



MEN'S ENGAGEMENT FOR NUTRITION AND SOCIAL CHANGE

Promoting appropriate health and nutrition behaviors

Food insecurity is widespread in Haiti. According to an emergency food security assessment conducted by the World Food Program and the Haitian National Coordination for Food Security Office, 3.6 million persons in Haiti are food insecure. Pregnant and lactating women and young children are the most affected in terms of undernutrition and micronutrient deficiencies. Confronting this situation, CARE, in partnership with Action Contre La Faim, World Food Program, and World Vision implemented the Kore Lavi project, a 4-year Development Food Assisted Program funded by the USAID. The overall objective of this project is to reduce food insecurity and

vulnerability by supporting the Government of Haiti in establishing a replicable safety net system and expanding capacities for preventing undernutrition.

As part of this project is the Maternal-Child Health component which uses the Care Group Model to promote appropriate health and nutrition behaviors. A group of community leaders participates in health and nutrition trainings in order to disseminate the information learned to other households in the community. Initially, comprised exclusively of women as lead mothers, men were soon recruited to complement their efforts. Given that lead fathers are a nascent phenomenon, a study was

conducted through a collaboration with CARE and Cornell University to understand their impact.

Why Lead Fathers?

The exclusively women led CARE groups were considered by men to be time-wasting and unserious. In early stages of project implementation, lead mothers' husband or male counterparts in the household questioned their role, particularly when visiting other households for the nutritional campaign. To address these issues, men were recruited to be part of the CARE groups.

Gender Equitable Attitudes

Interviews with lead fathers revealed that they were living gender-equitable lives. In their households, they all engaged in traditionally females' tasks such as food preparation, cleaning the house and care of the children. Scores from the Gender Equitable Men Scale showed that they had moderate to high support for gender equitable norms and were all opposed to violence on women. Additionally, on the gender norm attitudes scales, all lead fathers' responses reflected an egalitarian perspective, meaning that there was little agreement with men having more rights and privileges than women.

Changes in Men's behaviors towards Wives

Women whose husband participated in the trainings also reported changes in their behaviors. Some of the changes noted by women included:

- No longer raises his voice to his wife
- Started taking part in household tasks
- Fewer disputes
- More proactive with water treatment and health practices

In rural areas, men usually cultivate the land and work in gardens therefore by participating in the trainings, they have become more aware of what to grow to provide a balanced meal for their families. Although these changes cannot be generalized to the whole lead fathers' population, they still indicate that the trainings are contributing to behaviors changes.

Widely-Shared Acceptance of Lead Fathers

Men who are leaders in the community are generally well respected and often well received. During group discussions, women explained that having men engaged in the promotion of nutrition and health practices help influence other fathers to take the work and advices that are giving more seriously. Another reason is that mothers feel more comfortable leaving their children at home because the father is more aware of how to take care of them. In like manner, when beneficiaries were asked how they felt about the lead fathers model, they all appreciate the model and said that lead father can talk to other fathers.