

REVIEW ARTICLE

Male Involvement in Child Care Activities: A Review of the Literature in Botswana

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Abstract

Engaging men as partners in childrearing is critical because of the positive aspects on the child's development and reduction of childhood illnesses. The paper presents findings from a literature review whose aim was to assess the extent to which males are involved in child care activities. Findings revealed a limited number of studies conducted in the area of male involvement. Socio-cultural factors have a negative influence on men's participation on child care activities. In addition, some laws were prohibitive to male involvement. It was difficult to assess the extent to which males were involved due to inadequate data collection tools. Recommendations include a study on male involvement, review of the existing Sexual and Reproductive Health data collection tools, development of a policy on paternity leave, strengthening training on male involvement; community sensitization on cultural stereotypes and harmonization of customary and common laws. (*Afr J Reprod Health* 2013; 17[4]: 35-42).

Keywords: Male participation, Child-rearing, Sexual and Reproductive Health

Résumé

L'engagement des hommes en tant que partenaires dans l'éducation des enfants est essentiel en raison des aspects positifs sur le développement et la réduction des maladies infantiles de l'enfant. L'article montre les résultats d'une revue de la documentation dont l'objectif était d'évaluer jusqu'à quel point les hommes participent dans des activités d'assistance à l'enfant. Les résultats ont révélé un nombre limité d'études menées dans le domaine de la participation des hommes. Les facteurs socio-culturels ont une influence négative sur la participation des hommes aux activités d'assistance à l'enfant. En outre, certaines lois avaient interdit la participation des hommes. Il était difficile d'évaluer à quel point les hommes ont été impliqués en raison de l'insuffisance d'outils de collecte de données. Les recommandations comprennent une étude sur la participation des hommes, la révision des outils de collecte de données existants sur la santé sexuelle et de reproduction, le développement d'une politique sur le congé de paternité, le renforcement de la formation sur la participation des hommes, la sensibilisation de la communauté sur les stéréotypes culturels et l'harmonisation des lois coutumières et communes. (*Afr J Reprod Health* 2013; 17[4]: 35-42).

Mots clés: participation des hommes, éducation des enfants, santé sexuelle et de la reproduction

Introduction

Male involvement is enshrined in the International Conference on Population and Development Programme of Action (ICPD, PoA) which includes male responsibilities and participation in critical aspects for improving Sexual and Reproductive Health and Rights (SRHR)¹. Since the conference, there has been growing attention and recognition among the Ministries of Health worldwide of the

importance of male involvement in SRH programme^{2,3}. It was at this conference that countries were mandated to involve males in sexual and reproductive health programmes¹. Specifically, the ICPD programme of Action called for countries to develop effective plans and clear strategies for male involvement in all aspects of reproductive health programmes including family planning, antenatal care, childbirth and postnatal care. Additionally, the programme of

action drew attention to the unfairness in women and men's gender roles and advocated for men to take more responsibility in household work and childrearing. Engaging men as partners in childrearing is critical because of the positive aspects on the child's development as well as reduction of childhood illnesses ultimately reducing child mortality⁴. Men as partners in childrearing are critical because of their decision making status in the family.

The Government of Botswana's development of the National Population Policy in 1997 signaled support and commitment to the International Conference on Population and Development Programme of Action for Africa⁵. The major elements of the National Population Policy include among others, addressing reproductive health and male participation in family life. Objectives of the National Population Policy are consistent with the achievement of Millennium Development Goal Four (MDG4)⁵. The Government of Botswana, through the Ministry of Health, has placed Male involvement (MI) in Sexual and Reproductive Health high on its agenda^{6,7}. This is in response to the following; adoption by the African Ministers in 2005 of an African Union Continental Policy Framework on Sexual and Reproductive Health and Rights⁸; which formed the basis for concerted efforts to address the neglected Sexual and Reproductive Health issues, including male involvement in Sexual and Reproductive Health for Africa. The Maputo Plan of Action in 2006 operationalized the Continental Policy Framework⁹. The purpose of this paper is to present findings from literature review whose aim was to assess the extent to which males are involved in child care activities in Botswana.

Conceptual and operational meaning of male involvement

In order to understand the discussion in this paper, it is necessary to clarify what male involvement really means. In the reproductive health literature, male involvement is used interchangeably with terms such as men's engagement, men's accessibility, men's participation, men's responsibility, male motivation, men as partners or even men and reproductive health¹⁰. In relation to

child care, engagement refers to time spent by men in direct contact with children such as during play or an outing¹¹. According to Lamb et. al¹¹, accessibility refers to the presence and availability for interaction with the child and accountability in decision making by the father figure. Men's responsibility refers to shared accountability in parenthood as well as children's education. It also encompasses active involvement in decision making related to child health activities. In this paper, male involvement is used broadly to refer to male participation in child activities such as accompanying a partner for antenatal, delivery and postnatal care, bathing and helping a child with school work, accompanying a child to the child welfare clinic and rooming-in for the hospitalized child.

Method

Literature review was conducted for the years; 1994 to 2012 using published data and local grey literature. Searches were conducted using CINAHL, Pub Med, OVID, Scopus and Science Direct. Grey literature included Government policy documents, Child Health Implementation guidelines for Botswana, Government reports on Child Health activities and consultancy reports related to children. Relevant published books based on research were also used.

Result

To what extent are males involved in child health care activities?

Global literature

The identified global and regional studies have suggested that male involvement in child care activities has positive contributions towards child outcomes. Male involvement is associated with reducing behavioral and psychological problems among children¹², better educational achievement¹³ and positive personal development¹⁴. Sarkadi¹² asserted that fathers' engagement enhances cognitive development and economic advancement while reducing criminal behaviour. A project implemented by Potter, Walker &

Keen¹⁵ revealed that male involvement resulted in better father-child interaction and improved child learning.

Regional literature

A systematic review article conducted by Ditekemena et. al¹⁶ showed the following as determinants of male involvement in sub-Saharan Africa; sociologic and socio-demographic health service related factors. Socio-demographic factors, such as age, marital status, education and profession influenced male involvement in Prevention of Mother To Child Transmission (PMTCT) of HIV. Older and cohabiting males had a higher probability for male involvement than the younger generation. In addition, men practicing monogamy in the Democratic Republic of Congo were twice as likely to be involved as those who were polygamous. Cohabiting males were 1.6 times more likely to be involved in voluntary counseling and testing during antenatal care services than non-cohabiting ones. Men who had completed 8 or more years of education were more involved than those with lower years of education¹⁶.

Botswana situation

Historically, most men in Botswana are socialized to believe that the primary way they can show support to their children is financially. Based on their experiences concerning who was always taking care of children, i.e. mothers, aunts, grandmothers, sisters and women friends, a significant number of men believe that women are the primary caregivers for children¹⁷. Even in situations where there is a male who does not hold paid employment, be it a father or an uncle to the child, the woman will in such situations place children with her extended family members who are females to be raised or cared for. Consequently some women, especially those in rural areas expect only financial assistance from their male partners.

In Botswana, boys, learn very early that caring for children is not an activity men engage in. Role playing *ko mantwaneng* (playing house) exhibit women as child-caregivers as they play with dolls

and boys are usually involved in macho activities such as herding cattle and spanning oxen⁴. Girls learn that caring for a child is their exclusive responsibility and that they should not expect men to contribute. As indicated previously, the 1994 conference calls for male involvement so as to improve achievement of MDG4. Involving men and obtaining their support and commitment to child care activities is of critical importance in the African context. The reason for this is that men are usually accorded elevated positions in society^{4,18}. At family level, men are considered heads¹⁹ therefore, crucial in decision making regarding child health seeking behaviours.

Patriarchy and the legal environment

According to Kang'ethe²⁰, patriarchy is one of the factors that contribute towards inadequate male involvement in health care issues. In Botswana, patriarchy has influenced some men to shun responsibilities related to child care activities. Also, in Botswana there are legal constraints regarding male participation in child care. For instance, customary law may infringe on men's rights as it accords women more rights than men unless marriage procedures have been initiated. Customary law denies unmarried men the right to live with and care for their children, while common law expects them to provide financial support^{18,21}. Authors of this paper have observed that in Botswana, unlike in developed countries such as Sweden, paternity leave is non-existent. This further limits male involvement in child care activities. Letshwenyo-Maruatona²² observed that exclusion of men in the care of their children denies them the opportunity to learn about child care. This situation cannot be allowed to continue as collective efforts are needed to achieve MDG4^{20,23}.

In order to remove the deeply ingrained cultural biases that the role of primary caregiving is exclusively the domain of females^{24,25}, it is important to examine men's involvement in health activities geared towards improved child health. In addition to cultural biases against men, a Swedish study on nurses' attitude and practices towards fathers' involvement in child health care revealed

that most nurses favoured participation of mothers than fathers²⁴. This shows that the perception of male involvement in health care remains negative even in developed countries that have made strides towards gender equality such as Sweden where policies provide for paternity leave²⁴.

A shift of focus in child health care, from mainly concentrating on the child's physical aspect of health to psychosocial factors requires the presence of both female and male caregivers to enhance the quality of interaction within the family unit²³. Men's participation in antenatal care and the prevention of mother-to-child transmission of HIV has illustrated that males have a crucial role in the success of the programmes²⁶. Besides, the presence of fathers during delivery and childbirth has been associated with many positive outcomes such as heat conservation among caesarean-delivered babies, hence preventing hypothermia²⁵. Following caesarean section, babies are placed in close contact with their fathers for bonding. This can contribute towards improved survival of neonates. In programmes such as family planning, antenatal care and Prevention of Mother to Child Transmission of HIV (PMTCT) men's participation can improve the uptake and effectiveness of interventions thus contributing to the affordable family and community based services geared towards attainment of MDG4.

A Botswana study conducted by Sabone¹⁷ in rural Molepolole and urban Gaborone revealed that men were inadequately involved in child care. This was the case despite the fact that women were more involved in formal employment than in the past¹⁷. The author further indicated that it is mostly in emergency cases that males get involved with children. Examples of such emergencies were cited as an ill wife or a situation where the wife is deceased. The example clearly showed that men were not assuming the role of childrearing out of choice but rather because of family crisis. Strategic interventions are needed to change the mindset of both men and Botswana as a nation. An earlier study conducted in 2006 by the Ministry of Health revealed minimal male involvement in Sexual and Reproductive Health programmes¹¹ and this was attributed to socio-cultural barriers, lack of knowledge, opportunities, confidence and

or assertiveness. The study further revealed that men's behavior is constrained by traditional expectations. In an African society, it is considered culturally incorrect to involve men in child care activities; instead men are regarded as financial providers¹⁸.

The concept of men caring for others is a relatively new phenomenon on the African continent such that even health practitioners struggle with the concept²⁷. For instance, the Ministry of Health¹⁸ study cited the situation of a man who was returned from the child welfare clinic to go home and ensure that the child is brought in by the mother of the child or any female caregiver who will supposedly understand the instructions from the practitioners better than him. However, Thobega²³ reported that numerous men take their role of parenting seriously. Such men live with their children and provide adequate care. This is supported by Palitza²⁷ who asserted that there were some men who had shed their stereo typical gender roles but that most of them decided to do this in privacy.

Although not unique to Botswana, the language used in relation to childbearing and rearing is also prohibitive as it is biased towards women, for instance mother-infant bond, maternal attachment, mothering instead of parental bond, paternal attachment or parenting²². Studies show that women are held in high esteem for caring for their children, however such studies totally ignore any impact or role a father may play in the child's upbringing²³.

Discussion

A review of literature in Botswana revealed a limited number of studies conducted in the area of male involvement in child care activities^{17,18,21,22}. Studies indicated that socio-cultural factors have a negative influence on men's participation on child care activities. It was also evident from the literature that it is not easy to accurately capture male involvement in child care activities due to inadequate data collection tools.

Estimating male involvement in all child care requires data collection tools that identify the caregiver in all Sexual and Reproductive Health

programmes. In Botswana, the current data collection tools used to capture child related information about caregiving responsibilities do not disaggregate data of caregivers according to gender. For instance, the Botswana Obstetric Record does not capture males who accompany their partners for both HIV pre and post-test counseling and the child welfare card does not capture the gender of the caregiver who brings the child for child monitoring activities²⁸. It is vital that data on male involvement activities are captured in a meaningful manner²⁸. Without proper data on the issues related to male involvement in child care it is not possible to assess the impact of male involvement in child care activities. It is also difficult to make sound decisions about strategies that can be used to bring men on board²⁸. However, it is worth noting that the policy environment in Botswana is supportive of male involvement in all SRH programmes.

Efforts to address inadequate male involvement

In response to the International Conference on Population and Development plan of action, the Ministry of Health launched a male involvement project whose aim is to increase male involvement and participation in sexual and reproductive health, prevention of HIV and AIDS and gender based violence. The project further aims to strengthen institutions and programmes for enhancing male involvement in Sexual and Reproductive Health. Among others, the reason for involving males is to ensure that men practice responsible fatherhood¹⁸. For instance, men should be able to care for their children, take them to the clinic and school and not just do it when the partner is sick¹⁸. The following strategies are used to achieve the stated aims; advocacy and networking, integrating male involvement into existing programmes and capacity building of service providers. In addition, capacity building of the community is ensured through social and community mobilization and research on male involvement issues is encouraged.

All the identified strategies utilize information, education and communication at individual, community, district and national levels.

Community mobilization at district level is achieved through the use of District Male Action Groups²⁹. At national level, structures such as Men' Sector have been established to facilitate male involvement in Sexual and Reproductive Health services. Men' Sector targets male dominated occupations such as the army, prisons, police and the immigration department. The main aim of the Men' Sector project is to reach out to other men through emphasizing behavioral change. Also, the Ministry of Health is tasked with changing the mindset of health personnel through training on male involvement issues²⁹. Other efforts to encourage male involvement include couple counseling through the Prevention of Mother To Child Transmission programme (PMTCT). However, due to inadequacies in the data collection tools, the degree of men's involvement in couple counseling cannot be determined.

In an effort to address inadequate male involvement in Sexual Reproductive Health including child care, Mogobe, Leburu and Motshwane³⁰, with the assistance of Swedish International Development Agency initiated a male involvement in Antenatal Care project at one of the clinics based in a Botswana Defense Force camp. The project revealed that both men and women were motivated to attend antenatal care clinic as couples. In addition, in some parts of the country, nurses have also encouraged men to accompany partners to the antenatal care clinic so as to encourage early child bonding for both partners. For instance, in one of the referral hospitals in Botswana, midwives have initiated an Antenatal Patient Education Programme whose aim is to reinforce male involvement and companionship during antenatal, labour, delivery and postnatal periods and in childrearing activities. The programme provides four educational sessions that equip pregnant women and their partners including companions with in-depth knowledge about safe pregnancy and childbirth experience (Veronica Molohe, Nursing Officer and Khakha Phosa-Wataya Registered Nurse, Personal Communication, 3rd October, 2012). Feedback is solicited from participants through voluntary documented commentaries. Additional feedback

was obtained through a live TV programme entitled *Molemo wa kgang*. Many recipients of the services have expressed delight at the usefulness of the information provided.

Limitations of review

The review of literature was more focused on Botswana since the authors needed baseline information to conduct further studies on male involvement in child care activities. Furthermore, the work presented in this paper was not a result of systemic review processes as required by Joana Briggs Institute and Cochrane Reviews. The information presented was derived mainly from unpublished work and government reports as there were a limited number of research studies in the area.

Recommendations

1. Further research is needed to explore male involvement in child care activities.
2. Pre service curriculum for nurses, doctors and other health care service providers should include issues of male involvement in sexual and reproductive health including child care activities so as to facilitate change in mindset regarding men and women's gender roles.
3. The male involvement programme staff should sensitize the community on the prevailing cultural stereotypes that discourage male participation in child care activities.
4. The Ministry of Health should review the current Sexual Reproductive Health data collection tools including the child welfare clinic card so as to capture data on men who are involved in child care activities such as accompanying children to child welfare clinics.
5. Campaigns supporting gender liberalization and freedom should be strengthened to allow men to assume any childrearing roles.
6. The Ministry of Health should intensify offerings of workshops /seminars on male involvement for service providers.

7. Information should be disseminated on laws that have been enacted to facilitate male participation in childrearing.
8. The Ministry of Labour and Home Affairs should consider adopting the International Labour Organization's policy on paternity leave so as to enhance male involvement in child health care activities.

Conclusion

The results on the review of male involvement in child care activities indicate an apparent need for accelerating efforts to address the existing gaps. Strategic multi-pronged efforts at individual, family and national levels should be put in place to bridge the identified gaps.

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Contribution of Authors

The three authors contributed equally in the conception, data collection and the preparation of the manuscript. The manuscript has been read and approved by all authors.

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