



# **ENCOURAGING MALE INVOLVEMENT IN EARLY CHILDHOOD DEVELOPMENT**

**LEARNING FROM FIELD EXPERIENCE IN KENYA**

Cover Photo :

Credit : Madrasa Early Childhood Programme – Kenya (MECP-K)

Design and layout : Mutasya Solutions

How to cite this report :

Upward Bound (2022) *Encouraging Male Involvement in Early Childhood Development: Learning from Field Experience in Kenya* Upward Bound Company Limited

ISBN: 978-9914-742-42-8

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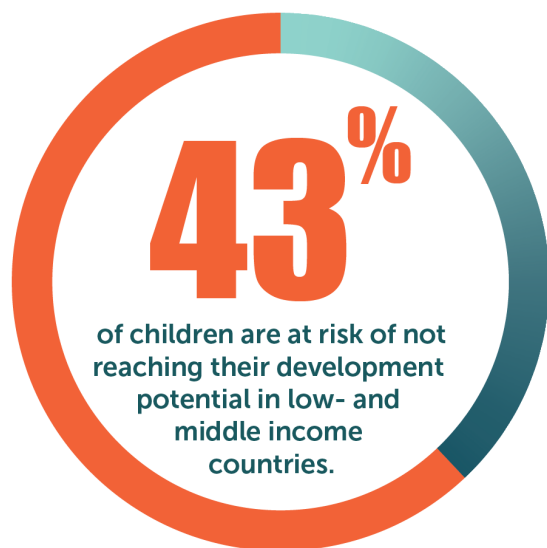
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# Executive Summary

In Kenya, male participation in childcare and early childhood development is minimal, especially in households with children with disabilities. Funded partners in Comic Relief's Rise and Shine Kenya programme, based on learning from field experience, found that the promotion of male involvement in caregiving and safeguarding of children was best achieved by use of male change agents. This was in comparison with the use of community-based volunteers and spouses. A sustained increase in male involvement in responsive caregiving was attained by using male change agents to reach them, and additional measures to retain their participation in interventions. Further measures to encourage participation of men included adjusting timing of meetings, preparing messages highlighting the importance of male involvement, and selective use of incentives to encourage male attendance. When male parents applied what they had learnt and noted improvements in the wellbeing of their children with disabilities, their commitment to participation in caregiving and safeguarding at household level increased so much that many of them offered to become change agents to reach out to other male parents.

## 1.0 Background

### 1.1 A global and local challenge



Children all over the world face adversities that prevent their development as happy, healthy and confident individuals, while children in poorer countries are more likely to face challenges to reach their full potential. Important progress has been made to address rates of infant and child mortality, which have dropped almost 60% in the past thirty years.<sup>1</sup> Still, 50 countries are far from reaching their Sustainable Development Goal targets for child mortality. In 2020 alone, more than 5 million children died before reaching their fifth birthday.<sup>2</sup> For many other children, developmental gaps are stark. Based on just

two risk factors of poverty and stunting, more than 43%<sup>3</sup> of children in low- and middle-income countries are estimated to be at risk of not reaching their development potential.<sup>4</sup> While some lower income countries have made some progress on child health, most countries have minimal provision in key areas such as pre-primary learning, community level safeguarding and responsive parenting. However, there are further opportunities for

change. In Kenya, funded partners work in environments where governments have made commitments but are struggling with implementation. However, when the work of such organisations incorporates direct delivery and influencing, change has been taking hold.

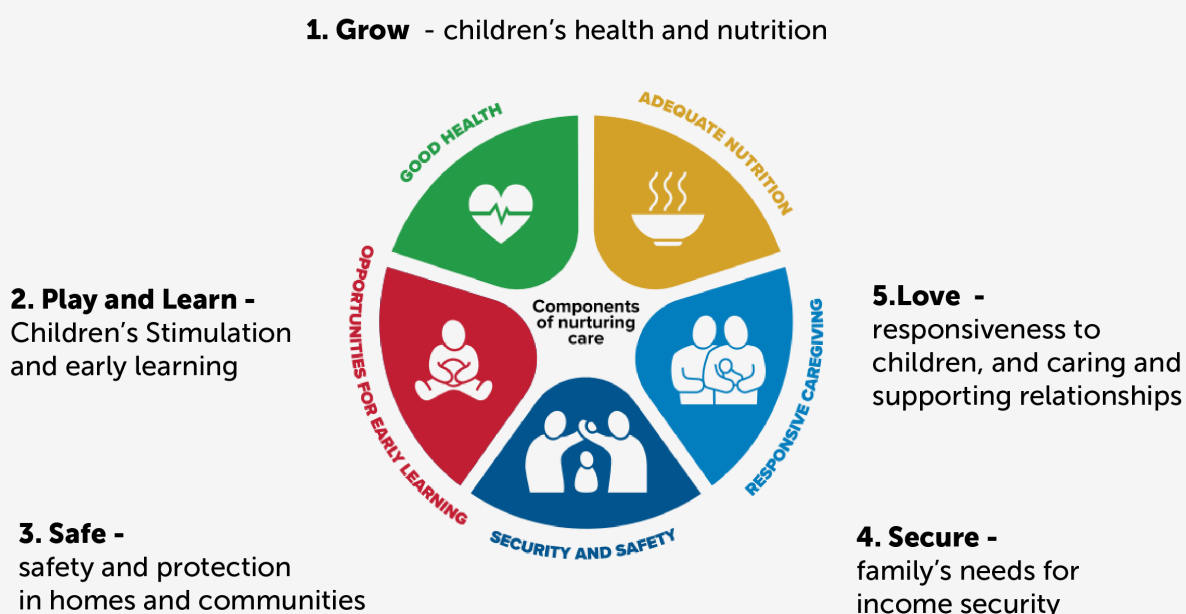
## 1.2 Rise and Shine programme

The Comic Relief funded Rise and Shine programme focuses on holistic early childhood development (ECD), based on the Nurturing Care framework, in Kenya, Malawi and the United Kingdom. The programme funds 8 partners in Kenya, who together with their implementing partners form a cohort of 12 organisations, to deliver interventions at the level of children, caregivers and parents, communities and at policy level designed to comprehensively address the early development needs of young children.

The Nurturing Care Framework, which informs the Rise and Shine programme, takes the position that from the start, all children need nurturing care which includes good health, optimal nutrition, security and safety, opportunities for early learning and responsive caregiving.<sup>5</sup> Nurturing care starts before birth, when fathers, mothers and other caregivers can start talking and singing to the foetus, continues through the stages of healthy pregnancies, deliveries and post-natal care, and progresses through interactions with the infant that are responsive and emotionally supportive.<sup>6</sup>

It requires attention to the following elements: healthy growing, love through supportive relationships, play and learning, safety and protection, and secure families (Figure 1). It emphasizes the crucial roles that both mother and father play in early childhood.

**Figure 1: The elements of nurturing care**



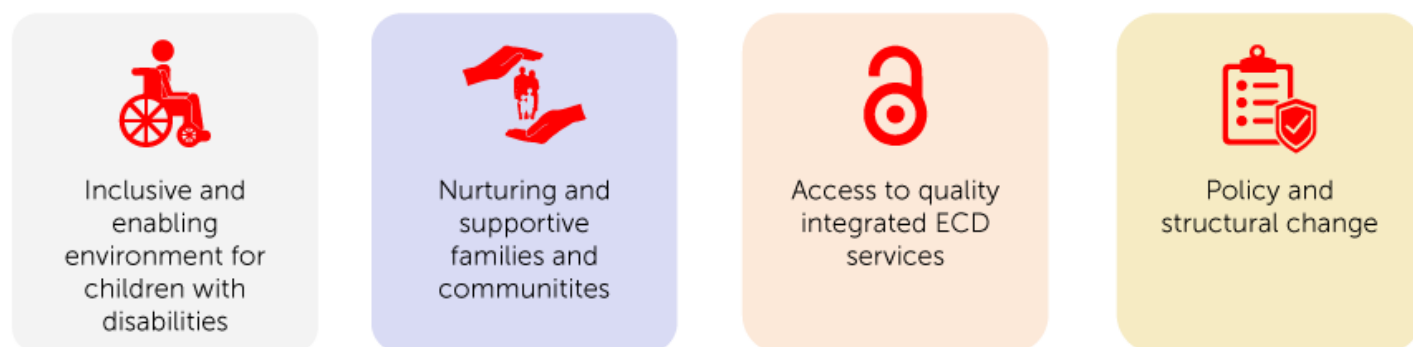
Since late 2019, funded partners in Kenya have been able to:

- Improve the health, well-being and overall development of **23,745** children.
- Improved learning outcomes for **3,843** children,
- Increased **8,236** children's access to improved ECD services.
- Improved the ability of **9,330** parents and caregivers to support their child's needs,
- Improved the knowledge of **10,520** community members so they know how best they can support children,
- Improved the ability of **898** ECD staff and teachers to provide quality support to children.

### 1.3 Learning together

Rise and Shine funded partners in Kenya have come together to learn from each other since the programme began in 2020. Collectively, they have reviewed their results and performance to identify outstanding practice, and to inform ongoing implementation and future interventions. During learning events funded partners agreed to identify learning that addressed four domains of change.

**Figure 2: Domains of change**



This learning brief originates from discussions about nurturing and supportive families and communities. The partners collectively considered changes in parenting choices and in social attitudes towards childhood that they had seen in their projects. They decided that enhancing the role of fathers in caring and safeguarding their children in line with the Nurturing Care Framework should be the focus of this learning brief, to share their experience with the wider ECD sector.

## 2.0 Why father involvement is needed

Responsive and supportive caregiving in their early childhood, by both mother and father, fosters trust, emotional security, and supports a child's engagement, learning and other positive health and nutrition outcomes. Fathers have strong innate capacities to bond with, relate with and care for infants. Child development improves when there is a strong father-child relationship particularly when the child is vulnerable<sup>7</sup>.

Yet in Kenya, over a third of the households are headed by a single parent, usually mothers<sup>8</sup>. The circumstances in urban areas, particularly the informal settlements, are far worse especially in households with children with disabilities. Such children face stigma and discrimination at home and in the community. The male parent often deserts the home, further undermining caregiving.

Besides, in Kenya most parents do not create space for play with their children; or for the male parents to pay adequate attention to the health and nutrition concerns of young children. Parental engagement is also not encouraged in early childhood development and education (ECDE).

“ When you take a walk in the urban informal settlements you will see that most of the households, I estimate over half of the households, are headed by women as single parents. In 10 houses you will find 6 headed by women as single parents. Temporary relationships are common and the men walk out when things do not work out. It is worse if the problem is that they got a child with disability. The men don't know what to do with such children and they just take off. ”

Project Manager, *Kuishi na Kustawi* project in Korogocho informal settlement  
Terre des homes Foundation Kenya.

## 3.0 Reaching fathers



Credit: Lwala Community Alliance

In response to these circumstances and in keeping with the Nurturing Care Framework, Rise and Shine funded partners in Kenya worked to include male parents in the interventions implemented at community and household levels. Three approaches were used – community volunteers, male change agents and spouses.

### 3.1 Community volunteers

Ananda Marga Relief Team (AMURT) worked with community health volunteers (CHVs) to deliberately target male parents with key sensitization messages on child attachment, temperament, development and protection. Child protection volunteers (CPVs) were asked to invite men and sometimes held men-only forums.

CPVs and CHVs are present in all counties in Kenya. They conduct household visits and are assigned a specific geographic area allocated with a limited number of households. The roles of CPV and that of CHVs are complementary since CPVs are part of the local child protection systems and CHVs are required by the Kenya Community Health Strategy 2020-2025.

Monthly reports from the CPV showed a steady increase in the number of men reached with responsive caregiving messages in the course of 2020. This was achieved despite the restrictions imposed in response to the COVID-19 pandemic because the CPVs worked in adherence to guidelines set by the Ministry of Health.

Whilst the contribution of CHVs and CPVs was notable, their effectiveness was limited by several factors. The two main ones were:

- Their mandate covers a wide range of activities and so the mobilization of male parents was not a priority;
- Their movements and activities depended on whether they had the finances or means of transport to move around regularly. It was therefore difficult to coordinate their mobilization efforts with the timing of meetings where male participation was required.

AMURT responded to the second challenge by contributing to the reimbursement of costs incurred by CHVs and CPVs during the execution of their duties. AMURT also held several consultative meetings with CHVs and CPVs. Among the matters highlighted was the importance of male participation in ECD interventions. However, the competing priorities that the CHVs and CPVs had to manage was a challenge outside AMURT's capacity to successfully and sustainably resolve.

### 3.2 Spouses

In comparison to use of community volunteers or male change agents, the use of spouses as a stand-alone approach to increase the participation of men in early childhood development was least effective. Action Network for the Disabled (ANDY), in the formation



of its parents support groups for children with disabilities, sought to increase male involvement by organizing male-only counselling sessions. ANDY solely relied on women who were already involved in the parents' support group to recruit their spouses. However, these efforts did not meet ANDY's expectations despite making intuitive sense. Further investigations showed that, in addition to the barrier of male-dominance at household level, in households with children with disabilities relations between spouses were usually strained. This made it difficult for spouses to recruit fathers to parent support groups and other male-only activities. This made ANDY consider shifting towards also using male change agents.

### 3.3 Male change agents

The use of male change agents was a far more effective approach whose challenges were much easier to address. In Kenya, despite great progress, children with disabilities are still excluded and discriminated against. At home, parents do not take wholesome care of children with additional needs because of lack of information or negative attitudes.

Fathers are considered by their spouses and some ECD actors to be particularly unsupportive. Their attendance in meetings and activities tends to be worse in households that have a child with disability.

The Action Foundation (TAF), in line with the focus of its work with children with disabilities, narrowed its mobilization efforts to fathers of children with disabilities and used male change agents to reach them. TAF saw how effective targeting the attendance of fathers to meetings and events where skills and approaches in delivering responsive caregiving for children with disabilities were discussed. In the course of the year, attendance of fathers in meetings convened by TAF rose fourteen-fold from 2 to 29. Over the course of two years the number of male champions working with TAF in Kibera and Kawangware informal settlements in Nairobi rose from 7 to a total of 129.

Male change agents were trained on a number of areas including :

- Introduction to disability
- Supporting children with different disabilities
- Routine childcare activities
- Stress management for caregivers
- Child rights

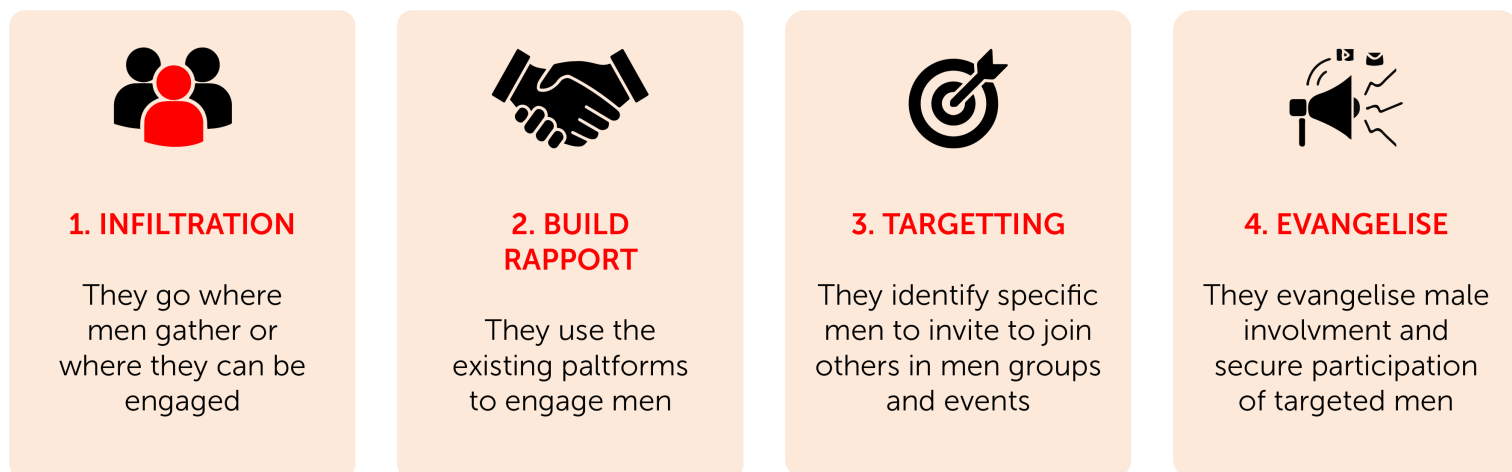
“ I know him from our social gathering as men. I came to know that he has a child with disability. He told me about this training and explained to me that it would help me to know how to handle my child. I trust him because we both have children with disabilities. I decided to come. ”

Father of a child with disability explaining how he was recruited to attend a training.

- Safeguarding skills
- Advocacy skills.

The training also included other practical topics such as activities of daily living, sensory integration, making play materials and home-based learning.

### Figure 3: What makes male change agents effective in securing male involvement?



“ When I did what I had learnt in the training for fathers, my daughter was very happy. The next day, she kept asking her mother when I was going to come home to play with her. That had never happened. I started going home earlier than before. Then there was less quarrelling and less tension between me and my wife. There was peace. My home changed. ”

Father of a child with disability,  
Kibera, Nairobi

Male change agents use four distinctive approaches that enhance their effectiveness (a) infiltration (b) building rapport (c) targeting and (d) evangelising. The work of TAF demonstrates that the use of male change agents who act as champions promoting male involvement is an effective approach to increasing male participation in caregiving and safeguarding of children.

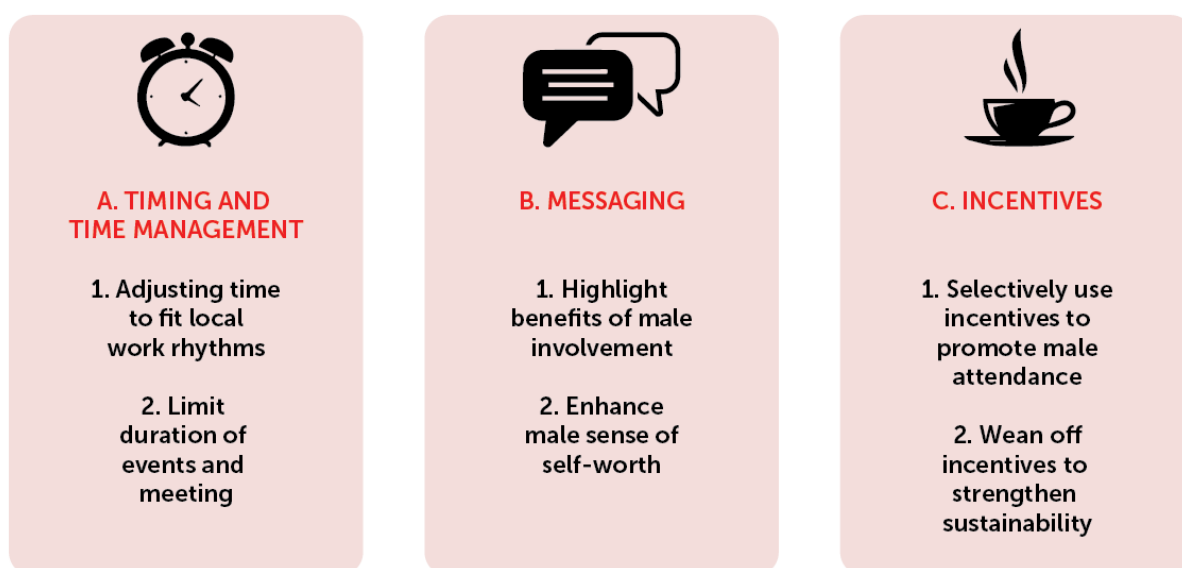
As TAF noted, in households where there was such increased male involvement in caregiving, members of the households noted that there was improved couple relationship, there was less tension and stress at home, the bond between father and their children was strengthened and the children were happier.

## 4.0 Retaining participation of fathers

Partners have also found that male involvement improves if other measures are taken to support their engagement. These are:

1. Adjusting the timing of meetings and events in line with local work rhythms to enhance attendance by men.
2. Ensuring that the duration of the meetings and events is appropriately short.
3. Preparing well-packaged messages that underscore the need for male involvement and the anticipated benefits for their children, themselves and their families.
4. Use messages that enhance male sense of self-worth.
5. Where the circumstances warrant, utilise incentives to encourage men to sacrifice time and their convenience to attend meetings and events but wean off incentives as commitment rises. These can be simple like providing snacks during an event or recognizing the contribution of outstanding participants.
6. From the outset, seek to balance incentives with sustainability of interventions.

**Figure 4: Additional measures to enhance male involvement**



Further, when male parents noted improvements in the wellbeing of their children with disabilities as they applied what they had learnt, their commitment to participation in caregiving and safeguarding at household level increased to such a level that many offered to become change agents to reach out to other male parents. As one of the female caregivers noted about increased commitment on the part of her husband, "He saw that our son became more at ease with him and he become so involved he even downloaded games for children on his phone and would frequently come home early and play with our son."

## 5.0 Conclusion

The work of funded partners under the Rise and Shine programme demonstrates that increasing the participation of fathers in the nurturing care of children, especially those with disabilities, is best achieved by use of male champions to recruit such fathers to capacity building initiatives and support groups. Therefore:

- Male champions should be identified amongst fathers, especially those of children with disabilities, equipped and intentionally deployed to recruit other fathers to male-only meetings and activities
- Such meetings and activities should be designed to be 'safe' for male parents, by being participatory, affirming and encouraging peer-to-peer interactions
- Such spaces should then focus on training, capacity strengthening, mentoring and father-to-father support.

This approach leads to sustainable male participation in caregiving and safeguarding children including children with disabilities.



*Credit: The Action Foundation*

## **About this report and authors**

Comic Relief's Rise and Shine programme supports partners working on early childhood development, with a focus on not leaving children behind, narrowing disadvantage gaps and improving life chances. By investing in children in their early years, we can help break the cycle of injustice.

This report has been written by the learning coordinator consultancy team, commissioned by Comic Relief for the duration of the Rise and Shine funding period to facilitate a shared learning process for grantees and the wider ECD community. The team includes Lydia Asiko, Rose Odoyo, Teresa Akinyi Ph.D and Munaweza Muleji.

## **About Upward Bound**

Upward Bound is an African research company that combines monitoring, evaluation and learning expertise; with strong organizational development, programme management and project implementation capabilities.

We believe that by challenging limitations, we contribute to catalysing the change necessary for transformation. We are committed to the transformation of Africa.

## About Comic Relief

Comic Relief's vision is of a just world, free from poverty. Founded in 1985, Comic Relief supports partner organisations in the UK and around the world. We focus on early childhood development, gender justice, mental health, homelessness and insecure housing, and forced migration.

## Rise and Shine Partners in Kenya

Action Network for the Disabled (ANDY)

Ananda Marga Universal Relief Team (AMURT)

Build Africa Kenya (BAK)

Kenya AIDS NGOs Consortium (KANCO)

Lwala Community Alliance

Madrassa Early Childhood Programme – Kenya (MECP-K)

Terre des hommes Foundation Kenya (Tdh)

The Action Foundation (TAF)



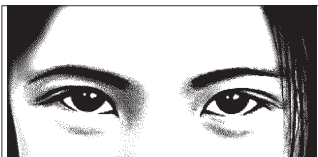
Credit: Early Childhood Development Network of Kenya (ECDNeK)



Credit: Build Africa Kenya

- <sup>1</sup> Rates declined steadily each year, from 93 deaths per 1,000 live births in 1990, to 38 in 2019. World Bank. Mortality rate, under-5 (per 1,000 live births). <https://data.worldbank.org/indicator/SH.DYN.MORT>
- <sup>2</sup> UNICEF (2021). *Levels & Trends in Estimates in Child Mortality*.
- <sup>3</sup> Grantham-McGregor S, Cheung YB, Cueto S et al. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 2007; 369: 60-70
- <sup>4</sup> Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017; 389(10064):77–90.
- <sup>5</sup> World Health Organisation, UNICEF, World Bank Group (2018). *Nurturing Care for Early Childhood Development. A framework for helping children survive and Thrive to transform health and human potential*
- <sup>6</sup> Murray L, Andrews E. *The social baby*. London: The Children's Project; 2002.
- <sup>7</sup> Several studies find support for the importance of parent-infant bonding in child development including  
de Cock, E. S. A., Henrichs, J., Vreeswijk, C. M. J. M., Maas, A. J. B. M., Rijk, C. H. A. M., and van Bakel, H. J. A. (2016). Continuous feelings of love? The parental bond from pregnancy to toddlerhood. *J. Family Psychol.* 30, 125–134. doi: 10.1037/fam0000138  
Behson, S., Kramer Holmes, E., Hill, E. J., and Robbins, N. L. (2018). "Fatherhood, work, and family across the globe: a review and research agenda," in *The Cambridge Handbook of the Global Work-Family Interface*, eds. K. M. Shockley, W. Shen, and R. C. Johnson (Cambridge: Cambridge University Press), 614–628.
- <sup>8</sup> The Kenya Integrated Household Budget Survey of 2015/16





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ISBN 978-9914-742-42-8



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