

A new generation of fathers

Effects of the MenCare SRHR intervention on gender equitable attitudes and father role perceptions of young fathers in Cape Town, South Africa



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Myrte de Wit

3521729

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Prof. dr. Trudie Knijn & dr. Yolanda van Beek

Universiteit Utrecht & Sonke Gender Justice

Abstract

Gender inequality is seen as the driver of two major public health epidemics in South Africa, HIV/AIDS and gender-based violence. The Sexual and Reproductive Health and Rights (SRHR) program is a program for young men between 15 and 24 from impoverished communities around Cape Town, South Africa, in which traditional norms of manhood are questioned in order to increase gender equitable attitudes among these men. The current study examined the effects of the program on gender equitable attitudes of the participants and perceptions of the father role among young fathers who participated. A sample of 108 young men who participated in the program filled in a questionnaire about gender equitable attitudes prior to the program and after the program. Also, interviews were held with 6 participants who were fathers or expecting fathers. Quantitative results indicate a positive shift towards more gender equitable attitudes after attending the program. There were no differences in gender equitable attitudes prior to the program depending on the age or school status of the participants. There was no difference in effect of the program for young men from different ages or between young men that were or were not in school. Qualitative results confirm gender equitable attitudes among the young fathers who participated and changes in these attitudes after attending the program were self-indicated by the participants. Although the young fathers show less traditional perceptions of the father role and parenting and express the wish to be involved with their children, a behavioural change in involvement after attending the program was not found.

South-Africa has the highest number of people living with HIV/AIDS (UNAIDS, 2014) and is part of sub-Saharan Africa, the region with the highest number of gender-based violence in the world (USAID, 2014). The female homicide rate in South-Africa in 2009 was 5 times higher than the global rate (Abrahams, Mathews, Martin, Lombard & Jewkes, 2013). A gender-based violence prevalence study among 5621 South Africans in four provinces shows how over three quarters of women in Limpopo, around half of women in both Gauteng and the Western Cape and over a third of women in KwaZulu Natal report to have experienced some form of violence at least once in their lifetime, both within and outside their intimate relationships (Gender Links, 2012). Concerning HIV, the National HIV Prevalence, Incidence and Behaviour Survey of 2012 (Human Sciences Research Council, 2014) states that the proportion of South Africans infected with HIV has increased from 10.6% in 2008 to 12.2% in 2012. The 2012 number of 12.2%, which makes up 6.5 million South-Africans infected with HIV, makes South-Africa rank first in HIV prevalence in the world.

The strongest driver of both of these major public health epidemics is believed to be gender inequality, with gender norms that link masculinity to dominance, violence, aggression, sexual conquest and the pursuit of multiple sexual partners (van den Berg et al., 2013). Previous research among men has shown that inequitable gender norms influence the way in which men interact with their intimate partners, their children and families regarding, amongst others, physical violence, domestic chores and parenting (Barker, Ricardo & Nascimento, 2007). Pulerwitz, Barker, Segundo and Nascimento (2006) found male agreement with inequitable gender norms to be associated with more risk behaviour, including the report of sexual transmitted infections, lack of contraceptive use and the use of both physical and sexual violence against a partner. In this way, concepts of masculinity are strongly linked to the spread and impact of HIV and AIDS and to rates of domestic and sexual violence that are extremely high in South-Africa (van den Berg et al., 2013).

The current study is an evaluation study of the MenCare+ Sexual and Reproductive Health and Rights (SRHR) program for young men, that is implemented in the townships of Cape Town, South Africa. The SRHR program works with young men to positively influence their sexual behaviour and direct them towards more gender equitable behaviour. The aim of this study is to look at the effects of the program on gender equitable attitudes among participants in general and ideas about fatherhood among young fathers in particular.

Gender equitable attitudes. Attitudes towards gender equality, also named gender equitable attitudes or gender norms, are defined by Pulerwitz and Barker (2008) as social expectations for appropriate behaviours of men as compared to women. Social constructionist theory states that people learn masculine or feminine traits from experiences they have within their surroundings with family, peers and within their community (Courtenay, 2000) and conceptualises gender as a system of social classification that influences access to power and status (Strebel et al., 2006). Individuals are considered active agents in both constructing and deconstructing gender norms (Courtenay, 2000). Findings from the International Men And Gender Equality Survey (IMAGES: Levtov, Barker, Contreras-Urbina, Heilman & Vorma, 2014), a research of household surveys conducted between 2009 and 2012 in 8 different countries with 10490 participants between the age of 18 to 59, provide support for the socialization hypothesis. It shows that gender equality within men's childhood household serves as a determinant of their current gender equitable attitudes. The IMAGES study shows mixed results concerning differences in gender equitable attitudes within different age groups, with some countries where younger men's attitudes are more equitable and some countries where older men's attitudes are more equitable. In all countries, men with higher education, who completed primary school and at least some secondary education, show more equitable attitudes than those with less education, which suggests that secondary school may be a space where more education about rights is given (Barker et al., 2011). The view of gender roles as concepts that are socially constructed is also found in Lorber's (1994: p.104) definition of gender inequality as "the devaluation of women and the social domination of men, whereas gender inequality is not the result of sex, physiology, hormones or genetic predispositions but rather is produced and maintained by identifiable social processes". In a series of articles, Roller (2013b) explains that boys and girls are socialized to adopt certain attitudes and behaviour that match gender norms. This gender socialization continues into adolescence with messages coming from multiple forces in a youngster's environment. During this period of development, adolescents are specially primed for gender messages and adopt gendered behaviours that support them in fitting in with their peer groups (Roller, 2013a). Therefore, adolescence is seen as an important period in forming gender attitudes.

The statement that gender roles are socially constructed and highly determined by people's experiences in childhood leads to a view on masculinity as changeable and on men as capable to change. It emphasizes the importance of involving men as partners to creating social change around gender equality. Shifts in masculinity views have occurred and psychological and educational research has shown a personal flexibility in ideas of gender

stereotypes (Connell, 2005). Pulerwitz et al. (2006) examined the effects of an intervention designed to improve young men's attitudes toward gender norms and to reduce HIV and risks of Sexual Transmitted Infections (STI). Set in Rio de Janeiro, Brazil, the program focused on 780 young men in the age of 14 to 25 using two components, interactive group education sessions and a community-wide lifestyle social marketing campaign. A comparison of gender equitable attitudes at baseline, six months and twelve months, with the intervention taking place after the baseline measurement, revealed a smaller proportion of participants showing agreement with gender inequitable attitudes over time. The study shows that more equitable gender norms and related behaviour can be successfully promoted among young men.

Gender equitable attitudes and sexual and reproductive health and rights.

Literature states a strong link between gender equitable attitudes and sexual and reproductive health and rights (Rolleri, 2012a; Heimbürger & Ward, 2008; van den Berg et al., 2013; Marston & King, 2006). The combination of expectations about dominant and aggressive behaviour for men and expectations of submissive behaviour for women often leads to the inability for women to protect their own sexual and reproductive health and rights, including negotiating sex and discussing the use of contraceptives (van den Berg et al., 2013). A systematic review of 258 qualitative studies of young people's sexual behaviour shows how gender stereotypes are crucial in social expectations and sexual behaviour, with similar expectations about the behaviour of men and women across all studied societies (Marston & King, 2006). Adherence to more traditional gender norms and traditional norms of masculinity has been found to be related to a high amount of sexual risk behaviour (Pleck, Sonenstein & Ku, 1993). Results from the IMAGES study (Levtov et al., 2014) indicate how, for Brazilian young men, support for inequitable gender norms and gender roles was associated with more risk, including reported STI symptoms, the lack of contraceptive use and both physical and sexual violence against a partner. When looking at the context of South Africa, results of a study among Zulu male and female adolescents between the age of 11 and 24 in Durban show how girls have less negotiation opportunities when it comes to sexual intercourse, how boys have greater social latitude in terms of social acceptable behaviour and how males are considered to have the sole right of sexual decision-making in a relationship (Varga, 2003). The study shows how boys are considered masculine when they are sexually active and aggressive. These findings implicate the importance of addressing gender equitable attitudes within interventions that educate about sexual and reproductive health and rights.

Gender equitable attitudes and fatherhood. Fatherhood is believed to be an integral element in the construction of masculinities (Morrell, 2006) and hereby links to gender roles and gender attitudes. Morrell (2006) states a necessary distinction between a ‘father’, generally associated with biology and a sexual moment, and ‘fatherhood’. The definition of fatherhood as the social role that men undertake to care for their children (Morrell & Richter, 2006), stresses the importance of social relationships and the choice fathers make to be involved in the lives of their children.

Gender is stated as a fundamental organizing principle of social life that influences fathers’ lives. The gender order influences ideological assumptions regarding men’s rights and responsibilities as fathers (Marsiglio et al., 2008). Bulanda (2004) found fathers with less traditional attitudes about gender and gender roles to be more involved within the lives of their children than fathers with more traditional gender attitudes. Father’s involvement was assessed in terms of both breadth of interaction with children and time spent with children. In a qualitative study of absent fathers in Johannesburg (Eddy, Thomson-de Boor & Mphaka, 2013), with 35 fathers between the age of 22 to 54, participants’ perceptions of fatherhood were investigated. The research found that dominant notions of masculinity, perception of fatherhood as primarily providing in a materialistic way and a clear separation between male and female roles stands in the way of what the authors believe to be valuable dimensions of involved fatherhood, such as paternal involvement in childcare, participation in recreational and education activity and emotional availability for the child. Materialist construction of fatherhood and masculinity also appeared to be a reason for the high amount of absent fathers that South-Africa deals with, influenced by the inability to provide in a materialistic way because of poverty and unemployment. Authors indicate that these men were socialized to believe that men and women have different strengths that are there from birth instead of being learned (Eddy et al., 2013), which can be linked back to the socially constructed attitudes toward gender roles.

In South-Africa, there is an extremely high rate of teenage pregnancy (Jewkes, Vundule, Maforah & Jordaan, 2001). Whereas South-Africa’s birth rate in general is demonstrated to be one of the lowest in sub-Saharan Africa, rates of teenage childbearing remain very high with over 30% of 19-year-old girls reporting to have given birth at least once (Kaufman, de Wet & Stadler, 2001). Although most research concerning this specific group of parents in different countries has focused on teenage mothers, researchers have also explored the difficulties that teenage fathers face (Parra-Cardona, Sharp & Wampler, 2008; Paschal, Lewis-Moss & Hsiao, 2011; Kiselica & Kiselica, 2014; Swartz & Bhana, 2009).

When looking at the issue of gender equality within the dynamics of teenage pregnancy in South Africa, results of the study by Varga (2003) show how the social consequences of adolescent pregnancy are organized across gender lines with girls being more burdened than boys. This burden is to see in, among others, the total decision-making power of boys and their families to accept or deny paternity (Varga, 2003). Within the review of research performed on teen fathers from different decent, it is noticed that among Afro-American, Mexican as well as South-African teen fathers the concept of masculinity is an important factor of focus when explaining about fatherhood. For several Afro-American teen fathers, being a ‘real man’ means providing materialistically for your child (Paschal e.a., 2011), the majority of South-African teen fathers talked about taking responsibility as a man (Swartz & Bhana, 2009) and Parra-Cardona et al. (2008) state that ideas of masculinity for teen fathers of Mexican descent influences their ideas of fatherhood in two ways. For these fathers, masculinity can work in a constraining way because of their ideas of acting as men when showing their ‘toughness’ and them linking manifestations of tenderness with weakness. On the other side, ‘being a man about it’ can also indicate a masculine identity that strengthens the commitment of men to be emotionally involved with their children and protect their families from hardship. Swartz & Bhana (2009) state the lack of literature on young fathers in the developing world and emphasize the need for a focus on adolescent male-friendly sexual and reproductive health services and intervention.

Like gender equitable attitudes, fatherhood beliefs and practices were shown to be flexible and changeable in an exploration of the effects of participating in the fatherhood project of a program named ‘One Man Can’ (van den Berg et al., 2013). The ‘One Man Can’ fatherhood project provides workshops for black South African men from the age of 18 and older from impoverished communities to discuss fatherhood, views of masculinity and develop participants’ capacity to become activists in caring for the rights of women and children. Results show a shift in men’s attitudes about gender roles and power relations, in the direction of gender equality. Participants described a transition from a disciplinarian and traditional role as a materialistic provider towards one of increased involvement, companionship, nurturing, and affection towards children (van den Berg et.al., 2013).

Program Content

The Sexual and Reproductive Health and Rights (SRHR) program is implemented in South Africa by the South African partners of MenCare+, the NGO’s Sonke Gender Justice Network and Mosaïc. The SRHR program is based on Program H, a program developed in 1999 by

four Latin American non-governmental organizations that had significant experience in working with young men (Barker, 2004). As stated in the Program H manual (Promundo, 2002), Program H is a theoretically based program that was set up to help young men question traditional norms of manhood. It consists of several sessions whereas through discussions, reflections, role plays and brainstorming exercises the socialization of gender roles, positive and negative aspects of this socialization and possible benefits of change are discussed. With this type of intervention, developers aim to go beyond just provision of information, to a stage of reflections and changes in attitudes. Sessions are carried out in a same-sex setting, with male facilitators serving as a gender-equitable role model for the participants. Based on theory of the self-fulfilling prophecy, developers of the program state that boys respond to what is expected from them. By expecting boys to become violent partners, non-involved fathers and irresponsible when it comes to sexual and reproductive health and rights, self-fulfilling prophecies are created resulting in manifestation of the expected behaviour. The program is based on the assumption that young men should be seen as allies, potential or actual, instead of obstacles in the aim for gender equality (Promundo, 2002). The program has been shown to positively influence gender related attitudes among young men in Brasil, including greater sensitivity to issues of gender-based violence, increased intention to use condoms, improved partner negotiation skills, increased attention to health needs and, for those young men who are already fathers, the desire to be more involved with their children (Barker, 2004).

Based on the objectives and content of program H, the MenCare+ South Africa partners have developed the SRHR program, fitting into the South African context. Various topics which are directly relevant for young men are covered, such as understanding and caring for their bodies, male sexuality, contraception, adolescent pregnancy/fatherhood, abortion, emotions, values, prejudices, sexual vulnerabilities, gender justice, sexual violence and alcohol abuse. The program consists of 10 sessions of between 1.5 and 2 hours and is conducted in several townships in Cape Town with young men from the age of 14 to 25.

Research Questions

The current study will look at the effects of the intervention on participants of the MenCare+ SRHR groups in general and young fathers in particular. The first question of investigation is ‘In what way does the SRHR intervention of the MenCare+ program affect gender equitable attitudes of participants?’ Based on previous studies that have shown gender equitable attitudes to be changeable among young men, a shift towards more gender equitable attitudes is expected. The second research question is ‘To what extent do gender equitable

attitudes differ prior to the intervention depending on school status and age of the participants?’ The third question of investigation is ‘To what extent does the effect of the intervention on gender equitable attitudes differ depending on school status and age of the participants?’

Since fatherhood is believed to be an integrated element in the construct of masculinity and gender attitudes, the second part of the study involves a qualitative exploration among young fathers that have participated in the SRHR groups to further explore their experience of the program, their ideas of gender equality, their perceptions of the father role and the way the intervention has influenced these ideas. Concluding, the aim of this study is to investigate the effects of participation in the MenCare+ SRHR program on gender equitable attitudes and perceptions of the father role among young fathers in Cape Town, South-Africa.

Method

This research was implemented using a mixed methods sequential explanatory design (Ivankova, 2006; Cresswell, 2009). Data collection consisted of two phases, with quantitative data having been collected prior to the collection of qualitative data. First, the quantitative data will give an insight on the effects of the intervention on the gender equitable attitudes of participants of the SRHR program. Second, qualitative data will give in-depth answers on why and how the program has or has not affected young fathers that participated. Results of the two phases of data collection were analysed separately and then interpreted together (Cresswell, 2009).

Participants

Quantitative. Data was collected previously among 108 male participants of the SRHR MenCare+ groups, conducted in seven different communities in Cape Town, South-Africa. The age of the participants ranged from 14 to 24 ($M = 17.4$, $SD = 2.3$). Concerning the different communities in which the groups were conducted, 31.5% of the participants participated in a group in Khayelitsha, 25% participated in Mitchell's Plain, 12% participated in Gugulethu, 11.1% participated in Mfuleni, 8.3% participated in Kensington, 8.3% participated in Lavender Hill and 3.7% participated in Maitland.

Qualitative. For the explorative part of the study, a sample of five young fathers and one expecting father was used. All the participants were in between the age of 20 and 24 years old, with children in the age range of 2 months to 9 years old. Four of the participants were father of one child, one participant had two children and one participant was expecting. The six participants participated in the groups in four different areas, which were Khayelitsha, Mitchell's Plain, Gugulethu and Mfuleni. The criteria upon which participants were selected is having completed the SRHR program and self-report of being a (expecting) father.

Procedure

Quantitative. The quantitative data used in the current study has been priory collected as part of the measurement and evaluation component of the MenCare+ program. An SRHR questionnaire was developed for evaluation of the effects of the program in all four countries. The questionnaire consists of seven different sections, knowing to be demographic information, gender equitable attitudes, sexual risk behaviour, condom use and HIV testing, attitude towards contraceptives, sexual and relational satisfaction, use of SRH services and alcohol and substance use. Each participant filled in this questionnaire two times, before and

after the intervention. Prior to the first session of the program, participants were briefed about the process and purpose of the questionnaire and were asked to fill in the pre-questionnaire. After this, the participants participated in the SRHR program, which consists of 10 sessions, including the welcoming and closing session. During the final session, the participants filled in the post-questionnaire.

Qualitative. To explore the experience of the intervention and ideas of gender equitable attitudes and fatherhood among young fathers, individual semi-structured in-depth interviews were conducted with a sample of participants of the SRHR program that were (expecting) fathers at the time of participation. Respondents were recruited through attendance registers kept by facilitators of the program. Because of their access to the community and the participants, the facilitators have indicated which participants matched the criterion of being an (expecting) father. Fifteen participants from five different communities were selected in this way. Four could not be reached, due to the absence of (working) phone numbers or because they had moved from the area. With the remaining eleven participants, appointments were made for the interviews. Five participants did not show up and could not be reached in order to reschedule the appointment. With the remaining six participants, interviews were held. The interviews were conducted in community buildings, such as a library or a school. In order to create a safe space and increase a bond of trust, a person from the participants' community was present during the interviews. This was either a facilitator, though never the facilitator that facilitated the participants group, or a volunteer from the community. All the participants gave their consent for their presence and the confidentiality of their information was emphasized. Still, the possibility that the presence of the volunteer enlarged the risk of social desirability should be taken into account. Questions were asked in English by the researcher and the facilitator would, if necessary, also function as a translator. First, the researcher introduced herself and the participants were briefed about the purpose and process of the interview. They were explained about confidentiality and anonymity and their rights to stop whenever they wanted. Then, they were asked to sign a consent form to confirm that they participated in the interview voluntarily and that they were informed about their rights. The interview took place according to an interview protocol (see Appendix I). Interviews took between 1 and 1,5 hours and were recorded. After the interviews, participants were provided with a meal.

Measures

Quantitative indicators

Gender equitable attitudes. The assessment of gender equitable attitudes of participants was conducted by a selection of 13 items from the 24-itemed Gender-Equitable Men (GEM) Scale, a scale that measures support for equitable gender norms (Pulerwitz & Barker, 2008). This selection was previously made by the South African MenCare+ implementing partners, using those statements that mostly fit the South African context. Examples of statements from the GEM Scale that were used in the current study are ‘A woman should tolerate violence in order to keep her family together’ and ‘A man and a woman should decide together what contraceptives to use’. Answering categories ranged on a 3-point scale (1= agree, 2 = partially agree, and 3 = do not agree). Internal consistency (reliability) of the questionnaire was computed using Cronbach’s alpha. The pre-test was found to consist of a Cronbach’s alpha of 0.6 and the post-test was found to consist of a Cronbach’s alpha of 0.67 ($N = 108$). Although not largely, these scores do surpass the minimum standard of reliability, Cronbach’s alpha = 0.6 (Nunnally & Bernstein, 1994, in Pulerwitz & Barker, 2008). Since deletion of any of the items did not increase the reliability, all items were included.

Demographic information. In order to find out what background variables might cause differences in changes in gender equitable attitudes, two measures of demographic information were used: age and school status at the time of the pre-test. Information about these measures were obtained from the questionnaire. Participants were assigned to the younger group when they were 14 to 17 years old and assigned to the older group when they were 18 to 24 years old. To determine the school status of the participant, the question ‘Are you currently in school?’, with answering categories ‘yes’ or ‘no’, was used. The youngest age group contained 68 participants, while the oldest age group contained 36 participants. 77 of the participants were in school at the time of the pre-test while 24 were not in school.

Qualitative indicators (*See Appendix B for the interview protocol*)

Experience of the program. The program experience of young fathers was measured in a qualitative way in the first part of the in-depth interviews. This topic consisted of 9 questions, that covered various dimensions of the program such as the favourite or least favourite session, setting, facilitation of the trainer, effects on health and relationships, expectations and being a young father within the sessions. An example of a question that was asked is ‘Have you been making different decisions in relation to your sexual and reproductive health since you participated in the program?’.

Gender equitable attitudes and masculinity views. The second qualitative topic of interest was gender equitable attitudes and masculinity views of young fathers and possible changes within these attitudes after completing the program. This topic contained 7 questions. An example of a question is ‘What does it mean to be a ‘real man’ in your opinion? Has this changed since participating in the program?’.

Perceptions of the father role. The third qualitative topic of interest was the young fathers’ perceptions of the father role. Role is defined as “a consistent pattern of individual activity that is directly or indirectly interdependent with the partner” (Peplau, 1983 in Summers et al., 1999, p. 293). This topic contained 6 questions, for which factors extracted from the Inventory of Father Involvement (IFI, Hawkins, 2002) were used. The IFI is a self-report measure on paternal involvement taking into account cognitive, affective and ethical aspects of fathering and including both direct and indirect involvement. The IFI consists of nine first order factors, discipline and teaching responsibility, school encouragement, mother support, providing, time and talking together, praise and affection, developing talents and future concerns, reading and homework support and attentiveness, which can all be seen as indicators of a single, global construct of father involvement. For this research, only 7 out of 9 factors were used. School encouragement and reading and homework support were deleted, because of the irrelevance of these factors for most of the young fathers in this research whose children are not yet in school. The IFI was not conducted as a self-report measure but used as a source to conceptualize dimensions of the father role. In the first question, participants were asked to rate their perceived importance of the 7 different dimensions of father involvement. In the further questions, they were asked about their perceptions on the role of the father and changes that might have occurred after completing the program. An example of a question that was asked is: ‘Do you consider these dimensions the role of both parents or some more the mothers’ role or the fathers’ role?’.

Analysis

Quantitative. Two repeated measures mixed design ANOVA’s were conducted in SPSS 22 to compare the main effects of intervention, age group and school status and the interaction effects between intervention and age group and between intervention and school status on gender equitable attitudes (GEA score) of the participants. The first ANOVA was conducted with intervention (repeated measures: GEA score at the pre- and post-test) as the within-subject factor and age group as the between-subject factor. The second ANOVA was

conducted with intervention as the within-subject factor and school status as the between-subject factor.

Qualitative. In order to process and analyse the data obtained from the interviews, NVivo was used. First, records of the interviews were transcribed. The transcribed interviews were openly coded by the researcher into categories according to the content of the parts of the text. Then, the different codes were ordered into cohering categories. The six main topics were *growing up, community, experience of the program, change, gender equality, and parenting.*

Results

Quantitative Analysis

Mixed ANOVA: age groups. A mixed between-within subject ANOVA was conducted to assess the effects of the intervention on the gender equitable attitudes of the participants and the difference in effects of the intervention per age group. A main effect was found for intervention, $F(1, 102) = 31.23, p = .000, \eta_p^2 = .234$, with a higher GEA score at the post-test ($M = 2.33, SD = .36$) than at the pre-test ($M = 2.11, SD = .34$). No main effect was found for age groups, $F(1, 102) = 1.168, p = .282, \eta_p^2 = .011$, indicating that the GEA score of the participants of the younger age group did not differ from the GEA score of the participants of the older age group. There was no significant interaction between intervention (difference in GEA score between the pre- and the post-test) and age groups, $F(1, 102) = .302, p = .584, \eta_p^2 = .003$, indicating that the effects of the intervention on gender equitable attitudes did not differ per age group.

Mixed ANOVA: school status. A second mixed between-within subject ANOVA was conducted to assess the difference in effects of the intervention per school status (in school or not in school). Again, a main effect was found for intervention, $F(1, 99) = 35.1, p = .000, \eta_p^2 = .262$. No main effect was found for school status, $F(1, 99) = .81, p = .37, \eta_p^2 = .008$, indicating that the GEA score of the participants that were in school did not differ from the GEA score of the participants that were not in school. The interaction between intervention and school status was not significant, $F(1, 99) = 3.438, p = 0.067, \eta_p^2 = .026$. Though, it should be noticed that the p -value is close to 0.05. Therefore, a significant interaction effect might have been found if the groups had been larger, indicating a different effect of the intervention on gender equitable attitudes for participants that are in school and participants that are not in school. Table 1 shows the mean GEA scores during the pre-test and the post-test per age group and school status.

Table 1

Means and Standard Deviations of Participants' Gender Equitable Attitudes (range 1.00-3.00) in the Pre- and Post-Test (n = 106 at pre- and posttest)

	Pre-test	Post-test
	<i>M (SD)</i>	<i>M (SD)</i>
Age group		
14 - 17 (<i>n</i> = 68)	2.10 (.34)	2.29 (.32)
18 - 24 (<i>n</i> = 36)	2.14 (.33)	2.38 (.40)
Currently in school		
Yes (<i>n</i> = 77)	2.12 (.36)	2.30 (.34)
No (<i>n</i> = 24)	2.10 (.28)	2.44 (.39)

Qualitative Analysis

Growing up. Although this was not a specific question in the interview, growing up in the townships was a reoccurring theme during the interviews with the young fathers that participated in the SRHR program. They explained about life in the township and how they were exposed to alcohol, drugs and violence in the community starting from a young age. For almost all six of the young fathers this led to an early onset of alcohol and drug use for themselves. Besides these factors, the young fathers explained about how they witnessed traditional gender roles while growing up. Most of the men in their community worked, sometimes in another part of the country where there was more work for them, while the women stayed at home to take care of the household and the children.

“All the men would go to mines in Johannesburg and the wives will stay at home and look after us as kids. That’s how I grew up.”

Out of the six young fathers, four grew up without a father from early childhood and one lost his father to tuberculosis in early adolescence. When talking about their own role as a father, they often referred to their lack of a father figure or male role model while growing up.

Community. In relation to the way they grew up, the young fathers spoke a lot about their current experiences within the community they live in. They explained about a lack of work leaving a lot of people without jobs, high rates of criminality, alcohol and drug abuse and violence. One of the young fathers, who lives in the township of Manenberg, explained how gangsterism affects the daily life in his community, with shootings and young boys being pulled into the gangs.

“A lot of the kids is getting involved. That’s why I’m keeping a close eye on my little brother every day. Because they pulling them actually in, those who don’t have mothers and fathers. That are the targets. So it’s getting worse here man, by the gangsterism. It’s getting worse and worse. It’s my friends, all of them, who are gangsters. But what can I do, you can’t do nothing. I can’t go and be one of them, to help one of them. I can only watch at the side how they shoot each other.”

In addition to factors associated with living in an impoverished community, community norms were discussed especially by the young fathers living in all black communities. Besides the traditional gender roles in raising children they witnessed while growing up, they explained how most men would not visit the clinic, for themselves or with their children, are dominant within their relationship, don’t communicate with their partners and have the final say.

“There are still stereotypes in the community. It’s common to see a woman walking alone to the clinic, attending the antenatal visits, while the partner left behind, busy with nothing, busy drinking. Don’t give time for the family. It’s normal.”

When asked about the expectations people from the community have of young guys their age, most of them assumed negative expectations such as them being involved in gangs, doing drugs or being abusive with women. Only one young father assumed positive expectations, such as following education.

“People look at you and they judge. They say ah this one will go and be a gangster, smoke dagga (weed) or something like that. Some people don’t look the right way when they see young people. They don’t expect good things about them. So I would say life around here is hard sometimes for me.”

Experience of the SRHR program. The young fathers all described the SRHR program in a very positive way. In their views, the program helped them to reflect at themselves and their behaviour, gave them more confidence, taught them to respect themselves and others and gave them hope.

“It was very interesting man. I think we were all going there and didn’t know what we were going to experience. And then it changed our lives, very much!”

The favourite sessions of the fathers differed from the inner side of the body to sexual behaviour to pregnancy and family planning. Five out of six young fathers indicated that there was no session that they did not enjoy or learn from. One shared how he had some difficulties during the session at which homosexuality was discussed, but added that it did change his views slightly in a more tolerant way.

Besides the content of the sessions, the setting was discussed. All the young fathers enjoyed the group of young guys in which the program was run and experienced it as an open space in which they could share their stories and experiences. They indicated the others could show them different views and how they were able to learn from each other’s experiences. Although the young fathers participated in groups that were facilitated by three different trainers, all of them experienced the facilitation in a very positive way. The trainers were described as a friend to the participants, a father figure and a role model, who did not judge and created a space in which participants can be open and honest. The fact that the trainers come from the community themselves was indicated as a positive factor since they know what is going on within the community. The young fathers described the trainers as different than most men in the community, taking the time to talk to younger people, challenging traditional gender roles and being involved fathers themselves. Two of the young fathers explained how they lacked a male role model due to growing up without a father but the trainer served as a role model for them.

“He is a lot different because most of us, like me, we don’t know a father. I don’t even know my father because he left. And he is a father that takes care of his wife and his children, and he talks about that to us, and he does things that other men, in the community, they say ‘ah! That is a woman’s job!’ But he talks to them and tells them it is not.”

Gender equality. All of the young fathers stated that there should be no differences between men and women and that people should respect each other, whether they are male or female. The importance of communication within relationships and the need to care for each other was emphasized. Most of the examples the young fathers gave of their perceptions around male and female roles were about division of household tasks and parenting, stating that both should be equally divided between the man and the woman. Some of the young fathers named how they used to think differently about this division, prior to the program, because of the way they grew up and what they see in their community.

“Yes, for me, as a male, I let my life like, men is always right. Even when women are right, no she is wrong, men is always right. In these sessions I learned, it’s always 50/50.”

When asked about their perceptions of being ‘a real man’, the young fathers defined a real man as someone who is honest, can take the blame when he is wrong, takes care of himself and others and is responsible. When asked whether these perceptions changed after taking part in the program, four out of six young fathers stated before the program they would describe ‘a real man’ as someone who people are scared of, who owns his territory, who has a lot of women or does not do ‘women’s jobs’. Two of the young fathers reflected on how these perceptions evolved from the lack of a father figure and the example of brothers, cousins or other men in the community.

“I think being a man you had to be like bossy around people. Own your territory. When you come people should be scared and stuff. But now I know that’s not how to be a man.”

Parenting. Most of the young fathers did not consider becoming a father at a young age a good thing in general and some of them were embarrassed to say they have a child during the sessions. Though, all of them showed positive feelings towards their children and expressed the wish to be a good parent. Regarding involvement in raising their children, only one of the young fathers saw his child daily. Out of the other four, since one was still an expecting father, one father saw his child on weekends and holidays, one saw his children once a month, one saw his child two times a year and one had not seen his daughter in three years. In the case of two of the young fathers, the family of the child’s mother was keeping them to see their children regularly because they had not yet paid ‘damages’ to her family.

'Damages' is a culturally set concept in which the man has to pay the family of the woman an amount of money after he impregnates her while they are not married.

The young fathers identified a couple of factors of parenting they considered important. First of all, they spoke about the importance of being involved as a father, to be there for their children, spend time with them and to support them. Second, they emphasized the importance of showing and telling their kids they love them. Third, they considered it important to support the mother of the child, not only to help her but also to show the child that it is important to support each other. Fourth, providing your child with things such as clothes, food and shelter was considered an important task as a father. When asked whether they considered some of these parenting tasks more of a father's or more of a mother's role, all young fathers stated they thought both of the parents should fulfil all tasks.

"I see it is equal, because they're supposed to work together. When a mother is doing something her husband must do something to help her. When she is cooking, then he must go and change the baby. They must work together."

When asked about the obstacles these young fathers experienced in being a good father, most of them indicated providing to be the most difficult dimension for them. Some of the fathers are still in school and others are unemployed, both making it impossible to provide for their child financially. All of them are still living with relatives and do not have their own place to stay. As mentioned, two of them do not only need to earn money in order to provide for their children but firstly have to pay the debts of 'damages' to the family of the mother of the child.

When asked about their plans and hopes for the future, the young fathers mainly hope for a job, a career, to be able to provide for their children and to be a good father.

Change. The young fathers talked about several changes that can be indicated after attending the program, within the area of behaviour, mind-set, relationships and ideas about the father role. Behavioural changes that the young fathers shared to have experienced were using a condom when having sex, taking better care of themselves, doing more house chores, going to the clinic for a check-up and get an HIV test. Two of the young fathers explained how the program gave them more confidence and how they confronted their friends with their negative behaviour. Besides behavioural changes, the program changed their ideas about gender roles and influenced their mind-set to thinking more about other people, respecting other people and believing that they can change themselves. Also, four out of six young

fathers indicated changes in their relationships, with their mothers, brother and girlfriend. They talk to them more, share more with them and are more thoughtful towards them.

“Coming to Sonke, it changed me and she (participants mother) also saw that I’ve changed. Now we can sit down and talk about anything. And love, which was something that wasn’t happening before. We talk about everything, my kids, and how she grew up, how we’re going forward. Now we have plans.”

Changes in the perceptions of the father role can be related to changes in perceptions of gender roles. The young fathers mainly thought that parenting should be divided between both parents and no tasks are specifically for men or for women. Two of the young fathers described how they used to think financially providing for his children is the most important task of the father, and if the father is not able to do that, he is of no value in the child’s life. They described how after attending the program they realised other things are more important, such as spending time with your children and showing them love.

“Before it was just providing for your kids. But now I think there are more important things than giving someone money. You have to love that person and teach them respect.”

When asked which components of the program made these changes possible, the young fathers indicated the knowledge and information they received and did not know about before, the trainer as a positive role model, the group as a space to share successes and difficulties and the fact that the program did not just tell them to stop certain behaviour but showed them a different way.

Although the young fathers all explained about changes in behaviour and ideas that they have made after attending the program, behavioural changes concerning their role as a father are not (yet) observable in, for example, their involvement with their children. Two out of the six fathers are still not regularly in touch with their children. While one of these fathers is being held from seeing his child regularly by the family of the mother of the child because of his lack of payment of ‘damages’, the second father keeps the reason for not being in contact with his child unclear. One of the fathers who is more regularly in touch with his child attributes this change mostly to being more motivated for involvement by his mother. Only one father describes how his involvement with his children has changed positively after attending the program.

Discussion

The belief that gender inequality is the driver of two of South Africa's major public health epidemics, gender-based violence and HIV prevalence, stresses the importance of investigating possibilities to stimulate a shift towards more gender equitable attitudes among the next generation of men. The current research contributes to the literature by evaluating the effects of such an initiative, the MenCare+ SRHR program in South Africa, on gender equitable attitudes of the participating young men and by exploring the effects on perceptions of the father role among young fathers that participated.

In line with findings from the study by Pulerwitz et al. (2006) in Brazil, the findings of the current study show an increase of gender equitable attitudes among young men after participating in the SRHR program. These results confirm expectations that gender equitable attitudes can be successfully promoted and changed among young men and thereby provide support for the idea of masculinity views as changeable and men as capable of change (Connell, 2005). The results also show that there were no differences in gender equitable attitudes between participants from different age groups, as was found by Pulerwitz et al. (2006). The current study furthermore showed no differences in gender equitable attitudes between young men that were in school during the time of the intervention and those who were not. Also, the effects of the program did not differ depending on the age of the young men. Although not statistically significant, findings of the study do insinuate a possible difference in effect of the program depending on school status of the participants, with a larger increase in gender equitable attitudes for participants that were not in school, then for those who were in school. Although not investigated in the current research, a possible explanation is that the young men that were not in school participated in the program in their community and made a greater commitment to come to the sessions every week, while for the young men that were in school the program was part of their curriculum and thereby easier to attend. Possibly, this shows that the participants from the first group that attended all the sessions and finished the program, had a greater intrinsic motivation and were more open to change. Further research is necessary to duplicate the difference in effect depending on school status and to investigate which factors might cause a greater effect of the program for young men that are not in school.

Results from the explorative part of the study among young fathers that participated in the SRHR program, provide further support for the quantitative results. In the interviews, the young fathers self-indicate a change in gender equitable attitudes and perceptions of masculinity after attending the program, by explaining how they thought about gender roles

prior to the program and how they think about gender roles after attending the program. They show gender equitable attitudes by stating that there are nor should be any differences between men and women concerning showing respect, ways of communicating, division of household chores and parenting. Also, the young fathers show perceptions of masculinity that are not traditional, by associating masculinity with taking responsibility, being honest and taking care of others.

The explorative part of the current study further provides an insight in the components of the program that, according to the participants, have made these attitude changes possible. Firstly, participants indicated how they were provided with new information and how the trainer functioned as a role model for them in challenging traditional views, displaying gender equitable attitudes and practicing gender equitable behaviour. Due to ruling norms in the community that support gender inequality and accompanied behaviour of most of the men in the community, for the participants the program was the first surrounding where these norms were challenged. In addition, growing up without a father and being raised only by a mother was considered an important factor that resulted in a lack of examples of gender equality while growing up. Secondly, a working factor of the program was the group as a learning space. This was also indicated by Brazilian Program H facilitators, who perceived it was important for the young men to participate in 'male-only' groups that were experienced as a safe space to openly address various topics (Pulerwitz et al., 2006). Lastly, the young fathers felt as if positive things were expected from them as young men within the program, in contrary to some of the negative expectations they felt within their communities. This seems to positively influenced their attitudes about masculine behaviour and hereby provides support for the self-fulfilling prophecy that the program was based on (Promundo, 2002).

By exploring ideas about fatherhood among young fathers who have participated in the SRHR program, the explorative part of the current study provides more insight in the effects of the program on a concept that is believed to be an integral element in the construction of masculinities (Morrell, 2006). Besides gender roles in general, the young fathers also show gender equitable attitudes in their ideas about parenting roles specifically, stating that parenting should be divided equally between both parents and that no parenting tasks are specifically for men or for women. The importance of involvement as a father and showing love to your children is emphasized by the participants. Although these perceptions clearly state less traditional ideas about fatherhood, the fact that these fathers have not been fathers for long prior to the program makes it difficult to draw conclusions about changes in ideas and behaviours about fatherhood caused by participating in the program. Also,

behavioural changes in involvement with their children after attending the program were not identified. This is in contrast with previous research that did find less traditional attitudes about gender and gender roles among fathers to lead to greater involvement with their children (Bulanda, 2004).

The lack of behavioural changes following participation in the program might be explained by three factors. Firstly, Swartz and Bhana (2009) have found several practical obstacles for young fathers in impoverished communities in being involved with their children, even though they do express the desire to be involved. Examples of these factors that are also seen in the lives of the young fathers in the current study, are the lack of having a job and an income to provide financially, the lack of owning a house to provide shelter, dependence on relatives concerning finances and resources for raising a child and the lack of time to be involved due to their still being in school. Secondly, there are some obstacles within the community and cultural obstacles that keep the fathers from being involved with their children. Since their wish to be an involved, untraditional father opposes the ruling norms in their community, these young fathers have a risk of being mocked and misunderstood by community members. In addition, also found by Swartz and Bhana (2009), some fathers are kept from being more involved with their children by the family of their child's mother, until they have paid the 'damages' that are ought to be paid when a man impregnates a woman when they are not married. For young men in impoverished communities that do not have a regular income, the cultural set concept of 'damages' can serve as a big obstacle in being involved with their children. Thirdly, previous research shows that integrated programmes and programmes with community mobilization and media campaigns are more effective in achieving behavioural change (Barker, Ricardo & Nascimento, 2007). Although some community mobilization was practiced in some of the areas where the current program was implemented, this did not happen for all the areas on a large scale.

Limitations

Although the current study extended the previous literature, there are some limitations that should be taken into account. Firstly, there were limitations to the questionnaire and the way it was conducted. The reliability of the questionnaire was only just acceptable, probably due to the fact that the questionnaire was in English, which is not the first language for most of the participants. Also, since some trainers conducted multiple sessions a week and some conducted a session once a week, the time between conduction of the pre- and the post-

questionnaire differed. Secondly, both the questionnaires and the interviews and thereby all the data that was obtained, is based upon self-report. The participants were asked to review their own attitude and behaviour. Because of the absence of an objective measure, the data might be subjective and at a greater risk of social desirability. Thirdly, since the questionnaire maintained limited questions about demographic information, only age and school status were controlled for while looking at the effects of the intervention, while more factors might be of influence. Fourthly, the participants of the interviews were approached through the program trainers, since this was the only way to reach them. This might have resulted in the trainers selecting participants for which the effects of the program were greater or easier to see, in order to help the researchers with obtaining enough data, but causing a selection bias. Lastly, the fact that only a small group of six participants were interviewed about their experience of the program and their ideas about the fatherhood role, makes it difficult to draw conclusions or generalize the findings from these interviews.

Conclusion

The current study contributes to the literature by showing South African young men from impoverished communities to be capable of a positive shift in gender equitable attitudes after attending a gender equality program, and by suggesting a link between gender equitable attitudes and ideas about fatherhood and involvement of young fathers. Future research should further investigate the possibilities of initiatives to positively change gender attitudes among young men and young fathers, among a greater sample and using multiple sources of data collection such as report of changes in attitudes and behaviour by significant others. Also, by conducting a longitudinal research, the effects of the program over time can be investigated to see whether the effects are sustainable. More research is needed to draw firm conclusions about the impact of a gender equality program for young men on their ideas about fatherhood and their involvement as fathers. Overall, in spite of practical and cultural barriers that the young fathers in the current study face, they all express the desire to be involved as a father and to practice parenting in a gender equal way. Since gender equality within boys' childhood household serves as a determinant of their future gender equitable attitudes (Levtov et al., 2014), the findings of the current study provide good hope that this next generation of fathers will raise their children in a less traditional way concerning gender equality, and thereby contribute to the decrease of gender inequality in South Africa.

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Appendix A – Gender Equitable Attitude Questionnaire

For each of the following statements, please tick the answer that applies most to you

STATEMENTS	AGREE	PARTIALLY AGREE	DO NOT AGREE
A woman's most important role is to take care of her home and cook for her family.			
Women who carry condoms on them are "easy".			
Changing diapers, giving the kids a bath, and feeding the kids are the mother's responsibility.			
In my opinion, a woman can suggest using condoms just like a man can.			
It is a woman's responsibility to avoid getting pregnant.			
A man should have the final word about decisions in his home.			
A woman should tolerate violence in order to keep her family together.			
A man and a woman should decide together what type of contraceptive to use.			
It is okay for a man to hit his wife if she won't have sex with him.			
I would never have a gay friend.			
If a guy gets a woman pregnant, the child is the responsibility of both.			
It is important that a father is present in the lives of his children, even if he is no longer with the mother.			
Real men only have sex with women			

Appendix B - Interview Protocol

INTRODUCTION

Welcome! My name is Myrte. I work for Sonke Gender Justice as an intern for the MenCare+ program. I am doing a research for my master thesis, about the experiences of young fathers that have been part of the MenCare SRHR program. In this interview, I hope to get insights in your experiences with the program and the impact that the sessions had for you. I will use this information to write my master thesis. Your participation and honest feedback will be greatly appreciated because it will inform the development of the MenCare + project. I expect this interview to last about one hour. I am going to ask you some questions and your answers are completely confidential and if you do not want to answer the question, you do not have to. There are no right or wrong answers, I just want to ask you to be honest in answering. In my article, I will not use your name and the answers you give will not be linked to you in any way. The interview will be recorded and I might take notes, so that I can recall our conversation exactly afterwards. I would also like you to give consent for this interview by signing the consent form. Before we start, if you have any questions - feel free to ask them.

INTRODUCTION QUESTIONS

1. Can you tell me a little bit about yourself? E.g. what is your name, where do you come from, how many children do you have? (+ *any other clarifying questions*)
2. When did you finish the SRHR program?

PART I – EXPERIENCE OF YOUNG FATHERS

1. Can you tell me shortly what the SRHR program was about?
2. Which topic/session did you find most interesting?
3. Which topic/session had less meaning for you?
4. What did you think off the setting that the program was run in (the group of 10 – 15 young men and a facilitator, the venue)
5. Have you been making different decisions in relation to your sexual and reproductive health since you participated in the program? (e.g. checks at the clinic, taking care of body) - What triggered this change?
6. Which expectations are there in your community about behaviour for men your age? Do these expectations differ from the expectations within the program? In what way?
7. How did you experience the facilitation of (name of trainer)?
Is this trainer different than other men in your life? In what way?

8. Did any change occur within your relationships with other people, like your parents or girlfriend after you participated in the program?
9. How did you feel being a young father within the sessions? Comfortable, uncomfortable? Why?
Did you feel like the sessions matched your needs as a young father?

PART II – GENDER EQUITABLE ATTITUDES AND MASCULINITY VIEWS

9. What does it mean to be a ‘real man’ in your opinion? Has this changed since the program?
10. What do you consider appropriate behaviour for men and women within intimate and sexual relationships? Do you think there is a difference for men and women?
11. Did any change occur in your views of appropriate behaviour in intimate or sexual relationships for men and women since attending the MenCare program? What triggered that change?
12. What are the views on appropriate behaviour for men and women within your community when it comes to relationships?
13. What are the views on appropriate behaviour for men and women within your community when it comes to caring for their children?
14. How hard is it to deviate from these views and norms that people in your community have? Why?
If own ideas and ideas in the community differ.
15. What do you consider a man’s job and a woman’s job when it comes to raising a child? (e.g. taking kids to school, financially providing, changing nappies)
Did your views on this role division change since attending the MenCare program?
What triggered that change?

PART III – FATHER INVOLVEMENT (*based on the IFI; Hawkins, 2002*)

15. Please order the 7 dimensions below on how important you think they are in being a good father, 1 being the most important, 7 being the least important.

Why do you think the upper ones are more important?

Why do you think the lower ones are less important?

Use appendix I

16. Are there any dimensions that you think are missing in being a good father?

17. Did your view of what is important as a father change since being a part of the program? What changed? What aspects of the training triggered this change?

18. Do you consider these dimensions the role of both parents or some more the mothers' role or the fathers' role?

19. Which dimensions are hard to fulfil? Why?

What do you consider the obstacles in your life in doing well on these dimensions?

20. Where do you see yourself as a father in a few years?

7 DIMENSIONS OF FATHER INVOLVEMENT TO PUT IN ORDER

Instructions interviewer: cut out the different dimensions and give to the interviewee to rate from most to least important measure of good fathering

Discipline and Teaching Responsibility

Disciplining your children
Setting rules and limits for your children's behavior

Mother support

Giving your children's mother encouragement and emotional support
Letting your children know that their mother is an important and special person
Cooperating with your children's mother in raising your children

Providing

Providing your children's basic needs (food, clothing, shelter, and health care)
Accepting responsibility for the financial support of the children you have fathered

Time (and Talking) together

Being a friend to your children
Spending time with your children doing things they like to do

Praise and Affection

Praising your children for being good or doing the right thing
Praising your children for something they have done well.
Telling your children that you love them

Developing Talents and Future Concerns

Encouraging your children to develop their talents
Planning for your children's future (education, training)

Attentiveness

Being involved in the daily or regular routine of taking care of your children's basic needs or activities (feeding, changing)
Knowing where your children go and what they do