be on the

lookout for signs of intimate partner violence (a first line response tool has been included in this package). It is essential that your health center have properly trained personnel and protocols (i.e. referrals to domestic violence centers) to address cases where violence does exist.

- If the partner cannot accompany the mother, discuss with her other significant individuals who could come with her to the visits. It is also possible for a few non-urgent prenatal visits to be done remotely, which may allow male partners to attend where they might not have been able to attend an in-person visit.
- If the partner continues to be unable to accompany the mother to her appointments due to other commitments, encourage the mother to share all information with her partner and involve them in the process. Provide the mother with printed information or links to online resources that can easily be shared.

IF THE MOTHER ATTENDS WITH HER PARTNER

- Establish eye contact with both the mother and the father.
- Actively involve the father during the consultation by asking both of them questions and answering any questions they may have. Treat men as equal partners; they are not secondary actors.
- Take advantage of the moments when excitement and joy are heightened for both parents, such as during the ultrasound visit. Use these key moments to promote a bond between the father and his baby by inviting him to listen to the child's heartbeat, and pay attention to any questions or concerns the father may have.
- Motivate the father to provide emotional support (i.e. affection, empathy) and physical support (i.e. taking on equal responsibility of domestic tasks) to the mother during pregnancy.
- Encourage the father's participation in future visits before and after delivery.
- Encourage the father to communicate with his child in utero through touch or massage of the mother's belly, talking to the child and playing music.
- Educate both parents about pregnancy-related illnesses, such as gestational diabetes, gestational hypertension and urinary tract infections.
- Inform both parents about signs and symptoms that indicate an obstetric emergency, and provide them with a list of action steps to follow if an emergency occurs.
- Create a safe space where the mother and father can openly express any worries and concerns they may have, and allow sufficient time to discuss such topics. Some of these may include: health concerns, financial questions, work-related issues and couple relationship problems.
- Address any questions or concerns the couple may have regarding sexual activity during pregnancy. Give information and guidance to both parents about engaging in sexual activity during pregnancy.

- Discuss postpartum contraceptive use to plan for, space, or prevent future pregnancies. Discuss risks of failure of traditional methods of birth spacing, as well as where and how to obtain contraceptive services and contraceptives of choice prior to discharge from a health facility.
- Encourage the mother to talk openly with her partner about her experiences (physical and emotional) during pregnancy.
- Talk to the mother and her partner about the benefits of having a companion during labor and delivery.

ON THE LAST PRENATAL CARE VISIT BEFORE BIRTH

Inform the mother and her partner of the following:

- The role and importance of a companion during labor, including a checklist of what to bring to the hospital. (see Tip Sheet: Men’s Role during Labor and Delivery)
- Location of the maternity ward assigned to the couple.
- Existing laws or policies about a woman’s right to be accompanied during labor. The accompanying person may be the father or another individual trusted by the mother.
- Existing parental preparation courses available through the health care system, or via community-based organizations.
- Visiting the maternity clinic before the child is born to be aware of the layout. This is particularly important for mothers or partners living with a disability, to ensure that essential rooms and services are accessible to them.
- Existing laws on paternity leave rights. If the couple is not together, inform them of procedures for registering the paternity of the child.

CHECKLIST: RESOURCES AND INFORMATION TO GIVE TO PARTNERS DURING PRENATAL CARE VISITS⁴

- The role of a partner during labor and delivery.
- The immediate care necessary for the newborn and the mother.
- How to enroll the child in the civil or population registry and obtain a birth certificate.
- Paternity leave for working partners, where it exists.

⁴ Modified slightly from Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Father- hood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

- Information on workshops for partners and couples where offered by the health care system.
- Where and when the first health check-up of the child will occur.
- Symptoms of postpartum depression in women and how to help promote the mother’s mental health, as well as referral information to mental health or psychological support services where available. Signs that differentiate postpartum depression from the more common and less severe “baby blues” and when to seek help.
- Symptoms of postpartum depression in men and how to seek care, including referral information to mental health or psychological support services where available. Signs that differentiate postpartum depression from the more common and less severe “baby blues” and when to seek help.
- Impact of having a child on the relationship with partners, including on intimacy with the partner.
- Postpartum family planning options.
- Leaflets, brochures, or other educational materials on the benefits of men’s engagement during pregnancy, labor and delivery, and in the postpartum period.

TECHNIQUES FOR ADDRESSING BIAS DURING PRENATAL COUNSELING WITH MEN⁵

Health care providers can improve their interactions with men during prenatal counseling visits by becoming aware of their own biases, values, and attitudes and working to prevent them from interfering with their ability to offer nonjudgmental services. Special training techniques can help providers feel more comfortable addressing sexual and reproductive health with men and recognize their biases and judgments about men’s roles and responsibilities during pregnancy. When addressing provider bias in prenatal services, health care facilities should consider:

- Educating health professionals about the reason that international efforts are being made to constructively involve men in prenatal care, as well as their success in doing so (better health and development outcomes for mothers and children, as well as fathers).
- Giving providers the opportunity to voice their fears, concerns, and/or biases about counseling men.
- Establishing an ongoing forum for health professionals to share their experiences and lessons learned from working with men.
- Establishing safety protocols and procedures for addressing potential negative or dangerous incidents or interactions with male clients.

⁵ Modified slightly from EngenderHealth (2003) Counseling and Communicating with Men. USAID, New York, NY.

- Training providers in contraceptive methods, including those that require men's participation, including condoms, withdrawal, fertility awareness, and vasectomy.
- Training providers in informed consent, making sure that all contraception counseling includes unbiased information about male contraceptive methods.
- Sensitizing providers to the tendency to respond more supportively to comments and questions from men than from women during prenatal counseling sessions and the need to be careful not to undermine a woman's agency to make decisions about her body and self at a moment when she needs to feel confident, valued, and supported.
- Ensuring that information about a female client's medical condition is kept confidential and is shared with her male partner only with the woman's permission or when it is required by law.
- Creating private space for counseling men that protects their confidentiality.
- Training providers to ensure the confidentiality of all clients' medical records.

WHEN TO CALL THE DOCTOR DURING PREGNANCY⁶

When in doubt, it is always a good idea to call your nurse, midwife, or doctor to explain the symptoms your pregnant partner is experiencing and your concerns. However, there are some symptoms that always warrant a call to the doctor and may indicate a medical emergency. These include:

- Heavy vaginal bleeding
- Any vaginal bleeding accompanied by fever, pain, and/or chills
- Painful urination
- Sudden, severe pain in your pelvic area
- Any persistent pain in your pelvic area
- Vomiting accompanied by fever or pain
- Vomiting several times a day
- A fever higher than 38.8 degrees Celsius
- Seizures
- Fainting or losing consciousness

⁶ Modified slightly from <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid=abo6400>, <https://www.webmd.com/baby/preeclampsia-eclampsia#1>

Sometime between 18-25 weeks, your pregnant partner will begin feeling fetal movement. It is often recommended that pregnant women regularly count their baby's movements, aiming to feel 10 movements within a two-hour period each day. If your pregnant partner notices that the baby has stopped moving for long periods of time or is moving much less than normal, you may want to call the doctor. Often, the baby is simply sleeping. But it may also be a sign that medical intervention is needed.

After 20 weeks (but more commonly after 34 weeks), you can monitor for signs of pre-eclampsia, which is caused by high blood pressure. Pre-eclampsia is one of the most common causes of premature births and can cause rare but serious complications for pregnant women such as strokes, seizures, and heart failure. Symptoms include:

- A severe headache
- Sudden swelling of the face, hands, or feet
- New vision problems, like blurring, seeing spots, or dimness

During the last month of the pregnancy, if your partner is experiencing signs of labor call your nurse, midwife, or doctor to find out when you should leave for the hospital. They will likely instruct you to wait until you see active labor signs, which include:

- Contractions that are regular
- Contractions that are less than 5 minutes apart and last at least 45 to 60 seconds
- Contractions that are intense enough that you have difficulty holding a conversation through them



Photo: Serhii Bobyk/Shutterstock.com

LABOR AND DELIVERY

The following section provides recommendations for engaging men during labor and delivery, including addressing common questions and concerns men might have about their role in the delivery process.



GUIDELINES FOR ENGAGING MEN DURING ANTEPARTUM, LABOR AND DELIVERY⁷

DURING ANTEPARTUM, LABOR AND DELIVERY

- Ask the mother who she would like to accompany her during delivery. Note if national laws protect her right to be accompanied during birth. (To note, COVID-19 regulations may prohibit accompanied births; make sure to communicate the most up to date regulations)
- With consent from the mother, and provided the relationship is non-violent, inform the partner that their presence and support are important for the mother and baby during the antepartum period and childbirth.
- Provide the partner with specific instructions on how they can actively participate, i.e. helping pack the hospital bag, providing emotional support by actively listening to the mother's concerns, and providing massages to his partner to relieve physical strain and stress.
- Prepare the partner on what to expect in the delivery room and how they can actively support the mother (i.e. help her to breathe and provide words of encouragement, relieve pain through massage, etc.). The partner should be situated in the room such that he feels able to provide affection and support to the mother.
- After delivery, engage the partner with their child as soon as possible. Ask them if they would like to cut the umbilical cord, and assist in weighing the child and handing the child to the mother.

DURING THE POSTPARTUM PERIOD

- Promote the emotional attachment of mother and father or partner with the baby and provide 'alone time' for each parent to do so.
- In cases where the mother undergoes a cesarean section and is unable to provide skin-to-skin contact, ensure that the partner has physical contact with the child following birth.
- Ensure that a provider in the room shows the partner how to hold the baby in their arms if this is their first child.
- Fully explain to both parents the routine medical procedures performed on the child in advance, and again as they happen.
- If the partner does not feel ready to make physical contact with their child, give them space. It may take them hours or even days to feel physically comfortable.

WHEN THE COUPLE IS DISCHARGED

- Before the parents leave the maternity ward, remember to praise and thank them for their cooperation in the process, and thank the partner for their participation.
- Inform the partner as well as the mother about caring for the newborn, and ensure they leave with informational material.
- Inform the couple about abstaining from sexual activity immediately following childbirth for a period of about six weeks, and listen to their concerns about pain during intercourse, use of contraception, etc. After six weeks have passed, stress the importance of respecting the woman's decision about when and how she is ready to initiate sexual activity.
- If the mother has had surgery (i.e. a cesarean section), inform the partner about any special care required while the mother heals.
- Provide information on lactation consultants or specialists available at the hospital to assist with breastfeeding problems, such as latching, low supply, or pain during breastfeeding.
- Explain to the partner that, though he cannot breastfeed, he can support the mother and child in many other important ways. He can perform housework and care for the child when they are not breastfeeding.
- Plan the date and location of the newborn's first health care appointment, and encourage the partner to participate.
- Inform the partner about the importance of the child's health check-ups, especially during 0-4 years of age.
- Encourage the male partner to use paternity leave if it's available and explain that it will make a significant and long-lasting impact on the relationship with his child, partner, and his own well-being.

⁷ Modified slightly from Promundo, CulturaSalud, and REDMAS (2013). Program P – A Manual for Engaging Men in Father- hood, Caregiving, Maternal and Child Health. Promundo: Rio de Janeiro, Brazil and Washington, D.C. USA.

TIP SHEET: MEN’S ROLE DURING LABOR AND DELIVERY⁸

The following accessible and practical tip sheet can be given to male clients to help them prepare for and think about their role during labor and delivery.

DURING EARLY LABOR

Have a plan. It’s always good to be prepared, so a few weeks before her due date, map out the best route to the hospital. Regardless of whether you’ll be driving yourself or taking a cab, do a trial run so you’re not caught by surprise on the day (or night) of – even if you’re being guided by GPS, you can still make a wrong turn when you don’t know the way. Now is also the time to install the infant car seat, which can be tricky. You’ll need it when you drive your new baby home.

Pack the bags. This is another do-ahead-of-time task that you’ll both be grateful for when the contractions come. You may be staying overnight at the hospital too, so make sure both bags have a change of underwear, toiletries, your phone charger, an extra pair of socks and a hoodie or sweater (hospitals can be drafty). You’ll also want to toss in a copy of her birth plan, insurance information, and hospital paperwork in one place near the bags, so you can grab everything when it’s time to go.

Know your contractions... Braxton Hicks contractions don’t happen regularly – they come and go, may last 30 seconds or up to two minutes and may subside when your partner shifts positions. True labor contractions have a pattern, get stronger, longer and closer together as time goes on. You can help your partner identify what’s happening so you both feel calmer and more in control (although you should always reach out to her nurse or midwife if she’s in a lot of pain or you’re unsure).

...and how to time them. When you call her doctor or midwife, they’ll ask how often the contractions are coming. So one way to offer your partner support in early labor is by helping to time them. To do that, time the intervals between contractions from the start of one to the beginning of the next. You’ll want to call her doctor if the contractions start to become more frequent, longer in duration or more painful. It’s also a good idea to put her provider’s number on speed dial (if you haven’t already).

Offer distractions. This might be a really long day. Keep in mind that spending 10-plus hours in labor is not unusual for first-time moms (though research shows five to seven hours can also be typical). Here’s where you come in: bring some games, stream an episode of your favorite TV show or take a walk down the hall if she’s up for it.

Remain calm. Your most important job is to keep your partner relaxed, so keep calm yourself. Do some progressive muscle relaxation exercises together or even a short mindfulness

exercise. Or if she’ll let you, gently massage her head or back, and hold her hand during those really rough contractions.

Read about the stages of labor. During early labor, your partner’s contractions are still mild or moderate, spaced out around 20 minutes and not necessarily consistent. This can go on for hours or even days. But once those contractions become more intense and last about 40 to 60 seconds, she’s likely entering active labor. Now’s the time to call her provider, who’ll probably tell you to go to the hospital.



Photo: Pixel-Shot/Shutterstock.com

⁸ Modified slightly from Linda Rodgers (2020) How Partners Can Offer Support and Encouragement During Labor. *What to Expect When You’re Expecting*. Available at: www.whattoexpect.com/pregnancy/dads-guide/support-partner-during-labor-delivery/

AT THE HOSPITAL

Fill out the paperwork. If you didn't preregister at the hospital, you'll do it now while your partner goes to the maternity ward. It helps to have any insurance information, if needed, and other paperwork packed in your bag ahead of time.

Expect the unexpected. Once you get to the room, tell the nurse whether you would like an epidural or whether you would like to give birth without pain medication. But keep an open mind in case you need to adjust. No one – not even the most experienced obstetrician – can predict exactly how your partner's labor and delivery will go. For example, you two may have discussed a delivery without medication, but things can change as labor progresses.

Be her advocate... During labor, your normally take-charge partner may not be able to speak up for herself, so be ready to be assertive on her behalf. Insist on speaking with the doctor if you or your partner is uneasy about what's happening. Be firm but respectful if you're asking why an intervention is being made.

... and her supporter. If your partner wants to switch on the TV and switch it off five minutes later, humor her. If she wants you to go get her some ice chips, do it (if the doctor okays it). Praise her efforts (unless it gets on her nerves) or sympathize. If she wants a massage, give it. If her feet are cold, find the socks and put them on her (or grab a pair from the nurse). And if she's hot, cool her down with a damp washcloth over her face and body.

Don't take anything personally. You're going to feel that you're in the way once the doctor and labor nurse take over – and totally unwanted if your partner snaps at you. But you have an important role, even if it's giving her the space she wants. What to say to someone in labor? Sometimes it's nothing. Instead, breathe through the contractions with her, mop her forehead and let her squeeze your hand.

Give your all when she begins to push. Support her body while she pushes and keep mopping her face. Small gestures will keep your partner going. You could give her an update, too, so she knows when the baby's head is crowning (if she can't see for herself in the mirror).

Don't be afraid to get hands-on when the baby arrives. If the two of you have agreed earlier, you can cut the cord. You'll get coaching from the doctor or nurse (who'll be there to back you up), so don't worry about making a wrong move.

Thank her. When it's all over and you're holding your brand-new baby, be conscious of what your partner has just accomplished. She deserves a lot of recognition for making it through labor and delivery, not to mention nine months of pregnancy. Taking the time to write a loving note of appreciation or give a small gift will be meaningful to her.



COMMUNICATION STRATEGIES

The following section provides healthcare professionals with sample language and communication strategies to help them better engage men during consultation and counseling visits with or without their partners.

5 QUESTIONS TO ENGAGE EXPECTING FATHERS⁹

The following questions are prompts that can be used by healthcare providers in the context of counseling sessions with men or couples.

- What do you enjoy most during this pregnancy?
- What is the hardest thing for you during this pregnancy?
- What do you think your baby will be like?
- How do you think your life is changing and will change?
- What do you think will help you be the best dad you can be?

- Digging deeper, the following questions may help you identify and encourage the strengths men can bring to their role as fathers:
- What do you think you're doing well as a father-to-be? (direct approach)
- Why does it matter to you? (values)
- What do you look forward to about fatherhood? Why? (pleasure-based)
- What does your baby's mother say you do well? Why? (relational)
- How would life for your baby and their mother be without you in it? Why? (by subtraction)

SAMPLE STRATEGIES AND RESPONSES TO ADDRESS MALE ENGAGEMENT ISSUES DURING PRENATAL VISITS¹⁰

The following sample strategies address common gender-related issues faced by health providers when they engage men during prenatal care visits and counseling sessions.

ISSUE 1: During the prenatal visit or counseling session, the man does all or most of the talking. He interrupts his partner, always speaks first or speaks on his partner's behalf.

Cause

- The couple may be exhibiting the culturally accepted patterns of communication and decision-making for men and women.
- The man may be consciously exerting his power in the relationship, and the woman may be ceding power to avoid conflict.
- The man may be trying to demonstrate that he is competent and knows everything about the issue or situation.
- Or the man may feel anxiety and fear and try to mitigate these feelings by talking.

What a male partner might say

- "We are here because..."
- "She does not understand the problem."

Strategy

- Start with the cultural norms of the setting: acknowledge the man's interest and role.
- Explain from the beginning of the session that you will need to get information from both partners - that, in fact, this is required.
- Encourage the woman to talk by directing open-ended questions to her that cannot be answered with a "Yes" or "No"
- If possible, use any information that the woman shares to admire the man's actions. He may be afraid that when his partner talks about him, the service provider will agree with her; he will be more likely to support her talking if he gets positive reinforcement based on her comments.

Possible response

- "I can tell you are very interested in this information (or situation), and I would like to hear what your partner thinks."
- "I would like to hear from both partners during this meeting."

Gender considerations

- When male service providers counsel expecting couples, it is important for them to be aware of the potential for "man-to-man" interaction. This is especially true in cultures in which men make more relationship decisions than women.
- When male service providers try to draw out a female client, they need to be careful to keep the approach clearly professional.

ISSUE 2: The man is hesitant to share information or seems disinterested during the session, and lets his partner do all the talking.

Cause

- The man may be hesitant to appear as if he does not understand the information he is getting during the session.
- The man may be unaware of his partner's feelings, thoughts, or experiences.
- The man may perceive the visit to be "for the woman" and think that he does not have a role to play.
- The service provider may be asking questions that are hard for the man to answer, such as "How do you plan to share responsibilities for child care and household work after the baby is born?"

What a male partner might say

- "I don't know."
- "Everything is fine."

- “I do not really have any problems.”
- “This is really her job.”

Strategy

- Encourage the man to share his ideas about the situation instead of about himself. Offer him a list of choices based on the nature of the situation.
- Do not interpret the man’s lack of sharing as disinterest. Do not let his partner answer for him; try to actively draw him out.
- Emphasize that the man’s involvement is crucial for his partner’s health and the health of the baby.
- Rephrase questions more concretely. For example, “Would you like the opportunity to cut the cord during delivery?” instead of “How would you like to be involved during delivery?”

Possible response

- “I appreciate that you care for your partner and show it by coming in with her today. Your support is very important for her health and the health of the baby.”
- “A lot of men wonder how this all relates to them. What questions do you have about your role in...?”
- “Some other men have had these questions when they came in with their partners. [List some common questions.] Which of these questions would you like more information about?”

Gender considerations

- When the service provider is female, a man may feel as if this is “woman’s talk” or want to avoid looking “bad” in front of two women. Also, the service provider may have a prior professional relationship with the woman; if so, the provider needs to quickly address this and direct attention to the man’s participation, ensuring he feels this concerns him, the provider is addressing him as well, and he is welcome.

ISSUE 3: One partner reveals information during the session that is a surprise to the other partner.

Cause

- One partner is using the opportunity or safety of having a third party present to reveal the information (for example, that they do not want to/want to have another child).
- The partners may never have talked about this information before and made assumptions about their partner’s knowledge or attitudes.

What a male partner might say

- “Why did you not tell me that before?”
- “I assumed you did not want me to talk to you about that.”
- “I cannot believe you hid this from me.”



Strategy

- Focus the discussion on the reason(s) the man came in with his partner to the health care facility.
- Frame the discussion as a positive opportunity for the man to support his partner.
- Assure the man that it is common for couples not to know everything about each other, and that while it can be hard to learn some things about your partner, the information they now have can help him make better decisions for his health and better support his partner’s health and his baby’s health in the future.

Possible response

- “Many couples never talk about... (i.e. sex during pregnancy, childbirth, postpartum depression), so it is not uncommon for there to be misperceptions. Now that you know this about each other, you can take better care of your health, your partner’s health, and your baby’s health.”
- “I know you want to do what is best for you, your partner, and your baby. Having this information will help you do that.”
- “I know you will want to talk more about this later, but right now we can take care of this immediate issue (i.e. prenatal care, treatment decision).”

SAMPLE LANGUAGE TO USE WITH MALE CLIENTS DURING PRENATAL PERIOD¹¹

The following chart provides examples of language to use with men that is sensitive to the stereotypes and barriers men may confront when trying to engage with healthcare providers during prenatal care visits:

STEREOTYPE OR BARRIER	SAMPLE LANGUAGE
Men may want to be treated as decision-makers and want to solve their own problems.	<ul style="list-style-type: none">• "You made a good decision to come here with your partner today."• "You made a good decision to talk to your partner about your anxieties about the delivery process."• How do you plan to talk to your partner about this problem or question?
Men might hesitate to ask questions about their role or responsibilities during the prenatal period or during labor and delivery.	<ul style="list-style-type: none">• The other day, a man came in and asked me what he could do to help his wife when she was experiencing pain during delivery. This is what I told him."• "Even when we understand the stages of pregnancy and delivery, we can still experience anxieties and fears. Is there anything more you would like to find out about?"• "You seem to understand in general the risks of depression during and after the birth of a child, but are there any points you would like to know more about?"• "As long as you are here today, is there anything you would like to ask or tell me about?"
Men may want to know that they are "normal" and are as good as or better than other men.	<ul style="list-style-type: none">• "Many men are concerned about the same thing."• "Many men have asked that question before."• "A lot of men wonder about that."
Men may need validation for asking questions about their role or responsibilities during the prenatal period or during labor and delivery.	<ul style="list-style-type: none">• "That is a really good question."• "I am glad you asked about..."• "It is great that you came here to get more information about..."



GBV AND OTHER GENDER-BASED RISKS

Research¹² indicates that intimate partner violence (IPV) is just as likely to occur against women during pregnancy, with negative impacts on women's reproductive health as well as physical and mental health, and effects on fetal growth and development. The following tools are intended to help healthcare professionals take advantage of prenatal visits and counseling sessions to be on the lookout for possible IPV perpetrated by men against their pregnant partners. In addition, healthcare professionals can refer to UNFPA's 2015 [Standard Operating Procedures for healthcare services provision, part of multi-sectoral response to GBV](#).

If the health facility intends to put in place routine screenings for IPV, these must follow [WHO ethical guidance](#) and meet the following minimum requirements:

- A protocol or standard operating procedure must be in place
- Staff must be trained on how to ask questions, minimum responses, and beyond
- Staff must be trained in first-line response
- Screening must take place in a private setting
- Confidentiality must be ensured
- A system for referrals must be in place

It is also important for healthcare providers to receive training on implicit bias and the impact of gender and other norms and stereotypes, which can affect the way in which they interact with pregnant women.

RADAR TOOL: STEPS TO RECOGNIZE AND ADDRESS INTIMATE PARTNER VIOLENCE DURING PREGNANCY¹³

The following tool was designed to help healthcare providers remember the key steps to recognizing and treating patients affected by intimate partner violence.

R

ROUTINELY SCREEN ADULT PATIENTS (IF ETHICAL PROTOCOLS ARE IN PLACE)

Remember to ask routinely about IPV as a matter of routine patient care.

A

ASK DIRECT QUESTIONS

- Ask directly about violence with such questions as:
- Are you afraid of your partner?
- Has your partner or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when has it happened?
- Does your partner or someone at home bully you or insult you?
- Does your partner try to control you, for example not letting you have money or go out of the house?
- Has your partner forced you into sex or forced you to have any sexual contact you did not want?
- Has your partner threatened to kill you?

D

DOCUMENT YOUR FINDING

Document findings related to suspected intimate partner violence in the patient’s chart.

A

ASSESS PATIENT SAFETY

Assess your patient’s safety. Is it safe to return home? Find out if any weapons are kept in the house, if the children are in danger, and if the violence is escalating.

R

REVIEW OPTIONS AND REFERRALS

Review options with your patient. Know about the types of referral resources in your community (i.e. shelters, support groups, legal advocates). Have a printed resource sheet available to give to her with information on facilities, services, and contact details.

13 From Basile KC, Hertz MF, Back SE. (2007) Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

IDENTIFYING WOMEN WHO MAY BE SUBJECTED TO VIOLENCE DURING PREGNANCY¹⁴

The WHO does not recommend universal screening for violence of women attending health care. WHO does encourage health-care providers to raise the topic with women who have injuries or conditions that they suspect may be related to violence. It is important for health-care providers to be aware that a woman’s health problems may be caused or made worse by violence. She may be facing ongoing abuse at home or has in the past. Or she may have suffered a sexual assault recently or in the past. Women subjected to violence in relationships often seek health care for related emotional or physical conditions, including injuries. However, often they do not tell you about the violence due to shame or fear of being judged or fear of their partner.

You may suspect that a woman has been subjected to violence if she has any of the following:

- Ongoing emotional health issues, such as stress, anxiety or depression
- Harmful behaviors such as misuse of alcohol or drug
- Thoughts, plans or acts of self-harm or (attempted) suicide
- Injuries that are repeated or not well explained
- Repeated sexually transmitted infections
- Unwanted pregnancies
- Unexplained chronic pain or conditions (pelvic pain or sexual problems, gastrointestinal problems, kidney or bladder infections, headaches)
- Repeated health consultations with no clear diagnosis.

You may also suspect a problem of violence if a woman’s partner or husband is intrusive during consultations, if she often misses her own or her children’s health-care appointments, or if her children have emotional and behavioral problems.

The following checklist is meant to be used by healthcare providers to help them identify obvious as well as more subtle signs of intimate partner violence during pregnancy.

STEP 1: Review Medical History for Warning Signs of Intimate Partner Violence

- Previous medical visits for injuries
- History of abuse or assault
- Repeated visits
- Chronic pelvic pain, headaches, vaginitis, irritable bowel syndrome
- History of depression, substance use, suicide attempts, anxiety

14 From Deshpande, N. A., & Lewis-O’Connor, A. (2013). Screening for intimate partner violence during pregnancy. *Reviews in obstetrics & gynecology*, 6(3-4), 141-148.

STEP 2: Review Medical History for Pregnancy-Related Factors

- Unintended pregnancy
- Unhappiness about being pregnant
- Young maternal age
- Single marital status
- Higher parity
- Late entry into prenatal care/missed appointments
- Substance use or abuse (tobacco, alcohol, drugs)

STEP 3: Observe Woman's Behavior

- Flat affect
- Fright, depression, anxiety
- Post-traumatic stress disorder symptoms
- Dissociation, psychic numbing, startle responses
- Over-compliance
- Excessive distrust
- Loss of interest
- Low self-esteem

STEP 4: Observe Partner's Behavior

- Being overly solicitous
- Answering questions for the patient
- Being hostile or demanding
- Never leaving the patient's side
- Monitoring the woman's responses to questions

STEP 5: Ask Directly

- Ask questions in private apart from male partner, family, or friends
- Explain issues of confidentiality

- Be aware of mandatory reporting laws in your state and inform the woman of them
- Face to face talk is more effective than written questionnaires
- Ask caring and empathetic questions
- Be prepared to hear your patient's answer

LIST OF RISKS TO CONSIDER FOR MALE ENGAGEMENT IN PRENATAL CARE¹⁵

The following list presents common unanticipated risks encountered by health facilities and providers wanting to engage men in prenatal care. Male engagement should never be promoted in ways that deter or deny women access to health services, or in ways that limit women's decision-making about their own bodies. Policy changes that promote and support male engagement must make this engagement optional and provide women with the opportunity to have male partners present if and when they choose. Ensure that health facility administrators and providers are aware of these risks and discuss them together to identify mitigation strategies.

- 1. Policies that encourage or require male partners to be present during prenatal care visits can result in women being restricted from or denied access to services.** Men's participation in prenatal care is sometimes framed as obligatory for women attending prenatal check-ups, or interpreted and implemented as such by health providers. As a result, women seeking prenatal services without a male partner - because they do not have one, because their partner is unavailable, or because they do not want their partner to be present - are sometimes denied access to the service. In some settings, this policy has also led to a market where men will accompany a woman to the service for a price.
- 2. Strict performance indicators or performance-based financing linked to male engagement can also hinder women's access.** Such indicators or financial incentives can put pressure on health facilities to meet certain targets for male engagement in services. As a result, women may be forced to include a male partner when they do not wish to, or they may be delayed in receiving - or denied - the service.
- 3. Greater male participation in prenatal care, labor, and delivery may give men greater control over women's bodies and health care decisions.** Where health providers have not been trained on gender-responsive health services, they may defer to men, providing them with information and asking them to make decisions during prenatal care visits.

¹⁵ Modified slightly from MenCare (no date) Guide for MenCare Partners on Training Health Providers. Male Engagement in Maternal, Newborn, and Child Health/Sexual and Reproductive Health.

SURROGACY

TIPS FOR FATHERS ENGAGING A GESTATIONAL SURROGATE

Fathers choosing to work with a gestational surrogate often have questions about how to relate to their surrogate during pregnancy, delivery and beyond. The following tips are meant to provide general guidance; it is recommended that parents work closely with their surrogacy specialist and healthcare provider to address any medical questions.



Get to know your surrogate

It may feel strange to undergo such an intimate experience with someone you may not know at first. Don't rush the relationship. It will begin informally just like any other new friendship. Have simple conversations about your lives – your families, work, hobbies; your favorite movies or books. During the initial stage, you may begin to email, phone, or text with one another. It is important for parents to know that your surrogate wants to hear from you and to know you are present and aware of what she is going through. Your surrogate will similarly be expected to give you regular updates on the pregnancy, how she is feeling, and any information on prenatal visits and care that parents might be able to participate in.

Discuss communication preferences up front

You may have waited years to have a child, and that sense of anticipation can often translate into frequent requests for updates and meetings with your surrogate. This is understandable. It may also overburden your surrogate, who has responsibilities and a life outside of the pregnancy. Make sure to openly discuss your and your surrogate's communication preferences early on. When and how often will you be contacting each other? Are phone calls or texts ok? How often will you meet in person? This schedule may change, especially as the delivery date approaches, but understanding your surrogate's preferences early on will help you establish healthy and respectful boundaries.

Show your appreciation

Remember that your surrogate is taking on a tremendous amount of personal responsibility and physical discomfort and risk to carry your child. Show your appreciation in little ways. When you meet in person, travel to her instead of requiring her to travel to you. Send her meals or take her for lunch. Create a pregnancy gift basket with small things for self-care, like lotion, a gift certificate for a massage, or a local delicacy. Take her and her family out for an excursion, for example to a zoo or park.

Create a plan for prenatal care visits and delivery

Sit down with your surrogate and surrogacy specialist to discuss how you would like to handle prenatal care visits and delivery. For example:

- Who will attend doctor appointments and any necessary procedures?
- If the parents are not able to attend appointments, how will they be updated? How will any decisions be made?
- During delivery, who will be in the room?
- Will the parents take part in any delivery activities, such as cutting the cord or providing skin-to-skin contact with the baby?
- Are there any religious or cultural birth details that are important to you or to your surrogate?
- Will family or friends be able to visit the baby in the hospital?
- How will you handle separation once the surrogate is discharged from the hospital?

Consider your relationship after delivery

While some parents choose to end the relationship with their surrogate after delivery, many parents remain friends after the baby is born, considering their surrogate to be a part of their extended family in some cases. Some surrogates offer to donate breast milk and help the new parents with newborn care after the birth. It can be very hurtful for surrogates when parents stop all communication after the baby is born. Make sure that you ask your surrogacy specialist to help you prepare for the delivery and hospital stay, to ensure that you are interacting appropriately with your surrogate. Post-delivery relationships with surrogates can be very meaningful, not just for the care of the infant but for the child to grow up knowing their birth mother and understanding the circumstances of their birth.

HEALTH FACILITY ASSESSMENTS

The following rapid assessments are designed for health providers working in prenatal care as well as labor and delivery services. It can be completed by health providers individually and then discussed with peers within the same health facility, as well as within different health facilities to identify differences and commonalities. When completed in coordination with health facility administrators and decision-makers, these assessments can form the basis of action planning to better engage men in antepartum, labor, and delivery care. The facility walkthrough questionnaire in particular can help health facility staff identify areas in which physical and environmental elements might be changed to indicate to men that they are welcome and expected to participate in prenatal care.

RAPID ASSESSMENT ON FATHER ENGAGEMENT IN PRENATAL CARE¹⁶

ATTITUDES AND ACTIONS		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
When a woman comes alone to an antenatal care visit, I ask about the father/her male partner.	YES NO	
At the antenatal care visit, I am on the lookout for signs of intimate partner violence.	YES NO	
If I am sure the mother is <i>not</i> in a violent relationship, I encourage her to invite the father/ male partner to the next antenatal care visit, if she wants him to come.	YES NO	
When the father/male partner is present, I appreciate and encourage his future participation, with the mother’s consent.	YES NO	
I ask a woman if she would like her partner to be present at childbirth and emphasize the importance of a father’s presence.	YES NO	
I encourage the father/male partner to be present during childbirth, with the mother’s consent and if allowed in my health facility.	YES NO	
I provide guidance and information about antenatal care and post-natal care to both the mother and her partner and ask both the woman and her partner if they have any questions.	YES NO	
I provide guidance on how fathers/male partners can provide physical support to the mother during childbirth (for example, through massage, helping with breathing techniques).	YES NO	
I encourage my colleagues to actively promote fathers’/male caregivers’ involvement.	YES NO	
I am aware of policies and/or protocols at the facility where I work and at the national level, related to men’s involvement in antenatal care.	YES NO	
I encourage both mothers and fathers to take some type of leave following the birth of the child, where possible.	YES NO	
I feel that I have the knowledge and skills I need to effectively involve men in antenatal care.	YES NO	

16 Modified slightly from MenCare (no date) Guide for MenCare Partners on Training Health Providers. Male Engagement in Maternal, Newborn, and Child Health/Sexual and Reproductive Health.

CLINIC POLICIES AND PROTOCOLS		
THE FACILITY WHERE I WORK...	Y/N	IF “NO”, ACTION(S) TO TAKE:
Uses forms that record the father’s presence or absence during the <i>first</i> antenatal care visit.	YES NO	
Uses forms that record the father’s presence or absence during <i>all</i> antenatal care visits.	YES NO	
Has clinical guidelines or protocols on how to involve fathers in antenatal care visits.	YES NO	
Promotes and informs fathers and mothers about parental leave (or maternity and paternity leave) if it exists.	YES NO	
CLINIC ENVIRONMENT AND MATERIALS		
THE FACILITY WHERE I WORK...	Y/N	IF “NO”, ACTION(S) TO TAKE:
Has adequate infrastructure and space to engage fathers/male partners in antenatal care visits, for example, by having an extra chair in the consultation room.	YES NO	
Has extended hours of operation for working parents.	YES NO	
Has or provides educational materials on pregnancy and childbirth specifically for fathers, or that are designed for mothers <i>and</i> fathers.	YES NO	
Has posters, brochures, and/or art on the walls that include images of fathers/male caregivers.	YES NO	
Provides, or refers clients to, workshops for expectant parents, which include fathers/male caregivers.	YES NO	
Has resources, such as manuals and guides, on how to engage fathers/male partners during the antenatal period, labor, and delivery.	YES NO	
Has offered me training on gender-responsive health services.	YES NO	
Has offered me training that included information on how to engage fathers/male partners in antenatal care, labor, and delivery.	YES NO	

RAPID ASSESSMENT ON FATHER ENGAGEMENT IN ANTEPARTUM, LABOR AND DELIVERY CARE¹⁷

ATTITUDES AND ACTIONS		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
I ask a woman if she would like her partner to be present at childbirth and emphasize the importance of a father’s presence, if allowed in my health facility.	YES NO	
I encourage the mother’s partner to be present during the delivery, with the mother’s consent and if allowed in my health facility.	YES NO	
I provide guidance on how fathers/male partners can provide physical support to the mother during childbirth, for example through massage or help with breathing techniques.	YES NO	
If the health facility does not allow a father to be in the delivery room, or if a woman does not want her partner present, I update him with information on the mother during labor and delivery.	YES NO	
I encourage and explain the importance of skin-to-skin contact between baby and mother.	YES NO	
I encourage and explain the importance of skin-to-skin contact between baby and father.	YES NO	
After birth, I encourage both mother and father to hold the infant, including handing the father the infant while explaining how to hold the infant in his arms.	YES NO	
I provide guidance and information about post-natal care to both the mother and her partner and ask both the woman and her partner if they have any questions.	YES NO	
I encourage my colleagues to actively promote the involvement of fathers/male caregivers in labor and delivery.	YES NO	
I feel that I have the knowledge and skills I need to involve men in labor and delivery.	YES NO	
I am aware of national policies and/or protocols related to men’s involvement in labor and delivery, including policies that promote or prohibit men’s presence at delivery.	YES NO	
I am knowledgeable about the laws on paternity establishment in my country, such as registering the father’s name on the birth certificate.	YES NO	
I encourage mothers and fathers to take some type of leave following the birth of the child, where possible.	YES NO	

17 Modified slightly from MenCare (no date) Guide for MenCare Partners on Training Health Providers. Male Engagement in Maternal, Newborn, and Child Health/Sexual and Reproductive Health.

CLINIC POLICIES AND PROTOCOLS		
THE FACILITY WHERE I WORK...	Y/N	IF “NO”, ACTION(S) TO TAKE:
Adheres to national laws and guidelines regarding accompaniment during delivery.	YES NO	
Uses forms that record the father’s/male partner’s presence during delivery.	YES NO	
Has clinical guidelines or protocols on how to involve fathers/male partners during labor and delivery.	YES NO	
Informs fathers and mothers about parental leave (or maternity and paternity leave) if it exists.		
Informs/shows mothers and fathers how to register their child in the civil or population registry, and obtain a birth certificate.	YES NO	
Has protocols describing roles and procedures related to identification and management of survivors of violence with appropriate training and continual support. The facility has staff that can offer first-line support to women survivors.	YES NO	
CLINIC ENVIRONMENT AND MATERIALS		
THE FACILITY WHERE I WORK...	Y/N	IF “NO”, ACTION(S) TO TAKE:
Has adequate infrastructure and space to engage fathers/ male partners during labor and delivery, for example, enough space and privacy for men to be present in the delivery room, or a waiting room for fathers and family.	YES NO	
Has or provides educational materials on pregnancy and childbirth specifically for fathers, or that are designed for mothers and fathers.	YES NO	
Provides father-focused parenting education materials, or materials that are for mothers and fathers.	YES NO	
Has posters, brochures, and/or art on the walls that include images of fathers/male caregivers.	YES NO	
Has resources, such as manuals and guides, on how to engage fathers/male partners during labor or delivery.	YES NO	
Has offered me training on gender-responsive health services.	YES NO	
Has offered me training or information on how to engage fathers/male partners during labor and delivery.	YES NO	

HEALTHCARE FACILITY WALK-THROUGH QUESTIONNAIRE¹⁸

As you walk through your health facility, imagine that you are a man coming for a prenatal visit for the first time. Keeping the man’s perspective in mind, assess how the facility would appear to him on the basis of the following criteria.

FACILITY APPROACHABILITY		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
Does the name of the facility seem welcoming to men?	YES NO	
As you approach the facility, is it obvious that it is a suitable place for men and women to seek prenatal care services?	YES NO	
Does the gatekeeper or guard know about all services that are available for men and women seeking prenatal care?	YES NO	
SERVICES PROVIDED		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
Is there a sign or poster indicating that prenatal care services welcome men?	YES NO	
Is there a sign or poster indicating that men can come with their partners for prenatal care services?	YES NO	
Does the sign or poster indicate the types of services offered for men?	YES NO	
Are brochures and handouts with information for men about prenatal care readily available?	YES NO	
Are brochures and handouts with information for men about how they can be involved as partners in SRH readily available?	YES NO	
Does the receptionist know about all services that are available for men and women seeking prenatal care?	YES NO	
RECEPTION/WAITING AREA		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
Is it a comfortable environment for men (as opposed to catering more to women or children)?	YES NO	
Are magazines, newspapers or other items that appeal to men readily available?	YES NO	

18 Modified slightly from IPPF and UNFPA (2017). Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys. London: IPPF and New York City: UNFPA

Are brochures, pamphlets, posters, or other client education materials that focus on male engagement in prenatal care readily available?	YES NO	
Is the area clean, neat, and efficient-looking?	YES NO	
Do you see any other male clients in the area?	YES NO	
Do you see any male staff members?	YES NO	
Is a men’s bathroom available?	YES NO	
Is it clear where you would go if you were coming with your partner for prenatal services?	YES NO	
Does the staff appear to be polite and respectful towards men?	YES NO	
SERVICE AREAS AND EXAMINATION ROOMS		
QUESTIONS	Y/N	IF “NO”, ACTION(S) TO TAKE:
Is it a comfortable environment for men (as opposed to catering more to women or children)?	YES NO	
Are brochures, pamphlets, posters or other client education materials that focus on male involvement in prenatal care readily available?	YES NO	
Do you think you could speak confidentially with a service provider or counsellor here, without being seen or overheard?	YES NO	

POLICIES AND PROCEDURES

The following section provides both a sample policy as well as policy and implementation recommendations to help guide healthcare professionals in the review or design of healthcare facility policies and procedures that reflect a commitment to male engagement in the context of gender equitable relationships.

SAMPLE MALE ENGAGEMENT POLICY¹⁹

The Men and Sexual and Reproductive Health Policy from the International Planned Parenthood Federation (IPPF) below is an example of a male engagement policy that could be applied, with revisions, to male engagement in prenatal care. It should be used as a reference rather than used unchanged, as it does not address men's role in prenatal care exclusively but rather within the larger context of sexual and reproductive health.



MEN AND SEXUAL AND REPRODUCTIVE HEALTH

Introduction

1. IPPF is committed to working with men and boys as clients, partners and agents of change in our efforts to meet the goals and objectives of the Federation's Strategic Framework. This applies to males of all sexual orientations, including those who have sex with other men (homosexual, bisexual and transgender) and regardless of HIV status.
2. This policy reflects the importance the Federation attaches to addressing male sexual and reproductive health and rights, and the need to work with men and boys, together with women and girls, as equal partners in the provision of comprehensive sexual and reproductive health services. This is critical to meeting today's global public health challenges, and is in line with the ICPD Programme of Action, the global development goals and a wide body of international research.
3. This policy builds upon existing programmes and initiatives within IPPF, and provides guidance to volunteers and staff on where these may need to be developed or expanded. It outlines a number of steps to be undertaken by Member Associations and the IPPF Secretariat in order to implement services in line with this commitment. All policies and programmes within the Federation should be planned taking account of this policy, and implemented and evaluated accordingly.

Men's role in promoting gender equity in health

4. IPPF believes that in order to address underlying power and gender imbalances, and their effects on health, it is essential to work with men in promoting gender equity. Strategies and programmes seeking to challenge the practices and structures creating gender inequalities should, therefore, explicitly engage men and highlight their positive and influential role. Such engagement should, at all times, enhance rather than diminish women's autonomy. IPPF undertakes, where possible, to:
 1. Promote gender equity as an issue of concern for men as well as women, and highlight the benefits of a more equal society for everyone.
 2. Work with positive male role models and undertake campaigns and educational programmes to empower men and boys to fully understand and promote gender equity and support the sexual and reproductive health and rights of others, in particular women and young people.
 3. Work with both sexes to challenge often 'negative' gender norms/ stereotypes, tackle homophobia, and promote more equitable ways of living and loving.
 4. Work with women and girls to support the development of more equitable attitudes and behaviors amongst men and boys.

Reaching boys and young men

5. IPPF is committed to reaching boys and young men, together with girls and young women, through comprehensive sexual and reproductive health information and services, to address the specific vulnerabilities and sexual and reproductive health needs of this group. The Federation also recognizes the importance of early intervention to foster healthy sexual health attitudes and behaviors among boys and young men. The Federation undertakes, where possible, to:
 1. Address the specific needs of boys and young men within existing sexual and reproductive health programmes, clinics and youth friendly services.
 2. Provide appropriate information, counseling and outreach that empower boys and young men to feel respected and confident in accessing support and using condoms.
 3. Work with young men and boys through comprehensive sexuality education and peer education programmes to increase their life skills and understanding of personal health, equitable relationships and the negative impact of traditional gender stereotypes.

Men as partners in preventing HIV and other sexually transmitted infections

6. IPPF believes that the programmes and services of Member Associations should recognize the critical role that men and boys play as partners in addressing the HIV epidemic and preventing other Sexually Transmitted Infections (STIs), and seek to facilitate their involvement. IPPF undertakes, where possible, to:
1. Increase male access to, and utilization of, voluntary counseling and testing (VCT) services, and to increase their uptake of necessary treatment, care and support.
 2. Advocate for the involvement of positive male role models (particularly those living with HIV) to encourage other men and boys to use condoms and be tested for HIV and STIs.
 3. Address the sexual and reproductive health and positive prevention needs of men living with HIV, their partners and family members, including providing support for men in serodiscordant relationships.
 4. Support the involvement of male partners in the prevention of mother-to-child transmission.
 5. Involve men in strategies to reduce HIV and STI related stigma and discrimination.

Men as partners in the provision of safe abortion services

7. IPPF acknowledges that men and boys have a role to play in increasing their partners' access to safe abortion services, thus contributing to a decline in maternal morbidity and mortality related to unsafe abortion. This approach to working with men and boys should, at all times, be underpinned by support for a woman's right to choose. The Federation undertakes, where possible, to:
1. Provide specific information and education for men on abortion and how to support interventions to increase access to safe abortion services.
 2. Work with men and boys to advocate for changes in legislation, to address stigma and discrimination, and to remove obstacles to accessing safe abortion services.
 3. Enable and encourage men and boys to participate in pre- and post-abortion counseling sessions, if a woman so desires.

Men as partners in improving access to services

8. IPPF recognizes the importance of working with men to reduce barriers and increase access to sexual and reproductive health information, sexuality education and high quality family planning services. This includes sensitizing men to their responsibilities in promoting women and adolescents' sexual and reproductive health, well-being and rights. IPPF undertakes, where possible, to:
1. Strengthen information and education which promote male responsibility and the sexual and reproductive health needs and rights of women, men and adolescents.
 2. Work with men to encourage them to assume full responsibility for their sexual behavior and to protect the health, well-being and rights of their partner and family.
 3. Promote joint decision-making and shared responsibility by men and women, particularly in relation to use of contraception and other safer sex techniques, within a gender equity framework.

Men as fathers

9. IPPF promotes the important role that men play as fathers. The Federation supports the development and promotion of gender equitable fatherhood, and recognizes the important role of fathers in safe motherhood and antenatal care, as well as in the promotion of women and adolescents' physical and psychological well-being. The Federation undertakes, where possible, to:
1. Provide specific support, education and information to fathers, and promote the role of responsible fathering in improving family health and reducing fatality risks pre- and post-childbirth.
 2. Embrace fatherhood in its diversity of forms, recognizing that working with men as parents provides an important opportunity to also address other sexual and reproductive health needs and issues.
 3. Provide support and counseling services to facilitate the greater sharing of family responsibilities and the concerns for pregnancy support.

Men as partners in eliminating gender-based violence

10. The Federation is committed to involving men in the reduction of gender-based violence. The Federation believes that policies, programmes, services and campaigns should explicitly highlight the role of men as part of the solution to addressing and

preventing this violence. Such an approach should remain accountable to women, and promote their empowerment. IPPF undertakes, where possible, to:

1. Highlight that violence against women also negatively impacts upon men and boys and their families, and that an end to such violence will bring benefits to everyone's health and well-being.
2. Support men's anti-violence activism that demonstrates clear alignment with principles of gender equity.
3. Promote violence prevention strategies that address the root causes and impacts of violence, including violence and abuse against men and boys, particularly in high-risk settings.

Men's sexual and reproductive health needs and rights

11. The Federation is committed to ensuring that programmes and services also identify and address the sexual and reproductive health needs and rights of men and boys. IPPF believes that this is necessary both to improve the health of men and boys themselves, and as an important way of encouraging men to enhance the sexual and reproductive health of others, in particular women and young people. The Federation undertakes, where possible, to:

1. Create or expand programmes and services to specifically address men and boys' sexual health and reproductive needs and concerns.
2. Review existing sexual and reproductive health policies, programmes and interventions to ensure that they actively promote the greater engagement of men and boys and facilitate their access to services.
3. Promote the use of male role models to encourage other men to take greater care of their sexual and reproductive health.
4. Enhance understanding among men of the sexual and reproductive health rights and needs of their partners, lovers and children.

Policy implementation

In line with this policy, the IPPF Secretariat and Member Associations are urged to raise awareness among volunteers and staff to develop their own appropriate strategies. More specifically:

12. Member Associations should endeavor to:
 1. Integrate, based on the appropriate areas of this policy, a focus on working with men and boys, and addressing their sexual and reproductive health needs, within existing policies and programmes.

2. Provide training and support to build the capacity, skills and attitudes of staff, service providers and peer educators to work with men and boys, particularly the most vulnerable.
3. Create and maintain strategic partnerships with other organizations working with men and boys, including linkages to enable appropriate referrals.
4. Work with parliamentarians and other decision makers on this issue.
5. Use language that will not exclude men and boys from our work.
6. Review and/or plan, implement and evaluate programmes and activities in line with this policy.

13. The Central Office and Regional Offices will seek to:

1. Support development of these programmes and services and, where possible, provide Member Associations with technical support. The IPPF Central and Regional Offices will also endeavor to raise funds for the implementation, and scaling-up, of this work.
2. Ensure that relevant IPPF standards and guidelines (clinical and non-clinical) reflect the above policy.
3. Develop strategies, where possible, to integrate a stronger focus on men and boys within the Federation's core business, including a monitoring and evaluation and gender analysis framework for this aspect of the strategic framework.
4. Establish and/or develop existing links with organizations working on this issue.

As adopted by IPPF Governing Council, May 2008

WHO POLICY AND PRACTICE RECOMMENDATIONS²⁰

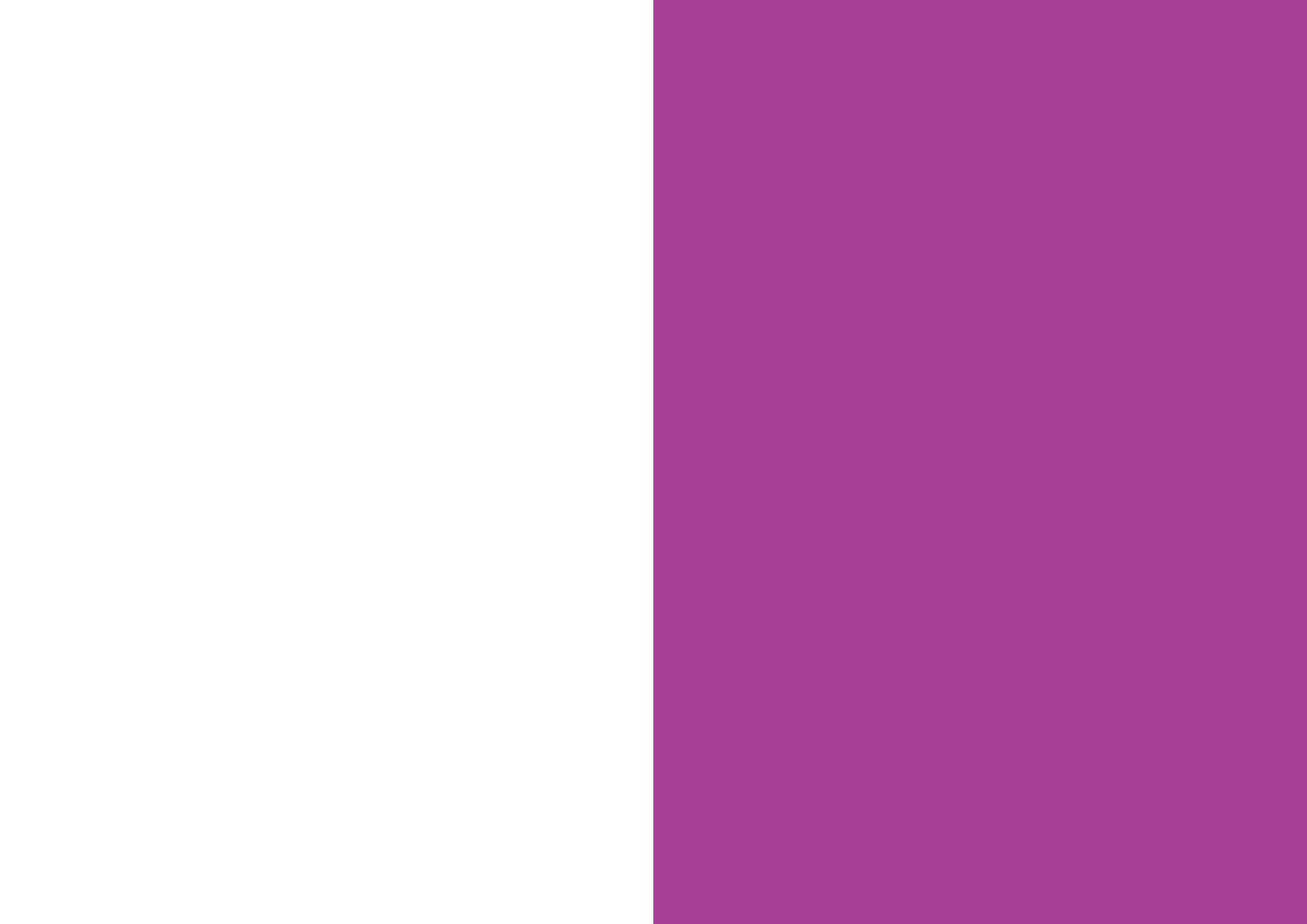
In 2015, the World Health Organization (WHO) released recommendations on male involvement interventions for maternal and neonatal health. These interventions are intended to facilitate and support care for women during pregnancy, improve home care practices for women and newborns, and improve the use of skilled care during pregnancy, childbirth, and the postnatal period.

20 WHO (2015) Recommendation on male involvement interventions for maternal and neonatal health. Available at: <https://extranet.who.int/rhl/topics/improving-health-system-performance/who-recommendation-male-involvement-interventions-maternal-and-neonatal-health>

- Male involvement strategies for maternal and newborn health should primarily be targeted to support women's care-seeking and decision-making for their own health and the health of their children. Their implementation should not reduce women's autonomy (in care-seeking and decision-making in relation to their own health and the health of their children). It is necessary to avoid reinforcing gendered stereotypes of men as the decision-makers.
- Additionally, male involvement strategies should be linked to other efforts to implement gender transformative programming (e.g., programmes that promote egalitarian gender norms and women's empowerment) and should promote the positive role that men can play as partners and fathers.
- Reflecting on the balance of benefits versus harms, the balance depends on the strategy to be employed and the context. In contexts where intimate partner violence is high, male involvement through facility-based male involvement strategies need to be implemented with caution with due attention to not compromising women's safety and confidentiality.
- Harms/risks can be mitigated through implementation approaches that train health providers and programme staff in gender-sensitive programming that promotes egalitarian decision-making between couples and respects women's rights and autonomy along with close monitoring and evaluation for adverse impacts on women's rights and autonomy.
- It is important to recognize the diversity in women's values and preferences. Programmes should be designed having undertaken qualitative research and dialogue with women.
- When considering interventions such as couples counseling or facility-based interventions where the male partner is invited to accompany the woman for antenatal care, it is extremely important to obtain woman's autonomous consent and discuss in detail the aspects in which she wants him to be involved. Tailored and nuanced care is essential. There will be some women who want their male partners involved and they should be supported. There will be other women who do not want their male partners involved and this should be respected. If the woman does not wish to involve her male partner or is not able to engage with him, his involvement should not be conditional for providing services. Perhaps the most important implementation consideration noted was the need to ensure women's permission, consent and perspective on male involvement before inviting men to be involved.
- The diversity of pregnant women's partnership and family arrangements, including women without partners, needs to be considered in promoting male involvement interventions.
- Male involvement in clinical care around the time of pregnancy, childbirth and after birth should be contingent on the approval or request of women. Women should be consulted, in private, as to which aspects of care they would like to be confidential. This is particularly relevant to potentially sensitive clinical services, such as postpartum family planning.

- Health facilities should be male-friendly and health systems should be oriented towards dealing with men as well as women around the time of pregnancy, childbirth and after birth. However, access to quality care for women and newborns must not be contingent on men's attendance or involvement.
- Many health services are not set up for men to accompany their partners. Physical infrastructure and the capacity of health providers to work with men and couples through gender-sensitive approaches need to be addressed.







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by the European Union



TOGETHER AGAINST
GENDER STEREOTYPES AND
GENDER-BASED VIOLENCE
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