Gender Equality in South Africa

An evaluation of the effectiveness of the MenCare Parenting Program in the South African context

Multiculturalism in a Comparative Perspective, Utrecht University

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Content

Abstract

Gender equality is one of the main health issues in the world, referring to equal opportunities for both men and women to live a healthy life. Unfortunately, this equality does not always arise naturally. Therefore gender transformative interventions are designed to change gender roles and promote gender equality. The MenCare Parenting Program is one of those programs, implemented in the South African context. The current study focused on the effectiveness of the MenCare Parenting Program in promoting gender equality by describing and understanding the way in which gender attitudes, division of caregiving and father involvement changed amongst participants with a black or colored racial background. A sample of 119 men who participated in the program in 2014 was included. All of them filled in a questionnaire prior to the training and after participating in the training. Some of them were also selected to participate in a focus group discussion to share their experiences about the training. The effects of the program were measured using a t-test and regression analyses, taking into account participants' racial background, age, schooling, income and composition of the household. The results showed a large effect of the intervention on gender equitable attitudes and a small effect on equal division of caregiving. The intervention did not significantly change father involvement. There were no unambiguous effects found when looking at the background factors. Participants highly valued the training, because of the safe environment it created. They felt confident to open up, share their experiences and critically reflect the ruling gender norms. This seemed to be the main strength of the design. Participants all experienced difficulties in changing gender attitudes due to the disadvantaged areas they were living in. The only difference that was found between black and colored participants was linked to the cultural practices black participants had.

Effectiveness of the MenCare Parenting Program

The current research is an evaluation research about the MenCare Parenting Program that is implemented in Cape Town South Africa. The program is evaluated focusing on gender equality issues. Firstly, there will be an exploration of the most important concepts around gender equality, interventions that promote gender equality and the South African context. After that, the MenCare Parenting Program and the research objectives will be described.

Gender Attitudes

In their book about the rising tide of gender equality Inglehart & Norris (2003) define gender as being a socially constructed role and learned behavior of women and men, corresponding to their biological characteristics. Additionally, gender attitudes can be seen as the norms, or social expectations of the roles, behavior, activities and attributes that a particular society considers appropriate for men and women (Pulerwitz & Barker, 2008; WHO, 2015). These attitudes directly influence the individual behavior of men and women, but they are also reproduced in the collective cultural practices and institutional norms that apply in a society (Pulerwitz & Barker, 2008).

Ideally, gender attitudes are similar or equal for men and women, but in many societies the expected behaviors differ in some extent between both groups (Inglehart & Norris, 2003). In these situations one can speak of a certain extent of inequitable gender norms. This inequality can be defined as differences between the roles attributed to men and women in a society, that systematically favor one group (Pulerwitz & Barker, 2008). In societies that are driven by clear inequitable gender norms, masculinity is seen as dominant, more powerful and of higher status than femininity. This dominance can be expressed in aggression, risk-taking, adventure, sexual conquest and having multiple partners. Norms about femininity, on the other hand, are characterized by women's subjection to men (van den Berg et al., 2013; Dworkin, Treves-Kagan & Lippman, 2013; Strebel et al., 2006).

Gender attitudes can be seen as socially constructed. The way in which men and women should behave is formed by the social environment people are living in, they become socialized (United Nations, 2011). From the moment they are born, children are expected to internalize norms they learn by looking at their family, peers and the social institutions around them. In this sense, every specific cultural context promotes its own specific division of gender roles and its own perception of masculinity: its own set of gender attitudes (Morrell, 2006; Pulerwitz & Barker, 2008; Strebel et al., 2006). Gender attitudes can differ for example over years comparing traditional views with modern views or between more and less developed societies (Inglehart & Norris, 2003).

Division of Caregiving

Gender attitudes can become clearly visible in family life, namely in the way people think domestic and child rearing tasks should be divided between men and women (United Nations, 2011; Thébaud, 2010). Trends in the division of caregiving show how gender attitudes changed over time. From a traditional point of view, the man is expected to be the provider and the breadwinner of the family. In this view, most of the times it is the man who is working outside the home and who brings the money in, while the care and domestic chores are the woman's responsibility. Men feel pressured to have a job and earn enough money. If not, chances are that men feel ashamed, stressed, and depressed about their situation (United Nations, 2011).

In recent years, there were things changing. More and more women around the world have entered the workplace and became economically active (Messing & Ostlin, 2006; United Nations, 2011). This trend is associated with a more egalitarian modern view, in which the division of the time men and women spend in and outside of the household has become more equal (Messing & Ostlin, 2006; Thébaud, 2010).

These changes from traditional to egalitarian views do not develop everywhere to the same extent. Gender attitudes seem to depend on societal modernization and development in a society, causing larger differences between the roles men and women have in poorer, less developed societies than in rich and developed societies (Inglehart & Norris, 2003; Jayachandran, 2014). Income differences between men and women seem to exist in almost all societies, but differences in education, health, and negotiating power, amongst others, tend to differ between societies because of the ruling gender attitudes (Jayachandran, 2014).

Father Involvement

As a result of changes in gender attitudes, the role of the man as a father or caregiver is also increasingly emphasized (United Nations, 2011). The extent in which a father is involved in the life of his child(ren) represents gender attitudes in the household (Pleck, 2014). Ideas about masculinity can influence the values fathers promote in raising a son or a daughter and the way in which fathers generally perceive their parenting task (Pleck, 2014). In general, fathers spend less time with their children than mothers do (Pleck & Masciadrelli, 2004).

In a systematic review, in which father’s presence and the effects of father involvement on the development and welfare of children are explored, researchers found that the involvement of fathers in their children’s lives predicts several positive outcomes for the child (Sarkadi, Kristiansson, Oberklaid & Bremberg, 2007). Research showed less aggressive behavior, lower incidence of delinquency and criminality and a healthier cognitive development amongst adolescents having a highly involved father. When controlling for socio-economic status (SES), it was found that the positive effects of a highly involved father were stronger for children who were at risk of poor outcomes, for example children who were raised in a socio-economically disadvantaged family (Sarkadi et al., 2007).

Besides the positive effects of father involvement on the well-being of their children, the involvement seems to have a positive effect on the mother of the child as well. Research shows that women who are supported by men in caring for their children reported lower levels of physical and psychological problems. Women reported being less stressed about childcare issues and experiencing greater satisfaction from their roles as mothers (Makusha & Richter, 2014).

Domestic Violence

Gender inequality may also be linked to the existence of domestic violence. In societies in which men are favored, gender attitudes tend to accept men's violence against their female partner. This behavior causes health problems as well (van den Berg et al., 2013; Pulerwitz & Barker, 2008). Besides that, gender attitudes can also indirectly lead to more delinquent behavior, violence and other antisocial behavior (United Nations, 2011). As mentioned before, men's behavioral expectations can cause frustration, which in turn can lead to risky behavior like domestic violence. Men internalize violent actions to meet the social expectations that are associated with being a man (Dworkin et al., 2013; Pulerwitz & Barker, 2008; White, Greene & Murphy, 2003).

Factors Influencing Gender Attitudes

Gender (in)equitable attitudes may differ over the years and between countries, it may also differ between various groups of people who are bound by certain characteristics. As mentioned before, the context in which people live can be an important factor in determining gender attitudes. This context involves the norms and values that are important in the environment people are living in, but the context is also dependent of some social and demographic background factors that characterize people.

Gender. In their review study about the components, predictors and consequences of gender ideology, Davis and Greenstein (2009) found an interest-based difference between men’s and women’s gender ideologies. They stated that, based on traditionally expected hegemonic gender beliefs, women benefit more from gender equality than men. As a consequence, women hold more egalitarian gender attitudes than men do, because it is more likely for women to think that they would benefit from gender equality than it is for men.

Race. In the United States, several studies are performed on racial differences in gender roles (Blee & Tickamyer, 1995; Kane, 2000). These studies generally included whites, African Americans and Hispanic Americans. Results show that gender-related attitudes, such as attitudes about women’s gender roles, strongly differ between various racial groups. African American men generally hold more liberal and equitable attitudes than whites when it comes to women’s participation on the labor market. These differences seem related to racial differences in other characteristics such as labor force participation and social class. Researchers state that it is this combination of race and other factors that predict a person’s gender attitudes (Blee & Tickamyer, 1995; Bolzendahl & Meyers, 2004; Davis & Greenstein, 2009; Kane, 2000).

Age. Prior studies on the association between gender attitudes and age show that generally, older people are expected to adhere to more traditional gender views compared to younger people (Davis & Greenstein, 2009; Inglehart & Norris, 2003). These differences may be linked to generational differences between birth cohorts. People from different ages passed through a different socialization process in which gender attitudes were approached differently (Bolzendahl & Meyers, 2004; Inglehart & Norris, 2003).

Schooling. When it comes to schooling, researchers found that more and better education is associated with more gender equality for both men and women (Bryant, 2003; Davis & Greenstein, 2009; Inglehart & Norris, 2003). Specifically, in a study on longitudinal changes in traditional gender attitudes, Bryant (2003) found a decline in traditional gender-role views amongst students after four years of college. This trend may be explained by the exposure-based explanation (Bolzendahl & Meyers, 2004). In this, it is stated that education provides exposure to more egalitarian ideas of gender, that combats traditional ideas about gender and changes people's gender-related attitudes (Bolzendahl & Meyers, 2004).

Income. Several studies found that having an income could predict more gender equitable attitudes (Bolzendahl & Meyers, 2004; Inglehart & Norris, 2003). The main reason that was given had to do with people's priorities. People with a regular source of income seemed less concerned about material issues like unemployment and focused more on quality-of-life issues, including gender equality (Inglehart & Norris, 2003). Another explanation that was given by Bolzendahl and Meyers (2004), was the fact that a person is exposed to new ideas and people by having a job. This exposure-based explanation was particularly true for women.

Household composition. The composition of their household seems to predict people's gender attitudes as well. In this, literature mainly focuses on the variation in gender attitudes between people living in traditional and modern family circumstances (Bolzendahl & Meyers, 2004). In general, studies indicated that a household consisting of a married couple living with several children is the most traditional composition, holding the least equitable gender attitudes (Bolzendahl & Meyers, 2004). Additionally, studies found that unmarried people, never married, divorced or separated, held more gender equitable attitudes than people who were married (Inglehart & Norris, 2003).

Interventions

Although gender attitudes are deeply rooted in the cultural context, the fact that these gender attitudes are socially constructed also indicates that the norms in a society are not fixed. The attitudes and behaviors of men and women are capable of change over time. Members of the society can add their own interpretation to the prevailing gender attitudes. In this way people can influence and reconstruct the broader norms (Pulerwitz & Barker, 2008).

This insight emphasizes the utility of interventions that promote gender equality. According to previous research, three kinds of interventions are distinguished in achieving gender equality: gender neutral, gender sensitive and gender transformative interventions. Gender neutral programs do not differentiate between the needs of men and women in a program, whereas gender sensitive programs do. But gender sensitive programs do not seem to focus on changing gender relations in the intervention. Gender transformative interventions try to change gender roles and promote gender equality between men and women by critically reflecting, questioning and changing ruling social norms (Barker, Ricardo & Nascimento, 2007).

Because gender inequality most importantly affects women's health, for example by leaving them powerless in violent situations and the spread of HIV/AIDS, up until recent years it seemed obvious for program makers to design interventions focusing on women. Men were seen as the problem of gender inequality, not the solution. They were perceived as a homogenous, powerful, and unchangeable group (United Nations, 2011). But international institutions and policy-makers nowadays are recognizing the way men are shaped by gender norms in society and the fact that men can also contribute to gender equality. As a consequence, they value the importance of involving men in gender-transformative interventions (Barker et al., 2007; Pulerwitz & Barker, 2008; United Nations, 2011; White, Greene, & Murphy, 2003). Since men create and maintain the unequal power-relations between men and women, interventions should include men and encourage them to contribute to gender equality and involved fatherhood (United Nations, 2011; White et al., 2003).

To look at the effectiveness of the programs that focus on changing gender norms and include men in the sessions, several systematic reviews have been conducted, reporting similar results (Barker et al., 2007; White et al., 2003). Barker and colleagues (2007) conducted a systematic review in which the effectiveness of 58 evaluated programs engaging men and boys in achieving gender equality was assessed. The review included programs that were designed and implemented all over the world, covering many studies from North America. The selected programs focused on five areas: sexual and reproductive health; HIV prevention, treatment, care and support; maternal, newborn and child health; fatherhood and gender-based violence.

Generally, results showed that well-designed programs with men and boys lead to change in behavior and attitudes immediately after the training. There were no longitudinal studies included in the review. More specifically, the review showed that gender transformative programs were more effective than programs using gender neutral or gender sensitive approaches in changing gender attitudes and behavior. Group educational activities on their own were shown to lead to changes in attitudes and sometimes to behavioral change. Additionally, integrated programs, combining group education with community outreach, mobilization and mass-media campaigns, were found to be more effective in behavioral change then group education on its own (Barker et al., 2007). These findings are supported by the review White and colleagues (2003) carried out. They stated that, in order to achieve long lasting attitude and behavior change in society, network relations should be created with other initiatives in the community.

Barker and colleagues (2007) also mentioned some ‘good practices’ concerning the shape and content of group education, representing aspects of the group education programs that were categorized as being effective or promising. Group education turned out to be most effective implementing weekly sessions of about two hours for ten to sixteen weeks. Having time between sessions was thought to give the participants the opportunity to reflect upon the sessions.

When looking at the content of the trainings, it seemed that critically reflecting and discussing masculinity and gender norms is more effective than focusing on the content in discussing issues about sexual and reproductive health and fatherhood for example. Reflection on gender norms should include discussions about the fact that gender is socially constructed and the way in which this influences relationships. Knowledge-only sessions turned out to be not effective in changing attitudes or behavior. Although knowledge is needed, it is not enough for an intervention to be effective. It seems important to connect the content of the sessions to real life issues by using personal reflections or role playing and to use skill-building activities in which the participants for example learn how to change a diaper or how to manage their anger (Barker et al., 2007). White and colleagues (2003) also found that sharing personal experiences is a highly valued strategy in starting to change gender attitudes.

South African Context

South Africa is one of the countries in which the government and various NGOs started to implement policies and interventions promoting gender equality and involved fatherhood (Barker et al., 2007; Khewu & Adu, 2015). From the democratic transition in 1994, a climate is created in which people are becoming more aware of equality, human dignity and freedom (Budlender & Lund, 2011; Lesejane, 2006). This awareness also takes into account the need of involving men in promoting gender equality and father involvement (Maksuha & Richter, 2014). As mentioned, gender attitudes and fatherhood differ from context to context, which makes it necessary to look at the specific situation in the South African context.

The process that impacted South African (family) life the most is the period of apartheid (Budlender & Lund, 2011). From 1948 to 1994, South Africa was governed by the National Party, that carried out a political system called apartheid. As a part of apartheid laws, the South African population was divided into four racial groups, according to the color of their skin: black, colored, Indian and white. The groups were ordered following a strict hierarchy: white people were highest in rank, blacks were lowest and coloreds and Indians were in between. These racial terms were introduced during apartheid, but are still used in the recent South African society (Adams, Van de Vijver & De Bruin, 2012; Budlender & Lund, 2011).

White South Africans, having European ancestors, formed the economically and politically dominant group during apartheid. They were living in the cities, enjoyed easy access to quality schooling and good employment opportunities, ensuring their prosperity (Adams et al., 2012). Black people, in contrast, were forcibly removed to special areas, the 'homelands' (Budlender & Lund, 2011). They were discriminated, their movement was restricted and they were not perceived as real citizens. Consequently, black South Africans had no access to quality education and they were often unemployed. The colored group, consisted of people descending from European settlers as well as the indigenous population. Although less severely than the black population, they were discriminated and their economic and political movement was restricted as well. Indians enjoyed greater freedom than black and colored South Africans during Apartheid. Their movement was less restricted and they were allowed access to quality education (Adams et al., 2012).

Poverty. As a consequence of the apartheid law, the resources of, mainly black, South African families were and still are restricted (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009). Statistics of South African poverty trends between 2006 and 2011 show that the level of poverty amongst black South African is significantly higher than amongst other racial groups. In 2011 54.0 percent of the black, 27.6 percent of the colored, 3.4 percent of the Indian and 0.8 percent of the white population were living under the upper-bound poverty line (Statistics South Africa, 2014).

Family disruption. During apartheid, apartheid law and racial classification determined where a person could live and what resources the person had (Coovadia et al., 2009). As mentioned, black people were removed to the 'homelands'. Only black South

Africans who were physically able, were allowed to live in the cities, towns and commercial farms on a migrant basis in order to work for the white population. This process was called labor migration (Budlender & Lund, 2011). Men had to leave their home for a certain period and they were not allowed to bring their spouses and family members with them. Although some of them remained members of their household of origin, they were not physically living in their household of origin for a large part of the year. In this way, labor migration caused a significant amount of physically absent fathers (Budlender & Lund, 2011; Khewu & Adu, 2015; Makusha & Richter, 2014; Morrell & Richter, 2006; Posel & Devey, 2006). Posel and Devey (2006) reported numbers of the presence of fathers of children aged 15 years and younger by population group in the year 2002. Black African (more than 50%) and colored (37.2%) children were consistently and considerably more likely than Indian (8.4%) and white (10.9%) children to have fathers who were (living) absent (Budlender & Lund, 2011; Coovadia et al., 2009).

Gender Equality in South Africa

The period of apartheid and its consequences of poverty and family disruption (may) have influenced gender attitudes, gender roles and fatherhood in South Africa. Gender dynamics have been changing over time (Lesejane, 2006; Mkhize, 2006). For a long time, South Africa was known as a strongly patriarchal country in which traditional gender attitudes were common (Jewkes & Morrell, 2010; Lesejane, 2006). Men were traditionally seen as the head of the household. They were expected to be the provider as well as the protector of the family, making sure that the family's needs were fulfilled and that the family was protected against threatening forces. The man was the main authority figure in the household, making decisions about how the children should behave. He was an important figure in the community as well, being a role model for the young men around him. The woman's primary tasks was to care for the children (Lesejane, 2006; Mkhize, 2006). Men were expected to get their act together: abusing women was considered a perverse act, which was rejected by other community members (Mkhize, 2006).

Men gradually became more powerful. They were expected to be the decision-maker in (sexual) relationships, to possess the control and to have a dominant position. The most accepted role a man played in the family was the provider-role. The man was expected to go out for work, be the breadwinner and provide for his family. In this patriarchal society, South African women were generally expected to be submissive to their male partner and to play a passive role in (sexual) relationships. They were expected to stay at home and take care of the family and the domestic chores (Kaufman, Shefer, Crawford, Simbayi & Kalichman, 2008; Lesejane, 2006; Makusha & Richter, 2014; Morrell, 2006).

Slowly gender dynamics were changing, partly affected by the apartheid law that caused poverty and family disruption. Because of labor migration, men often were physically absent in the family, which changed gender roles in the household. The only responsibility men could take was providing for their family, whereas women had to be responsible for the rest of the child rearing and domestic chores (Lesejane, 2006). Consequently, men were judged only on their ability to bring money in, which caused difficulties. Because of high unemployment rates and poverty, especially amongst black and colored men, they were not always able to support their family financially, causing feelings of impotence and shame. Some men believed that if they were not able to financially support their children, they should distance themselves from their children (Desmond & Desmond, 2006; Rabe, 2007).

More recently, since South Africa’s transition to democracy, traditional gender norms and roles in South Africa have been challenged, for example by the policies and interventions that are implemented to empower women and to promote gender equality (Lesejane, 2006; Makusha & Richter, 2014; Strebel et al., 2006). In several studies, it is noted that these gender norms are actually shifting. Scholars are speaking of a ‘crisis of masculinity’, in which men are becoming disempowered, whereas women are empowered (Hunter, 2006; Strebel et al., 2006; Walker, 2005).

In a qualitative study, in which Strebel and colleagues (2006) investigated the construction of gender roles of men and women in South Africa, participants mentioned that in many household women are no longer staying in the house, but participating in the labor system. Along with increased unemployment rates among South African men, it was stated that this trend results in women becoming the main breadwinner and the head of the household in some cases. Women become more powerful in relationships with respect to their male partner and men are losing their status of being powerful and the main provider in the family.

As a response to women's employment, women's empowerment and men's disempowerment, men feel threatened. Regularly, they exert their power in using violence against women and children, which is a major problem in South Africa (Lesejane, 2006; Strebel et al., 2006; Walker, 2005).

MenCare Parenting Program

The MenCare Parenting Program is one of the interventions concerning gender attitudes that is implemented in South Africa and focuses on men and fatherhood. It is implemented in and around Cape Town by the NGO Sonke Gender Justice. The purpose of the program is to promote gender equality, by changing gender attitudes and improving caregiving and fatherhood skills. Based on the categories Barker and colleagues (2007) distinguished in their review, the Parenting Program could be categorized being a gender transformative intervention. The target population is mostly fathers. Sometimes mothers and other caregivers, who want to improve their parenting skills and knowledge, are invited to join the training. The program consists of twelve sessions in which participants are brought together and challenged to discuss and share their experiences about caregiving skills, fatherhood, gender roles, reproductive decision-making, non-violent parenting and other related issues. In these discussions the trainer encourages the participants to become actively involved in raising their children, supporting their partner and sharing the work in the home. (MenCare South Africa, 2014). The content of the sessions is included in Appendix A.

The Current Study

The current study is designed to gain more knowledge about the way in which gender transformative interventions, like the MenCare Parenting Program, actually influence those attitudes in a certain cultural setting. In this way interventions can be improved, if necessary. The purpose of the study is to analyze the effect of the South African MenCare Parenting Program by describing and understanding the way in which gender inequality changed amongst participants with different racial backgrounds. The main research question is ‘To what extent and why is the MenCare Parenting Program effective in promoting gender equality in the lives of participants living in black and colored communities in Cape Town, South Africa?’ This question is divided into four sub questions.

The first sub question is ‘Is the MenCare Parenting Program effective when it comes to promoting gender equality among the participants in Cape Town, South Africa?’ Because the MenCare Parenting Program is a gender transformative program focusing on men, it is expected that the program will be effective when it comes to promoting gender equality of the participants.

The second sub question is ‘To what extent does the level of gender equality differ depending on the racial background, age, schooling, income and household composition of the participants who were involved in the MenCare Parenting Program in Cape Town, South Africa?’ According to previous research it is expected that participants show a higher level of gender equality when they are younger, enjoyed more education, have a regular source of income and when they are not living in a traditional family consisting of a father, a mother and several children. It is also expected that the level of gender equality differs between people with different racial backgrounds.

The third sub question is ‘To what extent does the effect of the MenCare Parenting Program differ depending on the racial background, age, schooling, income and household composition of the participants who were involved in the MenCare Parenting Program in Cape Town, South Africa?’ There are two possible expectations. Firstly, it could be expected that the program is more effective amongst the groups of participants that report a lower level of gender equality prior to the training. In these cases there are more possibilities to get to a higher level of gender equality. This expectation might be true for participants who are younger, are less educated, do not have a regular source of income and participants who are living in a traditional family consisting of a father, a mother and several children. On the other hand, it could also be expected that the program is more effective amongst groups of participants that report a higher level of gender equality prior to the training. Participants in these groups generally are more exposed to equal norms and might therefore be more open to gender equality. Besides that, these groups generally enjoy more resources, giving them more opportunities to adopt gender equality in their attitudes and behavior. According to this expectation participants who are older, highly educated, who possess a regular source of income and live in a non-traditional family are expected to benefit more from the training This expectation seems particularly true for participants who are having a regular source of income and therefore more resources.

Given the specific context of South Africa, and in particular the impact of the apartheid period, special focus will be given to the issues of family disruption and poverty South Africans have to deal with. Therefore, the last sub question is ‘In what way do family disruption and poverty influence the experiences of black and colored participants concerning the MenCare Parenting Program?’ It is expected that the way in which black participants experience the MenCare Parenting Program differ from the experiences colored participants have in the training.

Methods

In the current study a sequential explanatory mixed-methods design is used. The quantitative section consisted of an analysis of the effect of the MenCare Parenting Program on the gender equitable attitudes and division of caregiving of the participants. The qualitative analysis provided more insight in these quantitative results by analyzing the experiences the participants had in the program (Cresswell, 2003). Data was collected using questionnaires and focus group discussions.

Participants

In 2014, the total number of participants in the MenCare Parenting Program was 518. Participants were male as well as female. Because the program mainly focuses on changing gender attitudes amongst men and not all training sessions consistently included women, the participants in the current study were men only. The quantitative part of the current study included 122 participants in total. Those were the men who participated in more than 80 percent of the sessions of the program and filled in both the pre and the post questionnaire. Participants were excluded from the analysis if more than 50 percent of the scores on the GEM-scale (seven or more items) were missing (n = 3). In the end, the data of 119 participants were used in the quantitative analysis.

Participants who were included in the quantitative analysis were in the age of 18 to 61 years old (M = 35.0 years, SD = 9.2). Most of them had a black racial background (80.7%), 8.4% had a colored racial background, 0.8% a white racial background and 0.8% of the participants was Indian. Almost all participants stated that they had completed some kind of schooling, only two of them (1.7%) did not. In 54 cases (45.4%) college or university was the highest schooling participants had completed, in 46 cases (38.7%) it was secondary school, in 9 cases (7.6%) it was vocational training and six participants (5.0%) indicated that primary school was the highest schooling they had completed. Two thirds (66.4%) of the participants had a regular source of income at the moment they filled in the pre questionnaire, another 39 participants (32.8%) did not have a regular source of income by that time. Of the 119 participants, 47 (39.5%) were married or in a civil partnership, 35 of them (29.4%) were single, 14 participants (11.8%) had a regular partner but were not living together, 13 participants (10.9%) were not married but were living with their partner, 5 participants (4.2%) were divorced and 1 participant (0.8%) was widowed. In 41 cases (34.5%) the participant was living without a partner or children. In 34 cases (28.6%) the household consisted of the participant, his partner and children, 25 participants (21.0%) were living without a partner, but with children and 19 participants (16.0%) were living with a partner, but without children. (Table 1).

The participants in the qualitative section were selected out of all the men who graduated in the MenCare Parenting Program in 2014 in Cape Town, South Africa. Due to unsafe circumstances in some of the areas in which the program was implemented, participants of the focus group discussions were selected in various ways. Some of the participants were randomly selected by the researcher. In some cases the trainer could not reach the selected participants or the participant was not available, therefore the trainers selected some available participants themselves. Some participants were selected being part of an existing group and attended the program in the same composition as they attended the focus group discussion. In the end four focus group discussions were conducted in which 28 men participated in total.

The focus groups took place in two mainly black communities and two mainly colored communities. Both black communities, Mfuleni (n = 7) and Nyanga (n = 8), are townships in

Table 1

Demographic Information of Participating Men Pre-Questionnaire

	Total
Number of participants	*N* = 119
Age *M (SD)*	34.99 (9.22)
Racial background	
Black *n (%)*	96 (80.7%)
Colored *n (%)*	10 (8.4%)
White *n (%)*	1 (0.8%)
Indian *n (%)*	1 (0.8%)
Missing *n (%)*	11 (9.2%)
Highest level of schooling completed	
No schooling *n (%)*	2 (1.7 %)
Primary school *n (%)*	6 (5.0 %)
Secondary school *n (%)*	46 (38.7 %)
College/university *n (%)*	54 (45.4 %)
Vocational training *n (%)*	9 (7.6 %)
Other *n (%)*	1 (0.8%)
Missing *n (%)*	1 (0.8%)
Source of income	
Yes *n (%)*	79 (66.4 %)
No *n (%)*	39 (32.8 %)
Missing *n (%)*	1 (0.8%)
Partner status	
Single *n (%)*	35 (29.4%)
Married/ civil partnership *n (%)*	47 (39.5%)
Not married but living with partner *n (%)*	13 (10.9%)
Regular partner, not living together *n (%)*	14 (11.8%)
Widowed *n (%)*	1 (0.8%)
Divorced or separated *n (%)*	5 (4.2%)
Missing *n (%)*	4 (3.4%)
Household composition	
Partner, no children *n (%)*	19 (16.0%)
Children, no partner *n (%)*	25 (21.0%)
Partner and children *n (%)*	34 (28.6%)
No partner, no children *n (%)*	41 (34.5%)

the suburbs of Cape Town. In 2011 Mfuleni counted 64.269 inhabitants. A percentage of 96.3 of them had a black racial background, whereas only 2.7% was colored. Unemployment rates showed that, by that time, 39.7% of the labor force was unemployed. In the same year Nyanga counted 57.996 inhabitants, of which 98.8% were black inhabitants and 0.3% were colored. Unemployment rates in Nyanga showed 45.15% of the labor force being unemployed (City of Cape Town, 2011). Of the colored communities, Manenberg (n = 8) and Saldanha (n = 5), Manenberg is a township in the suburbs of Cape Town as well. In 2011, this community counted a population of 61.615 inhabitants. Most of them had a colored racial background (84.5%) and some of them were black (10.4%). In this area the unemployment rate was 36.2% in 2011 (City of Cape Town, 2011). Saldanha, on the other hand, is a municipality located along the south-western coast of South Africa. The municipality counted a population of 99.193 in 2011: 55.8% colored, 24.5% black and 18.0% white inhabitants. In the same year 23.4% of the labor force was unemployed (Statistics South Africa, 2011).

Procedure

Quantitative. To measure the change in the level of gender equality as a result of the MenCare Parenting Program and to study the way in which participants' background factors moderate this change, structured questionnaires were conducted prior to the start of the program and after finishing the program. This questionnaire contained questions about the demographic background of the participants, about gender equitable attitudes and about the division of caregiving. The questionnaires were conducted by the facilitator of the sessions concerned. After completing the first questionnaire, all respondents participated in the MenCare Parenting Program for twelve sessions. After finishing the entire program, the respondents filled in the same questionnaire. The results of the questionnaires were inserted in IBM SPSS Statistics 21.

Qualitative. Focus group discussions were conducted with some of the participants of the Parenting Program in 2014, to explore the way the participants in both black and colored communities experienced the program. The main reason to choose focus group discussions over individual interviews was the fact that the sessions of the program were implemented in a group setting as well. Therefore, focus group discussions created a space that was similar to the sessions, in which participants felt secure and comfortable to talk about culturally sensitive topics. Besides that, the focus group discussions included debates amongst the participants, that provided extra information about the experiences of the specific group.

The focus group discussions were conducted in public community buildings and were facilitated by the researcher. A co-facilitator was present to take notes and to keep an eye on the time. The focus groups took approximately two hours per session and every session had a short break. The main language of communication was English, but a translator was present to translate questions and responses if necessary. The translators were involved in the Parenting Program as facilitators, but they were not the direct trainers of the participants in the focus group discussion. The discussions were recorded using a voice recorder and transcribed afterwards. The topic list of the focus group discussions can be found in Appendix D.

Instruments

Gender equitable attitudes. The gender equitable attitudes of the participants of the MenCare Parenting Program were measured by the Gender Equitable Men (GEM) Scale. The GEM scale is designed to measure attitudes toward gender norms in intimate relationships and differing social expectations for men and women. The scale consists of 24 items that are hypothesized to reflect either inequitable or equitable gender norms (Pulerwitz & Barker, 2008). Only thirteen items of the GEM-scale were included in the questionnaires of the current study (See Appendix B). The items were selected because they best fitted the South African context, according to the program implementer. Items were measured on a 3-point scale (1= agree, 2 = partially agree, and 3 = do not agree). Examples of the items are ‘It is a woman’s responsibility to avoid getting pregnant’ and ‘It is okay for a man to hit his wife if she won’t have sex with him’. Previous research has shown the reliability and validity of the 24-item GEM Scale to measure gender equitable attitudes (Pulerwitz & Barker, 2008). The thirteen items in the current study did not turn out to be a reliable scale. After analyzing, nine items were selected to form the GEM Scale in the analysis of the current study. The 9 selected items all reflect inequitable gender norms. The Cronbach’s α of the 9 items in the current study was α = .707 in the pretest and α = .624 in the posttest (*N* = 119). These scores could not be improved if items were deleted.

Equal division of caregiving. The division of caregiving tasks between the participants and their partner was measured by four questions in the questionnaire. Participants could indicate how they divide certain tasks with their partner (See Appendix C). The tasks that were asked were the daily care of the child, staying at home when the child is sick, picking up the child from school or childcare and taking the child to fun activities and events. Items were measured on a 5-point scale (1 = I do everything, 2 = usually me, 3 = shared equally or done together, 4 = usually my partner, 5 = my partner does everything). The answering categories were recoded in the analysis so that higher scores mean a more equal division of caregiving (1= I do everything or my partner does everything 2 = usually me or usually my partner, 3 = Shared equally or done together). The four items together formed a new scale. The Cronbach’s α of the four items was α =.815 in the pretest and α = .935 in the posttest (*N* = 86).

Father involvement. Because the MenCare Parenting Program focuses on equal division of caregiving as well as father involvement, it is necessary to look at the extent in which the father is involved in the caregiving as well. To measure this involvement the same four questions were used that measured the equal division of caregiving (See Appendix C).

Items were, again, measured on a 5-point scale (1 = I do everything, 2 = usually me, 3 = shared equally or done together, 4 = usually my partner, 5 = my partner does everything). This time the answering categories were recoded so that higher scores mean more father involvement (1 = my partner does everything, 2 = usually my partner, 3 = shared equally or done together, 4 = usually me, 5 = I do everything). Three out of the four items were selected to use in the analysis, because these items reported a higher reliability. The selected items were staying at home when the child is sick, picking up the child from school or child care and taking the child to fun activities and events. The Cronbach's α of the three items was α =.832 in the pretest and α = .927 in the posttest (N = 86).

Age. The age of the participants was measured by the question 'How old are you?'. Participant could fill in their age in years. Two groups were formed in the analysis. Participants were categorized as 'young' when they were in the age of 18 to 34 and 'old' when they were in the age of 35 to 61.

Racial background. The racial background of the participants of the program was measured by the attendance register that was filled in prior to every session. In this register the participants were asked to write down their racial background. In the data-analysis only two types of racial background were included: black and colored. Two participants reported to have another racial background, namely white and Indian. They were excluded from the analysis, because of the low number.

Schooling. The level of schooling of the participants was measured by the question 'What is the highest level of schooling you have completed?'. Participants were asked to select one of the following options: no schooling completed, primary school, secondary school, college/university, vocational training or other. To use this question in the analysis the answering categories were recoded (1 = no schooling / primary schooling, 2 = secondary schooling, 3 = vocational training, 4 = college/university).

Income. The income of the participants was measured by a demographic question that was part of the questionnaire. The participants were asked to report whether they had a regular source of income or not. The scores on the pretest were used in the analysis. Answering categories were yes or no.

Household composition. The participants' household composition was measured by one of the demographic questions, namely 'Who lives with you in your household?' Answering options were partner, children, partner's children, parents, other relatives, other unrelated children and other unrelated adults. Participants were asked to select all options that applied to their situation. The focus in the data-analysis was on the question if participants were living with their partner, children or both of them. Therefore, data were recoded into four groups (1 = participants who were living with their partner and without children, 2 = participants who were living without their partner but with children, 3 = participants who were living with both their partner as well as children, 4 = participants who were living with neither their partner nor children).

Analysis

Quantitative. IBM SPSS Statistics 21 was used to measure the effectiveness of the MenCare Parenting Program on gender equitable attitudes, the division of caregiving and father involvement. A t-test was conducted in which the results on the GEM scale, the equal division of caregiving scale and the father involvement scale in the pretest were compared with the results on the scales in the posttest. This was done to see whether the scores differed significantly from each other and to see whether there was any correlation between the two moments of measuring gender equitable attitudes, equal division of caregiving and father involvement.

Additionally there were two regression analyses conducted for each of the three scales. The first regression analysis was performed to test whether the scores on the scales in the pretest could be predicted by the racial background, age, schooling, income and/or household composition of the participants. The score on the scale in the pretest was entered as the dependent variable, whereas racial background (1 = *black*, 2 = *colored*), age (0 = *young*, 1 = *old*), schooling (1 = *primary school*, 2 = *secondary school*, 3 = *vocational training*) , income (1 = *yes*, 2 = *no*) and household composition (1 = *partner, no children*, 2 = *children, no partner*, 3 = *partner and children*) were entered as the independent variables. Schooling and household composition were used as dummy variables. It was chosen to use the category that was most common as the reference category. In the schooling variable this was ‘college/ university’ and in the household composition variable this was ‘no partner, no children’. The regression analysis that covered the equal division of caregiving scale and the father involvement scale did not include the household composition of the participants, since only participants who had children that they had to take care of were asked to fill in the questions about the division of caregiving.

The second regression analysis, that was performed for each of the three scales, was performed to test whether the effect of the training on gender equality (gender equitable attitudes, division of caregiving and father involvement) could be predicted by the racial background, age, schooling, income and/or household composition of the participants. The score on the scale in the posttest was entered as the dependent variable. The score on the scale in the pretest, racial background (1 = *black*, 2 = *colored*), age (0 = *young*, 1 = *old*), schooling (1 = *primary school*, 2 = *secondary school*, 3 = *vocational training*, 4 = *college/ university*), income (1 = *yes*, 2 = *no*) and household composition (1 = *partner, no children*, 2 = *children, no partner*, 3 = *partner and children*, 4 = *no partner, no children*) were entered as the independent variables. In this analyses the same reference categories were chosen. In this way the analyses tested whether the score on the scales in the posttest could be predicted by the background factors when controlling for the score on the scale in the pretest. This showed whether, taking into account the pretest, some groups scored higher on the post-test than others. In other words, this analysis showed whether the change in gender equality was stronger for certain groups. Again, the household composition of the participants was excluded from the analysis that covered the equal division of caregiving and father involvement.

Qualitative. The recordings of the focus group discussions were transcribed and inserted in NVIVO. The analysis of the data was guided by the topic list of the focus group discussions.

Results

Quantitative Analysis

Table 2 shows the mean scores and standard deviations of the gender equitable attitudes of the participants of the MenCare Parenting Program in Cape Town, South Africa in the pretest and the posttest (range 1.00-3.00). The participants were divided into groups according to the various background variables that were studied in the current study. A higher mean score reflects more equitable attitudes. Based on previous research, scores on the GEM-scale can be categorized into three categories. 'Low equity' (a mean score in between 1.00 and 1.7), 'moderate equity' (a mean score in between 1.7 and 2.3) or 'high equity' (a mean score in between 2.3 and 3.00) (Pulerwitz et al., 2010).

Table 3 shows the mean scores and standard deviations of the equal division of caregiving between the participant and his partner (range 1.00-3.00) and table 4 shows the mean scores and standard deviations of father involvement in caring tasks for the participants of the program (range 1.00-5.00). In both tables participants are divided into the same groups as described above due to their background variables. A higher mean score indicates a more equal division of caregiving and more involvement of the father when it comes to caring tasks. Table 2, 3 and 4 all consist of bivariate data.

Gender Equitable Attitudes

Effect of the intervention. The main effect of the intervention on gender equitable attitudes turned out to be significant, $t(118) = 10.41$, $p < .001$. Scores on the GEM-scale in the posttest ($M = 2.49$, $SD = .36$) were significantly higher than scores on the GEM-scale in the pretest ($M = 2.03$, $SD = .45$). Participants showed significantly more gender equitable attitudes after completing the training compared to the gender equitable attitudes they had prior to the training. There was a positive correlation between the scores in the pretest and the scores in the posttest, $r = .330$, $n = 119$, $p < .001$, showing moderate stability over time.

Differences in scores. The model, consisting of racial background, age, schooling, income, and household composition, did not significantly predict the participants' scores on gender equitable attitudes prior to the training: $F(9,95) = 1.260$, $p = .269$, d = 1.13. The model explained 10.7% of the variance in gender equitable attitudes prior to the training.

When looking at the predictors separately the regression analysis showed that the racial background ($t = -.339$, df = 104, $p = .735$), the age ($t = 1.045$, df = 104, $p = .299$) and the income ($t = -.925$, df = 104, $p = .357$) of the participants did not significantly predict the scores on the GEM-scale prior to the training. There were no significant differences in scores on gender equitable attitudes prior to the training between black and colored participants, between young and old participants and between participants with or without a regular source of income. The highest level of schooling participants completed did also not significantly predict the scores on the GEM-scale prior to the training. Participants who did not complete any schooling or completed primary school ($t = -.682$, df = 104, $p = .497$), participants who completed secondary school ($t = .131$, df = 104, $p = .896$), and participants who completed vocational

Table 2

Means and Standard Deviations of Participants' Gender Equitable Attitudes in the Pre- and Post-Test (range 1.00-3.00) [1]

	Pre-test	Post-test
	M (SD)	*M (SD)*
Racial background		
Black (*n* = 96)	1.99 (.44)	2.49 (.32)
Colored (*n* = 10)	2.19 (.47)	2.33 (.57)
Age		
Young (*n* = 50)	2.03 (.43)	2.47 (.37)
Old (*n* = 69)	2.03 (.47)	2.50 (.36)
Schooling		
No schooling/ Primary school (*n* = 8)	1.80 (.32)	2.27 (.47)
Secondary school (*n* = 46)	2.05 (.43)	2.41 (.40)
Vocational training (*n* = 9)	1.75 (.60)	2.53 (.32)
College/ University (*n* = 54)	2.10 (.44)	2.57 (.30)
Regular source of income		
Yes (*n* = 79)	2.05 (.47)	2.59 (.27)
No (*n* = 39)	2.00 (.41)	2.31 (.43)
Household composition		
Partner, no children (*n* = 19)	2.06 (.48)	2.63 (.32)
Children, no partner (*n* = 25)	1.85 (.45)	2.46 (.36)
Partner and children (*n* = 34)	2.09 (.43)	2.51 (.37)
No partner, no children (*n* = 41)	2.08 (.44)	2.42 (.37)

Note. [1] *N* = 119 in pre and post-test

training (t = -1.525, df = 104, p = .131) did not score significantly different on gender equitable attitudes prior to the training than participants who completed college or university. Participants who were living with their partner, but without their children (t = -.531, df = 104, p = .597) and participants who were living with their partner as well as with their children (t = -.511, df = 104, p = .610) did not score significantly different compared to participants who were living without a partner and without children. Only participants who were living with their children, but without their partner scored significantly different on the GEM-scale prior to the training compared to participants who were not living with their partner or their children, $t = -2.430$, df = 104, $p < .05$. Scores on the GEM-scale in the pretest were significantly lower for participants who were living with children and without a partner in the household ($M = 1.85$, $SD = .45$) compared to participants who were living without their partner and without children in the household ($M = 2.08$, $SD = .44$).

Differences in the effect of the intervention. The model, consisting of the GEM-scale in the pretest and the racial background, age, schooling, income and/or household composition of the participants, showed a significant result in predicting the scores on gender equitable attitudes in the posttest: $F(10,94) = 5.326$, $p < .001$ and explained 36.2% of the variance in the scores on gender equitable attitudes in the posttest.

Of the predictors, the race as well as the income of the participant individually showed a significant result. The effect of the training on gender equitable attitudes was significantly higher for black participants than for colored participants, $t = -3.024$, df = 104, $p < .01$. Participants who had a regular source of income benefited more from the training than participants who did not have a regular source of income, $t = -4.133$, df = 104, $p <.001$. Household composition could partly predict the effect of the training on gender equitable attitudes of the participants. Participants who were living with their partner and without children benefited significantly more from the training than participants who were living without their partner and without children ($t = 2.491$, df = 104, $p < .05$). Participants who were living with children but without a partner ($t = .640$, df = 104, $p = .524$) and participants who were living with both their partner and children ($t = .390$, df = 104, $p = .697$) did not benefit differently from the training when it comes to gender equitable attitudes than participants who were living without their partner and without children.

The age and schooling of the participants did not significantly predict the effectiveness of the training. Younger participants did not benefit significantly different from the training than older participants, t = -.051, df = 104, p = .960. Participants who did not complete any schooling or completed primary school (t = .005, df = 104, p = .996), completed secondary school (t = -1.376, df = 104, p = .172) or completed vocational training (t = .357, df = 104, p = .722) did not score significantly different from participants who completed college or university.

Equal Division of Caregiving

Effect of the intervention. The main effect of the MenCare Parenting Program on an equal division of caregiving turned out to be significant, $t(79) = 2.17$, $p < .05$, d = .23. Participants showed a significantly more equal division of caregiving after completing the training (M = 2.35, SD = .73) compared to the division of caregiving before attending the training (M = 2.19, SD = .68). There was a positive correlation between the scores in the pretest and the scores in the posttest, r = .538, n = 80, $p < .001$, showing strong stability over time.

Differences in scores. The model, consisting of the racial background, age, schooling and income of the participant, significantly predicted the division of caregiving prior to the training, $F(6,69) = 3.065$, $p < .05$. The model predicted 21.0% of the variance in the participants' division of caregiving.

The highest level of schooling the participants completed partly predicted the score on division of caregiving prior to the training. Participants who did not complete any schooling or completed primary school scored significantly different from participants who completed college or university, t = -2.949, df = 74, $p < .01$. Before attending the MenCare Parenting Program, participants who did not complete any schooling or who completed primary school

(M = 1.42, SD = .38) scored significantly lower on the division of caregiving than participants who completed college or university (M = 2.23, SD = .64).

Table 3

Means and Standard Deviations of Participants' Equal Division of Caregiving in the Pre- and Post-Test (range 1.00-3.00)[1]

	Pre-test	Post-test
	M (SD)	*M (SD)*
Racial background		
Black (*n* = 68)	2.16 (.66)	2.34 (.72)
Colored (*n* = 6)	2.37 (.77)	2.56 (.69)
Age		
Young (*n* = 31)	2.00 (.68)	2.20 (.76)
Old (*n* = 49)	2.28 (.65)	2.49 (.69)
Schooling		
Primary school (*n* = 6)	1.42 (.38)	2.11 (.89)
Secondary school (*n* = 28)	2.28 (.66)	2.45 (.71)
Vocational training (*n* = 5)	1.65 (.65)	2.35 (.80)
College/ University (*n* = 40)	2.23 (.64)	2.38 (.72)
Regular source of income		
Yes (*n* = 55)	2.25 (.68)	2.57 (.66)
No (*n* = 24)	2.03 (.65)	2.05 (.69)

Note. [1] N = 80 in pre and post-test

Participants who completed vocational training (M = 1.65, SD = .65) also scored significantly lower on the equal division of caregiving scale than participants who completed college or university, t = -2.204, df = 74, p < .05. The scores on the equal division of caregiving scale did not significantly differ for participants who completed secondary school compared to participants who completed college or university, $t = .351$, df = 74, $p = .726$.

The racial background ($t = .700$, df = 74, $p = .486$), age ($t = 1.881$, df = 74, $p = .064$) and income ($t = .644$, df = 74, $t = .522$) of the participants did not significantly predict their score on the equal division of caregiving scale.

Differences in the effect of the intervention. The model, formed by the score on the equal division of caregiving scale prior to the training and the racial background, age, schooling and income of the participant, significantly predicted the scores on the equal division of caregiving scale after completing the training, $F(7,64) = 6.627$, $p < .001$. The model predicted 42.0% of the variance in the scores on equal division of caregiving after completing the training.

The effect of the training on the division of caregiving could partly be predicted by the schooling of the participant. Participants who did not complete any schooling or completed primary schooling benefited significantly more from the training when it comes to the division of caregiving than participants who completed college or university, $t = 2.078$, df = 70, $p < .05$. Participants who completed secondary school ($t = .351$, df = 70, $p = .727$) or vocational training ($t = 1.975$, df = 70, $t = .053$) did not benefit significantly different from participants who completed college or university.

The income of the participants also significantly predicted the effect of the training on the division of caregiving. Participants who had a regular source of income benefited more from the training when it comes to an equal division of caregiving than participants who did not have a regular source of income, $t = -4.037$, df = 70, $p < .001$. The race ($t = .146$, df = 70, $p = .884$) and the age ($t = .137$, df = 70, $p = .892$) of the participants could not significantly predict the effect of the training on the division of caregiving.

Father Involvement

Effect of the intervention. When looking at father involvement in caregiving tasks the main effect of the MenCare Parenting Program was not significant, $t(86) = 1.11$, $p = .272$, d = .10. Scores on the father involvement scale in the posttest ($M = 3.18$, $SD = .89$) were not significantly different from scores on the father involvement scale in the pretest ($M = 3.09$, $SD = .93$). There was a positive correlation between the scores on father involvement in the pretest and the posttest, $r = .654$, $n = 86$, $p < .001$, showing strong stability over time.

Differences in scores. The combination of the racial background, age, schooling and income of the participant in a model was overall not a significant predictor of the participant's score on father involvement in the pretest, F (6,69) = 1.302, $p = .268$. The model predicted 10.2% of the variance in the father involvement scale prior to the training.

When looking at the predictors separately, the results showed only one significant effect. Primary schooling turned out to be a significant predictor of father involvement prior to the training, $t = -2.121$, $p < .05$. Participants who did not complete any schooling or completed primary school ($M = 2.58$, $SD = 1.07$) scored significantly lower on the father involvement scale prior to the training than participants who completed college or university ($M = 3.12$, $SD = .89$). Scores of participants who completed secondary school ($t = -.835$, $p = .406$) or vocational training did not significantly differ from scores of participants who completed college or university when it comes to father involvement prior to the training. The race ($t = .381$, $p = .705$), age ($t = -.562$, $p = .576$) and income ($t = 1.231$, $p = .222$) of the participants did not predict the scores on the father involvement scale prior to the training either.

Differences in effect intervention. The model, formed by the score on the father involvement scale prior to the training and the racial background, age, schooling and income of the participant, significantly predicted the scores on the father involvement scale after

Table 4

Means and Standard Deviations of Father Involvement in Care Tasks in the Pre- and Post-Test (range 1.00-5.00)[1]

	Pre-test	Post-test
	M (SD)	*M (SD)*
Racial background		
Black (*n* = 72)	3.10 (.91)	3.12 (.85)
Colored (*n* = 6)	3.04 (1.03)	3.19 (.76)
Age		
Young (*n* = 31)	3.18 (1.01)	3.41 (.94)
Old (*n* = 49)	3.04 (.87)	3.03 (.76)
Schooling		
Primary school (*n* = 6)	2.58 (1.07)	2.67 (.96)
Secondary school (*n* = 28)	3.06 (.88)	3.20 (.81)
Vocational training (*n* = 5)	3.65 (1.39)	3.40 (.76)
College/ University (*n* = 40)	3.12 (.89)	3.19 (.87)
Regular source of income		
Yes	2.98 (.99)	3.11 (.77)
No	3.33 (.86)	3.37 (1.03)

Note. [1] *N* = 86 in pre and post-test

completing the training, $F(7,64) = 3.475$, $p < .01$. The model predicted 27.5% of the variance in the scores on father involvement after completing the training.

None of the predictors separately turned out to be significant predictors of the effect of the training on father involvement. There was no difference found between the participants' racial background ($t = .640$, $p = .524$), age ($t = -1.167$, $p = .248$) and income ($t = 1.053$, $p = .296$) when looking at the difference between father involvement prior to the training and after completing the training. The participant's schooling did also not predict the effect of the training on father involvement. Participants who did not complete any schooling or completed primary schooling (t = -1.482, p = .143), participants who completed secondary schooling (t = -.244, p = .808) and participants who completed vocational training (t = -.309, p = .758) did not benefit significantly different from participants who completed college or university.

Qualitative Analysis

Motivation to Come to the Session

Participants in all four focus group discussions were highly motivated to come to the sessions of the MenCare Parenting Program every week. Reasons for coming to the sessions were that every week they learned new stuff and that they noticed change in their own lives after the sessions. Participants appreciated the open space that was created by the trainers and facilitators of the training. They indicated that they felt safe and confident to open up in the sessions, which contributed to the value of it. The discussions that they had stimulated the learning process. Because they were all opening up, they became aware of the fact that other people were struggling with the same issues and that they were able to help each other by sharing their experiences and thoughts. Other motivating factors were meeting people, making friends and forming a bond with the group. For some of the participants participating in the program was a way to get themselves out of the streets and keep them out of danger.

Effect of the Program

Participants in the focus group discussions all indicated that they learned a lot in the MenCare Parenting Program. They described the training as an eye-opener to reflect upon their lives. Most of them were very thankful to the implementers of the program for changing their lives and making them a better person.

"Sonke came to us to build us and to know how life is, how to manage yourself, how to treat your kids, how to help your wife, how to share, how to be that human being. I will always think about Sonke Gender Justice, it built me as a person." – Participant FGD KTC

"I thought I can't go on with my stuff like it is now. I was on drugs also. The time I entered the program, in a few weeks I left the drugs. The program helped me to leave the drugs also and stuff like that. So it made a huge change and impact in my life it's not easy to put it in words. But I know what the program did for me, and it did a lot for me." – Participant FGD Manenberg

Part of the focus group discussions was based on the change participants reported themselves, the other part was based on an open discussion about gender in the community.

Highlights of the training. Participants were asked to point out the topics in the sessions that they found the most interesting. In general, the content of three sessions were highlighted, namely the pie-session (Appendix A session 10), my father's legacy (Appendix A session 2) and the session about pregnancy (Appendix A session 3). Participants mentioned that the pie-session made them realize that they were spending a lot of time doing nothing, just hanging around. They found out that they could also use this time helping in the household or having fun with their children.

"The 24 hour clock was my favorite. Because it enlightened me how I must spend my time. Because most of the time I was wasting my time, just to watch international football from oversea. That used to be my favorite time. Now I think, let me just watch my favorite team. Now, if I have nothing to do, let me go spend some time with my daughter, have fun with her, play around." – Participant FGD KTC

The session about my father's legacy let the participants think about the way they grew up themselves and the way their fathers were involved in raising them. They mentioned that they did some retrospection and learned from mistakes their fathers made.

"The most important for me, that can be highlighted was the session about my father's legacy. I did some introspection: what legacy do I want to leave? What must my children think of me? How would they remember me?" – Participant FGD Mfuleni

Besides that, in one of the focus group discussions, the participants emphasized the fact that this session showed them how to bond with their children.

The session about pregnancy made the participants realize that they have to be involved in their partner's period of pregnancy. They mentioned that they learned that it is important for them to support their partner and to bond with the unborn child.

"What I have learned about pregnancy, when your wife is pregnant, you have to be close to her. Most men believe that when you have impregnated your wife, you have done your job. There is nothing for you to do anymore, you don't have to be present until the baby is born." – Participant FGD KTC

Lessons learned in the program. Besides the topics of the sessions they highlighted, the participants also named some general lessons they have learned in the program. One of the most important lessons, mentioned in all the focus group discussions, was the importance of communication. Participants learned how to communicate with their partner, their children, their friends and other people around them. This lesson made them realize that they can control their anger and taught them to seek for alternative ways to solve problems in the community and in the household besides violent methods.

"Mostly we learned how to deal with the other person, respect them and how to communicate. You should know that most communication is non-verbal, that is the most important thing". – Participant FGD Manenberg

The participants stated that the training showed them the importance of being there for their children and the way in which they could be a responsible and involved father. The program taught them that raising children is not only about providing money. Although they still experienced difficulties raising children without money, the participants realized that even without money they can play their part. In the focus group discussion they indicated that since they have participated in the training they spend more quality time with their children, show them how much they love them, ask them about their feelings and are happy to play with them. Some of the participants noticed change in the bond they had with their children after implementing what they had learned in the program.

"The sessions helped me that I started realizing that being an ATM father doesn't work, especially not for my kids. I need to be there for my kids. I need to be a father figure for my kids." – Participant FGD Mfuleni

Participants also stated that the training contributed to their self-confidence. They indicated that they felt much more confident to behave in 'the right way' themselves, independently of the ruling norms or the way other people would think about them.

“Now, because I have the information, I don’t care what other people say anymore. As long as I know I am doing something positive for my family. If they are happy, I am also happy.” – Participant FGD KTC

Participants in all focus group discussions were also motivated to transfer this message to other people in the community. As a result, participants mentioned they learned that they could make a difference in the community. They became involved in promoting the MenCare Parenting Program by wearing MenCare t-shirts and caps, approaching people in the community and helping and advising them. However, participants in all focus group discussions emphasized the need for more campaigning to take the message of the training into the community. They put forward ideas of organizing meetings and dialogues to involve other community members in the program.

“At first I wouldn’t even have a conversation with someone If I didn’t know someone. But now I am aware of what I went through emotionally. So now I know I can have impact on another person. I can say I have an idea what you’ve been going through. I’ve been there. I’ve heard things. So now I can intervene.” – Participant FGD Saldanha

Gender equitable attitudes. Participants in the four focus group discussions characterized a good man in similar ways. According to them a good man is a man who is responsible for his household as well as the community that he is living in. They mentioned that the man has to be the head of the household. His responsible role in the household seems to consist of protecting, caring and providing for his family, according to the participants. Some of them emphasized the provider role.

"In my opinion, a real man has to get a good job, to be educated, to take responsibility for his family. When he comes home at evenings, he comes out of work he provides food for his family. That is what I call that is a real man." – Participant FGD Manenberg

Participants in all focus group discussions emphasized that a man has to share the tasks in the household equally with his partner, even if the man has a job. A man and a woman have equal rights and they have to make decisions in the household together.

"The neck is the woman part, you can't be a head without any neck. You have to be a helping hand to a woman and share equally between both genders". – Participant FGD KTC

According to the participants, the man is supposed to be an example for the new generation, for his own children and children in the community. He has to behave responsible to show them the right way. He has to be a role model.

Barriers

The focus group discussions also focused on the barriers the participants in the black and colored communities experienced when looking at gender equality. Barriers that were mentioned by the participants could be divided into environmental and cultural barriers.

Environmental barriers. When looking at the environment the participants live in, they indicated that the traditional gender stereotype that exists among people in the community and that children grow up with can be an important barrier in internalizing gender equality.

"Your background can influence how you see a man or a woman. When I came from a background of good parenting, a mom and a dad, my perception would be like that. And when

you come from a background where there was no good discipline or your parents were not so "lekker", how would you really change that? You grew up with that mindset and that is how you will see the world." – Participant FGD Saldanha

Traditionally, men and women in all four communities were not seen as equals. Participants described the way men are expected to behave, according to these traditional norms: men do not cry, men usually have a lot of women, they have the last say, men should drink, smoke and fight, hang around in the streets and not sit at home and spend time with their family.

"In the community, most people think a man is the man if he is not sitting at home with his family. If you sit at home with your family and spend time with them, the men think that guy is not a guy. Why is he always sitting there? We are always busy drinking out there, but that guy is always busy with his family, he is really boring. They don't like what you're doing, they want to see you out there." – Participant FGD Mfuleni

In addition, participants in the colored communities emphasized the fact that gangsterism is perceived as something good in their community. Men are expected to go into the streets with guns and cars.

"As a gangster they shoot guns, rob people, sell drugs, they go get a gun and shoot someone. They kill people, kill other gangsters. There is a lot of violence. What the most important thing is for them is smoking drugs, being with their friends." – Participant FGD Manenberg

Participants stated that the situation in which a person is raised largely determines how he or she perceives the world. A mindset that is hard to change, according to the them. Before attending the program, for example, most of the participants thought that having no bond with your parents and seeing your father disrespect your mother and not taking care of his children was the right way of living. They emphasized that this mindset complicates changing people's attitudes and behaviors.

"The children grow up with the idea of 'that is the man with the fast car, or the guy with the best house, or the guy that can drink the most'. They grow up with the idea that this is how it works. And they don't want to be real good men anymore. They want to be the fast driver or the one that drinks alcohol the most. And that is the problem." – Participant FGD Saldanha

The participants in the black communities further indicated that, as a result of these traditional gender stereotypes, men are not given the space to do what is right. Men who are doing the 'right' thing are being judged by others in the community. People, men as well as women, perceive men as being weak, soft and not a real man if they are not hanging around in the streets and doing chores in the household instead.

"Most others feel pity for you. I ask myself why? I like being with my kids, staying with my kids and their mother, doing things, be busy. And then people go like man, come on, your wife, where is she? Why? And then I say, no I choose this. And then they go like no isn't this a bit too much? Most of the time they pity you. And others will think, yeah he is kind of bewitched and stuff. They even ask if they can address it to your family, they think they must check on that guy, maybe there is something wrong. Even the ladies, actually what surprises

me. They would come and check and say no man, you shouldn't be doing this or can't I help you" – Participant FGD Mfuleni

Participants in the colored communities did not mention anything about the way they were perceived by people in their community when they were spending time in the household with their families.

Another environmental barrier for internalizing gender equality seems to be living in a disadvantaged area. Participants in Mfuleni, KTC and Manenberg indicate that most men in their community don't work. Participants in Saldanha did not mention a lack of jobs in the community. The lack of jobs in the community causes a lot of trouble, according to the participants. Most importantly, men do not have the money to provide for their family, which makes them feel useless in the family according to their traditional idea that the man should be the provider of the family.

"We grew up with that mindset that as a man, you have to provide. So if you're going to your community, or even to your girlfriend without money you are nothing. Such things are making it very hard." – Participant FGD Mfuleni

Cultural barriers. Cultural barriers were only mentioned by participants in the black communities. Two cultural practices, both concerning money, were emphasized creating difficulties in internalizing gender equality by the participants in both black communities, namely paying damages and paying lobolo.

Participants mentioned that in the black culture, men have to pay damages when their child is born. In some cases, men do not have the money to pay the damages. In these cases they sometimes find that there is no other solution but running away from their responsibilities and their family, which causes disrupted families and a lack of father involvement.

"If you do not have money to pay for damages, you run away from your responsibilities. Because there is this principle that if you don't have money, you don't have the right to claim that that child is your child." – Participant FGD KTC

"Also if you didn't have anything by the time the child was born, and now you want to see your child, they say you cannot see your child before you tell us what you brought for the child. That can scare men away." – Participant FGD Mfuleni

According to the participants the fact that men have to pay lobolo shows inequality between men and women. Firstly, participants mentioned that it is unequal that men have to pay money to be in a relationship with a woman, while women do not have to pay money to be in that same relationship.

"It's all about money. If you don't have money, especially to our culture, you can't just take a woman. Because the question is 'what are you going to do with her if you don't have money?' You see, you like her to be your wife, but you must have money you see." – Participant FGD Mfuleni

Secondly, participants described the situation that arises when the man who paid lobolo dies: the woman has to marry one of the other men in the family, because the family already paid lobolo for this woman. Participants raised the issue that these practices discourage equality between men and women.

“If a woman marries me and I pass away, we expect a woman to live alone for the rest of her life. Or they say my brother must take over. Whether she likes it or not, she will be forced to marry my brother. But if it’s me, my wife passes away, then it is okay for me to get another wife. – Participant FGD Mfuleni

Other discussions concerning cultural barriers were mainly about cultural practices in which men and women were not perceived equally. The main reason for inequality was the right to be in a certain place. Participants mentioned, for example, that women are not allowed to be at the graveyard when someone died in an accident and men are not always allowed to be in the hospital during ante-natal care and pregnancy. Participants also mentioned that, during events, men and women must meet in separate places.

“Whenever we have a feast or a slaughter event, that’s when we separate them [the women] from us [the men]. They are not supposed to be with us. That goes culturally. We say we meet in this crawl. They are never allowed to be there. They have to stay in the house. That can unfortunately not be changed.” – Participant FGD KTC

Discussion

Using the above described sequential explanatory mixed-methods design, the current study tried to answer the main research question: *‘To what extent and why is the MenCare Parenting Program effective in promoting gender equality in the lives of participants living in black and colored communities in Cape Town, South Africa?’* In previous research similar gender transformative interventions turned out to be effective in changing gender attitudes and behaviors (Barker et al., 2007; White et al., 2003). Additionally, although not specifically found amongst racial groups in South Africa, previous studies showed that gender-related attitudes differ between racial groups (Blee & Tickamyer, 1995; Bolzendahl & Meyers, 2004; Davis & Greenstein, 2009; Kane, 2000).

In line with the expectations based on these expectations, the current study showed that the MenCare Parenting Program was effective in changing gender equitable attitudes and the division of caregiving tasks of participants in Cape Town, South Africa. Oppositely, the training was not effective in promoting father involvement. The effectiveness of the program and the way in which it is experienced by the participants seemed to be largely similar for black and colored participants in Cape Town, South Africa.

Effect of the Intervention

Based on previous research, proving the effectiveness of gender-transformative programs on changing gender attitudes and behavior of men and boys (Barker et al., 2007; White et al., 2003), it was expected that the MenCare Parenting Program would promote gender equality amongst participants in the program in Cape Town, South Africa.

In line with these expectations, a significant, positive change in gender equitable attitudes and equal division of caregiving was found in the current study, meaning that participants reported more gender equitable attitudes and a more equal division of caregiving after participating in the MenCare Parenting Program than prior to the training. Effect sizes showed a large positive effect of the training on gender equitable attitudes and a small positive effect on equal division of caregiving. Therefore, the program seems to be more effective in changing attitudes than changing behavior.

These results are partly supported by the qualitative results. In their description of a good man participants mentioned modern as well as traditional gender attitudes. They stated that men and women have equal rights and that they have to make decisions in the household and the relationship together. According to the participants, a good man should be caring and sharing the tasks in the household, all representing modern attitudes. On the other hand, participants in the focus group discussions also held some traditional gender attitudes. Most notably, they clearly emphasized the traditional view that the man should be the head of the household and the provider of the family.

Contrary to the expectations from previous research (Barker et al., 2007), the current study did not find a clear change in father involvement due to the MenCare Parenting Program. There was no difference found in the analysis comparing the involvement of the fathers in caregiving before and after the training. These results were in contrast with the results of the focus group discussions, in which participants emphasized the importance of being an involved father. Participants mentioned that the program showed them that fatherhood is not only about providing money and they reported to spend more time with their children after participating in the training.

These findings, showing a large effect of the training on the participants' attitudes and less or no effect on their behavior, could possibly be explained by the design of the training. The training mainly focusses on group education, which is found to lead to changes in attitudes and to a lesser extent to behavioral change. Additional activities, focusing on community mobilization and mass-media campaigns, turned out to be more effective in achieving behavioral change (Barker et al., 2007). This is confirmed by the focus group discussions in which participants recommended the implementers of the training to invest in community mobilization and media attention.

Although the effect of the training on gender attitudes were unambiguous, there was no clear line found in the behavioral change of the participants due to the training. More specifically, a small effect of the training was found on equal division of caregiving and no effect on father involvement. This is a striking difference, given the fact that both constructs were measured using the same data. However, it shows that it was more common for men to participate in an equal division of caregiving than a division in which the man is more involved in the household than his partner. In other words, there seems to be a change directing to a more equal division of caregiving, but this change was not strong enough to say that men were more involved in the household than women.

The discrepancy between quantitative and qualitative results could be explained by the content of the data. The quantitative questionnaire took only three specific caregiving tasks into account, whereas the focus group discussion covered father involvement in general. Tasks that were included in the questionnaire were staying at home when the child is sick, picking up the child from school or child care and taking the child to fun activities and events. In the focus group discussion participants spoke about more general issues like bonding and spending time with their children.

Factors Influencing Gender Equality

Based on previous research, it was expected that the participants' racial background, age, income, schooling, and household composition would affect their scores on gender equitable attitudes, equal division of caregiving and father involvement (Bolzendahl & Meyers, 2004; Davis & Greenstein, 2009; Inglehart & Norris, 2003). Firstly, differences were expected in the participants' scores on the scales prior to the training, reporting less equitable gender attitudes and behaviors when they had a black racial background, were older, completed less schooling, did not have a regular source of income and when they were living in the household with their partner as well as their children. Besides that, it was expected that the background factors predicted the effectiveness of the training, expecting either a larger attitudinal and behavioral change for participants who showed less gender equality prior to the training, or a larger change for participants who showed more gender equality prior to the training. None of the expectations were clearly found in the results. However, several background characteristics were found to predict scores on gender equitable attitudes and equal division of caregiving, whereas only the participant's schooling predicted father involvement.

Racial background. In contrast to the expectations, the participants' racial background did not predict their scores on gender attitudes and behavior prior to the training. It only predicted the effect of the intervention on gender equitable attitudes. The lack of differences according to the racial background could be explained by the size of both racial groups. There were considerably more black than colored participants included in the analysis, which makes it hard to strictly interpret these results.

Age. The age of the participants did not predict their scores on gender attitudes and behavior. There were no differences found between younger and older participants on their scores prior to the training, and the effect of the training was not found to be significantly different for the two age-groups. The categorization in old and young participants, that was done in the current study, could be questionable. The mean age was used to divide participants into older participants (everyone who was older than the mean age) and younger participants (everyone who was younger than the mean age). As stated in previous research, generational difference might exist between birth cohorts (Bolzendahl & Meyers, 2004). However, the current research did not take into account these birth cohorts, because most participants were in between thirty and forty years old and there were not enough participants in each cohort. This categorization might have influenced the results.

Income. Having a regular source of income or not was not found to predict gender equality prior to the training, although income did predict the effect of the training on gender equitable attitudes and equal division of care. These findings can be linked to previous research, in which it was shown that people with a regular source of income were more focused on quality-of-life issues like gender equality than people without a regular source of income, because they were less concerned about material issues like unemployment (Inglehart

& Norris). The finding that income did not predict the participants' attitudes and behavior prior to the training could possibly be explained by the fact that the participants with a regular source of income were still living in disadvantaged circumstances. In the focus group discussions participants emphasized the poor conditions they were living in, which might explain why they were not as open to quality-of-life issues as expected. However, having a regular source of income might offer more possibilities and less barriers in internalizing gender equality, which explains the finding of income being a predictor of the effect of the training.

Schooling. There was no clear correlation found between the participants' level of schooling and gender equality. Gender equitable attitudes in the pretest were not predicted by the participants' level of schooling, neither was the effect of the training on gender equitable attitudes. However, a lower level of schooling was associated with a less equal division of caregiving and father involvement, validating the expected association between schooling and gender equality. Consequently, less educated participants benefited more from the training regarding equal division of caregiving than higher educated. There is no clear explanation for the different results of gender attitudes on the one hand and division of caregiving and father involvement on the other hand.

Household composition. There were few significant effects found of the composition of the participants' household. It was expected that participants who were living with their partner as well as their children would show the least equitable gender attitudes and behaviors. However, there were no clear and consistent differences found in scores on gender equitable attitudes, equal division of caregiving or father involvement between participants living with or without their partner and children. An explanation for these ambiguous results could be the small amount of participants in each group.

Participants' Experiences

To explore why the intervention is effective in promoting gender equality, the focus group discussions were conducted. Critical reflection, discussion and questioning of the ruling social norms, as well as the connection to real life issues and sharing personal experiences were found to be highly valued by participants in similar interventions (Barker et al., 2007; White et al., 2003). These arguments may also be the reason for the effectiveness of the MenCare Parenting Program. Participants emphasized that opening up about their experiences and their thoughts made them realize that others were struggling with the same issues. They indicated that critical reflection upon the ruling norms and group discussions made them realize that they were able to change these norms.

However, as expected, the participants indicated some difficulties in internalizing gender equality. According to previous research it was expected that the apartheid period, and its consequences of poverty and family disruption influenced the participants' experiences in the MenCare Parenting Program. Family disruption was expected to complicate the division of gender roles in the household and poverty was expected to hinder men to fulfill their specific gender roles. It was expected that poverty and family disruption were experienced being barriers, mainly amongst black South African citizens, since the level of poverty and the number of absent fathers in this group were higher than in other groups (Budlender & Lund, 2011; Coovadia et al., 2009; Statistics South Africa, 2014).

During the focus group discussions participants emphasized the fact that they were living in disadvantaged areas. As expected, participants mentioned to experience poverty and the lack of jobs as a barrier in internalizing gender equality, causing problems in providing for their family. Contrary to the expectations, issues of poverty and unemployment seemed to exist to the same extent in both black and colored communities. However, black participants indicated that the lack of money caused additional problems concerning cultural practices in which men have to pay damages and lobola, making it more difficult for men to internalize gender equality. Although participants did not explicitly mention family disruption to be a direct barrier in internalizing gender equality, it seemed to be a difficulty caused by these cultural practices and the ruling norms that a man has to be the provider of the family.

Recommendations for the Parenting Program

The participants in the focus group discussions were asked to give some recommendations to improve the MenCare Parenting Program. Their answers ranged from recording a person's household and discussing how things are done to structurally including women in the program and questioning whether the implementers could offer the participants a job. Two recommendation should be highlighted.

Participants mentioned that the training should be actively promoted in the community, because they experience a lack of knowledge amongst community members when it comes to issues about gender equality and fatherhood. They came up with more campaigning to take the message of the training into the community. They also put forward the idea to introduce MenCare on TV, to show good stories and give the right example. These recommendations are in line with previous research, that showed community outreach, mobilization and mass-media campaigns to be effective additions to group education in changing people's behavior (Barker et al., 2007).

The participants also recommended that the training should structurally include some follow up with the participants that joined the sessions. They mentioned that they wanted to stay connected to the program and the people who were in the program, to stay motivated.

"We want Sonke to choose a specific day to bring all the people who graduated in different groups together. So they can interact and form a bigger group. Cause sometimes you see people passing by and you see them wearing the same t-shirt but you don't know them. At

least once in a while meet up so we can discuss a few topics or small games to challenge each other, that would improve the program". – Participant FGD Mfuleni

Limitations

There are some limitations to note, that should be taken into account while looking at the results of the current study. Firstly, there were some inequalities between the four focus group discussions that were conducted. The participants in the focus group discussions in the black communities did not run through the program in the same composition. These focus groups were composed of training groups in various communities in the area. Both colored focus groups, on the other hand, ran through the program in the same group composition. Consequently, these participants all knew each other and their stories, whereas some of the black participants were not familiar with each other. Although participants mentioned that they were pleased to meet other people who participated in the program in another community, this could have limited participants' openness.

Another limitation that should be taken into account is the fact that all data are based on the participants' self-report. The participants completed questionnaires about their own attitudes and behaviors and behavioral changes were elaborated by the participants themselves. Consequently, the results could be subjective and answers could be social desirable. To obtain a more objective view on the change in gender equality, further research should use different methods of data collection, for example asking by the men's partners about the behavioral change of their partner.

Conclusion

Gender transformative interventions that are focusing on men, like the MenCare Parenting Program, are frequently implemented all over the world to change gender roles and promote gender equality. The current study shows empirical evidence for the change in gender equitable attitudes and equal division of caregiving due to the program, and additional insight in the experiences of the participants. Although there was no clear evidence found for the change in father involvement, the program seems highly valuable in challenging gender roles and promoting gender equality. The strength of the program seems to be the environment that was created, in which participants felt free to share their personal experiences and to discuss and challenge the ruling gender norms. More research is needed to strengthen and confirm these findings, by further exploring the effectiveness of this intervention and other gender transformative interventions targeting men in various cultural contexts. In this, it would be highly valuable to interview the men's partners to hear if and how they experience change in the attitudes and behavior of their partner.

References

Barker, G., Ricardo, C. & Nascimento, M. (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. World Health Organisation Geneva.

Barker, G., Contreras, M., Heilman, B., Singh, A., & Verma, R. (2011). Evolving men: Initial results from the International Men and Gender Equity Survey (IMAGES). Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

Van Den Berg, W., Hendricks, L., Hatcher, A., Peacock, D., Godana, P., & Dworkin, S. (2013). 'One Man Can': shifts in fatherhood beliefs and parenting practices following a gendertransformative programme in Eastern Cape, South Africa. *Gender & Development, 21*(1), 111-125.

Blee, K. M., & Tickamyer, A. R. (1995). Racial differences in men's attitudes about women's gender roles. *Journal of Marriage and the Family, 57*(1), 21-30.

Bolzendahl, C. I., & Myers, D. J. (2004). Feminist attitudes and support for gender equality: Opinion change in women and men, 1974–1998. *Social Forces*, *83*(2), 759-789.

Bryant, A. N. (2003). Changes in attitudes toward women's roles: Predicting gender-role traditionalism among college students. *Sex roles*, *48*(3-4), 131-142.

Budlender, D., & Lund, F. (2011). South Africa: A legacy of family disruption. *Development and Change, 42*(4), 925-946.

City of Cape Town (2013). 2011 Census Suburbs Cape Town, retrieved from https://www.capetown.gov.za/en/stats/.

Connell, (2005). Change among the gatekeepers: Men, masculinities, and gender equality in the global arena. *Journal of women in culture and society, 30* (3), 1801-1825.

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *Lancet, 374*(9692), 817-834.

Cresswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. London: Sage Publications.

Davis, S. N., & Greenstein, T. N. (2009). Gender ideology: Components, predictors, and consequences. *Annual Review of Sociology*, *35*, 87-105.

Desmond, C., & Desmond, C. (2006). HIV/AIDS and the crisis of care for children. In Morrell, R. & Richter, L. (Eds.), *Baba: Man and fatherhood in South Africa* (pp. 226-236). Cape Town: HSRC Press.

Dworkin, S. L., Treves-Kagan, S., & Lippman, S. A. (2013). Gender-transformative interventions to reduce HIV risks and violence with heterosexually-active men: a review of the global evidence. *AIDS and Behavior*, *17*(9), 2845-2863.

Inglehart, R., & Norris, P. (2003). *Rising tide: Gender equality and cultural change around the world.* Cambridge University Press..

Jayachandran, S. (2014). *The roots of gender inequality in developing countries* (No. w20380). National Bureau of Economic Research.

Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society, 13*(6), 1-11.

Kane, E. W. (2000). Racial and ethnic variations in gender-related attitudes. *Annual Review of Sociology*, *26*, 419-439.

Kaufman, M. R., Shefer, T., Crawford, M., Simbayi, L. C., & Kalichman, S. C. (2008). Gender attitudes, sexual power, HIV risk: a model for understanding HIV risk behavior of South African men. *Aids Care, 20*(4), 434-441.

Khewu, N., & Adu, E. O. (2015). Black fathers’ involvement in the early education of their children and associated factors: South African context. *Journal of Social Science, 42*(1), 1-9.

Lesejane, D. (2006). Fatherhood from an African cultural perspective. In Morrell, R. & Richter, L. (Eds.), *Baba: Man and fatherhood in South Africa* (pp. 226-236). Cape Town: HSRC Press.

Levtov, R. G., Barker, G., Contreras-Urbina, M., Heilman B., & Verma, R. (2014). Pathways to gender-equitable men: Finding from the International Men and Gender Equality Survey in eight countries. *Men and Masculinities, 17*(1), 1-35.

Makusha, T. & Richter, L. (2014). The role of black fathers in the lives of children in South Africa. *Child abuse and neglect, 38*(6), 982-992.

Marsiglio, W., Day, R.D. & Lamb, M.E. (2000). Exploring Fatherhood Diversity. *Marriage & Family Review, 29*(4), 269-293.

MenCare South Africa(2014). MenCare Africa Guide for Conducting Parenting Groups. Cape Town.

Messing, K., & Ostlin, P. (2006). *Gender equality work and health: a review of the evidence*. World Health Organization.

Morrell, R. (2006). Fathers, fatherhood and masculinty in South Africa. In Morrell, R. & Richter, L. (Eds.), *Baba: Man and fatherhood in South Africa* (pp 13-25). Cape Town: HSRC Press.

Morrell, R. & Richter, L. (2006). *Baba: Man and fatherhood in South Africa*. Cape Town: HSRC Press.

Pleck, J. H. (2004) Fatherhood and Masculinity. In Lamb, M. E. (Ed.). *The role of the father in child development* (5th ed., pp 27-57). Wiley & Sons Inc.

Pleck, J. H., & Masciadrelli, B. P. (2004). Paternal Involvement by US Residential Fathers: Levels, Sources, and Consequences. In M. E. Lamb (Ed.), *The role of the father in* *child development* (4th ed., pp 222-271). New York: Wiley & Sons, Inc.

Posel, D. & Devey, R. (2006). The demographics of fatherhood in South Africa: an anlysis of survey data, 1993-2002. In Morrell, R. & Richter, L. (Eds.), *Baba: Man and fatherhood in South Africa*. Cape Town: HSRC Press, pp 38-52.

Pulerwitz, J. & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil. *Men and Masculinities*, *10*(3), 322-338.

Pulerwitz, J., Martin, S., Metha, M., Castillo, T., Kidanu, A., Verani, F., & Terwolde, S. (2010). *Promoting Gender Equity for HIV and Violence Prevention, Results from the Male Norms Initiative Evaluation in Ethiopia.* Washington, DC: PATH.

Rabe, M. (2007). My children, your children, our children: Fathers, female partners and household structures *South African Review of Sociology*, *38*(2), 161-175.

Richter, L. (2006). The importance of fathering for children. In Morrell, R. & Richter, L. (Eds.), *Baba: Man and fatherhood in South Africa* (pp. 53-69). Cape Town: HSRC Press.

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Paediatrica*, *97*(2), 153-158.

Statistics South Africa (2011). Retrieved from: http://www.statssa.gov.za/

Statistics South Africa (2014). Retrieved from: http://www.statssa.gov.za/

Strebel, A., Crawford, M., Shefer, T., Cloete, A., Henda, N., Kaufman, M., Simbayi, L., Magome, K. & Kalichman, S. (2006). Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa. *Journal of Social Aspects of HIV/AIDS, 3*(3), 516-528.

United Nations (2011). *Men in families: And family policy in a changing world*. New York: Department of Economic and Social Affairs.

Walker, L. (2005). Men behaving differently: South African men since 1994. *Culture, health & sexuality, 7*(3), 225-238.

White, V., Greene, M., & Murphy, E. (2003). *Men and reproductive health programs: influencing gender norms*. Washington: U.S. Agency for International Development Office of HIV/AIDS.

WHO (2015). Retrieved from: http://www.who.int/topics/gender/en/.

Appendix A – MenCare Parenting Program: Workshop Map

SESSION	MAIN ACTIVITY	SESSION OBJECTIVES
SESSION 1 **THE WELCOME SESSION**	• My needs and concerns as a father/mother	• Discuss participants' expectations of the sessions and set ground rules. • Help participants identify their needs and concerns as parents.
SESSION 2 **FATHER'S IMPACT/LEGACY**	• My father's legacy	• Reflect upon the influence that fathers or other male authority figures have had on the participants while they were growing up. • Discuss how participants can build on the positive aspects of their fathers' influence. • Discuss how participants can address the negative impacts of their father's influence so they do not repeat harmful patterns.
SESSION 3 **PREGNANCY**	• Parenting stories • Asking a health professional • My father can do everything	• Encourage and normalise men's involvement in maternal health and the prenatal period. • Address the many concerns parents have about the experience of pregnancy, e.g. couple conflict and stress, loss of sexual desire, etc. • Discuss specific ways that men can provide support to their partners during pregnancy.
SESSION 4 **BIRTH**	• Delivery room role play	• Share ideas and experiences about the role of a father during birth, and prepare the father for his role as a companion for the mother. • Address concerns that couples have about fathers being present during childbirth. • Highlight the importance of fathers bonding physically and emotionally with their sons and daughters.
SESSION 5 **FAMILY PLANNING**	1. Parent by accident or choice? 2. Presentation on contraception	• Reflect upon the benefits of family planning and the value Discuss the benefits of family planning and why it is important for couples to communicate about this. • Discuss the use of condoms and other methods of birth control. • Examine how participants can be responsible and use birth control to plan when to have other children, even if their first child was not planned. • Enrich participants' knowledge of available birth control methods by inviting a health professional to give a presentation.
SESSION 6 **CAREGIVING**	• Caring for my baby: Practice makes perfect	• Learn about a baby's care needs, and reflect upon men's Learn about a baby's care needs

		and reflect on men's capacity to satisfy these needs. • Question the stereotype that women are naturally better equipped to care for and raise children than men. • Reflect on how gender stereotypes influence a father and mother's behaviour towards his and her son or daughter.
SESSION 7 **GENDER ROLES**	• Gender and toys	• Examine gender norms and gender socialisation, i.e. the different ways in which we relate to our children based on gender. • Reflect on the how parents communicate with their sons and daughters through play.
SESSION 8 **NON-VIOLENCE**	• Violence clothesline • Resolving conflict – A role play	• Reflect on the violence that occurs in families, between couples (mostly of men against women), and violence against children. • Conduct a role play to practice non-violent ways to react when we become angry.
SESSION 9 **THE NEEDS AND RIGHTS OF CHILDREN**	• My child in 20 years • Positive parenting in action	• Identify long-term goals parents have for their children's characters. (0-4 years) • Understand how harsh discipline can negatively impact those goals • Learn and practice different positive parenting techniques available to parents • Make a commitment to avoid the use of harsh punishments against children
SESSION 10 **DIVISION OF CAREGIVING**	• Hours in a day • Mother of my child and me – Working as a team	• Use a pie chart to compare the distribution of time spent by mothers and fathers on child care and house work. • Reflect on the sexual division of labor and men's contribution to housework and child care. • Encourage a fair distribution of child care and housework. • Discuss the devaluation of daily housework in society. • Encourage fathers to make one to two commitments to participate more equally in domestic work. • Encourage mothers to ask their partners to make one to two commitments to participate more equally in domestic work.
SESSION 11	• A father's web	• Reflect on the experiences participants have

FINAL REFLECTIONS		had in this cycle of sessions. • Make a commitment to be a more involved father; or • Make a commitment to encourage the child's father to be a more involved. • Encourage the participants to continue to meet after the session ends.

Appendix B – Items on the GEM Scale

GENDER EQUITABLE ATTITUDES

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			

Note. * item is not included in the analysis in the current study

Appendix C – Items on Equal Division of Caregiving and Father Involvement scales

CAREGIVING / DIVISION OF CAREGIVING

[skip this section if you don't have children that you take care of]

Besides the help you receive from others, how do you and your partner divide the following tasks:

Tasks	**I do everything**	**Usually me**	**Shared equally or done together**	**Usually partner**	**Partner does everything**
Daily care of the child					
Staying home when the child is sick					
Picking up the child(ren) from school or child care					
Taking child(ren) to fun activities and events					

Appendix D – Protocol focus group discussion

Instructions: This section needs to be completed by the trainer, facilitator or co-facilitator at the training using the participants' attendance register. Please use a black pen to fill in the form and ensure that all details are completed.				
Project Name:				**Start Time**:
Venue:				**End Time**:
Community Name:				**No. Male Participants**:
Group Composition	**Women only** ☐	**Men only** ☐	**Children Under 18** ☐	**No. Female Participants**:
Facilitator:				**No. Of Foreign Nationals**
Co-Facilitator				**Disability**

INTRODUCTIONS

Welcome! My name is Dirkje van den Berg. I am working for Sonke Gender Justice as an intern for the MenCare+ program. I am doing a research for my master thesis about the experiences fathers had in the Parenting Program that is implemented in various communities. Your participation and honest feedback will be greatly appreciated because it will inform the development of the MenCare+ project.

I am going to ask you some questions about your experiences in the training. Your answers are completely confidential and if you do not want to answer the question, you **do not** have to. If you do not feel comfortable or do not want to participate in the discussion at any time, you may pull out. I want to emphasize that there are no right or wrong answers. However, we do ask that you answer honestly to these questions. We are here to learn from you and your honest answers will help us better understand what you and the other community members think of issues related to parenting and the impact those issues have in the community.

The discussion will be recorded and the **Co-facilaitator** (Name) will be taking notes throughout the discussion. The information will only be shared with the project team. I would like to ask you to not share the details of the discussion with others, since the information is confidential. We would like you to give consent by signing the attendance register. Your name won't be used against any information that will be shared during the discussion. Before we start, if you have any question feel free to ask them.

I expect our discussion to last about one-and-a-half hours.

Father's Focus Group Discussion Guide

General questions about the training

1. How did you hear about the Parenting Program (via friend, family, facilitator, etc…)
2. What (or whom) motivated you to come to the sessions every week?
3. What are the topics that you found the most interesting? Why?
4. What are the topics that you found less interesting? Why?

The Role of the Man

1. What does it mean to be a man in [community name] / What is the role of a man according to the ruling norms in [community name]?
    a. What attitudes and behaviors are considered to make a man a 'real man'? (e.g. work outside of the home / provider role, be though and aggressive, protecting, be responsible, taking care of children, doing work in the home, supporting your partner, making decisions on sexual and reproductive health issues, (not) showing emotions, family planning, using contraceptives, etc.).
    b. Are men in the community in general involved in the lives of their children?
        i. In what way are they involved? (e.g. spending time with the child/ play/ daily care/ caring for a sick child / picking up from school/ helping with school tasks)?
        ii. What drives men to be involved in their children's lives?
        iii. Why are men not involved in their children's lives?
        iv. What makes it difficult for fathers to participate in caregiving? (e.g. institutional / public policies / men are denied access to health care clinics)
2. What do you think of these ruling norms?
3. What do you think is your own role as a man? What do you think about being a man? how do you behave as a man?

  a. In the community?
  b. In the household?
     i. How do you experience being a father? what role do you play as a father? (e.g. how much time do you spend with your children? what kind of activities? Caring / cooking / playing / picking up the children from school / helping with the homework)
     ii. Is there a difference in raising a son or a daughter? And if yes, how does it differ? (e.g. showing physical affection / disciplining?)
     iii. Which part of being a father do you enjoy the most?
     iv. Are there any aspects of being a father that you do not enjoy? What are these? And why?
4. Is your own view on being a man and your behavior as a man affected by the Parenting Program? How?
5. Is your view about being a father affected by the Parenting Program? How?
   a. What aspects of the training affected your view the most? Why?
   b. How do your partner, children, family, friends and the community respond to the changes in your view and the behavior about being a father?

<u>The Role of the Woman</u>

1. What is the role women have according to the ruling norms in [community name]? / What does it mean to be a woman in [community name]?
   a. Which attitudes and behaviors are considered to make a woman be seen as a 'real woman'? (e.g. working outside of the home, being the economic provider of the family, earning more money than the man, making decisions in the home and the community, women being the weaker sex, girls being tomboys, family planning)
2. What do you think of these ruling norms? Do you see women in the community who do not behave according to these norms? What do you think of them?
3. If you have a regular partner, what do you think is her role as a woman living in the community?
   a. In the community?
   b. How do you divide roles in the house?

Gender Equality

1. What do you think about gender equality?
2. Can you recall what was discussed about gender equality during the sessions?
3. How does your view on gender equality influence your behavior? How can you see gender equality in your own behavior? How is the role of being a father different from being a mother? (in general/ in your personal situation)
    i. Taking care of the children
    ii. Supporting your partner
    iii. Doing work in the home
    iv. Sexual and reproductive health decision-making – family planning / condom use
    v. Supporting partner to prenatal care visits / presence at birth
4. Do you experience any barriers in the community that may hinder gender equitable norms in the community? Are there any things that make it really difficult to implement gender equality in the community? (e.g. traditional gender norms in society, poverty, violence/aggression, gangsterism, institutional barriers (public health system, flexible workplace policies, government policy, family leave))
    a. Do these barriers hinder your own view and behavior regarding equal gender roles?
    b. Are these barriers affected by the MenCare Parenting Program? And how?
    c. Is the way you think about these barriers affected by the Parenting Program? How? And why or why not?
5. To which extent and in what way is your view about gender equality in [community name] affected by the MenCare Parenting Program?
    a. What aspects of the program affected your view about gender equality the most? And why?
    b. Did your participation in the program affect the gender norms of people around you as well? (e.g. partner, children, family, friends, community)
        i. How do your partner, children, family, friends and community respond to the changes in your view on gender equality?

Sonke Questions

1. Would you recommend the Parenting Program to others in your community? Why?

2. In your view, how can this program benefit other community members?
3. Do you have any recommendations to improve the Parenting Program? What would you change and why?