



Learning Brief

Engaging males as key influencers to improve healthy behaviours and the importance of an enabling environment:

An example from Gambella, Ethiopia

August 2021 – March 2022

Date: May 2022

Title:

Engaging males as key influencers to improve healthy behaviours and the importance of an enabling environment

**Country/
Region:**

Gambella, Ethiopia

Sector:

Nutrition

**Intervention
Dates:**

August 2021 - May 2022 (on-going)

Costs:

USD 300

Included refreshments for Lead-Father trainings and Snr Nutrition Research Officer travel from Addis to Gambella for oversight. Support staff costs were already absorbed within existing programs.

The burden of childcare is often shouldered by mothers, when, both the father and mother should have equal responsibility in ensuring the healthy growth and development of their child. The critical nature of male participation in maternal and child health has been on the development agenda for more than two decades. Ref: 1.



Evidence shows that empowering women significantly contributes to the improvement of child nutrition and health in general Ref: 2. However, policy and interventions all too often overlook key influencers, who have the ability to control or influence the behaviours of others. Most interventions that support child growth and health are attended by women, which means the opportunity to engage other influencers are limited. And yet the attitudes of many societies towards women, have prevented them from participating in decision making, particularly women's reproductive health, women and child nutrition and control over economic and financial resources.

Thus, when planning behaviour change interventions, the creation of an enabling environment is critical. This means, that when targeting any group (in this case women as agents of change, to use positive care and feeding practices), it is imperative that key influencers (in this case husbands/partners) are capacitated to play an active role in supporting sustainable positive change in their homes and communities. However, it is important to recognise that different demographic groups will be motivated to engage for different reasons, thus it is essential to identify the 'hooks' or 'stimuli' to which (in this case males) will respond. Identification of hooks should be woven into the formative research or obtained through community engagement.

In attempts to create an enabling environment, in July 2021, **200 Lead-Fathers were trained** to run Father to Father (F2F) groups



across two South Sudanese refugee camps in Southwest Ethiopia, Gambella. Following training, **100 F2F support groups were formed** in August 2021. Each group consisted of 2 lead-fathers and 10-15 members.

The lead fathers were taught to engage their members in discussion about childcare and provide health education in an interactive, participatory manner once per week, where each session lasts for 2 hours on an ongoing basis.

The **hypothesis** was, that *increased engagement of males from targeted households with young children, on appropriate care and feeding practices of children and women, would create an enabling environment for active behaviour change and sustained positive practices in households.*

A **qualitative assessment** was undertaken in March 2022 to determine the impact of the F2F support groups

Methodology: 8 focus group discussions were conducted with F2F members (#4) and Mother-2-Mother (M2M) members (#4), plus 6 key informant interviews with health counsellors to assess, i) acceptability of the approach, ii) scope for alternative points of contact with fathers, iii) different modes of engagement/ communication to support maternal, infant young child feeding (MIYCF) iv) perceived change in knowledge/behaviour.



Map of Ethiopia illustrating location of Gambella.

Source: [Gambela Region - Wikipedia](#)



Findings:

1. Health workers confirmed, **women will continue to struggle** to find the time in their already busy schedules to practice optimal feeding and care practices **without familial support**.
2. **Prior to participating in F2F groups, fathers had little appreciation of the health/nutritional needs of their wives/children**, or challenges being faced meeting these needs.
3. The establishment of **F2F groups demystified the M2M sessions, enabling men to understand what their wives were learning through M2M sessions**, whereas previously there was resentment of women's time spent away from the house.
4. All parties confirmed the **initiative was highly valued**, resulting in an improved appreciation by fathers of the needs of their families, the importance of appropriate feeding and care, plus **reports by mothers of subsequent male engagement in MIYCF**, with husbands spending more time with their children, supporting child hygiene, caring for children when women fetched water/firewood, engaging in antenatal care appointments, taking sick children to health facilities, screening for malnutrition and even cooking - which would never happen, or only if a woman was sick.
5. Despite the encouraging reports, **almost all male respondents articulated facing deep rooted socio-cultural barriers**, and constrained community acceptance of male engagement in practices deemed to be women's work. They feared ridicule and social isolation. Multiple reports from men, however outlined that there would be willingness to adopt new behaviours, if others were also seen to do so.
6. Due to stigmatisation, a **very high attrition rate of established groups** was noted, from 100 to 26 groups after 8 months, achieving limited community coverage. **The F2F model thus did not address wider socio-cultural norms**, only practices within a limited number of targeted households. The attrition is reflective of the need to have a wider enabling environment to support, not only the primary 'agents of change' (in this case women), but also key influencers (in this case males) to feel capacitated to support change.
7. **Wider community engagement to elicit acceptance is needed** and wider coverage combined with different modes of engagement.
8. Opportunities for wider social engagement to tackle socio-cultural norms included use of i) respected church leaders advocating acceptance of males to play a critical role in MIYCF, ii) champions - testimonials / respected community members to stimulate a desire to change as people relate to these individuals, iii) videos showing prominent global figures from other cultures engaging in MIYCF, iv) targeting of adolescent males and young men prior to marriage for inclusion in F2F groups, v) interactive sessions i.e. participatory community cooking demos, vi) experience sharing and inter-group competitions.

Interviews from two perspectives

A father able to effect positive behaviour change: *"Before joining the fathers' group, I only used to fetch fish for the family and take the children to the hospital when sick if their mother is not well. We don't do indoor activities. If my wife is sick, I will call her mother, my sister, or my sister-in-law to help with cooking and taking care of the children. I never took my wife or went with her to her pregnancy follow-ups. But after joining the group, I have attended one of her follow-ups and I have also taken her to the health centre during labour when my wife gave birth to our youngest son a month ago. Now I know what the mother should eat during pregnancy and lactation. I also know how a child should be fed according to their age, and how to keep the hygiene and sanitation of my children. I never followed what my family ate, I only used to care about myself. Now I am supporting my wife in any way I can."*

A woman whose husband has been unable to support positive behaviour change: *"Our culture is too tight and stressful; it encourages men not to do anything. Everything is our responsibility including building a house. Women in our community won't let their husbands help them. This is not because they hate being supported, but because the community doesn't accept it. If the community sees a man cooking food or cleaning his kids the community will isolate him. Even if they don't isolate him, he won't be able to tolerate the rumours. So, the women won't allow their husbands to support them with childcare and the guys don't want to get involved in the father-to-father support group, fearing rumours."*

Learning and Recommendations:

To support the change of any practices influenced by socio-cultural norms, a broad enabling environment needs to be created. In instances where feeding and care practices are commonly undertaken by women, women need the support of men, but in turn, men also need the support and validation of the community. The approach needs to address stigmatization of men to allow them to freely and actively engage with their families to support optimal maternal and childcare. Overcoming such constraints will not only facilitate men's involvement but will contribute to enhanced gender equality.

Every initiative to improve maternal and child health should therefore involve the key change makers (women), the key influencers (men/others) and address the enabling environment (community).

Footnotes:

Ref:1. FAO.WHO *Rome declaration on nutrition*. Rome. Food and Agriculture Organisation: 2014

Ref: 2. <http://rdcu.be/cPOQf>

References/ Citations:

For PowerPoint presenting the above Learning Brief, please see PTT Nutrition Sharepoint > Nutrition Learning - Publications > MIYCF > [Targeting Key Influencers in SBCC](#). Video of PTT presenting the PowerPoint can be viewed: [here](#) (0-26minutes)

Support:

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