

STATE



OF THE

WORLD'S

FATHERS

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A MenCare Advocacy Publication
2015

State of the World's Fathers

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View the report at sowf.men-care.org

About MenCare: This report was produced by MenCare, a global campaign to promote men and boys' involvement as equitable, non-violent caregivers. With activities in more than 30 countries, MenCare partners carry out joint advocacy initiatives, research, and programming to engage men in positive parenting, equitable caregiving, violence prevention and in maternal, newborn, and child health. The campaign is co-coordinated by Promundo and Sonke Gender Justice, with Rutgers, Save the Children, and the MenEngage Alliance serving as Steering Committee members. For more information about the campaign and its partners, visit MenCare at www.men-care.org.

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FOREWORD

By Phumzile Mlambo-Ngcuka
Executive Director, UN Women

Like every young girl, my father had a great influence on my life. Along with my mother, he gave me a sense of social responsibility, social justice, and the strong belief that each person has value. Like him, I went on to become a teacher and from there on to a life of civil and community service. It is with the support of my father that I had the courage to enter politics and to work with others to end apartheid, promote social justice, and advocate for equal rights for all.

That is why I know first-hand that fathers can play a critical role in women's empowerment and in promoting gender equality. This is not just because most men want to see their daughters grow up in a world that offers the same opportunities to them as to their sons, it is also because fathers with more gender-equitable attitudes are more likely to pass on those values to their children, their family, and their community. The promotion of gender equality in the household, particularly with regard to parenting, is a key step in laying the foundation for gender equality in society more broadly.

The *State of the World's Fathers* confirms this important fact with data and examples that span across continents and socio-economic strata. The report fills a much-needed gap in examining men's role in caregiving and domestic

work. It makes a strong case for the need for change in our societies, public services, and in our attitudes toward fatherhood and childrearing.

Achieving gender equality requires a reconfiguration of power relations. That includes redefining our deeply-ingrained perceptions of masculinity and fatherhood. Fathers can help break the cycle of violence and discrimination against women by modeling non-violent behaviours and instilling values of equality, respect for diversity, empathy, and human rights for the next generation. They can act confidently as caregivers to both children and ageing parents, and can make an equal investment in domestic duties and the provision of household necessities.

When men take on more care responsibilities, it empowers women to find paid work outside the home, to improve their health and education, and to take on leadership roles. This is good for everyone: women and girls, men and boys. Gender equality also boosts communities through improved educational outcomes, better health, and greater economic prosperity for families and societies.

There is an urgent need for progress. Despite gains in women's employment around the world, men's involvement in care work at home

has yet to catch up. We know that women today do 2.5 times more unpaid care work than men. This leaves women less leisure time for productive educational, social and leadership activities.

Yet there are proven solutions. Investments in basic social services and infrastructure, particularly health care, water and sanitation, the provision of childcare services, and a comprehensive system of paid parental leave, which includes paternity leave to enable fathers to support their partners in childrearing, can help reduce and redistribute unpaid care work and empower women to participate on an equal basis in economic life. Promoting more equal sharing of unpaid care and domestic work between women and men can help address stereotypes and change social norms. It holds the potential to transform both labour markets and households alike.

Many men and many fathers have realized that the quality of their relationships with the women in their lives in large part determines the quality of their own lives. They increasingly see that a system of gender inequality that negatively impacts women and girls around them also negatively impacts them. Through our

HeForShe campaign (www.heforshe.org), UN Women calls on men and boys to take action to advance gender equality. It encourages men to take responsibility for dismantling the patriarchy and to call for equality in their homes, communities, workplaces, and societies – even when it means giving up some of their privileges.

And, as the *State of the World's Fathers* shows, this is good for men, too. Just as women and girls, men and boys do not want to be bound by gender stereotypes and discriminatory social norms. Fatherhood can contribute to reducing men's criminal behaviour and other forms of risk-taking. For many men, fatherhood enhances well-being and confers a sense of purpose and fulfilment.

We stand at a critical juncture for gender equality and women's empowerment. This year we celebrate the 20th anniversary of the adoption of the Beijing Platform for Action, a ground-breaking blueprint for gender equality, and governments will soon finalize the post-2015 development agenda. We have committed to an expiry date for gender equality – Planet 50:50 by 2030. It will take all of humanity, including committed and engaged fathers, to achieve gender equality – and better outcomes for all – within our generation.

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The State of the World's Fathers at a Glance: Summary and Recommendations

Fathers matter. Father–child relationships, in all communities and at all stages of a child’s life, have profound and wide-ranging impacts on children that last a lifetime, whether these relationships are positive, negative, or lacking. Men’s participation as fathers and as caregivers also matters tremendously for women’s lives. And, it positively affects the lives of men themselves.

Approximately 80 percent of men will become biological fathers at some point in their lives, and virtually all men have some connection to children – as relatives, as teachers, as coaches, or simply as community members. Whether they are biological fathers, stepfathers, adoptive or foster fathers, or legal guardians; whether they are brothers, uncles, or grandfathers; whether they are in same-sex or opposite-sex relationships; and whether they live with their children or not, men’s participation in the daily care of others has a lasting influence on the lives of children, women, and men, and an enduring impact on the world around them.

Massive changes in the workplace and in households are bringing changes to men’s participation as caregivers – that is, the state of the world’s fathers is changing. Yet, men’s involvement

in caregiving has too often been missing from public policies, from systematic data collection and research, and from efforts to promote women's empowerment.

This first ever *State of the World's Fathers* report brings together key international research findings along with program and policy examples related to men's participation in caregiving; in sexual and reproductive health and rights; in maternal, newborn, and child health; in violence and violence prevention; and in child development.

State of the World's Fathers has the potential to put some of the most exciting and farthest-reaching changes happening in the lives of men *and* women around the world into the public eye and onto the public agenda. The move toward more involved fatherhood and equitable caregiving must be supported as part of a wider agenda to challenge the structures and ideologies that restrict us all from developing as full human beings in a more just and equal society.

KEY FINDINGS

Involved fatherhood helps children thrive. As men take on more caregiving, research increasingly confirms that fathers' involvement affects children in much the same ways that mothers' involvement does. Fathers' involvement has been linked to higher cognitive development and school achievement, better mental health for boys and girls, and lower rates of delinquency in sons. Studies in multiple countries have shown that fathers' interaction is important for the development of empathy and social skills in sons and daughters.

Involved fatherhood allows women and girls to achieve their full potential – now and in future generations. Globally,

women earn on average 24 percent less than men do, in large part due to their greater burden of care work. By sharing the caregiving and domestic work, men support women's participation in the workforce and women's equality overall. Involved fatherhood also carries forward across generations: it has been shown to contribute to boys' acceptance of gender equality and to girls' sense of autonomy and empowerment. Research finds that daughters with fathers who share domestic chores equally are more likely to aspire to less traditional and potentially higher-paying jobs. Data from multi-country studies find that men who have seen their own fathers engage in domestic work are themselves more likely to be involved in household work and caregiving as adults.

Involved fatherhood makes men happier and healthier. Men who are involved in meaningful ways with their children report this relationship to be one of their most important sources of well-being and happiness. Studies find that fathers who report close, non-violent connections with their children live longer, have fewer mental or physical health problems, are less likely to abuse drugs, are more productive at work, and report being happier than fathers who do not report this connection with their children.

Men's involvement in caregiving is increasing in some parts of the world, but nowhere does it equal that of women. Women now make up 40 percent of the global formal workforce, yet they also continue to perform two to 10 times more caregiving and domestic work than men do. Research on time use shows that, as women have taken on more responsibility outside of the home, particularly in the labor force, men's participation in care work and domestic work has for the most part not kept up. A study of trends in men's participation between

1965 and 2003 across 20 countries found an average increase of six hours per week in employed married men's contribution to housework and childcare. Still, men's contribution did not exceed 37 percent of women's contribution in any of these countries.

Fathers want to spend more time with their children. Many fathers around the world say they want to be more involved in the lives of their children. Data from the International Men and Gender Equality Survey (IMAGES) show that most fathers (rang-

ing from 61 percent in Croatia to 77 percent in Chile) report that they would work less if it meant that they could spend more time with their children. In the United States, one survey found that 46 percent of fathers said they were not spending enough time with their children, compared with 23 percent of mothers.

Men's participation and support are urgently needed to ensure that all children are wanted children. More than 220 million

women lack access to or do not use safe and effective contraception, leaving them unable to delay childbearing or to space their pregnancies, which exposes them to greater risk of maternal and newborn death. Globally, about 85 million pregnancies were unintended in 2012, representing 40 percent of all pregnancies. Women's contraceptive use represents approximately three-quarters of total contraceptive use worldwide, a proportion that has changed little over the past 20 years. More needs to be done to engage men in contraceptive use and decision-making in ways that support women's reproductive choices, and to ensure that all pregnancies are wanted pregnancies. Apart from

Approximately 80 percent of men will become biological fathers at some point in their lives, and virtually all men have some connection to children.



being a question of gender equality, studies around the world find that fathers tend to be more engaged in the lives of children whom they intended to have, with lasting benefits to those children.

Engaging men – in ways that women want – early on in pre-natal visits, in childbirth, and immediately after the birth of a child can bring lasting benefits. The involvement of fathers before, during, and after the birth of a child has been shown to have positive effects on maternal health behaviors,

women's use of maternal and newborn health services, and fathers' longer-term support and involvement in the lives of their children. In low- and middle-income countries, men's presence at pre-natal visits varies greatly – from only 18 percent in Burundi to 96 percent in the Maldives. A recent analysis of research from low- and middle-income countries found that male involvement was significantly associated with improved skilled birth attendance, utilization of post-natal care, and fewer women dying in childbirth. In high-income countries, fathers' presence has been shown to be helpful in encouraging and supporting mothers to breastfeed. Fathers' support also influences women's decision to immunize their children and to seek care for childhood illnesses.

Promoting fathers' involvement must include efforts to interrupt the cycle of violence. Approximately one in three women experiences violence at the hands of a male partner in her lifetime. Three-quarters of children between two and 14 years of age in low- and middle-income countries experience some form of violent discipline in the home. These forms of violence often co-occur. Studies in high-income countries suggest that anywhere between 45 and 70 percent of children whose mothers are experiencing violence themselves experience physical abuse. Research confirms that some forms of violence – particularly men's violence against female partners – are often transmitted from one generation to the next. Data from eight countries found that men who, as children, witnessed their mother being beaten by a male partner were approximately two and a half times more likely to use violence against a female partner as adults. At the same time, research finds that a more equitable division of caregiving contributes to lower rates of violence against children: a nationally representative study in Norway found that rates of violence against children – by

mothers and fathers – were lower in households where men’s and women’s caregiving were more equal.

Children, women, and men benefit when fathers take parental leave. While maternity leave is now offered in nearly all countries, only 92 countries offer leave that can be taken by new fathers; in half of these countries, the leave is less than three weeks. Well-designed leave policies, when combined with free or affordable childcare, show the strongest potential for shifting the care burden. Leave for fathers is a vital step toward recognition of the importance of sharing caregiving for children, and it is an important means of promoting the well-being of children and gender equality in the home, the workplace, and society as a whole. In the United Kingdom, fathers who took leave after birth were 19 percent more likely to participate in feedings and to get up with the baby at night eight to 12 months later, as compared with fathers who did not take leave. Furthermore, leave for fathers also appears to lead to improved maternal health – including mental health – and reduced parenting stress.

Men’s greater involvement in care work also brings economic benefits. If women participated in the labor market at the same rates as men do, it is estimated that the gross domestic product (GDP) could increase in the United States by five percent, in Japan by nine percent, in the United Arab Emirates by 12 percent, and in Egypt by 34 percent. There is increasing evidence that providing paid family leave is good for business: it improves employee retention and reduces turnover, it increases productivity and morale, and it reduces absenteeism and training costs. At the household level, leave for fathers supports women’s participation in the labor market and can increase their income and career outcomes. A study from Sweden showed that every month that fathers took paternity leave increased the mother’s

income by 6.7 percent, as measured four years later, which was more than she lost by taking parental leave herself.

RECOMMENDATIONS FOR CHANGING THE STATE OF THE WORLD'S FATHERS

To achieve full gender equality and maximum well-being for children, we must move beyond rigid, limiting definitions of fatherhood and motherhood and move toward what children need most to thrive. This is not merely a question of encouraging men to be nurturing and caring. This is an issue of social and economic justice.

Changes are needed in policies, in systems and institutions, among service providers, within programming, and within data collection and analysis efforts. This report provides specific recommendations for change at each of these levels. These recommendations can be summarized as follows:

1

Create national and international action plans to promote involved, non-violent fatherhood and men's and boys' equal sharing of unpaid care work. Action plans on fatherhood and caregiving should span multiple sectors, including gender equality, children's rights, health, education, economic development, violence prevention and response, and labor rights. Actions must be matched with clear indicators and budgets in order to measure progress and make visible the need for men and boys to do a fair share of the care work.

2

Take these action plans and policies into public systems and institutions to enable and promote men's equal participation in parenting and caregiving. This will involve the transformation of policies, protocols, and curricula, as well as structures and spaces, in sectors as diverse as health, education, employment,

and social services. This is necessary to ensure that these institutions are able to play a role in challenging, rather than perpetuating, inequitable norms around men's caregiving.

3

Institute and implement equal, paid, and non-transferrable parental leave policies in both public and private sectors, as well as other policies that allow women's equal participation in the labor force and men's equal participation in unpaid care work. In settings where a large proportion of the population is not formally employed, different policies and strategies, such as conditional cash transfers and social insurance systems, are needed to promote men's caregiving.

4

Gather and analyze data on men's involvement as fathers and caregivers and generate new evidence from programs and policies that work to transform the distribution of unpaid care, prevent violence against women and against children, and improve health and development outcomes for women, children, and men.

5

Achieve a radical transformation in the distribution of care work through programs with men and boys, as well as with women and girls, that challenge social norms and promote their positive involvement in the lives of children. Gender-transformative work should start early and continue throughout life. Boys and girls must be prepared from early ages to be future caregivers *and* future providers. Programs can be embedded within institutions and existing structures, such as schools, early child development initiatives, health services and education, parenting programs, and violence prevention and response efforts, to enable their implementation at scale.

6

Recognize the diversity of men's caregiving and support it in all of its forms. Programs and policies need to be designed in ways that acknowledge and respond to the needs of diverse family configurations, including single parents, adoptive parents, non-resident fathers, gay fathers, adolescent fathers, and extended families.

When implementing all of these recommendations, the participation of children is needed to define and realize a new vision of fatherhood and caregiving.

Engaging men in caregiving is about helping men to have the deep, meaningful connections to others that are at the root of well-being and happiness – but even more than that, it is about enabling men's, women's, and children's full potential. It is also about achieving full equality for women and girls. *State of the World's Fathers 2015* argues that it is time to shift both the perception and the reality of the role that men can play in nurturing, and to bring in the social measures and economic, social, and political support that are necessary to make this transformation possible.

01

INTRODUCTION

Why a global report on fathers and fatherhood?

Fathers matter. Father–child relationships, in all communities and at all stages of a child’s life, have profound and wide-ranging impacts on children that last a lifetime, whether these relationships are positive, negative, or lacking. Men’s participation as fathers and as caregivers also matters tremendously for women’s lives. And, it positively affects the lives of men themselves.

Whether they are biological fathers, stepfathers, adoptive or foster fathers, or legal guardians; whether they are brothers, uncles, or grandfathers; and whether they live with their children or not, men’s and boys’ participation in the daily care of others has a lasting influence on the lives of children, women, and men, and an enduring impact on the world around them. Four out of five men will become biological fathers at some point in their lives, and virtually all men have some connection to children – as relatives, as teachers, as coaches, or simply as community members.¹

Massive changes in the workplace and in households are bringing changes to men’s participation as caregivers – that is, the state of the world’s fathers is changing.² Yet, in much of the world, discussions about the promotion of men’s involvement in caregiving have too often been missing from public policies, from systematic data collection and research, and from the public discourse around gender equality and women’s empowerment. Not enough is being done in policies and programs to promote, understand, and support men’s and boys’ involvement as fathers and caregivers and their involvement in domestic activities.[†]

[†] “Caregiving” and “care work” refer to the care of children or elderly, disabled or ill family members in the home setting. We use “paid care work” or “paid caregiving” to refer to care provided in the context of work, payment, or as a profession. We use “domestic work,” to refer more specifically to cleaning, food preparation, and similar tasks that are related to care work.

This report, the first of its kind, presents what is known – and what we still need to know – about men’s caregiving and fatherhood. While the word “father” is used throughout the report, it is based on the belief that men’s participation in care and domestic work encompasses far more than biological fathers “helping” with the care of their children. It includes men’s equal participation in domestic work in their households, men’s daily care of children, and men’s care of others in the household (for example, family members with special needs or elderly or ill family

members). It includes men's participation in caregiving professions, such as primary school teachers, early childhood caregivers, and nurses, which are too often seen as women's roles. And, it includes the many other important roles that men and boys play in caring for children in families and in their communities. These are diverse and sometimes distinct issues, but they must be considered together in order to obtain a global view of men's and boys' caregiving practices and to achieve and assess global progress toward equality and well-being for women, men, and children.

This goes far beyond simply counting who carries out unpaid work. Unless men and boys participate equally in unpaid work in the home, and unless governments, employers, and families expect and support this involvement, gender equality will not be achieved. Women's potential – in the workforce and economic spheres, in political and cultural life, and beyond – will also never be fully realized. Men's emotional lives and their well-being and happiness will continue to be constrained, and they and their children will miss out on one of the most significant relationships of their lives.

Men's caregiving also offers a route to breaking cycles of violence that are underpinned by harmful beliefs and attitudes around masculinities and by a tolerance for violence – factors which are too often passed from generation to generation. As this report shows, research confirms that some forms of violence – particularly men's violence against female partners – are

“Before I had my daughter, I only knew how to play ... Now that I have a daughter, my obligation is to her ... if there's anything missing at home, I have to go after it.”

JÃO, YOUNG FATHER, RIO DE JANEIRO³⁸

MenCare: A Global Fatherhood Campaign

MenCare is a global fatherhood campaign active in approximately 30 countries on five continents. Its mission is to promote men's involvement as equitable, non-violent fathers and caregivers in order to achieve family well-being, gender equality, and better health for mothers, fathers, and children.

MenCare partners work at multiple levels to engage men, women, institutions, and policymakers in achieving gender equality. Partners launch media campaigns; implement evidence-based programming; conduct training with healthcare and service providers; and execute targeted advocacy with health and social-service systems, governments, and the international community. Many partners have adapted MenCare's Program P, a program that engages men in active fatherhood from their partners' pregnancies through their children's early years. Qualitative results from Program P's implementation have shown positive changes in the lives of men and their families: in Sri Lanka, men decreased their use of alcohol, while in Nicaragua they improved relationships with their children and partners and increased their participation in household work and childcare.

Around the world, MenCare partners are working to show how men's non-violent involvement in caregiving can help improve health and child development outcomes, and decrease violence globally. From Guatemala

MenCare Campaign



to Indonesia, evidence from partners indicates that working with the health sector has led to positive policy changes supporting men's involvement in pre- and post-natal care. In South Africa, advocacy initiatives encourage policymakers to take a stand against corporal punishment and to legislate paid leave for new parents. In Armenia, work with youth and couples aims to transform norms that lead to pre-natal sex selection, while in Portugal, materials in health centers inform patients about parental leave legislation and the benefits of involved fatherhood. Learn more about MenCare here: www.men-care.org. ●

Posters used in MenCare campaigns around the world. Opposite page, global campaign. Clockwise from top left, Indonesia, Bulgaria, South Africa, and Chile.

Laki Laki Peduli



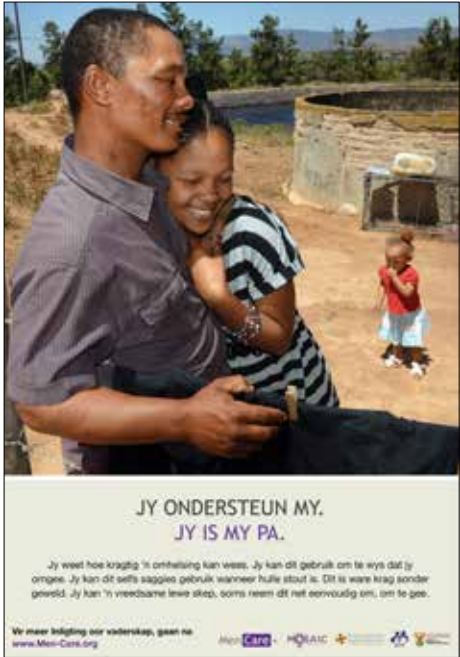
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MenCare+ South Africa (Sonke Gender Justice and MOSAIC)



often transmitted from one generation to the next.

But it is not only violence that is transmitted from generation to generation: men's caregiving is too. When boys see their fathers, or other men in the household, carrying out caregiving and domestic work and interacting with female partners in equitable ways, they are more likely to do the same when they become adults, and to grow up believing in and living gender equality. They are also more likely to have happy, fulfilled lives – as are their partners. Men's caregiving creates equality and well-being in the short-term, and it plants the seeds for equality in future generations of boys and girls.

Fathers and men matter to children not because they are men, and not because they have a unique contribution to child development and well-being, but because children need nurturing caregivers. Fathers have historically provided a different kind of care for children than mothers have because of societal norms that prescribe different roles for men and women. Yet, research shows us that men can also nurture and soothe young children, just as women can do things that historically have been deemed a father's role, such as playing sports with their children and providing financially for the family.

What is important is that men are present, that they show their care in numerous ways, and that they treat the mothers of their children with respect and equality. To achieve full gender equality and maximum well-being for children, we must move beyond rigid, limiting definitions of fatherhood and motherhood and move toward what children need most to thrive.

WHAT IS IN THIS REPORT?

This report reviews the international research and data on men's

participation in caregiving; in sexual and reproductive health and rights; in maternal, newborn, and child health; in violence and violence prevention; and in child development. It presents data as well as stories from men, women, and children about what fatherhood and caregiving really mean.

It also highlights what is not known. There are few international, standardized data on men's participation as fathers, particularly from low- and middle-income settings. While a considerable amount of information on women's childbearing and health has been collected (as it should be), comparable data for men are still missing. Even where relevant data on men and gender relations are available, more must be done to use the data to call for a global goal that men and boys should do half of the world's care and domestic work, just as we have goals that women should represent half of the world's leaders and earn the same pay as men.

In the following chapters, this report will:

- **Present research showing that care from fathers, and male caregivers in general, can have strong and constructive effects on child development and children's well-being.** What needs to happen to ensure that these key relationships between children and fathers – and all caregivers, male and female – are positive and engaged?
- **Examine men's roles as partners, in sexual and reproductive decision-making and in maternal health, newborn, and child health.** What prevents boys and men from being more involved in such issues? How do mothers feel about their partners' involvement before, during, and after the birth of their babies? How does men's

limited participation in sexual and reproductive health contribute to inequality in caregiving?

- **Look at the relationship between men’s caregiving and violence, including the impact of experiencing physical or psychological violence as a child on the use of violence later in life.** What is the impact of violence on children? What factors drive the use of such violence? What changes in the lives of fathers and men can help prevent violence against children and against women? How can childhood experiences of violence influence later fathering and partnering behaviors?

This report also presents promising fatherhood-involvement programs from around the world; reviews policies to promote men’s and boys’ engagement in caregiving and involved fatherhood; and makes recommendations for future policy, programming, and research.

This report is not about fathers versus mothers. It is also not a fathers’ rights platform. Nor is it only about heterosexual families. We affirm the need to respect and support families and caregiving in all their diversity, including nuclear families; extended families; single parent (mother or father) households; gay, lesbian, bisexual and transgender (LGBT) caregivers; adoptive families; and all other caregiving arrangements that create well-being for women, men, and children.

WHY IS THIS REPORT IMPORTANT?

This *State of the World’s Fathers* report is the first of its kind – a testimony to the lack of visibility of and priority given to men’s caregiving and fatherhood, and the limited understanding of what this means for gender equality and children’s well-being.

It complements the important advocacy of *State of the World's Mothers*, which has been published by Save the Children since 1999, and *The State of the World's Children*, which has been published by UNICEF since 1996.

This report is timely. The redefinition of women's lives is driving rapid and dramatic changes in men's lives around the world. A questioning of age-old roles and practices is being prompted by global trends, including the increase in women's participation in higher education and in the paid workforce, the delay in the age of marriage and childbearing, and women's growing demand that male partners play greater roles in caregiving and domestic work. Discussions of fatherhood, parental leave, and the unequal burden of care work that women and girls shoulder are in the news. Governments, employers, and the media are beginning to pay attention. It is time, therefore, to review what we know – and what we need to do – to continue our global trajectory toward equality by including men's caregiving in the discussion.

“But it’s amazing, that if you just exist as a dad in public, you are either a babysitter or superstar.”

FATHER, CANADA⁴¹

In some settings, men are spending more time with their children and taking on more domestic responsibilities than in earlier decades. Indeed, we should celebrate the progress that has been made toward gender equality in caregiving, most notably in middle- and high-income countries.

While change is occurring rapidly in some places, the pace is far too slow in many others, which is why we hope with this report to inform and catalyze the shift toward equitable caregiving worldwide. Research on time use shows that, as women have

taken on more responsibility outside of the home, particularly in the labor force, men's participation in care work and domestic work has for the most part not kept up. Even in relatively egalitarian regions, where mothers' and fathers' total workloads tend to be similar – albeit with fathers spending more time on “cash” and mothers on “care” – equality is still far out of reach. More needs to be done to encourage and support fathers' participation in childcare and domestic work. While we want to nudge individual men and boys toward greater participation in care and domestic work, first and foremost we must understand

“I started to see and feel: ‘Something is about to change.’ Then my child started to talk a lot to me. A lot. And he noticed I was listening. Now, I try to show my son the love, attention and care that I lacked from my own father.”

YUSUF, TURKEY⁴³

the policies, the cultural norms, and the social and structural influences that determine why men and boys do or do not do their share of care work.

Achieving equality in care and domestic work is not simply an issue of individual men doing more. Employment and livelihood policies; childcare, tax, and benefits systems; and health, education, and social services have not kept up with the changes taking place in families around the world, and this creates substantial barriers to families who try to operate in a more egalitarian approach.³

“We are both responsible for household duties. [In] the current times that we are living in, we have a mother that has a job ... and does not stay at home, unlike the women that used to stay behind and take care of the home. Now the mother, just like the father, goes to work. So if it is the father that comes home first from work, he has to start preparing the pots in order for the children

to have something to eat, and to bathe the kids so that we help each other in running the house.”

Woman, Khayelitsha Township, Cape Town, South Africa⁴

Times are changing. Just as individual attitudes contribute to changes in what fathers do in the lives of their children, their evolving roles contribute to shifting societal attitudes about what is valued in men. Increasing numbers of fathers around the world are actively involved with their children: feeding them, changing diapers, staying home with sick children, and bringing their sons and daughters to school. Many men, particularly the younger generation, now expect to play active roles in bringing up their children. New studies offer us insights into the ways in which men participate in the lives of their children even when they do not live with them, and into the diverse interactions of men in extended families. Many men are physically absent from their children’s lives on a regular basis but participate in other ways.

Indeed, this report finds that men can – and in some cases do – play a nurturing role that equals that of mothers and of women, but too many fathers are still just “helping out.” Emerging research presented here affirms that men have the same intrinsic capacity to care for children that women do. In sum, men and women are born with equal capacity to care for others, including young children. We have, however, too often repressed that ability in men and boys and created social norms that discourage men and boys from caregiving.

Although they remain in the minority, more fathers are staying at home to look after their children – whether compelled by life circumstances or motivated by personal choice. Many

Beto Pêgo/Instituto Promundo (Brazil)



others are managing successfully to reconcile active fatherhood with their ongoing paid work or studies. Men's evolving roles as fathers are beginning to be reflected in national and international policy discussions, as decision-makers increasingly make the connections between fatherhood, women's and men's work, the well-being of children, and gender equality.

MEN'S CAREGIVING HAS ALWAYS MATTERED, BUT WE HAVEN'T BEEN PAYING ATTENTION

The global discussions about men's and women's domestic roles date back to the 1994 International Conference on Population and Development in Cairo, and to the 1995 World Conference on Women in Beijing. Both of these meetings, with strong global consensus, articulated the obvious roles of men in gender equality and caregiving, and these roles have since been revisited many times in other meetings and agreements. Over the years, many leading voices in women's rights have proclaimed that full social, cultural, political, and economic equality for women and girls requires a revolution in the lives of men and boys – including in men's participation in domestic life.⁵

These discussions have yet to have a significant impact on policies at the international level – or in many countries, at the national level. Research, policies, and programs addressing fatherhood have been conducted or implemented mainly in Western Europe, North America, and Australia, as well as in countries concerned with low fertility, including Singapore and Japan. In lower-income countries, interest in fatherhood is more recent and tends to be framed as an entry point to improving reproductive health and preventing violence. While these are important topics, they are not enough to achieve the full transformation we seek in men's, women's, and children's lives.

“As a young man, my father ... couldn’t spend time with us; he was a steel worker who labored hard. But one time he said, ‘Come, let’s play football.’ We played all day and I got tired. I was so happy, and I learned. Even though I am fat now, I can still play well, since that day.”

SAMI, TURKEY⁴⁰

There is momentum on the issue. Children’s-rights organizations are emphasizing gender-sensitive and non-violent parenting, as well as the roles and responsibilities of fathers and caregivers in nurturing and upholding the rights of children. In some parts of the world, a new generation of fathers is participating more fully in household chores and caregiving. Programs to support fathers and fathers-to-be are springing up in many countries: paid paternity leave is increasingly on government agendas and provided in a small but growing number of corporate workplaces, and campaigns are emerging to spread awareness of the

importance of fathers’ caregiving, including the global MenCare campaign, now active in approximately 30 countries. It is time to take these initiatives to a more ambitious level.

WHAT HAPPENS WHEN MEN DO MORE CAREGIVING?

Involved fatherhood helps children thrive

Societies need involved fathers in order to grow and develop with equality and without violence. We show that when men are more involved fathers and caregivers, they can improve the lives of children, the lives of women, and their own lives.^{6,7} As the Convention on the Rights of the Child recognizes: “Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.” It also states that “both parents have common responsibilities for the

What do children say about their fathers?

“My father has given me the opportunity to discuss everything with him and he also shares everything about his life with me.”

ADOLESCENT GIRL, RURAL INDIA¹⁷

“Since I was a boy, I liked to follow my father’s activities and ideas because my father was friendly and respected by many of the people in the village.”

YOUNG FATHER, CAMBODIA¹⁸

“My dad makes me feel loved. I can always count on my dad. He makes me laugh so hard. Most of the time, my dad’s actions speak louder than life. My dad has all the qualities of a great guy. He’s so truthful, honorable, and trustworthy. I can always count on him. He even understands what I’m talking about most of the time. I love my dad. He’s far from perfect, but far past amazing.”

SIXTH-GRADE GIRL, UNITED STATES¹⁹

“I know my mother loves me. She tells me many times that she loves me. My father also loves me. But he has never told that. He is shy to talk about these things. He tries to express that by asking me to do things for him, by supporting me if I have an argument with my mother and by getting things for me from the market.”

ADOLESCENT GIRL, BANGLADESH²⁰

upbringing and development of the child,” and that children have the right “to maintain personal relations and direct contact with both parents.”⁸

Involved fatherhood is good for children: evidence shows that when men are engaged from the start of children’s lives – whether by participating in pre-natal care and education, being present during childbirth, or taking leave from work when a child is born – they establish a pattern of greater lifelong participation. Fathers’ ongoing positive involvement in the lives of their sons and daughters – listening to them and involving them in decision-making – enhances children’s physical, cognitive, emotional, and social development and can contribute to their happiness.^{9,10,11,12}

A healthy father-child relationship helps children develop to their full potential. When fathers engage in housework and childcare and spend time with their sons and daughters, this contributes to boys’ acceptance of gender equality and to girls’ sense of autonomy and empowerment.¹³ Involved fatherhood can help protect children from violence, abuse, exploitation, and neglect, and it can help ensure their access to health and education. When daughters and sons see their fathers in respectful, non-violent, equitable relationships with their mothers and other women, they internalize the idea that men and women are equal and pass this on to their own children.^{14,15,16}

Involved fatherhood allows women and girls to achieve their full potential

Involved fatherhood is good for women. First, it promotes women’s economic equality.²¹ Women are now 40 percent of the global paid workforce and half of the world’s food producers.²² Still, while women’s income has increased relative to men’s, it

lags unacceptably behind; according to a new report from UN Women, women on average earn 24 percent less than men do.²³ Research clearly shows that we will only achieve full equality for women in the workplace if men and boys do their share of the care work.

Globally, women and girls carry out at least two and half times more unpaid care and domestic work than men and boys do, despite also being involved in paid and unpaid work outside the home.²⁴ This holds back women's economic and educational advancement and continues to be a crucial driver of inequality and the feminization of poverty. For example, in the United States, responsibilities in the home cause highly skilled women to lose over US\$230,000 in lifetime wages, and women with less education (who tend to work in lower-paying jobs) to lose US\$49,000.²⁵ A study on OECD (Organisation for Economic Co-operation and Development) countries estimated that closing the gap between women and men in the labor force would lead to an average increase in gross domestic product (GDP) of 12 percent by 2030 across OECD countries, including a 10 percent increase in the United States and more than a 22 percent increase in Italy.²⁶ India's GDP would be US\$1.7 trillion higher if women worked outside the home at the same rate as men do.²⁷

In addition, men's greater involvement as fathers leads to improvements in women's sexual, reproductive, and maternal health. Engaging men can increase joint decision-making around contraceptive use. Studies find that involvement of

“When I became a parent, I looked at her ... and I said – I am not going to raise you like I was raised. I am going to give you all of my love, all of my attention, and I’m going to give you everything that I believe I should have had. I’m going to break the cycle.”

FATHER, CANADA³⁹



fathers before, during, and after the birth of a child can have positive effects on maternal health behaviors, women's use of maternal and newborn health services, and fathers' longer-term support and involvement in the lives of their children. Men's involvement during and after the pregnancy can speed women's recovery, and it contributes to lower rates of post-partum depression.^{28,29,30}

Moreover, involved, non-violent fatherhood can help break cycles of violence against women. Data from numerous studies show that boys who saw their fathers use violence against their mothers are more likely to grow up to use violence against their own partners compared to the sons of non-violent fathers.³¹ Involved fathers are less likely to be violent to their children and their partners.³²

Involved fatherhood makes men happier and healthier

Being an involved father is good for men themselves. Research has shown that greater engagement in caregiving and fatherhood brings benefits to men's health, including reduced risk-taking and improved physical, mental, and sexual health.³³ Men who are involved in meaningful ways with their children report this relationship to be one of their most important sources of well-being and happiness.³⁴

Indeed, the research shows positive outcomes all around when fathers engage in the home – they have happier partners, closer intimate relationships with their partners, happier children, and happier lives themselves.³⁵

Reaping the numerous benefits of involved fatherhood and increased caregiving by men will require nothing less than a transformation of fatherhood as an institution. It is time to shift both the perception and the reality of the role that men can play in nurturing, and to bring in the social measures and economic, social, and political support that are necessary to make this transformation possible.

WHAT ARE THE CHALLENGES TO MEN'S INVOLVEMENT IN CAREGIVING?

While the benefits of involved fatherhood and men's caregiving are clear, many obstacles stand in the way, despite the evolving expectations that fathers play a greater role in parenting, as well as the growing enthusiasm and support for this among both men and women. Poverty and economic instability often mean that poor men need to spend more time and effort focusing on their roles as financial providers. Migration for work takes many men away from their families, removing them from daily caregiving even as they contribute financially to their families' survival

from afar. Displacement by conflict, humanitarian disasters, and political instability also separates men from their families.

Traditional gender norms also continue to stand in the way. Becoming an involved father means challenging attitudes, stereotypes, and behaviors that are deeply entrenched. Both men and women reinforce these gender norms. Some women feel that the home is traditionally the one space where they exert some power and control and they are reluctant to relinquish this. Additionally, rigid gender norms are tied to essentialist beliefs about the nature of men and women, that their roles are defined by their biology rather than socially constructed. Recent findings in neuroscience and neurobiology cast doubt on long-held beliefs that human females are, by nature, better equipped to take care of infants and young children, but have yet to reach the mainstream. Men and women, fathers and mothers, policymakers and practitioners harbor deep-seated suspicions of men's capabilities as intimate caregivers. These translate into reluctance to offer support.

“My father was the one who took us to the pediatrician, my father was the legal guardian, my father was the one who got scared when we were sick and took us to the emergency room. He was very, very present ... Much of what I do is a reflection of what I learned from my father.”

GONZALO, CHILE⁴²

Most crucially, the institutions and structures that shape the lives of women and men continue to resist full equality in terms of care work. British researcher Lynne Segal clearly argued 25 years ago that rather than focusing on changing individual men,

we need to focus on changing the policies and workplace realities that structure the lives of women and men: “State policy, and expansions and contractions of welfare, as well as patterns of paid employment for men and women, affect the possibilities of change in men. The competitive, individualistic nature of modern life in the West exacerbates the gulf between what is seen as the feminine world of love and caring and the masculine world of the market-place – wherever women and men may individually find themselves ...The difficulty of changing men is in part the difficulty of changing political and economic structures.”³⁶ While these observations focused on high-income countries, they are increasingly relevant around the world.

Indeed, the deeply entrenched structures of the workplace and economy present persistent obstacles to parent- and child-friendly policies and to men’s caregiving, just as they fail to support or value women’s caregiving.³⁷ As state and corporate actions erode the strength of trade-union movements, and low-waged, casual, and informal employment increases, the capacity of workers to obtain, retain, or strengthen parental leave, work-schedule flexibility, and other provisions that facilitate care for children or other family members is diminished. This is particularly true at times of high unemployment, and where employees have weak bargaining power, leaving them vulnerable; and in parts of the world where social security benefits and stable livelihoods are still far from being a universal reality.

Finally, restrictive agendas embraced by governments around the world are cutting ever deeper into any sense of collective responsibility for care. The twin ideologies of “individual responsibility” and “reduced government” have been used to justify cutbacks in social services, healthcare, and childcare, and to limit the expansion of parental leave. Conservative ideologies

also make it more difficult to champion a public policy agenda of extending publicly funded support to all parents and caregivers. In countries where most people are employed in the informal economy or subsistence agriculture, and in countries that lack policies or social and financial mechanisms to help families thrive, it is even harder to eradicate these inequalities.

MenCare Campaign (India)



Recommendations for changing the state of the world's fathers

With so many pressing global issues, why should we worry about fatherhood and men's caregiving? Precisely because these same urgent problems demand it. Addressing them effectively requires women's full participation in social, political, and economic life, and this cannot be achieved if the burden of unpaid care work is not shared equally between men and women. Engaging men in caregiving is about helping men to have the deep, meaningful connections to others that are at the root of well-being and happiness – but even more than that, it is about enabling men's, women's, and children's full potential. This is not merely a question of encouraging men to be nurturing and caring. This is an issue of social and economic justice.

How do we get there? How do we achieve full equality in caregiving? Changes are needed in policies, in systems and institutions, among service providers, within programming, and within data collection and analysis efforts. This report provides specific recommendations for change at each of these levels.

These recommendations can be summarized as follows:

1

Create national and international action plans to promote involved, non-violent fatherhood and men’s and boys’ equal sharing of unpaid care work. Action plans on fatherhood and caregiving should span multiple sectors, including gender equality, children’s rights, health, education, economic development, violence prevention and response, and labor rights. At the national level, governments should include concrete actions that promote men’s equitable caregiving within new and existing policies and plans across these fields. These actions must be matched with clear indicators and budgets in order to measure progress and to make visible the need for men and boys to do a fair share of the care work.

2

Take these action plans and policies into public systems and institutions to enable and promote men’s equal participation in parenting and caregiving. This will involve the transformation of policies, protocols, and curricula, as well as structures and spaces, in sectors as diverse as health, education, employment, and social services. For example, health systems must have clear protocols to involve men in pre-natal care visits and collect routine data on men’s participation. It will also require working with decision-makers and service providers at all levels to transform their own attitudes and practices – for example, via pre-service training, continuing education, and professional development. This is necessary to ensure that these institutions are able to play a role in challenging, rather than perpetuating, inequitable norms around men’s caregiving.

3

Institute and implement equal, paid, and non-transferrable parental leave policies in both public and private sectors, as well as other policies that allow women's equal participation in the labor force and men's equal participation in unpaid care work.

Examples include the availability of low-cost, high-quality childcare and flexible work schedules. These policies will only be effective if employees – men and women – are informed about and encouraged to take leave. In settings where a large proportion of the population is not formally employed, different policies and strategies, such as conditional cash transfers and social insurance systems, are needed to promote men's caregiving.

4

Gather and analyze data on men's involvement as fathers and caregivers and generate new evidence from programs and policies

that work to transform the distribution of unpaid care, prevent violence against women and against children, and improve health and development outcomes for women, children, and men. Information on men's participation needs to be collected as part of administrative data across sectors. Efforts are needed to ensure that data collection is systematic and comparable across countries and over time. There is a particular need for data that capture gender relations and dynamics across sectors to better understand and inform policies and programs. Greater investment is also urgently needed in impact evaluations of program and policy approaches, particularly in low-income settings.

5

Achieve a radical transformation in the distribution of care work through programs with men and boys, as well as with women and girls, that challenge social norms and promote their positive involvement in the lives of children. Gender-

transformative work should start early and continue throughout life. Boys and girls must be prepared from early ages to be future caregivers *and* future providers. Programs can be embedded within institutions and existing structures, such as schools, early child development initiatives, health services and education, parenting programs, and violence prevention and response efforts, to enable their implementation at scale. Programs and policies will be more effective when accompanied by large-scale campaigns and community mobilization for equality and social change.

6

Recognize the diversity of men's caregiving and support it in all of its forms. Programs and policies need to

be designed in ways that acknowledge and respond to the needs of diverse family configurations, including single parents, adoptive parents, non-resident fathers, gay fathers, adolescent fathers, and extended families. Policies must guarantee full support and rights for same-sex parents, and for all caregiving arrangements that ensure the rights, well-being, and healthy development of children. The discourse around fatherhood should emphasize that happy, healthy children can be raised in many different types of families.

When implementing all of these recommendations, the participation of children is needed to define and realize a new vision of fatherhood and caregiving.

This first ever *State of the World's Fathers* report has the potential to put some of the most exciting and farthest-reaching changes happening in the lives of men and women around the world into the public eye and onto the public agenda. The move toward more involved fatherhood and equitable caregiving must be supported as part of a wider agenda to challenge the structures and ideologies that restrict us all from developing as full human beings in a more just and equal society.

FATHERHOOD BEYOND THE NUCLEAR FAMILY

Fathers are a diverse group. They include biological and adoptive fathers; fathers who are resident and non-resident; heterosexual, gay, and transgender fathers; married, cohabitating, separated, divorced, and widowed fathers. “Social fathers” abound: stepfathers, mothers’ boyfriends, foster fathers, legal guardians, brothers, uncles, grandfathers, and other important relatives and friends who play significant fathering roles in children’s lives. Whether through legal or emotional ties, men interact with and care for children in their families and communities in many different ways.⁴⁴

There is both continuity and change in the ways that families today are defined. Fatherhood is often viewed as part of a collective responsibility in keeping with traditional patterns of extended family formation, or new, evolving ones. Many children around the world grow up with the support of extended families where men other than their biological fathers play important roles in their lives.⁴⁵ In India, for example, half of all children live with other adults in addition to their parents, and in parts of Central and South America, the rates are similar.⁴⁶ Family dynamics are also evolving due to social trends such as separation and re-partnering, as well as economic migration,

incarceration, armed conflict, and the impact of HIV and AIDS, which in some contexts has led to an increase in single-parent households and in children being raised by guardians other than their biological parents.⁴⁷

Cohabitation (without being formally married) is another growing trend among couples globally.⁴⁸ More than two-thirds of American adults cohabit before (or instead of) marriage, and about 40 percent of cohabitating couples are raising children.⁴⁹ Cohabitating couples are even more common in Europe, where cohabitations tend to last longer.⁵⁰ Yet in some contexts, cohabitation still remains less stable than marriage, especially among younger, disadvantaged populations.^{51,52} This means that many children will spend time living in families where one parent, more commonly the father, is non-resident.^{53,54}

What happens in terms of fathers' involvement when parents separate or have never lived together? The number of children living in single-parent families ranges from 16 percent in Bolivia to 43 percent in South Africa, with most children residing with their mothers.⁵⁵ However non-residence does not equal absence, as fathers often maintain varying degrees of involvement with their children. In the United Kingdom, 87 percent of non-resident fathers say they have contact with their children, and nearly half say that their children stay with them on a regular basis.⁵⁶ In South Africa, where 52 percent of children under the age of 15 live in mother-headed households, data show that close to half of non-resident fathers report seeing their children several times

a month or more often.⁵⁷ Shared care (in which the children spend about equal time in both households) is also on the rise, averaging 10 to 15 percent across high-income countries (and rising to 30 percent in Sweden).⁵⁸

Children can thrive in all types of families; however, it is important to note that children who live with both of their biological parents throughout their childhood tend to be safer and have better outcomes than children who experience family disruption, although this is largely because they are more likely to live in socioeconomically advantaged families and communities.^{59,60} Most importantly though, research shows that “probably the most important protective factor for child well-being” is “having multiple, supportive caregivers, regardless of their sex.”⁶¹ This means that all men who are part of a child’s life can play an important role in his or her development. Having a “good dad,” whether biological or not, can be a powerful, positive force in children’s lives.

“A truly equal world would be one where women ran half our countries and companies and men ran half our homes. I believe that this would be a better world.”

SHERYL SANDBERG, CHIEF OPERATING OFFICER OF FACEBOOK,
AUTHOR OF *LEAN IN*⁶²

02

CHAPTER 2

Walking the talk: fathers and unpaid care work in the home

While workplaces around the world have been transformed by women’s growing participation in the formal labor force, for the most part those changes are not reflected in the division of labor at home. In this chapter we review the global trends in who does the care work and identify ways that policies,

programs, and individuals can promote men's and boys' greater involvement in it.

Most societies are still a long way from achieving equality between men and women when it comes to unpaid work in the home, and this imbalance has numerous, far-reaching implications for overall gender equality. As Magdalena Sepúlveda Carmona, former United Nations (UN) Special Rapporteur on extreme poverty and human rights, has observed, “Heavy and unequal care responsibilities are a major barrier to gender equality and to women’s equal enjoyment of human rights, and, in many cases, condemn women to poverty.”⁶³

What do we mean by “unpaid care work”? The former UN Special Rapporteur defines it as including “domestic work (meal preparation, cleaning, washing clothes, water and fuel collection) and direct care of persons (including children, older persons and persons with disabilities, as well as able-bodied adults) carried out in homes and communities,” with no financial recompense.⁶⁴

Unpaid care work must be understood in the context of power dynamics driven by socio-cultural and economic factors, as well as gender, race, economic status, and age. Women and girls living in poverty and members of ethnic minority groups have often been employed to provide care in the houses of people with more money and status, alleviating the burdens of middle- and upper-class women (and men). However this leaves poorer caregivers with less time for their own unpaid responsibilities, which are considerable given their limited access to adequate infrastructure, public services, and social protection. Girls’ unpaid labor in the home limits their schooling, access to paid work, and participation in the public sphere; this is

especially true for girls married as children who provide extensive care-related labor in their marital households.

Caring for children is a major component of unpaid care work. Unsurprisingly, more unpaid care work is done in households with children than in households without them.⁶⁵ The adequate care of a child involves the “ongoing care and support a child needs to survive and thrive.”⁶⁶ It goes well beyond the absence of abuse, neglect, or exploitation. It means upholding children’s rights and meeting a child’s basic physical, emotional, intellectual, and social needs so that they are able to reach their full potential.⁶⁷

The meaning of parenting varies quite dramatically across cultures. In some settings, members of the extended family or community share the responsibility for children. In many countries in Asia, the Middle East, South America, and Sub-Saharan Africa, more than 40 percent of children live in households with other adults as well as their parents.⁶⁸ Whether the responsibility falls to mothers and fathers in the nuclear family, as in many higher-income countries, or whether it is shared across members of an extended family or community, the care of children generally falls squarely on the shoulders of women.

Fathers today may be more involved with their daughters and sons than their own fathers were, but there is no country in the world where they share the unpaid domestic and care work equally with women; this work increasingly includes caring for the elderly as well. Women – most of them mothers – now make up 40 percent of the global formal workforce, yet they also continue to perform two to 10 times more caregiving and domestic work than men do, in what has long been known as women’s “double burden.”⁶⁹

Given the persistent expectation around the world that women should maintain their domestic roles, it is not surprising that women still hold fewer positions of power and earn less than men do. Although it is not the only factor, the time and energy spent on unpaid care is a major contributor to holding women back in their paid work. It reinforces stereotypical notions of what it is to be a man or a woman, and underpins unequal power relations that continue down the generations. It also damages the economy: the International Labour Organization (ILO) found that reducing the gap in employment between men and women would generate an additional US\$1.6 trillion in output globally.⁷⁰ But, at current rates of progress, the ILO also estimated that it would be 75 years before women and men achieve equal work for equal pay.⁷¹

Caregiving and key international conventions

1979 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires that State Parties take all appropriate measures “to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women” (Article 5). The division of

unpaid care work is clearly such a practice. More specifically, CEDAW also notes that State Parties must ensure “the recognition of the common responsibility of men and women in the upbringing and development of their children” (Article 5).⁷⁷

1989 The United Nations Convention on the Rights of the Child (UNCRC), Article 18, states that both parents have common responsibilities for the upbringing and development of the child. In addition, General Comment No. 15 (2013) on “the right of the child to the enjoyment of the highest attainable standard of health” highlights the importance of engaging fathers in children’s well-being, maternal and child health and nutrition,

Feminists have been challenging the unequal distribution of caregiving for many years,⁷² and the international community has slowly responded. However, much of their focus has been on reducing the overall burden and enhancing the economic and social value of the unpaid care work being done by women and girls. Too few efforts have been made to redistribute the burden of care more equally between men and women.⁷³

It is an urgent priority that the burden of unpaid care be distributed more equally. When fathers take on their fair share of the unpaid care work, it can alter the nature of relationships between men and women, freeing women from some part of their double burden and offering fathers exposure to the joys and satisfactions – and well as stresses – of caring for their children. Taking on roles as caregivers also offers men the opportunity to begin to break free from narrow constructs of manhood

family planning, and sexual and reproductive health and rights (SRHR) issues, and of quality time spent between fathers and their children, especially for positive role modeling for boys.

1994 The Programme of Action of the International Conference on Population and Development calls for “the equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework.”

1995 The Beijing Declaration and Platform for Action stresses the importance of addressing the

gender imbalance in paid and unpaid care work.

2015 The Open Working Group proposal for Sustainable Development Goals suggests, as a measure of Goal 5 on gender equality, that the world “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.”⁷⁸ ●

and fatherhood, and to provide their sons and daughters with positive role models, improved health and development, and greater hopes for the future.⁷⁴

As Alyssa Croft, co-author of a Canadian report on the relationship between fathers' sharing of chores and children's aspirations, observes, "'Talking the talk' about equality is important, but our findings suggest that it is crucial that dads 'walk the walk' as well."⁷⁵ The ILO has highlighted fathers' active role in caregiving as likely to be one of the most significant social developments of the twenty-first century.⁷⁶ It is time for this transformation to achieve its promise.

CARING AND HOUSEHOLD WORK AROUND THE WORLD

In order to understand how unpaid care work is distributed among women and men and how this underpins gender dynamics and economic inequalities, we need to know how men and women use their time differently. While time-use surveys have been conducted in more than 100 countries, they vary in scale, are not consistently collected or easily comparable across countries, and are still in an exploratory phase in many developing countries.⁸⁰

Time-use surveys tend to measure visible tasks more effectively than supervisory, organizational, and multitasking care activities.⁸¹ For example, time spent preparing a meal should be easy to measure, but women may at the same time be looking after or feeding children, or undertaking a number of other household tasks that make a single task difficult to measure in terms of time. National-level estimates of time use also tend to ignore the class and generational differences in the organization of care that influence the relationship between women's paid work and

A child is the responsibility of the community: Indigenous fathers in India⁷⁹

A group of Adivasi fathers from the forests of the Nilgiri Hills in south India shared their perspectives on parenting. Adivasis are the original inhabitants of India, and each of the five group members interviewed was from a different tribe. Like indigenous groups in other parts of the world, they have their own distinct customs and culture, which vary from tribe to tribe.

The fathers talk openly and fluently about their children's births and customs related to childbirth, the difference between a mother's and a father's role, children's upbringing, and the changes between generations. They say they are intrigued that they are being asked these kinds of questions as men, because they are more used to women being asked about these things.

Kumaran explains, "We are struggling a little with your questions because perhaps you are asking the wrong ones. Our society is a collective one. So, although the man and the woman are the biological parents, a child is the responsibility of the whole community. It is not just the father-to-be who stands outside the birth room while his wife gives birth. All the men, young and old, will stand



with him. And all the women will be inside with the mother-to-be."

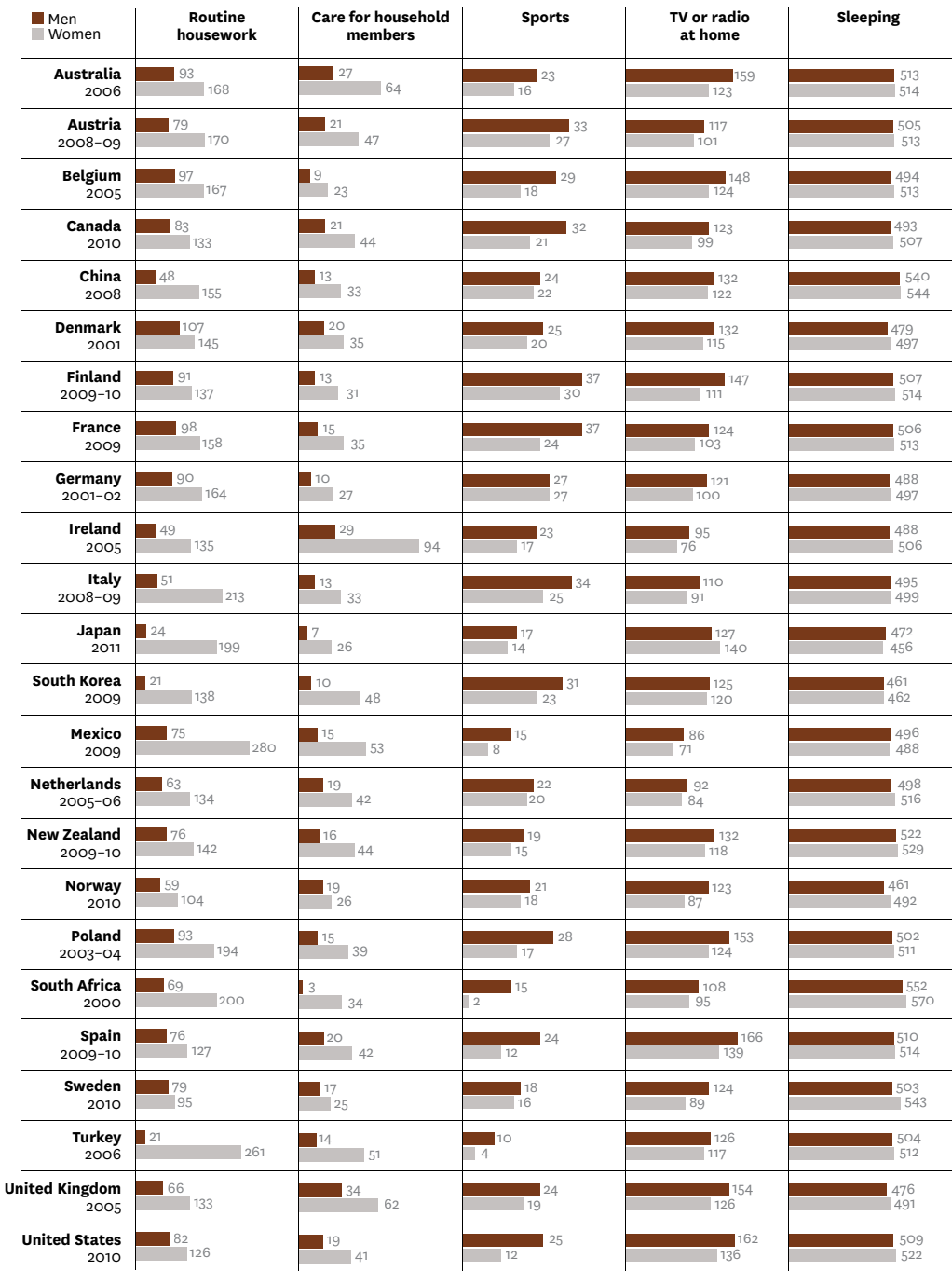
Bomman, an older man, adds, "All children are our children. Most of us, like me, have children we look after who are not our biological children, but we feel they are our own." The others nod.

Gangadharan, who has just become a father, uses his experience as an example. "You see, although I felt anxious when my son was born a month ago, I know that it is not just my responsibility, or my wife's, or even the extended family's to bring him up. An Adivasi child is brought up by the whole community, and everyone is a part of what is going on." ●

FIGURE 2.1

Time spent on unpaid care work, leisure, and sleeping

Men and women aged 15–64, minutes per day



Source: Data from OECD based on National Time Use Surveys. Adapted from: *Balancing Paid Work, Unpaid Work and Leisure*. Organization for Economic Co-operation and Development website. <http://www.oecd.org/gender/data/balancingpaidworkunpaidworkandleisure.htm>

Note: To scale within each column.

unpaid care work. Since definitions of paid and unpaid work and data collection methods vary, it is best to consider patterns of inequality rather than compare specific disparities in time use between countries.

Despite these limitations, the available data reveal patterns of stark contrast between the time spent by men and by women in unpaid caregiving and domestic work.

Doing the work: Disparities in time spent on unpaid care work by men and women

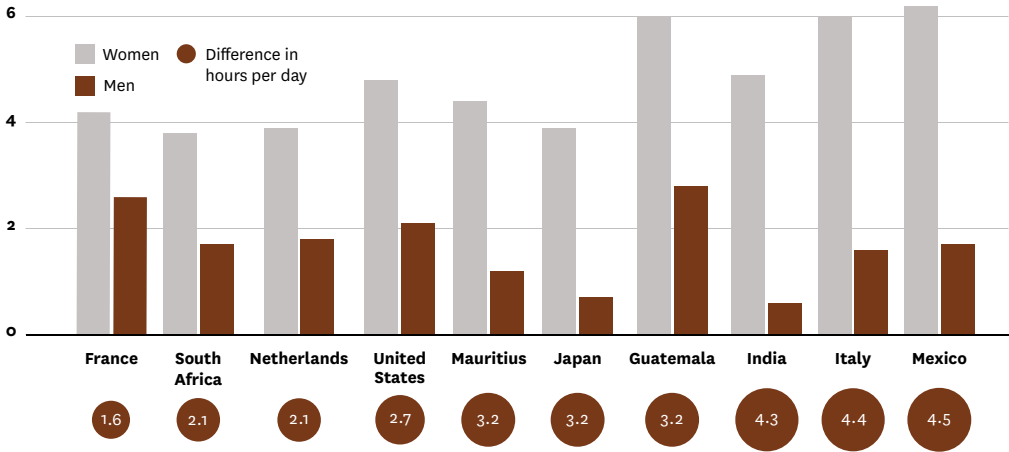
The amount of unpaid domestic and care work done by men varies considerably from country to country and family to family. Yet around the world, women consistently do more unpaid care work than men do. Even where men are contributing more than they used to, the gaps between women's and men's contributions are persistent.⁸²

These patterns are evident in both developed and developing countries. Data from the Organisation for Economic Co-operation and Development (OECD), covering more than 20 primarily high- and middle-income countries, show that women provide at least twice as much unpaid care for family members as men do (see Figure 2.1). Women's contribution is three times higher than men's in Mexico, New Zealand, and Japan, and nearly five times higher in South Korea. Indeed, polarized and traditional gender roles in Japan have been blamed for the country's plummeting fertility rate: women are increasingly reluctant to marry and have children, in large part because of traditional expectations that they must fulfill domestic roles.⁸³ Across these OECD countries, women also shoulder, on average, more than twice as much routine housework as men do, and enjoy less leisure time than men.

FIGURE 2.2

Time spent on unpaid work

Men and women, hours per day



Source: Data from UNDP (2006) and ECLAC (2007), in: Antonopoulos R. *The Unpaid Care Work Paid Work Connection*. Annandale-on-Hudson, NY: The Levy Economics Institute; 2008.

In low- and middle-income countries, studies have shown much the same thing. In South Africa, a national time-use survey found that women carry out eight times more unpaid work than men do;⁸⁴ in India, the figure was nearly 10 times more.⁸⁵ A separate 10-country study found that women’s unpaid work was between two and five hours a day more than men’s (see Figure 2.2).

When family members are ill or elderly, the burden of care falls even more disproportionately on women and girls. A recent study in the United States found that daughters spend more than twice the number of hours that sons do caring for elderly parents.⁸⁶ One survey in South Africa found that women make up over two-thirds of primary caregivers for people living with HIV and AIDS.⁸⁷ They are also the main caregivers for children who have lost parents to HIV and AIDS. Another South African study found that when the mother dies, only one in three fathers looks after their children, compared with more than two in three mothers when the father dies.⁸⁸

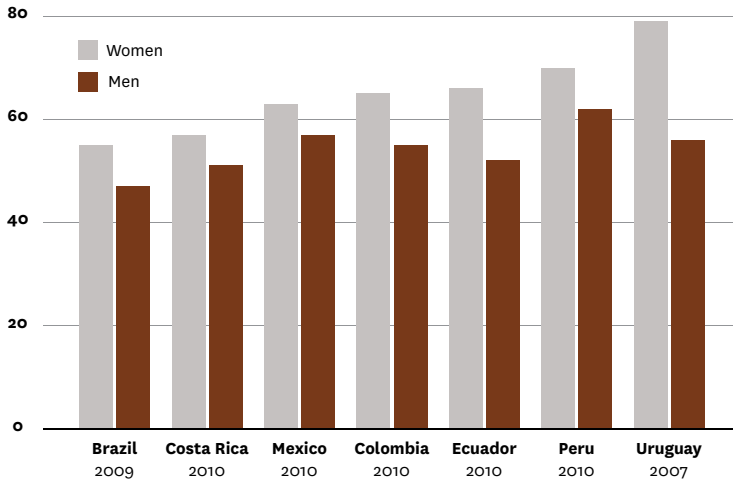
Studies of men's and women's perceptions of their share of childcare and household tasks suggest that the inequalities in time use are not always visible. Additionally, men's and women's accounts often diverge. Analysis of data from the International Men and Gender Equality Survey (IMAGES) in eight countries found that between 36 and 70 percent of men reported that they played a role "equal to" or "greater than" their partner in childcare, and between 46 and 62 percent reported that they made an "equal" or "greater" contribution to household tasks (with the exception of India where only 16 percent of men stated that they made an "equal" or "greater contribution" to household tasks).⁸⁹ Women's reports of men doing an "equal" or "greater" share were much lower, however, ranging from 10 to 30 percent for childcare, and from 23 to 47 percent for household tasks.⁹⁰ IMAGES data suggest that men who do engage with children may limit their participation to less laborious but still important tasks; the most common caregiving role with children was through play.⁹¹

Some might argue that that these figures are misleading: are men and women not putting in similar levels of effort when we take into account the time spent on paid work? While gaps do narrow in some countries when this is taken into account, overall the data consistently tell us that women spend more time on combined paid and unpaid work; even in OECD countries, women spend 22 more minutes a day on paid and unpaid work than men do.⁹² Women in Benin, South Africa, Madagascar, and Mauritius spend between 24 and 141 minutes more per day⁹³ and women in Rwanda spend 51 hours per week on their combined duties compared to men's 40 hours.⁹⁴ The largest disparities are in Latin America, where women spend six to 23 more hours per week than men do on paid and unpaid work (see Figure 2.3).⁹⁵

FIGURE 2.3

Total time spent on paid and unpaid work among employed men and women

Aged 15 and older, by sex, in hours per week



Source: Data from ECLAC, in: Barcena A, Prado A, Montañó S, Pérez R. *Los bonos en la mira: aporte y carga para las mujeres*. Santiago, Chile: CEPAL and New York, NY: United Nations; 2013.

Even if men and women spent the same total amount of time on paid and unpaid care work, the unequal distribution of these different types of work is deeply problematic given the greater societal value assigned to paid work, and the reduced access to social contact, play, education, and financial resources that girls and women experience as a result of their caregiving roles.^{96, 97}

Eight minutes in 10 years: the slow pace of change

There is some evidence, primarily from high-income countries, that gaps in unpaid care work are narrowing, particularly in relation to childcare. A study of trends in men's participation between 1965 and 2003 across 20 countries found an average increase of six hours per week in employed married men's contribution to housework and childcare. Still, men's contribution did not exceed 37 percent of women's in any of these countries.⁹⁸

National household data from Brazil found that women's time in unpaid care and domestic work decreased slightly between 2001 and 2011, from 24 hours to 22 hours per week. And men's time spent in care and domestic work? It increased by only eight minutes over that 10-year period, from 10 hours per week to 10 hours and eight minutes.⁹⁹

In the United States, the narrowing of the gap in childcare was due entirely to an increase in the time fathers spent with their children.^{100,101} On the other hand, although men have increased their time spent carrying out housework, the narrowing of the housework gap is primarily a result of a large decline in the amount of time women spent on these activities, and also because working women in particular have prioritized spending time with children over doing housework.¹⁰² In many other countries, we simply do not have the data to track the changes that may be occurring.

The numbers of fathers who stay at home to look after their children while their wives or partners go out to work is also slowly increasing: in the United States, in 2012, fathers made up 16 percent of parents who stayed at home, up from 10 percent in 1989.¹⁰³ However, of these, the majority did not deliberately choose to become primary caregivers; 23 percent said they were stay-at-home fathers because they could not find jobs, and 35 percent as a result of illness or disability. Only 21 percent said they *chose* to stay at home and care for their children, though this proportion is up from five percent in 1989.¹⁰⁴

A qualitative study of 83 men in non-traditional caregiving roles in Brazil, Chile, India, Mexico, and South Africa also found that many of them attributed their atypical caregiving at least as much to life circumstances as to a belief in gender equality.^{105,106}

However, many fathers say they do want to perform the unpaid care work and be more involved in the lives of their children. IMAGES data show that most fathers (ranging from 61 percent in Croatia to 77 percent in Chile) report that they would work less if it meant that they could spend more time with their children. In the United States, one survey found that 46 percent of fathers said they were not spending enough time with their children, compared with 23 percent of mothers.¹⁰⁷ The change is particularly evident among younger people, with young men and women increasingly assuming that women will work for pay and men will “help” provide care in the home, although it should be noted that the language used within the report – and the survey itself – is often still “help” rather than “take responsibility for.”¹⁰⁸

What factors support men’s involvement in care work?

With such disparities in the time spent on unpaid care work by

Men doing the housework? What boys and girls think

In many countries, men and women, girls and boys, still believe that housework is “women’s work,” although these ideas are changing. A 20-country study by the World Bank found that “girls themselves redefined housework as a practice that ideally should be normative for both boys and girls, and their [idea of] a good boy reflects that ideal.”¹⁰⁹

Boys, however, were “not as eager to include domestic responsibilities in their concept of a ‘good boy.’” In contrast, a study by Plan International found that village girls in Uttar Pradesh, India said, “Boys should not do housework, it is wrong. A boy can’t make rotis [bread], he will not know how to do so and he will not be able to learn. We will do the housework.”¹¹⁰

Boys and men who challenge these stereotypes are often ridiculed by their peers and describe being made fun of when they help in the kitchen. “Even my mother laughs at me,”

men and women, and the slow pace of change, what factors can help support men's involvement in childcare and housework? Studies from India, Taiwan, Vietnam, and Malaysia have found that children's age and fathers' marital satisfaction, as well as their relationship with their own fathers, are all important drivers of change.¹¹⁷ Similarly, quantitative findings from IMAGES showed that across six countries, having been taught to care for children, having witnessed their father taking care of their siblings, and their own current attitudes about gender equality were all associated with men's greater involvement in caregiving of young children.¹¹⁸ External factors such as the death of a spouse, divorce, illness, or unemployment also make men more involved, as we have noted. Qualitative data from the *Men Who Care* study found that men who are engaged in caregiving often credit their fathers and other men who were their role models.^{119,120} Conditions of employment and policies that allow men to take leave to care for children are also important.¹²¹ Gender-transformative programs such as the one described in

said a 10-year-old boy in a school in Gorakhpur, India.¹¹¹ In Gihogwe, Rwanda, boys aged 12 to 14, participating in focus groups, observed, "The majority of men fear to do home activities because they think they will be laughed at."¹¹² A 12-year-old boy in Ethiopia said he would not bake qita, a kind of bread, because other children would shame him and say he was acting like a girl. Only boys with no parents would do that, he said.¹¹³

Despite these instances, there is some evidence that younger generations are more flexible than their parents and grandparents,

perhaps due to education or access to a more open world through social media. The Ethiopian boy also said that he is happy to do some household tasks like fetching firewood, making coffee, washing, and even cooking stew.¹¹⁴ Ranjana, a 12-year-old girl in India, said, "Whether it is housework or outside work, work is work. If the boy does housework and the girl does outside work, both are working. They are not forcing one another to do anything."¹¹⁵ Another Indian girl, Basanti, aged 10, added, "It really feels good when a brother does some housework."¹¹⁶ ●

The Unpaid Care Work project in Uganda¹²²

Kamoji Charles lives with his wife and six children in Katiryo village in the Pallisa district of eastern Uganda.

When he grew up, he was made to believe that certain work was meant to be done by women. Therefore, all he did to contribute to the household tasks was cultivate the garden in the morning; he would then spend the rest of his day relaxing with friends. “This has also been the practice with my two sons, Julius [age 15] and David [age 13]. I have trained them like I was trained by my father and uncles. Even my mother never allowed me to do certain work, stereotyped to be women’s responsibility,” he said.

It was not until he started attending REFLECT circle meetings, a participatory group intervention implemented by ActionAid, that he learned of the concept of unpaid care work. Before, he had never thought about all of the work his wife did in the home. When, as an exercise, the couple tried to attach a monetary value to the housework and care work she carried out, he could not estimate the value.

He said he would never be able to repay his wife for the sacrifice she made for the family: “My wife goes to the garden, and once the girls go to school, we leave her doing the rest of the housework, like fetching water, cooking food, cleaning the house and the compound, washing clothes and utensils, looking for firewood, taking the animals to graze, taking care of our

4-year-old son. I let her do all that, not because I do not love her but the society we live in put us in this situation, to the extent that if my mother found me washing the utensils in my wife’s presence she would regard my wife as irresponsible!”

By taking part in the Unpaid Care Work project and questioning the dictates of his society, Charles came to realize that he had a choice to make, between managing the family the way society prescribed or treating his family members with fairness, dignity, respect, and love.

Now, in the couple’s home, everyone is expected to work equally – if his wife is cooking then Charles takes the animals out to graze; as the boys fetch water, the girls collect firewood – unlike earlier times when all of the work would be left to the girls and their mother. They all now work as a team to get the work done, and they rest all together when everything is finished.

“My wife is even more creative now, jolly, looking younger,” he says with smile. “This is because after doing the work together we have time to sit and have a discussion on how we would like to raise our children, and future plans. I realize that I have been missing out on so many ideas because most of the time she was running up and down to have the home in order. By the time she would be done she would not have the strength to sit and talk about

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anything constructive.

“I have shared my learning with fellow men when having a social moment. I have appreciated the results I have got from supporting my wife in doing the house chores. Keeping in mind the society that my wife and I live in, it is definitely going to take time to have men support women. They do so much work that we never recognize, but it is possible if

we begin with the young ones to change their mindset as I am doing with my three sons,” he says. ●

the box “The Unpaid Care Work project in Uganda,” have played an important role in drawing men and fathers more fully into caregiving.

THE IMPORTANCE OF THE DIVISION OF PAID AND UNPAID CARE WORK

The issue of who does the domestic and care work in the home is often framed as a woman’s problem. It is clear, however, that this has a major effect, not only on gender equality and on women, but also on children, on men, and on the economy as a whole. There is a growing understanding and recognition among researchers and practitioners that the involvement of fathers or father figures in child rearing, and quality time spent by both the parents, wherever possible, results in enhanced cognitive, emotional, and social development for both children and parents, as is explored in greater detail later in this publication.^{123,124}

The division of care work matters for women and girls

The burden of unpaid care work limits women’s and girls’ opportunities for education, employment, and participation in political life, reduces their earning power, and keeps them dependent on the men in their families.^{125,126,127} Giving women more choice about how they use their time can reduce their vulnerability and dependence, and it can transform gender relations. In addition to allowing for greater participation in education, work, and public life, less time spent on unpaid care work can mean more time for rest and leisure and can reduce stress.

Women’s household responsibilities and duties have a significant effect on their ability to work outside the home, whether they are senior executives or subsistence farmers.¹²⁸ While women’s participation in the paid labor market has been increasing in

most of the world, women are still more likely than men to have lower-paid jobs and part-time jobs; to earn less than men do; and to be self- or family-employed, or to work in the informal sector.¹²⁹ They are also less likely to hold leadership positions at work or in government; of the 500 largest corporations in the world, only 23 currently have a female chief executive officer,¹³⁰ and women hold only 25 percent of senior management roles.¹³¹

The double burden carried by many women reduces their ability to contribute financially to the household, and to develop their own skills and talents outside the home. For example, research in Tanzania found that if women were able to spend one hour less for every 10 hours they spend collecting water and fuel, it would increase their possibility of earning money by seven percent.¹³² In one study in Latin America and the Caribbean, more than 50 percent of women aged 20 to 24 said that their unpaid responsibilities in the home were the main reason that they could not look for paid work.¹³³ Even where men and women enter the labor force at similar rates, women are much more likely to switch to part-time work or to exit the paid labor market altogether once they have children.¹³⁴

Women's unpaid care burden has the greatest impact on the poorest in society for whom additional time and income could make the most difference. A study of poor women in Kenya, Nepal, Nigeria, and Uganda found that "women living in poverty carry heavier workloads than men in all four countries, across both rural and urban communities. Their responsibility for unpaid care work means they have less time to take care of themselves, rest or engage in paid work or subsistence agriculture."¹³⁵

Raising the visibility of unpaid care work and ensuring that

its contribution to society is recognized and valued are just as important as redistributing the work itself. The burden of unpaid care work affects the type, location, and nature of paid work that women and girls can undertake, and it limits their economic empowerment; they are often pushed into the informal sector because of unpaid care responsibilities.¹³⁶ The more equitable participation of men in unpaid care work cannot help but increase its perceived value as well as public recognition of the ways in which such work not only subsidizes paid work but also makes it possible.

The division of care work matters for children

Mothers and fathers – and family dynamics – play a crucial role in shaping children’s attitudes, their behaviors, and their understanding of the world; the division of unpaid care work in the household therefore matters for children, too. The impact on girls starts at an early age, as former UN Special Rapporteur Magdalena Sepúlveda Carmona points out, “causing irrevocable harm to girls’ life chances.” She continues: “Especially in families living in poverty, girls are often given care responsibilities, which in the most extreme cases results in withdrawal from school. More frequently, girls’ unpaid care work impacts the time and energy they can devote to schoolwork, hindering their relative progress.”¹³⁷

The same report¹³⁸ uses as a specific example the time that girls spend fetching water and gathering fuel, and notes: “Studies indicate that in sub-Saharan Africa, 71 percent of the burden of collecting water for households falls on women and girls,¹³⁹ who in total spend 40 billion hours a year collecting water, equivalent to a year’s worth of labor by the entire workforce in France.”¹⁴⁰

Even girls who attend school may have insufficient time to do their schoolwork or socialize with other students. A survey in 16

countries found that 10 percent of girls aged five to 14 perform household chores for 28 hours or more weekly (approximately twice the hours spent by boys), with a measurable impact on their school attendance.¹⁴¹ The burden of housework can also affect girls' academic achievement and learning outcomes. In addition, the time and energy required to perform unpaid care work prevents many girls from learning the skills of social interaction, building networks and making the contacts that might enhance their access to better-paid work and expose them to public life. This unpaid care work may impede many young women from taking up paid employment, or push them into flexible, low-skilled, and low-paid informal work that accommodates care responsibilities.^{142,143}

Having a father who is more involved in the home has many benefits for children (see Chapter 5 on child development).¹⁴⁴ Boys benefit from having a positive role model in their caring fathers. Girls benefit from seeing both parents working together to care for them at home. One Canadian study found that daughters with parents who share domestic chores equally are more likely to aspire to less traditional, and potentially higher-paying, jobs.¹⁴⁵

Data from IMAGES and the UN Multi-country Study on Men and Violence in Asia and the Pacific show that men and boys who have seen their own fathers engage in domestic duties are themselves more likely to be involved in housework (see Figure 2.4).¹⁴⁶ Indeed, across eight countries where IMAGES was conducted, men whose fathers participated equally in housework

In sub-Saharan Africa, 71 percent of the burden of collecting water for households falls on women and girls, who in total spend 40 billion hours a year collecting water, equivalent to a year's worth of labor by the entire workforce in France.

Boys don't care? The crisis of connection

From the moment they are born, babies are subject to stereotyped expectations about what it means to be male or female – girls are caring, girls are weak; boys are strong, boys don't cry, boys don't express their emotions. As children grow up, these stereotypes are continually reinforced so that girls become socialized as caring and therefore carers, learning how to clean and cook – and communicate – from an early age, while boys are sent out to play, to learn how to be tough and not to show their emotions.

A comparative study showed that, by the age of six, girls had far more words for emotions than boys did.¹⁴⁸ Another study conducted in Bolivia, India, Indonesia, Jamaica, Morocco, and Mali observed: “Traditional practices included a tendency to privilege boys – giving boys wider leeway in behavior, and excusing non-social behaviors by saying ‘boys will be boys.’ This does not teach boys responsibility, nor clarify what will be expected of them.”¹⁴⁹ Meanwhile, traditional male gender roles that emphasize dominance and aggression are associated with higher rates of violence, which is far more common among young boys than it is among girls.¹⁵⁰

“Society treats you tough – like we don't have emotions,” a boy from Jamaica explained.¹⁵¹ One study in India noted: “The role of the girl child is to be a demure, accommodating and respectful homemaker.

A ‘good’ girl of six is one who listens to and respects adults, helps mother in household chores, and one who stays and plays at home. A ‘good’ boy, on the other hand, is expected to be naughty, to have many friends to play with (outside the home), and not always to listen to parents.”¹⁵²

This picture is more complex than it seems, however. A study of teenage boys in the United States found that “boys between the ages of 11 and 15 are just as sentimental and emotional about their friends as girls...”¹⁵³ But around 16 or 17 is the age when they can no longer resist the ideology of what it is to be a man in American culture, which means being stoic, unemotional, and self-sufficient.

A number of programs and projects are picking up on the idea that boys need to be supported in showing they care, and these initiatives are running courses in school to promote empathy and reduce violence. The *Brave Men Campaign* in Bangladesh, for example, works with boys and young men aged 12 to 15 on the concept of what it means to be “brave men,” motivating them to think about gender inequality, unpaid care, and violence. Sifaat, an eighth-grader at Mohammed Laboratory School, said that the program had made him realize and sympathize with the injustice of the division of labor at home: “Our mothers take the full responsibility of household work. After helping my mother, I



realized that it is simply not an easy task and hence we should be more sensitive and help our mothers.”¹⁵⁴

In Nepal, Uttam Sharma, 24, is chairperson of the first boys’ group created under the project *Allies for Change: Together against Violence and Abuse*. The participants are now over 20 years old and are still working to challenge the existing gender-stereotypical norms and values. “It was incredibly exciting when we [at the age of 16] started thinking about how we, as boys and young men, can play a role and stand up against the violence,” he says. “I think in a completely different way now. I have realized that my language may contribute to repression. I am aware of my body language and how I express my feelings. I will definitely behave differently with my life partner once I get married than I would have done if I had not participated in the group.” Uttam plans to support his wife to study and work – by contributing to the work in the house.¹⁵⁵ ●

were nearly one and a half times more likely to report participation in domestic activities themselves.¹⁴⁷ This “intergenerational transmission of care” can be a powerful contributor to the transformation of gender relations and ending inequality, opening a wider range of future possibilities for both boys and girls.

The division of care work matters for men

The division of housework and childcare and the contributions they make in the lives of their children also matter to fathers, and to men who might one day become fathers. Participation in caregiving can provide men with a sense of purpose, as well as an expanded identity as a man and as a parent; it allows them to

My idea of heaven is my daughter’s laughter

Many men agree that the moment their son or daughter emerges into the world can lead to a transformation in their understanding of what it means to be a man. It can prompt a rethinking of priorities and a redefinition of one’s responsibilities. It can break cycles of violence and risk-taking that may have repeated for generations.

“For me, my idea of heaven is in your daughter’s laughter.”

Rapper Jay Z, United States¹⁶⁶

“Before I had my daughter, I only knew how to play. The money I was able to make was just for

me, like for my house and my clothes. Now that I have a daughter, my obligation is to her ... [I]f there’s anything missing at home, I have to go after it.”

João, young father, Rio de Janeiro, Brazil¹⁶⁷

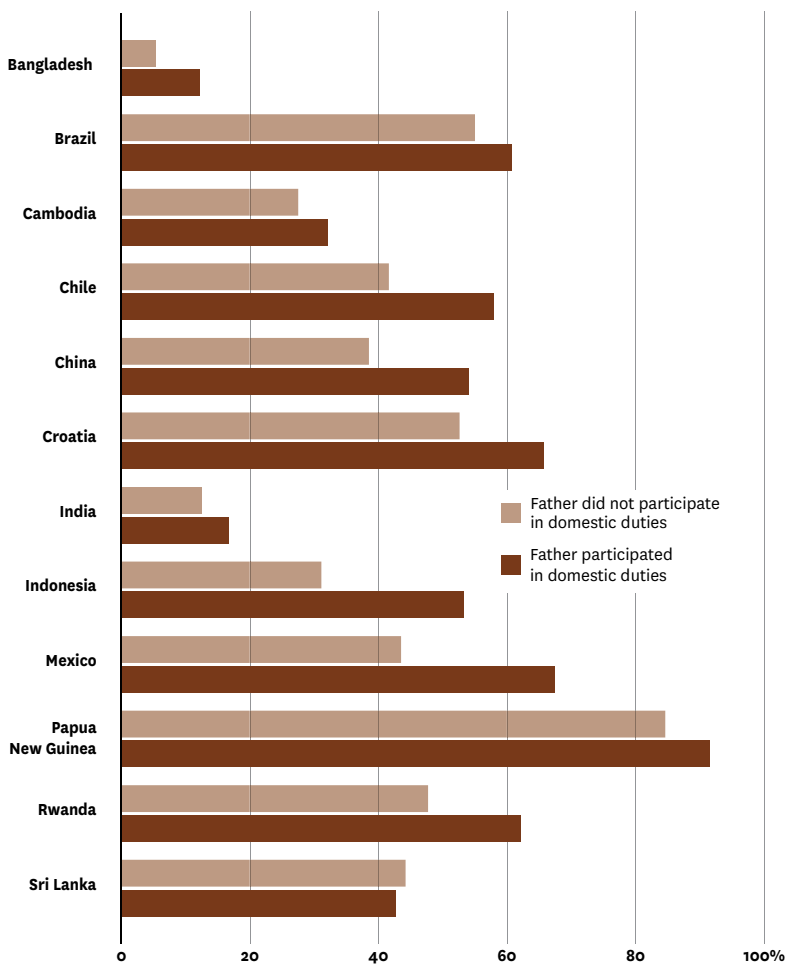
“You can’t really explain the emotional benefits of having a kid. It was instantly imbuing you with this unconditional love. You can’t really fake that. It’s like a natural thing that just comes from ... I don’t know. I can’t explain how else you would get it so strongly. The benefits of that are priceless, to feel that and have that in your life.”

Father, Canada¹⁶⁸ ●

FIGURE 2.4

Relationship between fathers' and sons' participation in domestic duties

Percent of men who participate equally in domestic duties, by father's participation



Source: Authors' analysis of data from the International Men and Gender Equality Survey (IMAGES) and the UN Multi-country Study on Men and Violence in Asia and the Pacific.

broaden the rigid definitions of a “good man” or a “good father” beyond sole provider and protector of the family. That definition is increasingly at odds with actual life, as more women work outside the home, and more men, at some point in their lives, face unemployment or insecure livelihoods.^{156,157}

Despite the emotional, physical, and time demands that taking

a more active, equitable role places on fathers, studies find that those who report close, non-violent connections with their children live longer, have fewer mental or physical health problems, are less likely to abuse drugs, are more productive at work, and report being happier than fathers who do not report this connection with their children.^{158,159,160}

The bond of empathy formed when children are young may contribute to reduced violence among fathers.^{161,162} Kique, a young father from Chicago, points to his daughter: “She’s the main reason [I got out of gangs]. I didn’t really want [to be a father], but when she was born I made a promise to myself that I don’t want her to go through what I did.”¹⁶³ The separation of men and boys from caregiving also inhibits healing and rebuilding in conflict-affected countries: a study in eastern Democratic Republic of Congo found that women’s caregiving roles gave them a reason to endure the negative effects of war, while men were more likely to turn to destructive coping strategies such as drinking or drug use, and less likely than women to seek help.¹⁶⁴

A qualitative study of 83 men in five countries who were paid and unpaid caregivers found that providing care enriched their lives, giving them new insights into women’s and girls’ experiences and the experiences of people oppressed by homophobia.¹⁶⁵ They also said it gave them new perceptions and opened up new avenues for connecting to others (male friends, other family members, female or male intimate partners) in relationships of greater emotional honesty and empathy.

The division of care work matters for the economy

Making the division of unpaid care work in the home more equal could also improve family income and boost the world’s economies. Research in Africa and elsewhere suggests that the

gendered division of labor makes a major contribution to poverty.¹⁶⁹ The former UN Special Rapporteur notes that the “evidence clearly shows that the amount, intensity and drudgery of unpaid care work increases with poverty and social exclusion. Women and girls in poor households spend more time in unpaid work than in non-poor households,¹⁷⁰ in all countries at all levels of development.”¹⁷¹

As a study by the International Monetary Fund (IMF) observes, “There is ample evidence that when women are able to develop their full labor market potential, there can be significant macroeconomic gains.”¹⁷² One study cited by the IMF argues that if women participated in the labor market at the same rates as men do, the gross domestic product (GDP) in the United States would increase by five percent, in Japan by nine percent, in the United Arab Emirates by 12 percent, and in Egypt by 34 percent.¹⁷³ Research by ActionAid shows that in low- and middle-income countries, if women were both paid as much as men and had the same access to jobs as men, they could be US\$9 trillion better off.¹⁷⁴ And yet, according to an ILO study in 83 countries, women still earn 10 to 30 percent less than men do.¹⁷⁵ If present trends continue, another 75 years will pass before the principle of equal pay for equal work becomes a reality.¹⁷⁶

Social scientist Diane Elson distinguishes between the three spheres of the economy: financial, productive, and reproductive; the last sphere includes all unpaid care work. She notes that the reproductive sphere is often excluded from economic analyses, yet it is key to an understanding of how our economy works.¹⁷⁷ The monetary value of unpaid care work has been estimated at between 10 and 50 percent of most countries’ GDPs.[†] Without it, our economies would simply not function. As many countries cut back on public services, the work of caring for children, the

† A United Nations Research Institute for Social Development (UNRISD) study of six countries estimated 10 to 39 percent, but measurements in different countries have been higher. Estimates for 2009–2010 in Australia suggest that the amount of unpaid care work undertaken was around 21.4 billion hours, equivalent to 50.6 percent of GDP. Both statistics can be found in the *Report of the Special Rapporteur on Extreme Poverty and Human Rights*. New York, NY: UN General Assembly; 2013.

disabled, or the elderly has to be absorbed by unpaid household members, most often by women.¹⁷⁸

We must recognize the vital contribution of unpaid care work to the economy and redistribute the burden of unpaid care work to allow women to enter the paid workforce on a more equal basis with men.

REASONS WHY FATHERS ARE NOT CONTRIBUTING THEIR FAIR SHARE OF WORK IN THE HOME

The stories of countless men around the world who are, or have become, involved fathers show clearly that change is possible.¹⁷⁹ It is also increasingly common in many countries for both parents to be doing paid work outside the home. The real challenge now is to achieve more thoughtful, cooperative, and egalitarian sharing of domestic responsibilities; a sharing that reflects the reality of women's – and men's – dual roles.

So what keeps men from fully sharing the unpaid care work in the home, whether it be preparing food for children, looking after elderly parents or sick family members, or changing diapers and cleaning toilets? The reasons often fall into one of the following three categories: 1) social norms and gender socialization that reinforce the idea that caregiving is “women's work”; 2) economic and workplace realities and norms that drive household decision-making and maintain a traditional division of labor; and 3) policies that reinforce the unequal distribution of caregiving.

“Good husbands” and “good wives”: social norms and gender socialization

In many countries, men are expected to work outside the home

and be providers and breadwinners, while women are expected to provide care and run the household. A 20-country World Bank study noted that “income generation for the family was the first and most likely mentioned definition of a man’s role in the family and of a good husband,” with domestic responsibilities overwhelmingly seen as the main feature of being a “good wife.”¹⁸⁰

Many men – and women, too – believe that men have a greater need for employment outside the home than women do: the 2010–2014 World Values Survey conducted in 59 countries found that, on average, 45 percent of men and 35 percent of women agreed with the statement, “When jobs are scarce, men should have more rights to a job than women.”¹⁸¹ These social norms, which highlight and naturalize the centrality of motherhood and caregiving to women’s identities and emphasize men’s roles as providers, reinforce the gendered division of labor and serve as a barrier to men’s greater involvement as fathers and caregivers.

“Men’s higher labor force participation relative to women in most regions of the world reflects the bread-winning responsibilities ascribed to them in most cultures,” says feminist economist Naila Kabeer.¹⁸² Taking time off may draw negative reactions from their employers or the community. Men and women who deviate from these rigid norms may face stigma and ridicule.¹⁸³ Indeed, research in India found that communities viewed men who stayed at home with some anxiety.¹⁸⁴

Unpaid care work is given much less value than paid work outside the home, and even paid caring jobs like housecleaning, childcare, and elder care are usually paid at lower rates than other work is.¹⁹¹ Girls and boys learn from an early age that some

types of work are valued while some are not. For example, one study in the United States found that the chores boys are typically assigned often include outdoor tasks, like gardening or carrying things, tasks that are intermittent and sometimes also paid for. Girls, on the other hand, are assigned chores like cooking and cleaning that take place indoors, day in and day out, and are unlikely to be remunerated.¹⁹²

The lack of socialization around care may leave boys and men uninterested, ill-prepared, and lacking confidence in their roles as fathers. Similarly, many people view specific caregiving tasks as more naturally a woman's duty. IMAGES research found that 61 percent of men in Rwanda and more than 85 percent of men in India agreed with the statement: "Changing diapers, giving kids a bath and feeding kids are the mother's responsibility."¹⁹³

In addition, women themselves express doubts about whether men can be good caregivers, or as good as mothers, believing that women are better than men at caring for children and the home.¹⁹⁴ In some cases, women may also be resistant to men's unpaid care work, seeing the home as the one space where they have some power and control. They may even find having a man at home an additional burden: in Nicaragua, a study of mothers of children under two found that women said they had more to do in the home when a father was around than when he was not.¹⁹⁵ Women may also feel that increased male involvement in the home would signal "their failure as women, mothers and daughters," as research with fathers in India found.¹⁹⁶

Pressures to adhere to social and cultural norms weigh heavily on many women's and men's shoulders. According to one study, women and their mothers-in-law worried that if men became more involved in the home, the community would

view the husbands as “enslaved”¹⁹⁷ or “bewitched”¹⁹⁸ by their wives. Research with Rwandan men who participated in fathers’ groups found that despite men’s interest in caregiving, they were hesitant to take on tasks that ran counter to “everything they were taught a man should do.” This caused some men to question their own personal definitions of masculinity, or what it means to be men. Men’s participation in the domestic tasks is usually stigmatized by other men and by women, which also makes change challenging,” and men acknowledged that they often hid their participation in household chores.¹⁹⁹

On the other hand, many women do voice the desire for men to take greater responsibility in the home. Research in Sri Lanka found that mothers feel over-burdened and want men to take on a greater share of the caregiving and domestic tasks.²⁰⁰

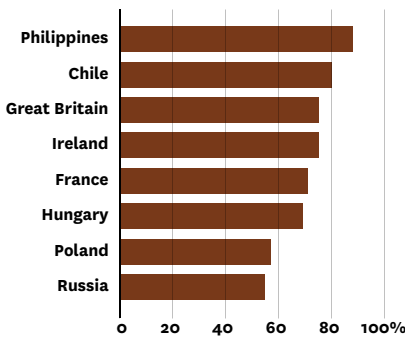
Healthcare workers, social services workers, early childhood educators and paid caregivers, and others in the public sphere with whom parents interact may also hold inequitable attitudes about masculinity and caregiving, and may have negative views of fathers, as will be further detailed in Chapter 3 in relation to fathers’ involvement in pregnancy and birth.²⁰¹ A review of studies in the United Kingdom found that public service workers expressed doubts that fathers understood their children’s needs, and they were even suspicious of fathers’ motives because of the few fathers who had abused their daughters.²⁰² Teachers and family-center workers in this study also shared these doubts. These inequitable views of men’s and women’s caregiving roles held in public institutions further serve to discourage men from taking on involved roles as fathers.

The unequal division of unpaid care work is taken as a given by both women and men in many settings. For example, the great

majority of men across the countries in which IMAGES research was conducted said that they were “very” or “fairly satisfied” with the current unequal division of household duties (ranging from 91 percent in Brazil to 98 percent in India). Women in

FIGURE 2.5

Percent of married or cohabitating adults who report rarely or never disagreeing about sharing household work



Source: Data from ISSP (2002), in Lippman LH, Wilcox BW, Ryberg R. *World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes*. Bethesda, MD: Child Trends; 2013.

the same study agreed: between 80 percent (in Chile and Croatia) and 97 percent (in India) were satisfied with this division. According to data from the 2002 International Social Survey Program (ISSP) in eight countries, 55 percent of couples in Russia and 88 percent in the Philippines reported “rarely” or “never” disagreeing about the sharing of household work (see Figure 2.5).²⁰³

However, a lack of disagreement should not imply satisfaction with the division of labor. In more egalitarian societies, unequal division of housework was seen as unfair and had a more negative impact on satisfaction with family life.²⁰⁴

A number of other gender-related cultural expectations determine women’s participation in the labor market.²⁰⁵ Men not only tend to earn more than women, but also may be older than and thus more advanced in their careers than their partners when these women first become pregnant. If someone is going to work less, it will often be the woman, for whom the opportunity costs are lower.

As a result, women are more likely to withdraw from the labor force or take up home-based care work when they get married

or have children. Women with young children – regardless of their level of education – are less likely to enter into paid jobs than childless women are. And, if they do not do paid work outside the home until their children are grown, it may be difficult for women to re-enter the workforce, and by then they may have obligations to care for elderly or sick relatives.

As policies and programs attempt to address inequalities in unpaid care work, they must recognize the complex dynamics involved and work with both men and women to transform attitudes, behaviors, and structures.

Workplace norms and realities

Even where men and women have adopted more equitable attitudes and want to share more equally in paid and unpaid care work, there are gaps between how men and women envision their ideal division of labor and what transpires in reality. In one study of men employed by Fortune 500 companies, 65 percent of fathers believed that both partners *should* provide equal care, but only 30 percent reported that caregiving in their *own* households is shared equally.²¹² Similarly, a recent study of Harvard MBA graduates found that, with regard to their expectations about career precedence and the division of unpaid childcare, both men and women ended up with less equal relationships than they had anticipated.²¹³

These elite workers and their spouses should be in a position to realize their goals for the division of labor. So, what is going on? One of the problems is that the division between “productive” roles in the workplace and “reproductive” roles outside it are reflected in the gendered policies and practices of the workplace, which often encourage fathers to choose paid work over unpaid caring roles and mothers to do the opposite. For

Promising practices to increase fathers' involvement

A growing number of programs and projects now attempt to increase fathers' involvement in their children's lives and in unpaid care work at home.

The Red de Masculinidad por la Igualdad de Género (REDMAS) is an alliance bringing together 22 Nicaraguan organizations working with men of different ages and social backgrounds on questioning and deconstructing harmful masculinities. Since 2012, REDMAS, the MenCare coordinator for Nicaragua, has developed and implemented action research, programs, and public awareness campaigns to promote equitable and non-violent fatherhood, particularly among young/adolescent fathers. REDMAS co-authored *Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health* with Promundo, and Fundación CulturaSalud/EME. REDMAS, in collaboration with Puntos de Encuentro, is also working to engage healthcare professionals to actively include fathers in pre- and post-natal visits, as well as in labor and delivery. This project resulted in healthcare providers having a better understanding and a more positive attitude towards engaging men in maternal, newborn, and child health (MNCH) and in caregiving; men participating in Program P workshops reported greater participation and sharing of household

duties, dedicating more time to their children and wives, and teaching their children values of respect and equality.^{206,207}

The *Fatherhood Support Programme* in Turkey, which is run by ACEV, the Mother Child Education Foundation, aims “to contribute towards the holistic development of children by addressing the parenting skills and attitudes of their fathers.”²⁰⁸ Originally developed at the request of mothers, it focuses on raising awareness about child development, fathers' own experiences of being fathered, positive discipline, the importance of play, and improving communication within families. Fathers who took part in an evaluation after completing the program said they spent more time with their children, shouted less and used less harsh discipline, and, according to the mothers, became more involved in parenting and housework.²⁰⁹

In partnership with the Department of Social Welfare and Development, Plan Philippines supports the *Empowerment and Reaffirmation of Paternal Abilities Training* (ERPAT) programs, which organize and train ERPAT fathers, who then facilitate parenting-skills seminars and work in groups in the community.²¹⁰ ERPAT – also a colloquial term for “father” – has been hugely successful in terms of engaging fathers in childcare and increasing their appreciation of women's roles and work. In Llorente, a town



in East Samar, the ERPAT session on monetizing women’s household work led some fathers to stop smoking in order to save money for the household.

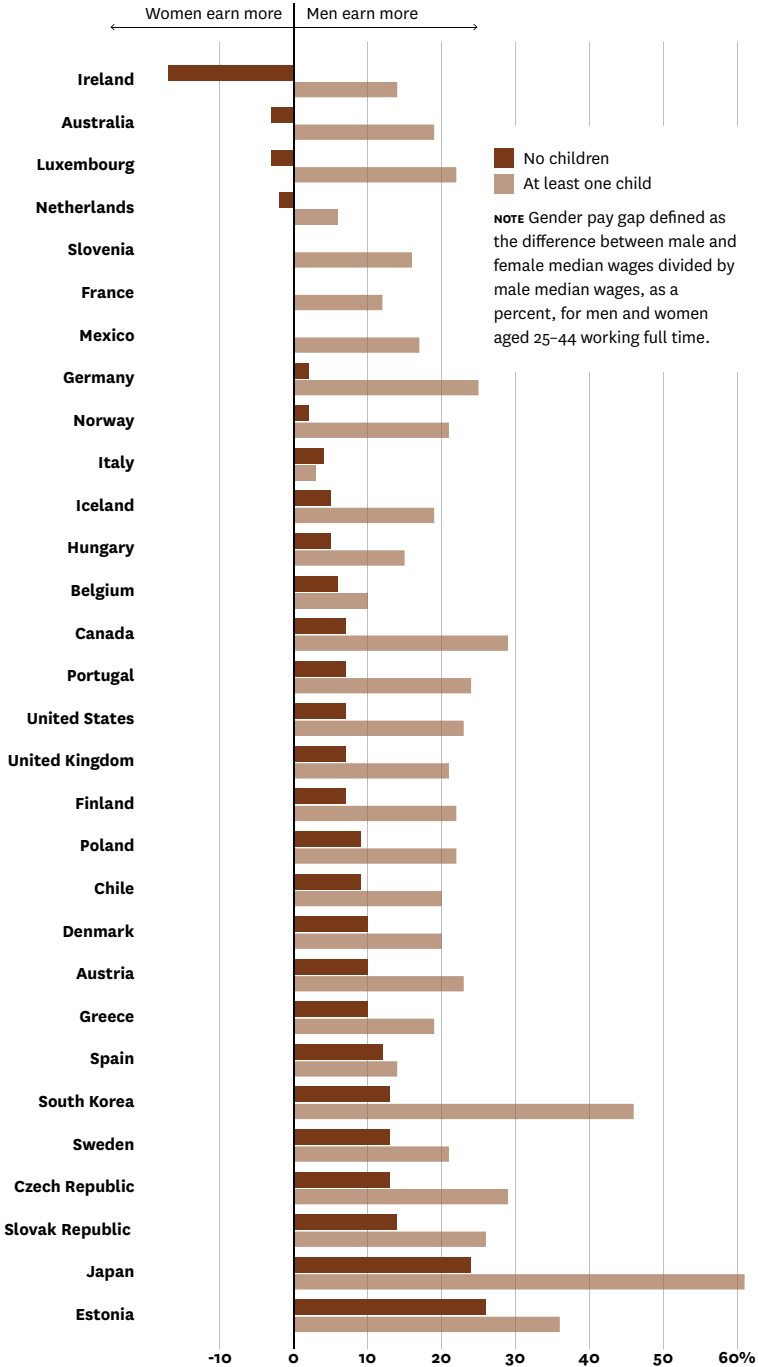
In Peru, from 2006 to 2008, *Proyecto Papá en Acción* (the “Fathers in Action Project”), worked with fathers to involve them in early childhood care. Once again, the catalyst for its development was mothers’ desire for their partners to be more involved in childcare. The fathers’ workshops included sessions on

positive parenting, the importance of reading to children, and support for fathers who were having a difficult time adjusting to their caring roles, as well as a session that included the importance of visual and verbal stimulation for early childhood development. After the workshops, fathers said that they felt more involved in the family and connected to their children, and that they respected their partners more, used less violence, and shared the domestic and caregiving roles more equally.²¹¹ ●

FIGURE 2.6

The price of motherhood: the gender pay gap

Gender pay gap by presence of children for workers aged 25–44



Source: OECD Secretariat estimates based on EUSILC (2008), HILDA (2009), CPS (2008), SLID (2008), KLIPS (2007), JHPS (2009), CASEN (2009) and ENIGH (2010). Adapted from: Organisation for Economic Co-Operation and Development. *Closing the Gender Gap: Act Now*. Paris, France: OECD; 2012.

example, the design of the modern workplace makes shorter working hours and career commitment seem incompatible; thus, couples decide that at least one partner should keep his or her career on track, and this is often the man because he frequently earns more than his partner does.

Having children has a dramatic impact on women's earnings: mothers earn less than childless women do in 60 percent of 22 developed countries analyzed in a recent study,²¹⁴ and across 28 developed and developing countries, 88 percent of women aged 30 to 39 saw their earnings decline when they had children.²¹⁵ A recent study of developing countries found that women with children earn US\$0.48 less per day for each additional child compared to their childless counterparts.²¹⁶ Having children also dramatically increases the pay gap between men and women, as shown in Figure 2.6.

Fathers do not face the same problems.²¹⁷ In fact, new evidence suggests a boost in income for fathers: a recent study found that on average, men's earnings *increased* more than six percent when they had co-habiting children while women's *decreased* four percent for each child they had. This seems to arise from gendered notions regarding fathers as more stable and committed to their work when they have a family to provide for.²¹⁸ Women, on the other hand, may be seen as less competent and less committed to their work than men and childless women are.²¹⁹

But change is possible. It involves a transformation both of attitudes and workplace practices. For example, research from 23 countries in Europe finds that the gap in working hours between women with and without young children at home is smaller in countries where people hold egalitarian attitudes about gender

Social protection programs and unpaid care

Social protection programs can encourage men to share in household responsibilities by, for example, making men explicitly responsible for fulfilling certain conditionalities, such as taking children to school and health centers, and attending training programs.²³⁰ European welfare states and other industrialized settings have established monetary or social-security benefits, including child allowances, tax subsidies, payments to caregivers, tax allowances, the provision of social services and social-security credits.²³¹ Such policies could support men's caregiving by subsidizing family income and making it easier for men (and women) to spend time with children, but they are often targeted only at women. It is also important that social protection programs and policies are designed to be sensitive to children's experiences of poverty and vulnerability, considering age and gender specific needs and risks.

Outside the formal labor force, conditional cash transfers (CCTs), such as *Oportunidades* (previously called *PROGRESA*) in Mexico and *Bolsa Família* (previously *Bolsa Escola*) in Brazil, offer financial incentives that are conditional on keeping children in school, increasing the uptake of health services, or providing better nutrition. CCTs can have wider household effects, too – for example, reducing poverty

and child labor, and contributing to mothers' participation in the workforce.^{232,233} Most CCT programs target mothers because research has shown that they are more likely to spend money on their families than fathers are.²³⁴ This reinforces women's traditional roles and assumes that fathers do not contribute to the household. Current policy and programming assumes a view of "mothers as instruments, rather than as subjects, of public policy."²³⁵ And, while various studies have found that men contribute less of their income to the household than women do, there is a danger that basing CCTs on this assumption will reinforce the stereotype that women should and will provide for their households and men will not.

A large number of studies of CCTs have been conducted, but it is still not well known how they affect relationships between men and women, mothers and fathers, and their children. It is important to consider how CCTs could be re-envisioned so that they do not reinforce gender stereotypes – or leave men out of the picture. They should be designed so that they increase women's income and at the same time encourage fathers to reconsider their responsibilities and the contribution they make to the family as a whole.²³⁶ ●

roles, and in countries with extensive public childcare support.²²⁰

Policy challenges in the redistribution of caregiving

In most countries in the world, social and economic policies continue to reflect and reinforce the link between fatherhood and work, and motherhood and care.²²¹ Though many policy solutions support caregiving, there are obstacles to passing or implementing them. The debate about the equalization of unpaid care work in the home has advanced the most in high-income countries in which governmental policies make subsidized childcare, parental leave, and other supportive resources available to a large sector of the population. Indeed, the provision of public (affordable, high-quality) childcare has been shown cross-nationally to encourage the sharing of housework and childcare in the home.^{222,223} But in the poorest countries, and even in some middle-income ones, the state simply does not or cannot offer social protection or welfare policies of this kind,²²⁴ nor does the extended family provide childcare.²²⁵

† In most developing countries, informal employment is more than half of non-agricultural employment, although this varies considerably from country to country. More information can be accessed at: <http://wiego.org/informal-economy/statistical-picture>.

Even if low-income states were to extend these policies, they would only cover people participating in the formal economy, who in most developing countries are few compared to those in the informal labor force, through which the majority of women make a living – working in subsistence agriculture, selling goods in the market, or providing paid domestic labor.[†]

Many girls and women in countries where the HIV and AIDS pandemic is most severe have had to leave paid work to look after sick and dying relatives; they provide 70 to 90 percent of the care to people living with HIV and AIDS in these countries.²²⁶ States have relied on this unpaid care, “shifting the burden of

care from public institutions to poor families, and from public health workers to very poor women who already carried a disproportionate burden of unpaid care work;²²⁷ their role in providing this care intensifies their poverty and insecurity, and that of their dependents. The long-term social and economic costs of this government strategy have been greatly underestimated.^{228,229}

LEAVE FOR FATHERS

As global attention to the promotion of fathers' involvement grows, no single policy receives more attention than leave for fathers in its various forms. Under the right conditions and with the right incentives, paternity and parental leave show great promise for increasing fathers' participation in their children's lives.²³⁷ Equally important, they protect both women's and men's jobs in the paid labor market during the important period after

Leave for fathers in international labor agreements

The ILO's 1981 Workers with Family Responsibilities Convention (No. 156) requires that ratifying states pass policies that support male and female workers who have family responsibilities in avoiding conflict between work and family obligations.²⁴² The ILO's accompanying Recommendation No. 165 stipulates: "Either parent should have the possibility, within a period immediately following maternity leave, of obtaining leave of

absence (parental leave), without relinquishing employment and with rights resulting from employment being safeguarded."²⁴³

The ILO's 2000 Maternity Protection Convention (No. 183) builds on previous maternity protection conventions aiming to enable women to combine their reproductive and productive roles successfully, prevent unequal treatment at work due to their

birth, while potentially supporting gender equality with regard to the allocation of unpaid and paid work in the household.

While maternity leave is now offered in nearly all countries, only 92 countries offer leave that can be taken by new fathers; in half of these countries, the leave is less than three weeks.²³⁸ This number includes both leave that is available only to fathers and leave that is available to either parent. In practice, if leave is not specifically designated for fathers or is not adequately funded, few fathers actually take it. It is the longer parental leave, with paid, non-transferable days for fathers, that seems to be key to encouraging larger numbers of fathers to take leave, and to nudging households toward greater equity between men and women with regard to unpaid care work.

reproductive roles, and promote equal opportunities and treatment in employment and occupation, without prejudice to health or economic security.²⁴⁴ The accompanying Recommendation No. 191 states: “The employed mother or the employed father of the child should be entitled to parental leave during a period following the expiry of maternity leave.”²⁴⁵

The 2009 International Labour Conference “Resolution concerning gender equality at the heart of decent work” calls for governments to develop policies – including paternity and/or parental leave with incentives to encourage men to use this leave – that support a more equal division of work and family responsibilities

between women and men.²⁴⁶

In 2010, the Council of the European Union adopted a Framework Agreement by the European social partners on parental leave (Directive 2010/18/EU, which updated a 1996 agreement). This represented many best practices to promote men’s use of leave. The framework defines minimum requirements for parental leave: it suggests increasing leave by one month to a total of four months for each parent, and making one month for each parent non-transferable. It also recognizes diverse family structures, calling for coverage provisions for same-sex parents, adoptive parents, single parents, and parents of children with disabilities. ●

Work is almost everything: Young men and the importance of employment¹⁸⁵

The voices of these young men, talking about what work means to them, show just how central it remains in their lives, especially when they are unemployed.

“[Work isn’t] everything, but almost everything. You know [if you work] you have some money in your pocket. I mean, if you don’t have work, you see men get involved in all kinds of trouble ... When you have work, you’re better off, better for yourself, and nobody wishes you a hard time.”

Anderson, 21, Rio de Janeiro, Brazil¹⁸⁶

“[When a man is out of work] ... he’s gonna lose control, start to rob, do whatever he can to get money ... If I go out to try to get a job

and I don’t find it and I see there’s all kind of things we need at home that I can’t get ... then your mind starts to change ... I mean, unemployment is rough.”

Jeferson, 19, Rio de Janeiro, Brazil¹⁸⁷

“I can’t get married now because I can only get married when I have money. The moment I get money, I will get married.”

Adeniyi, Nigeria¹⁸⁸

“Girls only want one thing from you. If you are out of work, they don’t want you. You can clean the toilet and care for the baby, but if you are out of work, she don’t want you.”

Young African American man, Chicago, United States¹⁸⁹

“Here you have to work for money and send it home. That’s what you do to show that you are a man.”

Momodou, Gambia¹⁹⁰ ●

Leave policies for fathers generally fall into two categories: 1) paternity leave, the opportunity given to a father to take time off from work after the birth or adoption of a child; and 2) parental leave, which refers to longer-term leave available to either or both parents, allowing them to take care of an infant or child, usually after the initial maternity or paternity leave period.²³⁹ In some cases, parental leave is a family’s shared entitlement, which permits the days to be divided between parents as they see fit; in some, it is an individual right that can be transferred to the other parent; and in others, some of the days are non-transferable and designated for one parent or the other. The “father’s quota” (sometimes referred to as “daddy days”)

requires a certain number of the total days of parental leave to be used by the father or be lost to the household altogether.

While maternity protections have been enshrined in key United Nations and International Labour Organization (ILO) treaties and conventions dating back to 1919 (although in practice these, too, vary widely country to country), no equivalent ILO standards on paternity or parental leave exist.²⁴⁰ Still, a number of (non-binding) recommendations that accompanied some of these conventions suggest that a period of leave should be available to *either* parent after maternity leave and that their employment should be protected. The 2009 “Resolution concerning gender equality at the heart of decent work,” adopted by the ILO at the 98th Session of its International Labour Conference, called for governments and others to develop policies that support a more equal division of work and family responsibilities; these included paternity and/or parental leave, with incentives to encourage men to use it.²⁴¹

Why provide leave for fathers? Evidence of impact

What are the benefits of fathers taking leave? The evidence comes almost exclusively from high-income countries, where the policies apply to the large proportion of the population in the formal labor force.

Equity of division of household labor: The introduction of a father’s leave quota (“daddy days”) in Norway in 1993 created a structure that enabled a more equitable division of unpaid care work and household tasks; it also brought about positive changes in individual attitudes toward state support of child-care that persist today (see box entitled “Measuring the benefits of paternity leave: An experiment in Norway”).²⁴⁷ In the United Kingdom, fathers who took leave after birth were 19 percent

Measuring the benefits of paternity leave: An experiment in Norway

In the 1990s, researchers Andreas Kotsadam and Henning Finseraas saw an opportunity to assess the impact of leave policies on the household division of labor by comparing parents who had children in the two years before and the two years after Norway's introduction of the "daddy's quota" in 1993. Using records from the time, they surveyed thousands of people who had become parents in the periods 1991 to 1993 and 1993 to 1995. By including all fathers before and after the change in legislation, they generated results that could not be explained simply by the attitudes of those men who chose to take leave.

The impact of the policy change has been strong and lasting. Surveyed almost 20 years after the reform, parents with children born

after the implementation of the reform reported 11 percent less conflict over household work than did those who became parents *before* the policy changed.²⁵⁷ These parents did not differ from pre-reform parents in their attitudes toward gender equality, which likely indicates the wide range of factors and social norms that shape those attitudes. Support for public childcare, however, was 18 percent higher in the group whose children were born in the two years after the new policy. And what about household work? Here the result was most dramatic: when it came to washing clothes, for example, the post-reform parents were 50 percent more likely to divide the task equally than the pre-reform parents were.²⁵⁸ ●

more likely to participate in feedings and to get up with the baby at night eight to 12 months later, as compared to fathers who did not take leave.²⁴⁸ In Quebec, a study conducted several years after the reforms in 2006, which led to a huge increase in fathers taking leave, showed that "fathers exposed to daddy quotas spent more time doing housework, while mothers spent less time carrying out such tasks and more time on childcare and paid work" (see box entitled "Program reform leads to huge jump in fathers' participation").²⁴⁹

Women's income: Leave for fathers supports women's participation in the labor market and can increase their income and

career outcomes. More research is needed even in high-income countries, but a study from Sweden showed that every month that fathers took paternity leave increased the mother's income by 6.7 percent, as measured four years later, which was more than she lost by taking parental leave herself.²⁵⁰

Mothers' well-being: Leave for fathers also appears to lead to improved maternal health, including mental health, and reduced parenting stress.^{251,252} Evidence from the United Kingdom, for example, shows fathers' use of paternity leave is strongly associated with the mothers' well-being three months after the birth.²⁵³ In Norway, mothers' absence from work due to sickness is reduced by five to 10 percent in families where fathers take longer leave.²⁵⁴ In France, when paternity leave leads fathers to provide more infant care, new mothers are less likely to be depressed.²⁵⁵

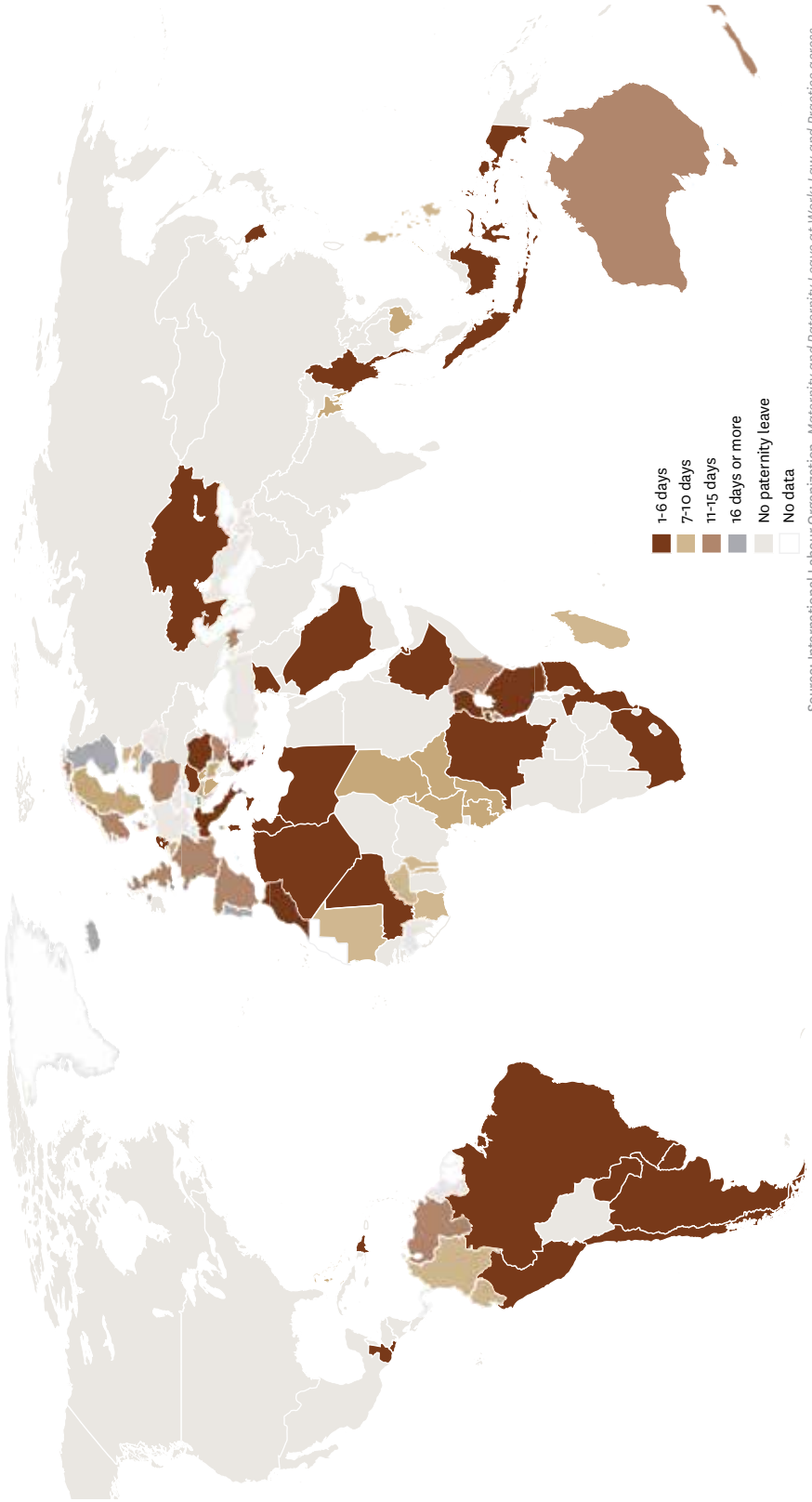
Sustained work commitment: Long periods of job protection via parental leave increases the probability that parents will stay at home during the first year of a child's life, as well as the chances that men and women will return to work.²⁵⁶

As noted earlier in this chapter, men's caregiving – which is facilitated by leave policies – also has important benefits for children and for men themselves. Since most of the above evidence on the benefits of providing paternity/parental leave to come from high-income countries, research from low- and middle-income countries, and research focused on the benefits for children, for fathers, and for the economy, is urgently needed.

FIGURE 2.7

Countries providing paternity leave

By duration, 2013 (167 countries)



Source: International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

THE CURRENT STATE OF LEAVE FOR FATHERS

Paternity or parental leave will not, by itself, transform deeply rooted household dynamics with regard to caregiving, or change the way societies view the importance of caregiving. Nevertheless, leave for fathers is a vital step toward recognition of the importance of sharing caregiving for children, and an important means of promoting gender equality in the home, the workplace, and society as a whole. But, there are currently huge variations in leave provisions from country to country. In addition, in most cases, such leave only applies to those in formal employment, excluding the many millions, particularly in low-income countries, who are in the informal labor market, or who are in short-term or other types of contracts that give them no rights to any kind of leave.

Paternity leave

In 1994, only 40 of 141 countries (28 percent) for which the ILO collected data had statutory provisions for paternity leave. By 2013, paternity leave was provided in 78 out of 167 countries (47 percent),²⁵⁹ with increases across all regions (see Figure 2.8). While specific provisions vary by country, paternity leave is typically short (generally one to 10 days) and paid, although not always well.

Eligibility for paternity leave in most countries is contingent on a minimum duration of employment in the formal sector. Singapore, for example, requires three months of prior employment, Tanzania requires six months, and Colombia requires 23 months.²⁶⁰ South Korea and the Philippines additionally impose a requirement of proof that the father is married and living with the mother.

As of 2013, length of paternity leave provisions ranged from a single day in Tunisia to 90 days in Iceland, Slovenia, and Finland.²⁶¹ Thirty-five countries provide less than one week of leave, while only five, all high-income countries, provide paternity leave that is longer than two weeks (Finland, Iceland, Lithuania, Portugal, and Slovenia) (see Figure 2.7). It is important to note that the distinction between paternity leave and parental leave can be unclear or confusing: additional countries (e.g. Norway) provide leave for fathers, including for immediately after birth, through their *parental leave* policies (see below).²⁶²

Parental leave

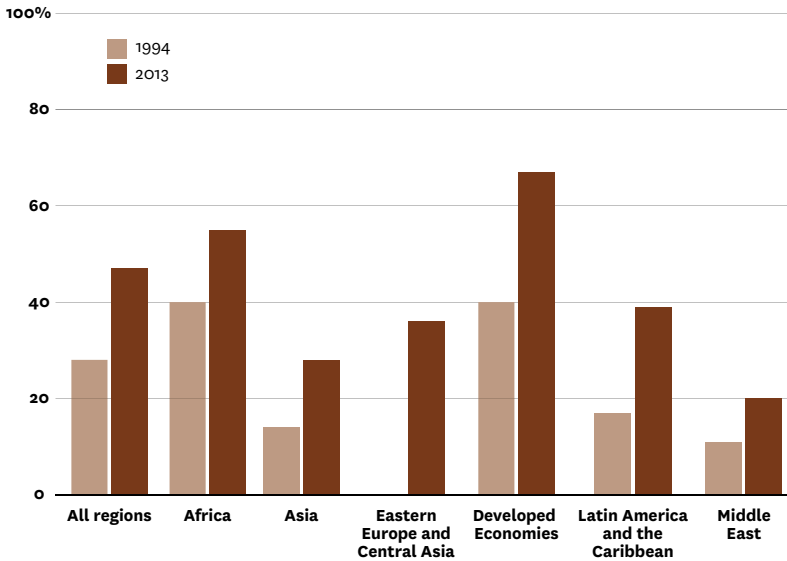
Sixty-six of the 169 countries for which the ILO has collected information have long-term parental leave provisions for mothers or fathers, though 10 of these reserve the leave for mothers only. While nearly all of the developed economies and countries in Eastern Europe and Central Asia provide parental leave, such leave – especially when it is paid – is less common in developing or middle-income countries. Only two countries in Latin America and the Caribbean, three in Asia, five in the Middle East, and five in Africa provide leave that can also be used by fathers.²⁶³

The regulations and provisions for parental leave across countries vary significantly in terms of eligibility, duration, waiting periods, flexibility, the percentage of one's income that is received, whether self-employed workers are covered, whether specific periods (for example, right after birth) are reserved exclusively for the mother, whether same-sex couples are both covered, whether parental leave extends to adopting couples or individuals, and whether there are other incentives to encourage fathers to take advantage of available leave days. Parental leave tends to be longer than maternity and paternity leave, but

FIGURE 2.8

Percent of countries providing statutory paternity leave

By region, 1994 (141 countries total) and 2013 (167 countries total)



Source: International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

it is often paid at a lower rate or is unpaid. While parental leave is technically flexible regarding who takes it, it is nearly always mothers who take it rather than fathers, maintaining gender inequality in caregiving.²⁶⁴

Only 54 countries provide parents with paid leave specifically to care for children's health; nearly all of these countries are high- or middle-income.²⁶⁵ The lack of such provisions disproportionately affects low-income families with rigid work schedules: parents in Botswana and Vietnam reported lost pay, missed job promotions, and job loss due to the need to care for sick children. Just three countries provide leave, paid or unpaid, specifically for children's educational needs, although in 37 countries, other leave could be used for this purpose.²⁶⁶

Paying for leave

Though paternity leave is generally brief, it is paid in 90 percent of the countries, typically at 100 percent of salary, with a few exceptions. Employers in most countries that provide such leave are required to cover wages and benefits during this time; less commonly, coverage is a social security benefit and companies may be partially reimbursed by the state. A combination of employer and social security funding for paternity leave, while common for maternity leave benefits, was only found in three developed countries: Belgium, the United Kingdom, and Denmark. Social security or collective funding is much more common in developed economies, particularly in Europe, than in any other region.²⁶⁷ As noted earlier, parental leave is typically paid at a lower rate and funded by social security systems.

In some countries, however, local or municipal governments and private employers pay for or supplement coverage of leave. In Uganda, for example, some members of the Federation of the Uganda Employers decided to provide paternity leave measures of between one and four weeks.²⁶⁸ In Brazil, the municipality of Niterói expanded paid paternity leave to 30 days for municipal employees from the five days provided by the national government.²⁶⁹ In the United States, where no paid leave for parents is provided, the states of California, New Jersey, and Rhode Island have established paid family leave policies for both men and women.

Some employers also provide parental leave. In the United States, for example, a 2013 survey of employee benefits in 500 organizations found that 15 percent of the groups surveyed offered paid paternity leave.²⁷⁰ Another study in the United States examined policies at 30 corporations across a broad range of industries and found that 60 percent offered paid paternity or

parental leave specific to fathers, ranging from three days to 12 weeks.²⁷¹

The business case for investing in leave for fathers and mothers

Why would and should employers provide these non-statutory benefits? There is increasing evidence that providing paid family leave is good for business; it improves employee retention and reduces turnover, increases productivity and morale, and reduces absenteeism and training costs.^{272,273,274,275} Employers benefit from women's shorter leaves and increased participation in the workplace when leave policies encourage and allow to take on more caregiving at home. Leave benefits are often more common in sectors that require highly skilled workers, as a way to recruit and retain them.²⁷⁶ Most of the organizations surveyed by the Boston Center for Work and Families had not developed a "business case" for leave, but rather recognized the need for these policies in order to retain talent, to establish consistent treatment of men and women (and birth and adoptive parents), and as a response to the national trend in fathers actually taking leave.²⁷⁷ California employers reported, for example, that the state's *Paid Family Leave* program, while not paid for by employers, had a "positive" or "no noticeable" effect on productivity (89 percent of employers), profitability/performance (91 percent of employers), turnover (96 percent of employers), and employee morale (99 percent of employers).²⁷⁸

BEST PRACTICES FOR MAKING LEAVE AVAILABLE TO ALL FATHERS AND FAMILIES

The design of paternity, maternity, and parental leave provisions reflects national or cultural priorities about the raising of children, about the availability and desirability of childcare,

Program reform leads to huge jump in fathers' participation

The Canadian province of Quebec demonstrates the potential impact of integrated and far-reaching reforms to parental leave. In 2006, the province introduced its own Quebec Parental Insurance Plan (QPIP), expanding on a national plan. Eligibility criteria were adjusted so that more marginally employed, temporary, seasonal, and self-employed workers qualified. Benefits increased by 50 percent. An unpaid “waiting period” was eliminated. Flexibility was introduced by

letting parents choose between a 40-week and 55-week program. A non-transferable father's quota was also introduced with five weeks designated specifically for fathers.³⁰⁹

The combination of these reforms – not only the father's quota, but also the greater flexibility and financial attractiveness of the overall leave – had a huge impact. Even before the new program, 22 percent of Quebec fathers had taken some parental leave, compared to nine percent in the rest of Canada. In the first year of the new scheme, participation by eligible fathers rose to 56 percent and then to 84 percent by 2011, while in the rest of Canada, rates increased to only 11 percent.³¹⁰ ●

about family life and welfare, about individual choice, about women's participation in the labor market, and about gender norms and the feminist and fatherhood movements that demand change. Indeed, depending on the design of leave policies, they can promote gender equality or reproduce inequality, as is the case when only women are permitted or encouraged to take parental leave.²⁷⁹ Equitable parental leave policies increase the likelihood that women will return to employment after leave and spend more time in paid work.^{280,281} If it is not also taken by fathers, long parental leave periods can negatively affect women's return to the workplace, and they can discourage employers from hiring or promoting female employees.²⁸²

Research from countries that have experimented with various models has highlighted some best practices. These include generous *non-transferable* quotas, *paid* leave, *universal* coverage with few eligibility restrictions (see box entitled “Program reform

leads to huge jump in fathers' participation"), *collective financing mechanisms* that pool risk (rather than employer-based liability), and scheduling *flexibility* that provides the option, for example, of part-time leave.²⁸³ These practices increase parents' use of leave, expand parents' options, and reduce employer resistance and potential discrimination against women in the workplace.²⁸⁴

Men's use of *paid leave* provisions has been shown to be highest when the compensation is at least 50 percent of earnings and when the duration is at least 14 days.^{285,286} In studies across the European Union, insufficient compensation was the reason most cited by fathers for not taking leave, and higher levels of income replacement were associated with greater use of paternity leave.^{287,288,289} Men's persistent pay advantage over women means that fathers' use of leave most often represents a greater drop in total family income than when mothers take these days. This is a major reason that it is mainly women who take leave; it increases the likelihood that they will exit the workforce or will continue in only part-time work and, in turn, affects their future job prospects. In low-income settings, short, well-paid leave may be more feasible than longer, unpaid, or lower-paid leave is.²⁹⁰

Non-transferable quotas ("use it or lose it" leave) are the single-most-important leave provision in encouraging fathers' participation in care work. When leave is non-transferable, it is not subject to negotiation within the family (where power is not always equally distributed)²⁹¹ or in the workplace. It gives fathers an entitlement to leave that is not dependent on their partner or their employer, and it helps make men taking leave more normative. Studies have shown that non-transferable father's quotas lead to higher uptake of leave by fathers compared to leave

MenCare Campaign (South Africa)



arrangements that allow parents to decide on the leave allocation.^{292,293,294,295} For example, fathers' uptake of parental leave is much higher in countries that have a non-transferable father's quota (e.g., 90 percent in Sweden and Iceland versus 24 percent in Denmark and six percent in Slovenia).²⁹⁶

Collective financing helps to pool cost over multiple employers and a broader population, reducing the burden on individual employers and expanding support for leave policies and their uptake.²⁹⁷ Collective financing through social insurance systems that don't depend on specific employers is one way to provide broader coverage to the informal sector.²⁹⁸ As noted earlier, eligibility for leave is often contingent on type and duration of previous employment; small business, part-time, and non-formal workers – who often form a large part of the workforce – are often implicitly or explicitly excluded. Explicitly designating eligibility for non-standard workers and keeping eligibility criteria at a minimum is also important. Several countries have designed such provisions: in Spain, for example, parental leave legislation explicitly covers casual, seasonal, and self-employed workers, as well as students.²⁹⁹ As they are designed, new parental leave policies could draw on examples from maternity leave, like those in Brazil, Nicaragua, and Peru, where maternity leave is applicable to unemployed women on benefits.³⁰⁰ It is necessary to expand on solutions for the informal sector, since informal workers dominate the workforce in developing countries, which may not be financially able to support paid leave.

Positive examples of well-designed leave policies

As the following examples show, well-designed leave policies that include non-transferable quotas and adequate financing can lead to much greater use of leave.

† Paternity leave benefits were cut in 2009 due to the economic crisis, but were reintroduced in 2013.

- **Spain:** The introduction of two weeks of well-paid paternity leave in 2007 resulted in a marked increase in uptake, from 15 percent to 58 percent in 2010.³⁰¹
- **Estonia:** After paternity leave benefits were increased to 100 percent of previous earnings in 2008, financed by general taxation, uptake of leave increased from 14 percent of eligible fathers in 2007 to 50 percent.^{302†}
- **Norway:** Before the father's quota, which was introduced in 1993, only four percent of fathers took leave. By 2003, 89 percent did so.³⁰³
- **Iceland:** In 2001, before the father's quota, fathers averaged 39 days of leave. By 2008, this had risen to 103 days. Although on average fathers used only one-third of the total leave available to them (that is, of the father's quota), one in five fathers took a portion of the time that could be used by either parent.³⁰⁴
- **Germany:** In 2006, the year before its reform of leave policies, only three percent of fathers took leave. With designated quotas for fathers and incentives to use them, this number rose to 28 percent for the fathers of children born in the third quarter of 2011.³⁰⁵

Supporting diverse family configurations

To support men's caregiving and to ensure adequate care for children, leave provisions should be made universally available to men, regardless of employment conditions and family configuration. Leave policies must also contend with diverse family configurations, including single parents, same-sex couples, adoptive parents, and extended family members and other

caregivers. Examples from several countries provide insights into how to design such inclusive policies.

- Norway and Sweden allow single parents to use the entire two-parent share of paid leave.³⁰⁶
- In Azerbaijan, Estonia, Lithuania, Russia, and Uzbekistan, parental leave can be used by the actual caregivers of the child, even when they are not the parents (for example, grandparents or other relatives).³⁰⁷
- Leave policies that are designed as individual entitlements, regardless of the sex of the parent, can help extend benefits to same-sex couples.
- Leave in the case of adoption is often available as part of parental leave provisions (although in some countries, like Albania, Costa Rica, Guatemala, South Africa, and Venezuela, this leave is available only to women).³⁰⁸

Recent decades have seen a gradual shift in some countries away from the traditional male breadwinner/female caregiver model.³¹¹ In the new and more diverse model, both parents may earn and care, one or both may work part-time, and they may stagger the timing of their work and caregiving roles. Paid, non-transferable leave for fathers has proven to be one of the most effective policies for promoting greater equality in caregiving and sending a clear societal signal of the importance of fathers' care. Extending its reach will also give a major boost to progress toward equal pay for women and equality in the household.

Recommendations for building a more caring society

Fathers are caught in a double bind: they face resistance from the outside world – and sometimes from their female partners – to being involved in the home, and they may also feel they are not as competent as mothers are. Their paid employment may make it harder for them to spend more time on unpaid care work. Many men feel that when their paid job disappears, so does their place in the world.

If the small changes now happening are to become a fatherhood revolution, and if women and men are to redistribute unpaid care work more equally, support is needed at many levels: in government policies, in workplaces, in schools, and in families. These are our recommendations.

1

Make caregiving part of the formal education of boys and girls.

Because girls and boys are socialized into their gender roles from an early age, caregiving should be part of the school curriculum. It should teach young children the value of care work and teach them about gender equality. Efforts should also be made to remove gender stereotypes from educational materials and early childhood toys.

2

Implement policies that support fathers and mothers in equal caregiving.

Global and national-level policies from the United Nations and from governments must guarantee dignified work and adequate pay to support an equitable work-life balance and financial stability for all caregivers and their children. These include poverty-alleviation and social-welfare measures, including conditional cash transfer programs, that recognize the needs of caregivers, that do not reinforce traditional gender roles, and that provide for basic needs. Income support policies should encourage men's participation in family life and as caregivers. Policies must ensure equality of support, governmental benefits, and societal respect for all caregiving arrangements, including for adoptive and same-sex parents.

3

Provide state- and/or workplace-supported childcare and family care

that is universal, not-for-profit, high-quality, and low-cost or free, and that supports women's economic empowerment.

4

Support employers in establishing and adhering to more humane and flexible practices that support caregiving by male and female employees. Workplaces should be obligated and supported to offer paid, flexible, non-transferable leave policies that include adoption and cover same-sex couples. These should also include sick leave, overtime and nighttime work compensation, advanced scheduling for shift workers, and flexible work arrangements to support fathers and mothers in their multiple roles as both providers and caregivers.

5

Provide training for service providers across sectors that promotes reflection about their own gender biases around who does care work and why it is important, and that instructs service providers in how best to support the combination of unpaid care work and participation in paid work, whether it is a man or a woman doing it. Recruit more men to work in the caring professions, such as in schools and in childcare programs.

6

Develop programs to teach and support parenting and parental caregiving: Caregiving – and the expectation that everyone will engage in it – needs to be taught and supported. Both fathers and mothers (and fathers- and mothers-to-be) should be provided with information on child development and opportunities to practice parenting skills. Any materials for parenting programs that reinforce gender stereotypes should be rewritten.³¹²

7

Transform gender stereotypes at the societal level, including through campaigns about caregiving and men's role in it. Most societies need to shift people's views on the gendered division of labor to achieve the revolution in unpaid care work we have described. The reproductive realm must be defeminized and made to reflect the importance of men's and boys' participation, as well as that of women and girls.³¹³

8

Gather more data on the inequitable care burden and use that data to advocate for men's greater participation. To understand the gendered division between unpaid care work and paid labor, we need better quality time-use data from men and women, boys and girls, that is collected at regular intervals to enable examination of changes over time. Analyses of time-use data should be disaggregated by gender, income, and other relevant variables. Data need to be collected in a format that makes it possible to match them with other socioeconomic information, such as employment data, household demographics, and assessments of households' access to infrastructure, services, and home technologies. Analyses of these data need to be widely disseminated in creative, high-impact ways to provoke ongoing debate and the development of policies to help once and for all achieve equitable caregiving among women and men.³¹⁴

Caregiving is far more than changing diapers or cleaning the house. It is empathy, responsibility, solidarity, and emotional connection in daily practice. Engaging men in caregiving cannot be reduced to only measuring men's time-use or to making men feel good on Father's Day for things they should already be doing. It is nothing less than a fundamental reworking of social norms, practices, and power dynamics between men and women.

As a global community, we must focus on the policies and micro- and macro-level structures and institutional practices that encourage or inhibit equality in caregiving. And as fathers, stepfathers, grandfathers, brothers, and uncles; as mothers, stepmothers, grandmothers, sisters, and aunts, we have the power to decide whether we want to evolve toward a society in which everyone cares.

REFRAMING THE DEBATE ON CUSTODY, CHILD SUPPORT, AND FATHERS' RIGHTS

In cases of divorce or separation, the question of child custody is one of the most contentious in the discussion of men's participation as fathers. It is also an important policy issue in terms of promoting men's caregiving. Ideally, if parents separate, they should do so amicably and make all arrangements in the best interest of the children. If a case goes to court, however, it usually means there is animosity between the mother and father.

Custody – or the lack of it – is a key grievance of fathers' rights advocates, members of the small but visible fathers' rights movement. These men are often fathers who have lost custody of their children and are lobbying for changes in policy and legislation because of what they see as gender bias against them in family courts and in child-support policies. Many such fathers find in these groups a place to share their pain, grief, and frustration at the loss of contact or meaningful relationships with their children. Sadly, however, the most vocal fathers' rights advocates tend to blame women in general – and feminism in particular – for their plight, drawing battle lines that have resulted in significant polarization, and making a balanced discussion

on the topic difficult to achieve in many countries.³¹⁵

A key contention of fathers' rights activists is that fathers are routinely treated unfairly in family courts, with preference given to mothers when custody of children is granted, together with expectations that fathers pay child support. Is this the case? In the United Kingdom, as in much of the rest of the world, more than 90 percent of children whose parents have separated or never lived together live mainly with their mothers, with little change in the past 20 years.^{316,317} While some of this may be due to discrimination against fathers in the family court system, most maternal custody is the result of joint decisions made by couples that their children will live with their mothers. In many countries, social norms about who does the caregiving mean that fathers seldom request joint physical custody – where a child spends equal time with each parent – and most custody decisions never reach the courts.

Indeed, the issue of custody is complicated by the fact that, in many countries and cases, it is not necessarily that there is a legal bias against men, it is that family-service and legal professionals, policymakers and family members (including some fathers) hold the widespread view that mothers are more “natural” or capable parents. Research in Brazil found that friends and family of fathers who wanted to take on the role of primary parent questioned their ability to take care of the children.³¹⁸ As a result of such deeply rooted views, in Brazil, as in many other countries, while fathers and mothers may be regarded

as equal under the law, in practice children nearly always stay with their mothers.³¹⁹

† Also known as "access" and "parenting time."

In some parts of the world, however, non-resident fathers have to prove themselves as parents. They are scrutinized and required to justify contact[†] and overnight stays with their children[‡] while the mother-child relationship remains largely unexamined, except in extreme circumstances. This stems, in part, from a legitimate concern about the risks to children and mothers of continued contact with fathers who have used violence. Such risks can be very real, and there is evidence that judges in some countries have severely underestimated them.³²⁰

‡ Also known as "residence" and "physical custody."

Yet in situations where there is no history or threat of violence, the presumption of joint physical custody of children after a relationship or marital breakdown is the fair approach. Maintaining ongoing loving relations with both parents is preferable to children, who have a right to access to both parents – as challenging as this can be, in practice.³²¹

Clearly, there are countries where laws continue to favor men's control over custody decisions. In Pakistan, for example, a mother may have primary physical custody of a very young child while the father retains primary legal custody and controls all of the important decisions relating to that child.³²² In such settings, policy changes are needed to redress the historical oppression of women.

The whole issue of "fathers' rights" would be better framed in terms of responsibilities toward children rather than rights to custody. The custody of children should reflect not ownership, but a whole set of

responsibilities that adults bear for the children they have brought into the world. These responsibilities carry emotional, financial, and legal implications, and they include thousands of hours of hard work.

Payment of child support by separated or divorced fathers is another challenging issue related to custody. In many settings, fathers who pay child support may see themselves as paying for the “right” to see their children, and mothers may be more likely to support a father’s access to children if he is offering financial support. However, legal systems strongly resist conflating the two; there are fathers who cannot pay whose contact with their child would be beneficial and fathers who do pay with whom contact would be ill advised.

Another dilemma faced by governments in relation to child support is how to resolve the tension between using a social welfare or criminal justice system to hold fathers (or mothers) who default on child-support payments accountable, and supporting their ability to make payments. For example, imprisoning non-paying fathers may make it more difficult for them to pay and damage the father-child relationship.

Rather than incarcerating fathers who cannot pay support, low-income fathers need programs that support them into and in employment, while helping them manage child support debts and build positive relationships with their children and their children’s mothers. When considering penalties or responses to ensure compliance with child support payments, the best interest of the child should be paramount. Birth registration, in which the identity of a child’s

biological father is documented at birth, is another key issue that can have implications for child support (See box entitled “Fathers and birth registration”).

Finally, it is important to note that even as laws move toward a presumption of joint legal custody,³²³ many children continue to live with their mothers while their fathers have visitation rights. A few countries are cautiously moving toward the legal presumption that children should spend equal time with each parent: since 2006, for example, Belgium has had a legal presumption of equal parenting time unless this can be shown to be against the child’s best interests. Similarly, Australia requires courts to consider an order that the child spends equal time with each parent.

Fathers in most parts of the world are less likely than mothers to spend time with their children after divorce and separation. Whether for legal reasons or due to social norms, the evidence is clear that father–child relationships often need support when parents separate. Even in the period before separation, even the best father–child relationships may deteriorate, as unhappy fathers withdraw into themselves or spend more time outside the home.^{324,325} In addition, many fathers may struggle to take on new caregiving roles that a separation and divorce require.³²⁶

In the long run, when men are publicly acknowledged to be as capable of caregiving as women, when there are no barriers to women’s employment and advancement, and when parents are not penalized

in the workplace for taking time off to look after their children, change will happen. Family courts and social services will no longer operate from the mother-default position and will be more likely to support children spending substantial time with both parents after separation, to the benefit of both parents and children. With a greater overall balance between men and women in caregiving and income-generating roles, the presumptions that men only provide financially and that women are more capable caregivers can be laid to rest, and much of the pain and grief experienced by many separated fathers today can be substantially reduced.

CHAPTER 3

Fathers' roles in sexual and reproductive health and rights and in maternal, newborn, and child health

One woman dies every two minutes from complications associated with pregnancy and childbirth. Ten million more suffer injury, infection, or disease.³²⁷ A child whose mother died in childbirth is three to 10 times more likely to die before the age of two.³²⁸ These figures are improving, but far too slowly. More broadly, unmet sexual and reproductive health needs continue to be a major threat to women's – and men's – health worldwide, and a major impediment to achieving full gender equality. In 2010, sexual and reproductive health issues represented 14 percent of the global burden of disease, a proportion that had remained virtually unchanged since 1990 and that was shared approximately equally between men and women.³²⁹

While these figures differ hugely between low- and high-income countries, they reveal the preventable tragedies that occur every day around sexual and reproductive problems, pregnancy, and childbirth – tragedies that have common underlying causes and shared solutions.³³⁰

Men play a key part in these solutions. But they are often missing from the picture when it comes to engaging them as equal partners in sexual and reproductive health and rights (SRHR) and maternal, newborn, and child health (MNCH), in low-, middle- and high-income countries. In many settings, it is men who make most of the decisions around sexual behavior, fertility, pregnancy, birth, and sexual and reproductive health in general. This role has been implicitly neglected by the widespread focus on women in sexual and reproductive health.^{331,332} It makes sense that reproductive health programs are more effective when men are involved, since fertility decisions result from multiple interwoven social and economic influences on both women and men, that directly and indirectly impact contraceptive use and pregnancy outcomes.^{333,334} Additionally, neglecting to include men in SRHR programs, as contributors and rights holders themselves, both denies men's own needs and rights to services and information, and puts an undue burden on women.

Indeed, evidence from around the globe continues to emerge on the importance of working with men to support women's sexual and reproductive health and rights, the health of children from infancy through adolescence, and for men's own health and well-being.³³⁵ However, there is a lack of information about what motivates men to be involved partners in these areas or on how involved they actually are. Data collected for men through Demographic and Health Surveys (DHS) remain more limited than data collected for women (data from 72 countries for men

compared to 91 countries for women). More importantly, large-scale surveys on both men and women – as well as smaller, more localized studies – often include only a minimal recognition of sexual health and reproduction as gendered experiences, particularly for men’s health. Even where data have been collected, there is need for a much deeper analysis of the connections between gender, masculinities, sex, and reproduction. Our assumptions about men’s peripheral role in sexual and reproductive health and in maternal, newborn, and child health have led us to often neglect men in our data collection and analysis efforts. The lack of data on men has, in turn, allowed our assumptions about them to go unchallenged.

Reaching and involving men in sexual and reproductive health and rights and in maternal, newborn, and child health is therefore an urgent public health and human rights priority. However, engaging men in such issues is neither an easy nor a one-size-fits-all solution. Given the unequal power relations between men and women in many relationships, and the use of violence against women by some men, engaging men in sexual and reproductive health must be done with care to safeguard women’s rights and to ensure their empowerment. In this chapter, we do not posit the rights of women against those of men. We advocate for full equality and for the empowerment of women, while recognizing that men’s realities and needs have often been neglected in sexual and reproductive health.

In this chapter, we focus on:

- Why men’s involvement in sexual and reproductive health and rights (SRHR) and in maternal, newborn, and child health (MNCH) is important.

- The importance of starting young in teaching men and women about sex, sexuality, reproduction, and parenthood.
- Men's roles in planning their families, in pregnancy and childbirth, in decision-making about safe abortion, and in supporting the health of their partners, newborns, and young children.

We conclude this chapter with a discussion of the social, cultural, and institutional barriers to men's participation, and make recommendations for policy, health systems, and programming that will support girls and boys, men and women toward healthy, mutually pleasurable sexual relationships, and desired childbearing.

WHY DOES MEN'S INVOLVEMENT MATTER?

In low-, middle-, and high-income countries, men's relative absence in major research and policy frameworks sets the pattern for viewing them as irrelevant or even obstructive to achieving positive outcomes in SRHR and MNCH. But men's involvement does matter: as targets for information and services, as allies to their partners, and as agents of change to promote better health and well-being.³³⁶

Men matter because in many countries they often control or play a dominant role in decision-making around sex, family size, contraception, and access to or use of health services. In many countries and cultures, men still determine the conditions of sex, control family income, restrict women's mobility and/or nutrition, and are the main decision-makers in the home. Many women cannot make family-planning decisions or access

services without their male partners' permission or financial support.³³⁷ If husbands and partners do not know enough about pregnancy and regard it as a woman's affair, or if they dominate decision-making, they may refuse to let their wives or partners (or daughters or sisters) use contraception, visit a health center, or pay for health services or transport to the hospital, potentially leading to complications and even death.

Men matter because they themselves are sexual and reproductive beings. Men have their own sexual and reproductive health concerns and needs, and they have the right to information, support, and services concerning their bodies, their health, and their relationships with partners and children. Because of the relational nature of sex and reproduction, men's behaviors also have an impact on the health and well-being of their partners and their children.

Ultimately, improvements in sexual and reproductive health and rights and in maternal, newborn, and child health require a transformation of social relations toward more equal, respectful, supportive relationships between men and women, and toward full respect for women's autonomy and decision-making. While working towards these goals, however, it is important to recognize men's roles as gatekeepers, and to work with them to support the health of women and children.

Men's involvement is important beyond their role as gatekeepers: men matter because their positive, non-violent presence and support contribute to positive health outcomes for women and children. Men can support women during pregnancy, miscarriage, abortion, labor, and delivery, and they can participate and contribute to the health and well-being of their children. They can encourage women to engage in more

healthful behaviors and to seek out the services that they need.

Finally, men and boys matter because they can be – and sometimes already are – advocates and agents for change, together with women and girls. They can – and many do – advocate for equal sexual and reproductive rights, for comprehensive sexuality education, for access to and quality of services, and for a transformation in gender norms and relations.

Beyond the rhetoric: men in international health and gender policies

The International Conference on Population and Development in Cairo (ICPD) in 1994 recognized the positive role that men can play in reproductive health and rights, including in maternal, newborn, and child health.³³⁸ Similarly, the UNAIDS Global Plan in 2011 argued that men must be included in prevention of mother-to-child transmission of HIV (PMTCT) programs.³³⁹ For many decades, UNFPA has been involving men in its areas of

work, including as supportive partners in sexual and reproductive health. More recently, UN Women has also emphasized the importance of engaging men in their international plan of work.

But beyond the rhetoric, men and boys remain largely peripheral to most reproductive health programs and policies. For example, the June 2014 USAID report, *Ending Preventable Maternal Mortality*, which outlines USAID’s “maternal health vision for action,” did not mention fathers and only once mentioned men.³⁴⁰ The Family Planning 2020 plan, the largest single family-planning initiative in the world, includes no specific goals for men’s use of family planning. ●

IN THE BEGINNING: LEARNING ABOUT SEXUALITY AND REPRODUCTION

“[Sexuality education sessions] are good because they are useful. Because generally, at school, in life, no one talks about such things. No one takes it as an obligation to tell us about this world, to tell us about sex.”

Young man, Zagreb, Croatia³⁴¹

Too many young men and women around the world enter sexual relationships with little knowledge about the mechanics of sex and how to protect themselves from unintended pregnancy and sexually transmitted infections (STIs). For example, data from 64 countries showed that only 40 percent of young people aged 15 to 24 had accurate knowledge about HIV transmission.³⁴² Fewer still learn about respectful, mutually pleasurable relationships and the emotional side of having sex. Many are also embarrassed to talk about sex, and they are unable or unwilling to challenge stereotypical, gendered behavior that assumes that only men are interested in sex. This lack of information, skills, and critical reflection lays the foundation for unequal intimate relationships rooted in gendered power relations.

This is where comprehensive sexuality education (CSE) is needed. CSE is defined as a rights-based and gender-focused approach to sexuality education, both in and out of school. It aims to equip children and young people with developmentally appropriate and accurate information, skills, and attitudes and values that enable them to care for their bodies, and protect their health and well-being. In addition, CSE seeks to promote healthy, pleasurable, and respectful relationships, and increase young people’s ability to make responsible and autonomous decisions about their sexuality and sexual and reproductive

Comprehensive sexuality education that builds relationship skills

A number of programs and projects work with adolescents and young people in and out of school with the aim of addressing the many connections between sexuality and gender inequality. Some key objectives of gender-equitable sexuality education include:³⁴⁸

- Increase knowledge and awareness about the existence of harmful gender norms and the costs of adhering to them; redefine unhealthy gender norms into healthy ones.
- Increase the skills needed to behave in a more gender-equitable way, including cultivating empathy.
- Present clear, consistent, and equitable messages about gender and models of gender equality in the learning environment.
- Avoid gender exploitative approaches.
- Consider alternating between same-sex and mixed-sex learning groups.
- Integrate gender into other learning activities and content, and consider other influencing forces within the learners' environment.

Comprehensive sexuality education should also teach about the importance of non-discrimination and respecting diversity, including with the aim to reduce stigma and homophobia. Finally, as advocates have pointed out, most sexuality education does not address the value of sexual pleasure, including the enjoyment of consensual sexual relationships, throughout a person's life.³⁴⁹ Conversations about these issues could empower young women and provide young men with opportunities to question the limitations imposed on them by harmful expectations of manhood.

Innovative programs that embrace this comprehensive, rights-based, and gender-equitable approach include *The World Starts with Me*, a computer-based program coordinated by Rutgers for in- and out-of-school use, which has been adapted in 13 countries,³⁵⁰ and the Population Council's *It's All One* materials that provide guidelines and activities for placing gender and rights at the center of sexuality and HIV curricula – both as stand-alone modules and integrated with topics such as relationships, puberty, and condom use.³⁵¹ ●

health, while respecting the rights of others.^{343,344}

In some countries, this may seem impossible without first addressing the underlying causes of gender inequality that make it difficult for girls and boys – and even men and women – to talk about sex and sexuality. But evaluations of sexuality education programs from around the world have shown that they have a positive influence on knowledge and health behaviors. Importantly, a recent review of studies focused on health outcomes as a measure of impact found that CSE programs that emphasized gender and power were more likely to reduce rates of STIs and/or unintended pregnancy than “gender-blind” curricula, a finding consistent with other evidence on the importance of gender-transformative approaches.^{345,346}

Too many programs do not yet include such perspectives: a 2012 review of sexuality education curricula in 10 East and Southern African countries found that critical thinking about gender and rights is not yet sufficiently incorporated into comprehensive sexuality and HIV education.³⁴⁷

In addition, CSE does not generally address parenthood as fully as it should, except as something to be avoided. While early pregnancy and parenthood present their own challenges, most people will become parents at some point in their lives. Therefore, CSE must talk about parenthood, and make the link between sexuality and fatherhood more explicit. We need boys – as well as girls – to be raised to see themselves as reproductive beings, and to have the knowledge, resources, and skills not only to plan their childbearing – one of the most important decisions a person can make over his or her lifetime – but to actively participate in the raising and care of a child or children.

At the same time, CSE programs are a necessary, but not sufficient, factor in promoting the lifelong SRHR of young people. The broader contexts in which CSE programs are implemented inevitably affect their impact – young people need access to comprehensive, youth-friendly health services in safe environments, as well as support from their communities and families to facilitate such access. Of course, fathers, along with mothers and other adults, can play a role in supporting children’s healthy development, but attention to boys’ and men’s sexual and reproductive health and rights must continue throughout their lives.

FROM SEX TO REPRODUCTION: MEN TAKING PART IN PLANNING THEIR FAMILIES

Becoming a father or a mother is a life-changing event that should come about as the result of choice, not chance. The ability to exercise the decision to reproduce is critical for the well-being of the parents – knowing their child comes at a time when they are able to provide for him or her – as well as for the well-being of the child. Every child should be wanted, whether his or her parents live together or not.

All too often, this is not the case. More than 220 million women lack access to or do not use safe and effective contraception, leaving them unable to delay childbearing or to space their pregnancies, and exposing them to greater risk of maternal and newborn death.³⁵² A recent analysis found that 85 million pregnancies were unintended in 2012 (based on data from women), which represents 40 percent of all pregnancies worldwide.³⁵³ While unintended pregnancies are often *mistimed* rather than *unwanted*, the need to support men and women in planning their families is clear.

Although men are obviously involved in conception,[†] they are often left out of interventions, service provision, and policy discussions related to family planning and contraception. Yet study after study shows that men heavily influence the number and timing of their partners' pregnancies, as well as their contraceptive use.³⁵⁴

[†] New technologies now offer new possibilities for conception; however, these are generally outside the reach of most people in the world.

In societies and relationships where men hold more power than women do, negotiating contraceptive use or even discussing family size may be something a woman dares not do. Women's and men's ultimate success in planning their fertility has a great deal to do with couple dynamics and with men buying into full gender equality. Men who adhere to rigid norms around masculinity are less likely to use or to support women's use of contraception, are more likely to have multiple partners, and in some contexts, are more likely to desire a larger number of children.^{355,356,357}

What are the consequences of an unintended pregnancy? Nearly half end in abortion, according to a recent estimate, though there is substantial regional variation, from fewer than a quarter in Southern Africa to as much as three-quarters in Eastern Asia and Eastern Europe.³⁵⁸ Not surprisingly, fathers tend to be more engaged in the lives of children whom they intended to have, with lasting benefits to those children.^{359,360} The global aim should be that all pregnancies are intended and that men and women are equally involved in the decision to become pregnant and have a child.

The global aim should be that all pregnancies are intended and that men and women are equally involved in the decision to become pregnant and have a child.

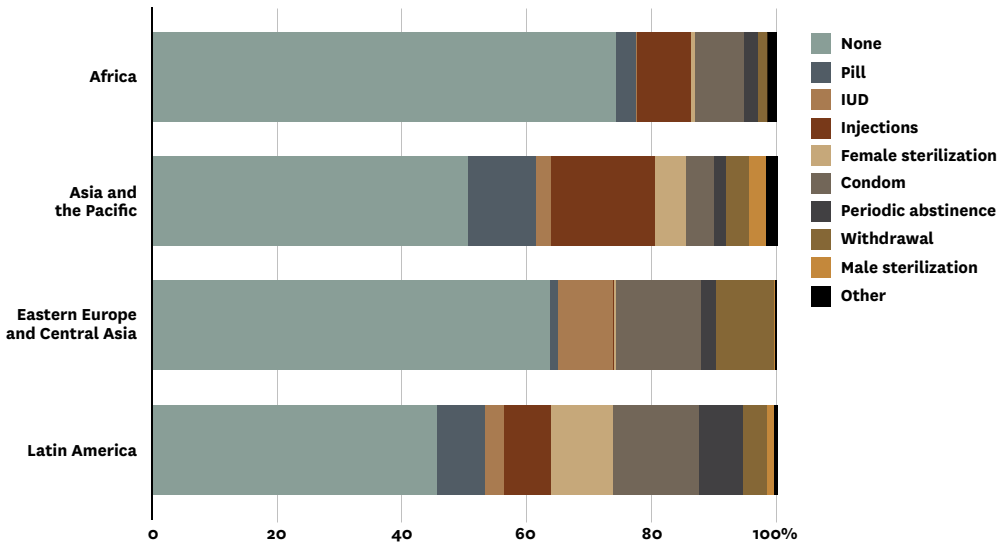
Contraceptive use

Contraception is key to helping people manage their fertility

FIGURE 3.1

Fathers' reports of couples' current method of contraception

By region



Note: For these regional analyses, the authors selected four DHS countries for each region based first on the recency of the data, and then on larger population size and geographical diversity within the region.

Source: Authors' analysis of select countries' DHS data (2006–2013)

and enabling them to decide if, when, and how many children to have. Globally, women's contraceptive use represents approximately three-quarters of total contraceptive use, a proportion that has changed little over the past 20 years.³⁶¹ Despite the increased availability of modern contraceptive methods, approximately 12 percent of women aged 15 to 49 who were married or in unions and wanted to avoid a pregnancy did not have access to or were not using an effective method of contraception in 2011.³⁶² An analysis of countries where Demographic and Health Survey (DHS) data are available indicates that an estimated 33 million women aged 15 to 24 who are sexually active, both married and unmarried, would use contraceptives if they had access to them.³⁶³

In the poorest parts of the world, a significant proportion of

fathers report that the couple is not currently using *any* method of contraception, as seen in Figure 3.1. The data available from DHS indicate that up to 74 percent of couples in select countries in Africa and in Eastern Europe and Central Asia are not currently using any form of contraception, and the figure is up to 51 percent in Asia and the Pacific and in Latin America. It may be that many of these men are planning to have more children, or that they are not aware that their partners are using contraception – although the mothers’ reports are similar in most regions.

The importance of communication

“I felt that how does he understand how many children we need? He does not understand. He always wants more babies. He does not think of taking care of his children. We women have to do this. So it is me who thinks how many we need and what method we use.”

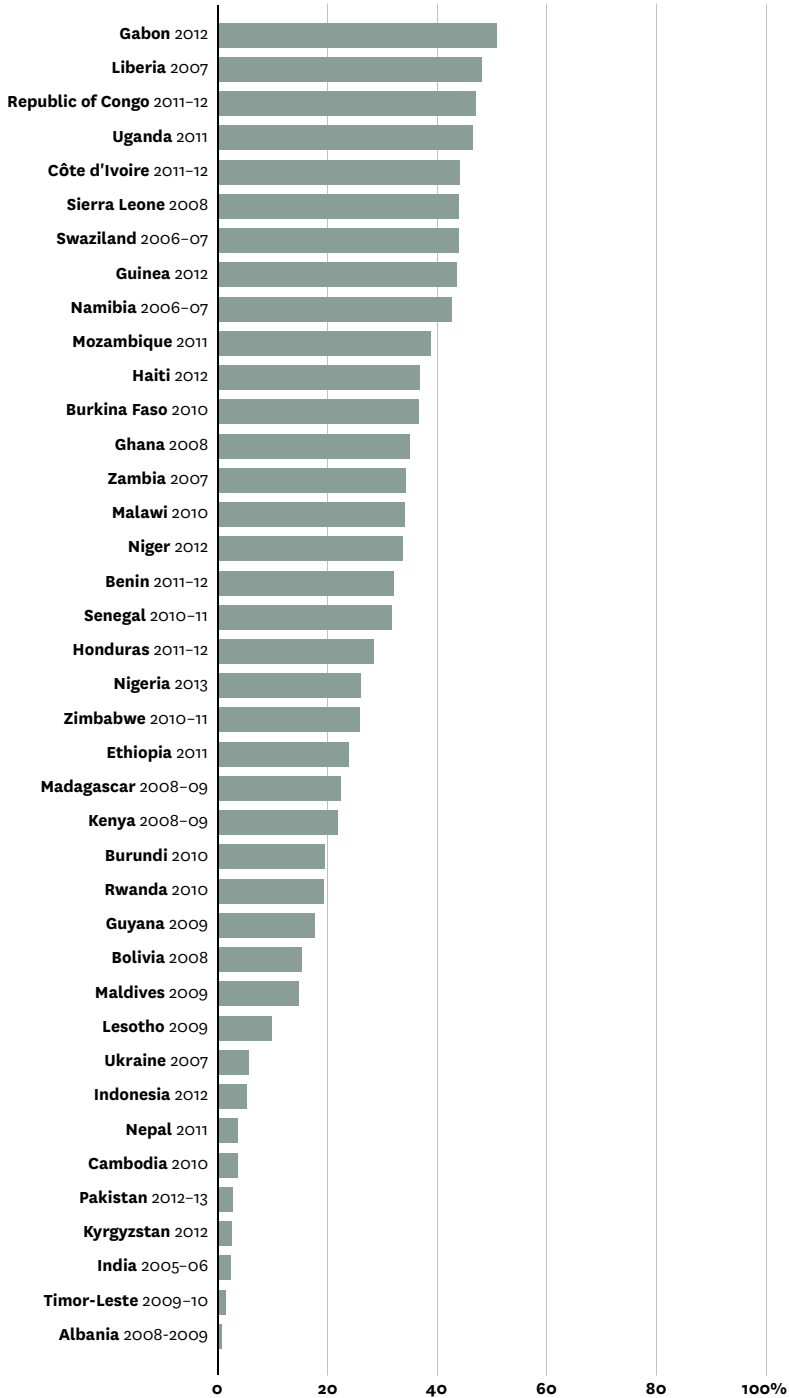
Fatema, 26, Bangladesh³⁶⁴

Communication and joint decision-making between partners is fundamental to effective contraceptive use and family planning. But gaps often exist between women’s views and men’s views of childbearing and contraceptive use. Many men (and women) stress the importance of openly communicating about sex and reproduction, but they do not necessarily feel comfortable or know how to do so.³⁶⁵ Too often, men dominate the decision-making around when and how many children to have. In one study in Ethiopia, 33 percent of men reported they were the *sole* decision-makers in their families when it came to childbearing;³⁶⁶ other research in Mali showed that 61 percent of men believed they should be the sole decision-makers.³⁶⁷

Evidence from programs to promote family planning (and

FIGURE 3.2

Percent of fathers who have had children by more than one mother



Source: Authors' analysis of DHS data (2005-2013)

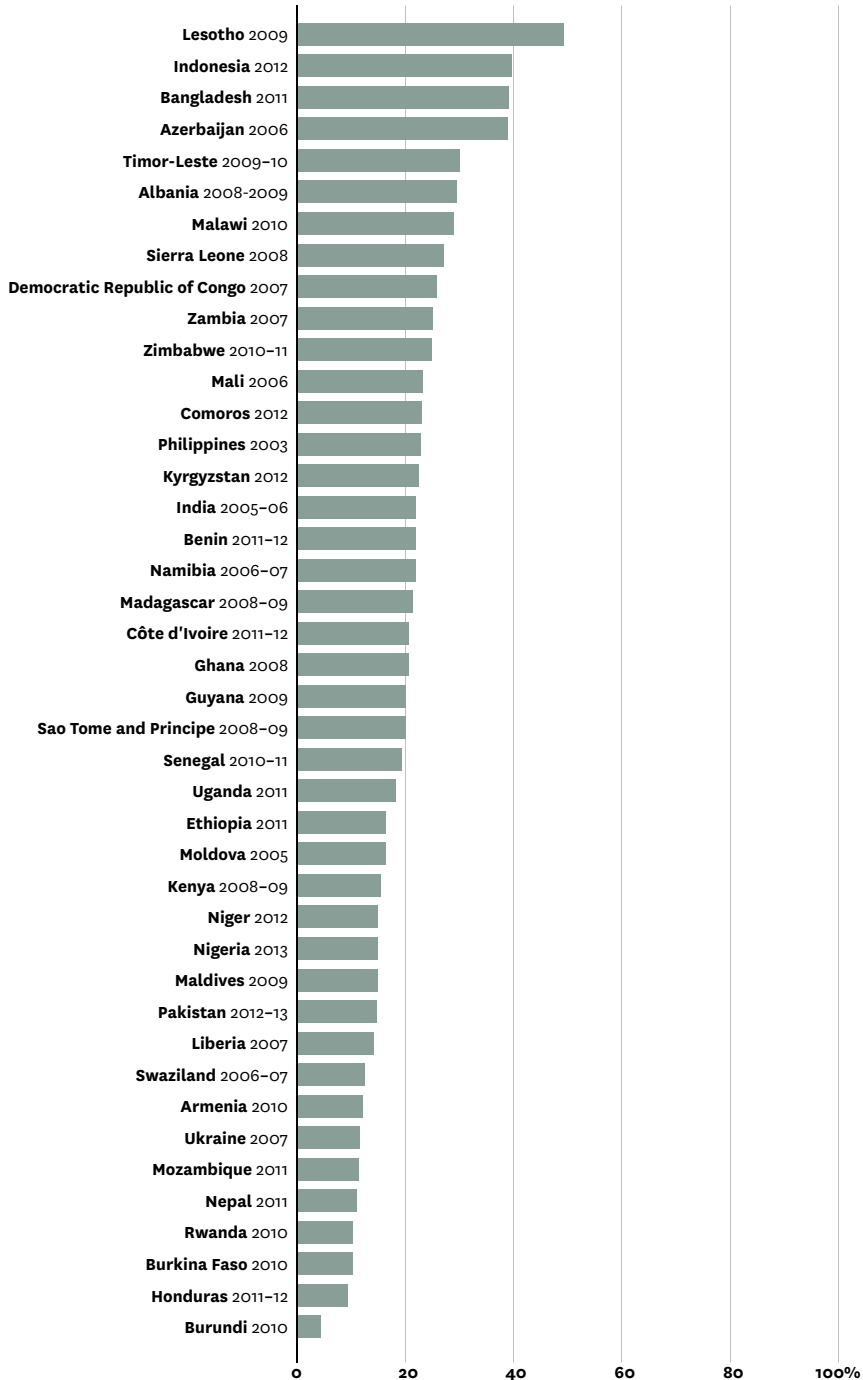
men's participation) suggests that emphasizing joint, informed decision-making and mutual respect for their partners' opinions, as well as providing training in couple communication, can dramatically increase contraceptive use. The *Malawi Male Motivator* intervention sought to increase contraceptive use among married couples through an educational program with husbands. A study found that the increase in the use of contraceptives was significantly larger among couples in the intervention group than in the control group. Increased frequency and ease of communication was a major factor in the rise in contraceptive use, indicating the importance of training in communication skills.³⁶⁸ In India, the *PRACHAR* program worked with first-time mothers and fathers, who met in separate, same-sex groups where they learned about family planning. An evaluation of the program found that couples where both partners had participated in the intervention were the most likely to use contraception.³⁶⁹

Reproductive decision-making is sometimes complicated by men's and women's multiple sexual partnerships, as well as by the number and type of unions in which individuals are involved. Data from men in 40 countries found that, on average, currently married men have had more than one sexual partner in the past year.³⁷⁰ The data show considerable variability in men's contraceptive use by the type of union (e.g., formal, informal) and by number of unions. The data also indicate that in parts of the world, a significant percentage of fathers have had a child with more than one woman – more than 45 percent of men in Gabon, Liberia, Republic of Congo, and Uganda, as seen in Figure 3.2.[†] Polygamy also complicates decisions to plan, prevent, or time a pregnancy, and some research indicates that contraceptive use may be lower within polygamous unions than in monogamous ones.³⁷¹

[†] These data do not show whether the unions are simultaneous or sequential. Regardless, having children with more than one sexual partner makes fertility decision-making more complex.

FIGURE 3.3

Percent of fathers who believe that “contraception is a woman’s business and a man should not worry about it”



Source: Authors' analysis of DHS data (2005-2013)

Gender norms and policies continue to place responsibility for reproduction and fertility on women's shoulders, presenting a challenge to involving men in family planning. A significant (though variable) proportion of fathers believe that "contraception is a woman's business, and a man should not worry about it," as seen in Figure 3.3. Given that becoming a parent is one of the most important life events across cultures, it is remarkable that more than a third to nearly half of men in Lesotho, Indonesia, Bangladesh, and Azerbaijan feel that contraceptive use is not their business. Similarly, findings from the International Men and Gender Equality Survey (IMAGES) in eight countries show that significant proportions of men agreed that "it is a woman's responsibility to avoid getting pregnant" – between 15 percent of men in Croatia and 61 percent of men in Democratic Republic of Congo, and more than 40 percent of men in Chile, India, and Rwanda.

In sum, many men, women, healthcare providers, communities, and policymakers still perceive reproduction and fertility regulation as a woman's role and responsibility. This is one of the reasons that fewer contraceptive methods have been developed for men than for women. If men want to directly manage their fertility, they currently have only three options: condoms, sterilization (vasectomy), or so-called "natural" methods like the Standard Days Method or withdrawal. The modern options have their limitations: vasectomy is (generally) permanent and therefore not an option for men who still want children; condoms, which help to prevent sexually transmitted infections, may be seen as unnecessary or inappropriate for use within marriage or stable partnerships, or they may be perceived as interfering with sexual relations and pleasure.³⁷² While there are challenges related to physiology as well as to safety and acceptability in

the development of new male methods, these are similar to the challenges experienced by developers of female methods, and there is great potential for, and interest in, new contraceptive options for men.³⁷³

It is important to note that because women are the ones who become pregnant, they may not *want* men to be responsible for contraception. Women may feel that this limits their control over their own bodies, or they may fear that a mistake or omission on the part of their partner will lead to an unwanted pregnancy.

EXPECTANT FATHERS AND SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs), and HIV and AIDS in particular, are a major cause of illness and death around the world. The participation of fathers is necessary to effectively address and control sexually transmitted infections for their own health, the health of their sexual partners, and the health of their children. For example, in cases of syphilis both parents must be treated or the consequences for the infant can be disastrous. Yet health services, including screening and treatment for STIs, have typically only been targeted to women, limiting both the reach and the effectiveness of these services.³⁷⁹

Fathers play an important role in the prevention of HIV infection in children, both when a pregnant woman is HIV positive and when a woman becomes newly infected with HIV during pregnancy or breastfeeding. When an expectant father is also counseled and tested, it is more likely that the mother will return for follow-up, successfully take anti-retroviral medication, and adhere to infant feeding recommendations.^{380,381} A study in Kenya even found that expectant fathers' involvement in prevention

of mother-to-child transmission (PMTCT) decreased the risk of infant HIV infection and of infant mortality in HIV-uninfected infants.³⁸² In contrast, women's fears or experiences of rejection and violence from their partners may be a barrier to HIV testing, follow-up, and treatment.³⁸³

Pregnancy provides an opportunity to connect men – who often feel open, loving, and responsible during this time³⁸⁴ – with the health system, to screen for and treat STIs and other health problems, and to provide education about healthy behaviors.

Son preference and men's desire for children

It is important that children are wanted; however, even when a pregnancy is wanted, a child may be unwanted if she is a girl.

In many cultures, a preference for sons – expressed by both mothers and fathers – has existed for centuries, rooted in patriarchal beliefs, kinship and inheritance systems, and perceived economic needs and justifications.³⁷⁴ General trends towards smaller families have reinforced this preference, and women face strong societal pressure to produce sons, with consequences that include repeated pregnancies, rejection from family, and even violence or death. In some South Asian, East Asian, and Central Asian countries, son preference and sex selection, combined with the possibility of detecting the sex of the fetus

by means of a scan (even though it is illegal in some countries) have resulted in skewed sex-ratios and an estimated 117 million “missing” women and girls.^{375,376}

Sex selection can take place before a pregnancy is established, during pregnancy through pre-natal sex detection and selective abortion, or following birth through infanticide or child neglect. A recent study of son preference in India found that “men’s controlling behavior and gender inequitable attitudes strongly determine men’s preference for sons over daughters as well as their proclivity for violence towards an intimate partner – both of which are manifestations of gender inequality.”³⁷⁷ In addition to norm change around son preference, some researchers argue for structural interventions such as pension policies that guarantee all individuals social security in older age, so they feel less dependent on the income of a son.³⁷⁸ ●

Brazil's health sector, for example, has promoted a pre-natal visit specifically for men, offering an important opportunity to promote men's HIV and syphilis testing (see box entitled "Policy and practice in Brazil").

MEN AND ABORTION

Unsafe abortions are a significant cause of maternal morbidity and mortality and lead to the deaths of around 47,000 women each year.³⁸⁵ Access to safe abortion and post-abortion services should be an integral part of the continuum of reproductive, maternal, newborn, and child healthcare. However, in 66 countries abortion is prohibited or permitted only to save a woman's life, and in other countries where abortion is legal there are many restrictions around access.³⁸⁶ These restrictions, coupled with stigma, lack of competencies on the part of healthcare providers, and other barriers, lead abortion to be inaccessible for many women, especially marginalized women, including those living in poverty, living in rural areas, and young women.³⁸⁷

Few studies have directly examined men's roles in women's abortion decisions and experiences, or men's own experiences related to abortion. The existing research indicates that men strongly influence women's decisions or ability to seek an abortion, either directly or indirectly. In some countries women need permission from their husbands or parents (and often their financial support) on decisions related to sexual and reproductive health, including the ability to access safe abortion. Requesting this permission may be risky for some women: examples from Uganda, Burkina Faso, and Zimbabwe suggest that some men view an abortion as a sign of illicit sexual activity and may respond violently to such a request.³⁸⁸ A study in Zimbabwe found that many men resist women's access to abortion because it threatens their perceived control over women.³⁸⁹ The

study concluded that “men felt anxious and vulnerable regarding their role in society due to shifting gender roles and greater rights accorded to women. Abortion, as a concrete manifestation of the shift towards smaller families and greater female autonomy, is the site of a great deal of social tension.”³⁹⁰

Women’s decisions on abortion are also often influenced by their perceptions of men’s attitudes, their relationship status, and their beliefs about the likelihood that men will participate in raising the child. For example, pregnant teenagers attending pre-natal care in a region of Scotland reported that their partners’ indications of support were an important factor in their decisions to continue their pregnancies.³⁹¹ In contrast, research in Cali, Colombia found that women sought abortions more frequently if they were told, or if they perceived, that their partner would abandon them if they had the child.³⁹²

In many instances, men are directly involved in, or at least informed of, women’s abortion decisions. Several studies from the United States indicate that the majority of women who had an abortion consulted with or informed their partners.³⁹³ Research from five low- and middle-income countries where IMAGES was carried out found that among women who had ever terminated a pregnancy, reports of whether their partners were involved in the decision varied, from only 10 percent in Mexico to 92 percent in India.³⁹⁴ The rates of men’s involvement in Brazil, Chile, and Croatia ranged from 39 to 47 percent. These results suggest relatively high rates of couple communication and male involvement in decisions about whether to continue a pregnancy or not.

Men can support their partners’ decisions to terminate a pregnancy and help them to access abortion and post-abortion

services. As a man in Uganda who supported his wife in this process explained: “As a man, if you really love your wife ... the man has that duty to support the women in this matter. You have to seek treatment for her. You don’t just leave her to seek treatment herself. You don’t just leave her like that! This is one of the responsibilities of the husband in the home.”³⁹⁵ Data from more than 9,000 American women who had an abortion found that 79 percent of women whose partners knew about their abortions perceived their partners to be supportive.³⁹⁶ A number of studies suggest that men’s knowledge of and support for safe abortion is positively associated with women’s post-abortion well-being.³⁹⁷

It is women who bear the physical, social, psychological, and economic impacts of pregnancy and childbearing and, therefore, it is women who must have the final choice about their pregnancies. There are many different reasons that drive women’s decisions about pregnancy, and men, families and health services must respect these decisions.

At the same time, it is possible – and an urgent mandate – for advocates of greater father involvement to affirm women’s rights. Furthermore, they should point to the many opportunities for engaging men in ways that reinforce women’s right to reproductive choice and the ways in which those choices may benefit men as well.

Ipas, a global non-profit that works to increase women’s ability to exercise their sexual and reproductive rights, asserts three principles for work with men on issues around abortion: 1) the ultimate decision to continue or terminate a pregnancy should be made by the pregnant woman herself; 2) policies and programmatic interventions need to acknowledge and plan for men’s

involvement when women want it; and 3) abortion-related community work should approach men as potentially valuable partners rather than as adversaries.³⁹⁸ These are principles that all those working in the field of sexual and reproductive health and maternal health can adopt.

THE BENEFITS OF BEING INVOLVED: FATHERS AND MATERNAL HEALTH

The involvement of fathers before, during, and after the birth of a child has been shown to have positive effects on maternal health behaviors, women's use of maternal and newborn health services, and the fathers' longer-term support and involvement in the lives of their children. While more rigorous global studies are needed, greater father involvement before, during, and after the birth of a baby has the potential to contribute to reducing maternal mortality and morbidity, and to improving the experiences of women in pregnancy and during labor.

Expectant fathers' participation can enable and support women to work less, receive the health care they need, and have adequate rest and nutrition. In India, researchers found that expectant fathers who participated in a training program on healthy pregnancy were more likely to assist with household work (up from 27 percent to 42 percent), and were more willing to take their wives to doctors or clinics.⁴⁰⁰ Similar findings emerged from a study in rural Pakistan, where women

“I am excited about [my wife] being pregnant, I have started to learn about it. I am willing to learn everything – changing nappies ... Most of the time I ask if she likes my cooking. I clean too. I want to do everything from the start to infinity!”

FIRST-TIME FATHER-TO-BE,
KHAYELITSHA TOWNSHIP, CAPE
TOWN, SOUTH AFRICA³⁹⁹

Programs that promote men's involvement in childbirth and maternal health

As rigid and unchangeable as some norms may seem, program examples around the world are finding that men will participate in discussions about childbirth, will come to pre-natal visits and birth, and are willing and interested to be involved fathers. Some examples include:

- Niger has some of the highest rates of maternal and child mortality in the world. UNFPA supported the development of the *École des Maris* ("School for Husbands") to engage men as partners in maternal health. In Niger, "[men] don't want to pay the costs of medicines or examinations. Others refuse to let their wives consult a male doctor ... Our role is to help them understand the importance of going to a clinic during pregnancy and birth, family planning and children's vaccinations," says Zakari Hassan, a participant in Gouré. The *École des Maris*, has "revolutionized the way people think. Men and women discuss reproductive health openly. This was not the case before this project," says Idi Gambo, village chief in Gouré.⁴²⁵ According to the public health authorities in Zinder, the use of family planning in rural Bandé increased from two percent in 2007 to 20 percent in 2011, while 88 percent of women are now attending pre-natal consultations. In Zinder region as a whole, the percentage of women whose births are now attended by a medical person has increased from eight percent to 43 percent.⁴²⁶
- In Sweden and Ukraine, "Father schools" prepare men to be present at childbirth, help them support mothers, and equip them with valuable information about child nutrition and development. The expectant fathers meet in groups for two-hour sessions six to seven times before the birth and once or twice afterwards. The main goals are for fathers to recognize the importance of their role to their children, of preparing for the baby's arrival, of taking parental leave, of supporting breastfeeding, and of understanding child development and children's rights, and for fathers to see these as central to family life and to creating a safe family environment. Other goals are to strengthen couple relationships and prevent violence against women and children.^{427, 428}
- The *Mother Friendly Movement* in Indonesia – and the *Alert Husband* program – have helped communities establish emergency transport systems for women in labor and to recognize the need

for this support.⁴²⁹

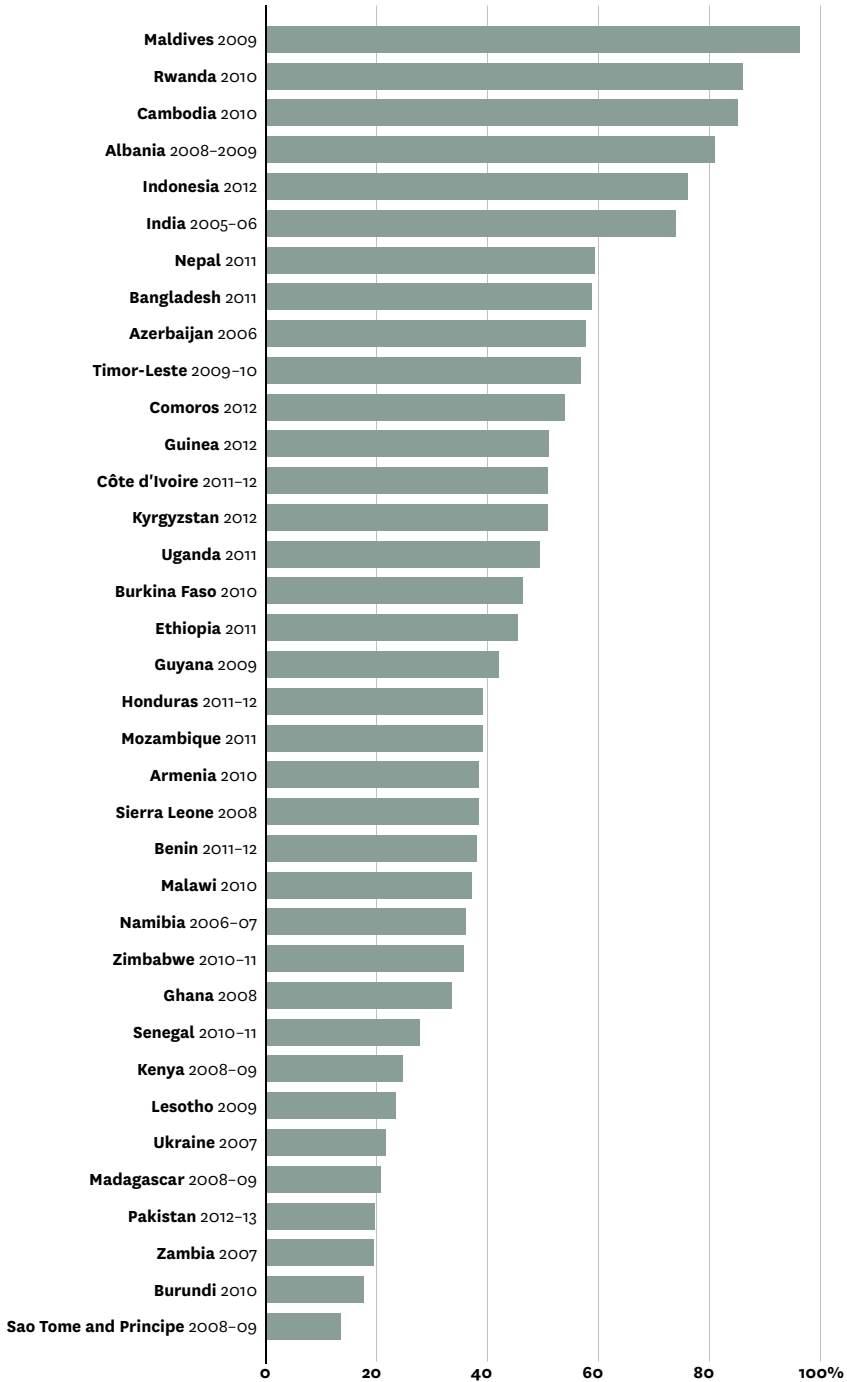
- In Peru, in 2007, the Instituto Nacional Materno Perinatal (INMP) in the Ministry of Health introduced its *Childbirth with Companion* and *Daddy Day Care* programs, emphasizing the importance of a father's presence during pregnancy, during birth and during the first moments of a baby's life. Since then, more than 7,600 fathers have taken part.^{430,431}
- Through the *MenCare+* initiative, partners in Brazil, South Africa, Rwanda, and Indonesia are training public health service providers to engage expectant fathers in gender-transformative group education around maternal, newborn, and child health, and at the same time implementing comprehensive sexuality education for young women and men that includes reflection on childcare and caregiving. The initiative also includes the training of violence counselors, and the design of programs and protocols for those cases in which partner violence occurs, including during pregnancy. ●

Seth Chasey/Promundo-US (Rwanda)



FIGURE 3.4

Percent of fathers present during pre-natal check-ups for their youngest child



Source: Authors' analysis of DHS data (2005-2013)

whose husbands were given education on maternal health reported reduced workloads during pregnancy.⁴⁰¹

A recent analysis of research from low- and middle-income countries found that male involvement was significantly associated with improved skilled birth attendance, utilization of post-natal care, and fewer women dying in childbirth.⁴⁰² In the United States, research found that among women smokers, those whose male partners were involved in their pregnancy reduced their cigarette consumption 36 percent more than women whose partners were not involved.⁴⁰³

On the other hand, men can also either directly or indirectly prevent women from receiving care. Recent research from Nigeria found that women cited uncooperative male partners as one of the reasons for not attending pre-natal care, in addition to the high cost, poor quality, and distance of government services.⁴⁰⁴ In Maharashtra, India, qualitative data showed that young wives were dependent on the awareness of other members of the family, particularly husbands, for decisions about their health needs. They also relied on them to bear the cost and to take them to a clinic or hospital, as they had no transport or money of their own.⁴⁰⁵ Women's health seeking and access to care during pregnancy are also strongly influenced by local reproductive norms, including beliefs and taboos around pregnancy.⁴⁰⁶

Men's presence during pre-natal care visits provides an opportunity to engage them in the care of their partner and child. In Scandinavia, a significant number of men are involved in maternal and newborn health, with 80 percent of fathers participating in pre-natal preparation courses and preventive healthcare consultations in Denmark, and 90 percent in Sweden.^{407,408} In low- and middle-income countries, men's presence at pre-natal

visits varies greatly – from only 18 percent in Burundi to 96 percent in the Maldives, according to data from Demographic and Health Surveys, as shown in Figure 3.4.

Fathers who do not attend pre-natal care can still encourage and support their partners to access these essential services. For example, mothers in a South African study said that their partners supported them by providing money for transport to the clinic or by taking care of another child when the mother had a pre-natal check-up.⁴⁰⁹

When men participate in pre-natal visits and receive maternal health education, they can support their partners in ways that can be life-saving. A study from Kenya found that women whose husbands accompanied them to at least one pre-natal care visit were almost twice as likely to deliver using a skilled birth attendant than those who benefited from pre-natal care but not their husband's presence.⁴¹⁰ In addition, some studies have shown that when men know the danger signs during pregnancy or delivery, they may act as life-saving agents, ensuring that their wives get appropriate attention in obstetric emergencies.^{411,412} In Nepal, women who participated in a couples' support group with their partners during pregnancy were more likely to attend a postpartum visit than women who attended a women's-only group, or no group.⁴¹³ Women's and couples' contact with the health system in the pre- and post-natal periods are also important opportunities to promote contraceptive use and assist couples in delaying their next baby.

Expectant fathers' can provide psychological and emotional support during pregnancy. Pregnancy can be a stressful and challenging time for many mothers, but fathers can provide care and emotional support to improve their partners' experiences,

Coping with adversity: pregnancy complications, loss, and depression around the birth of a child

“**W**e came to the hospital where the doctor told us that there were complications and we might lose the child. I was very afraid, especially as I had a dream that night of a vehicle covered in flowers, which is a premonition of death. My son was born the next day with the umbilical cord around his neck. I prayed to the gods and it gave me peace and courage. My wife had a caesarean and I was standing outside with the other men. It was an incredible moment to hear that baby cry for the first time.”

Sivarajan, Adivasi man, India⁴³²

“People don’t understand what you’re going through. It takes a long while to get over something like that. You can’t forget it...”

Man whose partner experienced a miscarriage, United Kingdom⁴³³

A miscarriage, stillbirth, or other complication can have a profound effect on the mother. In addition, even when pregnancy and childbirth go well, maternal post-natal depression is well documented (though not always recognized or appropriately treated) and can be severe.

There is much less research, however, into the effects of such events on fathers.

This may be partly because men feel they should be supporting their partner at such a difficult time, and combined with norms that discourage men from expressing emotions, this may lead to a repression of any grief that they feel. Research in the United States, United Kingdom, and Hong Kong shows that men experience significant feelings of grief at the loss of a pregnancy, but they may deny and internalize these due to gendered norms around appropriate bereavement.^{434,435,436} In some countries, psychologists do address the mental health needs of men who have experienced their partners’ miscarriages, but awareness and availability of services remains low.⁴³⁷

Emerging research also documents post-natal depression among fathers and its negative impacts on children and their families.⁴³⁸ Post-natal depression in men is a significant problem, with rates as high as 24 percent to 50 percent among men whose partners are also experiencing postpartum depression.⁴³⁹ Because maternal depression is the strongest predictor of paternal depression, special attention needs to be devoted to families in which both parents may be depressed. ●

and research suggests that women value this support.⁴¹⁴ In addition, a number of studies suggest that men's involvement during pregnancy is associated with reduced likelihood of developing postpartum depression.⁴¹⁵ In Hunan, China, support from a husband had the largest impact on reducing this risk.⁴¹⁶ In India, women reported an increase in emotional support from their husbands during pregnancy after their partners participated in community meetings providing information on maternal health services and on ways in which men can support their pregnant partners.⁴¹⁷ In contrast, a lack of social support is a risk factor for women's depression after birth, and it has also been linked to negative effects on fetal growth during pregnancy.^{418,419} In cases where a pregnancy loss occurs, men may blame their partners, which in turn can delay recovery and affect their relationships.^{420,421}

Well-designed programs can be effective in improving father involvement during pregnancy. Programs to engage expectant fathers in maternal health have existed for decades in many parts of Europe and North America, and they are gradually expanding around the world. In low-income settings, peer education, community meetings, distribution of educational materials, one-on-one counseling sessions, workplace-based initiatives, group education, and mass media campaigns have proven effective for engaging men in maternal, newborn, and child health.⁴²² Some of these programs work directly through the health sector to invite men to participate in pre-natal services, while others work at the community level. There is a recognized need to expand such programs to include men (and women) who are not normally reached – for example, adolescent and first-time fathers and mothers, minority groups, and immigrants – and tailor programs to their specific needs. However, if poorly designed, efforts to encourage men's participation

may discourage or prevent single or unaccompanied women, or women who would prefer not to have their partner involved, from accessing services, and potentially compromise their comfort, safety, autonomy, and decision-making.⁴²³ For example, research in Malawi found that a policy to provide “first and fast” service for couples could result in unfair treatment of women attending services without a male partner, and a mass media campaign to promote men’s participation in family planning in Zimbabwe inadvertently reinforced men’s beliefs that they had sole responsibility for family-planning decisions.⁴²⁴

Involving men during labor and delivery

A major change has occurred over one or two generations in many high-income countries: fathers are now expected to be present for the birth of their child. In the United States, for example, in the 1970s just over a quarter of fathers were present; by the 1990s this had increased to 85 percent.⁴⁴¹ Indeed, there can even be public criticism when a man is not present – for example, in 2010 in the United Kingdom, where nearly 90 percent of fathers were present at the birth of their children that year, soccer player John Barnes faced a barrage of online criticism for watching a match while his wife was in labor.⁴⁴²

In other parts of the world, men are unlikely to attend the birth of their children.⁴⁴³ For example, IMAGES showed that only about two percent of men in India, nine percent in Brazil, and 24 percent in Mexico were present during the birth of their youngest child, although many others were in the hospital or health center, but not the delivery room. There may

“I have seen what she went through, her struggle, her pain. It is a new closeness because I had never witnessed the birth of a child before I saw my son. When I saw her giving birth, it was very emotional, a very special moment.”

FIRST-TIME FATHER, BRAZIL⁴⁴⁰

What do women say about having fathers present during birth?

Women in a study in rural Guatemala reported the many supportive and helpful things men had done during childbirth:⁴⁵³

- Rubbed back/rubbed hands
- Held shoulders
- Stayed with/sat with her
- Waited outside
- Heated up water for baby

- Advised her to push
- Caught baby at delivery
- Made coffee for guests
- Tended fire
- Helped make temascal bath (sweatbath)
- Advised to trust in God/gave encouragement

This list gives examples of the many ways in which men can and do have instrumental roles – providing hands-on care and support to women – and are seen as being important in providing emotional support whether or not they are in the room when the baby is delivered. ●

be strong cultural taboos against men being present at birth, as well as health centers that are crowded or lack the infrastructure to enable privacy for other laboring women. Some women may prefer to have another companion than their partners.

But does it matter whether fathers are present for the birth of their children? The evidence on this varies considerably. Some researchers have found that when fathers are present and know about pain management, women experience a shorter duration of labor and lower use of epidurals.⁴⁴⁴ Other studies found no impact: even if “fathers’ support in birth helped mothers to have more positive experiences in all aspects of childbirth, there was no relationship between fathers’ support and length of labor, use of pain relieving drugs or obstetric interventions in birth.”^{445,446,447} But it may be that we are asking the wrong question in assessing the impact of men’s presence at birth. Having men present at birth is not a panacea for maternal risk, but it can be and is, for many men, the beginning or continuation of

a desire to be an involved and equal partner, and it is desired by many women. Rather than having to prove that having men present at childbirth leads to better health outcomes, the question should be: Do couples and women want men present? And if so, how can we ensure that it is possible?

Research in both high- and low-income countries has found that having their partner present for the birth can be a positive experience for the mother. A study in the United States found that women in labor benefit when they feel in control – and that support from a husband or partner contributes to this feeling.⁴⁴⁸ In Nepal, where there is a cultural bias against men being involved, a program that did involve men found that when husbands were present, their wives said they felt more in control during labor and that this was even more positive even than the usual practice of having a female companion.⁴⁴⁹ The presence of a male partner, if the woman wishes it, can improve the well-being of the mother and support for the newborn.

The birth is often a meaningful and emotional experience not only for the father himself but for the couple. As a father in South Africa attested: “I was present during one of my children’s births ... and think it would be good for fathers to be there to witness that moment. I really encourage it because it also strengthens the relationship at home and solidifies the home. We really were brought closer by the experience.”⁴⁵⁰

The bottom line is this: experiencing the birth of a child together can be a very positive experience – however, it is not the only aspect of involving men in sexual and reproductive health or in maternal, newborn, and child health. In general, men’s involvement during and after the pregnancy appears to have greater benefits than their specific involvement during delivery.⁴⁵¹

Making fathers' voices heard on pregnancy and birth

In some parts of the world, including Trinidad and Tobago, fathers often find they are not allowed to be present for the birth of their children. Some hospitals will permit fathers to accompany their partners, but only if they sign a form agreeing to a range of rules. Even then, the decision is often made on the spur of the moment by medical staff who offer a range of excuses for the exclusion of fathers: “We’re too busy.” “We don’t have time to deal with that.” “It’s a ward situation.” “It’s our decision.”

Debrah Lewis, Executive Director of the Mamatoto Resource & Birth Centre, a community-based childbirth center, has been lobbying for years to get the situation changed. She remembered how one father called her “crying in the middle of the night, begging her to intervene. He had jumped through all the hoops to ensure that he would be there when his child was born,” but the staff at the health facility denied him access. “This child is never going to be born again,” Lewis explains. “But then people will turn around and complain that our society is deteriorating; that fathers do not maintain an active presence in the lives of their children. Yet, when that child first comes into

this world, the fathers are not allowed to be there.”

Lewis is a passionate advocate for fathers’ presence at birth. In a TEDx talk, she said, “For the past 30 years I have witnessed the bond that is created when a father is present for the birth of his child. Many men have told us how powerful that moment is; how they feel an overwhelming swell of emotion ... It is the beginning of their life and the beginning of us as parents. Families thrive when fathers are present for the birth of their children. We must change the systems that do not support and encourage fathers to assume their role.”⁴⁵⁴ ●

Engaging men before, during, and after birth can play an important part in creating a more humanized, safe birth process that sees pregnancy and childbirth as a space to promote men’s engagement in ways that women want.⁴⁵² Being involved from the start can also be an important factor for future paternal involvement in a child’s life.

ENGAGING MEN IN THEIR CHILDREN’S HEALTH

Although much progress has been made in the area of child mortality, more than six million children under the age of five died in 2013. Approximately 45 percent of these deaths were linked to malnutrition.⁴⁵⁶ Much more can and must be done to end unnecessary child deaths, including engaging fathers as allies. There is growing evidence that engaging fathers can have important benefits for the health of the child in the crucial weeks and months after birth – when the risk of dying is highest – and as the child grows older. Fathers can encourage immunization and support infant nutrition, including early and exclusive breastfeeding.

In high-income countries, fathers’ presence has been shown to be helpful in encouraging and supporting mothers to breastfeed.^{457,458,459} Researchers in a study at Brigham and Women’s Hospital in Boston, United States, found that 74 percent of mothers whose partners attended classes about breastfeeding continued to feed their babies in this way, compared with only 41 percent of mothers whose partners attended a control class.⁴⁶⁰ Research

“We just leave it to the mother to breastfeed the baby. I would like to know what food the baby should first eat, and when is the right time to stop breastfeeding. What kind of signs do you see that it’s time to give food to the baby?”

EXPECTANT FATHER, PAPUA NEW GUINEA⁴⁵⁵

in Uganda found that men influenced women's decisions about whether and for how long to breastfeed, but often lacked sufficient information on the benefits of breastfeeding.⁴⁶¹ In Vietnam, an intervention to increase exclusive breastfeeding provided men with breastfeeding education materials and counseling. Researchers found that women whose partners received the materials and counseling were more likely to be exclusively breastfeeding their child at four and six months, compared to women whose partners did not.⁴⁶²

Fathers' support also influences women's decision to immunize their children and to seek care for childhood illnesses.^{463,464,465} Engaging men in child-health programs in South Asia has led to increased child immunization rates and lower prevalence of stunting (low height for age).⁶⁸⁹ These programmatic experiences suggest that the more fathers know, the more they can care for their children's health. Indeed, fathers, as well as mothers, require the information necessary to support healthy decisions regarding their child's health, including immunization, infant and young child feeding, and care for childhood illnesses.

BARRIERS AND CHALLENGES

There is still a long way to go before men in any country are universally considered essential actors in sexual and reproductive health or in maternal, newborn, and child health, whether by governments, health professionals, or women and men themselves. This section will show that there are two main reasons for this: 1) social and cultural norms dictating men's and women's roles; and 2) the lack of appropriate and supportive health systems and policies. Social norms and systemic barriers to men's involvement are interlinked and mutually reinforcing: social norms shape the health system, including the services it

offers, the groups it targets, and the attitudes of its healthcare providers. At the same time, policies and the organization of health systems also dictate opportunities for men’s involvement – and how men are perceived by healthcare providers.

Social norms and attitudes

From a young age, there are strong pressures on boys and men to be authoritative, decisive, and in charge about matters relating to sex, in contrast with the pressures on women and girls to be innocent and passive.⁴⁷¹ The enduring stereotype of a “manly” or “real” man includes always wanting sex, being unable to control his sexual appetite, and having many sexual partners (and in some cultural contexts, many children) as a measure of his virility.

Fathers and birth registration

Millions of children around the world are not registered at birth, which can have negative impacts, including increased vulnerability to abuse and exploitation, and lifelong challenges in accessing basic services and rights.⁴⁶⁷ Children who are not registered may have trouble accessing health services and education, and they may grow up without the ability to vote, to own land, or to get married.

In many places, fathers are often critical to establishing a child’s identity and nationality. In Nicaragua, women living in consensual unions cannot register their children if the father

does not sign the birth record.⁴⁶⁸ Similarly, in Bhutan, children whose fathers are not known cannot be registered in the civil registry.⁴⁶⁹ In many cases, the problem of registration can be insurmountable for a single mother.

Encouraging fathers to register their names at birth is a key part of ensuring linkages with fathers for child support, and when advisable, in helping ensure that children know the identity of their fathers and have the chance to be involved with their fathers. Laws that encourage men to sign the birth certificate also serve to catalyze their more substantial engagement in the lives of their children. At the same time, laws and policies that seek to recognize and make fathers visible should also take care that they do not marginalize single mothers or other family structures. ●

These and other social norms may reinforce men's decision-making power and authority in the home and family. Rigid gender norms also reinforce the notion that men are strong and invulnerable, and that it is not "manly" to feel or express pain, to attend a clinic, to request help or information, or even to discuss questions or concerns related to health, sexuality, or reproduction.^{472,473} Men may also be discouraged by the view that reproduction and the care and health of children are "women's business," as well as by specific cultural traditions and taboos.

Together, these norms have important implications for men's and boys' – and women's and girls' – intimate relationships and communication, their sexual behavior, their contraceptive use,

and their efforts to seek out information and services. For example, studies from multiple countries show that men who hold traditional views about masculinity are more likely to engage in risky sex, to use condoms less consistently, to contract a sexually transmitted infection (STI), to view sexual relationships as adversarial, and to be less likely to use contraception.^{474,475}

“We as health professionals must work from all levels of the health system, from health centers and health posts, in the promotion and education of men around sexual and reproductive health. We must demystify and make it clear that it doesn't make you less of a man to see a health professional about a health problem.”

HEALTH PROFESSIONAL, NICARAGUA⁴⁸²

Research from Brazil, Indonesia, South Africa, and Rwanda found that low levels of men's involvement in maternal, newborn, and child health are linked to the wider view that pregnancy and childbearing and rearing are women's issues. The research also found that men are often reluctant to visit healthcare

services, as they view these as “female” spaces, and regard seeking help as a “sign of weakness.”⁴⁷⁶

Social norms about men’s and women’s roles are shared by healthcare and other social-service providers, whose attitudes and behaviors play an important role in encouraging or discouraging men’s participation. In Chile, a study found that healthcare providers who held more traditional gender attitudes were less likely to involve men.⁴⁷⁷ In Sweden, a study found that child health nurses were unaccustomed to meeting fathers, had low expectations about their caring ability, and focused almost exclusively on the mothers.⁴⁷⁸ Other studies from both low- and high-income settings suggest that healthcare providers often fail to include men and may be hostile to their presence in pre-natal visits or when women are giving birth. They do not take into account men’s needs for sexual and reproductive health information and services. They rarely recognize the huge differences in men’s (and women’s) health requirements, or the link with intersecting forms of discrimination based on race, class, sexuality, disability, or geography. And, they fail to make the link between traditional views of masculinity and negative health implications for men, women, and children. This may also mean that men are not targeted with the health information they need – both for their own health and for the health of their partners and children.^{479,480}

“Health-related beliefs and behaviors, like other social practices that men and women engage in, are a means for demonstrating femininities and masculinities.”⁴⁷⁹

On the other hand, studies show that when men are encouraged by doctors, midwives, and health professionals to play a more active role, it can make a significant difference. As a

health official in a pre-natal care clinic in Papua New Guinea described the opportunity to create inclusive health spaces for men: “Health workers can build it or break it. The health workers should be trained so that they can approach this in a more sensitive manner. Men are different, some can be very angry, some can be very shy, some can be very nervous, and so these people, health workers, they must be taught, maybe, ways of handling the situation.”⁴⁸¹

More broadly, policymakers, religious and community leaders, and others have the opportunity to challenge harmful gender norms in order to speed up the progress both on gender equality and on men’s involvement.

Strengthening health systems and policies

“We have institutionalized ignoring men in social and public programs. [It is time for] rethinking outreach – how to serve men who are there but have not been treated as having an important role.”

Jennifer Burnszynski, Office of the Assistant Secretary for Planning & Evaluation, United States Department of Health & Human Services⁴⁸³

In addition to social norms, there are other major structural and systemic barriers in the health sector (and beyond) that discourage men’s involvement in sexual and reproductive health and in maternal, newborn, and child health for themselves as well as their partners. These often have to do with health systems that lack adequate infrastructure, planning, staff capacity, and funding, and with the absence of supportive policies and protocols that are carefully monitored and enforced. In practice, many of the changes needed in order to remove barriers to

Policy and practice in Brazil

“Traditionally, health services focused their attention on women and children with a special emphasis on pregnancy. Men were not part of the equation. We moved towards a more holistic approach...”

Dr. Viviane Manso Castelo Branco, Rio de Janeiro Municipal Health Department, Brazil⁴⁸⁹

In 2009, the Brazilian government, together with non-governmental organizations, researchers, and medical associations, developed a men’s health policy. The policy was expanded in 2012 to broadly address how masculinities contribute to health behavior, and to bring men into contact with the health system. Since approximately 90 percent of fathers report attending at least one pre-natal visit with their partners, this was seen as a promising space to engage men both in supporting their partners’ pregnancy and in connecting men to health services for themselves.

The national health system created a protocol where at pre-natal visits, in addition to receiving information and support related to the pregnancy and birth, men are to be invited to get a full health exam, including STI testing (HIV and syphilis), a prostate exam (if appropriate), a blood pressure check, etc. Some participating municipalities in Brazil have started a certification program to acknowledge

clinics and hospitals that are “father-friendly.”⁴⁹⁰

Brazil also has a national policy, though not always enforced, that outlines a woman’s right to be accompanied during labor and delivery. In practice, however, women who give birth in public hospitals still face major obstacles if they wish their partners or husbands to be present at birth. According to a study by the Brazilian Ministry of Health conducted in 2012, five years after the policy was passed, 64 percent of women reported that they did not have a person of choice in the delivery room. Of the women who were unaccompanied, 57 percent reported that the hospitals did not allow a partner to be present.⁴⁹¹ According to the study, hospital staff actively discouraged men’s involvement, saying that men were disruptive and complained. Overcrowding and lack of privacy exacerbated hospitals’ negative attitudes towards accompanied delivery, as did staff attitudes that often reflected class prejudice.⁴⁹² To address these barriers, Instituto Papai, in collaboration with Promundo and other NGOs, implemented a campaign, with the slogan “Pai Não É Visita” (“the father is not a visitor”), that raised awareness of a woman’s right to be accompanied in the delivery room if she so chooses, encouraged fathers in particular to be present, and held the health system accountable for enforcing the policy.⁴⁹³ The campaign emphasized that it is the woman’s right to have someone present at delivery, including the father, but it is not the father’s right to be present. In this way, the policy and the campaign maintained the focus on women’s choices while encouraging men to be part of the process. ●

men's involvement are the same as those needed to strengthen health systems so they can provide more client-centered, rights-based, quality care, including care that adheres to international standards of respectful maternity care. Since quality of care is related to quality of maternal and newborn health outcomes,⁴⁸⁴ strengthening health systems to provide sensitive, quality care – including involving men – should yield additional benefits.

Some of these barriers are related to infrastructure and logistics: sexual and reproductive health clinics and maternity wards are often – both intentionally and unintentionally – exclusionary and unwelcoming towards men. For example, many health facilities rarely provide consultation appointments outside of standard business hours. These facilities may also be difficult or uncomfortable for men to be in: in overcrowded facilities, a number of women may deliver in the same room, and they or their partners may feel uneasy with other men being present. Additionally, health facilities often lack designated waiting areas or restrooms that can accommodate men, and they often provide few materials, such as brochures and posters, that are designed with their needs in mind. The staff at these clinic facilities, including doctors, nurses, midwives, and other healthcare providers, may not have the training to welcome men, address their health needs and concerns, and provide appropriate referrals, or to encourage them to take active roles in supporting their partners.⁴⁸⁵

A study in Laos found that although many husbands, particularly in urban areas, go to the clinic with their wives, they are rarely included in any consultations. One expectant father noted that “some men would like to go in with their wife but instead end up asking them ‘what did the doctor say? ... Oh yes, you should do that.’”^{486,487} A study in the United Kingdom found that

What makes a difference? Involving fathers as national policy: Chile Crece Contigo

A cultural and generational shift around men's involvement in maternal, newborn, and child health (MNCH) has been taking place in Chile. Surveys have found that 95 percent of 18- to 24-year-old men reported that they attended at least one prenatal visit with their partner, compared to 78 percent of 51- to 59-year-olds. Ninety percent of men aged 18 to 24 said that they were present for the birth of their last child, compared to only 31 percent of 51- to 59-year-olds.^{494,495} At the same time, the Chilean government implemented the Childhood Social Protection System, "Chile Grows with You" ("Chile Crece Contigo") to support the early childhood development, especially those children from the poorest families. This intersectoral and multidisciplinary approach

to family policy recognizes the importance of fatherhood involvement in improving child development outcomes, and has resulted in various policy changes which encourage fathers' participation in pregnancy, birth and childcare.

Transforming the health sector to include fathers has been a major focus of the program; in conjunction with civil society, Chile developed a guide on engaged fatherhood that is helping to transform health sector norms and protocols. Qualitative evaluation studies have shown the positive impact this program is having, with one father reporting, "It's great, the doctors came ... to congratulate me during the birth, they would converse with me when I was assisting my partner during the birth, they would always include me, and call me to the side in order to explain things."⁴⁹⁴ These results suggest that changing perceptions of women's and families' roles within the pregnancy and delivery process, coupled with inclusive policy and service initiatives have fostered a culture of involved fatherhood and participation in MNCH. ●

although 86 percent of fathers now attend the birth of their children, many do not feel included, or they feel helpless. As one father in the United Kingdom said, "I wanted to help, but I felt left out. I could not do anything."⁶⁹⁰

Other barriers are at the policy level. Few countries and health systems have policies that recognize men's sexual and reproductive needs and fathers' role in maternal, newborn, and child health, or that provide guidelines on how to facilitate their involvement in ways that respect women's wishes. Even where

policies exist, lack of accountability (in the form of reported indicators and means of verification, for example) and enforcement means that, in practice, these policies are not implemented.

A holistic approach that addresses infrastructure challenges, “gender-blind” health and social policies, and staff capacities and sensitivities needs to be implemented in order to bring about sustainable change.⁴⁹⁶ Addressing only one of these areas without taking into consideration the larger health system will make implemented approaches less effective.

While this chapter has highlighted the benefits of fathers’ involvement, as well as the barriers to it, it is important that efforts to engage men also work to ensure that men’s involvement initiatives do not cause women harm or expose them to violence. For example, policies that encourage couples’ participation in sexual and reproductive health and in maternal, newborn, and child health need to be carefully formulated and implemented so as not to stigmatize single women or discourage them from seeking services or information, and such policies should allow women to feel equally comfortable choosing *not* to have their partners attend.⁴⁹⁷ Efforts to involve men can also inadvertently reinforce gender inequality and consolidate male power over reproductive and sexual decision-making, or make women’s access to services dependent on men’s support. Careful attention to these issues, and to their gendered consequences, can help to mitigate or prevent these risks.⁴⁹⁸

Beto Pêgo/Instituto Promundo (Brazil)



Recommendations for promoting an inclusive health agenda

Engaging men in sexual and reproductive health and in maternal, newborn, and child health is critical for achieving the health and well-being of men, women, and children, as this chapter has shown. Too often in policies and programs, men are treated as tangential at best when it comes to sex and reproduction. Furthermore, some men do not consistently take an interest in sexual and reproductive health or in maternal, newborn, and child health, a reality that this woman-centered framing only serves to reinforce.

The costs of this disengagement fall primarily on women, whose partners may be less supportive and whose access to health services may be constrained; they fall on children, whose parents are not as fully equipped and engaged to support them; and they fall on men, whose health and well-being are diminished when they occupy a peripheral role to what is potentially one of the most gratifying and meaningful experiences in life.

For this to change, some men need to assume more personal responsibility for their own sexual and reproductive health and for the health of their partners and children. Those in charge of reproductive health policies and programs, from politicians and civil servants to doctors and nurses, must be held responsible for opening spaces for men. This is not limited to reaching men in their roles as gatekeepers or as the controllers of resources; it is also about a transformation in how they view their own sexual and reproductive roles, and how these roles are viewed by their families, communities, and societies. To achieve this transformation, the following changes are needed:

1

Start early and continue to educate young people and adults – within, outside, and beyond school – about relationships, sex, sexuality, reproductive health, and planning to be a parent. Governments and civil society should ensure that schools and other facilities are willing and able to provide comprehensive sexuality education and parenting skills in medically accurate, age-appropriate curricula framed clearly in relation to gender equity, and free from bias and homophobia. Opportunities to acquire vital information and skills should continue beyond adolescence and should target groups in particular need of these skills, such as first-time parents.

2

Institute, monitor, and enforce national policies to encourage and support men's involvement in sexual and reproductive health and rights – before, during, and after the birth of their babies – and in children's health. Policies should be accompanied by guidelines for implementation, by training, and by monitoring systems with targets and means of verification linked to health information systems. They must carefully address unintended, harmful consequences for women and support women's autonomy and decision-making. Policies must be accompanied by financial and human-resource allocation to support the additional demands that men's participation is likely to place on healthcare providers and facilities.

3

Strengthen public and private health systems to promote and support men's involvement in quality sexual and reproductive health services and maternal, newborn, and child health services. This may include changes to infrastructure to create spaces where men feel included, such as private areas for labor and delivery that allow fathers to participate without disturbing other women. It may also include changes to the timing and delivery of services by, for example: hosting male-only sexual and reproductive health clinic days; providing specific invitations for men to attend services; expanding the clinics' operation hours to include after-work appointments; hiring more male staff; and establishing men's and fathers' preparation groups to provide information and space for discussion and mutual support, including reflection on gender norms and barriers to accessing care.

4

Institute or expand pre-service training and ongoing education for healthcare providers, including health facility staff and auxiliary workers, to support men's involvement. Training should include information on men's own health needs (e.g., male contraceptive methods, male circumcision, sexual dysfunction) and the rationale for men's support of women's and children's health, including safe maternity care. It should also sensitize and seek to transform staff attitudes and perceptions of gender norms, as well as equip health workers with the tools to effectively engage men in sexual and reproductive health services and in maternal, newborn, and child health services.

5

Collect data on men to better understand the factors that enable or undermine their engagement as contraceptive users and supporters of women's health. Capture information on men's involvement in maternal, newborn, and child health and in sexual and reproductive health from health records in order to better design and implement efforts to support both men's and women's health.

6

Develop and scale up programs to promote men's involvement in sexual and reproductive health and in maternal, newborn, and child health in ways that respect the rights and autonomy of women. The health sector, communities, and civil society organizations should work together to develop interventions to educate and support the involvement of men in these areas, while taking into account respect and support for women's sexual and reproductive choice.

7

Implement community and health sector campaigns to shift gender norms. Evidence-based, gender-transformative campaigns should target women and men to encourage men's participation as equitable and respectful partners. Such campaigns should involve men as advocates for reproductive choice and access to safe, sensitive, and respectful health services, including safe abortion; and to shift social norms that restrict men's use of reproductive and sexual health services.

Much needs to be done if we are to improve men's current position vis-à-vis sexual and reproductive health for the better, including how men are seen and how they see themselves in relation to planning their fertility and managing healthy sexual relationships; how they can support pregnant and laboring partners; and how they can engage confidently as fathers. These changes will require new policies that encourage and enable men, their partners, their families, their communities, and health providers to reflect on and reinforce men's involvement in sexual and reproductive health and in maternal, newborn, and child health – to the benefit of women, children and men themselves.

OVERCOMING DISCRIMINATION: FATHERHOOD AMONG GAY AND TRANS MEN

“My little sister said to me: ‘I’ve got two parents who love me. It doesn’t matter if they’re a boy or a girl.’ And to be honest I think that’s the best answer anyone could ever give.”

Hannah, 16, United Kingdom⁴⁹⁹

Gay and trans men become parents in a diversity of contexts: as single fathers, in same-sex or opposite-sex relationships, as men who had children in previous heterosexual relationships and came out as gay later on, as men who formally or informally adopted or fostered children, and as men who fathered children through donated eggs or surrogacy.^{500,501} More recently, the experience of raising children from birth or infancy in two-parent, same-sex homes has become more common in some countries, with the advent of sophisticated reproductive technologies and changing social norms. For many gay fathers, the process of becoming parents requires considerable planning, effort, and emotional and financial investment – their children are typically very “wanted.”^{502,503}

Though attitudes (and policies) are rapidly changing in some parts of the world, 78 countries continue to criminalize consensual, same-sex behavior. Only 14 countries have legalized same-sex marriage[†] and only 15 countries allow joint adoption by same-sex couples.⁵⁰⁴ In most countries, including those with supportive legal environments, lesbian, gay, bisexual, and transgender (LGBT) individuals have to contend with discriminatory attitudes and policies that marginalize them and, importantly, their children.

Indeed, research from several countries suggests that attitudes about gay parenting are more negative than attitudes about other aspects of gay rights. A 2006 survey found that, on average, only 32 percent of Europeans believed that gay couples should be allowed to adopt children. In contrast, 44 percent agreed that gay marriage should be allowed. Even in the Netherlands, where attitudes about gay rights were most progressive, 82 percent of respondents were in favor of same-sex marriage, but a substantially lower proportion – 69 percent – were in favor of adoption by same-sex parents.⁵⁰⁵ While overall attitudes have changed since 2006, the discrepancy in support for same-sex marriage and same-sex adoption likely has not. Similarly, results from the International Men and Gender Equality Survey (IMAGES) found that men in four out of five low- and middle-income countries were more likely to oppose gay adoption than to say they would never have a gay friend (see Figure A).

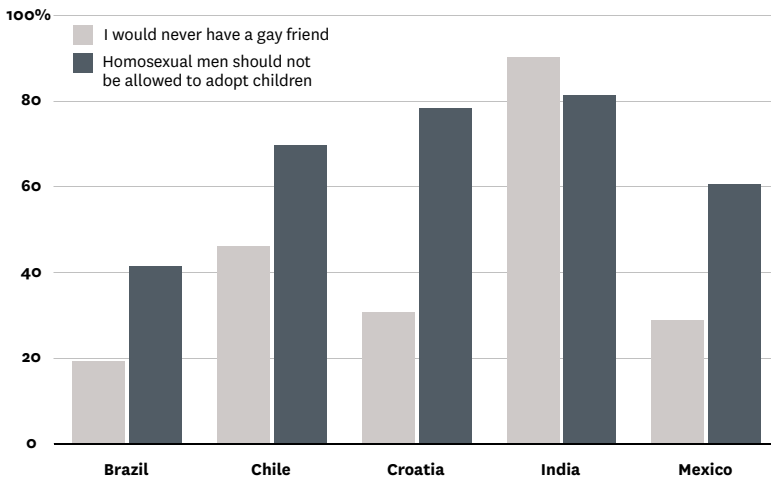
Discrimination is not always overt; sometimes, it simply reflects the invisibility of gay families in public discourse. As Sacha, a 19-year-old from the United Kingdom, recounted: “The videos that they used to show you in school, all about life and everything, it would be the

[†] Another 11 countries provide same-sex couples all or most rights of marriage through civil unions, registered partnerships, etc.

FIGURE A

Men's attitudes related to homosexuality

Percent of men who agree or partially agree



Source: Authors' analysis of IMAGES data (2009–2011)

conventional family with mum, dad, kids and dog. And it wasn't two mums or two dads. It was always a mum and dad."⁵⁰⁶

Both the discrimination against and the invisibility of gay fathers stem in part from the fact that gay fatherhood challenges our preconceived notions about gender, sexualities, and parenting. The ideas of heterosexuality and family are deeply ingrained and intertwined; moreover, as discussed throughout this report, caregiving is still predominantly associated with women.⁵⁰⁷ Yet research shows that gay and lesbian parents use similar parenting behaviors to heterosexual parents, and their children are just as healthy and well-adjusted as children with heterosexual parents.^{508,509,510,511}

Same-sex families differ from typical heterosexual families in one

important way, however: research demonstrates that the division of household tasks and caregiving activities is more evenly divided between the parents in same-sex households than it is between the parents in heterosexual families, where the division of tasks more closely follows stereotypical gender roles.⁵¹² However, it is important to note that there is great diversity among same-sex fathers, as there is among heterosexual fathers.

Children can and do thrive in many different family structures.⁵¹³ And to ensure this, same-sex families need specific recognition and support, both in terms of legal protections and in eliminating homophobia and discrimination against them and their children. Article 2 of the Convention on the Rights of the Child requires governments to ensure the protection of children against discrimination, which could be relevant to address discrimination based on the sexual orientation, gender identity, or gender expression of their parents. Eleni Tsetsekou, head of the Sexual Orientation and Gender Identity Unit at the Council of Europe, stated: “Falling in love, choosing a life partner, building a family are issues which cannot be controlled by law. They are beyond law. Same-sex partnerships and rainbow families will not cease to exist just because the law does not regulate or protect them. However, legal recognition of rights and obligations would address and solve many daily situations which same-sex couples and rainbow families – just like all other couples and families – encounter. Legislation and positive measures can also increase visibility, reduce stigma and counter harmful stereotypes.”⁵¹⁴

04

CHAPTER 4

Fatherhood and violence

What is the connection between men's caregiving, fatherhood, and violence? Global figures on violence against women are well-known but remain persistently high: approximately one in three women experiences violence at the hands of a male partner in her lifetime.⁵¹⁵ In addition, three-quarters of children between two and 14 years of age in low- and middle-income countries experience some form of violent discipline in the home.⁵¹⁶ Other research suggests that high numbers of children around the world experience or witness some kind of violence in their homes, schools, or communities.⁵¹⁷ Most violence against women in the home is committed by men – their husbands, boyfriends, or partners. Violence against children is perpetrated by mothers, fathers, teachers, and

other caregivers.

An analysis of violence in the context of fatherhood means examining the gendered power dynamics and stressful living conditions that are at the root of violence, and the ways that toxic childhoods – as well as other factors – lead some men to use violence against women, and some men and some women to use violence against children. It also means looking at the gendered nature of parenting, and how the greater burden of caregiving on women and men’s use of violence against women contribute to mothers using violence against their children.

While there are many different forms of violence that children, women, and men experience, and while fathers (and mothers) have an important role to play in preventing these, in this chapter we focus on:

- The intersections between violence against women and violence against children in the home, including the “inter-generational transmission” of violence.
- Violence by men against women in the context of fatherhood, with a specific focus on men’s use of violence against women during pregnancy.
- Violence against children in the home, including corporal punishment, and how it relates to fatherhood.

We conclude this chapter with recommendations for programmatic and policy changes that support mothers and fathers, and all caregivers, in bringing up children in nurturing and non-violent ways. This chapter makes the assumption that most men do not use physical violence against female partners, and that

the vast majority of parents – mothers and fathers – have good intentions toward their children. It is by understanding the factors that drive some men to use violence against women and some fathers and mothers to use violence against children that we break the cycles of such violence.

INTERSECTIONS AND DIFFERENCES BETWEEN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST BOYS AND GIRLS

Violence against women and violence against boys and girls have typically been addressed separately from one another in research, programs, and policy advocacy.⁵¹⁸ Yet violence against women and violence against children share some common risk factors, root causes, and harmful outcomes, and they often co-occur in the same households. The prevention of and response to violence against women and violence against children also share some common strategies, and, importantly, evidence suggests that interventions to prevent violence against children are less effective in households where women are experiencing violence.⁵¹⁹

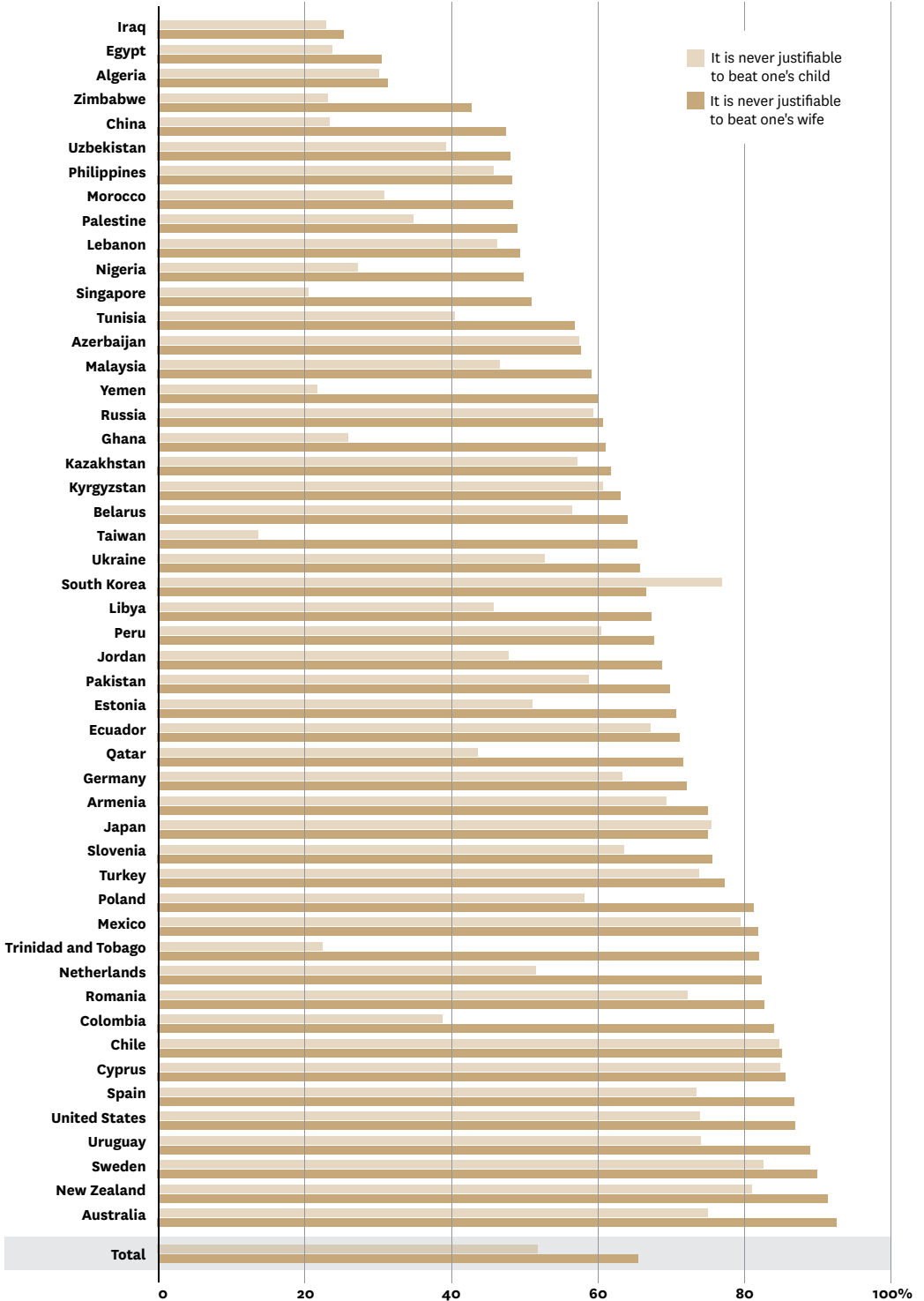
Working with men, as fathers and partners, is a key entry point, together with efforts to support and protect survivors of violence. Violence in any form is a profound violation of rights; it infringes upon women's rights to health, safety, security, and autonomy, and upon boys' and girls' rights to protection, education, healthy development, and even survival.

Violence against women and violence against children have important risk factors in common at multiple levels, including poverty and legal and political disempowerment; inadequate

FIGURE 4.1

Fathers' attitudes about violence against women and against children

Percent of fathers who agree that it is never justifiable to beat one's wife or one's child



Source: Authors' analysis of World Values Survey data (Wave 6, 2010–2014)

prevention and response systems; community norms about gender and about violence being a private matter; relationship conflict; alcohol use; and mental health issues.^{520,521,522,523} Most strikingly, evidence from around the world shows that boys and girls who directly experience violence or who witness violence against their mothers are more likely to repeat these patterns in their adult relationships – that is, violence in childhood is itself a risk factor for violence against women (see box entitled "The intergenerational transmission of violence").^{524,525}

These forms of violence often co-occur. Studies in high-income countries suggest that anywhere between 45 and 70 percent of children whose mothers are experiencing violence themselves experience physical abuse.⁵²⁶ However, violence against children, especially in the form of corporal punishment, is also perpetrated in many families – by fathers or mothers – where the father does not use violence against the mother, just as there are households where men use violence against a female partner, but neither partner uses violence against children. Indeed, while we highlight the overlap between these two forms of violence, we should also recognize that they do not always co-occur. Attitudes that support the use of violence also vary in most countries. As shown in Figure 4.1, in nearly all countries for which data are available, fathers are more likely to reject violence against women (on average, 66 percent) than violence against children (52 percent).

Violence is not inevitable; it can be prevented. Working with men and fathers to challenge harmful beliefs around men, masculinity, and caregiving offers unique opportunities to concurrently address intimate partner violence and violence against children, as well as to break the intergenerational cycle of violence. A transformation in social norms and attitudes around

gender, power, and violence is needed to address violence. Skills around emotional competencies, empathy, communication, conflict resolution, and anger management are also needed. Innovative, gender-transformative approaches such as MenCare's *Program P* in multiple countries and the *Responsible Engaged and Loving (REAL) Fathers Initiative* in Uganda (led by the Institute for Reproductive Health at Georgetown University and Save the Children) aim to transform attitudes, improve relationships, and build skills, and provide promising examples for working with fathers.⁵²⁷ Indeed, fathers can and do play important roles in protecting their children from violence and working as allies with women towards a world free of violence.

VIOLENCE BY MEN AGAINST WOMEN WITH A FOCUS ON VIOLENCE DURING PREGNANCY

Pregnancy and childbearing represent a major life transition for a couple. Research is contradictory on whether men's use of violence against female partners is higher or lower during pregnancy than during other times, or if it changes in severity during or after pregnancy. This much is clear: pregnancy (particularly a first pregnancy) often triggers stress for couples, which may result in increased conflict and *sometimes* in men's use of violence. At the same time, pregnancy offers an opportune moment to screen for intimate partner violence, to offer services for women experiencing violence, and to support fathers and mothers in preventing violence.

An analysis of data from Demographic and Health Surveys (DHS) in 15 countries and from International Violence Against Women Surveys (IVAWS) in four countries, conducted between 1998 and 2007, found that rates of gender-based violence (GBV) against women when they were pregnant (most often by their male

partners, but sometimes by in-laws or other family members) ranged from only two percent in Australia, Cambodia, Denmark, and the Philippines to 14 percent in Uganda.⁵³⁹ In a more recent analysis of DHS data from 2005–2013, rates of physical violence during pregnancy for women aged 15–49 range from two percent in Burkina Faso to almost 17 percent in Cameroon (see Figure 4.2).[†]

[†] Note: The differences in prevalence in specific countries mentioned in both of the two aforementioned studies are due to variations in the age range and specific data sources used in the analysis.

Of course, violence during pregnancy may well be a continuation of violent patterns that existed before the pregnancy began. Several studies find that while pregnancy generally reduces the likelihood that a man will commit violence against his wife or girlfriend, for those men who do use violence against pregnant partners, an average of one in five do so more often and/or with greater severity than before the pregnancy.^{541,542}

The consequences of men’s use of violence during or before pregnancy

While data is mixed on whether men’s use of violence against women increases or decreases during pregnancy, the consequences of men’s use of violence for women and for their pregnancy outcomes are clear. Violence has substantial negative physical and mental health consequences for women, including injuries, chronic pain, and ongoing gynecological problems. It increases their vulnerability to HIV infection and STIs, and it can lead to mental health disorders, such

“[Pregnancy] was the time when he started doing terrible things to me ... It was as if the pregnancy made him crazed because at the same time as [the baby] was growing he became much more aggressive every day. He was beating me at least two or three times a week in such a way that I was expecting a violent outburst at any moment. I lived with that feeling of fear the whole time.”

WOMAN, NICARAGUA⁵⁴⁰

The intergenerational transmission of violence

Children’s experiences of violence, both against them directly and against their mothers, have been found to be important predictors of men’s use of – and women’s experiences of – violence as adults.

■ Men are more likely to commit partner violence as adults if they experienced violence as children. In India, for example, 44 percent of those who were victims of psychological and/or physical violence in childhood used physical violence against a female partner, compared to only 22 percent of those who were not victims of abuse and violence.⁵²⁸ The UN Multi-country Study on Men and Violence in Asia and the Pacific similarly identified childhood emotional abuse or neglect, in addition to witnessing violence against one’s mother, as a major predictor of men’s use of intimate partner violence (IPV) across six countries.⁵²⁹

■ Across eight countries, data from the International Men and Gender Equality Survey (IMAGES) showed that men who as children witnessed their mother being beaten by a male partner were approximately 2.5 times

more likely to use violence against a female partner as adults.⁵³⁰

■ Large-scale surveys in Canada showed that women experiencing spousal abuse were three times more likely to have a partner who had experienced such violence in childhood than women not experiencing spousal abuse. The surveys also found that the men who had suffered this exposure inflicted more frequent and more serious assaults.⁵³¹

■ Similarly, studies show that girls who witnessed their father or another man using violence against their mother were more likely to become victims of violence at the hands of a male partner later in life, as compared to women who did not witness such violence growing up.^{532,533} It may be that these women tolerated violence in part because their childhood experiences made such violence appear normal or acceptable.

■ Witnessing or experiencing violence in childhood was also associated with higher levels of acceptance of intimate partner violence among both men and women, in recent



Poster from the MenCare campaign in Nicaragua, “Vos sos mi papá,” reads “I like that you respect my mother. You are my father.”

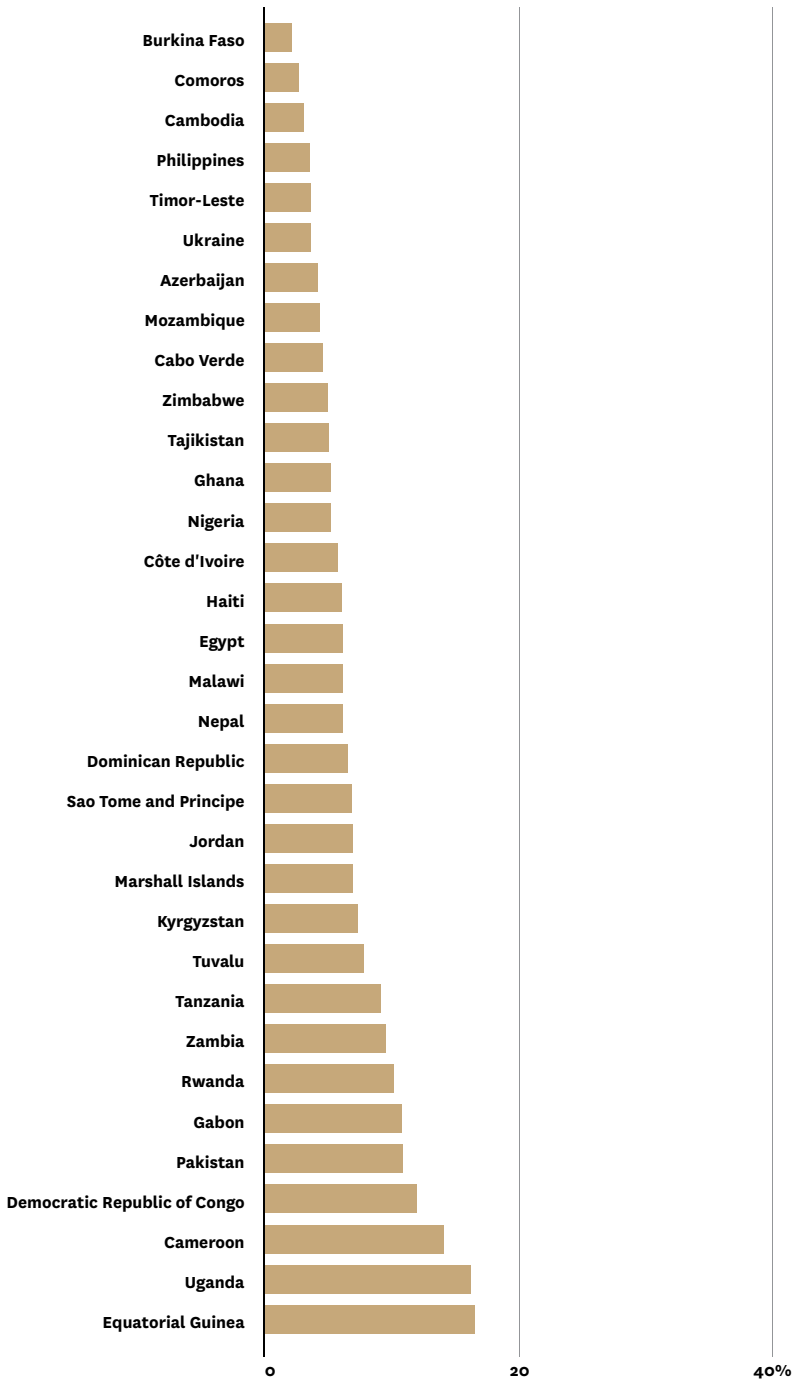
studies in Kenya and Uganda, among others.^{534,535}

- Men who experienced physical or psychological violence as children were twice as likely to exhibit low self-esteem as adults, and more likely to abuse alcohol, the latter also being associated with men’s use of IPV.⁵³⁶
- Research from Norway found that the incidence of violence against women or children in father-dominated homes was three times higher than in more equitable homes. The authors of the study suggest that key features of more gender-equitable homes were more equal participation by fathers in childcare and domestic work, and shared decision-making.⁵³⁷

Collectively, these data show clearly the long-term and intergenerational impact of witnessing or experiencing violence in childhood. Therefore, as one study points out, “Partner violence is a strategic entry point for efforts to reduce violence more broadly – because the family, where the vast majority of violent acts occur, is also where habits and behaviours are formed for successive generations.”⁵³⁸ ●

FIGURE 4.2

Percent of ever-pregnant women aged 15–49 who experienced physical violence during pregnancy



Source: UNICEF global databases 2014 based on DHS data (2005–2013)

as depression, anxiety, and eating and sleep disorders. Abused women also have higher rates of unintended pregnancies and abortions, and those abused during pregnancy are more likely to experience miscarriages, stillbirths, preeclampsia, and pre-term births.^{543,544} In addition, a 2010 systematic review of 30 studies showed lower birth weights, and more pre-term and small-for-gestational-age births among infants born to women and girls who experienced violence during pregnancy.⁵⁴⁵

Violence by a male partner against a pregnant woman can also lead the mother to use alcohol and other drugs as a coping mechanism, with the attendant health risks to herself and the fetus. Meanwhile, her stress and fear can result in high cortisol levels that can later affect the child's ability to regulate emotions and behavior.⁵⁴⁶ Intimate partner violence, and especially sexual violence, also reduces women's contraceptive use⁵⁴⁷ and their ability to access reproductive health services.⁵⁴⁸

Clearly, violence against women by male partners is too common. Working with boys and men in violence prevention from pregnancy onward, as well as improving health and justice sector responses, must be part of integrated efforts to eliminate violence.

VIOLENCE AGAINST CHILDREN BY FATHERS AND MOTHERS

The Convention on the Rights of the Child enshrines the rights of children to be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”⁵⁵³ As has been widely documented, violence can lead to severe consequences for children. In addition

Can men who have used intimate partner violence become good fathers? Evidence from batterer intervention programs

Programs for men who have used violence against a female partner, also known as batterer intervention programs, have had varying degrees of success in reducing further incidence of violence. Another challenge is that existing evaluation evidence comes mostly from models developed and implemented in North America and Europe, with far less evaluation of such programs in lower-income settings.

Among those programs that show the strongest evidence of reducing violence, “community coordinated responses” (CCRs) are the most effective. In these approaches, CCRs offer men multiple entry points to access services by “broadening referral, support and accountability mechanisms.” This approach engages multiple stakeholders including those from social services who provide care to women and children, as well as those men who have experienced violence themselves.⁵⁴⁹

Thorough evaluations of CCR approaches have found that such programs, when well designed and carefully implemented, can reduce children’s and women’s exposure to violence. One of the most comprehensive and rigorous evaluations of batterer intervention programs, the multi-site Project Mirabal study

by the University of Durham in the United Kingdom, found dramatic reductions in physical and sexual violence against women 12 months after the start of the program. The extent to which the children witnessed violence also dropped substantially, from 80 percent at baseline to only eight percent a year later. In addition, the men who participated demonstrated a better understanding of the negative impact of their behavior on their children, women reported modest reductions in the problems experienced by children (e.g., showing aggression when frustrated, trouble sleeping, worrying about the mother), and children themselves reported a much greater sense of safety.⁵⁵⁰

The researchers point out a dilemma for such programs: men who are required by the courts to complete the batterer’s program must do so before contact is allowed with a child. While this is crucial for the safety of the child, it means men “are not able to explore new ways of fathering whilst exploring these issues within group work.”⁵⁵¹ This is an important consideration to be explored as part of closing our knowledge gap on the impact of such programs on men, women, and children.

A recent review of batterer intervention



programs by the MenEngage Alliance affirmed the urgent need for more impact evaluation of these approaches in the Global South, and for development of minimum standards for such programs as more and more of them are rolled out across the world. It is also necessary, as the outcomes of CCRs show, to combine such programming with community-wide responses to reducing violence against women. The *MenCare+* initiative, which works with fathers to prevent GBV and support them in becoming

more involved in maternal, newborn, and child health and caregiving, is being implemented in Rwanda, Indonesia, Brazil, and South Africa. A key component of the intervention is the identification of men who are using or who show a likelihood of using violence against their partners, and providing them with specific counseling services. Visit www.men-care.org/mencareplus for more information. ●

to the risk of immediate injury, research has shown that children who suffer physical and emotional violence experience long-term effects that can continue into adulthood, such as impaired brain development and mental and physical health problems, including heart disease, substance abuse, and depression. It also affects children's learning and performance in school, creates difficulties in developing empathy, controlling aggression, and interacting with others, and damages parent-child relationships.^{554,555,556,557,558,559} Studies have shown that exposure to extreme trauma and "toxic stress" during early developmental stages can severely damage the organization of the brain by disrupting proper development.^{560†}

Research on the use of violence against children in the home, especially corporal punishment, suggests that it is driven by multiple and interacting factors, including poverty and structural inequalities, which shape care settings and often affect whether parents, families, and other caregivers have the means to adequately care for their children in non-violent and non-stressed ways.⁵⁶¹ The use of corporal punishment and other forms of violence against children is also driven by cultural and social norms related to child-rearing practices, including the acceptability of corporal punishment and other forms of violence as a way to discipline children. Gender norms and dynamics are also a factor, particularly the view that boys need be raised to be physically tough, while girls are fragile, compliant, and/or subordinate to boys and men.

Yet corporal punishment is not only a violation of children's rights, but is also ineffective as a form of discipline. Similar to witnessing violence between their parents, corporal punishment teaches children that violence is an acceptable or appropriate way to resolve conflict or get what they want, a lesson

† Toxic stress occurs when children experience prolonged, strong and/or frequent adversity, such as physical, emotional, or sexual violence and/or chronic neglect, without adequate adult support.

they may carry into their adult relationships. It contributes to the perception that some forms or levels of violence against children are legitimate, which makes the protection of children from violence more difficult in general.⁵⁶²

How prevalent is violence against children in the home?

Around the world, violence against children in the home – particularly corporal punishment – is highly prevalent:

“My father beat me with a stick for fighting with my brother. I sat outside and thought about running away from home. I thought against my idea, as I didn’t know where I would get food to eat.”

BOY, ZAMBIA⁵⁵²

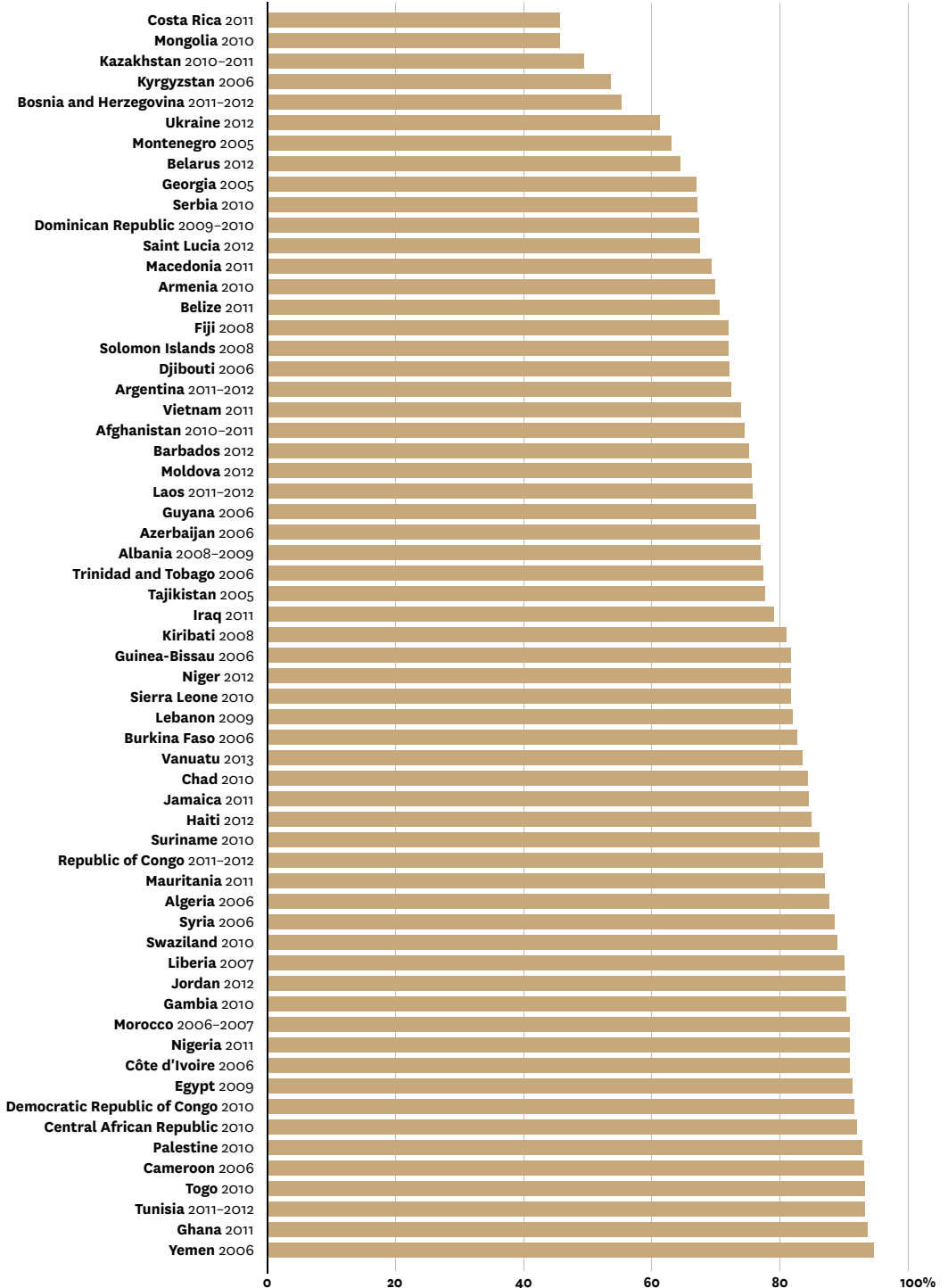
Corporal punishment: Data from low- and middle-income countries show that between 45 percent and more than 90 percent of children aged two to 14 have experienced violent discipline in the past month, as shown in Figure 4.3.⁵⁶⁶ Similarly, a 2009 nationally representative survey in the United Kingdom showed that 42 percent of parents reported that they used physical punishment within the last year.⁵⁶⁷

Corporal punishment starts at a very early age. In one United States study, 65 percent of three-year-olds had been spanked in the previous month.⁵⁶⁸ In Panama, one in six one-year-olds was “spanked or hit with a bare hand and an almost equal proportion were exposed to yelling and screaming.”⁵⁶⁹ Approximately 60 percent of children between two and four years of age around the world – nearly one billion – are subjected to physical punishment by their caregivers on a regular basis.⁵⁷⁰

The level of severity of corporal punishment or physical violence also varies across countries. In a survey of parents in four Western European countries who had used corporal punishment

FIGURE 4.3

Percent of children aged two to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month



Source: UNICEF global databases, based on DHS, MICS, and other nationally representative surveys (2005-2013)

Notes: Data for Belarus differ from the standard definition. Data for Fiji, Kiribati, and Solomon Islands refer to adult reports of whether they have used physical discipline on their children. Data for Kyrgyzstan refer to children aged three to 14 years. Data for Panama refer to children aged one to 14 years. For Argentina, the sample was national and urban since the country's rural population is scattered and accounts for less than 10 percent of the total.

on a child under age 18, the greatest proportion used a slap on the bottom (between 62 percent in Austria and 87 percent in France) or a mild slap on the face (between 43 percent in Germany and 72 percent in France). In all four countries surveyed, fewer than 12 percent of parents beat their child with an object or gave them a severe beating for discipline.⁵⁷¹ In Yemen, Central African Republic, Nigeria, Egypt, Democratic Republic of Congo, Chad, and Vanuatu – a number of which are settings affected by conflict – one in three children experienced “extremely harsh physical punishment.”⁵⁷²

While boys and girls may be punished for different reasons, often related to gendered expectations for children's behaviors, the prevalence of corporal punishment is similar for girls and boys in many countries; however, in some countries, boys (especially at a younger age) are more likely to experience physical punishment in the home, as shown in Figure 4.4.⁵⁷³

Physical violence: A 2014 UNICEF report notes high levels of “severe physical punishment,” including “hitting the child on the head, ears or face or hitting the child hard and repeatedly,” was experienced by 17 percent of children overall.

- In Kurdistan Province, Iran, nearly 40 percent of 11- to 18-year-olds reported physical violence at home that caused physical injury.⁵⁷⁴
- South Korean researchers found that “kicking, biting, choking and beating by parents are alarmingly common with a high risk of physical injury.”⁵⁷⁵

- A study on violence against children in Kenya found that 52 percent of girls and 57 percent of boys reported having been punched, whipped, or beaten with an object by a parent or adult relative prior to the age of 18.⁵⁷⁶

Sexual abuse: In 2010, the World Health Organization estimated that 20 percent of girls and five to 10 percent of boys worldwide experience sexual abuse.^{577,578} Studies on sexual abuse from around the world suggest that relatives or stepparents perpetrate between 14 and 56 percent of the sexual abuse of girls and up to 25 percent of the sexual abuse of boys.⁵⁷⁹ The research also suggests, however, that fathers and male caregivers are not the main perpetrators when examining sexual violence against adolescent girls: A large UNICEF study from 2014 in 25 countries in Asia, Africa, and Latin America reports that, generally, intimate partners were the main perpetrators of violence, and

How Save the Children defines physical and humiliating punishment

For Save the Children, a global leader in ending violence against children, corporal or physical punishment refers to a wide range of actions that are meant to cause discomfort or pain. This includes hitting (“smacking,” “slapping,” “spanking”) children, with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. It can also involve, for example, kicking, shaking, or throwing children; scratching, pinching, biting, pulling hair, or boxing ears; forcing children to stay in uncomfortable positions; burning or

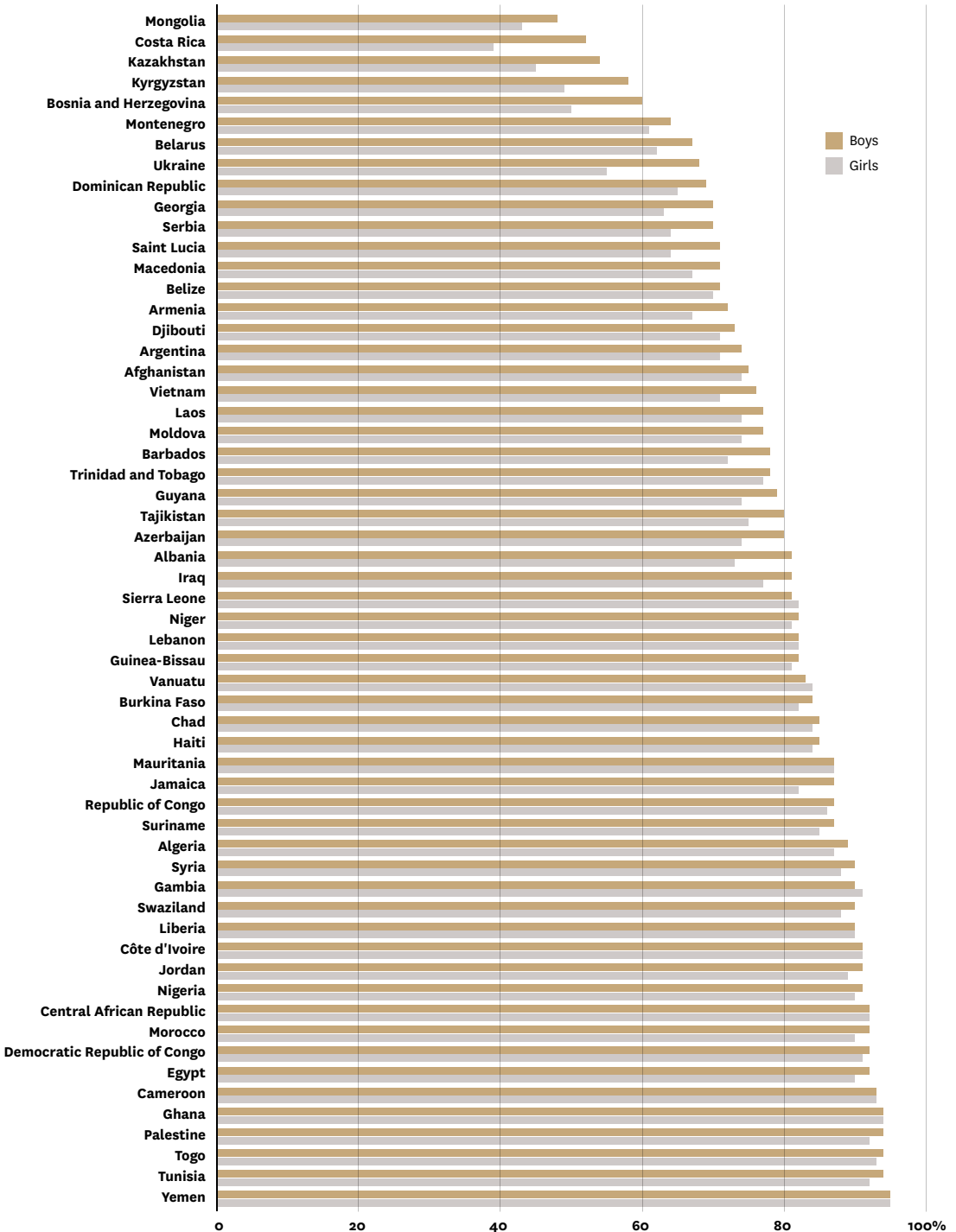
scalding; or forced ingestion.

Humiliating or other cruel or degrading punishment of children takes various forms, including psychological punishment. This includes punishment that belittles, humiliates, denigrates, scapegoats, threatens, scares, or ridicules the child. UNICEF also uses the term “violent psychological discipline.”

Corporal/physical punishment and all other cruel or degrading punishment of children refers to different forms of behavior – physical and emotional – by adults which can cause damage to the development of the child and violates the rights of the child, specifically their right to protection and dignity according to Article 19 of the Convention on the Rights of the Child and its General Comment No. 8. ●

FIGURE 4.4

Percent of children aged two to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, by sex of the child



Source: UNICEF global databases, based on DHS, MICS and other nationally representative surveys (2005-2013). Adapted from: United Nations Children's Fund. *Hidden In Plain Sight: A statistical analysis of violence against children*. UNICEF; 2014.

“relatively few girls reported being sexually violated by their father or stepfather.”⁵⁸⁰

It is important to note that some children are more vulnerable to violence. For example, children with disabilities are 3.6 times more likely to experience physical violence, and nearly three times more likely to experience sexual violence than children who do not have disabilities. Various individuals, including parents, other caregivers, other adults, and peers, perpetrate this violence.⁶⁸⁸ Other groups of children are also particularly vulnerable to violence, such as: refugees; migrants; separated and unaccompanied children during migration or emergency situations; returnee children from armed groups; children living in poverty, in street conditions, and lacking access to basic social, educational, and health services; and children whose parents are under severe stress.

Who uses violence against children?

The research is clear that both mothers and fathers use violence against children and that there are gendered patterns to its use, meaning that boys and girls are often subject to different forms of violence for different reasons, just as mothers and fathers sometimes use different forms of violence. Data from the Tanzania *Violence against Children* study found that mothers were more likely to perpetrate violence against daughters, while fathers were more likely to perpetrate violence against sons. Among children who experienced violence at the hands of relatives, 49 percent of girls experienced violence from their mothers and 37 percent from their fathers; among boys, the figures were 36 percent from mothers and 51 percent from fathers. In addition, approximately 22 percent of young women and 23 percent of young men reported that both their mother and their father had perpetrated such violence.⁵⁸¹

UNICEF's 2014 report *Hidden in Plain Sight: A statistical analysis of violence against children*, examined who perpetrated physical violence against unmarried young women aged 15 to 19. Only in a small number of countries, including Democratic Republic of Congo, Honduras, and Peru, was the perpetrator of violence most likely to be a father or stepfather. In some sub-Saharan African countries, the main perpetrator was a teacher, in others a relative, neighbor, or other community member.⁵⁸²

Within countries, fathers' and mothers' views on physical punishment tend to be similar, as shown in Figure 4.5.⁵⁸³ And both mothers and fathers use corporal punishment against children,

Children's exposure to violence between parents

The United Nations estimates that every year between 133 and 275 million children, worldwide, witness different forms of violence in their homes.⁵⁶³ Other data show that the country-specific proportion of men who, in childhood, saw or heard their mothers being physically abused ranged widely from about 10 percent in Bosnia to 44 percent in Rwanda and the Democratic Republic of Congo.⁵⁶⁴ In the Asia Pacific region overall, more than a quarter of men reported having witnessed the abuse of their mother, from eight percent in rural Indonesia to 56 percent in Papua New Guinea.⁵⁶⁵

Indeed, because of the high frequency and negative effects of intimate partner violence (IPV) on children, many researchers and advocates have changed the language they use, from referring to children as having “witnessed” violence to saying that they have “experienced” or been “exposed to” IPV. These latter terms encompass the diverse ways children become aware of this violence (for example, as an eyewitness, by overhearing it or seeing the aftermath in broken objects or injuries, or feeling the aftermath), the ways they might be directly involved (for example, by trying to stop it, by trying to mediate, by trying to prevent it, or by being a direct victim of violence), and the conscious and unconscious ways girls and boys attempt to understand, process, and cope with what is happening. ●

Children advocating for change

Childhood and adolescence are especially critical times for children to learn about how to prevent violence.

Having the skills to identify, reject, and respond to violence, and knowing what supportive systems are in place for them, helps children to protect themselves and others. Appropriate social-emotional and behavioral supports are needed to help children who have experienced violence to unlearn negative behavior patterns⁵⁹⁰ and heal from trauma.

Some programs teach children and adolescents how to do just that. One example

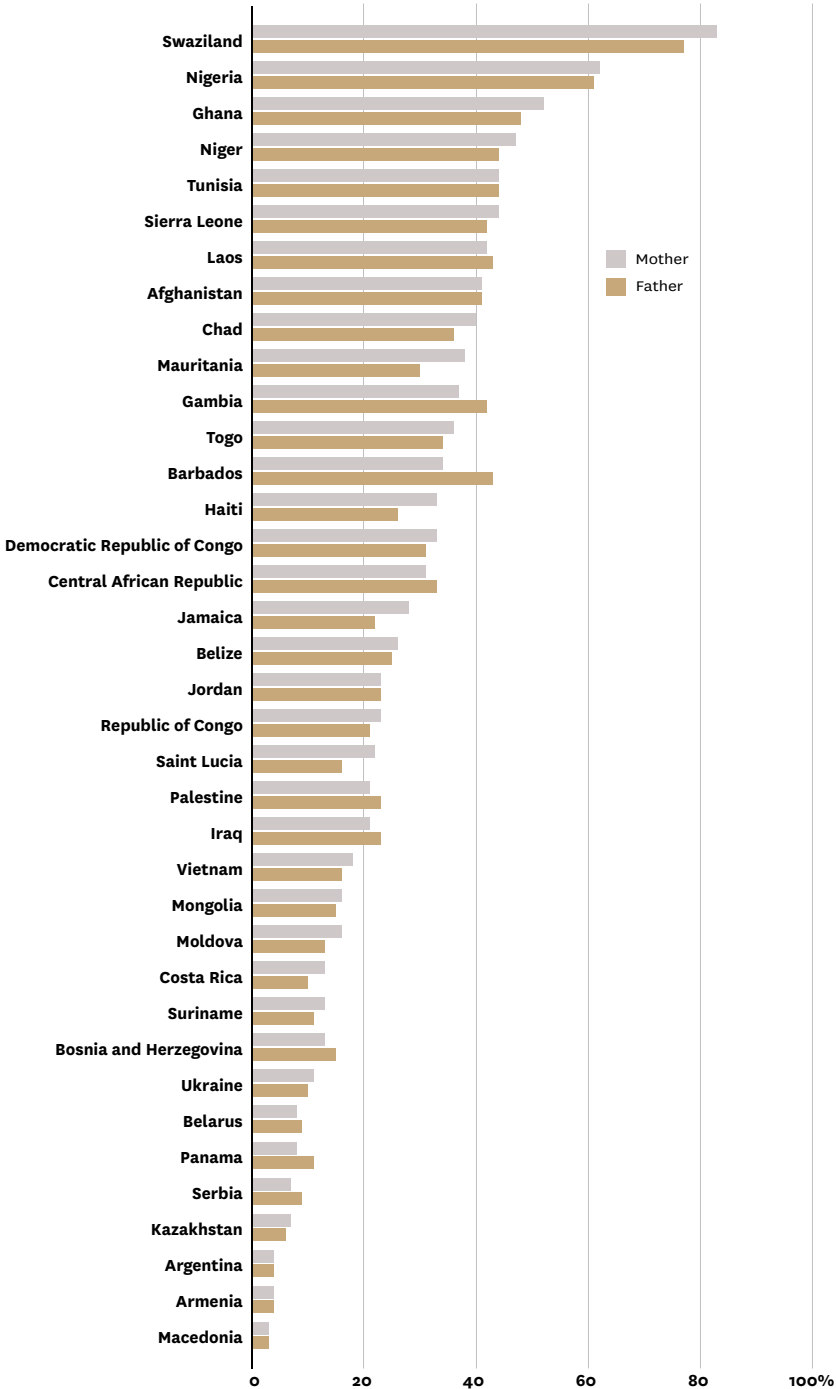
of such a program is *Allies for Change: Creating Safer Environment for Girls, Women and Boys*.⁵⁹¹ Launched by Save the Children Sweden and Save the Children Nepal, the project was implemented by a Nepali youth-led organization, Safer Society, to engage boys and young men in working with girls and promoting a safer environment. The project encouraged boys to actively challenge stereotypical gender norms and harmful forms of masculinities. Together with girls, they developed strategies for community violence prevention. These groups, with their youth clubs, spread their message to others in their districts through awareness-raising and advocacy campaigns, using street drama, rallies, and wall painting. ●

though data from multiple settings find that mothers are more likely to use it. This is partly due to the fact that women do most of the care work, which places them in close, near constant contact with children. To give an example of these household dynamics, an evaluation of a parent-training program carried out by Promundo in Brazil found that while attitudes related to corporal punishment among mothers changed as a result of the intervention, mothers' rates of actual use of corporal punishment did not decline. In qualitative interviews with the mothers, many noted that the lack of support from male partners in daily care work was a factor in their use of corporal punishment.⁵⁸⁴

In some cases, both mothers and fathers use corporal punishment, but they have different, gendered roles. In one study from the Red River Delta of northern Vietnam, for example, although both parents reported that it is necessary to “use the stick” on

FIGURE 4.5

Percent of adults who think that physical violence is necessary to raise/educate children, by relationship to the child



Source: UNICEF global databases, based on DHS, MICS and other nationally representative surveys (2005-2013), in: United Nations Children's Fund. *Hidden In Plain Sight: A statistical analysis of violence against children*. UNICEF; 2014.

children, the mother's role is to threaten children with physical punishment, while the father's is to carry out the punishment, especially on boys. A mother beating her son would be seen as usurping the father's higher social position within the patrilineal hierarchy.⁵⁸⁵

“I counsel him now, I don't scold him anymore. On the contrary, I talk to him a lot, you can't imagine how much. I've decided to give him more time, not yelling or hitting, because it never goes anywhere – rather talking to him, making him think, educating him so that he can be better and always trying to develop his mind, his intellect.”

GABRIEL, 29, FATHER OF ONE SON,
NICARAGUA⁵⁹²

In many settings, mothers not only bear the greater burden of caregiving, but, particularly in single-parent households, they face economic hardship. These two factors combined have a negative impact on mothers' ability to cope with stress and, by extension, on their parenting behavior. Studies have found that mothers who have good relationships with and receive support from biological fathers, other male caregivers, and/or other social networks experience less parental stress and are less likely to use corporal punishment. Therefore, it is not surprising that research also shows that well-educated mothers, with their greater access to resources and caregiving help, are not as affected by such parental stress.^{586,587}

PROGRAMS TO BUILD FATHERS' AND MOTHERS' ABILITY TO NURTURE AND PROTECT CHILDREN FROM VIOLENCE

So how can this violence be prevented? What kinds of program approaches are effective in reducing and preventing parental (and paternal) violence against children? What has been learned

The global effort to end corporal punishment

An increasing number of countries are now banning the use of corporal punishment in all settings, including the home. Sweden was the first country to outlaw corporal punishment in 1979, and another 46 countries have now done the same, while a further 47 are committed to legal reform.⁵⁸⁸ However, this still means that most countries do not yet protect their children from violent punishment by their parents, the most common form of violence against children globally.

The goal of banning corporal punishment is not to unleash a wave of arrests of parents. Rather, it is a prevention measure, meant to spark a national discussion and shift social

norms. When it is combined with public education campaigns, training on positive discipline, and professional capacity building, such legislation can have a dramatic effect.

In Sweden in the 1960s, before widespread discussions were taking place, more than half of all parents supported corporal punishment and almost all parents used it. By the time public debate led to the passage of the new law banning corporal punishment in 1979, those numbers had come down to about 35 percent and 50 percent, respectively. A 2009 study marking the 30th anniversary of the ban showed that only 10 percent of parents supported the use of physical punishment and just over 10 percent used it. Thus, in less than two generations, the proportion of parents who use physical punishment dropped dramatically from almost 100 percent to just 10 percent.⁵⁸⁹ ●

from such programming? Numerous rigorous studies and systematic reviews have shown that parenting interventions can improve positive parenting skills and parent–child relationships and reduce harsh parenting. While most of the research is from high-income countries, increasing evidence from low- and middle-income countries indicates that parenting interventions show promise for reducing violence against children, and as noted earlier in this chapter, could have the potential of addressing intimate partner violence as well.⁵⁹³ These interventions can take different forms: some are delivered as group education programs, others as home visiting programs. Key lessons learned from such programs include:

Working with fathers and families to prevent violence

Some programs that take a family or couples approach are being implemented in low-income countries.

One promising example of parenting programs engaging men is CARE's *Empowering Men to Engage and Redefine Gender Equality (EMERGE)* project in Sri Lanka, which works with men to promote gender equality and GBV-prevention by transforming their attitudes and behaviors.

Happy Families, part of this project, provides training to married couples to enhance their communication skills around family matters, such as positive parenting and support for household work, decision-making, and money management. Additional trainings around men and masculinities and positive fatherhood are also provided. *Happy Families* will be expanded to work with the children of these couples on topics such as norms of masculinity, as well as to raise awareness of positive parenting and the changes they have noticed in their own families.⁵⁹⁸ ●

Build on the positive. Effective parent-training and support programs are implemented from the perspective that parents want the best for their children, but sometimes lack the means to be able to care for them in stable, non-violent, and nurturing ways. The key is to design programs that can build upon the positive things that fathers and mothers already do. The box entitled “Positive Discipline in Everyday Parenting” explores an approach to positive parenting building on and assuming the good intentions of parents, and respecting the rights of children.

Make specific efforts to recruit fathers. Most parenting programs find that mothers are more likely to attend than fathers.⁵⁹⁴ Because women are expected to be responsible for most of the care work, and because, in some settings, they work fewer hours outside the home, they tend to be more available for such training. If parent training is to engage fathers as full partners, specific efforts to recruit and reach fathers are necessary. In addition, training needs to be provided and awareness needs to

be raised in the health sector and in the social-service institutions that support families about the positive role that men can play; many social-service staff members assume that fathers are uninterested or that they are sources of harm.

Couple-focused programs show stronger results than programs that reach only mothers or only fathers. Evaluation studies carried out in the United States and the United Kingdom with father-only, mother-only, and couple-based parent training have consistently found that couple-focused training is most effective. One study in the United States found that the couples-based intervention was more successful than the men-only intervention in sustaining fathers' participation, as well as in changing attitudes.⁵⁹⁵ These studies suggest that the quality of a couple's relationship and of their co-parenting is an important factor in reducing violent or harsh parenting, even if the couple is not together.^{596,597}

Start early. The basis for men's involved, non-violent caregiving needs to start well before they become fathers. There are a few examples of programs that reach young men and boys (and girls) with information and training on caregiving and violence prevention, often through strengthening empathy and questioning rigid gender norms. For example, *Program H* has been adapted and used in more than 20 countries and includes group education and youth activism on changing gender norms. In some settings, it includes work with both young men and young women, and in others, work only with young men (as a complement to programming with young women). Among the group-education themes is one of engaging men in caregiving; this includes "homework" assignments in which young men carry out non-traditional caregiving activities in their homes. Evaluations of *Program H* adaptations in several countries have

Positive Discipline in Everyday Parenting

Positive Discipline in Everyday Parenting (PDEP)⁶⁰⁵ is a universal, primary-prevention program to reduce physical and humiliating punishment of children. It is founded on children's rights and gender equality frameworks and on the notion that children are autonomous persons whose perspectives should be valued.

The program is designed to change parental

attitudes and behavior, moving from external control strategies (e.g., physical punishment, humiliating/emotional punishment, punishment in the form of time-outs and/or the removal of privileges) to mentorship and conflict resolution that support the child's learning. It aims to reorient parents from relationships with their children that are based on power and control to relationships based on cooperation, reciprocity, and mutual respect. A companion program, *Positive Discipline in Everyday Teaching* (PDET), follows the same approach and principles for teachers and educators. ●

shown a reduction in self-reported intimate partner violence perpetration.^{599,600,601}

Roots of Empathy is an example of a simple, low-cost classroom program to nurture empathy and, indirectly, help boys and girls develop parenting skills. Trained parents bring babies to class to talk about babies' needs and teach children how to hold them and give them the attention they need. Evaluations show that this reduces aggression and increases children's social and emotional competence, and, of course, their empathy.⁶⁰²

Another promising area for engaging fathers is via home visiting programs such as the *Nurse Family Partnership* in the United States and the *Family Nurse Partnership* in the United Kingdom – voluntary home visiting programs for vulnerable, young, first-time mothers (and fathers). Both programs have been shown to reduce violence against children and to improve various other health and child development outcomes.⁶⁰³ So far results have been found with mothers only, although they have

started to engage fathers. In low- and middle-income countries, family-health and well-child programs conduct home visits that include assessments of violence against children, although these programs could do more to engage fathers during visits.

Importantly, a follow-up study of the *Nurse Family Partnership* found that the intervention was not effective in homes where domestic violence was present, highlighting the urgent need for interventions that address both violence against women and violence against children.⁶⁰⁴

These examples confirm the existence of programs that show promise in reducing corporal punishment and other violence against children. Still, more programs need to be evaluated in low-resource settings, and more programs need to target and directly involve fathers. Programs are most effective when staff are committed to engaging fathers as well as mothers, and when such programs are tailored to local realities and understand the gendered dynamics of parenting.

One of the biggest questions is how to take such programs to scale. To effectively reduce violence against children and violence against women, parent-training programs need to be incorporated into large-scale social services and health systems, as well as included in national plans to reduce violence against women and violence against children.

Recommendations for promoting non- violent fathering and parenting

An ambitious, holistic approach is needed to address all forms of violence against women and violence against children; working with fathers provides a strategic entry point for doing so. The link between more involved fatherhood and reduced violence is not a simple one; it depends not only on individual change, but also on the establishment of strong violence prevention and response systems, including legal frameworks, as well as broader support for families, communities, and institutions to address violence and its root causes. While urgent and comprehensive action is needed to address the full scope and multiple forms of violence against women and violence against children, the recommendations included here are focused more specifically on preventing and responding to violence in the context of fatherhood.

1

Work with boys and girls from an early age to prevent violence of all kinds and to build the skills that support non-violent relationships and caregiving.

These activities can be provided as part of social-emotional learning programs or comprehensive sexuality education in schools, and/or by trained, supported community organizations. These programs should be evaluated for effectiveness and adequately resourced. They should also directly engage children and mobilize them as part of prevention efforts.

2

Pass and enforce laws and policies to ban violence against women and violence against children, including the physical and humiliating punishment of children.

Policies should be accompanied by detailed, comprehensive measures for implementation, monitoring, and effective enforcement.

3

Develop and strengthen national, integrated plans and systems for the prevention of and response to violence against children and violence against women, including child protection systems.

These plans and systems should include prevention programs in various settings, as well as sensitive and effective screening and response efforts, including, for example, child-friendly reporting mechanisms, help-lines, and high-quality support services for victims of violence. Given how frequently violence against women and violence against children co-occur, comprehensive initiatives that aim to prevent, screen for, and provide services related to both violence against women and violence against children are urgently needed.

4 **Build capacity** among teachers, social workers, healthcare providers, justice sector workers, and other professionals to detect and respond to all forms of violence against children and violence against women, and to recognize and effectively respond to the intersections between these forms of violence.

5 **Recognize pregnancy and fatherhood as a key moment for violence-prevention programming, and support programs to better prepare men for fatherhood within existing violence-prevention initiatives.** Prevention of both violence against children and violence against women should be integrated into father- and parent-training programs via the health sector, early childhood education, and schools; at the community level; and into intimate partner violence-prevention efforts.

6 **Implement public education campaigns** about violence and children's rights, gender equality, the negative effects of corporal punishment, and positive disciplinary approaches, including campaigns that target fathers. Recognize that public education will only be effective if it is part of thoughtful and adequately funded national prevention strategies.

7

Work with fathers who have perpetrated violence in their families. This includes establishing strong identification and referral mechanisms for men who have used violence, training healthcare workers to play an active role in checking for substance abuse (including alcohol abuse) and perpetration of violence, and establishing follow-up and support protocols and programs for families experiencing violence. It must also include investment in and evaluation of perpetrator and survivor programs, including components that support children and strengthen non-violent, responsive fathering.

Violence in families, against women, and against boys and girls is one of the most challenging issues in promoting positive involvement by fathers. Far too many men use violence against women, and too many parents and caregivers – male and female – use violence against children. At the same time, a majority of men do not use and do not support violence against women, and the vast majority of parents have positive intentions for their children, even if they are not always able to act on them. It is by building on the resistance to violence and desire of parents to do the best for their children that change and prevention are possible.

“Every child needs at least one adult who is irrationally crazy about him or her.”

URIE BRONFENBRENNER, DEVELOPMENTAL PSYCHOLOGIST⁶⁰⁶

05

CHAPTER 5

Why children need fathers: the role of fathers in child development

Do children need fathers? Until the 1980s, fathers were essentially invisible in the child development field, which focused overwhelmingly on the relationship between the mother and the child. Since then, numerous studies in various regions of the world have been conducted on the role of fathers, on the relationship between fathers and mothers in the care of children, and on the impact of fathers' absence on their

children's lives. The findings from around the world are clear: fathers matter in the lives of children.

Overall, the research suggests that: 1) fathers matter for children's emotional and intellectual development; 2) fathers matter as children grow up, and not just in the early years of life; 3) fathers may matter differently for boys and girls in some households and in some parts of the world; 4) fathers hold an important caregiving and developmental role in their own right and as co-caregivers with mothers and other caregivers; and 5) men

What children need: Key factors for child development

What do children need to thrive and become healthy, emotionally secure, and productive adults?

An extensive body of research has shown that from their early years onward, children need:⁶¹⁵

- **Stable attachment** to at least one caregiver (regardless of the sex of the caregiver);
- **Early cognitive stimulation**, including early use of and exposure to language;
- **Stability, safety, and security** from infancy onward;
- **Support and attention during specific critical periods** in their early years, for language acquisition, cognitive development, and social-emotional development;

- **Support and promotion of their resilience** in less-than-ideal early care environments.

While most child development researchers support the notion of the critical importance of the early years of life, most also believe that development is lifelong, and that the support of caregivers – including fathers – is important beyond early childhood, and especially during adolescence. Child development unfolds in a cultural context, meaning that many of the factors and supports required for healthy development are also culturally diverse. While much attention has been paid in recent years to early brain development and early brain vulnerability to developmental risks, most child development experts also support the notion of plasticity and resilience in diverse caregiving arrangements, acknowledging the tremendous diversity in how individual girls and boys respond to their early care environments and the diversity of caregiving arrangements. ●

themselves change in diverse ways, biologically and psychologically, when they take on caregiving roles. In short, fathers influence their children's development, and children influence their fathers' development.

Much of the discussion about the roles of fathers starts with the assumption that fathers make a unique contribution to their children. Indeed, it is often believed that fathers affect children in different ways than mothers do, because men and women take on different roles in caregiving in many societies.⁶⁰⁷ Mothers are often seen as nurturers and hands-on caregivers, while fathers are supposed to play with children and provide discipline. However, research increasingly affirms that fathers and mothers, and other caregivers, can carry out these roles interchangeably.^{608,609} Women can carry out roles traditionally associated with fathers, and men can care for children in ways traditionally associated with mothers. In fact, the belief that men intrinsically have a unique role to play as fathers can be detrimental to their own involvement with their children. Some studies have found that where fathers and mothers hold rigid and inequitable ideas about parenting roles, fathers are less likely to participate in caregiving.^{610,611}

In many nuclear-family arrangements, the father may make a unique and valuable contribution not because he offers a masculine presence, but because in the absence of extended family, he is often the only caregiver other than the mother.⁶¹² On the other hand, for many families that rely on members of the extended family as caregivers, fathers' and mothers' roles may be much less distinct from each other and from those of other members of the extended family. Grandfathers, grandmothers, aunts, uncles, cousins, and older siblings of both sexes may play roles that are comparable to that of either parent.

Research increasingly confirms that where the roles of men and women are converging, fathers' involvement affects children in the same ways that mothers' involvement affects children.⁶¹³ Every father, like every mother or any other caregiver, matters uniquely to his child. The world needs men involved as caregivers not because fathers do uniquely "male" things, but because children are more likely to thrive with multiple, nurturing caregivers, regardless of their sex. As Ruth Feldman, a specialist in psychology and neuroscience, affirms: "Our responsibility as caregivers, scientists, policy makers, mental health professionals, and concerned citizens is that every young child should be given the opportunity to learn how to love, and every young parent should receive the guidance to make it happen."⁶¹⁴

HOW DO FATHERS AFFECT THEIR CHILDREN?

What effects does the involvement of fathers have on children? Numerous studies find that positive father involvement – just like the positive involvement of mothers and other caregivers – is associated with:[†]

A child's emotional and social development, including the development of empathy: Playful and affectionate interaction with fathers can predict children's positive social-emotional involvement with others, particularly with peers, while harsh discipline by fathers is sometimes associated with later behavioral problems for boys and girls.^{616,617,618,619} Fathers' involvement has been linked to lower rates of depression, fear, and self-doubt in their young adult children.^{620,621,622,623,624} It can prevent behavior problems in boys and psychological problems in girls.⁶²⁵ Fathers' interaction has also been shown to be important for the development of empathy in both sons and daughters.^{626,627}

[†] "Father involvement" has been conceptualized and defined in many different ways in the studies cited here – from the presence of the father to the quantity and quality of his interactions with children. By father involvement, we mean a father's influence on, and interest in, his children's lives, whether he lives with his children or not. "Father" in this context may refer to a biological father, but it may also refer to another significant man, such as a stepfather or other male relative.

Cognitive and language development and success in school:

At an early age, fathers' linguistic interactions with their children are strongly related to children's development of language skills.^{628,629,630} Fathers' involvement may be different from mothers' for language development in some settings,⁶³¹ since findings indicate that "children talk differently with different people and in different situations."⁶³² When fathers are involved or show an interest in their children's lives at school, children perform better and are more likely to complete school and to achieve higher levels of career and economic success.⁶³³ For example, research from China shows that children who have warm, loving fathers (and mothers) perform better academically.⁶³⁴

Protection from risky behaviors and situations, and positive outcomes in adolescence and adulthood:

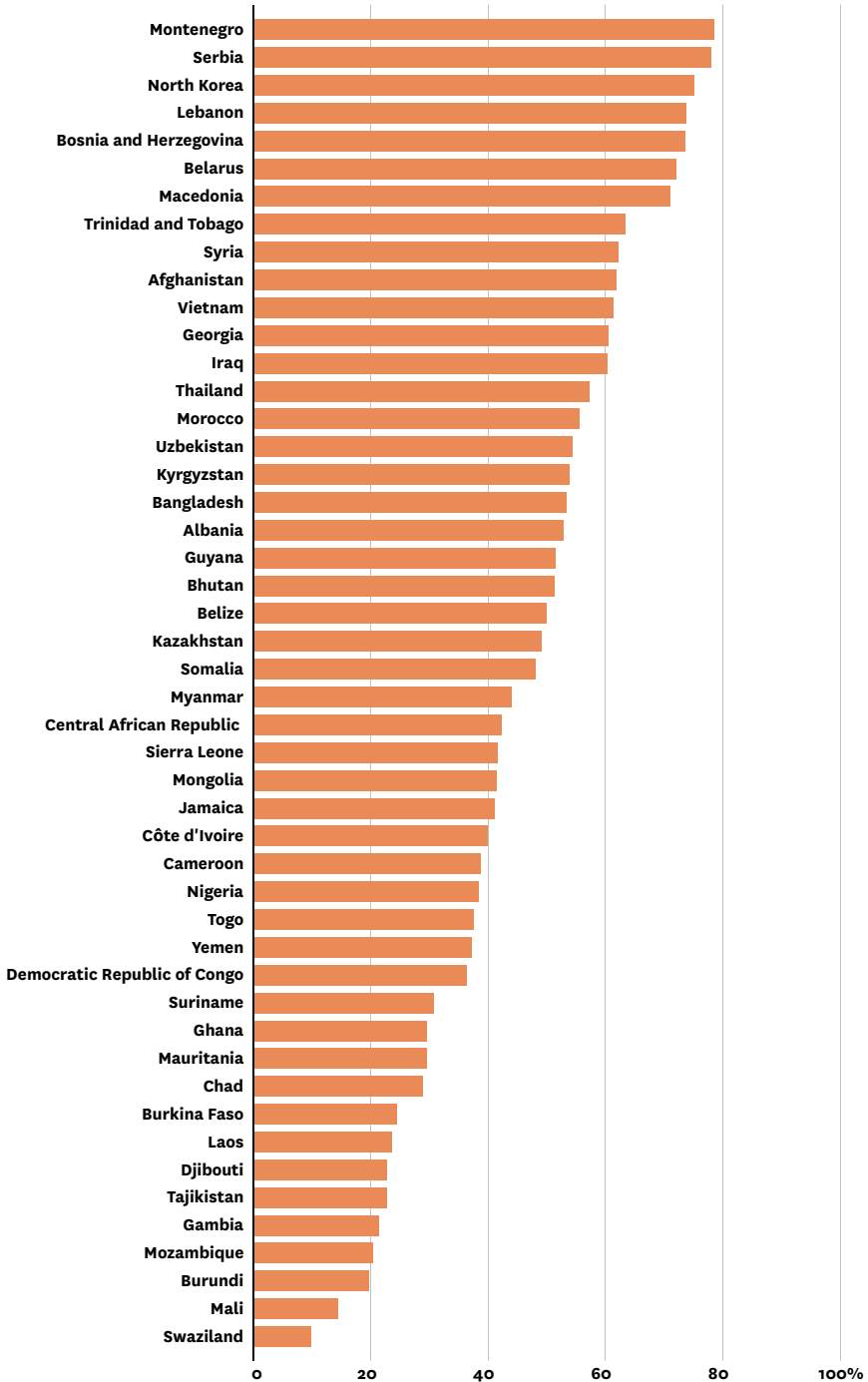
Fathers' involvement may also protect sons from delinquency, and, in poor families, from homelessness in adulthood.^{635,636} Adolescent girls whose fathers are present may be more confident and self-assured in their sexual relationships. Children and adolescents whose fathers are engaged in their lives are more likely to have healthy, positive peer relationships, to be well-adjusted, to feel greater life satisfaction, and to have higher self-esteem.^{637,638,639,640}

Becoming gender-equitable men and empowered women:

Children who see men participating in the daily care of children are less likely to adhere to rigid norms related to gender later in life.^{641,642,643,644} Boys who have involved fathers are more likely to hold more gender-equitable views when they are older, and girls who have involved fathers are more likely to hold more empowered views of what it means to be women, and to aspire to less traditional roles.^{645,646,647} The research is also clear that in cultural settings around the world, more involved and

FIGURE 5.1

Percent of fathers who engaged in one or more activities to support their children's learning



Source: Authors' analysis of MICS data (2005-2011)

egalitarian fatherhood is associated with lower rates of conflict and violence, both for individual families and for society as a whole.

These findings highlight the important influence that fathers can have on a range of outcomes in their children’s lives. These findings must, however, be understood in their local contexts. Existing research finds that there is tremendous variation across cultures in how fathers interact with their children, differences that are shaped by their specific social and cultural contexts. While multi-country data are lacking, comparative data from approximately 50 countries (see Figure 5.1) show that between 10 percent of fathers in Swaziland and 79 percent of fathers in Montenegro report being involved in at least one learning activity with their children. Other multi-country research shows that fathers are less likely than mothers are to read to their children⁶⁴⁸ or to write words and letters with them.⁶⁴⁹

Additional high-quality, in-depth research from other settings around the world is needed, given the massive changes taking place in parenting roles and practices globally. While much of the research cited in this report comes from Western settings, there is ample reason to believe that how fathers affect their children is similar across cultures. For example, a study of diverse Muslim populations in 22 Arab societies suggests that fathering in these settings correlates to child development much as it does in Western countries.⁶⁵⁰

HOW DO THESE “FATHER EFFECTS” WORK, AND WHAT CONCLUSIONS CAN WE DRAW FROM THEM?

Fathers may have different effects than mothers on child development, as well as different effects on sons compared to

daughters. It is difficult to disentangle exactly why this is the case, but it is clear that the ways in which gender shapes men's and women's identities and practices plays an important role. Most important, however, is how fathers interact with and care for their children. When they build positive and healthy relationships, treat the mothers of their children with respect, and provide hands-on nurturing, their children are better off.

Some researchers, policymakers, and families worry about whether fathers serve as good “male role models” for their sons. However, as noted earlier, there is increasing recognition that the sex of a parent is far less important than how a parent – male or female, heterosexual or gay – interacts with a child. Michael Lamb, a noted fatherhood researcher, says of fathers' impact on children: “The characteristics of the father as a parent rather than the characteristics of the father as a male adult appear to be most significant.”⁶⁵²

To be sure, in many settings, fathers interact with boys and girls in different ways than mothers do. Mothers are often more accustomed to children's daily routines and spend more time doing the mundane tasks involved in childcare.^{653,654} Fathers are often – but not always – more likely to participate in the more obviously satisfying parts of childcare, such as playing with their children. Some studies suggest that in these contexts, fathers challenge their children, especially sons, more than mothers do during play, and they engage in more physical rough-and-tumble play, which can help their children learn how to regulate aggressive behavior.⁶⁵⁵ As such, fathers may become important “motors,” or sources of stimulation, for development. This is not an innate or unique role for fathers or for men, however. Research in other countries (e.g., United States, Canada, Brazil, and Malaysia) found that fathers and mothers engaged in

similar types and amounts of play with their children.⁶⁵⁶

Where fathers have this distinct role, it is most likely because women tend to be responsible for the majority of the day-to-day care of children, as a result of traditional expectations of women's role in the home, leaving fathers to interact with children in different ways. As gender roles become more equal in the family, this may have an effect on the types of interactions men and women have with their children.

Fathers are important because more caregivers in a household are often better than one, not because they are male.

There has been considerable focus recently on the effects of fathers on sons – particularly the effects of fathers' absence on sons – research which assumes that boys require a father or caring male figure present in order to grow into healthy adult men. However, studies suggest that the difference in outcomes for children from two-parent, mother–father homes and children from single-mother homes are more likely due to having two parents rather than to having a male parent.⁶⁵⁷ The research also suggests that the absence of a father is an issue not only for sons, but also for daughters.^{658,659} This is because many broad needs – economic, social, emotional – may be inadequately met in families where one or more caregivers is missing. Caregivers are forced to take on extra responsibilities that could otherwise be shared. It also often means a reduction in household income, as single-parent households are more likely to be poor than are two-parent households.

Fathers matter in terms of their co-parenting relationship with other caregivers. Family relations are complex and dynamic, and the roles of fathers, mothers, and other caregivers can complement, strengthen, or compensate for each other.⁶⁶⁰

When my wife migrated: When men take on caregiving roles that women generally perform⁶⁵¹

Steven, from Sri Lanka, speaks of his struggle to look after his two small children when his wife went to work abroad to support their family, and about how becoming an involved father changed his life.

Steven says that, after his wife left, “I noticed the difference at once. The children wouldn’t drink their milk. They became thin. When my wife was around I was high and mighty. I wouldn’t lift a finger. The food had to be placed in my hand. There is a general perception here that men should not perform the duties of women. Other men had wives who worked abroad, and they left their children in the care of relatives. It was suggested that I do the same and lead an easy, carefree life like they do. But I felt I had to look after my children.

“Initially there was some embarrassment. Especially when I went to the hospital for injections for my children, because it was mostly women there. When I told the doctor I was looking after them, he thought I was joking.

“The children both had high fevers. They put them into two beds, and I went to the bathroom and cried. This was a day I would never forget.

“After three days, they were better. I understood that my feeling down was affecting them. So I started playing with them. I would stay up at night and give them their milk.

“Some men would make fun of me. I had grown my hair long and they said I was playing the role of a woman. I would take no notice of them. When I was washing clothes, women would watch me. They would look at me with sympathy. They said the good I was doing would come back to me. Those words hit me in the heart. I found great strength and peace of mind in their encouragement.

“There is definitely happiness in just being there. The need to be masculine suddenly disappeared. It felt like after a matter of months, something changed inside of me. I know that when my wife returns we will lead a good life.

“When I carry them and they kiss me, or even when they pull my hair, I get goose bumps. There is definitely happiness in just being there [for my children]. Of all the things in the world that money can’t buy, one is the love of a child.” ●

Fathers' involvement is influenced by mothers' involvement; in other words, it matters that men (as fathers, spouses, or partners) are supportive of mothers and other caregivers, and that mothers (or other caregivers) are supportive of fathers. This relationship both directly and indirectly impacts children. Fathers can also mitigate or exacerbate the effects of a stressed or violent mother, just as mothers can mitigate or exacerbate the effects of a stressed, violent, or absent father.⁶⁶¹

Fathers affect household dynamics in many ways, and not only by providing financially or by caring for children. For example, if fathers carry out a more equitable share of the domestic work, it can reduce mothers' stress, which has a direct impact on children. In contrast, conflict between caregivers – often the father and mother – is a strong risk factor for a stressful or adverse childhood.⁶⁶² Of course, many fathers are deeply involved in the lives of their children even if they have little contact or a poor relationship with their child's mother. Still, when parents don't agree about how to rear their children or do not support each other in that role, there is more conflict and children suffer more.^{663,664}

Both the amount of time that fathers spend with their children and the ways in which they interact with their children matter. In other words, both quality and quantity of caregiving are important. What most research suggests is that the amount of time that men spend doing care work (e.g., reading, playing, changing, feeding) makes a difference, and this work contributes to forming bonds between fathers and children, as well as to more egalitarian households. As shown in this report, the quality of fathers' interactions – whether they prioritize the needs of their children, and whether they are responsive and nurturing, or unresponsive and aggressive – is equally important.

Fathers matter not only in early childhood, but also in adolescence and adulthood. Fathers' (and mothers') interactions with children are important beyond early childhood; there is no single, critical moment in a child's life in terms of their father's involvement. Early involvement is of course very important, and studies find that fathers who are involved early in their children's lives, even in the pre-natal and birth phases, are more likely to be involved later on.^{665,666,667,668} However, a father's influence continues throughout childhood and across the life span.

A father's role as a provider is significant.⁶⁶⁹ Fathers have both a direct and an indirect influence on their children's well-being

Bringing dad in: parent-training programs have too often ignored fathers

Findings from studies of low- and middle-income families suggest that there is a need for programs that enhance fathers' involvement with their children and that support the quality of the partners' relationship, as a couple and as co-parents. Existing programs often consist of parent training that may start either during the pre-natal period or after the child is born. In other parts of this report, examples of such programs from around the world are highlighted. A recent review of nearly 200 parent interventions found that such programs seldom looked at the effects on fathers compared to mothers, and that most such parenting programs did little to

engage or retain fathers.⁶⁸⁶ Indeed, most parent-training programs have long focused on mothers because mothers are more likely to be doing the caregiving and to participate in such programs. However, research finds that parenting programs generally work better when both parents are involved:

"Empirical findings about fathers in family contexts reveal what fathers bring to the parenting system, not only by being directly involved with their children but also by facilitating, buffering, or exacerbating parenting by mothers and negotiating a balance of work and cultural demands with the practical needs of their partners and children. ... Our results need to be applied to increasing positive opportunities for many kinds of fathers in a wide range of circumstances to contribute to their children's development."⁶⁸⁷ ●

and the well-being of the household when they provide financial support – a responsibility traditionally associated with masculinity. In fact, it “is the foundation on which many fathers build their involvement in family life.”⁶⁷⁰ The income or resources that a father provides can have a direct effect on children by helping to meet their material needs. Men’s financial contribution and in-kind support also affect children indirectly, by reducing household financial stress, and by doing so, household conflict. This is not to ignore the fact that mothers can be and often are also financial providers, or to suggest that fathers should be the primary financial providers.

Some of what we know about the importance of fathers comes from research on their absence or inconsistent presence in their children’s lives. Much of the child development literature has focused on the negative outcomes that occur when fathers are not present or do not live with their biological children.⁶⁷¹ There are many reasons, however – often rooted in legacies of poverty, inequality, and discrimination – for fathers’ absence in the lives of their children. Absent fathers may have never formalized their relationship with the mother; they may have migrated for work or been displaced; they may have been incarcerated; they may have died. In many low- and middle-income settings, men must leave their homes and children out of obligation rather than out of choice. Sometimes, men leave in order to find economic opportunities; men throughout Southern Africa have left to work in mines, while men in South Asian have migrated to the Middle East to find work in the oil industry. The strong, almost universal, perception that fathers must be the primary household providers leads many men (and their families) to make the constrained decision that men’s financial contribution is the best option for contributing to their children’s welfare. In other words, some – not all – fathers are absent from the daily

care of their children because they are seeking to provide for them financially.

Men and women are equally “wired for care.” An abundance of research details the hormonal changes that women experience when they become pregnant, go into labor, breastfeed, and care for children. New research shows that men’s bodies respond with comparable hormonal shifts in response to physical contact with children; these results suggest that the trajectory of human evolution has left men as deeply wired for emotional connections to children as women are.^{672,673} When men hold their baby, research affirms, their oxytocin and prolactin

What does this all mean for the average dad?

For the average father trying to become more involved in the lives of his children, the research and recommendations presented here may seem abstract – as they may for a childcare provider or parent trainer who is working to engage fathers. So, how can these facts and lessons be synthesized? For a father looking to apply this information to his day-to-day life, here are some of the key takeaways:

- Your child needs you as a caregiver. Your child needs you not because of what you can contribute as a man, but because of what you can contribute as a caring human being. Children benefit from having multiple caregivers, regardless of their gender.

- Apart from breastfeeding, you can take on all of the same childcare responsibilities that a mother or woman can.
- Your body changes when you come into physical contact with your newborn child. Studies show that your hormones adjust to help you be the calm and soothing presence that your young child needs.
- Even if you have to be absent from the home for part of your daughter or son’s childhood, you can continue to be present in your child’s life in caring, meaningful ways.
- Research from around the world affirms that your children will be more empathic, more capable of succeeding in the world, and more gender-equitable if you are involved in caring for them in non-violent ways, and if you are involved in housework in general. ●

levels increase, and testosterone decreases, depending on the duration and intensity of contact.^{674,675} These are analogous to the hormones that are released when women are breast-feeding. In essence, this hormonal response primes men and women alike to suppress their focus on external stimuli and to focus instead on the needs of the young child. These hormonal changes occur within minutes after fathers of newborns hold their children.^{676,677,678} Other research has found that changes in pre-frontal cortex brain activity in new fathers are virtually identical to the brain activity found in mothers.^{679,680} The conclusion emerging from this research is that men and women are equally “wired for care.” To those who think women have an innate ability or proclivity to care for children, this research shows that men have an equivalent or, at the very least, similar proclivity to care for children.^{681,682,683,684,685}

Recommendations for enhancing fathers' influence in the lives of their children

What implications emerge from this growing body of research about the effects of fathers on the lives of children? The evidence clearly shows that children need multiple caregivers and that the world needs men – as both biological and social fathers – to be part of that care. To answer these needs, the following actions are necessary:

1

Ensure that early child development policies and other social policies fostering children and adolescents' growth and development promote the involvement of men as fathers and caregivers.

Policies related to early child development, social welfare, childcare, newborn and child health, nutrition, education, and youth development must all encourage fathers' direct involvement with children, while recognizing the realities of different types of families and fathers, including non-residential fathers. These policies should provide resources to strengthen and support families, especially those with special needs and vulnerabilities (e.g., adolescent parents, children with disabilities, incarcerated fathers, etc.), and they should be complemented with policies that promote fathers' involvement in their children's lives throughout adolescence and early adulthood.

2

Strengthen the capacity of institutions that provide early childhood services to promote and support fathers' involvement.

Early child development centers, schools, childcare services, health centers, and social services should acknowledge fathers as important influences in their children's lives and should intentionally include them in policies, programs, and protocols. Service-providing institutions need to minimize the barriers to men's involvement and make men feel more comfortable being involved by, for example, displaying materials aimed at fathers; training service providers to treat men as equal parents; and conducting outreach to fathers to encourage them to share responsibility for children's health, education, and development. Special efforts should also be made to recruit more men into early childhood programs and to change the perception that caregiving is "women's work."

3

Improve the evidence on fathers' involvement in early child development by conducting more extensive research and by collecting data on fathers' participation in policy and program evaluations.

Rigorous research and evaluation are necessary to identify best practices that improve the level and quality of men's involvement in child development, particularly in low-income countries, and to understand how gender and power dynamics affect the outcomes of these interventions. More evidence is needed on the best means for supporting men's involvement, whether it is through co-parenting or fathers-only interventions, as well as on the influence of these interventions on a wide range of child well-being outcomes.

4

Extend parent-training programs to mothers and fathers across economic levels to encourage their involvement, to support positive parenting practices, and to

strengthen co-parenting relationships. Programs may include group education-based parenting interventions in a variety of settings, as well as home visiting programs that take extra steps to recruit and engage fathers, particularly non-residential fathers. Poverty alleviation, income support, and job-training programs are also important for enabling both fathers' and mothers' more positive involvement in their children's lives.

5

Increase public awareness of the role of fathers in child development and promote changes in social norms related to caregiving.

Among fathers, mothers, service providers, policymakers, and community leaders, emphasize the value of men's role in caring for children. Media and communications outreach can highlight the benefits of men's engagement in the lives of their children – for the children, for the men, and for their partners.

CONCLUSION

Supporting men's caregiving around the world

The engagement of men to a greater extent in the daily care and nurturing of others – whether biological children or other children in their communities – must be an urgent global priority. When men and boys do an equal share of the care work, they can achieve richer, fuller, healthier, less violent lives – and women and girls can achieve their full potential in politics, in community life, and in the workplace. Far from a quaint idea, a “feel-good” moment on a greeting card around Father’s Day, or a touching TV commercial, men’s caregiving must be on the front line in the still-incomplete gender-equality revolution.

Most men in the world are or will become fathers, and virtually all have a connection to children in their lives. Yet, worldwide, the lion’s share of the care work is still carried out by women and girls – with profound and far-reaching consequences. Whether by individuals, by societies, in policies and laws, or in research, fatherhood and men’s involvement in children’s lives must be taken more seriously, or we will never achieve gender equality and full rights for children, women, and men.

This report argues for the greater involvement of men – as fathers and, more broadly, in caregiving; in sexual and reproductive health and rights; in maternal, newborn, and child health; and in violence-prevention efforts. This does not mean focusing only on fathers. This means engaging men in partnership with women and families, and in all forms of family and partner relations, including same-sex couples and gay parents.

This report also makes reference to the involvement of men in contraceptive use, pregnancy, and childbirth, not only as key gender-equality issues, but also because shared planning of pregnancies is a gateway to greater equality in caregiving. Again, this point should not be seen as giving precedence to biological fatherhood. In fact, nothing could be more important than the connection that individual men – whatever their biological or social relationship to a given child – establish through their presence, love, and provision of essential support and care. So many men in so many parts of the world play important roles as “social fathers,” to children of all ages. We deeply respect and argue for the importance of parents and caregivers and the difference they make in the lives of children.

What we, the authors of this report and the coordinators of the global MenCare campaign, argue is urgently needed is that men build their parenting skills, collaborate with the mothers of their children in the accomplishment of the work that parenting requires, and make themselves available in the lives of their

children. We talk about engaging men in general, and fathers in particular, in caregiving and as allies on behalf of children. We talk about the importance of doing this in ways that reflect an understanding of gender discrimination and stereotypes, and the ways in which these circumscribe the opportunities of women and men alike.

There is much that men can do to model engaged caregiving and fatherhood and to talk to other men about the joys, pleasures, and challenges of fatherhood. There is much that they can do to build the sense that men belong in the well-baby clinic, the preschool, the kitchen, the parent–teacher conference, and the playground, at least as much as they belong in an untold number of other, more stereotypically “manly” settings.

This first *State of the World’s Fathers* report makes the case that engaging men and boys in care work contributes to gender equality, supports women’s and girls’ empowerment, enhances the well-being and rights of children, and improves the health and well-being of men themselves. This engagement provides us a means of preventing the transmission of violence from one generation to the next. It offers us a positive approach to fostering our physical and emotional well-being and building a fairer and more equal world for us all. The transformation of caregiving and fatherhood begins within individual families, but beyond that, it will take concerted social and political initiatives, changes in economic systems and the workplace, broad

institutional reform, and widespread public education to come to full realization.

Men's increased involvement in caregiving does not resolve all the major problems facing the world, but it does move us closer to an ethic of care, justice, and inclusion and away from an ethic of dominance, indifference, violence, and exclusion. It gives men a rallying call. It helps us to move closer to equality between women and men. It gives fathers and their children joy and brings deep meaning to their lives. As this report testifies, this is already happening. The time has now come to speed up and support the change.

REFERENCES

1. Barker G, Contreras JM, Heilman B, Singh A, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C.: International Center for Research on Women (ICRW) and Instituto Promundo; 2011.
2. Shwalb DW, Shwalb BJ, Lamb ME (eds). *Fathers in Cultural Context*. New York, NY; London: Psychology Press; 2013.
3. United Nations. *Men in Families and Family Policy in a Changing World*. New York, NY: UN; 2011.
4. Rutgers WPF, Promundo. *Synthesis of the Formative Research of MenCare+ in Indonesia, South Africa, Brazil, Rwanda*. Utrecht, Netherlands: Rutgers WPF; 2014.
5. Ricardo C. *Men, Masculinities and Changing Power: A Discussion Paper on Engaging Men in Gender Equality from Beijing 1995 to 2015*. Washington, D.C.: MenEngage Alliance and UN Women; 2014.
6. Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: a scope study literature review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1): 87–102.
7. Cabrera NJ, Shannon JD, Tamis-LeMonda C. Fathers' influence on their children's cognitive and emotional development: from toddlers to pre-K. *Applied Developmental Science*. 2007; 11(4): 208–213.
8. UN General Assembly, Convention on the Rights of the Child Article 9 and 18; 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3; <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.
9. Panter-Brick C, Burgess A, Eggerman M, McAllister F, Pruett K, Leckman JF. Practitioner review: engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry*. 2014; 55(11): 1187–1212.
10. Cabrera NJ, Shannon JD, Tamis-LeMonda C. Fathers' influence on their children's cognitive and emotional development: from toddlers to pre-K. *Applied Developmental Science*. 2007; 11(4): 208–213.
11. Davis J, Luchters S, Holmes W. Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
12. Burgess A. *The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice*. London, UK: Fathers Direct; 2006.
13. DeGeer I, Carolo H, Minerson T. *Give Love, Get Love: The Involved Fatherhood and Gender Equality Project*. Toronto, ON: White Ribbon Campaign; 2014.
14. Burgess A. *The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice*. London, UK: Fathers Direct; 2006.
15. Barker G, Contreras JM, Heilman B, Singh A, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women (ICRW) and Instituto Promundo; 2011.
16. DeGeer I, Carolo H, Minerson T. *Give Love, Get Love: The Involved Fatherhood and Gender Equality Project*. Toronto, ON: White Ribbon Campaign; 2014.
17. Choudhury I, Jabeen SF. *Perception of Children on Parenting Practices*. Kathmandu, Nepal: Save the Children Sweden; 2008.
18. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011 – So, What about Boys?* Surrey, UK: Plan International; 2011.
19. Casey C. *Dads, What Do Your Kids Think of You?* Charisma Magazine. 2013. <http://www.charismamag.com/life/men/17833-dads-what-do-your-kids-think-of-you>. Accessed May 5, 2015.
20. Choudhury I, Jabeen SF. *Perception of Children on Parenting Practices*. Kathmandu, Nepal: Save the Children Sweden; 2008.
21. Bandiera O, Natraj A. Does gender inequality hinder development and economic growth? Evidence and policy implications. *The World Bank Research Observer*. 2013; 28(1): 2–21.
22. The World Bank. *World Development Report 2012: Gender Equality and Development*. Washington, DC: World Bank; 2012.
23. UN Women. *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*. New York, NY: UN Women; 2015.
24. UN Women. *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*. New York, NY: UN Women; 2015.
25. Ty Wilde E, Batchelder L, Ellwood DT. *The mommy track divides: The impact of childbearing on wages of women of differing skill levels*. Working Paper 16582; National Bureau of Economic Research; 2010.
26. Thévenon O, Adema W, Salvi del Pero A, Ali N. *Effects of Reducing Gender Gaps in Education and Labour Force Participation on Economic Growth in the OECD*. OECD Social, Employment and Migration Working Papers No. 138; Geneva, Switzerland: OECD; 2012.
27. *Unfinished business for the world's women*. The Economist. 2014. <http://www.economist.com/news/21631962-anniversary-landmark-un-conference-women-opportunity-renew-its-vision-says>. Accessed May 5, 2015.
28. Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: a scope study literature review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1): 87–102.
29. Davis J, Luchters S, Holmes W. *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
30. Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: a scope study literature review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1): 87–102.
31. Barker G, Contreras JM, Heilman B, Singh A, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women (ICRW) and Instituto Promundo; 2011.
32. Flynn D. *Fathers, Fathering and Preventing Violence Against Women*. White Ribbon Research Series – Preventing Men's Violence Against Women. Report No. 5; Sydney: White Ribbon Foundation; 2012:30.
33. Ricardo C. *Men, Masculinities and Changing Power: A Discussion Paper on Engaging Men in Gender Equality from Beijing 1995 to 2015*. Washington, DC: MenEngage Alliance and UN Women; 2014.

34. DeGeer I, Carolo H, Minerson T. Give Love, Get Love: The Involved Fatherhood and Gender Equality Project. Toronto, ON: White Ribbon Campaign; 2014.
35. Burgess A. The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice. London, UK: Fathers Direct; 2006.
36. Segal L. Slow Motion: Changing Masculinities, Changing Men. New Brunswick, NJ: Rutgers University Press; 1990 in Ricardo C. Men, Masculinities and Changing Power: A Discussion Paper on Engaging Men in Gender Equality from Beijing 1995 to 2015. Washington, DC: MenEngage Alliance and UN Women; 2014, p. 309.
37. United Nations. Men in Families and Family Policy in a Changing World. New York, NY: UN; 2011.
38. Barker G. Dying to Be Men: Youth, Masculinity and Social Exclusion. London ; New York, NY: Routledge; 2005, p. 144.
39. DeGeer I, Carolo H, Minerson T. Give Love, Get Love: The Involved Fatherhood and Gender Equality Project. Toronto, ON: White Ribbon Campaign; 2014, p. 42.
40. Barker G, Dogruöz D. And How Will You Remember Me, My Child? Redefining Fatherhood in Turkey. New York, NY: Population Council; 2009, p. 18.
41. DeGeer I, Carolo H, Minerson T. Give Love, Get Love: The Involved Fatherhood and Gender Equality Project. Toronto, ON: White Ribbon Campaign; 2014, p. 53.
42. Barker G, Greene ME, Nascimento M, et al. Men Who Care: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles. Washington, DC and Rio de Janeiro: Promundo and International Center for Research on Women (ICRW); 2012, p. 28.
43. Barker G, Dogruöz D. And How Will You Remember Me, My Child? Redefining Fatherhood in Turkey. New York, NY: Population Council; 2009, pp. 5–6.
44. Richter LM. The importance of fathering for children. In: Baba: Men and Fatherhood in South Africa. Cape Town, South Africa: HSRC Press; 2006.
45. Lippman LH, Wilcox BW, Ryberg R. World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes. Bethesda, MD: Child Trends; 2013.
46. Lippman LH, Wilcox BW, Ryberg R. World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes. Bethesda, MD: Child Trends; 2013.
47. United Nations. Men in Families and Family Policy in a Changing World. New York, NY: UN; 2011.
48. Lippman LH, Wilcox BW, Ryberg R. World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes. Bethesda, MD: Child Trends; 2013.
49. Kennedy S, Fitch CA. Measuring cohabitation and family structure in the United States: assessing the impact of new data from the current population survey. *Demography*. 2012; 49(4): 1479–1498.
50. Perelli-Harris B, Kreyenfeld M, Sigle-Rushton W, et al. Changes in union status during the transition to parenthood in eleven European countries, 1970s to early 2000s. *Population Studies*. 2012; 66(2):167–182.
51. Musick K, Micheltore K. Change in the Stability of Marital and Cohabiting Unions Following the Birth of a Child. Los Angeles, CA, USA: California Center for Population Research; 2014.
52. Osborne C, Manning WD, Smock PJ. Married and Cohabiting Parents' Relationship Stability: A Focus on Race and Ethnicity. *Journal of Marriage and Family*. 2007; 69(5):1345–1366.
53. Sinha M, Statistics Canada. Parenting and Child Support After Separation or Divorce. Minister of Industry; 2014.
54. Children Living Apart from One Parent. Australian Bureau of Statistics website. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/bb8db737e2af84b-8ca2571780015701e/5a3e269e290eb-5b1ca2571b0001032d8!OpenDocument>. 2006.
55. Lippman LH, Wilcox BW, Ryberg R. World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes. Bethesda, MD: Child Trends; 2013.
56. Poole E, Speight S, O'Brien M, Connolly S. What Do We Know about Non-Resident Fathers? London, UK: Modern Fatherhood and Economic and Social Research Council; 2013.
57. Eddy MM, Thomson-de Boor H, Mphaka K. So We Are ATM Fathers: A Study of Absent Fathers in Johannesburg, South Africa. Johannesburg, South Africa: Centre for Social Development in Africa and Sonke Gender Justice; 2013.
58. Lundström, K. Växelvis boende ökar bland skilsmässobarn. *Välfärd*. 2009; 4, 3–5.
59. Manning WD, Lamb KA. Adolescent well-being in cohabiting, married, and single-parent families. *Journal of Marriage and Family*. 2003; 65(4): 876–893.
60. Moore KA, Jekielek SM, Emig C. Marriage from a Child's Perspective: How Does Family Structure Affect Children, and What Can We Do About It? Washington, D.C.: Child Trends; 2002.
61. Barker G, Verani F. Men's Participation as Fathers in the Latin American and Caribbean Region: A Critical Literature Review with Policy Considerations. Rio de Janeiro, Brazil: Promundo and Save the Children Sweden; 2008, p. 9.
62. Sandberg S. Lean In: Women, Work, and the Will to Lead. New York, NY: Alfred A Knopf; 2013.
63. Sepúlveda Carmona M. Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid Care Work and Women's Human Rights. New York, NY: United Nations; 2013.
64. Sepúlveda Carmona M. Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid Care Work and Women's Human Rights. New York, NY: United Nations; 2013.
65. Treas J, Lui J. Studying housework across nations. *Journal of Family Theory & Review*. 2013; 5(2): 135–49.
66. Early Childhood: Parenting Programs. UNICEF website. http://www.unicef.org/earlychildhood/index_40754.html. Updated 2012.
67. United Nations, General Assembly. Promotion and Protection of the Rights of Children A/65/452. United Nations; 2010.
68. Lippman LH, Wilcox BW, Ryberg R. World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes. Bethesda, MD: Child Trends; 2013.
69. Boudet, A M, Petesch, P, Turk, C, with Thumala, A. On Norms And Agency: Conversations About Gender Equality with Women and Men In 20 Countries. Washington, DC: The World Bank Group; 2012.
70. The International Labour Organization. Global Employment Trends for Women. Geneva, Switzerland: ILO; 2012.
71. International Labour Organization. A New Era of Social Justice: International Labour Conference, Report of the Director-General. Geneva, Switzerland: ILO; 2011.
72. Elson D. Gender and the global economic crisis in developing countries: A framework for analysis. *Gender & Development*. 2012; 18(2): 201–212.
73. Barker G. A radical agenda for men's caregiving. *IDS Bulletin*. 2014; 45(1): 85–90.
74. Yoong J, Rabinovich L, Diepeveen S. The Impact of Economic Resource

- Transfers to Women Versus Men: A Systematic Review. London, UK: EPP1-Centre, Social Science Research Unit, Institute of Education, University of London; 2012.
75. Croft A, Schmader T, Block K, Baron A. The second shift reflected in the second generation: Do parents' gender roles at home predict children's aspirations? *Psychological Science*. 2014; 25(7): 1418–28.
76. International Labor Organization. *Maternity and Paternity at Work: Law and Practice Across the World*. Geneva, Switzerland: ILO; 2014.
77. Sepúlveda Carmona M. Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid Care Work and Women's Human Rights. New York, NY: United Nations; 2013.
78. Open Working Group Proposal for Sustainable Development Goals. United Nations Department of Economic and Social Affairs website. <https://sustainabledevelopment.un.org/sdgsproposal>. No date.
79. Van der Gaag N. Interviews with Adivasi fathers, November 2014.
80. Hirway I. Time–Use Surveys in Developing Countries. In *Unpaid Work and the Economy: Gender, Time Use and Poverty in Developing Countries*, ed. Antonopoulos R, Hirway I. London, UK: Palgrave Macmillan, 2010.
81. Folbre N. The care economy in Africa: Subsistence production and unpaid care. *Journal of African Economies*. 23(1): i128–i156.
82. Treas J, Lui J. Studying housework across nations. *Journal of Family Theory & Review*. 2013; 5(2): 135–49.
83. Matsui K et al. *Womenomics 3.0: The Time Is Now*. New York, NY: Goldman Sachs Research Report; 2010.
84. Budlender D, Chobokoane N, Mpetsheni Y. A Survey of Time Use: How South African Women and Men Spend Their Time. Pretoria, South Africa: Statistics South Africa; 2001.
85. Budlender D. The Statistical Evidence on Care and Non-Care Work across Six Countries. Geneva, Switzerland: United Nations Research Institute for Social Development; 2008.
86. Grigoryeva A. When Gender Trumps Everything: The Division of Parent Care Among Siblings. Princeton, NJ: Center for the Study of Social Organization; 2014.
87. Steinberg M, Johnson S, Schierhout G, Ndegwa D. Hitting Home: How Households Cope with the Impact of the HIV/AIDS Epidemic. A Survey of Households Affected by HIV/AIDS in South Africa. Washington, D.C.: The Henry Kaiser Family Foundation; 2002.
88. Desmond C, Desmond C. HIV/AIDS and the crisis of care for our children. In: Morrell and Richter (eds.) *Baba: Men and Fatherhood in South Africa*. Cape Town, South Africa: HSRC Press; 2006.
89. Levitov RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable men: Findings from the international men and gender equality survey in eight countries. *Men and Masculinities*. 2014; 17(5): 467–501.
90. Barker G, Contreras JM, Heilman B, Singh AK, Verma RK, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo; 2011.
91. Kato-Wallace J, Barker G, Eads M, Levitov R. Global pathways to men's caregiving: Mixed methods findings from the international men and gender equality survey and the men who care study. *Global Public Health*. 2014; 9(6): 706–22.
92. Time Spent in Unpaid, Paid and Total Work, By Sex. Organization for Economic Co-operation and Development website. <http://www.oecd.org/gender/data/timespentinunpaidpaidandtotal-workbysex.htm>. No date.
93. Kes A, Swaminathan H. Gender and Time Poverty in Sub-Saharan Africa. In: Blackden CM, Wodon Q (eds.). *Gender, Time Use, and Poverty in Sub-Saharan Africa*. World Bank Working Paper No. 73. Washington, DC: The World Bank; 2006.
94. National Institute of Statistics in Rwanda. EICV 3 Thematic Report: Gender. Kigali, Rwanda: NISR; 2012.
95. Barcena A, Prado A, Montaña S, Pérez R. *Los Bonos En La Mira: Aporte Y Carga Para Las Mujeres*. Santiago, Chile: CEPAL and New York, NY: United Nations; 2013.
96. Budlender D, Moussié R. Making Care Visible: Women's Unpaid Care Work In Nepal, Nigeria, Uganda And Kenya. Johannesburg, South Africa: Action Aid; 2013.
97. Razavi S. The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Geneva, Switzerland: United Nations Research Institute for Social Development; 2007.
98. Hook JL. Care in context: Men's unpaid work in 20 countries, 1965–2003. *American Sociological Review*. 2006; 71(4): 639–60.
99. Instituto Brasileiro de Geografia e Estatística. *Pesquisa Nacional por Amostra de Domicílios*. Rio de Janeiro, Brazil: IBGE; 2012.
100. Bianchi SM, Robinson JP, Milkie MA. *Changing rhythms of American Family Life*. New York, NY: Russell Sage Foundation; 2006.
101. Sandberg JF, Hofferth SL. Changes in children's time. A correction. *Demography*. 2005; 42(2): 391–395.
102. Bianchi SM, Robinson JP, Milkie MA. *Changing rhythms of American family life*. New York, NY: Russell Sage Foundation; 2006.
103. Livingstone G. Growing number of dads home with the kids. Pew Research Center Social and Demographic Trends website. <http://www.pewsocialtrends.org/2014/06/05/growing-number-of-dads-home-with-the-kids/>. June 5, 2014.
104. Livingstone G. Growing number of dads home with the kids. Pew Research Center Social and Demographic Trends website. <http://www.pewsocialtrends.org/2014/06/05/growing-number-of-dads-home-with-the-kids/>. June 5, 2014.
105. Kato-Wallace J, Barker G, Eads M, Levitov R. Global pathways to men's caregiving: Mixed methods findings from the international men and gender equality survey and the men who care study. *Global Public Health*. 2014; 9(6): 706–22.
106. Barker G, Greene M, Nascimento M et al. *Men Who Care: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles*. Washington, DC: International Center for Research on Women and Rio de Janeiro, Brazil: Instituto Promundo; 2012.
107. Parker K, Wang W. Modern parenthood: Roles of moms and dads converge as they balance work and family. Pew Research Center Social and Demographic Trends website. <http://www.pewsocialtrends.org/2013/03/14/modern-parent-hood-roles-of-moms-and-dads-converge-as-they-balance-work-and-family/>. March 14, 2013.
108. Parker K, Wang W. Modern parenthood: Roles of moms and dads converge as they balance work and family. Pew Research Center Social and Demographic Trends website. <http://www.pewsocialtrends.org/2013/03/14/modern-parent-hood-roles-of-moms-and-dads-converge-as-they-balance-work-and-family/>. March 14, 2013.
109. Boudet AM, Petesch P, Turk C,

- with Thumala A. *On Norms And Agency: Conversations About Gender Equality with Women and Men in 20 Countries*. Washington, DC: The World Bank Group; 2012.
110. Plan International Asia Regional Office. *Behind The Screen: An Inside Look at Gender Inequality in Asia*. Bangkok, Thailand: Plan International; 2008.
111. Save the Children. *Boys for Change: Moving Towards Gender Equality*. Stockholm, Sweden: Save the Children; 2007.
112. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011—So, What about Boys?* Surrey, UK: Plan International; 2011.
113. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011—So, What about Boys?* Surrey, UK: Plan International; 2011.
114. Pells, K. *Young Lives: Findings on Gender*. Unpublished background paper written for Plan International 2011 'Because I am a Girl' Report, Oxford, UK: Young Lives; 2011. younglives.org.uk
115. Plan International Asia Regional Office. *Behind The Screen: An Inside Look at Gender Inequality in Asia*. Bangkok, Thailand: Plan Ltd; 2008.
116. Plan International Asia Regional Office. *Behind The Screen: An Inside Look at Gender Inequality in Asia*. Bangkok, Thailand: Plan Ltd; 2008.
117. Yeung WJ. *International Conference on Fatherhood in 21st Century Asia: Research, Interventions, and Policies*. Singapore: International Conference on Fatherhood in 21st Century Asia; 2010.
118. Kato-Wallace J, Barker G, Eads M, Levto R. *Global pathways to men's caregiving: Mixed methods findings from the international men and gender equality survey and the men who care study*. *Global Public Health*. 2014; 9(6): 706–22.
119. Kato-Wallace J, Barker G, Eads M, Levto R. *Global pathways to men's caregiving: Mixed methods findings from the international men and gender equality survey and the men who care study*. *Global Public Health*. 2014; 9(6): 706–22.
120. Barker G, Greene M, Nascimento M et al. *Men Who Care: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles*. Washington, D.C: International Center for Research on Women and Rio de Janeiro, Brazil: Instituto Promundo; 2012.
121. Nakazawa J, Shwalb D. *Fathering in Japan: Entering an era of involvement with children*. In: Shwalb D, Shwalb B, Lamb ME, (eds). *Fathers in Cultural Context*. New York, NY: Routledge; 2013.
122. ActionAid International Uganda. *Recognise, Redistribute, Reduce The Women's Unpaid Care Burden: Women and the work they do for nothing*. Kampala, Uganda: ActionAid International Uganda; 2012.
123. Allen SM, Daly KJ. *The Effects of Father Involvement: An Updated Research Summary of the Evidence*. Guelph, ON: Centre for Families, Work & Well-Being, University of Guelph; 2007.
124. Cabrera NJ, Shannon JD, Tamis-LeMonda C. *Fathers' influence on their children's cognitive and emotional development: From toddlers to pre-k*. *Applied Developmental Science*. 2007;11(4):208–213.
125. Budlender D. *A Critical Review of Selected Time Use Surveys*. Geneva, Switzerland: United Nations Research Institute for Social Development; 2007.
126. Esquivel V. *Care in Households and Communities: Background Paper on Conceptual Issues*. Oxford, UK: Oxfam; 2013.
127. Razavi S. *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*. United Nations Research Institute for Social Development; 2007.
128. Chopra D. *Towards Gender Equality With Care-Sensitive Social Protection*. Brighton, UK: Institute of Development Studies; 2014.
129. The World Bank Gender and Development Unit. *Gender at Work: A Companion to the World Development Report on Jobs*. Washington, D.C.: The World Bank Group; 2013
130. Grant Thornton. *Women in Business: From Classroom to Boardroom*. Grant Thornton International Business Report 2014.
131. Catalyst. *Women CEOs of the S&P 500*. New York: Catalyst, April 3, 2015. <http://www.catalyst.org/knowledge/women-ceos-sp-500>.
132. Ellis A, Blackden M, Cutura J, MacCulloch F, Seebens, H. *Gender and Economic Growth in Tanzania: Creating Opportunities for Women*. Washington, D.C.: The World Bank Group; 2007.
133. Antonopoulos R. *The Unpaid Care Work Paid Work Connection*. Annandale-on-Hudson, NY: The Levy Economics Institute; 2008.
134. Drange N, Rege M. *Trapped at home: The effect of mothers' temporary labor market exits on their subsequent work career*. *Labour Economics*. 2013; 24: 125–136.
135. Budlender D, Moussié R. *Making Care Visible: Women's Unpaid Care Work In Nepal, Nigeria, Uganda And Kenya*. Action Aid; 2013.
136. Chopra D. *Towards Gender Equality With Care-Sensitive Social Protection*. Brighton, UK: Institute of Development Studies; 2014.
137. Sepúlveda Carmona M. *Unpaid Care Work, Poverty And Women's Human Rights: Challenges and Opportunities for the Post-2015 Agenda*. Mexico City, Mexico: UN Women; 2013.
138. Sepúlveda Carmona M. *Unpaid Care Work, Poverty And Women's Human Rights: Challenges and Opportunities for the Post-2015 Agenda*. Mexico City, Mexico: UN Women; 2013.
139. *Millennium Development Goals Report, 2012*. Cited in *Unpaid Care Work, Poverty and Women's Human Rights: Challenges and Opportunities for the Post-2015 Agenda*. Mexico City, Mexico: UN Women; 2013.
140. *Resource Guide on Gender and Climate Change, 2009*. Cited in *Unpaid Care Work, Poverty and Women's Human Rights: Challenges and Opportunities for the Post-2015 Agenda*. Mexico City, Mexico: UN Women; 2013.
141. International Labour Organization. *Give Girls a Chance – Tackling Child Labour, a Key to the Future*. Geneva, Switzerland: ILO; 2009.
142. Nesbitt-Ahmed Z. "Everyday Inequalities: Unpaid Care Work and Girls' Economic Empowerment," Keynote speech, International Colloquium Programme, Childhood in Feminine: Girls, University of Barcelona, December 4th 2014.
143. Van der Gaag N. *Because I am a Girl: The State of the World's Girls 2014: Pathways to Power: Creating Sustainable Change For Adolescent Girls*. Plan International; 2014.
144. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. *Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies.* *Acta Paediatrica*. 2008; 97(2) (2008): 153–58.
145. Croft A, Schmader T, Block K, Baron A. *The second shift reflected in the second generation: Do parents' gender roles at home predict children's aspirations?* *Psychological Science*. 2014; 25(7): 1418–28.
146. Barker G, Contreras JM, Heilman

- B, Singh AK, Verma RK, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo; 2011.
147. Authors' analysis of International Men and Gender Equality Survey (IMAGES) data.
148. Paechter C. *Being Boys, Being Girls: Learning Masculinities and Femininities*. Berkshire, England: McGraw-Hill Education; 2007.
149. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011—So, What about Boys?* Surrey, UK: Plan International; 2011.
150. Achyut P, Bhatla N, Khandekar S, Maitra S, Verma RK. *Building Support for Gender Equality among Young Adolescents in School: Findings from Mumbai, India*. New Delhi, India: International Center for Research on Women; 2011.
151. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011—So, What about Boys?* Surrey, UK: Plan International; 2011.
152. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011—So, What about Boys?* Surrey, UK: Plan International; 2011.
153. Way, N. *Deep Secrets: The Hidden Landscape of Boys' Friendships*. Boston, MA: Harvard University Press; 2011.
154. *Brave Men Campaign starts*. United Nations Development Program: UNDP in Bangladesh website. <http://www.bd.undp.org/content/bangladesh/en/home/press-center/articles/2013/05/09/brave-men-campaign-starts.html>. 2013.
155. *Save the Children. BARN – Fathers Matters*. Stockholm, Sweden: Save the Children-Sweden; 2014.
156. Knoester C, Petts RJ, Eggebeen DJ. *Commitments to fathering and the well-being and social participation of new, disadvantaged fathers*. *Journal of Marriage and Family*. 2007; 69(4): 991–1004.
157. Bakst D, Rankin N. *Beyond the Breadwinner: Professional Dads Speak Out on Work and Family*. New York, NY: The Work and Family Legal Center; 2011.
158. DeGarmo DS, Reid JB, Leve LD, Chamberlain P, Knutson JF. *Patterns and predictors of growth in divorced fathers' health status and substance use*. *American Journal of Men's Health*. 2010; 4(1): 60–70.
159. Schindler HS. *The importance of parenting contributions in promoting fathers' psychological health*. *Journal of Marriage and Family*. 2010; 72(2): 318–332.
160. Eisenberg ML, Park Y, Hollenbeck AR, Lipshultz LI, Schatzkin A, Pletcher MJ. *Fatherhood and the risk of cardiovascular mortality in the NIH-AARP Diet and Health Study*. *Human Reproduction*. 2011; 26(12): 3479–85.
161. Swartz S. *Teenage Tata: Voices of Young Fathers in South Africa*. Cape Town, South Africa: HSRC Press; 2009.
162. Barker G. *Engaging boys and men to empower girls: reflections from practice and evidence of impact*. In: *Elimination of All Forms of Discrimination and Violence against the Girl Child: Report of the Expert Group Meeting*. Florence, Italy: United Nations and UNICEF; 2006.
163. Barker G. *Dying to Be Men: Youth, Masculinity and Social Exclusion*. London: New York: Routledge; 2005.
164. Slegh H, Barker G, Levto R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo*. Washington, DC and Cape Town, South Africa: Promundo and Sonke Gender Justice Network; 2014.
165. Barker G, Greene ME, Nascimento M, Segundo M, Ricardo C, Taylor A, Aguayo F, Sadler M, Das A, Singh S, Figueroa JG, Franzoni J, Flores N, Jewkes R, Morrell R, Kato J. *Men Who Care Study: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles*. Washington, DC and Rio de Janeiro: Promundo and International Center for Research on Women; 2012.
166. Makarechi K. *Jay-Z On Parenting: "The Two Things I Need, I Don't Have."* *The Huffington Post*. http://social.huffingtonpost.com/2013/07/01/jay-z-blue-commercial-magna-carta-holy-grail_n_3528291.html. 2013.
- 167.
168. DeGeer I, Carolo H, Minerson T. *Give Love, Get Love: The Involved Fatherhood and Gender Equality Project*. Toronto, ON: White Ribbon Campaign; 2014.
169. Blackden M, Wodon Q (eds.). *Gender, Time Use, and Poverty in Sub-Saharan Africa*. Washington, DC: The World Bank; 2006.
170. Sepúlveda Carmona M. *Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid Care Work and Women's Human Rights*. New York, NY: United Nations; 2013.
171. Sepúlveda Carmona M. *Report of the Special Rapporteur on Extreme Poverty and Human Rights: Unpaid Care Work and Women's Human Rights*. New York, NY: United Nations; 2013.
172. Elborgh-Woytek K, Newiak M, Kochhar K, Fabrizio S, Kpodar K, Wingen-der P, Clements B, Schwartz G. *Women, Work, and the Economy: Macroeconomic Gains from Gender Equity*. Washington, DC: International Monetary Fund; 2013.
173. Aguirre D, Hoteit L, Rupp C, Sabbagh K. *Empowering the Third Billion: Women and the World of Work in 2012*. Mclean, VA, USA: Strategy & Formerly Booz & Company; 2012.
174. Staszewska K. *Closing the Gap – The Cost of Inequality in Women's Work*. London, UK: ActionAid; 2015.
175. *UN Women. Decent Work and Women's Economic Empowerment: Good Policy and Practice*. New York, NY, USA: UN Women; 2012.
176. *UN Women. Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*. New York, NY: UN Women; 2015.
177. Elson D. *Gender and the global economic crisis in developing countries: A framework for analysis*. *Gender & Development*. 2010; 18(2): 201–212.
178. Stavropoulou M, Jones N. *Off the Balance Sheet. The Impact of the Economic Crisis on Girls and Young Women. A Review of the Evidence*. Woking, Surrey, UK: London: Overseas Development Institute (ODI) and Plan International; 2013.
179. For example, see the MenCare Global website: www.men-care.org.
180. Muñoz Boudet AM, Petesch P, Turk C, Thumala A. *On Norms and Agency: Conversations about Gender Equality with Women and Men in 20 Countries*. Washington, DC: The World Bank; 2013.
181. *World Values Survey Wave 6 (2010–2014)*. World Values Survey website. <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>. 2014.
182. Kabeer N. *Women's Economic Empowerment and Inclusive Growth: Labour Markets and Enterprise Development*. London, UK: International Development Research Centre; 2012.
183. Barker G, Greene ME, Nascimento M, Segundo M, Ricardo C, Taylor A, Aguayo F, Sadler M, Singh S, Figueroa J, Franzoni J, Flores N, Jewkes R, Kato-Wallace J. *Men Who Care Study: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles*. Washington, DC and Rio de Janeiro: Promundo and International

Center for Research on Women; 2012.

184. Promundo and World Vision. Key Findings and Recommendations Early Marriage and Male Involvement Promundo TA to World Vision. Washington, DC: Promundo-US; 2013.

185. This box originally appeared in van der Gaag N. *Feminism and Men*. London, UK: Zed Press; 2014.

186. Barker G. *Dying to Be Men: Youth Masculinities and Social Exclusion*. London: Routledge; 2005, pp. 108-109.

187. Barker G. *Dying to Be Men: Youth Masculinities and Social Exclusion*. London, UK: Routledge; 2005, p. 109.

188. Barker G. *Dying to Be Men: Youth Masculinities and Social Exclusion*. London, UK: Routledge; 2005, p. 111.

189. Barker G. *Dying to Be Men: Youth Masculinities and Social Exclusion*. London, UK: Routledge; 2005, p. 111.

190. Wendoh S, Wallace T. *Living Gender in African Organisations and Communities: Stories from The Gambia, Rwanda, Uganda and Zambia*. London, U.K.: Transform Africa; 2006, p. 62.

191. Lewenhak S. *The Revaluation of Women's Work*. London, UK: Earthscan Publications; 1992.

192. Goodnow JJ. Children's household work: Its nature and functions. *Psychological Bulletin*. 1988; 103(1): 5.

193. LevtoV RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable Men: Findings from the international men and gender equality survey in eight countries. *Men and Masculinities*. 2014; 17(5): 467-501.

194. Lyonette C, Crompton R. *Sharing the load? Partners' relative earnings and the division of domestic labour*. Work, Employment & Society. 2014.

195. Bruce J, Lloyd CB, Leonard A. *Families in Focus: New Perspectives on Mothers, Fathers, and Children*. New York, NY: The Population Council; 1995.

196. Promundo, World Vision, MenCare. *A More Equal Future: A MenCare Manual to Engage Fathers to Prevent Child Marriage in India*. Washington, DC: World Vision and Promundo; 2013.

197. Promundo and World Vision. *Key Findings and Recommendations Early Marriage and Male Involvement Promundo TA to World Vision*. Washington, DC: Promundo-US; 2013.

198. Doyle K, Kato-Wallace J, Kazimbaya S, Barker G. *Transforming gender roles in domestic and caregiving work:*

Preliminary findings from engaging fathers in maternal, newborn, and child health in Rwanda. *Gender & Development*. 2014; 22(3): 515-31.

199. Doyle K, Kato-Wallace J, Kazimbaya S, Barker G. *Transforming gender roles in domestic and caregiving work: preliminary findings from engaging fathers in maternal, newborn, and child health in Rwanda*. *Gender & Development*. 2014; 22(3): 515-31.

200. Kato-Wallace J, Barker G, Avakyan Y. *A MenCare Fathers' Group Manual for Sri Lanka*. Washington, DC: World Vision, Promundo, and MenCare; 2013.

201. Daniel B, Taylor J. *Engaging with Fathers: Practice Issues for Health and Social Care*. Philadelphia, PA, USA: Jessica Kingsley Publishers; 2001.

202. Stanley K. *Daddy Dearest?: Active Fatherhood and Public Policy*. London, UK: Institute for Public Policy Research; 2005.

203. Lippman LH, Wilcox BW, Ryberg R. *World Family Map 2013: Mapping Family Change and Child Well-Being Outcomes*. Bethesda, MD: Child Trends; 2013.

204. Davis SN, Greenstein TN. *Gender ideology: Components, predictors, and consequences*. *Annual Review of Sociology*. 2009; 35: 87-105.

205. Chen M, Doane D. *Informality in South Asia: A review*. Background paper for the Swedish International Development Cooperation Agency (Sida), Unpublished Working Paper; 2008.

206. REDMAS website: <http://www.redmasnicaragua.org/index.php/prensa/noticias/118-celebracion-del-8vo-aniversario-lanzamiento-del-programa-de-paternidades>. October 21, 2013.

207. ECPAT Guatemala, Puntos de Encuentro, Red de Masculinidad por la Igualdad de Género, Promundo-US. *MenCare in the Public Health Sector in Central America: Engaging Health Providers to Reach Men for Gender Equality in Maternal, Sexual, and Reproductive Health*. Washington, DC, USA: Promundo-US; 2015.

208. The Father Support Programme. *Mother Child Education Foundation (ACEV) website*. <http://www.acev.org/english>. No date.

209. McAllister F, Burgess A, Barker G, Kato-Wallace J. *Fatherhood: Parenting Programmes and Policy - A Critical Review of Best Practice*. London and Washington DC: Promundo and the Fatherhood Institute; 2012.

210. Van der Gaag N. *Because I Am a Girl: The State of the World's Girls 2011 - So, What About Boys*. Woking, Surrey: Plan International; 2011.

211. McAllister F, Burgess A, Barker G, Kato-Wallace J. *Fatherhood: Parenting Programmes and Policy - A Critical Review of Best Practice*. London and Washington DC: Promundo and the Fatherhood Institute; 2012.

212. Van Deusen F, Humbert B, Harrington B. *The New Dad: Caring, Committed and Conflicted*. Boston: Boston College Center for Work & Family; 2011.

213. Ely RJ, Stone P, Ammerman C. *Rethink What You "Know" About High-Achieving Women*. *Harvard Business Review*. <https://hbr.org/2014/12/rethink-what-you-know-about-high-achieving-women>. 2014.

214. Budig MJ, Misra J, Boeckmann I. *The motherhood penalty in cross-national perspective: The importance of work-family policies and cultural attitudes*. *Social Politics: International Studies in Gender, State & Society*. 2012; 19(2): 163-193.

215. World Bank. *Gender at Work: A Companion to the World Development Report on Jobs*. Washington, D.C.: World Bank; 2013.

216. Agüero J, Marks MS, Raykar N. *The Wage Penalty for Motherhood in Developing Countries*. Working Paper. Riverside, California: University of California, Riverside; 2012.

217. Correll SJ, Benard S, Paik I. *Getting a job: Is there a motherhood penalty?* *American Journal of Sociology*. 2007; 112(5): 1297-1339.

218. Budig MJ. *The Fatherhood Bonus & The Motherhood Penalty: Parenthood and the Gender Gap in Pay*. Washington, DC: Third Way; 2014.

219. Correll SJ, Benard S, Paik I. *Getting a job: Is there a motherhood penalty?* *American Journal of Sociology*. 2007; 112(5): 1297-1339.

220. Andringa W, Nieuwenhuis R, van Gerven M. *Women's working hours: The interplay between gender role attitudes, motherhood, and public childcare support in 23 European countries*. *International Journal of Sociology and Social Policy*. 2015; 35: 11-12.

221. Stanley K. *Daddy Dearest?: Active Fatherhood and Public Policy*. London, UK: Institute for Public Policy Research; 2005.

222. Buhlmann F, Elcheroth G,

- Tettamanti M. The division of labor among European couples: The effects of life course and welfare policy on value-practice configurations. *European Sociological Review*. 2009; 26: 49–66.
223. Hofacker D, Stoilova R, Riebling JR. The gendered division of paid and unpaid work in different institutional regimes: Comparing West Germany, East Germany and Bulgaria. *European Sociological Review*. 2011; 3: 1–18.
224. Heymann J, McNeill K. Families at Work: What We Know About Conditions Globally. [Policy Brief prepared for the United Nations Expert Group Meeting Session Good Practices in Family Policy Making.] United Nations Department of Economic and Social Affairs, Division for Social Policy and Development; May 15–17, 2012.
225. Hassim S, Razavi S. Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social.' In: Hassim S, Razavi S (eds). *Gender and Social Policy in Global Context: Uncovering the Gendered Structure of the 'Social.'* Basingstoke, UK: Palgrave; 2006.
226. Joint United Nations Programme on HIV/AIDS, United Nations Fund for Population Activities, United Nations Development Fund for Women (eds). *Women and HIV/AIDS: Confronting the Crisis: A Joint Report.* Geneva: New York: UNAIDS, UNFPA, UNIFEM; 2004.
227. Akintola O. Towards equal sharing of care responsibilities: Learning from Africa. New York: United Nations Division for the Advancement of Women; 2008.
228. Makina A. Caring for people with HIV: State policies and their dependence on women's unpaid work. *Gender and Development*. 2009; 17(2): 309–319.
229. Woodroffe J, Donald K. *Unpaid Care: A Priority for the Post-2015 Development Goals and Beyond.* London, UK: Gender and Development Network; 2014.
230. Chopra D. Towards Gender Equality with Care-Sensitive Social Protection. Institute of Development Studies Policy Briefing Issue 49. Brighton, UK: IDS; 2014.
231. Razavi S. The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Geneva, Switzerland: United Nations Research Institute for Social Development; 2007.
232. Bobonis G. The impact of conditional cash transfers on marriage and divorce. Working Paper No. 359. Toronto, ON: University of Toronto, Department of Economics; 2009.
233. Bobonis G, González-Brenes M, Castro R. Public transfers and domestic violence: The roles of private information and spousal control. *American Economic Journal: Economic Policy*. 2013; 5(1): 179–205.
234. Yoong J, Rabinovich L, Diepeveen S. The impact of economic resource transfers to women versus men: A systematic review. Technical Report. London, UK: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London; 2012.
235. Martínez Franzoni J, Voorend K. Blacks, whites, or greys? Conditional transfers and gender equality in Latin America. *Social Politics: International Studies in Gender, State & Society*. 2012; 19(3): 383–407, p. 384.
236. United Nations. *Men in Families and Family Policy in a Changing World.* New York, NY: UN; 2011.
237. Huerta M, C, Adema W, Baxter J, Han WJ, Lausten M, Lee R, Waldfogel J. *Fathers' Leave, Fathers' Involvement and Child Development. Are They Related? Evidence from Four OECD Countries.* Paris, France: OECD Publishing; 2013.
238. Factsheet: Parents and Children. World Policy Forum website. <http://worldpolicyforum.org/sites/default/files/WORLD%20Fact%20Sheet%2005%20Parents%20and%20Children%20English.pdf>. 2014.
239. International Labour Organization. *Maternity and Paternity at Work: Law and Practice across the World.* Geneva, Switzerland: ILO; 2014.
240. International Labour Organization. *Maternity and Paternity at Work: Law and Practice across the World.* Geneva, Switzerland: ILO; 2014.
241. International Labour Organization. Report VI: Gender Equality at the Heart of Decent Work. Geneva, Switzerland: ILO; 2009.
242. International Labour Organization. *Maternity and Paternity at Work: Law and Practice across the World.* Geneva, Switzerland: ILO; 2014.
243. UN Convention 156, Recommendation No. 165, Paragraph 22(1).
244. International Labour Organization. *Maternity and Paternity at Work: Law and Practice across the World.* Geneva, Switzerland: ILO; 2014.
245. UN Convention 183, Recommendation No. 191, Paragraph 10(3).
246. International Labour Organization. Report VI: Gender Equality at the Heart of Decent Work. Geneva, Switzerland: ILO; 2009.
247. Kotsadam A, Finnsraas H. The state intervenes in the battle of the sexes: Causal effects of paternity leave. *Social Science Research*. 2011; 40(6): 1611–22.
248. Tanaka S, Waldfogel J. Effects of Parental Leave and Work Hours on Fathers' Involvement with their Babies: Evidence from the Millennium Cohort Study. *Community, Work & Family*. 2007; 10(4): 409–26.
249. Patnaik A. Reserving Time for Daddy: The Short and Long-Term Consequences of Fathers' Quotas. *Social Science Research Network*, 2015. Available at <http://dx.doi.org/10.2139/ssrn.2475970>.
250. Johansson E-A. The Effect of Own and Spousal Parental Leave on Earnings. Uppsala, Sweden: Institute for Labor Market Policy Evaluation; 2010.
251. FI Research Summary: Paternity Leave. Fatherhood Institute website. <http://www.fatherhoodinstitute.org/2014/fi-research-summary-paternity-leave/>. 2014.
252. Feldman R, Sussman AL, Zigler E. Parental leave and work adaptation at the transition to parenthood: Individual, marital, and social correlates. *Journal of Applied Developmental Psychology* 2004; 25(4): 459–79.
253. Redshaw M, Henderson J. Fathers' engagement in pregnancy and childbirth: Evidence from a national survey. *BMC pregnancy and childbirth* 2013; 13(1): 70.
254. Bratberg E, Naz G. Does Paternity Leave Affect Mothers' Sickness Absence? Bergen, Norway: University of Bergen Economics; 2009.
255. Van Deusen F, Humbert B, Harrington B. *The New Dad: Caring, Committed and Conflicted.* Boston, Mass: Boston College Center for Work & Family; 2011.
256. Pronzato C. *Return to Work after Childbirth: Does Parental Leave Matter in Europe?.* Colchester, UK: Institute for Social and Economic Research, University of Essex; 2007.
257. Kotsadam A, Finnsraas H. The state intervenes in the battle of the sexes: Causal effects of paternity leave. *Social Science Research*. 2011; 40(6): 1611–22.
258. Kotsadam A, Finnsraas H. The state intervenes in the battle of the sexes: Causal effects of paternity leave. *Social Science Research*. 2011; 40(6): 1611–22.
259. These data are reproduced from the ILO 2014 report: *ILO Working Conditions Laws Database – Maternity Protection*. Available at: <http://www.ilo.org/>

travdatabase 29 Mar 2014.

260. International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

261. International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

262. International Network on Leave Policies and Research. *Statutory Paternity Leave*; 2014, April.

263. International Labour Organization. *Maternity and Paternity Leave at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

264. O'Brien M. Fathers, Parental Leave Policies, and Infant Quality of Life: International Perspectives and Policy Impact. *Annals of the American Academy of Political and Social Science* 2009; 624: 190–213.

265. Heymann J. *Children's Chances: How Countries Can Move from Surviving to Thriving*. Cambridge, MA.: Harvard University Press; 2013.

266. World Policy Forum: *Adult Labor and Working Conditions Database*. WORLD Policy Analysis Center, UCLA. <http://worldpolicyforum.org/topics/adult-labor-and-working-conditions/policies>. Accessed May 5, 2015.

267. International Labour Organization. *Maternity and Paternity at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

268. Federation of Uganda Employers. *A Report on Terms and Conditions of Employment in Uganda*. Kampala, Uganda: Federation of Uganda Employers; 2002.

269. Barker G, Robbins M. The Paternity Leave Stimulus. *TIME*. <http://time.com/3642763/paternity-leave-stimulus/>. 2014.

270. Harrington B, Van Deusen F, Sabatini Fraone J, Eddy S. *The New Dad: Take Your Leave: Perspectives on Paternity Leave from Fathers, Leading Organizations, and Global Policies*. Boston, Mass: Boston College Center for Work & Family; 2014.

271. Harrington B, Van Deusen F, Sabatini Fraone J, Eddy S. *The New Dad: Take Your Leave: Perspectives on Paternity Leave from Fathers, Leading Organizations, and Global Policies*. Boston, Mass: Boston College Center for Work & Family; 2014.

272. Waldfoegel J. The impact of the

Family and Medical Leave Act. *Journal of Policy Analysis and Management* 1999; 18(2): 281–302.

273. Meyer CS, Mukerjee S, Sestero A. Work-family benefits: Which ones maximize profits? *Journal of Managerial Issues* 2001; 13(1): 2844.

274. Galinsky E. *The 1998 Business Work-Life Study: A Sourcebook*. New York, NY: Families and Work Institute; 1998.

275. Ladge J, Humbert B, Harrington B, Watkins M. Updating the organization MAN: An examination of involved fathering in the workplace. *Academy of Management Perspectives*. 2014; 29(1): 152–171.

276. United Nations Development Program, *America Latina Genera. El Cuidado Compartido: Hacia Una Propuesta De Parentalidad*. UNDP and America Latina Genera; 2013.

277. Harrington B, Van Deusen F, Sabatini Fraone J, Eddy S. *The New Dad: Take Your Leave: Perspectives on Paternity Leave from Fathers, Leading Organizations, and Global Policies*. Boston, Mass: Boston College Center for Work & Family; 2014.

278. Appelbaum E, Milkman R. *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*. Washington, DC: Center for Economic and Policy Research; 2011:36.

279. Sonke Gender Justice Network and Mosaic. *Paternity Leave in South Africa – Position Paper*. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.

280. Patnaik A. *Making Leave Easier: Better Compensation and Daddy-Only Entitlements*. New York, NY: Social Science Research Network; 2012.

281. Patnaik A. *Merging Separate Spheres: The Role of Policy in Promoting "Dual-Earner Dual-Carer" Households*. New York: Social Science Research Network; 2013.

282. Ray R, Gornick JC, Schmitt J. *Parental Leave Policies in 21 Countries: Assessing Generosity and Gender Equality*. Washington, DC: Center for Economic and Policy Research; 2008. Cited in: Sonke Gender Justice Network and Mosaic. *Paternity Leave in South Africa – Position Paper*. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.

283. Ray R, Gornick JC, Schmitt J. *Parental Leave Policies in 21 Countries: Assessing Generosity and Gender Equality*. Washington, DC: Center for Economic and Policy Research; 2008. Cited in: Sonke

Gender Justice Network and Mosaic.

Paternity Leave in South Africa – Position Paper. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.

284. Ray R, Gornick JC, Schmitt J. *Parental Leave Policies in 21 Countries: Assessing Generosity and Gender Equality*. Washington, DC: Center for Economic and Policy Research; 2008. Cited in: Sonke Gender Justice Network and Mosaic. *Paternity Leave in South Africa – Position Paper*. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.

285. O'Brien M. Fathers, parental leave policies, and infant quality of life: International perspectives and policy impact. *The ANNALS of the American Academy of Political and Social Science*. 2009; 624(1): 190–213.

286. Harrington B, Van Deusen F, Sabatini Fraone J, Eddy S. *The New Dad: Take Your Leave: Perspectives on Paternity Leave from Fathers, Leading Organizations, and Global Policies*. Boston, Mass: Boston College Center for Work & Family; 2014.

287. International Labor Organization. *Maternity and Paternity at Work: Law and Practice across the World*. Geneva, Switzerland: ILO; 2014.

288. Anxo D, Fagan C, Letablier MT, Peraudin C, Smith M. *Parental Leave in European Companies*. Dublin, Ireland: European Foundation for the Improvement of Working Life and Working Conditions; 2007.

289. European Union. *Reconciliation between Work, Private and Family Life in the European Union*. Brussels, Belgium: European Union; 2009.

290. Smit R. *Family-Related Policies in Southern African Countries: Are Working Parents Reaping Any Benefits?* *Journal of Comparative Family Studies* 2011; 42(1): 15–36.

291. Sonke Gender Justice Network and Mosaic. *Paternity Leave in South Africa – Position Paper*. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.

292. Brandth B, Kvande E. *Flexible work and flexible fathers*. *Work Employment & Society*. 2001; 15(2): 251–267.

293. O'Brien M. Fathers, parental leave policies, and infant quality of life: International perspectives and policy impact. *The ANNALS of the American Academy of Political and Social Science*. 2009; 624(1): 190–213.

294. Rutten C. *Parental Leave in Europe and Social [Exclusion] of Women from the*

- Labour Market. Dubrovnik, Croatia: Inter University Centre Dubrovnik; 2012.
295. Eydal GB, Gislasen IV. Iceland Country Note. In: 10th International Review of Leave Policies and Research. London: Institute of Education; University of London; No date.
296. Sonke Gender Justice Network and Mosaic. Paternity Leave in South Africa – Position Paper. Cape Town, South Africa: Sonke Gender Justice Network and Mosaic; 2015.
297. Ray R, Gornick JC, Schmitt J. Parental Leave Policies in 21 Countries: Assessing Generosity and Gender Equality. Washington, DC: Center for Economic and Policy Research; 2008.
298. Heymann J. Children's Chances: How Countries Can Move from Surviving to Thriving. Cambridge, MA: Harvard University Press; 2013.
299. International Labour Organization. Maternity and Paternity at Work: Law and Practice across the World. Geneva, Switzerland: ILO; 2014.
300. United Nations Children's Fund, United Nations Economic Commission for Latin America and the Caribbean. Challenges: Childcare and Parental Leave. Chile: UNICEF and UN ECLAC; 2011.
301. Marí-Klose P, Lanau Sánchez A. Infancia y futuro: nuevas realidades, Nuevo retos. Barcelona, Spain: Fundación La Caixa; 2010.
302. International Labour Organization. Maternity and Paternity at Work: Law and Practice across the World. Geneva, Switzerland: ILO; 2014.
303. Moss P (ed.). 10th International Review of Leave Policies and Related Research 2014. London, UK: Institute of Education; University of London; 2014.
304. Moss P (ed.). 10th International Review of Leave Policies and Related Research 2014. London, UK: Institute of Education; University of London; 2014.
305. Moss P (ed.). 10th International Review of Leave Policies and Related Research 2014. London, UK: Institute of Education; University of London; 2014.
306. Ray R, Gornick JC, Schmitt J. Parental Leave Policies in 21 Countries: Assessing Generosity and Gender Equality. Washington, DC: Center for Economic and Policy Research; 2008.
307. International Labour Organization. Maternity and Paternity at Work: Law and Practice across the World. Geneva, Switzerland: ILO; 2014.
308. International Labour Organization. Maternity and Paternity at Work: Law and Practice across the World. Geneva, Switzerland: ILO; 2014.
309. Patnaik A. Making Leave Easier: Better Compensation and Daddy-Only Entitlements. New York, NY: Social Science Research Network; 2012.
310. Moss P (ed.). 10th International Review of Leave Policies and Related Research 2014. London, UK: Institute of Education; University of London; 2014.
311. Giullari S, Lewis J. The Adult Worker Model Family, Gender Equality and Care: The Search for New Policy Principles, and the Possibilities and Problems of a Capabilities Approach. Geneva, Switzerland: UNRISD; 2005.
312. Barker G, Greene M, Goldstein-Siegel E, Nascimento M, Segundo M, Ricardo C, Figueroa JG, Franzoni J, Redpath J, Morrell R, Jewkes R, Peacock D, Aguayo F, Sadler M, Das A, Singh SK, Pawar A, Pawlak P. What Men Have to Do With It: Public Policies to Promote Gender Equality. Washington, DC: International Center for Research on Women, Instituto Promundo; 2010.
313. Figueroa-Perea JG. A gendered perspective on men's reproductive health. *International Journal of Men's Health*. 2003; 2(2): 111–30.
314. Fontana M. Gender-Equitable Public Investment: How Time-Use Surveys Can Help. IDS Policy Briefing, 82. Brighton, UK: Institute of Development Studies; 2014.
315. Collier R, Sheldon S. Fathers' Rights, Fatherhood and Law Reform: International Perspectives. In: Collier R, Sheldon S (eds.). Fathers' Rights Activism and Law Reform in Comparative Perspective. Portland, OR: Hart Publications; 2006.
316. Children Living Apart from One Parent. Australian Bureau of Statistics website. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/bb8db737e2af84b-8ca2571780015701e/5a3e269e290eb-5b1ca2571b0001032d8!OpenDocument>. 2006.
317. Lone parents with dependent children (in the UK), 2001 to 2011. Office of National Statistics website. <http://www.ons.gov.uk/ons/rel/family-demography/families-and-households/2011/sum-lone-parents.html>. 2012.
318. Unbehaun SG. A desigualdade de gênero nas relações parentais: O exemplo da custódia dos filhos. In: Arilha M, Unbehaun SG, Medrado B (eds). *Homens e masculinidades: Outras Palavras*. São Paulo, Brazil: Editora 34/ECOS; 1998.
319. Barreto LHD. Considerações sobre a guarda compartilhada. 2006. Available at: <http://egov.ufsc.br/portal/sites/default/files/anexos/28287-28298-1-PB.pdf>.
320. Smart C, May, V. Why can't they agree? The underlying complexity of contact and residence disputes. *Journal of Social Welfare and Family Law*. 2004; 26(4): 347–60.
321. Smart C, May, V. Why can't they agree? The underlying complexity of contact and residence disputes. *Journal of Social Welfare and Family Law*. 2004; 26(4): 347–60.
322. Pakeeza S, Chishty AA. Custody and guardianship of children according to Muslim jurisprudence in Pakistan. *Academic Research International*. 2012; 3(2): 461–65.
323. The Department of Finance and Personnel. Parental Responsibility for Unmarried Fathers and Contact with Children Post-Separation. Republic of Ireland: Department of Finance and Personnel; 2014.
324. Stevenson MM, Fabricius WV, Cookston JT, Parke RD, Coltrane S, Braver SL, Saenz DS. Marital problems, maternal gatekeeping attitudes, and father-child relationships in adolescence. *Developmental Psychology*. 2014; 50(4): 1208–18;
325. Parke RD. *Fatherhood*. Cambridge, MA: Harvard University Press; 1996.
326. Collier R, Sheldon S. Fathers' Rights, Fatherhood and Law Reform: International Perspectives. In: Collier R, Sheldon S (eds.). *Fathers' Rights Activism and Law Reform in Comparative Perspective*. Portland, OR: Hart Publications; 2006.
327. Maternal mortality fact sheet. World Health Organization website. <http://www.who.int/mediacentre/factsheets/fs348/en/>. Updated May 2014.
328. Maternal Health - The Statistical Picture. Women and Children First (UK) website. <http://www.womenandchildrenfirst.org.uk/what-we-do/key-issues/maternal-health-maternal-mortality/maternal-mortality-statistics>. No date.
329. United Nations Report of the Secretary-General. Framework of Actions for the Follow-Up to the Programme of Action of the International Conference of Population and Development Beyond 2014. New York, NY: United Nations; 2014.
330. Holmes, W. Personal communication. March 31, 2015.
331. Montgomery ET, van der Straten A, Chidanyika A, Chipato T, Jaffar S, Padian N. The importance of male partner

- involvement for women's acceptability and adherence to female-initiated HIV prevention methods in Zimbabwe. *AIDS and Behavior*. 2011; 15(5): 959–69.
332. Gipson JD, Hindin MJ. 'Marriage means having children and forming your family, so what is the need of discussion?' Communication and negotiation of child-bearing preferences among Bangladeshi couples. *Culture, Health & Sexuality*. 2007; 9(2): 185–198.
333. Rottach E, Schuler SS, Hardee K. *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence*. Washington, DC: Interagency Gender Working Group; 2009.
334. Becker S. Couples and reproductive health: A review of couple studies. *Studies in Family Planning*. 1996; 27(6): 291–306.
335. Greene M, Barker G, Olukoya P, Pawlak P, Contreras JM, Taylor A, Heilman B. (Unpublished paper). What Happens When We Engage Men? An Analysis and Review of the Benefits and Risks. International Center for Research on Women and Instituto Promundo. Washington, DC; 2011.
336. Greene ME, Mehta M, Pulerwitz J, Wulf D, Bankole A, Singh S. *Involving Men in Reproductive Health: Contributions to Development*. United Nations Millennium Project; 2006.
337. Stern E, Shand T. Health and Well-being. In: Edström J, Hassink A, Shahroksh T, and Stern E (eds). *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*. EMERGE Evidence Review. Brighton, UK: Institute of Development Studies, Promundo–US, Sonke Gender Justice; 2015.
338. United Nations. *United Nations Report of the International Conference on Population and Development*. In: Programme of Action. Cairo: UNFPA; 2014.
339. Joint United Nations Programme on HIV and AIDS. *Countdown to Zero: Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive, 2011–2015*. Geneva, Switzerland: UNAIDS; 2011.
340. US Agency for International Development. *Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action*. Washington, DC: USAID; 2014.
341. Namy S, Heilman B, Stich S, Edmeades J. *Be a Man, Change the Rules: Findings and Lessons from Seven Years of CARE International Balkans' Young Men Initiative*. Washington, DC: International Center for Research on Women and CARE; 2014.
342. Joint United Nations Programme on HIV and AIDS. *Report on the Global AIDS Epidemic*. Geneva, Switzerland: UNAIDS; 2008.
343. United Nations Report of the Secretary-General. *Framework of Actions for the Follow-Up to the Programme of Action of the International Conference of Population and Development Beyond 2014*. New York, NY: United Nations; 2014.
344. United Nations Population Fund. *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*. New York, NY: UNFPA; 2014.
345. Haberland NA. The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*. 2015; 41(1): 31–42.
346. Barker GT, Ricardo C, Nascimento M. *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*. Geneva, Switzerland: World Health Organization; 2007.
347. United Nations Educational, Scientific and Cultural Organization. *Sexuality Education: A Ten-Country Review of School Curricula in East and Southern Africa*. New York, NY: UNESCO and UNFPA; 2012.
348. Rolleri LA. Gender transformative programming in adolescent reproductive and sexual health: Definitions, strategies, and resources. *Practice Matters*, 2014; *Gender and Sexual Health: Part 4*.
349. Allen L. Beyond the birds and the bees: Constituting a discourse of erotics in sexuality education. *Gender and Education*. 2004; 16(2): 151–167.
350. *In Depth: The World Starts with Me*. Rutgers WPF website. <http://www.rutgerswfp.org/what-we-do/comprehensive-sexuality-education/depth-world-starts-me>. Updated 2015.
351. Rogow D, Haberland N, Del Valle A, Lee N, Osakue G, Sa Z, Skaer M. Integrating gender and rights into sexuality education: Field reports on using It's All One. *Reproductive Health Matters*. 2013; 21(41): 154–166.
352. Singh S, Darroch JE, Ashford LS. *Adding It Up 2014: The Costs and Benefits of Investing in Sexual and Reproductive Health*. New York, NY: United Nations Population Fund and Guttmacher Institute; 2014.
353. Sedgh G, Singh S, Hussain R. *Intended and unintended pregnancies worldwide in 2012 and recent trends*. *Studies in Family Planning*. 2014; 45(3): 301–314.
354. Foss AM, Hossain M, Vickerman PT, Watts CH. A systematic review of published evidence on intervention impact on condom use in sub-Saharan Africa and Asia. *Sexually Transmitted Infections*. 2007; 83(7): 510–16.
355. Courtenay WH. *Constructions of Masculinity and their Influence on Men's Well-Being*. *Social Science & Medicine*. 2000; 50(10): 1385–401.
356. Dworkin SL, Dunbar MS, Krishnan S, Hatcher AM, Sawires S. Uncovering tensions and capitalizing on synergies in HIV/AIDS and antiviolenace programs. *American Journal of Public Health*. 2011; 101(6): 995–1003.
357. Snow RC, Winter RA, Harlow SD. Gender attitudes and fertility aspirations among young men in five high fertility East African countries. *Studies in Family Planning*. 2013; 44(1): 1–24.
358. Sedgh G, Singh S, Hussain R. *Intended and unintended pregnancies worldwide in 2012 and recent trends*. *Studies in Family Planning*. 2014; 45(3): 301–314.
359. Bronte-Tinkew J, Ryan S, Carrano J, Moore KA. Resident fathers' pregnancy intentions, prenatal behaviors, and links to involvement with infants. *Journal of Marriage and Family*. 2007; 69(4): 977–90.
360. Cabrera NJ, Shannon JD, Mitchell SJ, West J. Mexican American mothers and fathers' prenatal attitudes and father prenatal involvement: Links to mother–infant interaction and father engagement. *Sex Roles*. 2009; 60(7–8): 510–526.
361. United Nations Department of Economic and Social Affairs, Population Division. *Trends in Contraceptive Methods Used Worldwide*. United Nations; 2013.
362. *Unmet need for family planning*. WHO Global Health Observatory (GHO) Data; 2011. http://www.who.int/gho/maternal_health/reproductive_health/family_planning/en/.
363. MacQuarrie K. *Unmet Need for Family Planning among Young Women: Levels and Trends*. Rockville, Maryland: DHS; 2014.
364. Gipson JD, Hindin MJ. 'Marriage means having children and forming your family, so what is the need of discussion?' Communication and negotiation of child-bearing preferences among Bangladeshi couples. *Culture, health & sexuality*. 2007; 9(2): 185–198.
365. Rutgers WPF, Promundo. *Synthesis*

- of the Formative Research of MenCare+ in Indonesia, South Africa, Brazil, Rwanda. Utrecht, Netherlands: Rutgers WPF; 2014.
366. Berhane A, Biadgilign S, Amberbir A, Morankar S, Berhane A, Deribe K. Men's knowledge and spousal communication about modern family planning methods in Ethiopia. *African Journal of Reproductive Health*. 2011; 15(4): 24–32.
367. Maiga OS, Poudiougou B, Keita TF, Ronse I, Boundy F, Bagayoko D, Diallo D. Implication des hommes dans la prise de décision concernant le planning familial au Mali. *Le Mali Medical*. 2007; 22(4): 27–30.
368. Shattuck D, Kerner B, Gilles K, Hartmann M, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. *American Journal of Public Health*. 2011; 101(6): 1089–95.
369. Pathfinder International. PRACHAR: Advancing Young People's Sexual and Reproductive Health and Rights in India. Watertown, MA: Pathfinder International; 2013.
370. Johnson K, and Yuan G. Men's Reproductive Health: Findings from Demographic and Health Surveys, 1995–2004. DHS Comparative Reports No. 17. Calverton, Maryland: DHS; 2009.
371. Baschieri A, Cleland J, Floyd S, Dube A, Msona A, Molesworth A, Glynn JR, French N. Reproductive preferences and contraceptive use: a comparison of monogamous and polygamous couples in Northern Malawi. *Journal of Biosocial Science*. 2013; 45(02): 145–166.
372. Johnson K, Yuan G. Men's Reproductive Health: Findings from Demographic and Health Surveys, 1995–2004. DHS Comparative Reports No. 17. Calverton, Maryland: DHS; 2009.
373. Dorman E, Bishai D. Demand for Male Contraception. *Expert Review of Pharmacoeconomics and Outcomes Research*. 2012; 12(5): 605–13.
374. Nanda P, Gautam A, Verma R, Khanna A, Khan N, Brahme D, Boyle S, Kumar S. *Masculinity, Intimate Partner Violence and Son Preference in India*. New Delhi, India: International Center for Research on Women; 2014.
375. World Health Organization. Preventing Gender-Biased Sex Selection: An Interagency Statement OHCHR, UNFPA, UNICEF, UN Women and WHO. Geneva, Switzerland: WHO; 2011.
376. Guilmoto C. Sex Imbalances at Birth: Current Trends, Consequences and Policy Implications. Bangkok, Thailand: United Nations Population Fund, Asia Pacific Regional Office; 2012.
377. Nanda P, Gautam A, Verma R, Khanna A, Khan N, Brahme D, Boyle S, Kumar S. *Masculinity, Intimate Partner Violence and Son Preference in India*. New Delhi, India: International Center for Research on Women; 2014.
378. Greenhalgh S. Bare Sticks and Other Dangers to the Social Body: Assembling Fatherhood in China. In: Inhorn M, Chavkin W, Navarro JA (eds). *Globalized Fatherhood*. Oxford, NY: Berghahn Books; 2015.
379. Van den Berg W, Brittain K, Mercer G, Peacock D, Stinson K, Janson H, Dubula V. Improving Men's Participation in Preventing Mother-to-Child Transmission of HIV as a Maternal, Neonatal, and Child Health Priority in South Africa. *PLOS Medicine*. 2015; 12(4).
380. Peltzer K, Mlambo M, Phaswana-Mafuya N, Ladzani R. Determinants of adherence to a single-dose nevirapine regimen for the prevention of mother-to-child HIV transmission in Gert Sibande district in South Africa. *Acta Paediatrica*. 2010; 99(5): 699–704.
381. Farquhar C, Klarie JN, Richardson BA, Kabura MN, John FN, Nduati RW, Mbori-Ngacha DA, John-Stewart GC. Antenatal couple counseling increases uptake of interventions to prevent HIV-1 transmission. *Journal of Acquired Immune Deficiency Syndromes (1999)*. 2004; 37(5): 1620.
382. Aluisio A, Richardson BA, Bosire R, John-Stewart G, Mbori-Ngacha D, Farquhar C. Male antenatal attendance and HIV testing are associated with decreased infant HIV infection and increased HIV-free survival. *Journal of Acquired Immune Deficiency Syndromes*. 2011; 56(1): 76–82.
383. Maman S, Groves A, King E, Pierce M, Wyckoff S. HIV testing during pregnancy: A literature and policy review. New York, NY: Open Society Institute; 2008.
384. Holmes W, Wambo G, Gabong R, Kavang E, Luana S, Sawa A, Supsup H, Reeder JC, Cassidy S, Natoli LJ. 'Because it is a joyful thing to carry a baby': Involving men in reproductive, maternal, and newborn health in East New Britain, Papua New Guinea. *PNG Medical Journal*. 2012; 55(1–4): 24–34.
385. Abortion. International Planned Parenthood Federation website. <http://www.ippf.org/our-work/what-we-do/Abortion>. Updated 2013.
386. The world's abortion laws 2014. Center for Reproductive Rights website. <http://www.reproductiverights.org/document/the-worlds-abortion-laws-map>. Updated 2014.
387. Unwanted pregnancy is a fact of life, so let's make abortion safe and legal. International Planned Parenthood Federation website. <http://www.ippf.org/news/blogs/Unwanted-pregnancy-fact-life-so-let-s-make-abortion-safe-and-legal>. Updated September 25, 2014.
388. Moore AM, Jagwe-Wadda G, Bankole A. Men's attitudes about abortion in Uganda. *Journal of Biosocial Science*. 2011; 43(1): 31–45.
389. Chikovre J, Lindmark G, Nystrom L, Mbizvo MT. The hide-and-seek game: Men's perspectives on abortion and contraceptive use within marriage in a rural community in Zimbabwe. *Journal of Biosocial Science*. 2002; 34(3): 317–332.
390. Moore AM, Jagwe-Wadda G, Bankole A. Men's attitudes about abortion in Uganda. *Journal of Biosocial Science*. 2011; 43(1): 31–45.
391. Henderson LR. A Survey of teenage pregnant women and their male partners in the Grampian region. *British Journal of Family Planning*. 1999; 25(3): 90–92.
392. Browner C. Abortion decision making: Some findings from Colombia. *Studies in Family Planning*. 1979; 10(3): 96.
393. Jones RK, Moore AM, Frohwirth LF. Perceptions of male knowledge and support among U.S. women obtaining abortions. *Women's Health Issues*. 2011; 21(2): 117–123.
394. Barker G, Contreras JM, Heilman B, Singh A, Nascimento M. *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women and Instituto Promundo; 2011.
395. Moore AM, Jagwe-Wadda G, Bankole A. Men's attitudes about abortion in Uganda. *Journal of Biosocial Science*. 2011; 43(1): 31–45.
396. Browner C. Abortion decision making: Some findings from Colombia. *Studies in Family Planning*. 1979; 10(3): 96–106.
397. Browner C. Abortion decision making: Some findings from Colombia. *Studies in Family Planning*. 1979; 10(3): 96–106.
398. Ipas. *Exploring Men's Roles in Women's Decisions to End Pregnancies: A Literature Review with Suggestions for Action*. Chapel Hill, NC: Ipas; 2009.
399. Van der Gaag, N. Interview with father in Khayelitsha township, South

Africa. June 2013.

400. Sinha D. Empowering Communities to Make Pregnancy Safer: An Intervention in Rural Andhra Pradesh. New Delhi, India: Population Council; 2008.

401. Midhet F, Becker S. Impact of community-based interventions on maternal and neonatal health indicators: Results from a community randomized trial in rural Balochistan, Pakistan. *Reproductive Health*. 2010; 7: 30.

402. Davis J, Luchters S, Holmes W. Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.

403. Martin LT, McNamara MJ, Milot AS, Halle T, Hair EC. The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking. *Maternal and Child Health Journal*. 2007; 11(6): 595–602.

404. Omer K, Afi NJ, Baba MC, Adamu M, Malami SA, Oyo-Ita A, Cockcroft A, Andersson A. Seeking evidence to support efforts to increase use of antenatal care: A cross-sectional study in two states of Nigeria. *BMC Pregnancy Childbirth*, 2014; 14: 380.

405. Barua A, Pande RP, MacQuarrie K, Walia S. Caring men? Husbands' involvement in maternal care of young wives. *Economic and Political Weekly*. 2004; 5661–8.

406. Dudgeon MR, Inhorn MC. Men's influences on women's reproductive health: Medical anthropological perspectives. *Social Science and Medicine*. 2004; 59(7): 1379–95.

407. Madsen SA. Fædres tilknytning til spædbørn [Fathers' involvement with infants]. Copenhagen, Denmark: Hans Reitzels Forlag; 2002. Cited in: World Health Organization. *Fatherhood and Health Outcomes in Europe*. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2007.

408. Ministry of Health and Social Affairs. Stöd i föräldraskapet [Parental support]. Stockholm, Sweden: Fritzes Offentliga Publikationer; 1997. Cited in: World Health Organization. *Fatherhood and Health Outcomes in Europe*. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2007.

409. Rutgers WPF. Promundo. Synthesis of the Formative Research of MenCare+ in Indonesia, South Africa, Brazil, Rwanda. Utrecht, Netherlands: Rutgers WPF; 2014.

410. Manganji JN, Mwangi A, Mbugua S,

Mukthar V. Male involvement in maternal health care as a determinant of utilization of skilled birth attendants in Kenya. DHS Working Paper 93. Calverton, MD: DHS; 2013.

411. Chowdhury RI, Islam MA, Gulshan J, Chakraborty N. Delivery Complications and Healthcare-Seeking Behaviour: The Bangladesh Demographic Health Survey, 1999–2000. *Health & Social Care in the Community*. 2007; 15(3): 254–64.

412. Rahman MM, Haque SE, Zahan MS. Factors affecting the utilisation of postpartum care among young mothers in Bangladesh. *Health & Social Care in the Community*; 2010; 19(2): 138–47.

413. Mullany BC, Becker S, Hindin M. The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial. *Health Education Research*. 2006; 22(2): 166–76.

414. Liamputtong P, Naksook C. Perceptions and experiences of motherhood, health and the husband's role among Thai women in Australia. *Midwifery*. 2003; 19(1): 27–36.

415. Yargawa J, Leonardi-Bee J. Male involvement and maternal health outcomes: Systematic review and meta-analysis. *Journal of Epidemiology & Community Health*, 2015; 0: 1–9.

416. Xie R-H, Yang J, Liao S, Xie H, Walker M, Wen SW. Prenatal family support, postnatal family support and postpartum depression: Family support and postpartum depression. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2010; 50(4): 340–5.

417. Sinha D. Empowering communities to make pregnancy safer: An intervention in rural Andhra Pradesh. New Delhi, India: Population Council; 2008.

418. Pagel MD, Smilkstein G, Regen H, Montano D. Psychosocial influences on new born outcomes: A controlled prospective study. *Social Science & Medicine*. 1990; 30(5): 597–604.

419. Mutale T, Creed F, Maresh M, Hunt L. Life events and low birthweight — analysis by infants preterm and small for gestational age. *BJOG: An International Journal of Obstetrics & Gynaecology*. 1991; 98(2): 166–172.

420. Dellicour S, Desai M, Mason L, Odidi B, Aol G, Phillips-Howard PA, Laserson KF, Ter Kuile FO. Exploring risk perception and attitudes to miscarriage and congenital anomaly in rural Western Kenya. *PLOS ONE*. 2013; 8(11).

421. Erviti J. Strategies used by

low-income Mexican women to deal with miscarriage and “spontaneous” abortion. *Qualitative Health Research*. 2004; 14(8): 1058–76.

422. Davis J, Luchters S, Holmes W. Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.

423. Davis J, Luchters S, Holmes W. Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.

424. Davis J, Luchters S, Holmes W. Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.

425. Maázou S. Des hommes s'engagent en faveur de la santé maternelle. Inter Press Service News Agency, 2013. (Original in French, translated into English by the authors.) http://www.ipsinternational.org/fr/_note.asp?idnews=7652.

426. Dellicour S, Desai M, Mason L, Odidi B, Aol G, Phillips-Howard PA, Laserson KF, Ter Kuile FO. Exploring risk perception and attitudes to miscarriage and congenital anomaly in rural Western Kenya. *PLOS ONE*. 2013; 8(11).

427. Мужчины это сделали www.mencandoit.org. 2015. (Original in Ukrainian, translated into English by the authors.)

428. Mats Berggren, Eremin N, Kazansky S, Martsenyuk V, Motygin V, Turovets A. *Father School: Step by Step*. Moscow: UNICEF; 2012.

429. Cholil A, Iskandar MB, Sciortino R. *The Life Saver: The Mother Friendly Movement in Indonesia*. 1st ed. Jakarta: State Ministry for the Role of Women, Republic of Indonesia, Ford Foundation; 1998.

430. Más de 7,600 partos con presencia de papás se realizaron en el INMP. Ministerio de Salud del Peru website. http://www.minsa.gob.pe/portada/prensa/notas_auxiliar.asp?nota=14610. Updated 2014.

431. Greene ME, Mehta M, Pulerwitz J, Wulf D, Bankole A, Singh S. *Involving Men in Reproductive Health: Contributions to Development*. United Nations Millennium Project; 2006.

432. Van der Gaag, N. Interview with Adivasi father in Tamil Nadu, India. November 2014.

433. Sehdev SS, Parker H, Reddish S.

- Exploratory interviews with women and male partners on the experience of miscarriage. *Clinical Effectiveness in Nursing*. 1997; 1(3): 169–71.
434. Stinson KM, Lasker JN, Lohmann J, Toedter LJ. Parents' grief following pregnancy loss: A comparison of mothers and fathers. *Family Relations*. 1992; 41(2): 218.
435. Puddifoot JE, Johnson MP. The legitimacy of grieving: The partner's experience at miscarriage. *Social Science & Medicine*. 1997; 45(6): 837–45.
436. Kong G, Chung T, Lai B, Lok I. Gender comparison of psychological reaction after miscarriage—a 1-year longitudinal study. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2010; 117(10): 1211–19.
437. Rinehart MS, Kiselica MS. Helping men with the trauma of miscarriage. *Psychotherapy: Theory, Research, Practice, Training*. 2010; 47(3): 288–95.
438. Montigny F, Girard ME, Lacharité C, Dubeau D, Devault A. Psychosocial factors associated with paternal postnatal depression. *Journal of Affective Disorders*. 2013; 150(1): 44–9.
439. Goodman JH. Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health. *Journal of Advanced Nursing*. 2004; 45(1): 26–35.
440. *Becoming Papa: Fathers Key to Gender Justice* [video]. Rio de Janeiro, Brazil. PBS to the Contrary; 2014. http://www.pbs.org/to-the-contrary/watch/3110/becoming-papa_fathers-key-to-gender-justice.
441. Gadsden V, Fagan J, Ray A, Davis JE. *The Fathering Indicators Framework: A Tool for Quantitative and Qualitative Analysis*. Philadelphia, PA: National Center on Fathers and Families, University of Pennsylvania; 2001.
442. Cochrane K. Is it ever OK to miss your baby's birth? *The Guardian*. November 8, 2010. <http://www.theguardian.com/lifeandstyle/2010/nov/08/john-barnes-absent-from-babys-birth>.
443. Authors' analysis of International Men and Gender Equality Survey (IMAGES) data.
444. Enkin MW, Kierse MJNC, Renfrew M, Neilson J, with the editorial assistance of Enkin E. *A Guide to Effective Care In Pregnancy and Childbirth*. 2nd edition. Oxford: Oxford University Press; 1995.
445. Ip WY. Relationships between partner's support during labour and maternal outcomes. *Journal of Clinical Nursing*. 2000; 9(2): 265–72.
446. Gungor I, Beji NK. Effects of Fathers' Attendance to Labor and Delivery on the Experience of Childbirth in Turkey. *Western Journal of Nursing Research*. 2007; 29(2): 213–31.
447. Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: A scope study literature review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1): 87–102.
448. Gibbins J, Thomson AM. Women's expectations and experiences of childbirth. *Midwifery*. 2001; 17(4): 302–13.
449. Sapkota S, Kobayashi T, Kakehashi M, Baral G, Yoshida I. In the Nepalese context, can a husband's attendance during childbirth help his wife feel more in control of labour? *BMC pregnancy and childbirth*. 2012; 12(1): 49.
450. Rutgers WPF, Promundo. *Synthesis of the Formative Research of MenCare- in Indonesia, South Africa, Brazil, Rwanda*. Utrecht, Netherlands: Rutgers WPF; 2014.
451. Yargawa J, Leonardi-Bee J. Male involvement and maternal health outcomes: Systematic review and meta-analysis. *Journal of Epidemiology and Community Health*. 2015; 0: 1–9.
452. Cook JL, Jones RM, Dick AJ, Singh A. Revisiting men's role in father involvement: The importance of personal expectations. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2005; 3(2): 165–178.
453. Carter M. Husbands and maternal health matters in rural Guatemala: Wives' reports on their spouses' involvement in pregnancy and birth. *Social Science & Medicine*. 2002; 55(3): 437–450.
454. Mendes-Franco J. Fathers in the Caribbean have to fight to see the birth of their kids. *Global Voices Online website*. 2014. <http://www.pri.org/stories/2014-03-12/midwives-take-action-no-dads-allowed-rules-trinidad-tobago>.
455. Holmes W, Wambo G, Gabong R, Kavang E, Luana S, Sawa A, Supsup H, Reeder JC, Cassidy S, Natoli LJ. 'Because it is a joyful thing to carry a baby': Involving men in reproductive, maternal, and newborn health in East New Britain, Papua New Guinea. *PNG Medical Journal*. 2012; 55(1–4): 24–34, p. 26.
456. Global Health Observatory Data. World Health Organization website. http://www.who.int/gho/child_health/en/. 2014.
457. Maycock B, Binns CW, Dhaliwal S, Tohotoa J, Hauck Y, Burns S, Howat P. Education and support for fathers improves breastfeeding rates: A randomized controlled trial. *Journal of Human Lactation*. 2013; 29(4): 484–490.
458. Tohotoa J, Maycock B, Hauck YL, Howat P, Burns S, Binns CW. Dads make a difference: An exploratory study of paternal support for breastfeeding in Perth, Western Australia. *International Breastfeeding Journal*. 2009; 4(1): 15.
459. Pisacane A. A controlled trial of the father's role in breastfeeding promotion. *Pediatrics*. 2005; 116(4): e494–8.
460. Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J. Dads as breastfeeding advocates: Results from a randomized controlled trial of an educational intervention. *American Journal of Obstetrics and Gynecology*. 2004; 191(3): 708–12.
461. Engebretsen IMS, Moland KM, Nankunda J, Karamagi CA, Tylleskär T, Tumwine JK. Gendered perceptions on infant feeding in Eastern Uganda: Continued need for exclusive breastfeeding support. *International Breastfeeding Journal*. 2010; 5: 13.
462. Bich, TH, Hoa DT, Mälqvist M. Fathers as supporters for improved exclusive breastfeeding in Viet Nam. *Maternal and Child Health Journal*. 2014; 18(6): 1444–53.
463. Babirye JN, Rutebemberwa E, Kiguli J, Wamani H, Nuwaha F, Engebretsen IMS. More support for mothers: A qualitative study on factors affecting immunization behavior in Kampala, Uganda. *BMC Public Health*. 2011; 11: 723.
464. Dutta M, Kapilashrami MC, Tiwari VK. Knowledge, awareness and extent of male participation in key areas of reproductive and child health in an urban slum of Delhi. *Health and Population, Perspectives and Issues*. 2004; 27(2): 49–66.
465. Carter M. Husband involvement in the treatment of child illness in Guatemala. *Journal of Biosocial Science*. 2004; 36(2): 189–208.
466. Babirye JN, Rutebemberwa E, Kiguli J, Wamani H, Nuwaha F, Engebretsen IM. More support for mothers: A qualitative study on factors affecting immunisation behaviour in Kampala, Uganda. *BMC Public Health*. 2011; 11(1): 723.
467. United Nations Children's Fund. *Birth Registration Right from the Start*. Innocenti Digest No. 9. Florence, Italy: UNICEF Innocenti Research Center; 2002.
468. Gonzales-Diaz V. Informe de la Misión a Nicaragua sobre Sistemas de Registro Civil y Estadísticas Vitales. United Nations Statistics Division; 2001.

469. United Nations Children's Fund. *Every Child's Birth Right: Inequities and Trends in Birth Registration*. New York, NY: UNICEF; 2013.
470. Courtenay WH. Constructions of Masculinity and Their Influence on Men's Well-Being. *Social Science & Medicine*. 2000; 50(10): 1385–1401.
471. Greene M, Levack A. Synchronizing gender strategies: A cooperative model for improving reproductive health and transforming gender relations. Washington, DC: Population Reference Bureau; 2010.
472. Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: A scope study literature review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1): 87–102.
473. Engebretsen IMS, Moland KM, Nankunda J, Karamagi CA, Tylleskär T, Tumwine JK. Gendered perceptions on infant feeding in Eastern Uganda: Continued need for exclusive breastfeeding support. *International Breastfeeding Journal*. 2010; 5: 13.
474. Johnson K, Gu Y. Men's Reproductive Health: Findings from the Demographic and Health Surveys, 1995–2004. DHS Comparative Reports, Calverton, MD: DHS; 2009.
475. Noar SM, Morokoff PJ. The relationship between masculinity ideology, condom attitudes, and condom use: Stage of Change: A structural equation modeling approach. *International Journal of Men's Health*. 2002; 1(1): 43.
476. Rutgers WPF, Promundo. *Synthesis of the Formative Research of MenCare+ in Indonesia, South Africa, Brazil, Rwanda*. Utrecht, Netherlands: Rutgers WPF; 2014.
477. Aguayo F, P Correa, E Kimelman. *Estudio de Paternidad En El Sistema Publico de Salud de Chile*. Santiago de Chile, Chile: CulturSalud/MINSAL; 2012.
478. Fågerskiöld, A. Support of fathers of infants by the child nurse. *Scandinavian Journal of Caring Science*, 2006, 20: 79–5. Cited in: Plantin L, Olukoya AA, Ny P. Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: a scope study literature review. *Fathering*. 2011; 9(1).
479. Burgess A. *The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice*. London, UK: Fathers Direct; 2006.
480. Davis J, Luchters S, Holmes W. *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
481. Holmes W, Wambo G, Gabong R, Kavang E, Luana S, Sawa A, Supsup H, Reeder JC, Cassidy S, Natoli LJ. 'Because it is a joyful thing to carry a baby': Involving men in reproductive, maternal, and newborn health in East New Britain, Papua New Guinea. *PNG Medical Journal*. 2012; 55 (1–4): 24–34, p. 27.
482. Red de Masculinidad por la Igualdad de Género. *Investigación Cualitativa Sobre Las Percepciones y Actitudes del Personal de Salud en Torno al Involucramiento de Los Hombres En La Salud Materno-Infantil En Cuatro Territorios: Granada, Somoto, Managua, Y Ciudad Sandina*. Managua, Nicaragua: REDMAS; 2014.
483. Office of the Texas Attorney General. *The First Nine Months of Fatherhood: Paternal Contributions to Maternal and Child Health Outcomes. A Report of the Findings from the First National Conference of Emerging Research and Practice on Prenatal Father Involvement*. Houston, TX: Texas Attorney General's Child Support Division; 2007.
484. International Federation of Gynecology and Obstetrics, International Confederation of Midwives, White Ribbon Alliance, International Pediatric Association, World Health Organization. *Mother–baby friendly birthing facilities*. *International Journal of Gynecology & Obstetrics*. 2015; 128(2): 95–9.
485. Davis J, Luchters S, Holmes W. *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
486. Natoli L, Holmes W, Chanlivong N, Chan G, Toole MJ. Promoting safer sexual practices among expectant fathers in the Lao People's Democratic Republic. *Global Public Health*. 2012; 7(3): 299–311.
487. Davis J, Luchters S, Holmes W. *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
488. Burgess A. *The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice*. London, UK: Fathers Direct; 2006.
489. *Becoming Papa: Fathers Key to Gender Justice* [video]. Rio de Janeiro, Brazil. PBS to the Contrary; 2014. http://www.pbs.org/to-the-contrary/watch/3110/becoming-papa_fathers-key-to-gender-justice
490. Stern E, Shand T. Health and Well-being. In: Edström J, Hassink A, Shahrokh T, and Stern E (eds). *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*. EMERGE Evidence Review. Brighton, UK: Institute of Development Studies, Promundo-US, Sonke Gender Justice; 2015.
491. Bassette F. 64% das grávidas não tiveram direito a um acompanhante no parto no SUS. *Saúde*. January 27, 2013. <http://saude.estadao.com.br/noticias/geral.64-das-gravidas-nao-tiveram-direito-a-um-acompanhante-no-parto-nosus.989603>.
492. Carvalho M. [Fathers' participation in childbirth at a public hospital: Institutional difficulties and motivations of couples.] *Caderno da Saúde Pública*. 2003; 19(2): S389–S398. Cited in: Barker G, Verani F. Men's Participation as Fathers in Latin America and the Caribbean: A Critical Literature Review with Policy Considerations. Rio de Janeiro, Brazil: Instituto Promundo, Save the Children; 2008.
493. Pai Nao E Visita! Pelo Direito de Ser Acompanhante. Instituto Papai. <http://institutopapai.blogspot.com/p/campanha-pai-nao-e-visita-pelo-direito.html>.
494. Aguayo F, P Correa, E Kimelman. *Estudio de Paternidad En El Sistema Publico de Salud de Chile*. Santiago de Chile, Chile: CulturSalud/MINSAL; 2012.
495. Barker G, Contreras JM, Heilman B, Singh A. *Nascimento M. Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C.: International Center for Research on Women and Instituto Promundo; 2011.
496. Ergo A, Eichler R, Koblinsky M, Shah N. *Strengthening Health Systems to Improve Maternal, Neonatal and Child Health Outcomes: A Framework*. Washington, DC: US Agency for Development, Maternal and Child Health Integrated Program; 2011.
497. Davis J, Luchters S, Holmes W. *Men and Maternal and Newborn Health: Benefits, Harms, Challenges and Potential Strategies for Engaging Men*. Melbourne, Australia: Compass: Women's and Children's Health Knowledge Hub; 2012.
498. Stern E, Shand T. Sexual Health and Rights. In: Edström J, Hassink A, Shahrokh T, and Stern E (eds). *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*. EMERGE Evidence Review.

- Brighton, UK: Institute of Development Studies, Promundo-US, Sonke Gender Justice; 2015.
499. Guasp A. *Different Families: The Experiences of Children with Lesbian and Gay Parents*. Cambridge, UK: Center for Family Research at the University of Cambridge and Stonewall; 2010; p. 10.
500. Power J, Perlesz A, McNair R, Schofield M, Pitts M, Brown R, Bickerdike A. *Gay and Bisexual Dads and Diversity: Fathers in the Work, Love, Play Study*. *Journal of Family Studies*. 2012; 18(2-3): 143-154.
501. Nascimento M. *Gay Fathering in Latin America*. *Voice Male*. March 3, 2015.
502. DeGeer I, Carolo H, Minerson T. *Give Love, Get Love: The Involved Fatherhood and Gender Equality Project*. Toronto, ON: White Ribbon Campaign; 2014.
503. Nascimento M. *Gay Fathering in Latin America*. *Voice Male*. March 3, 2015.
504. Itaborahy LP, Zhu J, State-Sponsored Homophobia. *A World Survey of Laws: Criminalisation, Protection, and Recognition of Same-Sex Love*. Geneva, Switzerland: International Lesbian, Gay, Bisexual, Trans and Intersex Association; 2014.
505. European Commission. *Eurobarometer 66: Public Opinion in the European Union*. Brussels, Belgium: European Commission; 2006.
506. Guasp A. *Different Families: The Experiences of Children with Lesbian and Gay Parents*. Cambridge, UK: Center for Family Research at the University of Cambridge and Stonewall; 2010; p. 21.
507. Baiocco R, Laghi F. *Sexual Orientation and the Desires and Intentions to Become Parents*. *Journal of Family Studies*. 2013; 19(1): 90-98.
508. Patterson, CJ. *Children of lesbian and gay parents: Psychology, law, and policy*. *American Psychologist*. 2009; 64(8): 727-736.
509. Tasker, F. *Same-sex parenting and child development: Reviewing the contribution of parental gender*. *Journal of Marriage and Family*. 2010; 72(1): 35-40.
510. Rosenfeld M. *Nontraditional families and childhood progress through school*. *Demography*. 2010; 47(3): 755-75.
511. Stacey J, Biblarz, TJ. *How does the gender of parents matter?* *Journal of Marriage and Family*. 2010; 72(1): 3-22.
512. Farr R, Patterson CJ. *Coparenting among lesbian, gay, and heterosexual couples: Associations with adopted children's outcomes*. *Child Development*. 2013; 84(4): 1226-1240.
513. Golombok S. *Children do just as well in "new family structures" as in the traditional family*. *Child and Family Blog*; March 5, 2015. Available at: <http://childandfamilyblog.com/new-family-structures/>
514. Tsetsekou E. *Adequate and equal legal protection for all families*. In: *International Family Equality Day Network. Annual Report 2014*. IFED Network; 2014.
515. World Health Organization. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Geneva: WHO; 2013.
516. United Nations Children's Fund. *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*. New York: UNICEF; 2010.
517. Contreras M, Heilman B, Barker G, Singh A, Verma R, Bloomfield J. *Bridges to Adulthood: Understanding the Lifelong Influence of Men's Childhood Experiences of Violence*. Washington, DC: International Center for Research on Women and Rio de Janeiro: Instituto Promundo; 2012.
518. Guedes A, Mikton C. *Examining the Intersections between Child Maltreatment and Intimate Partner Violence*. *Western Journal of Emergency Medicine*. 2013; 14(4): 377-379.
519. Eckenrode J, Ganzel B, Henderson CR, Smith E, Olds D, Powers J, Cole R, Kitzman H, Sidora K. *Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence*. *Journal of the American Medical Association*. 2000; 284: 1385-391
520. Archer J. *Cross-cultural differences in physical aggression between partners: A social-role analysis*. *Personality and Social Psychology Review: An Official Journal of the Society for Personality and Social Psychology, Inc.* 2006; 10(2): 133-153.
521. Hassan Y. *Laws and Legal Systems as an Essential Strategy to Prevent Violence against Women and Girls*. UN Women; 2012.
522. Heise L. *What Works to Prevent Partner Violence: an Evidence Overview*. London: Centre for Gender Violence and Health London School of Hygiene and Tropical Medicine; 2011.
523. Bott S, Guedes A, Goodwin M, Mendoza JA. *Violence Against Women in Latin America and the Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries*. Washington, DC: Pan American Health Organization; 2012.
524. Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, Lang J. *Why Do Some Men Use Violence against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV; 2013.
525. Fleming PJ, McCleary-Sills J, Morton M, Levto R, Heilman B, Barker G. *Risk factors for men's lifetime perpetration of physical violence against intimate partners: Results from the International Men and Gender Equality Survey (IMAGES) in eight countries*. Dalal K, ed. *PLOS ONE*. 2015; 10(3): e0118639.
526. Holt S, Buckley H, Whelan S. *The impact of exposure to domestic violence on children and young people: A review of the literature*. *Child Abuse & Neglect*. 2008; 32(8): 797-810.
527. REAL Fathers Initiative. *Institute for Reproductive Health at Georgetown University website*. <http://irh.org/projects/real-fathers-initiative/>
528. Contreras M, Heilman B, Barker G, Singh A, Verma R, Bloomfield J. *Bridges to Adulthood: Understanding the Lifelong Influence of Men's Childhood Experiences of Violence*. Washington, DC: International Center for Research on Women and Rio de Janeiro: Instituto Promundo; 2012.
529. Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, Lang J. *Why Do Some Men Use Violence against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women, UNV; 2013.
530. Fleming PJ, McCleary-Sills J, Morton M, Levto R, Heilman B, Barker G. *Risk factors for men's lifetime perpetration of physical violence against intimate partners: Results from the International Men and Gender Equality Survey (IMAGES) in eight countries*. Dalal K, ed. *PLOS ONE*. 2015; 10(3): e0118639.
531. Bunge VP, Levett A. *Family Violence in Canada: A Statistical Profile 1998*. Minister of Industry; 1998: 16.
532. Heise L. *What Works To Prevent Partner Violence: An Evidence Overview*. London: Centre for Gender Violence and Health, London School of Hygiene and Tropical Medicine; 2011.
533. Bott S, Guedes A, Goodwin M, Mendoza JA. *Violence Against Women in Latin America and the*

- Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries. Washington, DC: Pan American Health Organization; 2012.
534. Violence Against Children in Kenya: Findings from a 2010 National Survey. Nairobi, Kenya: UNICEF Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics; 2012.
535. Speizer IS. Intimate Partner Violence Attitudes and Experience Among Women and Men in Uganda. *Journal of Interpersonal Violence*. 2010; 25(7):1224–41.
536. Contreras M, Heilman B, Barker G, Singh A, Verma R, Bloomfield J. Bridges to Adulthood: Understanding the Lifelong Influence of Men's Childhood Experiences of Violence. Washington, DC: International Center for Research on Women and Rio de Janeiro: Instituto Promundo; 2012.
537. Holter, Svare, Egeland. Gender Equality and Quality of Life: A Norwegian Perspective. The Nordic Gender Institute (NIKK); 2009.
538. Heise L. What Works to Prevent Partner Violence: An Evidence Overview. London: Centre for Gender Violence and Health, London School of Hygiene and Tropical Medicine; 2011.
539. Devries KM, Kishor S, Johnson H, Stöckl H, Bacchus LJ, Garcia-Moreno C, Watts C. Intimate partner violence during pregnancy: Analysis of prevalence data from 19 countries. *Reproductive Health Matters*. 2010; 18(36): 158–170.
540. Valladares Cardoza E. Partner violence during pregnancy, psychosocial factors and child outcomes in Nicaragua. *Public Health and Clinical Medicine*; 2005: 25.
541. Taillieu TL, Brownridge DA. Violence against pregnant women: Prevalence, patterns, risk factors, theories, and directions for future research. *Aggression and Violent Behavior*. 2010; 15(1): 14–35.
542. Patel BC, Khan ME. Pregnancy as a Determinant of Gender-Based Violence. In: Khan ME, Townsend JW, Pelto PJ, (eds). *Sexuality, Gender Roles, and Domestic Violence in South Asia*. New York, NY: Population Council; 2014: 273–90.
543. World Health Organization and London School of Hygiene and Tropical Medicine. Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Preventing Evidence. Geneva: WHO; 2010.
544. Sanchez SE, Qiu C, Perales MT, Lam N, Garcia P, Williams MA. Intimate partner violence (IPV) and preeclampsia among Peruvian women. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2008; 137(1): 50–55.
545. Shah PS, Shah J. Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses. *Journal of Women's Health*. 2010; 19(11): 2017–2031.
546. World Health Organization. Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Geneva: WHO; 2013.
547. Maxwell L, Devries K, Zlotis D, Alhusen JL, Campbell J. Estimating the effect of intimate partner violence on women's use of contraception: A systematic review and meta-analysis. Xia Y, ed. *PLOS ONE*. 2015; 10(2): e0118234.
548. Rahman M, Nakamura K, Seino K, Kizuki M. Intimate partner violence and use of reproductive health services among married women: Evidence from a national Bangladeshi sample. *BMC Public Health*. 2012; 12(1):913.
549. Taylor A, Barker G. Programs For Men Who Have Used Violence Against Women: Recommendations for Action and Caution. Rio de Janeiro, Brazil and Washington DC, US: Instituto Promundo and Promundo-US with MenEngage and Rutgers WPF; 2013.
550. Kelly L, Westmarland N. Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University; 2015.
551. Kelly L, Westmarland N. Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University; 2015.
552. Clacherty G, Donald D, Clacherty A. *Zambian Children's Experience of Corporal and Humiliating Punishment: A Quantitative and Qualitative Survey*. Save the Children Sweden and Zambia Civic Education Association; 2005.
553. UN General Assembly, Convention on the Rights of the Child Article 19; 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3; <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.
554. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. UNICEF; 2014.
555. Margolin G, Vickerman KA. Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research and Practice*. 2007;38(6): 613–619.
556. Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*. 2008; 32(8): 797–810.
557. Dyson JL. The effect of family violence on children's academic performance and behavior. *Journal of the National Medical Association*. 1990 ;82(1): 17–22.
558. Brancalhone PG, Fogo JC, Williams LC de A. Crianças expostas à violência conjugal: Avaliação do desempenho acadêmico. *Psicologia: Teoria E Pesquisa*. 2004; 20(2): 113–17.
559. Joint inter-agency statement. Strengthening Child Protection Systems in Sub-Saharan Africa: A Call to Action. April 2013. African Child Policy Forum; African Network for the Prevention and Protection against Child Abuse and Neglect; Environnement et Développement du Tiers-monde; International Social Service; Mouvement Africain des Enfants et Jeunes Travailleurs; Plan International; Regional Inter-agency Task Team on Children and AIDS; Regional Psychosocial Support Initiative; Save the Children; SOS Children's Villages International; Terre des hommes; UNICEF; and World Vision International.
560. Shonkoff JP, Garner AS. The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012(1): e232–46.
561. Barker G, Nascimento M. Violence against young children: What does gender have to do with it? *Early Childhood Matters*. 2010.
562. Children exposed to physical and humiliating punishment. Save the Children website. <http://resourcecentre.savethechildren.se/child-protection/priority-areas/physical-and-humiliating-punishment>. 2014.
563. Pinheiro PS. *World Report on Violence against Children*. Geneva: United Nations; 2006.
564. Levtoff RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to gender-equitable men: Findings from the

- International Men and Gender Equality Survey (IMAGES) in Eight Countries. *Men and Masculinities*. 2014; 17(5): 467–501.
565. Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, Lang J. Why Do Some Men Use Violence against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women, UNV; 2013.
566. United Nations Children's Fund. *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*. New York: UNICEF; 2010.
567. United Nations Children's Fund. *Hidden In Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
568. Taylor CA, Lee SJ, Guterman NB, Rice JC. Use of spanking for 3-year-old children and associated intimate partner aggression or violence. *Pediatrics*. 2010;126(3): 415–24.
569. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
570. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
571. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
572. United Nations Children's Fund. *Hidden In Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
573. United Nations Children's Fund. *Hidden In Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
574. United Nations Children's Fund. *World Report on Violence Against Children*. New York: UNICEF; 2013.
575. United Nations Children's Fund. *World Report on Violence Against Children*. New York: UNICEF; 2013.
576. *Violence Against Children in Kenya: Findings from a 2010 National Survey*. Nairobi, Kenya: UNICEF Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics; 2012.
577. *Child maltreatment: Fact Sheet No. 150*. World Health Organization website. <http://www.who.int/mediacentre/factsheets/fs150/en/>. Updated December 2014.
578. Pereda N, Guilera G, Fornis M, Gómez-Benito J. The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*. 2009; 29(4): 328–38.
579. United Nations Children's Fund. *World Report on Violence Against Children*. New York: UNICEF; 2013.
580. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014, p. 76.
581. United Nations Children's Fund, U.S. Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences. *Violence against Children in Tanzania: Findings from a National Survey 2009*. Dar es Salaam: UNICEF; 2011.
582. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
583. United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. New York: UNICEF; 2014.
584. Barker G, Nascimento M. *Violence against young children: What does gender have to do with it?* Early Childhood Matters. 2010.
585. Rydstrom H. *Masculinity and Punishment: Men's Upbringing of Boys in Rural Vietnam*. *Childhood*. 2006; 13(3): 329–48.
586. Choi JK, Pyun HS. Nonresident fathers' financial support, informal instrumental support, mothers' parenting, and child development in single-mother families with low income. *Journal of Family Issues*. 2014; 35(4): 526–46.
587. Cooper CE, McLanahan SS, Meadows SO, Brooks-Gunn J, Johnson D. Family Structure Transitions and Maternal Parenting Stress. *Journal of Marriage and Family*. 2009; 71(3): 558–74.
588. Global Initiative to End all Corporal Punishment of Children. *End Corporal Punishment website*. <http://www.endcorporalpunishment.org/pages/frame.html>. 2015.
589. Modig C. *Never Violence: Sweden's 30 Years of Prohibiting Corporal Punishment*. Government Offices of Sweden and Save the Children Sweden; 2009.
590. *Preventing Violence by Teaching Non-Violent Problem-Solving*. American Psychological Association website. <http://www.apa.org/research/action/nonviolent.aspx>. May 28, 2003.
591. *Allies for Change: Engaging Boys for Social Change in Surkhet, Nepal*. Save the Children Sweden website. <http://resourcecentre.savethechildren.se/sites/default/files/documents/4198.pdf>. 2011.
592. Montoya O, Molina R, Leonor Paiz A. *No Son Cuentos: Historias de Vida de Padres Jovenes*. Managua: MenCare Nicaragua. 2012, p. 43. (Original in Spanish, translated into English by the authors.)
593. Knerr W, Gardner F, Cluver L. *Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review*. *Prevention Science*. 2013; 14(4): 352–63.
594. Barker G, Nascimento M. *Violence against young children: What does gender have to do with it?* *Early Childhood Matters*. 2010.
595. Cowan PA, Cowan CP, Pruett MK, Pruett K, Wong JJ, LaRossa R. *Promoting fathers' engagement with children: Preventive interventions for low-income families*. *Journal of Marriage and Family*. 2009; 71(3): 663–79.
596. McHale JP, Lindahl KM (eds). *Coparenting: A Conceptual and Clinical Examination of Family Systems*. Washington, DC: American Psychological Association; 2011.
597. Moore KA, Kinghorn A, Bandy T. *Parental Relationship and Child Outcomes Across Subgroups*. Washington, DC: Child Trends; 2011.
598. Perlson S.M., Greene M.E. *Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings*. Washington, DC: CARE International; 2014.
599. Pulerwitz J, Hughes L, Mehta M, Kidanu A, Verani F, Tewolde S. *Changing Gender Norms and Reducing Intimate Partner Violence: Results from a Quasi-Experimental Intervention Study with Young Men in Ethiopia*. *American Journal of Public Health*. 2015; 105(1): 132–37.
600. Verma SK, Pulerwitz J, Mahendra V, Khandekar S, Barker G, Singh SK. *Challenging and changing gender attitudes among young men in Mumbai, India*. *Reproductive Health Matters*. 2006; 14(28): 135–43.
601. *Engaging Men to Prevent Gender-Based Violence: A Multi-Country Intervention and Impact Evaluation Study*. Washington, DC and Rio de Janeiro: Instituto Promundo, International Center for

- Research on Women, CulturaSalud, Centre for Health and Social Justice, Rwandan Men's Resource Centre; 2012.
602. MacDonald A, McLafferty M, Bell P, McCorkell L, Walker I, Smith V, Balfour A. Evaluation of the Roots of Empathy Programme by North Lanarkshire Psychological Service. Edinburgh, Scotland: North Lanarkshire Psychological Service Research and Action for Children, UK; 2013.
603. Macmillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. *The Lancet*. 2009; 373(9659): 250–66.
604. Eckenrode J, Ganzel B, Henderson CR, Smith E, Olds D, Powers J, Cole R, Kitzman H, Sidora K. Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence. *Journal of the American Medical Association*. 2000; 284: 1385–91.
605. Durrant JE. Positive Discipline: What It Is and How to Do It. Save the Children. Sweden, Southeast Asia, and the Pacific; 2007.
606. Bronfenbrenner U. What Do Families Do? *Family Affairs*. 1991; 4 (1–2): 1–6.
607. Shwalb D, Shwalb B, Lamb ME. Introduction. In: Shwalb D, Shwalb B, Lamb ME. *Fathers in Cultural Context*. New York, NY: Routledge; 2013.
608. Cabrera NJ, Fitzgerald HE, Bradley RH, Roggman L. The Ecology of Father-Child Relationships: An Expanded Model. *Journal of Family Theory and Review*. 2014; 6(4): 336–54.
609. Fagan J, Day R, Lamb ME, Cabrera NJ. Should Researchers Conceptualize Differently the Dimensions of Parenting for Fathers and Mothers? *Journal of Family Theory & Review*. 2014; 6: 390–405.
610. Gaertner BM, Spinrad TL, Eisenberg N, Grevling KA. Parental Childrearing Attitudes as Correlates of Father Involvement During Infancy. *Journal of Marriage and Family*. 2007; 69(4): 962–976.
611. Paquette D, Bolte C, Turcotte G, Dubeau D, Bouchard C. A new typology of fathering: Defining and associated variables. *Infant and Child Development*. 2000; 9: 213–230.
612. Lamb ME. *The Role of the Father in Child Development*. Hoboken, NJ: John Wiley & Sons; 2004.
613. Fagan J, Day R, Lamb ME, Cabrera NJ. Should Researchers Conceptualize Differently the Dimensions of Parenting for Fathers and Mothers? *Journal of Family Theory & Review*. 2014; 6(4): 390–405.
614. Raeburn, P. Do Fathers Matter? What Science Is Telling Us About the Parent We've Overlooked. New York: Scientific American/Farrar, Straus and Giroux; 2014, p 176.
615. Brazelton TB, Greenspan SI. *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish*. Reprint edition. Cambridge, MA: Da Capo Press; 2001.
616. Laporte L, Jiang D, Pepler DJ, Chamberland C. The Relationship Between Adolescents' Experience of Family Violence and Dating Violence. *Youth & Society*. 2011; 43(1): 3–27.
617. Burgess A. The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice. London, UK: Fathers Direct; 2006.
618. Lamb M, Lewis C. Father-Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
619. Leidy S, Schofield TJ, Parke RD. Fathers' Contributions to Children's Social Development. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
620. Brazelton TB, Greenspan SI. *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish*. Reprint edition. Cambridge, MA: Da Capo Press; 2001.
621. Allgood SM, Beckert TE, Peterson C. The Role of Father Involvement in the Perceived Psychological Well-Being of Young Adult Daughters: A Retrospective Study. *North American Journal of Psychology*. 2012; 14(1): 95–110.
622. Alloy LB, Abramson LY, Tashman NA, Berrebbi, DS, Hogan ME, Whitehouse, WG, Crossfield AG, Morocco A. Developmental origins of cognitive vulnerability to depression: Parenting, cognitive, and inferential feedback styles of the parents of individuals at high and low cognitive risk for depression. *Cognitive Therapy and Research*. 2001; 25(4): 397–423.
623. Lamb M, Lewis C. Father-Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
624. Burgess A. The Costs and Benefits of Active Fatherhood: Evidence and Insights to Inform the Development of Policy and Practice. London, UK: Fathers Direct; 2006.
625. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica*. 2008; 97(2): 153–58.
626. Lamb M, Lewis C. Father-Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
627. Leidy S, Schofield TJ, Parke RD. Fathers' Contributions to Children's Social Development. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
628. Rowe ML, Coker D, Pan BA. A comparison of fathers' and mothers' talk to toddlers in low-income families. *Social Development*. 2004; 13(2): 278–291.
629. Pancsofar N, Vernon-Feagans L. Fathers' early contributions to children's language development in families from low-income rural communities. *Early Childhood Research Quarterly*. 2010; 25(4): 450–63.
630. Malin JL, Karberg E, Cabrera NJ, Rowe M, Cristaforo T, Tamis-LeMonda CST. Father-toddler communication in low-income families: The role of paternal education and depressive symptoms. *Family Science*. 2012; 3(3–4): 155–63.
631. Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
632. Tamis-LeMonda CS, Baumwell L, Cabrera NJ. Fathers' Role in Children's Language Development. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013, p. 142.
633. Flouri E. *Fathering and Child Outcomes*. West Sussex, UK: John Wiley & Sons; 2005.
634. Li X, Lamb ME. Fathers in Chinese Culture: From Stern Disciplinarians to Involved Parents. In: Shwalb D, Shwalb B, Lamb ME. *Fathers in Cultural Context*. New York, NY: Routledge; 2013.
635. Allen S, Daly K. The Effects of Father Involvement: An Updated Research Summary of the Evidence. Guelph,

- Canada: Center for Families, Work & Well-Being, University of Guelph; 2007.
636. Flouri E, Buchanan A. Childhood families of homeless and poor adults in Britain: A prospective study. *Journal of Economic Psychology*. 2004; 25(1): 1–14.
637. Flouri R, Buchanan, A. The role of father involvement and mother involvement in adolescents' psychological well-being. *British Journal of Social Work*. 2003; 33(3): 399–406.
638. Carlson, MJ. Family structure, father involvement, and adolescent behavioral outcomes. *Journal of Marriage and Family*. 2006; 68 (1): 137–54.
639. Allen S, Daly K. The Effects of Father Involvement: An Updated Research Summary of the Evidence. Guelph, Canada: Center for Families, Work & Well-Being, University of Guelph; 2007.
640. Schacht, PM, Cummings EM, Davies PT. Fathering in Family Context and Child Adjustment: A Longitudinal Analysis. *Journal of Family Psychology*. 2009; 23(6): 790–97.
641. LevtoV RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries. *Men and Masculinities*. 2014; 17(5): 467–501.
642. Lamb ME. *The Role of the Father in Child Development*. Hoboken, NJ: John Wiley & Sons; 2004.
643. Raeburn, R. *Do Fathers Matter? What Science is Telling Us About the Parent We've Overlooked*. New York: Scientific American/Farrar, Straus and Giroux; 2014.
644. Holter O, Svare H, Egeland C. Gender Equality and Quality of Life: A Norwegian Perspective. Oslo, Norway: The Nordic Gender Institute (NIKK); 2009.
645. Kato-Wallace J, Barker G, Eads M, LevtoV R. Global pathways to men's caregiving: Mixed methods findings from the International Men and Gender Equality Survey and the Men Who Care study. *Global Public Health*. 2014; 9(6): 706–22.
646. LevtoV RG, Barker G, Contreras-Urbina M, Heilman B, Verma R. Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries. *Men and Masculinities*. 2014; 17(5): 467–501.
647. Croft A, Schmader T, Block J, Baron A. The Second Shift Reflected in the Second Generation: Do Parents' Gender Roles at Home Predict Children's Aspirations? *Psychological Science*. 2014; 25(7): 1418–28.
648. Organisation for Economic Co-operation and Development. *Parental involvement in selected PISA countries and economies*. OECD Educational Working Paper number 73. EDU/WKP(2012)10. Paris, France: OECD; 2012.
649. Authors own analysis of PISA (Programme for Student Assessment) data.
650. Ahmed R. The Father's Role in the Arab World: Cultural Perspectives. In: Shwalb D, Shwalb B, Lamb ME. *Fathers in Cultural Context*. New York, NY: Routledge; 2013.
651. Adapted from the MenCare Sri Lanka Film, which can be accessed on the MenCare website. www.men-care.org.
652. Lamb ME. *The Role of the Father in Child Development*. Hoboken, NJ: John Wiley & Sons; 2004. p. 5.
653. Lamb M, Lewis C. Father–Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
654. Tamis-LeMonda CS, Baumwell L, Cabrera NJ. Fathers' Role in Children's Language Development. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
655. Cabrera NJ, Fitzgerald HE, Bradley RH, Roggman L. The Ecology of Father–Child Relationships: An Expanded Model. *Journal of Family Theory and Review*. 2014; 6(4): 336–354.
656. Roopnarine JL. Cultural Variations in Beliefs about Play, Parent–Child Play, and Children's Play: Meaning for Childhood Development. In: Nathan P, Pellegrini AD. *The Oxford Handbook of the Development of Play*. Oxford, UK: Oxford University Press; 2010.
657. Pleck JH. Fatherhood and Masculinity. In: Lamb ME. *The Role of the Father in Child Development*. Hoboken, NJ: John Wiley & Sons; 2004.
658. Allen S, Daly K. The Effects of Father Involvement: An Updated Research Summary of the Evidence. Guelph, Canada: Center for Families, Work & Well-Being, University of Guelph; 2007.
659. Leidy S, Schofield TJ, Parke RD. Fathers' Contributions to Children's Social Development. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
660. Cabrera NJ, Fitzgerald HE, Bradley RH, Roggman L. The Ecology of Father–Child Relationships: An Expanded Model. *Journal of Family Theory and Review*. 2014; 6(4): 336–54.
661. Cabrera NJ, Fitzgerald HE, Bradley RH, Roggman L. The Ecology of Father–Child Relationships: An Expanded Model. *Journal of Family Theory and Review*. 2014; 6(4): 336–54.
662. Lamb M, Lewis C. Father–Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
663. Cabrera NJ, Fagan J, Farrie D. Explaining the Long Reach of Fathers' Prenatal Involvement on Later Paternal Engagement. *Journal of Marriage and Family*. 2008; 70(5): 1094–1107.
664. McHale JP, Lindahl KM (eds). *Coparenting: A Conceptual and Clinical Examination of Family Systems*. 1st edition. Washington, DC: American Psychological Association; 2011.
665. Plantin L, Sven-Axel M, Kearney J. Talking and doing fatherhood: On fatherhood and masculinity in Sweden and England. *Fathering*. 2003; 1(1): 3–26.
666. Fitzgerald HE, Bocknek EL. Fathers, Children, and the Risk-Resilience Continuum. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
667. Walsh TB, Tolman RM, Davis RN, Palladino CL, Romero VC, Singh V. Moving Up the “Magic Moment”: Fathers' Experience of Prenatal Ultrasound. *Fathering*. 2014; 12(1): 18–37.
668. Cabrera NJ, Fagan J, Farrie D. Explaining the Long Reach of Fathers' Prenatal Involvement on Later Paternal Engagement. *Journal of Marriage and Family*. 2008; 70(5): 1094–07.
669. Christiansen SL, Palkovitz R. Why the “Good Provider” Role Still Matters: Providing as a Form of Paternal Involvement. *Journal of Family Issues*. 2001; 22(1): 84–106.
670. Allen S, Daly K. The Effects of Father Involvement: An Updated Research Summary of the Evidence. Guelph, ON: Center for Families, Work & Well-Being, University of Guelph; 2007.
671. Leidy S, Schofield TJ, Parke RD. Fathers' Contributions to Children's Social Development. In: Cabrera NJ,

- Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
672. Atzil S, Hendler T, Zagoory-Sharon O, Winetraub, Y, Feldman R. Synchrony and specificity in the maternal and the paternal brain: Relations to oxytocin and vasopressin. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2012; 51(8): 798–811.
673. Gray PB, Anderson KG. *Fatherhood: Evolution and Human Paternal Behavior*. Cambridge, MA: Harvard University Press; 2010.
674. Storey AE, Walsh CJ. Biological Basis of Mammalian Paternal Behavior. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
675. Lamb M, Lewis C. Father-Child Relationships. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
676. Storey AE, Walsh CJ. Biological Basis of Mammalian Paternal Behavior. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
677. Waynforth D. Evolutionary Perspectives on Father Involvement. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013.
678. Dubas JS, Heijkoop M, van Aken MAG. A Preliminary Investigation of Parent-Progeny Olfactory Recognition and Parental Investment. *Human Nature*. 2009; 20(1): 80–92.
679. Swain JE, Dayton CJ, Kim P, Tolman RM, Volling BL. Progress on the Paternal Brain: Theory, Animal Models, Human Brain Research, and Mental Health Implications. *Infant Mental Health Journal*. 2014; 35(5): 394–408.
680. Šešo-Šimić Đ, Sedmak G, Hof PR, Šimić G. Recent advances in the neurobiology of attachment behavior. *Translational Neuroscience*. 2010; 1(2): 148–59.
681. Abraham E, Hendler T, Shapira-Lichter I, Kanat-Maymon Y, Zagoory-Sharon O, Feldman R. Father's brain is sensitive to childcare experiences. *Proceedings of the National Academy of Sciences*. 2014; 111(27): 9792–97.
682. Rilling JK. The neural and hormonal bases of human parental care. *Neuropsychologia*. 2013; 51(4): 731–47.
683. Lamb, ME. Introduction: The emergent American father. In: Lamb ME (ed.). *The Father's Role: Cross-Cultural Perspectives*. New York, NY: Wiley; 1987.
684. Myers, BJ. Early intervention using Brazelton training with middle class mothers and fathers of newborns. *Child Development*. 1982; 53(2): 462–71.
685. Raeburn, R. *Do Fathers Matter? What Science is Telling Us About the Parent We've Overlooked*. New York, NY: Scientific American/Farrar, Straus and Giroux; 2014.
686. Panter-Brick C, Burgess A, Eggerman M, McAllister F, Pruettt K, Leckman JF. Practitioner review: Engaging fathers - recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry*. 2014; 55(11): 1187-212.
687. Roggman LA, Bradley RH, Raikes HH. Fathers in Family Contexts. In: Cabrera NJ, Tamis-LeMonda CS. *Handbook of Father Involvement: Multidisciplinary Perspectives*, Second Edition. New York, NY: Routledge; 2013, p. 196.
688. UNICEF. *Toward a World Free from Violence: Global Survey on Violence Against Children*. UNICEF; 2013.2012; 380(9845): 899–907.
689. Khatun M, Stenlund H, Hörnell A. BRAC initiative towards promoting gender and social equity in health: a longitudinal study of child growth in Matlab, Bangladesh. *Public Health Nutrition*. 2004; 7(08).
690. Bäckström C, Hertfelt Wahn E. Support during labour: first-time fathers' descriptions of requested and received support during the birth of their child. *Midwifery*. 2011; 27(1): p. 69.

APPENDIX

TIME USE^a

	Survey year	Age group	Time spent on unpaid care and domestic work (minutes per day)		Time spent on paid work (minutes per day)		Time spent on total work (minutes per day)	
			FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Afghanistan	***	***	***	***	***	***	***	***
Albania	2010–11	20–74	347	46	46	281	476	327
Algeria	2012	12+	312	54	30	198	342	252
Andorra	***	***	***	***	***	***	***	***
Angola	***	***	***	***	***	***	***	***
Antigua and Barbuda	***	***	***	***	***	***	***	***
Argentina	2005 ^e	15–74	257	93	165	314	422	407
Armenia	2008	15–80	296	53	53	261	384	314
Australia	2006	15+	311	172	128	248	439	420
Austria	2008–09	15–64	327	135	195	307	522	442
Azerbaijan	***	***	***	***	***	***	***	***
Bahamas	***	***	***	***	***	***	***	***
Bahrain	***	***	***	***	***	***	***	***
Bangladesh ^f	2012	15+	216	84	312	414	528	498
Barbados	***	***	***	***	***	***	***	***
Belarus	***	***	***	***	***	***	***	***
Belgium	2005	15–64	245	151	125	202	370	353
Belize	***	***	***	***	***	***	***	***
Benin	1998	6–65	195	60	235	235	430	295
Bhutan	***	***	***	***	***	***	***	***
Bolivia	***	***	***	***	***	***	***	***
Bosnia and Herzegovina	***	***	***	***	***	***	***	***
Botswana	***	***	***	***	***	***	***	***
Brazil	2012	15+	202	52	170	316	372	368
Brunei	***	***	***	***	***	***	***	***
Bulgaria	2009–10	20–74	284	139	139	204	436	343
Burkina Faso	***	***	***	***	***	***	***	***
Burundi	***	***	***	***	***	***	***	***
Cabo Verde	***	***	***	***	***	***	***	***
Cambodia	2004	18–60	234	56	237	370	471	426
Cameroon	***	***	***	***	***	***	***	***
Canada	2010	15+	257	170	180	255	437	425
Central African Republic	***	***	***	***	***	***	***	***
Chad	***	***	***	***	***	***	***	***

	Survey year	Age group	Time spent on unpaid care and domestic work (minutes per day)		Time spent on paid work (minutes per day)		Time spent on total work (minutes per day)	
			FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Chile	2007 ^e	12+	241	86	148	273	389	359
China	2008	15-80	234	91	263	360	497	451
Colombia	2012	15+	276	85	179	374	455	459
Comoros	***	***	***	***	***	***	***	***
Costa Rica	2011	15+	154	34	317	446	471	480
Côte d'Ivoire	***	***	***	***	***	***	***	***
Croatia	***	***	***	***	***	***	***	***
Cuba	***	***	***	***	***	***	***	***
Cyprus	***	***	***	***	***	***	***	***
Czech Republic	***	***	***	***	***	***	***	***
Democratic Republic of Congo	***	***	***	***	***	***	***	***
Denmark	2001	15-64	243	186	147	211	390	397
Djibouti	***	***	***	***	***	***	***	***
Dominica	***	***	***	***	***	***	***	***
Dominican Republic	***	***	***	***	***	***	***	***
Ecuador	2012	15+	330	81	163	342	493	423
Egypt	***	***	***	***	***	***	***	***
El Salvador	2010	10+	321	147	450	496	771	643
Equatorial Guinea	***	***	***	***	***	***	***	***
Eritrea	***	***	***	***	***	***	***	***
Estonia	2009-10	20-74	242	147	147	235	421	382
Ethiopia	2013	10+	246	66	177	318	423	384
Fiji	***	***	***	***	***	***	***	***
Finland	2009-10	15-64	232	159	159	199	391	358
France	2009	15-64	233	143	116	173	349	316
Gabon	***	***	***	***	***	***	***	***
Gambia	***	***	***	***	***	***	***	***
Georgia	***	***	***	***	***	***	***	***
Germany	2001-02	15-64	269	164	134	222	403	386
Ghana	2009	10+	209	69	246	309	455	378
Greece	***	***	***	***	***	***	***	***
Grenada	***	***	***	***	***	***	***	***
Guatemala	2011	15+	418	82	132	431	550	513
Guinea	2002-03	15+	177	78	154	222	331	300
Guinea-Bissau	***	***	***	***	***	***	***	***
Guyana	***	***	***	***	***	***	***	***
Haiti	***	***	***	***	***	***	***	***
Honduras	2009	15+	247	83	145	351	392	434
Hong Kong, China (SAR)	***	***	***	***	***	***	***	***

	Survey year	Age group	Time spent on unpaid care and domestic work (minutes per day)		Time spent on paid work (minutes per day)		Time spent on total work (minutes per day)	
			FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Hungary	2009–10	20–74	285	153	153	201	417	354
Iceland	***	***	***	***	***	***	***	***
India	1998–99	15–64	352	52	149	318	501	370
Indonesia	***	***	***	***	***	***	***	***
Iran	***	***	***	***	***	***	***	***
Iraq	2007	10+	347	240	28	234	375	474
Ireland	2005	15–64	296	129	142	280	438	409
Israel	***	***	***	***	***	***	***	***
Italy	2008–9	15–64	315	104	135	268	450	372
Jamaica	***	***	***	***	***	***	***	***
Japan	2011	15–64	299	62	178	375	477	437
Jordan	***	***	***	***	***	***	***	***
Kazakhstan	2012	10+	246	110	110	203	379	313
Kenya	***	***	***	***	***	***	***	***
Kiribati	***	***	***	***	***	***	***	***
Kuwait	***	***	***	***	***	***	***	***
Kyrgyzstan	2005	20–74	342	139	139	353	552	492
Laos	2002–3	10+	150	36	270	312	420	348
Latvia	2003	20–74	236	110	110	300	445	410
Lebanon	***	***	***	***	***	***	***	***
Lesotho	2002–3	15+	342	175	124	279	466	454
Liberia	***	***	***	***	***	***	***	***
Libya	***	***	***	***	***	***	***	***
Liechtenstein	***	***	***	***	***	***	***	***
Lithuania	2003	20–74	269	129	129	284	480	413
Luxembourg	***	***	***	***	***	***	***	***
Macedonia	2009	20–74	281	87	87	216	401	303
Madagascar	2001	6–65	225	55	175	290	400	345
Malawi	***	***	***	***	***	***	***	***
Malaysia	***	***	***	***	***	***	***	***
Maldives	***	***	***	***	***	***	***	***
Mali	***	***	***	***	***	***	***	***
Malta	***	***	***	***	***	***	***	***
Marshall Islands	***	***	***	***	***	***	***	***
Mauritania	***	***	***	***	***	***	***	***
Mauritius	2003	10+	277	73	116	296	393	369
Mexico	2009	15+	406	123	170	391	576	514
Micronesia	***	***	***	***	***	***	***	***
Moldova	2011–12	20–74	305	168	168	246	492	414
Monaco	***	***	***	***	***	***	***	***
Mongolia	2011	12+	290	139	238	348	528	487

	Survey year	Age group	Time spent on unpaid care and domestic work (minutes per day)		Time spent on paid work (minutes per day)		Time spent on total work (minutes per day)	
			FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Montenegro	***	***	***	***	***	***	***	***
Morocco	2011-12	15+	300	43	81	325	381	368
Mozambique	***	***	***	***	***	***	***	***
Myanmar	***	***	***	***	***	***	***	***
Namibia	***	***	***	***	***	***	***	***
Nauru	***	***	***	***	***	***	***	***
Nepal	***	***	***	***	***	***	***	***
Netherlands	2011	20-74	212	133	123	226	335	359
New Zealand	2009-10	15-64	264	141	160	279	424	420
Nicaragua	***	***	***	***	***	***	***	***
Niger	***	***	***	***	***	***	***	***
Nigeria	***	***	***	***	***	***	***	***
North Korea	***	***	***	***	***	***	***	***
Norway	2010	16-74	296	184	185	251	481	435
Oman	2007-8	15+	274	115	58	187	332	302
Pakistan	2007	10+	287	28	78	321	365	349
Palestine	2012-13	10+	293	55	36	249	329	304
Panama	2011	15+	288	119	199	356	487	475
Papua New Guinea	***	***	***	***	***	***	***	***
Paraguay	***	***	***	***	***	***	***	***
Peru	2010	15+	397	127	184	368	581	495
Philippines	***	***	***	***	***	***	***	***
Poland	2003-4	15-64	296	157	157	234	432	391
Portugal	1999	15+	302	77	160	269	462	346
Qatar	2012-13	15+	199	110	120	229	319	339
Republic of Congo	***	***	***	***	***	***	***	***
Romania	2011-12	20-74	294	134	134	199	418	333
Russia	***	***	***	***	***	***	***	***
Rwanda	2010-11	16+	231	77	205	265	436	342
Saint Kitts and Nevis	***	***	***	***	***	***	***	***
Saint Lucia	***	***	***	***	***	***	***	***
Saint Vincent and the Grenadines	***	***	***	***	***	***	***	***
Samoa	***	***	***	***	***	***	***	***
San Marino	***	***	***	***	***	***	***	***
Sao Tome and Principe	***	***	***	***	***	***	***	***
Saudi Arabia	***	***	***	***	***	***	***	***
Senegal	***	***	***	***	***	***	***	***
Serbia	2010-11	15+	291	136	136	227	420	363
Seychelles	***	***	***	***	***	***	***	***
Sierra Leone	2003-4 ^e	15+	314	105	***	***	***	***

	Survey year	Age group	Time spent on unpaid care and domestic work (minutes per day)		Time spent on paid work (minutes per day)		Time spent on total work (minutes per day)	
			FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Singapore	***	***	***	***	***	***	***	***
Slovak Republic	***	***	***	***	***	***	***	***
Slovenia	2000-01	15-64	286	166	166	236	455	402
Solomon Islands	***	***	***	***	***	***	***	***
Somalia	***	***	***	***	***	***	***	***
South Africa	2000	15-64	257	92	127	207	384	299
South Korea	2009	15-64	227	45	167	282	394	327
South Sudan	***	***	***	***	***	***	***	***
Spain	2009-10	15-64	258	154	195	280	453	434
Sri Lanka	***	***	***	***	***	***	***	***
Sudan	***	***	***	***	***	***	***	***
Suriname	***	***	***	***	***	***	***	***
Swaziland	***	***	***	***	***	***	***	***
Sweden	2010-11	20-64	254	155	227	275	481	430
Switzerland	***	***	***	***	***	***	***	***
Syria	***	***	***	***	***	***	***	***
Tajikistan	***	***	***	***	***	***	***	***
Tanzania	2006	15+	253	75	251	345	504	420
Thailand	***	***	***	***	***	***	***	***
Timor-Leste	***	***	***	***	***	***	***	***
Togo	***	***	***	***	***	***	***	***
Tonga	***	***	***	***	***	***	***	***
Trinidad and Tobago	***	***	***	***	***	***	***	***
Tunisia	2005-6	15+	315	40	92	257	407	297
Turkey	2006	15-64	377	116	116	282	450	398
Turkmenistan	***	***	***	***	***	***	***	***
Tuvalu	***	***	***	***	***	***	***	***
Uganda	2009-10	14-64	223	188	256	308	479	496
Ukraine	***	***	***	***	***	***	***	***
United Arab Emirates	***	***	***	***	***	***	***	***
United Kingdom	2005	15-64	258	141	169	259	427	400
United States	2013	15+	232	86	166	252	398	338
Uruguay	2007	15+	376	148	162	311	538	459
Uzbekistan	***	***	***	***	***	***	***	***
Vanuatu	***	***	***	***	***	***	***	***
Venezuela	***	***	***	***	***	***	***	***
Vietnam	***	***	***	***	***	***	***	***
Yemen	***	***	***	***	***	***	***	***
Zambia	***	***	***	***	***	***	***	***
Zimbabwe	***	***	***	***	***	***	***	***

LEAVE POLICIES^b

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Afghanistan	No paternity leave	***	No parental leave	***
Albania	No paternity leave	***	12 days (either parent)	100%
Algeria	3 days	100%	No parental leave	***
Andorra	***	***	***	***
Angola	No paternity leave	***	No parental leave	***
Antigua and Barbuda	No paternity leave	***	No parental leave	***
Argentina	2 days	100%	No parental leave	***
Armenia	No paternity leave	***	156 weeks (either parent or actual caregiver)	Unpaid
Australia	14 days	Federal minimum wage	52 weeks, 18 paid (either parent)	Federal minimum wage
Austria	No paternity leave	***	104 weeks (either parent)	Flat-rate benefit
Azerbaijan	14 calendar days	Unpaid	156 weeks (either parent or actual caregiver)	Flat-rate benefit
Bahamas	7 days	Unpaid	No parental leave	***
Bahrain	No paternity leave	***	26 weeks (only mothers)	Unpaid
Bangladesh ^f	10 days	100%	No parental leave	***
Barbados	No paternity leave	***	No parental leave	***
Belarus	No paternity leave	***	156 weeks (either parent or actual caregiver)	80% of the minimum subsistence wage
Belgium	10 working days	100% for first 3 days, 82% remaining 7 days	17 weeks (each parent)	Flat-rate benefit
Belize	No paternity leave	***	No parental leave	***
Benin	10 days	100%	No parental leave	***
Bhutan	***	***	***	***
Bolivia	No paternity leave	***	No parental leave	***
Bosnia and Herzegovina	7 working days (federal)	100%	Right to parental leave stems from CBA's 156 weeks (either parent)	Unpaid
Botswana	No paternity leave	***	No parental leave	***
Brazil	5 consecutive days	100%	No parental leave	***
Brunei	No paternity leave	***	No parental leave	***
Bulgaria	15 days	90%	26 weeks (182 days) (either parent)	90%
Burkina Faso	10 days	100%	Up to 52 weeks (6 months renewable once) (either parent)	Unpaid
Burundi	15 days	50%	No parental leave	***
Cabo Verde	No paternity leave	***	No parental leave	***
Cambodia	10 days	100%	No parental leave	***
Cameroon	10 days	100%	No parental leave	***
Canada	No paternity leave	***	37 weeks, 35 paid (either parent)	55%

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Central African Republic	10 days	100%	No parental leave	***
Chad	10 days	100%	Up to 52 weeks (6 months renewable once) (either parent)	Unpaid
Chile	5 days	100%	12 weeks (6 weeks reserved for mothers) ^a	100% up to a ceiling
China	No paternity leave	***	No parental leave	***
Colombia	8 days	100%	No parental leave	***
Comoros	10 days	100%	No parental leave	***
Costa Rica	No paternity leave	***	No parental leave	***
Côte d'Ivoire	10 days	100%	No parental leave	***
Croatia	7 working days	100%	104 weeks (either parent)	Unpaid
Cuba	No paternity leave	***	39 weeks (either parent)	60%
Cyprus	No paternity leave	***	13 weeks (either parent)	Unpaid
Czech Republic	No paternity leave	***	156 weeks (either parent)	Flat-rate benefit
Democratic Republic of Congo	2 working days	100%	No parental leave	***
Denmark	14 consecutive days	100%	32 weeks (either parent)	100%
Djibouti	3 days	100%	No parental leave	***
Dominica	No paternity leave	***	No parental leave	***
Dominican Republic	2 days	100%	No parental leave	***
Ecuador	10 days	100%	No parental leave	***
Egypt	No paternity leave	***	104 weeks (only mothers)	Unpaid
El Salvador	3 days	100%	No parental leave	***
Equatorial Guinea	No paternity leave	***	No parental leave	***
Eritrea	No paternity leave	***	No parental leave	***
Estonia	10 working days	100%	36 weeks (either parent)	Unpaid
Ethiopia	5 days	Unpaid	No parental leave	***
Fiji	No paternity leave	***	No parental leave	***
Finland	54 working days	70%, up to a ceiling, plus 40% of an additional amount up to a ceiling, plus 25% of another additional amount	26 weeks (158 working days) (either parent) ¹	70%
France	11 working days	100% up to a ceiling	156 weeks, 26 paid for the first child (each parent)	Flat-rate benefit (per household)
Gabon	10 days	100%	No parental leave	***
Gambia	No paternity leave	***	No parental leave	***
Georgia	***	***	50 weeks (either parent)	***
Germany	No paternity leave	***	156 weeks, 52 paid (either parent)	67%
Ghana	No paternity leave	***	No parental leave	***
Greece	2 days	100%	17 weeks (each parent) until the child is six years	Unpaid
Grenada	No paternity leave	***	No parental leave	***

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Guatemala	2 days	100%	No parental leave	***
Guinea	No paternity leave	***	38 weeks (only mothers)	Unpaid
Guinea-Bissau	No paternity leave	***	No parental leave	***
Guyana	No paternity leave	***	No parental leave	***
Haiti	No paternity leave	***	No parental leave	***
Honduras	No paternity leave	***	No parental leave	***
Hong Kong, China (SAR)	***	***	***	***
Hungary	5 days	100%	156 weeks (either parent)	70% up to a ceiling for 104 weeks for insured parents; flat-rate benefits for non-insured; and all parents for the last 52 weeks
Iceland	90 consecutive days	80% up to a ceiling	13 paid weeks (either parent) + 13 unpaid weeks (each parent)	80% up to a ceiling
India	No paternity leave	***	No parental leave	***
Indonesia	2 days	100%	No parental leave	***
Iran	No paternity leave	***	No parental leave	***
Iraq	No paternity leave	***	52 weeks (only mothers)	Unpaid
Ireland	No paternity leave	***	17 weeks (each parent)	Unpaid
Israel	No paternity leave ^g	***	52 weeks (each parent)	Unpaid
Italy	1 day ^h	100%	26 weeks (each parent)	30%
Jamaica	No paternity leave	***	No parental leave	***
Japan	No paternity leave	***	52 weeks (each parent) ^m	50% up to a ceiling
Jordan	No paternity leave	***	52 weeks (only mothers)	Unpaid
Kazakhstan	5 days	Unpaid	156 weeks (either parent)	Unpaid
Kenya	14 days	100%	No parental leave	***
Kiribati	No paternity leave	***	No parental leave	***
Kuwait	No paternity leave	***	17 weeks (only mothers)	Unpaid
Kyrgyzstan	***	***	***	***
Laos	No paternity leave	***	No parental leave	***
Latvia	10 calendar days	80%	78 weeks (each parent)	70%
Lebanon	No paternity leave	***	No parental leave	***
Lesotho	No paternity leave	***	No parental leave	***
Liberia	***	***	***	***
Libya	3 days	***	No parental leave	***
Liechtenstein	***	***	***	***
Lithuania	30 consecutive days	100% up to a ceiling	156 weeks, 52 paid (either parent)	100% until the child is 1 year or 70% until 2 years; last period unpaid
Luxembourg	2 days	100%	26 weeks (each parent)	Flat-rate benefit
Macedonia	***	***	156 weeks (either parent)	***
Madagascar	10 days	100%	No parental leave	***
Malawi	No paternity leave	***	No parental leave	***

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Malaysia	No paternity leave	***	No parental leave	***
Maldives	***	***	***	***
Mali	3 days	100%	No parental leave	***
Malta	No paternity leave	***	13 weeks (each parent)	Unpaid
Marshall Islands	***	***	***	***
Mauritania	10 days	100%	No parental leave	***
Mauritius	5 working days	100%	No parental leave	***
Mexico	No paternity leave	***	No parental leave	***
Micronesia	***	***	***	***
Moldova	No paternity leave	***	156 weeks (either parent or actual caregiver)	Partially paid
Monaco	***	***	***	***
Mongolia	No paternity leave	***	156 weeks (either parent)	***
Montenegro	***	***	***	***
Morocco	3 days	100%	52 weeks (only mothers)	Unpaid
Mozambique	1 day (every two years)	100%	No parental leave	***
Myanmar	6 days	100%	No parental leave	***
Namibia	No paternity leave	***	No parental leave	***
Nauru	***	***	***	***
Nepal	No paternity leave ⁱ	***	4 weeks (any permanent worker/employee) ⁱ	Unpaid
Netherlands	2 days	100%	26 weeks (each parent) with part-time work ^a	Unpaid
New Zealand	14 consecutive days	Unpaid	52 weeks (either parent)	Unpaid
Nicaragua	No paternity leave	***	No parental leave	***
Niger	No paternity leave	***	No parental leave	***
Nigeria	No paternity leave	***	No parental leave	***
North Korea	***	***	***	***
Norway	14 consecutive days	Unpaid (though often covered by CBA's or employers)	49 or 59 weeks depending on payment level (14 weeks reserved for mothers and 14 weeks for fathers) ^o	49 weeks at 100% or 59 weeks at 80% up to a ceiling
Oman	***	***	***	***
Pakistan	No paternity leave	***	No parental leave	***
Palestine	***	***	***	***
Panama	No paternity leave	***	No parental leave	***
Papua New Guinea	No paternity leave	***	No parental leave	***
Paraguay	3 days	100%	No parental leave	***
Peru	No paternity leave	***	No parental leave	***
Philippines	7 days	100%	No parental leave	***
Poland	14 consecutive days	100%	156 weeks after maternity leave, 104 paid (either parent)	60% for 26 weeks and flat-rate benefit for 104 weeks ^s

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Portugal	20 days (10 of which are compulsory)	100%	Initial parental leave: 17 or 21 weeks. Additional parental leave: 13 weeks (each parent) ^p	Initial parental leave: 100% (or 80% for 21 weeks). Additional parental leave: 25%
Qatar	No paternity leave	***	No parental leave	***
Republic of Congo	10 days	100%	No parental leave	***
Romania	5 working days (10 days if worker attended infant care courses)	100%	Either parent. Option I: until the child is 12 months old, and unpaid parental leave until the child is 24 months, if the parent decides not to return to work. Option II: until the child is 2 years old.	Option I : 75% up to a ceiling, and incentive pay if the parent returns to work. Option II: 75% with a different ceiling, and no incentive pay.
Russia	No paternity leave	***	156 weeks, 78 paid (either parent or actual caregiver)	40% up to a ceiling
Rwanda	4 working days	100%	No parental leave	***
Saint Kitts and Nevis	No paternity leave	***	No parental leave	***
Saint Lucia	No paternity leave	***	No parental leave	***
Saint Vincent and the Grenadines	***	***	***	***
Samoa	***	***	***	***
San Marino	***	***	***	***
Sao Tome and Principe	No paternity leave	***	No parental leave	***
Saudi Arabia	1 day	100%	No parental leave	***
Senegal	No paternity leave	***	No parental leave	***
Serbia	7 working days	100%	52 weeks (only mothers)	100% (first 26 weeks); 60% (from week 27 to week 39); 30% (from week 40 to week 52)
Seychelles	4 days	100%	No parental leave	***
Sierra Leone	***	***	***	***
Singapore	7 days	100% up to a ceiling	No parental leave	***
Slovak Republic	No paternity leave	***	156 weeks (either parent)	Flat-rate benefit
Slovenia	90 consecutive days	100% up to a ceiling (first 15 days); flat-rate benefit (remaining 75 days)	37 weeks (either parent)	90% up to a ceiling
Solomon Islands	No paternity leave	***	No parental leave	***
Somalia	No paternity leave	***	No parental leave	***
South Africa	3 days	100%	No parental leave	***
South Korea	3 days	Unpaid	52 weeks (either parent)	40%
South Sudan	***	***	***	***
Spain	15 calendar days	100% up to a ceiling	156 weeks (each parent)	Unpaid
Sri Lanka	No paternity leave	***	No parental leave	***
Sudan	No paternity leave	***	No parental leave	***
Suriname	***	***	***	***
Swaziland	No paternity leave	***	No parental leave	***

	Duration of paternity leave	Amount of paternity leave cash benefits available	Duration of parental leave	Amount of parental leave cash benefits available
	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS	IN DAYS OR WEEKS	AS PERCENT OF PREVIOUS EARNINGS
Sweden	10 days	80% up to a ceiling	80 weeks (480 days to be shared by parents) ^q	80% up to a ceiling for 65 weeks (390 days); flat-rate benefits for 15 weeks (90 days)
Switzerland	No paternity leave	***	No parental leave	***
Syria	6 days	Unpaid ^d	52 weeks (only mothers)	Unpaid
Tajikistan	No paternity leave	***	156 weeks, 78 paid (either parent or actual caregiver)	Flat-rate benefit
Tanzania	3 days (of a 36 month cycle)	100%	No parental leave	***
Thailand	No paternity leave	***	No parental leave	***
Timor-Leste	***	***	***	***
Togo	10 days	100%	No parental leave	***
Tonga	***	***	***	***
Trinidad and Tobago	No paternity leave	***	No parental leave	***
Tunisia	1 day	100%	No parental leave	***
Turkey	No paternity leave	***	26 weeks (only mothers)	Unpaid
Turkmenistan	***	***	***	***
Tuvalu	***	***	***	***
Uganda	4 working days	100%	No parental leave	***
Ukraine	No paternity leave	***	156 weeks, 78 paid (either parent or actual caregiver)	Partially paid for 78 weeks; childcare allowance for the remainder
United Arab Emirates	No paternity leave	***	No parental leave	***
United Kingdom	14 consecutive days	Flat-rate benefit or 90% of the average weekly earnings, whichever is less	13 weeks (each parent)	Unpaid
United States	No paternity leave	***	12 weeks (each parent) ^r	Unpaid
Uruguay	3 days	100%	No parental leave	***
Uzbekistan	No paternity leave	***	156 weeks, 104 paid (either parent or actual caregiver)	20% of minimum wage
Vanuatu	No paternity leave	***	No parental leave	***
Venezuela	14 consecutive days	100%	No parental leave	***
Vietnam	No paternity leave	***	No parental leave	***
Yemen	No paternity leave	***	No parental leave	***
Zambia	No paternity leave	***	No parental leave	***
Zimbabwe	No paternity leave	***	No parental leave	***

SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH^C

	Survey year	Percent of fathers who agree that contraception is a woman's business and a man should not worry about it	Percent of fathers present during antenatal check-ups for youngest child
Afghanistan	***	***	***
Albania	2008-9	30	81
Algeria	***	***	***
Andorra	***	***	***
Angola	***	***	***
Antigua and Barbuda	***	***	***
Argentina	***	***	***
Armenia	2010	12	38
Australia	***	***	***
Austria	***	***	***
Azerbaijan	2006	39	58
Bahamas	***	***	***
Bahrain	***	***	***
Bangladesh ^f	2011	39	59
Barbados	***	***	***
Belarus	***	***	***
Belgium	***	***	***
Belize	***	***	***
Benin	2011-12	22	38
Bhutan	***	***	***
Bolivia	***	***	***
Bosnia and Herzegovina	***	***	***
Botswana	***	***	***
Brazil	***	***	***
Brunei	***	***	***
Bulgaria	***	***	***
Burkina Faso	2010	10	46
Burundi	2010	5	18
Cabo Verde	***	***	***
Cambodia	***	***	85
Cameroon	***	***	***
Canada	***	***	***
Central African Republic	***	***	***
Chad	***	***	***
Chile	***	***	***
China	***	***	***
Colombia	***	***	***

	Survey year	Percent of fathers who agree that contraception is a woman's business and a man should not worry about it	Percent of fathers present during antenatal check-ups for youngest child
Comoros	2012	23	54
Costa Rica	***	***	***
Côte d'Ivoire	2011–12	21	51
Croatia	***	***	***
Cuba	***	***	***
Cyprus	***	***	***
Czech Republic	***	***	***
Democratic Republic of Congo	2007	26	***
Denmark	***	***	***
Djibouti	***	***	***
Dominica	***	***	***
Dominican Republic	***	***	***
Ecuador	***	***	***
Egypt	***	***	***
El Salvador	***	***	***
Equatorial Guinea	***	***	***
Eritrea	***	***	***
Estonia	***	***	***
Ethiopia	2011	17	45
Fiji	***	***	***
Finland	***	***	***
France	***	***	***
Gabon	***	***	***
Gambia	***	***	***
Georgia	***	***	***
Germany	***	***	***
Ghana	2008	21	33
Greece	***	***	***
Grenada	***	***	***
Guatemala	***	***	***
Guinea	2012	***	51
Guinea-Bissau	***	***	***
Guyana	2009	20	42
Haiti	***	***	***
Honduras	2011–12	10	39
Hong Kong, China (SAR)	***	***	***
Hungary	***	***	***
Iceland	***	***	***
India	2005–6	22	74
Indonesia	2012	40	76

	Survey year	Percent of fathers who agree that contraception is a woman's business and a man should not worry about it	Percent of fathers present during antenatal check-ups for youngest child
Iran	***	***	***
Iraq	***	***	***
Ireland	***	***	***
Israel	***	***	***
Italy	***	***	***
Jamaica	***	***	***
Japan	***	***	***
Jordan	***	***	***
Kazakhstan	***	***	***
Kenya	2008-9	16	25
Kiribati	***	***	***
Kuwait	***	***	***
Kyrgyzstan	2012	23	51
Laos	***	***	***
Latvia	***	***	***
Lebanon	***	***	***
Lesotho	2009	49	23
Liberia	2007	14	***
Libya	***	***	***
Liechtenstein	***	***	***
Lithuania	***	***	***
Luxembourg	***	***	***
Macedonia	***	***	***
Madagascar	2008-9	21	21
Malawi	2010	29	37
Malaysia	***	***	***
Maldives	2009	15	96
Mali	2006	23	***
Malta	***	***	***
Marshall Islands	***	***	***
Mauritania	***	***	***
Mauritius	***	***	***
Mexico	***	***	***
Micronesia	***	***	***
Moldova	2005	16	***
Monaco	***	***	***
Mongolia	***	***	***
Montenegro	***	***	***
Morocco	***	***	***
Mozambique	2011	12	39
Myanmar	***	***	***
Namibia	2006-7	22	36

	Survey year	Percent of fathers who agree that contraception is a woman's business and a man should not worry about it	Percent of fathers present during antenatal check-ups for youngest child
Nauru	***	***	***
Nepal	2011	11	59
Netherlands	***	***	***
New Zealand	***	***	***
Nicaragua	***	***	***
Niger	2012	15	***
Nigeria	2012	15	***
North Korea	***	***	***
Norway	***	***	***
Oman	***	***	***
Pakistan	2012–13	15	20
Palestine	***	***	***
Panama	***	***	***
Papua New Guinea	***	***	***
Paraguay	***	***	***
Peru	***	***	***
Philippines	2003	23	***
Poland	***	***	***
Portugal	***	***	***
Qatar	***	***	***
Republic of Congo	***	***	***
Romania	***	***	***
Russia	***	***	***
Rwanda	2010	10	86
Saint Kitts and Nevis	***	***	***
Saint Lucia	***	***	***
Saint Vincent and the Grenadines	***	***	***
Samoa	***	***	***
San Marino	***	***	***
Sao Tome and Principe	2008–9	20	14
Saudi Arabia	***	***	***
Senegal	2010–11	19	28
Serbia	***	***	***
Seychelles	***	***	***
Sierra Leone	2008	27	38
Singapore	***	***	***
Slovak Republic	***	***	***
Slovenia	***	***	***
Solomon Islands	***	***	***
Somalia	***	***	***
South Africa	***	***	***

	Survey year	Percent of fathers who agree that contraception is a woman's business and a man should not worry about it	Percent of fathers present during antenatal check-ups for youngest child
South Korea	***	***	***
South Sudan	***	***	***
Spain	***	***	***
Sri Lanka	***	***	***
Sudan	***	***	***
Suriname	***	***	***
Swaziland	2006-7	13	***
Sweden	***	***	***
Switzerland	***	***	***
Syria	***	***	***
Tajikistan	***	***	***
Tanzania	***	***	***
Thailand	***	***	***
Timor-Leste	2009-10	30	57
Togo	***	***	***
Tonga	***	***	***
Trinidad and Tobago	***	***	***
Tunisia	***	***	***
Turkey	***	***	***
Turkmenistan	***	***	***
Tuvalu	***	***	***
Uganda	2011	18	49
Ukraine	2007	12	22
United Arab Emirates	***	***	***
United Kingdom	***	***	***
United States	***	***	***
Uruguay	***	***	***
Uzbekistan	***	***	***
Vanuatu	***	***	***
Venezuela	***	***	***
Vietnam	***	***	***
Yemen	***	***	***
Zambia	2007	25	19
Zimbabwe	2010-11	25	36

FATHERHOOD AND VIOLENCE^d

	Percent of ever-pregnant women aged 15–49 who experienced physical violence during pregnancy (2005–2013)	Percent of children who experienced violence (2005–2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Afghanistan	***	74	69	62	No
Albania	***	77	61	71	Yes
Algeria	***	88	75	84	No
Andorra	***	***	***	***	Yes
Angola	***	***	***	***	No
Antigua and Barbuda	***	***	***	***	No
Argentina	***	72	46	65	Yes
Armenia	***	70	43	66	No
Australia	***	***	***	***	No
Austria	***	***	***	***	Yes
Azerbaijan	4.2	77	51	74	No
Bahamas	***	***	***	***	No
Bahrain	***	***	***	***	No
Bangladesh ^f	***	***	***	***	No
Barbados	***	75	56	62	No
Belarus	***	65 ^e	34 ^e	59 ^e	No
Belgium	***	***	***	***	No
Belize	***	71	57	54	No
Benin	***	***	***	***	Yes
Bhutan	***	***	***	***	No
Bolivia	***	***	***	***	Yes
Bosnia and Herzegovina	***	55	40	42	No
Botswana	***	***	***	***	No
Brazil	***	***	***	***	Yes
Brunei	***	***	***	***	No
Bulgaria	***	***	***	***	Yes
Burkina Faso	2.2	83	58	79	Yes
Burundi	***	***	***	***	No
Cabo Verde	4.6	***	***	***	Yes
Cambodia	3.1	***	***	***	No
Cameroon	14.1	93	78	87	No
Canada	***	***	***	***	No
Central African Republic	***	92	81	84	No

	Percent of ever-pregnant women aged 15-49 who experienced physical violence during pregnancy (2005-2013)	Percent of children who experienced violence (2005-2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Chad	***	84	77	71	No
Chile	***	***	***	***	No
China	***	***	***	***	No
Colombia	***	***	***	***	No
Comoros	2.7	***	***	***	No
Costa Rica	***	46	30	31	Yes
Côte d'Ivoire	5.8	91	73	88	No
Croatia	***	***	***	***	Yes
Cuba	***	***	***	***	No
Cyprus	***	***	***	***	Yes
Czech Republic	***	***	***	***	No
Democratic Republic of Congo	12.0	92	80	82	No
Denmark	***	***	***	***	Yes
Djibouti	***	72	67	57	No
Dominica	***	***	***	***	No
Dominican Republic	6.6	67	45 ^e	50	No
Ecuador	***	***	***	***	No
Egypt	6.2	91	82	83	No
El Salvador	***	***	***	***	No
Equatorial Guinea	16.6	***	***	***	No
Eritrea	***	***	***	***	No
Estonia	***	***	***	***	Yes
Ethiopia	***	***	***	***	No
Fiji	***	72 ^e	***	***	No
Finland	***	***	***	***	Yes
France	***	***	***	***	No
Gabon	10.8	***	***	***	No
Gambia	***	90	74	81	No
Georgia	***	67	50	59	No
Germany	***	***	***	***	Yes
Ghana	5.2	94	73	89	No
Greece	***	***	***	***	Yes
Grenada	***	***	***	***	No
Guatemala	***	***	***	***	No
Guinea	***	***	***	***	No

	Percent of ever-pregnant women aged 15-49 who experienced physical violence during pregnancy (2005-2013)	Percent of children who experienced violence (2005-2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Guinea-Bissau	***	82	74	68	No
Guyana	***	76	63	66	No
Haiti	6.1	85	79	64	No
Honduras	***	***	***	***	Yes
Hong Kong, China (SAR)	***	***	***	***	***
Hungary	***	***	***	***	Yes
Iceland	***	***	***	***	Yes
India	***	***	***	***	No
Indonesia	***	***	***	***	No
Iran	***	***	***	***	No
Iraq	***	79	63	75	No
Ireland	***	***	***	***	No
Israel	***	***	***	***	Yes
Italy	***	***	***	***	No
Jamaica	***	85	68	72	No
Japan	***	***	***	***	No
Jordan	7.0	90	67	88	No
Kazakhstan	***	49	29	43	No
Kenya	***	***	***	***	Yes
Kiribati	***	81 ^e	-	-	No
Kuwait	***	***	***	***	No
Kyrgyzstan	7.4	54 ^e	37 ^e	43 ^e	No
Laos	***	76	44	71	No
Latvia	***	***	***	***	Yes
Lebanon	***	82	56 ^e	80	No
Lesotho	***	***	***	***	No
Liberia	***	90	76	84	No
Libya	***	***	***	***	No
Liechtenstein	***	***	***	***	Yes
Lithuania	***	***	***	***	No
Luxembourg	***	***	***	***	Yes
Macedonia	***	69	52	56	Yes
Madagascar	***	***	***	***	No
Malawi	6.2	***	***	***	No
Malaysia	***	***	***	***	No
Maldives	***	***	***	***	No
Mali	***	***	***	***	No

	Percent of ever-pregnant women aged 15-49 who experienced physical violence during pregnancy (2005-2013)	Percent of children who experienced violence (2005-2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Malta	***	***	***	***	Yes
Marshall Islands	7.0	***	***	***	No
Mauritania	***	87	78	82	No
Mauritius	***	***	***	***	No
Mexico	***	***	***	***	No
Micronesia	***	***	***	***	No
Moldova	***	76	48	69	Yes
Monaco	***	***	***	***	No
Mongolia	***	46	25	38	No
Montenegro	***	63	45	56	No
Morocco	***	91	67 ^e	89	No
Mozambique	4.4	***	***	***	No
Myanmar	***	***	***	***	No
Namibia	***	***	***	***	No
Nauru	***	***	***	***	No
Nepal	6.2	***	***	***	No
Netherlands	***	***	***	***	Yes
New Zealand	***	***	***	***	Yes
Nicaragua	***	***	***	***	Yes
Niger	***	82	66	77	No
Nigeria	5.2	91	79	81	No
North Korea	***	***	***	***	No
Norway	***	***	***	***	Yes
Oman	***	***	***	***	No
Pakistan	10.9	***	***	***	No
Palestine	***	93	76	90	No
Panama	***	***	***	***	No
Papua New Guinea	***	***	***	***	No
Paraguay	***	***	***	***	No
Peru	***	***	***	***	No
Philippines	3.6	***	***	***	No
Poland	***	***	***	***	Yes
Portugal	***	***	***	***	Yes
Qatar	***	***	***	***	No
Republic of Congo	***	87	69	80	Yes
Romania	***	***	***	***	Yes

	Percent of ever-pregnant women aged 15–49 who experienced physical violence during pregnancy (2005–2013)	Percent of children who experienced violence (2005–2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Russia	***	***	***	***	No
Rwanda	10.2	***	***	***	No
Saint Kitts and Nevis	***	***	***	***	No
Saint Lucia	***	68	44	60	No
Saint Vincent and the Grenadines	***	***	***	***	No
Samoa	***	***	***	***	No
San Marino	***	***	***	***	Yes
Sao Tome and Principe	6.9	***	***	***	No
Saudi Arabia	***	***	***	***	No
Senegal	***	***	***	***	No
Serbia	***	67	37	60	No
Seychelles	***	***	***	***	No
Sierra Leone	***	82	65	74	No
Singapore	***	***	***	***	No
Slovak Republic	***	***	***	***	No
Slovenia	***	***	***	***	No
Solomon Islands	***	72 ^a	-	-	No
Somalia	***	***	***	***	No
South Africa	***	***	***	***	No
South Korea	***	***	***	***	No
South Sudan	***	***	***	***	Yes
Spain	***	***	***	***	Yes
Sri Lanka	***	***	***	***	No
Sudan	***	***	***	***	No
Suriname	***	86	60	82	No
Swaziland	***	89	66	82	No
Sweden	***	***	***	***	Yes
Switzerland	***	***	***	***	No
Syria	***	89	78	84	No
Tajikistan	5.1	78	60	73	No
Tanzania	9.2	***	***	***	No
Thailand	***	***	***	***	No
Timor-Leste	3.7	***	***	***	No
Togo	***	93	77	86	Yes
Tonga	***	***	***	***	No

	Percent of ever-pregnant women aged 15-49 who experienced physical violence during pregnancy (2005-2013)	Percent of children who experienced violence (2005-2013)			Corporal punishment in the home prohibited by law (as of 2015)
		ANY VIOLENT DISCIPLINE (PHYSICAL OR PSYCHOLOGICAL)	PHYSICAL PUNISHMENT	PSYCHOLOGICAL AGGRESSION	
Trinidad and Tobago	***	77	54	68	No
Tunisia	***	93	74	90	Yes
Turkey	***	***	***	***	No
Turkmenistan	***	***	***	***	Yes
Tuvalu	7.8	***	***	***	No
Uganda	16.3	***	***	***	No
Ukraine	3.7	61	30	57	Yes
United Arab Emirates	***	***	***	***	No
United Kingdom	***	***	***	***	No
United States	***	***	***	***	No
Uruguay	***	***	***	***	Yes
Uzbekistan	***	***	***	***	No
Vanuatu	***	84	72	77	No
Venezuela	***	***	***	***	Yes
Vietnam	***	74	55	55	No
Yemen	***	95	86	92	No
Zambia	9.6	***	***	***	No
Zimbabwe	5.0	***	***	***	No

Sources

The appendix tables in this report were compiled from the following sources:

- a) Source: UN Women. *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*. New York, NY: UN Women; 2015.
- b) Source: International Labour Organization. *Maternity and Paternity at Work: Law and Practice Across the World*. Geneva, Switzerland: ILO; 2014. Data are accurate as of 2013.
- c) Source: Authors' analyses of Demographic and Health Surveys (DHS). Data were retrieved in Spring 2014.
- d) Source: For experiences of physical violence during pregnancy: UNICEF global databases made available to authors, based on DHS,

MICS, and other nationally representative surveys (2005–2013). For childhood experiences of violent discipline: Adapted from: United Nations Children's Fund. *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*. UNICEF; 2014. For laws about corporal punishment: Global Initiative to End all Corporal Punishment of Children, *Global progress towards prohibiting all corporal punishment*, March 2015 update.

For additional methodological or other information, please refer to the original source. Please report errors and omissions to sowf@men-care.org.

Notes

*** Indicates that data are not available or that category is not relevant.

- e) Data differ from the standard definition or refer to only part of a country.
- f) Bangladesh: Pilot survey. Data refer to employed only.
- g) Israel: With the mother's agreement, a father can replace his spouse during part of the maternity leave, starting six weeks after the date of birth, and for a period of at least 21 consecutive days.
- h) Italy: In addition to one paid day of compulsory leave, fathers can take two additional days of paid leave, if the mother agrees to transfer them from her maternity leave allowance. The six months of parental leave is an individual and non-transferable entitlement, although the total amount of leave that can be taken by the family is 10 months. If the father takes at least three months of leave, he is entitled to one additional month, for a total of 11 months of parental leave for the family.
- i) Nepal: Any permanent worker or employee who does not have any leave accumulated may be entitled to a period of unpaid "special leave" of up to 30 days in one year. The total period of special leave shall not exceed more than six months in the entire period of service of a worker or employee. Fifteen days of paid "maternity care leave" are provided to male civil servants following the birth of their child.
- j) Syria: There are no express legal provisions on paternity leave in the Labour Code. Nevertheless, all workers may interrupt work for no more than six days a year and for a maximum of two days at a time for urgent and valid reasons. The emergency leave shall be deducted from the statutory annual leave. Workers who have exhausted their annual leave may take emergency leave without pay.
- k) Chile: In 2011, Chile introduced a paid "postnatal parental leave" of 12 weeks, in addition to 12 weeks of postnatal maternity leave. Mothers can choose to transfer up to six weeks of paid parental leave to fathers, which should be taken in the final period of the leave.
- l) Finland: Either parent can take a "homecare leave" from the end of parental leave until a child's third birthday. A state-funded allowance (paid out of municipal and general taxation) can be paid to either parent if the child is not attending a childcare service funded by the local government.
- m) Japan: If both parents share some of the leave, parental leave can be extended up to 14 months (as a "bonus").

- n) Netherlands: Each parent is entitled to 26 times their number of working hours per week per child. For example, a full-time job of 38 hours a week gives a leave entitlement of 988 hours, namely 26 weeks. Leave is unpaid, but all parents taking parental leave are entitled to a tax break for each hour of leave.
- o) Norway: Norwegian law treats maternity, paternity, and parental leave as one system of "parental leave" of a total duration of 49 or 59 weeks, depending on payment level. Of these, 14 weeks are exclusively reserved for mothers and 14 weeks are for fathers ("father's quota"). The remaining 21 or 31 weeks is a family entitlement and may be taken by either the mother or the father.
- p) Portugal: The "Initial Parental Leave" scheme provides for 120 days of parental leave paid at 100 percent or 150 days at 80 percent. Mothers have to take at least 45 days (six weeks) of postnatal leave. The remaining period may be divided between parents by mutual agreement. A "sharing bonus" of an additional 30 days is provided if both parents share the leave. An "Additional Parental Leave" of three months is available to each parent immediately after the initial parental leave.
- q) Sweden: There are 480 days of paid parental leave available per family. A total of 60 days are reserved for each parent (mother's and father's quota). Half of the remaining 360 days are reserved for each parent.
- r) United States: The Family and Medical Leave Act of 1993 provides up to 12 weeks of unpaid leave in a 12-month period to women and men who have worked for a covered employer for at least 1,250 hours over the preceding 12 months. This law provides unpaid leave for a variety of reasons including childbirth or the care of newborn child up to 12 months.
- s) Poland: A new parental leave system was introduced in June 2013. Following maternity leave (26 weeks paid at 100 percent), an additional period of 26 weeks, paid at 60 percent of previous earnings by social insurance, can be used by either parent. Women also can opt for a total of 52 weeks parental leave paid at 80 percent or, following the compulsory period of 14 weeks maternity leave, they can transfer up to 38 weeks to the father. Either parent can also take childcare leave until the child is four years old. It is paid at a flat rate out of general taxation.

Men Care

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