



A FATHER'S PLACE: AN ASSESSMENT OF MALE ENGAGEMENT IN INTEGRATED EARLY CHILDHOOD DEVELOPMENT IN RWANDA



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This paper has been authored by Nidhi Kapur, a Child Protection, Gender and Inclusion Specialist with over ten years of experience living and working in Rwanda and the region. She was commissioned to work on behalf of Save the Children, in collaboration with the National Child Development Agency, to carry out research into the engagement of fathers and other male caregivers in Early Childhood Development in Rwanda. This work relied on the expertise and facilitation of Monique Abimpaye, Eleanor Hartzell, Diane Uwamahoro, Odette Ntambara and other colleagues at Save the Children. Data collection at sub-national level was undertaken by Berwa Bertile, Kato Ersu, Onika Odile, Murinzi Joseph, Dushimimana J. Pierre, Grace Busingye, Jeanne Nyirahabiyambere, Smith Rwabukwisi and Marie Chantal Uwizeyimana. The author would also like to acknowledge the collective contributions of the many mothers, fathers, young men, local and national actors without which this research would not have been possible.

ACRONYMS & ABBREVIATIONS

CHW	Community Health Worker
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
ECD	Early Childhood Development
FBO	Faith-based Organisation
FGD	Focus Group Discussion
GMO	Gender Monitoring Office
GoR	Government of Rwanda
IGA	Income Generating Activity
IZU	<i>Inshuti Z'umuryango</i> or 'Friends of the Family'
KII	Key Informant Interview
MIGEPROF	Ministry of Gender and Family Promotion
MINEDUC	Ministry of Education
MoH	Ministry of Health
NCC	National Commission for Children
NCDA	National Child Development Agency
NECDP	National Early Childhood Development Programme
NGO	Non-Governmental Organisation
NISR	National Institute of Statistics in Rwanda
NWC	National Women's Council
RBC	Rwanda Biomedical Centre
RICH	Rwanda Interfaith Council on Health
RWAMREC	Rwanda Men's Resource Centre
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

EXECUTIVE SUMMARY

In recognition of the potential for fathers and other male caregivers to positively contribute, Save the Children Rwanda, in collaboration with the National Early Childhood Development Programme (NECDP),¹ has commissioned this Rwanda-specific assessment to document factors, attitudes and behaviours inhibiting male engagement in early childhood development (ECD). The assessment aims to study both rural and urban settings to formulate recommendations for future integrated ECD programming, helping the Government of Rwanda, Save the Children and other ECD actors to develop programmes that better address certain potentially harmful social norms related to male involvement. The research sets out to produce tangible findings to inform actionable recommendations to promote male engagement in ECD – both through community-based services as well as within the household.

Research Framework: This research took place in November and December 2020 across 8 districts in Rwanda, adopting a largely qualitative approach using both primary and secondary data sources. It involved key informant interviews and focus group discussions with at national and sub-national level, including with national and local authorities, opinion leaders, mothers, fathers and young men who had yet to become fathers.

Key Findings: While recognising and respecting such individual variability, certain cultural commonalities are evident as a result of prevailing gender norms, attitudes and behaviours in Rwanda. It is common in Rwandan culture to see women taking on the bulk of responsibility for parenting, especially in the early years. From conception onwards, mothers will take a lead in almost all aspects of childcare. The part played by fathers, however, is far less visible. While Rwandan mothers maintain a proximate and hands-on relationship with babies and toddlers throughout their infancy, fathers are implicated in a wide range of ‘behind the scenes’ work to support the mother-child dyad.

Nevertheless, the lack of engagement by male caregivers is particularly prominent and is explained by several key factors:

- **The primacy of a patriarchal culture** that dictates the division of labour between mothers and fathers;
- **Maternal “Gatekeeping”** as an additional barrier to the involvement of men in caregiving activities;
- **A lack of knowledge** amongst both men and women about the potential benefits of father engagement;
- **The absence of gender-responsive care practices at health centres** as a deterrence to male involvement;
- **Disability-based discrimination** and prejudicial attitudes and beliefs related to children born with disabilities;
- **The reinforcement of existing gender stereotypes** through female dominated early childhood service provision; and,
- **A legislative environment** that limits father involvement.

Gender dynamics are in a constant state of flux. The outbreak of COVID-19 in Rwanda necessitated a significant change in parenting strategies and may have created conditions that favourise the evolution of social norms.

Key Recommendations: Given the various individual, familial and societal benefits of increased male engagement in ECD services, several recommendations are put forth, some inspired by promising practices from the field.

These include:

- **Aggressive awareness-raising** at national and local levels through all available avenues;
- The promotion of **‘positive deviance’ role models** to inspire young men and fathers;
- **Incentivising male caregiving** especially through the family performance contracts;
- **Investing in an evidence base** to provide data on positive outcomes for children, families and communities as a result of increased male engagement in ECD;
- **Ensuring inclusivity** to combat harmful beliefs and practices related to disability; and,
- **Evolving national policy and enforcing its implementation.**

¹ Following a Cabinet resolution in late November 2020, the NECDP will be merged with the National Commission for Children (NCC) to form a new governmental body known as the National Child Development Agency (NCDA).

1. INTRODUCTION

Historically the purview of women in patriarchal societies worldwide, the role of men in child-rearing has garnered increasing attention in recent years. A combination of growing empirical evidence and powerful socio-economic forces have shaped this surge, both in Rwanda and abroad. Academia and actors on the ground have provided a strong evidence base for the importance of father involvement to child, maternal, paternal and overall family well-being,² while a rise of women in the workforce has triggered an evolution in gender dynamics at home. Changing realities in the context of the COVID-19 pandemic have also resulted in more time spent at home, providing a possible entry point for heightened involvement and interaction between fathers and their children.

1.1 WHY AN ASSESSMENT OF MALE ENGAGEMENT IN EARLY CHILDHOOD DEVELOPMENT IN RWANDA?

In recognition of the potential for fathers and other male caregivers to positively contribute, Save the Children Rwanda, in collaboration with the National Early Childhood Development Programme (NECDP),³ has commissioned this Rwanda-specific assessment to document factors, attitudes and behaviours inhibiting male engagement in early childhood development (ECD). The assessment aims to study both rural and urban settings to formulate recommendations for future integrated ECD programming, helping the Government of Rwanda, Save the Children and other ECD actors to develop programmes that better address certain potentially harmful social norms related to male involvement. The research sets out to produce tangible findings to inform actionable recommendations to promote male engagement in ECD – both through community-based services as well as within the household.

Given a dearth of context-specific empirical data, the study aims to generate evidence and contribute to the knowledge base in Rwanda, acknowledging that key recommendations may be useful elsewhere with appropriate contextualisation.

Specifically, the study:

- Examines the extent and ways in which male caregivers in Rwanda are involved in ECD including different kinds of participation in formal services as well as caregiving and decision-making;
- Identifies gender-based social and cultural barriers, including locally prevalent norms, attitudes, and behaviours, that limit the success of male involvement in integrated ECD services; and,
- Identifies promising practices that encourage and increase the participation of male caregivers in ECD.

What do we mean by male engagement in ECD?

Male caregivers go beyond biological fathers alone. In addition to adoptive and stepfathers, male caregivers can comprise of uncles, grandfathers as well as older brothers. All of these can play a key role in child-rearing, especially of young children, within the household setting.⁴

Moreover, engagement in integrated ECD requires men to not only adopt specific parenting practices, but to become emotionally involved too. They must assume equal responsibility in the promotion of their children health and well-being. Shared decision-making, household assets and domestic workload (including childcare) is a necessary component of male engagement, as is a commitment to resolve differences of opinion and potential family conflict without violence.⁵

² See, for example, Michael Yogman and Craig F. Garfield (July 2016), "Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians," *Pediatrics* 138 (1), available at: <https://pediatrics.aappublications.org/content/138/1/e20161128>.

³ Following a Cabinet resolution in late November 2020, the NECDP will be merged with the National Commission for Children (NCC) to form a new governmental body known as the National Child Development Agency (NCDA).

⁴ For ease of reference, the term 'fathers' may sometimes be used throughout this report on the understanding of this broader definition of different types of male caregivers within the home. Similarly, 'mothers' may be used to denote all 'female caregivers' within the home setting. Moreover, despite the binary and heteronormative implications of the mother/father dyad presented in this report, the author fully acknowledges and supports that families come in all different forms.

⁵ This definition is based on Plan International's 2018 annotated bibliography, *Early Childhood Development, Gender Socialization and Men's Engagement*, available at: https://www.alnap.org/system/files/content/resource/files/main/glo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

2. RESEARCH FRAMEWORK

This research took place in November and December 2020, adopting a mixed-methods and largely qualitative approach using both primary and secondary data sources.

2.1 DATA COLLECTION METHODS & SOURCES

With due consideration of ethical research and safeguarding considerations, the following data collection methods were employed:

- **Desk-based literature review:** An in-depth literature review of existing literature related to ECD services in Rwanda and the wider context in which they operate was undertaken. The selection criteria for literature included in the review can be found in Annex I. The desk review encompassed the following:
 - Relevant internal Save the Children grey literature with a primary focus on documents related to ECD services, such as project proposals, needs assessments, monitoring and evaluation reports, previous research on male engagement in ECD, documentation of lessons learnt and/or case studies;
 - Save the Children external publications and reports;
 - Publicly available qualitative analysis and quantitative data, especially recent sex- and age-disaggregated statistics, related to ECD and/or parental engagement; and,
 - Additional relevant peer-reviewed and grey literature.
- **Key Informant Interviews (KIIs):** A selection of internal and external key informants were jointly identified. Semi-structured interviews, in either English, French or Kinyarwanda as needed, gathered expert insights not included in existing publications.
- **Focus Group Discussions (FGDs):** Small group discussions of 8 participants each were held with parents or other primary caregivers of children aged 0-6 years old, including mothers/female caregivers and fathers/male caregivers, were also held at local level. In addition, FGDs were held with local opinion leaders and young males who have not yet become fathers.

KII and FGD question guides were developed for different categories of research respondents and are included in the annexes of this report.

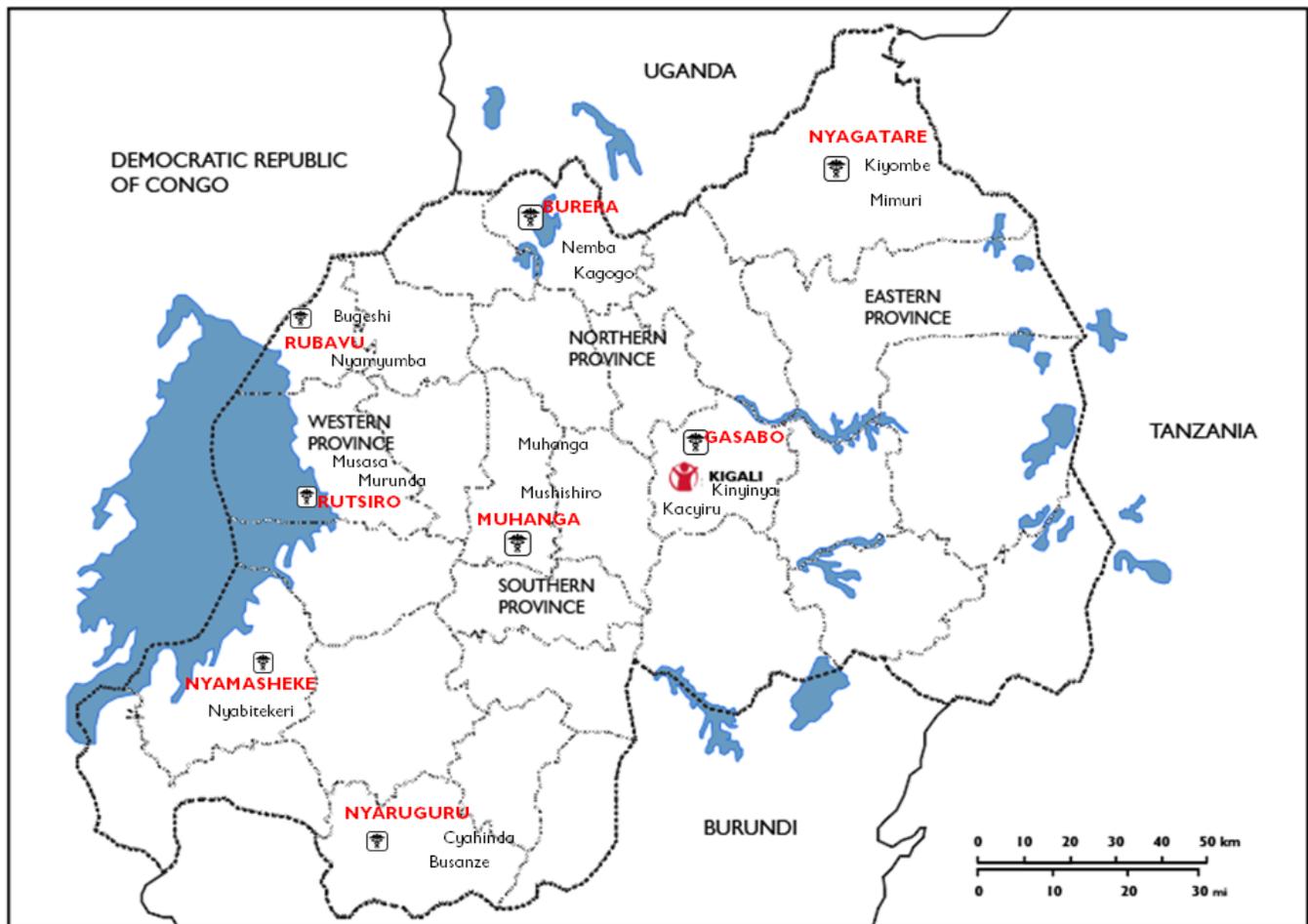
2.2 SAMPLING STRATEGY AND SELECTION CRITERIA

SITE SELECTION

The final selection of districts and sectors was led by Save the Children, in conjunction with the NECDP. Site selection considered the following criteria:

- Some districts from amongst the 13 districts that have been prioritized by the World Bank and NECDP in relation to higher rates of stunting of children and where NECDP has field staff present that can facilitate scheduling and participant selection;
- Sites with 'lighter' operational footprints in terms of existing parenting interventions from either Save the Children or other ECD actors in which male caregivers were actively engaged; and,
- Sites which collectively offer geographical variations such as urban, rural and remote areas, as well as, border regions.

Sub-national fieldwork was carried out in a total of eight districts. Two sectors in each district were targeted for research, as summarised in map below:



SELECTION CRITERIA KEY INFORMANTS

Key informants at national and/or institutional levels were selected from the following line ministries, agencies and actors:

- Ministry of Gender and Family Promotion (MIGEPROF);
- Ministry of Education (MINEDUC);
- Ministry of Health (MoH) and/or Rwanda Biomedical Centre (RBC);
- National ECD Programme (NECDP);
- National Children’s Commission (NCC);
- Gender Monitoring Office (GMO);
- National Women’s Council (NWC);
- United Nations (UN) agencies – UNICEF and World Bank;
- International NGOs – Chance for Childhood, Plan International, Save the Children, and Caritas;
- Local civil society organisations (CSOs) – Imbutu Foundation, Rwanda Men’s Resource Centre (RWAMREC), and Umuhuza; and,
- Faith-based organisations (FBOs) – Anglican Church and the Rwanda Interfaith Council on Health (RICH).

At sub-national level, two local authorities per district were interviewed, including the:

- ECD focal point;
- Gender Officer;
- Director of Social Development Unit in charge of gender and family promotion;
- Director of Health Unit; and,
- Gender and Director of Health.

SELECTION CRITERIA FOR FGD PARTICIPANTS

Local opinion leaders were selected to participate in focus group discussions at sector level, including:

- Local authorities at sector/cell/village levels;
- *Inshuti Z'umuryango* (IZUs);
- Community Health Workers (CHWs);
- Community mobilisers;

Religious leaders; and,

- ECD service workers and caregivers.

For focus group discussions with parents/caregivers, participant selection focused on the following key criteria:

- Parents or primary caregivers of children aged 0-6 years old, including those with children of varying disabilities or identified learning difficulties and/or feeding problems, malnourishment or stunting;
- Parents/caregivers with disabilities;
- Parents/caregivers from different socio-economic and religious backgrounds;
- Parents/caregivers of varying ages from younger to older.

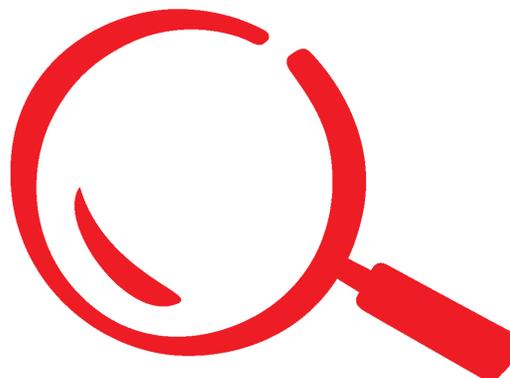
Groups with mothers also included expectant, lactating and single mothers, while groups with fathers included men who had one wife and others who were polygamous and had multiple wives. Wherever possible, positive deviance role models were also included in the fathers' group.

In addition, separate focus group discussions were held with young men, aged 21 to 20, who were unmarried or newly married, and had yet to become fathers.

SAMPLE SIZE

The targeted sample is summarised below:

- 8 districts,
- 16 sectors
- 16 KII at district level (2 per district),
- 2 FGD with local opinion leaders per sector,
- 2 FGD with mothers/female caregivers per sector,
- 2 FGD with fathers/male caregivers per sector
- 2 FGD with young men who are not yet fathers.



In practice, the actual sample was somewhat reduced to administrative, logistical and scheduling challenges encountered at field level. In the end, 13 KIIs at district level were met and 16 KIIs at national level. In Nyamasheke district, only one sector was able to be covered, instead of two.

The final sub-national sample size is summarised below in Table 2:

Type of Research Respondent	Men	Women	Sub-total
Local Opinion Leaders	86	50	136
Mothers/Female Caregivers		120	120
Fathers/Male Caregivers	118		118
Young Men	115		115
TOTAL SAMPLE			489

2.3 DATA ANALYSIS & VALIDATION

Qualitative data collected from semi-structured interviews was analysed thematically with respect to the key research questions in order to identify the most prominent themes. Secondary quantitative and qualitative data gleaned from the desk review was triangulated against information shared during primary data collection further contextualise findings. Gaps in data, particularly in terms of lack of disaggregation or consideration for gender within ECD or parenting interventions, was documented, as well as any other relevant knowledge or information gaps.

The socio-cultural, religious and normative underpinnings that dictate the engagement of fathers and other male caregivers in ECD was investigated. In addition, the distinct experiences of younger and older fathers and other male caregivers was explored. Where evidence allowed for it, the interplay and intersectionality of key factors such as age and disability were analysed and documented.

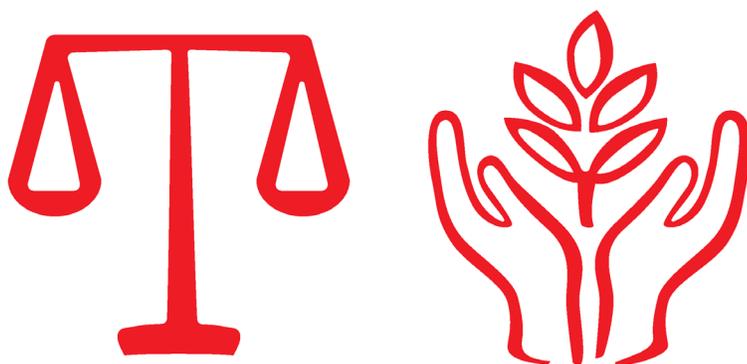
Preliminary findings and recommendations from the research were presented to a targeted group of key stakeholders. Feedback and/or confirmation of these findings and recommendations were critical to the finalisation of this research report.

2.4 ETHICAL CONSIDERATIONS

This research was strongly rooted in the overriding principles of 'do no harm' and the 'best interests of the child.' We therefore ensured complete compliance with any requirements in relation to informed consent and confidentiality, particularly in relation to the safeguarding of children, as per Save the Children's policy and practice. The initial research framework was submitted for approval by the National Institute of Statistics in Rwanda (NISR).

Specific attention was given to the following ethical considerations:

- Age- and ability-appropriate consent and assent processes based on reasonable assumptions about comprehension of individuals involved in the research, including in the development of data collection tools;
- Confidentiality of those participating in research and anonymity of all the information they share;
- Data protection and secure maintenance procedures for personal information;
- Physical safety, public health procedures in line with measures to contain and prevent transmission of COVID-19 (including limiting numbers of FGD participants per group, wearing of masks, social distancing, use of hand sanitizer/handwashing with soap, use of outdoor or open spaces etc, as determined by Save the Children policy and procedure.); and,
- Adaptations to ensure inclusion of and accessibility for diverse, often marginalised and/or excluded groups and individuals.



3. KEY FINDINGS

With an average of four births per woman,⁶ Rwanda has a largely child-dominated demographic. Nearly half the country's population – approximately 45% – are below the age of 18.7 Approximately 15% of children are estimated to be potential beneficiaries of ECD services.⁸ As a country, Rwanda stands to make substantive gains from investment in the early years, with potential to make headway on many fronts from educational and economic to health and social outcomes.⁹

The Government of Rwanda has made clear its commitment to placing family at the centre of its nation-building efforts. Starting with the national Constitution itself, the family is conceived as the “natural foundation of Rwandan society” and Article 27 specifically “obliges parents to be the primary caregivers” of their children.¹⁰ The National ECD Policy, housed under the Ministry of Gender and Family Promotion (MIGEPROF), is founded upon the principle of “parents at the centre of caregiving.”¹¹

It further specifies that in families consisting of male and female parents, childcare should be a “shared responsibility between a man and woman” and be “defined by equality and complementarity.”¹² It warns that “male parents should specifically play a clear and positive role in child development, breaking from the old tradition of classifying childcare as an obligation reserved for their female counterparts.”¹³

Yet practice diverges from policy.¹⁴ The reality of an overwhelming majority of households in Rwanda today is one characterised by gender-driven differences in parenting roles and responsibilities – many of which have been informed by prevailing socio-cultural attitudes, beliefs and expectations related to gender.¹⁵ While gender norms have evolved over time, and will continue to do so, a snapshot of how Rwandan fathers and other male caregivers engage with ECD today reveals persistent inequalities.

3.1 WHEN & HOW DO RWANDAN FATHERS ENGAGE TODAY?

INDIVIDUAL VARIABILITY

In attempting to establish the extent and ways in which Rwandan fathers and other male caregivers engage with their children during the early years, attention must first be paid to the danger of generalisations. Both fathers and families are unique, and individual deviations from established norms are expected. These variations will depend on a number of intersecting factors, including personality, parental age, level of education, socio-economic status, geographic location, and religious upbringing, amongst others. In undertaking qualitative research of this kind, a number of respondents have chosen to share their personal experiences of childhood and/or fatherhood.

⁶ UNESCO, Rwanda: Country Information, available at: <http://uis.unesco.org/en/country/rw>.

⁷ UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

⁸ MIGEPROF (2016), Early Childhood Development Policy, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/EARLY_CHILDHOOD_DEVELOPMENT_POLICY_2016.pdf.

⁹ UNFPA Policy Brief (October 2017), Unlocking Rwanda's Potential to Reap the Demographic Dividend, available at: <https://www.afidp.org/publication/unlocking-rwandas-potential-to-reap-the-demographic-dividend/>.

¹⁰ MIGEPROF (2016), Early Childhood Development Policy, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/EARLY_CHILDHOOD_DEVELOPMENT_POLICY_2016.pdf.

¹¹ MIGEPROF (2016), Early Childhood Development Policy, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/EARLY_CHILDHOOD_DEVELOPMENT_POLICY_2016.pdf.

¹² MIGEPROF (2016), Early Childhood Development Policy, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/EARLY_CHILDHOOD_DEVELOPMENT_POLICY_2016.pdf.

¹³ MIGEPROF (2016), Early Childhood Development Policy, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/EARLY_CHILDHOOD_DEVELOPMENT_POLICY_2016.pdf.

¹⁴ Monique Abimpaye, et al. (2020), Improving Parenting Practices and Development for Young Children in Rwanda: Results from a Randomized Control Trial. *International Journal of Behavioral Development*, 44(3), pp.205–215, available at: doi: [doi: 10.1177/0165025419861173](https://doi.org/10.1177/0165025419861173).

¹⁵ MIGEPROF (2020), National Gender Policy, available at: http://gmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

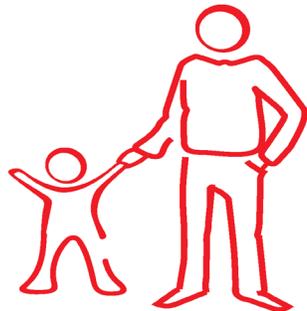
Some of this attest to the existence of Rwandan men who take seriously their fathering role and have been personally

“My wife had twins. And I used to be in charge of one and her the other.”

[Participant in father’s FGD in Nyagatare district]

invested in diverse aspects of child-rearing from an early age.

While recognising and respecting such particularities, an exploration of cultural commonalities in parenting practices across Rwandan households is still helpful to situating conversations about gender norms, attitudes and behaviour.



CULTURAL COMMONALITIES

Although it has evolved over time, Rwandan culture is predicated upon patriarchy. Pre-colonial Rwanda was characterised by an omnipotent polygamist king and a largely male-dominated leadership. While the Queen Mother was a respected figure within the monarchy, her decision-making role was more limited.¹⁶ During the colonial era, gender inequalities were exacerbated by the transition from a subsistence to monetary economy in which men had primary access to and control over money.¹⁷ In post-independence Rwanda, a handful of women were able to gain leadership positions – including the first female Prime Minister, Agathe Uwilingiyimana, in 1993.

“According to Rwandan culture, fathers are there to provide money and materials for the family.”

[National Key Informant]

In the aftermath of the devastating 1994 Genocide Against the Tutsis, national reconstruction – both physical and social – heavily implicated women. Normative shifts at the international level – such as the Beijing Declaration and Platform for Action in 1995¹⁸ – triggered and reinforced parallel legislative and societal change at home.¹⁹ The Rwanda of today is known the world over for its clear commitment towards gender equality – most visibly for its female-dominated legislature.²⁰

¹⁶ MIGEPROF (2020), National Gender Policy, available at: http://qmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

¹⁷ MIGEPROF (2020), National Gender Policy, available at: http://qmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

¹⁸ United Nations (1995), Beijing Declaration and Platform for Action, available at: https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf.

¹⁹ MIGEPROF (2020), National Gender Policy, available at: http://qmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

²⁰ National Geographic (2019), Rwanda’s legislature is majority female. Here’s how it happened., available at: <https://www.nationalgeographic.com/culture/2019/10/graphic-shows-women-representation-in-government-around-the-world-feature/>.

While great strides have been made to close the gender gap, there still exists a divide between the public and private spheres. Despite their preeminent role in leadership, Rwandan women within the confines of their home still live the daily reality of patriarchy.²¹ In the domestic space, this translates into male predominance and female subordination. Importantly, these gender inequalities are “not seen as unjust, but as [a] respected social normality.”²²

It is common in Rwandan culture, therefore, to see women taking on the bulk of responsibility for parenting, especially in the early years. From conception onwards, mothers will take a lead in almost all aspects of childcare. The part played by fathers, however, is far less visible – both because of, and in spite of, their leadership position vis-à-vis their wives. During the course of this research, men have been referred to as “heads of household,” “chief of the family” and “king of the home.” Women, in contrast, have been referred to as “the assistant head” or “*umufasha*.” While men are considered to be the “policymakers,” women are relegated to the role of “implementers.”

In terms of parenting, a man’s ascribed role as the family’s primary breadwinner can lead to reductionism when it comes to his additional roles vis-à-vis the care of young children in the household. His role is thus perceived “as limited to putting food on the table” and – once basic needs are provided for – the “rest is not his business” according to one key informant.

“We know that the man is the head and the woman is the helper.”

[Participant in father’s FGD in Nyagatare district]

Yet socio-cultural norms are deeply ingrained. Even in cases where men do not adequately provide for their families – due to unemployment, disenfranchisement, substance abuse or other reasons – they are not seen to implicate themselves in various aspects of care or development for their children. These tasks remain squarely under the purview of mothers. There are, of course, exceptions to the rule. Some men do bathe, feed and change their baby’s diapers. Research respondents felt that these exceptions were more likely in urban areas and amongst educated men, who are arguably more aware of the benefits of investing in the first years of children’s life and the role of both parents in parenting practices. The rarity with which men become involved in ECD-related activities especially with children below the age of three was noted by an overwhelming majority of research respondents. Many felt that fathers were more likely to become involved when children were “walking and talking.” Earlier than that, fathers were seen as reticent to interact much with younger babies. One mother in Nyaruguru district explained that “men do not approach small babies.” Many research respondents – both men and women – noted that that they felt men innately lacked the necessary skills or biological characteristics to care for young babies.

During pregnancy, some fathers will ensure that their expectant partners do not take on, or minimise, tasks that can harm the health of mother and baby. A number of research respondents noted that men are expected to “avoid getting the [pregnant] mother angry” or “quarrels” to avert the possibility of creating a “child who will live angrily and aggressively.” Both mothers and fathers noted that men should “touch the belly,” “say sweet words” and “sing to the baby in the womb” to ensure a smooth gestation period. Local leaders in Burera district noted that men are required to provide “special support” during pregnancy and “a man gives [his wife] peace” during this time.

It was noted that *both* mothers and fathers believed that men innately lacked caregiving skills. Similarly, women – as both participants and products of an overarching patriarchal society – also felt that when men adopt caretaking tasks that they were doing something “not meant for them” and that these were “extra tasks” outside their normal area of responsibility. Men’s traditional tasks in providing for the household, construction of shelter, agriculture and animal husbandry were seen as reason enough not to find time or energy for the nurturing care of their children.

“Fathers love children who can sit up and play. Any younger than that, and it’s no fun for them.”

[National Key Informant]

²¹ NPR (2016), It’s The No. 1 Country For Women In Politics – But Not In Daily Life, available at:

<https://www.npr.org/sections/goatsandsoda/2016/07/29/487360094/invisibilia-no-one-thought-this-all-womans-debate-team-could-crush-it>

²² MIGEPROF (2020), National Gender Policy, available at:

http://gmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

One young man in Rutsiro district explained that “mothers are gifted by God compared to men in terms of parenting.” A key informant from Nyaruguru district shared his belief that “mothers are the ones to present natural love and emotions.”

Acknowledging individual differences, an examination of men’s typical level of engagement (as perceived by research respondents at both national and sub-national levels) across the various components of integrated ECD reveals recurrent patterns that are reflective of these cultural commonalities:

- **Education:** Depending on their time and resources, men will play with their children – particularly as children grow more independent and communicative. This can take different forms according to the setting. Those with the socio-economic means may take their children out on the weekends to leisure parks or recreational activities such as swimming. In rural areas, however, it is more common to see children left to play on their own, or with children in neighbouring houses. According to one key informant, this is different than in urban areas where children are more likely to live in closed compounds without freedom of movement between houses in the same way. Play was widely seen by research respondents as the “preferred avenue” of engagement for Rwandan fathers, and some ECD actors have reported a progressive improvement in fathers’ involvement in school readiness. It was noted that fathers with more exposure to the importance of ECD, particularly those living in urban settings and/or with higher levels of education themselves, understood the benefits of early stimulation and were therefore more likely to invest time interacting with their children as well as purchasing toys and books.
- **Hygiene:** While mothers in Rwanda will typically fetch water and bathe children, water, sanitation and hygiene (WASH) within the household can involve other activities in which men are more implicated – both in terms of financial and human resources. For instance, water stocking, rain harvesting and digging latrines require the mobilisation of money as well as time, and are activities often attributed to men. Even fetching water – a role commonly ascribed to women (and older children) in Rwandan culture – can sometimes fall to men, especially during pre- and post-natal periods when expectant and lactating mothers are not advised to undertake such laborious tasks. The National Gender Policy has made clear the need to “reduce the burden of obtaining household water on women,” largely by encouraging partnership between men and women in WASH management in the home setting.²³ At times, the role is limited to the provision of resources alone. As one local leader from Burera district put it, “a man is responsible for looking for soap, while the mother will clean the baby.”
- **Nutrition:** During the recommended six-month period of exclusive breastfeeding following a baby’s birth, fathers were seen to be reluctant to involve themselves in questions of nutrition – particularly as mothers request less inputs from them. As weaning occurs – and in line with “what mothers require of them” – fathers may feel more inclined and/or be solicited to provide practical support. Much of this might happen in the background, rendering their contribution less visible. According to research respondents, while women might be responsible for preparing food and perhaps feeding children, the role of men in nutrition also encompasses activities such as planting fruit trees, designing kitchen gardens, deciding which crops to harvest, cutting firewood and so on.

“When the child can talk, it is time for the father to tell stories, riddles, play games, draw pictures and help him or her count numbers.”
[Participant in father’s FGD in Rutsiro district]

In recent years, health and social actors on the ground have been proactive in advising men to accompany their wives to antenatal clinics. This is partially grounded on the understanding that men hold the proverbial purse strings. It is therefore critical that fathers understand the importance of a diverse diet and other nutritional needs for mother and baby, in order to ensure adequate resource allocation within the household.

²³ MIGEPROF (2020), National Gender Policy, available at: http://gmo.gov.rw/fileadmin/user_upload/laws%20and%20policies/National_Gender_Policy_July_2010.pdf.

- Health:** As a result of the work of various multi-sectoral actors, including targeted efforts in Social and Behavioural Change Communication (SBCC), men’s visibility in the care and development of their children has increased somewhat. According to research respondents, there are now observable differences in the number of men accompanying their partners to antenatal clinics at local health centres compared to the past. Many shared that men are more visible than ever before – including during labour and delivery, for immunisations, and other medical visits in the event of a child falls ill. The increased presence of men at monthly growth monitoring check-ups has also been noted. Specifically, at birth, men are expected to play a role in providing medical consent for surgical procedures in the event a caesarean section becomes necessary. Male engagement seems to be on the rise in both rural and urban areas, although appears to be more notable in urban centres. As per Rwandan health guidelines, the first round of vaccinations is given to newborns one week after birth – during a time that post-partum mothers will still be recovering from labour and delivery. Given the challenges in accessing health centres, particularly in remote areas, research respondents noted that some fathers will provide practical and financial support to ensure mothers and babies arrive for their appointment. The same can be said for the one-month post-natal clinical visit advised for new mothers. A number of fathers shared that they viewed the role of men as “reminding their wives” of upcoming vaccination or other medical appointments and “escorting” them. Moreover, as primary breadwinners, fathers are expected to purchase annual state-subsidised health insurance, known as *Mutuelle de Santé*, at the beginning of the year for the whole family. According to fathers in Nyagatare district, men are also expected to “be engaged in using contraceptive methods and family planning...because having too many children prevents us from taking care of them.”
- Child Protection & Positive Parenting:** In Rwanda, men play a part in civil registration within fifteen days following the birth of a child – an important entry point for children’s enjoyment of rights throughout their lifetimes. Birth registration typically takes place automatically at health centres after delivery. Nevertheless, local practice dictates that the father’s consent is required for the selection of the baby’s name to circumvent family conflict down the road. This can be a challenge for single mothers with absentee fathers; they are often referred to local authorities for cross-checking before birth registration can be issued. Just 67% of babies are registered at birth in Rwanda.²⁴

Deemed the head of household, fathers are in charge of setting rules and safeguarding family members, as well the inverse role of enforcing house rules. While both mothers and fathers can be disciplinarians, research respondents indicated that it was common for fathers to both adopt and be allocated the role of “policing” children. Research shows that amongst children aged 0-2, more than half have been subjected to violent discipline.²⁵

“I think it is the responsibility of fathers to put order in the house. Because mothers go easy on their children, it is up to fathers to discipline children...a father’s frown is necessary”
 [Participant in young men’s FGD in Nyagatare district]

Although there is a lack of gender-disaggregated data on the perpetrators of this violence, Rwandan cultural norms dictate that fathers take a lead in meting out punishments. Influenced by macho-inspired imagery of “tough” and “strong” men, mothers themselves can also brandish fathers as a disciplinary tool – warning children “to just wait until your father comes home.” Threats of this nature can even create fear amongst children, introducing further distance in the father-child relationship. Fathers in Burera district explained that there are “children who fear their fathers” and will “hide away from them when at home.”

Many respondents referred to the role fathers play in “teaching a child how to treat their mother” and “how-to live-in harmony with others.” Fathers can play a role in the safety of children, ensuring they “avoid dangerous places like the road” and to protect them from “dirty and harmful things.” Importantly, it was felt that fathers also have an important role to play in managing marital conflict that can impact on children. In addition, it was noted that a father’s reputation within the community can also affect how his children are treated.

²⁴ UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

²⁵ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

“Gender equality has created issues in families. Women think they are the head of household. Meaning there are two heads in the family, and it becomes hard to take decisions...creating conflicts.”

[Participant in young men’s FGD in Nyamasheke district]

The extent and ways in which Rwandan men engage in young children’s lives today are, on the whole, quite limited compared to mothers. However, it is important to note that the roles they do play are often less visible. While Rwandan mothers maintain a proximate and hands-on relationship with babies and toddlers throughout their infancy, fathers are implicated in a wide range of ‘behind the scenes’ work to support the mother-child dyad.

RELIGIOUS DIFFERENCES

Rwanda has a religiously diverse society. Although – since the advent of European colonialism in the country in 1884 – Roman Catholicism has been predominant (at 44%), some 38% of Rwandans are Protestant (including Anglican, Pentecostal, Baptiste, Methodist, Episcopalian and Evangelical denominations), 12% are Seventh-Day Adventist, 2% are Muslim and 0.7% are Jehovah’s Witnesses.²⁶ Many, if not all, of these religions recognise and promote the importance of children’s formative years and the influence of family. In Rwanda, there is a “plethora of children ministries in virtually all churches...[and] in Islam [there is] the madrasa.”²⁷

Nevertheless, research respondents familiar with faith-based initiatives in the country highlighted the proximate relationship frequently found between parents and their children amongst Muslim households. It is common to find close-knit families, sometimes with two to three extended family members living under one roof. While there is broadly-speaking no geographic concentration of religions across the country, a “significant number of Muslims live in the Nyamirambo neighbourhood of Kigali.”²⁸

Religious beliefs, instead of socio-cultural norms, were seen to be more influential amongst those of Muslim faith in Rwanda – many of which emphasise the importance of a harmonious family life and thereby promote an enlarged role for fathers. For example, relevant teachings from the Qur’an are often seen reflected in nutritional awareness amongst Muslim parents, while those of Christian denominations in the country rarely follow Biblical scripture for questions related to child nutrition, according to one national key informant. In Burera district, another key informant also pointed out that couples from Adventist and Pentecostal denominations, for example, routinely “do not agree with family planning...every 1.5 years they will have a baby” – rendering the provision of ECD more challenging due to the high numbers of young children within the household.

3.2 WHAT ARE THE BARRIERS TO PARTICIPATION?

In assessing male engagement, it must first be acknowledged that parental participation in ECD services in Rwanda is poor to begin with – for both mothers and fathers. Only 1 in 5 parents engage in early learning activities with their children at home.²⁹ More than half of young children are left at home during the day – either alone or in the care of an older sibling.³⁰ In addition, access to ECD services is generally low across the population. Of children under age 3, only 1% have access to ECD services in the home or community and just 18% of children aged 3 to 6.³¹

²⁶ US State Department (2019), Rwanda 2018 International Religious Freedom Report, available at: <https://www.state.gov/wp-content/uploads/2019/05/RWANDA-2018-INTERNATIONAL-RELIGIOUS-FREEDOM-REPORT.pdf>. According to this report, “several other small religious groups, together constituting less than 1 percent of the population, include animists, Baha’is, The Church of Jesus Christ of Latter-day Saints, and a small Jewish community consisting entirely of foreigners. Approximately 2.5 percent of the population holds no religious beliefs.”

²⁷ The New Times (21 November 2017), Here is how the ECD policy can be effectively implemented, available at: <https://www.newtimes.co.rw/section/read/223985>.

²⁸ US State Department (2019), Rwanda 2018 International Religious Freedom Report, available at: <https://www.state.gov/wp-content/uploads/2019/05/RWANDA-2018-INTERNATIONAL-RELIGIOUS-FREEDOM-REPORT.pdf>.

²⁹ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

³⁰ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

³¹ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

However, the poorest families are the most disadvantaged: approximately 22% of children from the lowest socio-economic quintiles have access to home-made toys and only 3.5% have access to shop-manufactured toys.³²

Nevertheless, the lack of engagement by male caregivers is particularly prominent. During the 2014-15 Demographic and Health Survey (DHS) parents were asked if they had engaged children in four or more early learning activities in the preceding three days. While an admittedly small proportion of mothers agreed (12%), this stands in stark contrast to the much lower response of fathers (3%).³³

Despite deliberate efforts by national and local ECD actors from across sectors, male engagement remains problematic. The 2014-15 DHS also showed that variables included location and level of education were key variables – with fathers in Kigali and those with secondary education or higher, engaging in ECD activities more than their rurally based or less educated counterparts.³⁴ The fundamental drivers behind these gender disparities are many and varied. However, one stands out from the rest – culture.

“Its 95% culture.”
[National Key Informant]

THE PRIMACY OF CULTURE

An undeniably patriarchal attitude towards child-rearing leads men to interpret childcare as “something feminine” that has the potential to erode both self-imposed and societal perceptions of what it means to be a man or “*umugabo*” in Rwandan culture. Historically men had occupations that required physical strength, according to

“I saw a father carrying his child on the back. Other men laughed at him saying he had become the wife.”

[Participant in young men’s FGD in Burera district]

one key informant – resulting in so-called “small jobs” being left to women to handle. In the words of another national-level respondent, “unpaid care work does not feature in the list of functions a man is expected to fulfil” and to do so would be “sign of weakness.” One father in Nyagatare district shared that “you can’t feed the child while your wife is sitting there doing nothing. Except

when she is busy with other things, you can maybe help her.” Young men in Rutsiro district claimed that “when a man marries, he rests assured that some activities like cooking and generally caring about children is his wife’s responsibility.”

Culture can explain why even men who personally want to be more involved will often show reticence, particularly in the public eye. Male respondents pointed out that fathers in such a situation may fear that friends and neighbours will “gossip” or make “accusations of being bewitched” by their wives. As one national key informant put it, “society is not ready for those [fathers] who want to take a bigger role.” Such “peer pressure” can mean that not only would a man who carries a baby “be looked down upon,” it would be regarded as something “unnatural.”

“Men think ‘if anyone saw me in the kitchen, they would not respect me as a man.’”
[Participant in mother’s FGD in Nyagatare district]

These considerations can especially constrain men to participate in community-based ECD initiatives that are more visible and in the public eye. A number of young men and fathers reported that they can “feel shy” to perform tasks perceived as “feminine” such as cooking, and would feel outnumbered and out of place compared to the disproportionately larger number of mothers in attendance. Fathers in Nyaruguru district pointed out that “there are some men who cannot dare visit a community-based ECD... they have no idea what takes place there” – and that the “one or two men who are present feel as if they have become women.”

³² DHS Rwanda (2014-15), available at: <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>.

³³ DHS Rwanda (2014-15), available at: <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>.

³⁴ DHS Rwanda (2014-15), available at: <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>.

Beyond the limitations of attitude alone, gender norms also dictate differences in daily movements and schedules. Men's involvement in breadwinning can limit their time within and proximity to the household. In rural areas, it is typical to find that men will wake up early and head out to the farm or field, socialise at the local bar until late in the day, and return home only once the children have long been asleep. Amongst research respondents, mothers

“Beer also causes fathers to not care for their children.”

[Participant in father's FGD in Burera district]

especially emphasized the correlation between alcoholism and absenteeism by fathers in the home. One mother in Rutsiro district shared that “those who drink alcohol spend their evening outside. They may get home very late and find children have already slept.”

Even in urban areas, it is quite common for men to be occupied with work during the daytime, and to socialise with friends, prior to returning home. In some families, couples can live apart due to

reasons related to employment or marital conflict. Strife amongst families was repeatedly referred to by FGD participants as one of the main reasons why “fathers leave the responsibility of children to mothers.” Although illegal in Rwanda, the practice of polygamy was noted by many as a key explanation for their lack of engagement.³⁵ Young men, in particular, noted that “technology makes fathers spend all their time on social media and not take time for their children.” In contrast, mothers are “hour after hour” with their children. Across the board, research respondents point out that as a collective father do not see or interact with their children very often. It is also one of the reasons why men are not found at home during support visits by ECD workers or community volunteers, like IZUs or CHWs.

“Some fathers could even spend one week without seeing their children...You find a child asking the mother where his father is and whether he loves them.”

[Participant in mother's FGD in Nyagatatare district]

MATERNAL “GATEKEEPING”

The involvement of fathers in ECD services does not happen in a vacuum. It overlaps and intersects with their parenting counterpart – the mother. In much the same way that socially constructed gender norms can dictate attitudes and expectations related to fathers, so too can they exert their influence on mothers. At times, this can result in what is known as maternal “gatekeeping.”

Maternal gatekeeping can manifest in different ways. Mothers may be “reluctant to relinquish responsibility over family matters by setting rigid standards”³⁶ or they may require external validation of their identity as a mother. Gatekeeping can both predicate and be a product of gender-differentiated roles and responsibilities within the family.³⁷

³⁵ The 2014-15 DHS notes that only 2% of Rwandan men aged 15-49 years are engaged in a polygamous union. However, this may be because the Rwandan Constitution and Family Code explicitly outlaw polygamy in marriage. Research respondents may have been referring the more common practice of infidelity as men in Rwanda tend to have multiple sexual partners in their lifetime compared to Rwandan women as per DHS data. See: DHS Rwanda (2014-15), available at: <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>.

³⁶ Sarah Allen et al, (February 1999), Maternal Gatekeeping: Mothers' Beliefs and Behaviors That Inhibit Greater Father Involvement in Family Work, Journal of Marriage and Family, 61(1):199, available at: https://www.researchgate.net/publication/270206190_Maternal_Gatekeeping_Mothers%27_Beliefs_and_Behaviors_That_Inhibit_Greater_Father_Involvement_in_Family_Work.

³⁷ Sarah Allen et al, (February 1999), Maternal Gatekeeping: Mothers' Beliefs and Behaviors That Inhibit Greater Father Involvement in Family Work, Journal of Marriage and Family, 61(1):199, available at: https://www.researchgate.net/publication/270206190_Maternal_Gatekeeping_Mothers%27_Beliefs_and_Behaviors_That_Inhibit_Greater_Father_Involvement_in_Family_Work.



Collectively, these beliefs and behaviours can inhibit male involvement, capacity and confidence in child-rearing. While the reasons behind gatekeeping may vary, they are often linked to the perceived need to protect and can be stronger when children are still in their infancy and early years.³⁸

Although maternal gatekeeping may not be the principal barrier to male engagement in ECD, it can shape how and when fathers engage. Research respondents from both national and sub-national level confirm that maternal gatekeeping can and does occur in Rwandan households. Some fathers reported that they felt it was “the women who are the ones to take charge” of childcare, leaving them on the side-lines. Others spoke about feelings of “exclusion” and “lacking confidence” about what to do. Indeed, as one key informant put it, beliefs “are not

something that just men should be accused of.” Women also participate in these societal constructs. Another national key informant said that “even women believe it’s their role to make a meal out of what the man provides.”

The configuration of sleeping arrangements following the birth of a new baby is a case in point. It is quite common in Rwandan culture, particularly in rural areas, to find that both mother and child move into another room. While they are displaced, fathers remain in what would otherwise be the master or main bedroom. On the surface, this may be perceived as a form of de-prioritization or some kind of exercise of power on the part of the father. However, there may be more to it. Mothers themselves may prefer to move into another room partially because she sees it as her primary role to care for the newborn.

“How we have been raised shapes how we will care for our children.”

[National Key Informant]

The anticipation of visits from family and friends to meet mother and baby after birth may be another reason, according to a national key informant. It is customary to not invite outsiders into your main bedroom and mothers may prefer to receive visitors (including her mother-in-law) in a secondary bedroom set up for this purpose.

“Naturally men don’t care about their children.”

[Participant in mother’s FGD in Rutsiro district]

Maternal gatekeeping can also explain why even a man wants to take a more involved stance he might find that his wife is not supportive of that idea. According to research respondents, she might ridicule him, belittle him or accuse him of not fulfilling his ascribed role to provide for the family. When mothers limit access to babies and toddlers, men also

lose a valuable opportunity to ‘learn on the job’ – potentially affecting their future confidence and involvement in parenting.³⁹

Male research respondents emphasised that “fathers can feel disconnected” or “redundant” when they feel they have limited space to operate in the face of women in the household, including mothers and even nannies.

³⁸ Melissa Steward (2017), Maternal Gatekeeping & Why It Matters for Children, available at: <https://www.fatherhood.org/fatherhood/maternal-gatekeeping-why-it-matters-for-children>.

³⁹ Melissa Steward (2017), Maternal Gatekeeping & Why It Matters for Children, available at: <https://www.fatherhood.org/fatherhood/maternal-gatekeeping-why-it-matters-for-children>.

A LACK OF KNOWLEDGE

At its outset, ECD was a relatively new concept for Rwandans. National key informants noted that in the past ECD was mainly limited to wealthier families in urban areas who may have been aware of its importance and opted to send their children to privately-funded centres. In fact, twenty years ago there were only five creches in the whole country – all private. In addition, there were 257 pre-primary centres – all of which were privately run with the exception of two.⁴⁰ The benefits of pre-primary education were not widely recognised by parents⁴¹ and even government stakeholders understood its value in terms of school readiness “rather than child well-being *per se*.”⁴²

As ECD gained ground in Rwanda, so too did public understanding of the importance of their own role in the cognitive and socio-emotional development of their children as well as the health, hygiene and nutritional needs of children of varying ages.⁴³ The promulgation of a new national ECD policy in 2011,⁴⁴ with further revisions in 2016,⁴⁵ brought a “Rwandan face” to the previously foreign concept of ECD, according to one key informant. Because knowledge amongst parents about their role in the psychosocial development of their children, or understanding of health, hygiene and nutritional needs of children of varying ages, was generally low, parenting programmes became the focus of ECD interventions – culminating in the development of a National Parenting Curriculum⁴⁶ in 2019.

“In Rwanda, what people lack is just information.”
[National Key Informant]

Yet, on the whole, parenting sessions across the country have been poorly attended by fathers and other male caregivers – limiting the extent to which men can reap their benefits. It was widely felt by research respondents

“Imagine a man checking if there is enough salt in the soup! Everyone in the area will get to know your name!”

“If it happens that a man attends [a community-based ECD], he becomes the story of the whole village”
[Participant in father’s FGD in Nyaruguru district]

that fathers were generally unaware of the specific needs of their child. For example, social norms dictate that fathers are supposed to provide money for purchasing items, but rarely invest time in the preparation of food or feeding. As a result, fathers may not familiarise themselves on age-appropriate foods, preparation or feeding techniques. As one key informant put it, “some children have fallen into

malnutrition - not due to lack of food - but because of a lack of knowledge of what is needed and how to prepare it.” Fathers need to “first understand the importance of a diverse diet in order to finance it.”

Fathers were generally perceived as “ignorant” of the importance of ECD and “neglectful” of their own capacity to support the development of their children in the early years. Fathers themselves seemed unaware of what their role could be, some questioning the part they could play in the delivery room, for example. Others lacked knowledge in how to they could contribute to their child’s development through play and other forms of early stimulation.

ABSENCE OF A WARM WELCOME AT HEALTH CENTRES

⁴⁰ Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

⁴¹ Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

⁴² Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

⁴³ Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

⁴⁴ MINEDUC (2011), Early Childhood Development Policy, available at: <http://ncc.gov.rw/fileadmin/templates/document/EarlyChildhooddevelopmentPolicy.pdf>.

⁴⁵ MIGEPROF (2016), National Early Childhood Development Policy Strategic Plan 2016-2021, available at: http://197.243.22.137/migeprof/fileadmin/migrated/content/uploads/NATIONAL_EARLY_CHILDHOOD_DEVELOPMENT_POLICY_STRATEGIC_PLAN_2016-2021.pdf.

⁴⁶ NECDP (2019), National Parenting Curriculum, available at: <http://www.ecd.gov.rw/index.php?id=43>.

In recent years, the Ministry of Health has increasingly encouraged health practitioners to advise pregnant mothers on the importance of attending antenatal care together with fathers. Although not compulsory, many research respondents confirmed that they felt it was necessary for both parents to be present at pre- and post-natal appointments. However, some men reported that they did not always feel welcome once on site. Some health centres did not seem ready to accommodate both mothers and fathers – for example, providing only one chair (presumably for mothers) in the consultation room leaving men to stand awkwardly beside them or return to the waiting room. Others have reported that key messages were not geared towards men, and there was a notable absence of the role of men in visual materials such as posters and pamphlets used for sensitisation around maternal and newborn health.

“Fathers don’t have breasts...what if I take the baby to the hospital and he cries to be fed? It is up to the mothers to take them to hospital.”
[Participant in father’s FGD in Burera district]

Long wait times, inconvenient consultation times and poor-quality service can leave men feeling frustrated and discourage them from undertaking antenatal visits with their partners in future. As the primary breadwinner, men may feel that their time is not well utilised, especially if they need to take time off from their normal work hours in order to attend health visits. It may also be partly linked to a sense of superiority and that they have “more important things to do.” Nevertheless, one key informant reported that nurses can sometimes even “embarrass fathers...questioning them on why your wife is pregnant again so soon?”

DISABILITY-BASED DISCRIMINATION

Between parents of children with disabilities much of the same behavioural patterns are seen to be replicated in the sense that mothers still tend to take a lead in childcare relative to fathers. However, observable differences are noted in the disproportionate degree to which mothers must ‘carry the burden’ alone – often in addition to social stigma and sometimes family separation.

Across Rwandan society, discriminatory beliefs regarding disabilities are still prevalent despite sensitisation efforts by governmental and other actors in recent years. If a child is born with a disability, it is common for mothers to be accorded the “blame.” Fathers may view the disability as the mother’s fault, having been caused by some “defect” in her genetic lineage. Alternatively, it may be seen as the result of witchcraft or attributed to “satanic spirits” or “voodoo.” According to key informants, it is “rare to find a man who can accept that disability can happen to anyone.” According to one key informant, another common belief is that disability is the result of contraceptive use which has in recent years been highly promoted by the government. Collectively such beliefs are symptomatic of a general prevalence of misconceptions around disability and its possible origins amongst the wider population.

Fear of social stigma can lead families to hide their children away – sometimes as a perceived protective measure to circumvent abuse and marginalisation, other times due to personal feelings of shame and the deep-rooted internalisation of discriminatory beliefs regarding disability. In all of that, “it is the mother and child who suffer the most.” In the absence of empirical data, anecdotal evidence points to a number of cases of father abandonment. Sometimes both mother and baby are chased away or instructed to return to the mother’s pre-marital home. Actors working on the ground in Musanze district have reported more than ten cases of father abandonment, although even mother abandonment is known to happen.

“When I was young, it was said that a perfect child is for his father, an imperfect one for his mother.”
[Participant in local leader’s FGD in Nyagatare district]

At least four cases have been documented.⁴⁷ In Gasabo district, a key informant shared that he had “45 cases of children with disabilities. Among them, 30 children have had their fathers leave them.”

⁴⁷ Jubilee Action (2013), Community Mapping Study: People with impairments in Musanze district, available at: https://chanceforchildhood.org/wp-content/uploads/2014/03/Jubilee_Action_FCYF_Mapping_Report_PVI_Musanze_Rwanda.pdf?e88267.

Even if mother and child remain, fathers may not exhibit pride towards their child because of their disability. According to research respondents, fathers may refuse to purchase scholastic materials, believing that the child “will never amount to anything” and will not be “as useful” as other children so is “unworthy” of investment. As the chief of the family, men can also “order that the child be made invisible.” It is unfortunately common to hear of stories of families “tying up their children with rope, locking them up and going out to work.” As one key informant pointed out, mothers “will know that their child is in danger” and re-double efforts to love and protect that child. Fathers in contrast will take distance, disowning any biological link to the child in question. Young men in Nyagatare district also shared that “there are men who abuse their wives due to giving birth to a child with disabilities.”

Although data is hard to substantiate in the absence of further primary research, actors from the field report a correlation between type of disability and father engagement, whereby families with children with cerebral palsy,

“The stigma is real. Fathers can feel compelled to completely renounce their children if they are born with a disability.”

[National Key Informant]

congenital disease, and/or profound intellectual impairments are more likely to experience father disengagement or abandonment altogether. In contrast, disabilities that are deemed “less demanding” such as hearing impairments appear less likely to provoke such outcomes. Though these are based on observational rather than empirical data, these trends do line up with what has been reported by other ECD actors on the ground.

While it is rare to find an equitable arrangement between mothers and fathers, actors in the field do report increasing numbers of cases of positive role models amongst families with children with disabilities. As one father in Nyaruguru district put it, “it is not because men do not care but due to the fact that men have other responsibilities to work and provide food for the family.” In areas where targeted sensitisation efforts have taken place by organisations specialising in inclusion, fathers of children with disabilities have reportedly been taking on more responsibilities than ever before. For example, some fathers are now more involved in rendering their home environment accessible through bespoke adaptations to entrances or latrines to accommodate the individual needs of their children.

Local leaders in Nyagatare district, for example, noted the case of one father who demolished the staircase within his home to replace it with a ramp for his child. Collectively, these kinds of efforts have increased the autonomy of children, while decreasing the physically laborious workload of mothers – who were previously seen personally lifting children with mobility impairments in and out of doorways and for toileting. In families with children born with severe or compound disabilities that require sustained supervision, fathers have been seen to rotate roles with mothers. This has enabled mothers to pursue other activities outside of home, where they would have previously been confined to the domestic space in order to provide constant care in the absence of additional support.

THE REINFORCEMENT OF EXISTING GENDER STEREOTYPES

Research respondents also pointed to the poor visibility of men in ECD service delivery. While steps have been taken by ECD actors to achieve gender parity amongst ECD caregivers in centre-based provision, females have historically dominated the workforce when it comes to roles related to the early years, encompassing pre-primary teachers and health practitioners, amongst others.⁴⁸ A predominantly female workforce perpetuates existing gender norms that women are more apt to work with younger children.

Moreover, actors working on ECD at both local and national levels can sometimes inadvertently reinforce ideas about what men are expected to do (and not do). This can happen even when it runs counter to the organisation’s stated objective. Discourse involving terms such as men ‘helping’ women or fulfilling a ‘support’ role can replicate harmful gender stereotypes, reinforcing the status quo idea that “men were not created to perform such duties.” Language is critical and its misuse can delocalise the central responsibility of fathers towards the nurturing care of their children. This runs the risk of further relegating fathers to the margins.

⁴⁸ See, for example, UNICEF and Imbuto Foundation (2018), Endline evaluation summary report on the ECD and Family Programme, 2015-2017, available at: <https://www.unicef.org/rwanda/reports/investing-family-and-community-centred-ecd-services-rwanda>.

THE LEGISLATIVE ENVIRONMENT

Rwandan fathers must also contend with a legislative framework that is not conducive to their increased involvement in ECD. Laws pertaining to parental leave and rights generally favour mothers. The current provision for paternity leave, for example, is just four consecutive days⁴⁹ – compared to 100% remuneration for 12 weeks for working mothers.⁵⁰ Upon return to the workplace, mothers also benefit from an additional 60 minutes per day to enable them to continue breastfeeding if they wish.⁵¹ In the event of marital separation or divorce, children under 6 automatically remain with their mothers – while fathers retain only visitation rights.⁵² The current legislative environment sends a signal to men that their involvement with young children is superfluous rather than indispensable.

According to national key informants, there was likely good reason why laws were formulated in this way. Rwandan legislators would have been conscious of the likelihood of men to remarry quickly (compared to women who customarily wait much longer or do not remarry at all). Compounded by an assumption that step-mothers may mistreat their husband's children from previous marriages, and an acknowledgement of the high level of attachment between mothers and young children, legislators may have felt that the best interests of children would be upheld by enabling them to remain in the nurturing care of their biological mothers.

3.3 HOW WOULD RWANDAN CHILDREN AND COMMUNITIES BENEFIT FROM INCREASED MALE ENGAGEMENT?

An abundance of evidence exists on the positive impacts of “father love” and the pre-conditions required for that involvement to be beneficial.⁵³ However, much of this stems from other contexts. In Rwanda, the starting point is still to increase general understanding about the importance of ECD itself. While ECD policymakers and practitioners will often cite the importance of the first 1000 days of life – even launching a national campaign called “The 1000 days in the 1000 hills” in 2013⁵⁴ – the truly critical and singular nature of this period has yet to be fully internalised by the wider population.⁵⁵

The evidence, however, is compelling. Research shows that at least 80% of a child's brain is formed by age 3.⁵⁶ In fact, 75% of each meal is directed towards brain development.⁵⁷ Yet only 18% of children under two have a minimum acceptable diet in Rwanda.⁵⁸ Even with increased efforts to address chronic malnutrition in country, stunting still impacts 33% of Rwandan children and is disproportionately present in low-income and rural households.⁵⁹ In fact, children from poor families are three times more likely to experience severe stunting than their wealthier peers.⁶⁰ Existing research highlights the correlation between stunting and the absence of adequate WASH facilities in the home. Just 47% of households have access to clean and safe water within a 500-metre radius of their home, while only 64% have their own latrine.⁶¹

⁴⁹ Under article 02 of the Ministerial Order N°03 of 13/07/2010 Determining Circumstantial Leaves, a worker is entitled to four working days' circumstantial leave (paternity leave, in this case) on the birth of a child (worker's wife delivery). However, this may soon be subject to change. See: <https://www.newtimes.co.rw/news/mps-propose-law-paternity-leave-rwanda>.

⁵⁰ RSSB, Maternity Leave, available at: <https://www.rssb.rw/index.php?id=15>.

⁵¹ RSSB, Maternity Leave, available at: <https://www.rssb.rw/index.php?id=15>.

⁵² Rwanda Family Law, available at: <https://unstats.un.org/unsd/vitalstatkb/KnowledgebaseArticle50799.aspx>.

⁵³ See, for example, Joshua Krisch (2020), The Science of Dad and the 'Father Effect,' available at: <https://www.fatherly.com/health-science/science-benefits-of-fatherhood-dads-father-effect/>.

⁵⁴ Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

⁵⁵ NECDP (2019), Nation Building From the Start: A pocket guide on early childhood development, available at: http://www.ecd.gov.rw/fileadmin/user_upload/Booklets/ECD_Pocket_Guide_English.pdf.

⁵⁶ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

⁵⁷ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

⁵⁸ AU and WFP (2014), The Cost of Hunger in Rwanda: Social and Economic Impacts of Child Undernutrition in Rwanda, Implications on National Development and Vision 2020, available at: <https://reliefweb.int/report/rwanda/cost-hunger-rwanda-social-and-economic-impacts-child-undernutrition-rwanda>.

⁵⁹ UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

⁶⁰ UNICEF Rwanda, Early Childhood Development, available: <https://www.unicef.org/rwanda/early-childhood-development>.

⁶¹ UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

Despite the fact that the overwhelming majority – some 90% – of Rwandan babies are born in health centres under professional supervision, over 75% of deaths of under 5 children result from complications during the neonatal period.⁶² Adequate support during the first month of life is therefore a matter of life and death.

School readiness is called into question when less than 3% of children aged 3-6 with mothers with no formal education at all are found to be developmentally on track in terms of literacy or numeracy skills (relative to 19% of children with mothers who have secondary or tertiary education).⁶³ This is especially worrisome in a context in which women are generally less educated than their male peers. 78% of Rwandan males aged 15 or older are literate, while literacy levels amongst females are as low as 70% and drop to just 15% for women over age 65⁶⁴ – pointing to the potential benefits for children should fathers increase their engagement in ECD in a context in which primary childcare is generally provided by mothers, grandmothers and other female caregivers in the home and community. In fact, 37% of Rwandan children experience developmental delay⁶⁵ and such delays during the early years are “difficult and costly to reverse later in life.”⁶⁶

Collectively, these numbers are indicative of the potential for both parents – mothers as well as fathers – to enhance lifelong outcomes for their children through increased engagement with ECD. Not only will ensuring men’s participation maximise the potential for positive impact, it will give rise to a number of other benefits for all involved – at the individual, household and societal level. According to research respondents, increased male engagement in ECD will likely reap the following benefits:

- For **children**, increased father engagement can have diverse implications for their physical, cognitive, and socio-emotional health, as evidenced by research from around the world.⁶⁷ In the context of Rwanda, where men generally control household assets, fathers have the power to ensure that family wealth is invested into the welfare of their children. This is more likely when they fully understand the benefits of a diverse diet, the need for books and the purpose of play. Involved fathers can also reduce the incidence of child neglect – by stepping in when mothers need to be physically absent from home to go to market, fetch water or cultivate fields. When fathers understand the value of positive parenting, children’s experience and exposure to different forms of violence and abuse will also likely decrease. In the words of a local leader from Burera district, children “will grow up knowing the love of both parents.”
- For **mothers**, a more equitable division of parental responsibility would “relieve women from the burden of unpaid childcare.” Involved fathers will “recognise and reduce the physical and psychological load that women carry.” This would allow mothers to redistribute their time towards the care of other children within the home, as well as pursue additional educational, economic and/or recreational activities outside the home. For mothers of children with disabilities in particular, joint parenting would release them from the home confinement to which they are often forced to accept in order to care for and protect their child. Men’s participation in antenatal visits may sensitise them to the importance of family planning, potentially resulting in the use of contraception and better birth spacing.
- Even **fathers** themselves stand to benefit from their increased involvement in ECD. Not only would participation in ECD interventions help confer parenting skills to fathers, it can increase their sense of purpose and confidence. Research has shown that Rwandan men who were more involved in maternal, newborn and child health initiatives actually enjoyed better mental health outcomes too.⁶⁸ It was felt that “playing and passing leisurely moments with children” was “good for men” – and that bonding with children also helped to build intimacy and foster dialogue with their partners, strengthening the family

⁶² UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

⁶³ UNICEF (2018), Situation Analysis of Children in Rwanda 2017, available at: <https://www.unicef.org/rwanda/media/396/file/2018-Situation-Analysis-Rwanda-Children-Full-Report.pdf>.

⁶⁴ UNESCO, Rwanda: Country Information, available at: <http://uis.unesco.org/en/countru/rw>.

⁶⁵ UNICEF, Situation of Children in Rwanda, available at: <https://www.unicef.org/rwanda/situation-children-rwanda>.

⁶⁶ MINEDUC (2011), Early Childhood Development Policy, available at: <http://ncc.gov.rw/fileadmin/templates/document/EarlyChildhooddevelopmentPolicy.pdf>.

⁶⁷ Plan International (2018), Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/glo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

⁶⁸ Kate Doyle, et. al (2018), Gender-transformative Bandebereho couples’ intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial, PLoS ONE 13(4): e0192756, available at: <https://doi.org/10.1371/journal.pone.0192756>.

unit as a whole. Working in complementarity with their wives, men can increase family cohesion. Many respondents concurred that having more to do at home would help reduce alcohol consumption amongst men, particularly in rural areas. According to one key informant, “when fathers love their kids, they will spend less time in bars and in nonsense business. They will run back home after work instead.”

- For **Rwandan society** at large enabling women to better combine their reproductive and productive roles would likely result in more highly educated women in the workplace, with knock on benefits in terms of national, family and child welfare. Economically empowered women can recalibrate power dynamics and help address root causes of gender-based violence against women. Increased “complementarity” and “solidarity” between couples will also solidify the foundations of family life, and good role models will “sow the seeds for neighbours” to also “change mentalities.” Because behaviours are learnt from a young age, children who grow up in households with involved fathers will likely be better socialised in the principles of gender equality for future generations. Children who are well nurtured from a young age are also less likely to suffer from stunting, developmental delays and other problems that can be both difficult and expensive to resolve later in life.

“The work of women is not always valued.”
[National Key Informant]

What is gender socialisation⁶⁹ and why is it so influential?

Gender and social norms: Social norms are the shared, informal understandings, beliefs, expectations or customary rules of a particular group, community, or culture about how people should behave in specific situations. Gender norms are the shared expectations or rules about how each gender should behave. They are usually underpinned by values and ideologies related to masculinity and femininity and reflect gendered inequalities of power and gender discrimination. Gender norms that place limitations on girls and women – and on their mobility, education, decision-making power and their expectations for the future – are means of upholding the social order and not only reflect – but also reinforce – inequalities of power.

Gender socialisation: The process through which girls and boys learn about the gendered norms, attitudes and expectations of their community and society: how they are supposed to behave, what their future role will be, and how they are valued differently. Children learn these norms, attitudes and expectations, from birth, from parents/caregivers, educators and other adults – through the way these model different roles and behaviours for men and women; treat girls and boys differently; encourage specific activities for girls and boys; communicate different expectations for the ways girls and boys should behave; and explicitly teach girls and boys different things in preparation for success in adult life.

3.4 WHAT EXISTING STRATEGIES SEEM TO YIELD RESULTS?

In a few short years, Rwanda has succeeded in building a thriving community of practice for the provision of ECD services. As a relatively new sector, policies and priorities have rapidly evolved – often in synergy with a number of other parallel initiatives amongst line ministries and multi-sectoral actors.⁷⁰ In the course of this research, various ECD actors have reported that early ECD initiatives did see a disproportionate degree of mother participation compared to fathers – particularly when they were first launched. However, actors report having seen progress over time with more and more fathers in attendance at parenting sessions, although there are

⁶⁹ This definition is taken from Plan International’s 2018 annotated bibliography, Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/glo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

⁷⁰ Pamela Abbott et al. (2019), Rwanda case study: Promoting the integrated delivery of childhood development, University of Aberdeen, available at: <https://www.tarsc.org/publications/documents/FCH-Rwanda%20case%20study2019.pdf>.

those that continue to refuse. This iterative process of learning has resulted in the development of a number of promising practices that have begun to yield dividends in terms of promoting male engagement in ECD. While there is still room for further progress to truly close the gender gap, some are worth showcasing.

PLAYING TO THEIR STRENGTHS

While remaining conscious of the risk of reinforcing gender stereotypes, some ECD actors have found that adapting their approach to the Rwandan ‘male psyche’ has produced results in terms of increased participation. One example is leveraging the perception of men as ‘handy’ has encouraged the involvement of male caregivers in toy-making. Given the resource-poor environment in which many ECD services are operating across the country, the production of toys using locally available materials is commonplace. Research respondents report that men see this as an activity they can take ownership of, resulting in a concrete contribution to the early stimulation of their children. Allowing men to take the lead in an activity has proved to be a successful method used by a number of ECD practitioners.

Having men in visible roles during cooking demonstrations or as group moderators, for example, has helped to chip away at the cliché of ECD being viewed as a “women’s gathering” according to one key informant.

“Poverty pushes fathers to go and look for what to feed their families, preventing them from participating in ECD.”

[Key informant from Gasabo district]

INCENTIVISING PARTICIPATION

Several actors noted their success in promoting male participation by providing incentives. Imbuto Foundation, for example, introduced the idea of Income Generating Activities (IGAs) as part of parenting groups to secure the consistent attendance of fathers. As primary breadwinners, men were found to be more likely to invest their time

“Everything has to be demonstrated in terms of economic output.”

[National Key Informant]

if they felt there would be some kind of economic advantage. In the same vein, some actors responsible for the dissemination of SBCC messages will be sure to describe the importance of antenatal visits, for example, in terms that “make sense to fathers.”

Clinical consultations will be presented as a cost-saving opportunity, whereby mothers can access other free services such as those related to deworming or malaria prevention. In this way, fathers will feel that “they got a good return on their time investment.”

TIMING INTERVENTIONS

Because fathers typically spending their days outside of the family home, some organisations have adapted their approach to allow for more flexible timing in terms of home visitations. ECD workers in the *Sugira Muryango* programme at FXB,⁷¹ for example, will typically seek out fathers to ask about their availability prior to scheduling home visits. This is done on the assumption that men are unlikely to be found at home during the weekdays, and workers are prepared to come on weekends if it means securing the father’s participation.

GENDER-TRANSFORMATIVE INITIATIVES

As the Rwanda Men’s Resource Centre, RWAMREC is uniquely positioned to engage fathers in gender-transformative programming. While all parenting programmes generally focus on the acquisition of skills and knowledge, RWAMREC’s approach is to take men – and couples – on a “journey of transformation.”

This requires 15 small group sessions of critical reflection and dialogue in the context of a structured course curriculum with regular homework, locally known as *Bandeberehoor* ‘role model.’ While men attend all 48 hours

⁷¹ FXB Rwanda, Sugira Muryango Program, available at: <https://www.fxbrwanda.org/sugiramuryango.html>.

of training over 15 sessions, their partners also partake in 8 of those sessions for a total of 24 hours.⁷² Results from a randomised control trial conducted in 2017 pointed to the efficacy of this approach in “changing deeply entrenched gender inequalities and a range of health-related behavioural outcomes.”⁷³

The success of *Bandebereholies* in its ability to create “a structured space for men and women to: 1) question and critically reflect on gender norms and how these shapes their lives; 2) rehearse equitable and non-violent attitudes and behaviours in a comfortable space with supportive peers; and 3) internalize these new gender attitudes and behaviours, and apply them in their own lives and relationships.”⁷⁴

As various key informants have pointed out, cultural shift cannot be achieved overnight and is a process that requires much more than one-day, one-off style interventions to take root. Cultivating positive masculinities and combatting harmful gender norms demands localised solutions over a substantive period of time.

THE WEIGHT OF WORDS

Earlier this year, a decision was taken by MIGEPROF, to replace the term ‘parents evening’ (*umugoroba w’ababyeyi*) with ‘family evening’ (*umugoroba w’umuryango*). Since 2013, these meetings have been held at community-level on a monthly basis and are designed to gather parents of all genders for the purposes of information-sharing and awareness-raising on family-related issues such as health, nutrition, children’s education and conflict resolution, for example. Based on feedback from the field, MIGEPROF opted to change the name of the meeting because it was felt that the term ‘*umubyeyi*’ in Kinyarwanda held a female connotation, whereby fathers failed to see themselves

represented or included. In contrast, the term ‘*umuryango*’ is much more inclusive, and comprise of all adult family members within the household. Given the intervening COVID-19 pandemic, it may still be too early to tell what impact this name change has had on attendance levels of fathers relative to mothers.

“We used to have parent’s evening. When men hear about it, they tend to assume it is for women.”

[Participant in mother’s FGD in Burera district]

THE INFLUENCE OF FAITH

Faith-based organisations (FBOs) have unparalleled reach amongst the Rwandan population and are seen as a trusted source of information. An interfaith body such as RICH brings together the six largest religious confessions in the country, representing 97% of all denominations amongst the population. The Anglican Church, for example, has been in Rwanda since 1925 and has a massive operational presence with 2321 local churches in all corners of the country.⁷⁵ Since 2016 the Anglican Church has established 606 ECD centres in every district and every sector nationwide. In 2019 alone, they hosted 5024 children.

Because of pre-existing mothers and fathers’ unions, the Anglican Church is able to offer differentiated yet complementary parenting curriculum to female and male caregivers. For fathers, effort is placed on defining their role as a parent and the need to work together in synergy with their wives/partners, while making time to spend with their children. They also consciously engage men in the management of Sunday School activities for children. Historically left to women, the Anglican Church now encourages couples to work together in order to increase male visibility and involvement. Moreover, the Anglican Church will also provide targeted engagement of couples that have children with disabilities to ensure they know how to care for and value them. Other denominations, FBOs and religious leaders have the same potential to influence families across the country.

⁷² Kate Doyle, et. al (2018), Gender-transformative Bandebereho couples’ intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial, PLoS ONE 13(4): e0192756, available at <https://doi.org/10.1371/journal.pone.0192756>.

⁷³ Kate Doyle, et. al (2018), Gender-transformative Bandebereho couples’ intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial, PLoS ONE 13(4): e0192756, available at <https://doi.org/10.1371/journal.pone.0192756>.

⁷⁴ Kate Doyle, et. al (2018), Gender-transformative Bandebereho couples’ intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial, PLoS ONE 13(4): e0192756, available at <https://doi.org/10.1371/journal.pone.0192756>.

⁷⁵ These are divided amongst 506 parishes in 12 dioceses across the country.

4. CONCLUDING THOUGHTS

Gender dynamics are in a constant state of flux. What worked in the past may not work now. Nevertheless, traditional norms and practices are often upended in times of crisis, creating opportunities for change. The outbreak of COVID-19 in Rwanda brought with it an economic shock few were prepared for, in addition to exerting additional pressure on families across the country. Parenting during the pandemic changed significantly as a result. The national lockdown, curfews and additional movement restrictions have curtailed men's outside activities and have often confined them to home

“Both parents are responsible. A child doesn't belong to just one parent.”
[Participant in young men's FGD in Nyagatare district]

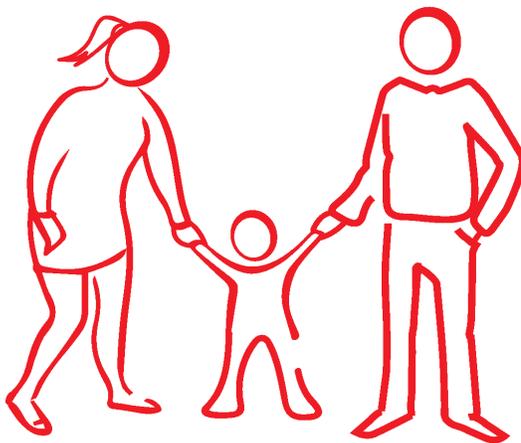
entirely. For fathers, this gave them an objective reason to be home, bringing them “in closer contact with their children and partners than ever before.” It diluted the dichotomy between parenting and paid activities, obligating couples to “plan together and make joint decisions in a context of scarcity.”

While the incidence of GBV and child protection risks increased, men's more permanent presence at home may also have made them “realise gaps” and “exchange with their children” according to some research respondents. It fostered an environment in which men could “safely explore” fatherhood. Others felt that while fathers were “forced by circumstances” some of them “unknowingly ended up enjoying it” and will likely continue to spend more time with their children as a result. It is too early to tell whether this will hold true in the long-run but there is broad recognition of the possibilities the pandemic created for a more equitable distribution of parenting responsibilities.

“Before coronavirus, men used to go to Congo for work. [Now] they stay at home. They spend time with their children and at least talk to them...listen to the radio and play together.”
[Participant in mother's FGD in Rubavu district]

“The expression ‘children are for mothers’ no longer exists.”
[Participant in local leaders FGD in Rutsiro district]

The rural-urban divide in beliefs and behaviours means some “quick wins” could be achieved with men in urban areas. Thanks to higher levels of education and exposure to the importance of ECD, relatively more fathers in Kigali and other urban areas of the country may be primed for normative shifts. The significant change in parenting strategies necessitated by the pandemic may have created conditions that favourise the evolution of “daily practices into habits that, in turn, become new social norms.”



5. WHERE DO WE GO FROM HERE?

The cultural underpinnings of continued gender inequalities are important to unpack, particularly because of the way it influences the attitudes, expectations and behaviours of both mothers and fathers, as well as society at large. As research respondents rightly point out, behaviour change is “never easy” and “especially not for adults.” Where traditional norms have placed the management of young children squarely in the hands of women for generations, the implication of fathers has been largely limited to conception – and not care. While it will certainly “take time to embrace change,” research findings pave the way to some essential next steps.

“It is still a long journey before we can secure men’s engagement.”

[National Key Informant]

5.1 KEY RECOMMENDATIONS

AGGRESSIVE AWARENESS-RAISING

Because limited general knowledge on importance of father involvement is “not an individual issue, but a collective problem,” **sensitisation efforts must be undertaken both at scale and through multiple platforms.** In 2018, the Government of Rwanda resolved to celebrate International Men’s Day on 19th November for the first time in Rwanda.⁷⁶ This is a good starting point to increasing visibility, but key messages must be continuously delivered through all available avenues to engender change, including television, radio and social media outlets. For example, community theatre performed by professional actors and broadcast via radio, commonly known as *Urunana DC*, can capitalise on its existing wide listenership to present scenarios related to male engagement in ECD.

“The more you hear it, the more you internalise it. Just knowing something is not enough.”

[National Key Informant]

Moreover, **critical entry points into the life course of both couples and children should be further maximised,** particularly given the multi-sectoral nature of ECD interventions in Rwanda. **Faith-based organisations (FBOs) can start sensitisation early on through pre-nuptial counselling sessions with young couples** as they plan their wedding.⁷⁷ This is essentially a preventive approach – allowing faith leaders to set the

scene so that “men are prepared to father if they have the privilege to have a child.” Young men surveyed during the course of this research emphasized that it is important for youth to “know what is required of a husband or father” well before getting married or becoming parents, perhaps has part of a wider push for better sexual and reproductive health education to avoid unwanted or premature pregnancies to begin with. In addition to faith leaders, **healthcare practitioners are uniquely positioned to demonstrate to fathers the critical role they can play** from the very start.⁷⁸ Gender-responsive healthcare provision to both parents at an early stage is critical, and a “failure to make this connection may result in poorer downstream involvement and engagement.”⁷⁹

“Let the question of male engagement be on the table – at all levels from national agendas to community meetings.”

[National Key Informant]

Some health practitioners may need be more mindful of their language and tone in order to avoid alienating fathers who may already be

⁷⁶ RWAMREC, Happy International Men’s Day, available at: <http://www.rwamrec.org/spip.php?article170>.

⁷⁷ See, for example, the NECDP’s Sermon Guides for Christian and Islamic leaders, available at: <http://ecd.gov.rw/index.php?id=77>.

⁷⁸ Michael Yogman and Craig F. Garfield (July 2016), “Fathers’ Roles in the Care and Development of Their Children: The Role of Pediatricians,” *Pediatrics* 138 (1), available at: <https://pediatrics.aappublications.org/content/138/1/e20161128>; Trevena Moore et al. (2004), Predictors of urban fathers’ involvement in their child’s health care, *Pediatrics*, 2004;113, available at: <https://pubmed.ncbi.nlm.nih.gov/14993552/>.

⁷⁹ Michael Yogman and Craig F. Garfield (July 2016), “Fathers’ Roles in the Care and Development of Their Children: The Role of Pediatricians,” *Pediatrics* 138 (1), available at: <https://pediatrics.aappublications.org/content/138/1/e20161128>.

feeling out of place on the maternity ward or antenatal consultation area. These inadvertent “cultural and structural biases”⁸⁰ at health centres can be overcome with adequate awareness-raising.

PROMOTE ‘POSITIVE DEVIANCE’ ROLE MODELS

Another important pathway for both awareness-raising and information-sharing is to showcase exemplary men (and couples) who have broken with tradition to take a more involved role in their children’s lives from an early age. **Public recognition is a powerful tool** in the context of Rwanda (particularly in rural areas). **Increasing the visibility and voice of fathers** at the community level is key. **Testimonials from men** during different kinds of public community-level meetings (*inteko z’abaturage*) such as family evenings and *umuganda* can promote peer learning, male mentoring and inspire others to deviate from the norm. Special attention should be paid to the generational gap and **youth in general and young fathers in particular should also be given the floor**. In addition, the village or *isibo* level of 10 grouped households should be considered a critical entry point to ensure a granular approach to normative and behavioural change of individuals over time.

In other places and spaces, **attention grabbing imagery** – such as a famous football player changing diapers or a respected military soldier carrying a baby on his back in a *kitenge* wrap – can force society to question established norms. So too can **senior leadership leverage its influence to foster increased social acceptance** of what fathers can do and sets the tone that is a **source of pride**.

INCENTIVISE MALE CAREGIVING

Another route to promoting male engagement in ECD is to incentivise their participation. While widespread internalisation and intrinsic motivation may take time to develop, research respondents agree that translating the contribution of men in tangible terms will yield results. This can be done **using household performance contracts** known as *imihigo y’umuryanga*. Evaluated by local leaders at *umudugudu* level, these family books already contain a handful of ECD-related indicators. However, it is common practice for some indicators to be more rigorously checked than others. It is therefore recommended that **more scores be awarded for father involvement in ECD** so that men will correspondingly invest more time and effort.

As existing programmes have shown, **the introduction of an economic component can be effective in drawing in men** to participate in parenting sessions. Other micro-credit and/or conditional cash transfer programming should be made available to men and women alike.⁸¹ Young men, in particular, pointed out the importance of easing the socio-economic burden that is often shouldered by men. This could be done by expanding existing government efforts such as the one cow per family initiative known as *Girinka* as well as state provision of milk and fortified blended food called *Shisha Kibondo* for babies and pregnant/lactating mothers in *ubudehe* categories 1 and 2.

“Imihigo is paramount to making it a success.”

[Key informant from Gasabo district]

In recent years, community-based ECDs have started springing up everywhere in Rwanda: in churches, markets, tea plantations and even prisons. Thus far, **workplace ECD centres** have been generally geared towards mothers, but new initiatives should also consider the spaces where fathers are also found to promote equitable participation in ECD between parents.

“As a local leader, I can identify men who do not participate in ECD and give advice.”

[Participant in local leader’s FGD in Rutsiro district]

⁸⁰ Trevena Moore et al. (2004), Predictors of urban fathers’ involvement in their child’s health care, *Pediatrics*, 2004;113, available at: <https://pubmed.ncbi.nlm.nih.gov/14993552/>.

⁸¹ Plan International (2018), Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/qlo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

CREATE GENDER-TRANSFORMATIVE TEACHING & TOOLS

Local authorities, community volunteers and ECD workers on the ground must also be equipped with the right tools to improve the efficacy of their sensitisation efforts. **Simple visual aids**, for example, that can both be easily explained and understood by the general population – including those with low levels of literacy – will be important to develop. In the same vein, a **graphic, pictorial and/or Kinyarwanda language written summary of the key benefits of father involvement** can render this information more accessible and can easily be circulated via online and social media platforms.

“Social norms are stronger than you think.”
[National Key Informant]

Beyond tools, gender-transformative teaching is required. Because “telling them is not enough,” there **is a need to design a curriculum specific to men.**⁸² Pedagogical approaches must create space for fathers to not only acquire skills, knowledge and confidence, but also explore prevailing attitudes and beliefs regarding the role of men and women in parenting. **Adequate time must be factored** to allow for the depth of introspection and learning required for normative shifts to begin to happen.

Given the potential for maternal ‘gatekeeping’ and other socio-cultural barriers to men’s involvement in ECD, it will be necessary for this type of gender-transformative programming for men to be paired with efforts to create normative and legislative conditions that favourise their involvement. Part of this **two-pronged approach will entail gender-synchronous sessions where both mothers and fathers explore specific topics together as a couple to complement father-only sessions** – a scaled up and hybrid model similar to the existing *Bandebereho* approach.

INVEST IN THE EVIDENCE BASE

To combat the common misconception that fathers are somehow “biologically inadequate” to properly care for their young children, **more gender-disaggregated empirical evidence is required of both their capacity to parent and the benefits of their involvement.** Particularly in a country like Rwanda where the government is already well versed in the need for empirical evidence, additional research is a necessary first step for future funding allocations, policy priorities and practices on the ground. In recognition of the time needed to shift social norms, ECD actors **must invest in longitudinal studies that go beyond output data to robustly evaluate outcome-level changes.**⁸³ These studies should assess ‘what works’ when it comes to gender-transformative programming – including parenting quality, family functioning and motivational drivers for men. Of equal importance is analysis of the factors that can potentially obstruct positive change and/or trigger unintended consequences such as an increase in controlling and/or violent behaviours.⁸⁴

ENSURE INCLUSIVITY

To redress the increased risk of stigma and parental abandonment of children with disabilities, it is important for ECD initiatives to fully account for inclusion. As a starting point, parents – and especially fathers – must be made **aware of the various causes of disability** as well as the fact any discrimination based on disability is punishable by law in Rwanda. Early screening to detect indicators of disabilities or learning difficulties amongst children are also a useful tool in **identifying which couples will potentially require additional support.** Practitioners should remain cognisant of the fact that many parents of children with disabilities – particularly mothers – are likely over-stretched and under-supported. Targeted interventions must therefore focus on offering a package of support, including practical and confidence-building tools for mothers and fathers on **how to communicate with and care for the individual needs of their child.**

⁸² Eliza Cook (2010), Overview of Men Who Attend CCE Parenting Programs and Discussion of How to Engage More Men in Future Parenting Programs, Cornell University, available at: [https://www.human.cornell.edu/sites/default/files/PAM/Parenting/Research-Briefs/Engaging More Men in CCE Parenting Education Programs Research Brief.pdf](https://www.human.cornell.edu/sites/default/files/PAM/Parenting/Research-Briefs/Engaging%20More%20Men%20in%20CCE%20Parenting%20Education%20Programs%20Research%20Brief.pdf).

⁸³ Plan International (2018), Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/glo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

⁸⁴ Plan International (2018), Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/glo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

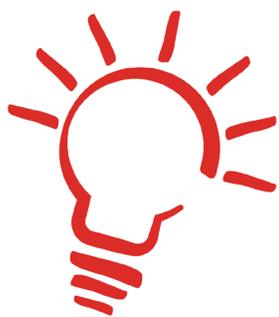
EVOLVE POLICY & ENFORCE IMPLEMENTATION

Within the confines of the ECD sector itself, the policy environment is strong. Government guidelines are clear in stating that both “mother and father are responsible [for] holistic child development, and each bear full and equal responsibilities.”⁸⁵ Nevertheless, the lack of gender-specific language throughout ECD policies, strategies and guidelines does not do enough to mitigate inherent assumptions that parenting is “woman’s work.” While there are components that refer fathers, they are not nearly enough to tackle the magnitude of the issue of male engagement in ECD.

“The problem is not at policy level. The challenge lies with implementation”
[National Key Informant]

Documents alone will never suffice in shifting norms, so **adequate attention must be paid to not only policy improvement but implementation.** Existing progress in instruments to guide policy implementation – such as the national parenting curriculum – should continue to be further expanded. The upcoming ‘parenting guide’ in 2021 is an opportunity to accompany the allocation of specific roles and responsibilities to fathers with clear information about the benefits of their involvement. Additional consideration should be given to the development of a specific curriculum – and not just one or two training modules – for men. Moreover, ECD focal points must be further decentralised from district level to ensure representation and visibility at sector, cell and village levels as well.

The broader legislative environment must also be reviewed. Labour law is a good starting point as policies that mandate substantive paternity leave have been shown to increase father engagement,⁸⁶ and initial efforts have already been launched in Rwanda to extend the existing 4-day provision.⁸⁷ Evolving realities during the COVID-19 pandemic have also shown that ‘work from home’ modalities can be productive, possibly paving the way for both mothers and fathers to benefit from more flexible work arrangements in future particularly following the birth of a child.



⁸⁵ NECDP (2019), Integrated ECD Models Guidelines, available at:

[http://www.ecd.gov.rw/fileadmin/user_upload/Guidelines/ECD_INTEGRATED_ECD_MODELS_GUIDELINES - Booklet A4 Size.pdf](http://www.ecd.gov.rw/fileadmin/user_upload/Guidelines/ECD_INTEGRATED_ECD_MODELS_GUIDELINES_-_Booklet_A4_Size.pdf).

⁸⁶ Plan International (2018), Early Childhood Development, Gender Socialization and Men’s Engagement, available at: https://www.alnap.org/system/files/content/resource/files/main/qlo-early_childhood_development_annotated_bibliography-final-io-eng-jul18.pdf.

⁸⁷ The New Times (16 June 2020), MPs propose law on paternity leave in Rwanda, available at: <https://www.newtimes.co.rw/news/mps-propose-law-paternity-leave-rwanda>.

6. ANNEXES

ANNEX 1: LITERATURE REVIEW SELECTION CRITERIA

All documents selected for inclusion in the desk-based literature review must:

- Provide information or analysis on the intersection between socio-culturally prescribed gender norms, parenting and ECD, particularly as it relates to male engagement in the context of Rwanda;
- Provide information on the gender aspects or ambitions of national legislative and normative frameworks, as well as policy instruments that impact on the provision of ECD services in Rwanda;
- Provide information any emerging gender or power dynamics linked to the current COVID-19 pandemic, particularly at household level between mothers and fathers in Rwanda (or other female/male primary caregivers in the home);
- Provide insights into the first-hand perspectives of girls and boys;
- Be written in either English or French;
- Be written, researched, and published by the Government of Rwanda (GoR), United Nations (UN) agencies; interagency bodies; non-governmental organisations (NGOs), civil society organisations (CSOs), and/or academic bodies; and,
- Be published in 2010 or later.

ANNEX 2: NATIONAL & SUB-NATIONAL DATA COLLECTION INSTRUMENTS

KEY INFORMANT INTERVIEWS

IKIGANIRO N'ABAKANGURAMBAGA BOKU RWEGO RWIGHUGU

2.1 NATIONAL & INSTITUTIONAL ACTORS/ABAYOBOZI KURWEGO RWIGHUGU NABAHAGARARIYE IBIGO BITANDUKANYE

Opening script: Inyandiko ibanza

- ✓ *Introductions/ IRIBURIRO*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? / Ni iki twizeye gukorera hamwe uyu munsu? kubera iki? Ni iki duteganya gukoresha amakuru twakusanije?*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form & reminder that they can choose to pause or stop whenever they want/ Kwemera mu mwugo kugira uruhare kubushake, gusinya urupapuro rwemeza uburenganzira no kwibutsa ko ashobora guhitamo guhagarika ikiganiro igihe cyose abishakiye.*
- ✓ *Icebreaker question: When it comes to integrated ECD policy and practice in Rwanda, what has been your involvement to date? / Akabazok'amatsika Turenye mu ishyirwamubikarwa rya gahunda y'imbonezamikurire y'abana bato mu Rwanda, ni uruhe rwari ruhare rwawe kugeza ubu?*

1. What are some of the common socio-cultural norms, attitudes and expectations related to the division of parenting roles between mothers and fathers of young children in the country?

Ni ibihe bintu bihuriweho bijyanye n'umuca, imyitwarire, n'ibyifuzo byerekeranye no kugabana inshingano zo kurera haba ku umubyeyi w'umugore no ku w'umugabo w'abana bakiri bato mu gihugu?

2. Could you describe the typical role played by fathers or other male caregivers in Rwanda over time – specifically during pregnancy, childbirth, breastfeeding, as well as, the early years until 6 years old?

Mwatubwira inshingano zifatika zikorwa n'umubyeyi w'umugabo cyangwa undi mugabo wita ku mwana mu Rwanda. By'umwihariko mu gihe umubyeyi atwite, abyara, yonsa kugeza ku myaka itandatu?

3. ECD comprises many different components, including early stimulation, education, child protection, health and nutrition. In [name of district], how does the role of father change depend on the component? To what extent are males and females involved in decision-making about these different components of ECD?

*Imbonezamikurire igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebeye mu bice byavuzwe by'imbonezamikurire? (Aha wibuke kumubaza ugendeye kuri buri gice, **urugero: Inshingano ze mu burezi, mu buzima, mu mirire...**) Ari abagabo n'abagore, ninde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbonezamikurire twavuze?*

4. Despite some deliberate efforts to engage male caregivers in Rwanda in ECD, there appear to be continued barriers. What do you think these barriers are? What factors seem to prevent or limit the involvement of fathers and other male caregivers in ECD? (Probe: Is there any difference between their involvement in community-based ECD services vs at home ECD initiatives? If so, why do you think that is?)

Uretse imbaraga nyinshi zashyizwe mu gushishikariza abagabo kugira uruhare mu bikorwa by'imbonezamikurir yabana bato mu Rwanda, bigaragara ko hakirimo inzitizi, Utekereza ko izo nzitizi ari izihe? Ni iki utekereza ko cyaba kibuzza

abagabo kwita kubana bato? (Gorogaza: haba hari itandukaniro ku ruhare rw'umubyeyi w'umugabo cyangwa abandi bagabo bita ku bana mu bikorwa by'imbonezamikurire y'abana bato ikorwa hamwe mu muryango mugari n' ikorewe mu rugo? niba rihari utekereza ko ari ukubera iki?)

5. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Turebye mu bijyanye no kwita ku mwana ufite ubumuga haba hari uburyo bwihariye ibyo bakeneye byitabwaho? Ese umubyeyi w'umugabo nawe agira uruhare mu kwita kuri uwo mwana ufite ubumuga? Niba ari byo amwitaho gute? Cyangwa se hari izindi mbogamizi?

6. In your view, what are the benefits of increased involvement of male caregivers in ECD for Rwandan children, their families and communities?

Ku bwawe ubona ari izihe nyungu zo kongera uruhare rw'abagabo bita ku bana mu bikorwa by'imbonezamikurire y'abana bato mu Rwanda, imiryango yabo no mu muryango mu gari?

7. Given your experience, how can normative and behavioural shifts be achieved to raise awareness about the importance of male engagement and eventually increase the involvement of fathers and other male caregivers from conception onwards? (Probe: What strategies do you propose? Do you have any recommendations or experience with any promising practices? Ex: positive deviance role models).

Ese ugendeye uko ubibona/ ubunararibonye, ubona ari gute impinduka mu umuco n' imyitwarire byagerwaho mu rwego rwo kuzamura imyumvire ku kamaro k' uruhare rw' umugabo no kongera uruhare rw' ababyeyi b' abagabo n' abandi bagabo barera abana kuva umubyeyi asamyeye? (Ni izihe ngamba mubona zikwiye gushyirwa mu bikorwa kugirango bigerweho. Ese haba hari uburyo wasaba ko bukurikizwa cyangwa uburyo bwatanga umusaruro? Urugera impinduka nziza z' abo tureberaho nk'ibyitegerezo)

8. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think policymakers at national level and/or ECD actors on the ground should be taking?

Utekereza ko gahunda na politike y'imbonezamikurire birimo ubu bikemura ikibazo cy'uruhare rw'ababyeyi babagabo mu bikorwa by'imbonezamikurire? Haba hari indi ntambwe utekereza abafatibyemezo ku rwego rw'igihugu cy' abashyirwa mu bikorwa imbonezamikurire bagakwiye kwitaho?

Closing script: Inyandiko isoza

- ✓ *Reminder of what happens next with the information we collected/ Ibutsa igukurikiraho nyuma yo gukusanya amakuru.*
- ✓ *Thank you! / Murakoze*

2.2 DISTRICT LEVEL ACTORS/ABAYOBOZI KU RWEGO RWAKARERE

Opening script: Inyandiko ibanza

- ✓ *Introductions/ IRIBURIRO*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? / Ni iki twizeye gukorera hamwe uyu munsu? kubera iki? Ni iki duteganya gukoresha amakuru twakusanije?*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form & reminder that they can choose to pause or stop whenever they want/ Kwemera mu mwigo kugira uruhare kubushake, gusinya urupapuro rwemeza uburenganzira no kwibutsa ko ashobora guhitamo guhagarika ikiganiro igihe cyose abishakiye.*
- ✓ *Icebreaker question: When it comes to integrated ECD policy and practice in Rwanda, what has been your involvement to date? / Akabazok'amatsika Tubenye mu ishyingirwamubikarwa rya politiki y'imbonezamikurire y'abana bato mu Rwanda, ni uruhe ruhare rwawe kugeza ubu?*

1. What are some of the common socio-cultural norms, attitudes and expectations related to the division of parenting roles between mothers and fathers of young children in the country?

Ni ibihe bintu bihuriweho bijyanye n'umuco, imyitwarire, n'ibyifuzo byerekeranye no kugabana inshingano zo kurera haba ku umubyeyi w'umugore no ku w'umugabo w'abana bakiri bato mu gihugu?

2. Could you describe the typical role played by fathers or other male caregivers in Rwanda over time – specifically during pregnancy, childbirth, breastfeeding, as well as, the early years until 6 years old?

Mwatubwira inshingano zifatika zikorwa n'umubyeyi w'umugabo cyangwa undi mugabo wita ku mwana mu Rwanda. By'umwihariko mu gihe umubyeyi atwite, abyara, yonsa kugeza ku myaka itandatu?

3. ECD comprises many different components, including early stimulation, education, child protection, health and nutrition. How does the role of father change depending on the component? To what extent are males and females involved in decision-making about these different components of ECD?

*Imbonezamikurire igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imirire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebye mu bice byavuzwe by'imbonezamikurire? (Aha wibuke kumubaza ugendeye kuri buri gice, **urugero: Inshingano ze mu burezi, mu buzima, mu mirire...**) Ari abagabo n'abagore, ninde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbonezamikurire twavuze?*

4. Despite some deliberate efforts to engage male caregivers in Rwanda in ECD, there appear to be continued barriers. What do you think these barriers are? What factors seem to prevent or limit the involvement of fathers and other male caregivers in ECD? (Probe: Is there any difference between their involvement in community-based ECD services vs at home ECD initiatives? If so, why do you think that is?)

Uretse imbaraga nyinshi zashyizwe mu gushishikariza abagabo kugira uruhare mu bikorwa by'imbonezamikurir yabana bato mu Rwanda, bigaragara ko hakirimo inzitizi, Utekereza ko izo nzitizi ari izihe? Ni iki utekerezwa ko cyaba kibura abagabo kwita kubana bato? (Goragoza: haba hari itandukaniro ku ruhare rw'umubyeyi w'umugabo cyangwa abandi bagabo bita ku bana mu bikorwa by'imbonezamikurire y'abana bato ikorwa hamwe mu muryango mugari n'ikarewe mu rugo? niba rihari utekerezwa ko ari ukubera iki?

5. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Turebye mu bijyanye no kwita ku mwana ufite ubumuga haba hari uburyo bwihariye ibyo bakeneye byitabwaho? Ese umubyeyi w'umugabo nawe agira uruhare mu kwita kuri uwo mwana ufite ubumuga? Niba ari byo amwitaho gute? Cyangwa se hari izindi mbogamizi?

6. In your view, what are the benefits of increased involvement of male caregivers in ECD for Rwandan children, their families and communities?

Ku bwawe ubona ari izihe nyungu zo kongera uruhare rw'abagabo bita ku bana mu bikorwa by'imbonez amikurire y'abana bato mu Rwanda, imiryango yabano mu murungu mu gari?

7. Given your experience, how can normative and behavioural shifts be achieved to raise awareness about the importance of male engagement and eventually increase the involvement of fathers and other male caregivers from conception onwards? (Probe: What strategies do you propose? Do you have any recommendations or experience with any promising practices? Ex: positive deviance role models).

Ese ugendeye uko ubibona/ ubunararibonye, ubona ari gute impinduka mu umuco n' imyitwarire byagerwaho mu rwego rwo kuzamura imyumvire ku kamaro k' uruhare rw' umugabo no kongera uruhare rw' ababyeyi b' abagabo n' abandi bagabo barera abana kuva umubyeyi asamyeye? (Ni izihe ngamba mubona zikwiye gushyirwa mu bikorwa kugirango bigerweho. Ese haba hari uburyo wasaba ko bukurikizwa cyangwa uburyo bwatanga umusaruro? Urugero: impinduka nziza z' abo tureberaho nk'ibyitegerezo)

8. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think policymakers at national level and/or ECD actors on the ground should be taking?

Utekereza ko gahunda na politike y'imbonez amikurire biraho ubu bikemura ikibazo cy'uruhare rw'ababyeyi babagabo mu bikorwa by'imbonez amikurire? Haba hari indi ntambwe utekereza abafatibyemezo ku rwego rw'igihugu cg abashyira mu bikorwa imbonez amikurire bagakwiye kwitaho?

Closing script: Inyandiko isozza

- ✓ *Reminder of what happens next with the information we collected/ Ibutsa igikurikiraho nyuma yo gukusanya amakuru.*
- ✓ *Thank you! / Murakoze*

SUB-NATIONAL FOCUS GROUP DISCUSSIONS

AMATSINDA YIBIGANIROMU NZEGO ZOHASI

2.3 LOCAL OPINION LEADERS / ABAVUGA RIKINIYANA MU NZEGO ZIBANZE

Opening script: *Inyandiko ibanza*

- ✓ *Introductions/IRIBURIRO*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? / Ni iki twizeye gukorera hamwe uyu muni? kubera iki? Ni iki duteganya gukoresha amakuru twakusanije?*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form & reminder that they can choose to pause or stop whenever they want/ Kwemera mu mwugo kugira uruhare kubushake, gusinya urupapuro rwemeza uburenganzira no kwibutsa ko ashobora guhitamo guhagarika ikiganiro igihe cyose abishakiye.*
- ✓ *Icebreaker question: What do you understand by integrated ECD? Are you familiar with integrated ECD services in your community? Can you tell us what initiatives are happening here and what your involvement has been? / Akabazo k'amatsika Iyo bavuze ibikorwa bihuriye hamwe bijyanye n'imbenezamukuru y'abana bato wumva iki? Ese umenyereye ishujirwamubikorwa ry'imbenezamukuru aho mutuye? Watubwira icyakozwe n'uruhare rwawe?*

1. What are some of the common socio-cultural norms, attitudes and expectations related to the division of parenting roles between mothers and fathers of young children in [name of district]?

Ni ayahe mabwiriza ajyanye n'umuca, imyitwarire, n'ibyifuzo byerekeranye no kugabana inshingano zo kurera haba ku umubyeyi w'umugare no ku w'umugabo w'abana bakiri bato mu [Akarere]?

2. In [name of district], could you describe the typical role played by fathers or other male caregivers over time – specifically during pregnancy, childbirth, breastfeeding, as well as, the early years until 6 years old?

Mu [akarere], garagaza inshingano zifatika zikorwa n'umubyeyi w'umugabo cyangwa undi mugabo wita ku mwana mu buryo buhoraho - by'umwihariko mu gihe umubyeyi atwite, abyara, yonsa kimwe no mu myaka yo hasi kugeza ku myaka 6?

3. ECD comprises many different components, including early stimulation, education, child protection, health, and nutrition. How does the role of father change depending on the component? Who takes the decision for each component, mothers or fathers, or both?

Imbonezamikuru y'abana bato igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebye mu bice byavuzwe by'imbenezamukuru? Ari abagabo n'abagore, nde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbenezamukuru twavuze haruguru? Ni abagabo, abagore cyangwa bese?

4. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Turebye mu bijyanye no kwita ku mwana ufite ubumuga haba hari uburyo bwihariye ibyo bakeneye byitabwaho? Ese umubyeyi w'umugabo nawe agira uruhare mu kwita kuri uwo mwana? Cyangwa se harimo imbogamizi?

5. What factors seem to prevent or limit the involvement of fathers and other male caregivers in ECD? (Probe: Is there any difference between their involvement in community-based ECD services vs at home ECD initiatives? If so, why do you think that is?)

Ni izihe mpamvu zibuzwa 'umugabo cyangwa undi murezi w'igitsina gabo mu kwita ku bikorwa by'imbonezamikurire yabana bato? (Gorogaza: haba hari itandukaniro ku ruhare rwabo mu bikorwa by'imbonezamikurire y'abana bato biikorwa hamwe mu muryango mugari (mu marerero) n'ibikorewe murugo? Niba rihari utekereza ko ari kubera iki?)

6. What are possible strategies to address these challenges and factors to increase male engagement in ECD?

Ni izihe ngamba zishoboka mu guhangana n'imbogamizi n'uburyo bwokuzamura uruhare rw'abagabo mu bikorwa by'imbonezamikurire y'abana bato?

7. In your view, what are the benefits of increased involvement of male caregivers in ECD for Rwandan children and their families in [name of district]?

Ku bwawe ubona ari izihe nyungu zo kongera uruhare rw'abagabo bita ku bana mu bikorwa by'imbonezamikurire y'abana bato mu Rwanda, imiryango yabo no mu muryango mugari mu [Akarere]?

8. Here in [name of district], how can changes in norms and behaviours be achieved to raise awareness about the importance of male engagement and eventually increase the involvement of fathers and other male caregivers from conception onwards? (Probe: What strategies do you propose? Do you have any recommendations or experience with any promising practices?).

Hano mu [izina ry'akarere], ubona ari gute impinduka mu umuco n'imyitwarire byagerwaho mu rwego rwo kuzamura imyumvire ku kamaro k'uruhare rw'umugabo no kongera uruhare rw'ababyeyi b'abagabo n'abandi bagabo barera abana kuva umubyeyi asamye? (Gorogaza: Mwatubwira uburyo mubona byagerwaho. Ese haba hari uburyo mwasaba ko bukunikizwa cyangwa uburyo bwatanga umusaruro? Urugero: impinduka nziza z'abo tureberaho nk'ibyitegerezo)

9. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think policymakers at national level and/or ECD actors on the ground should be taking?

Utekereza ko gahunda na politike y'imbonezamikurire birimo ubu bikemura ikibazo cy'uruhare rw'ababyeyi b'abagabo mu bikorwa by'imbonezamikurire? Haba hari indi ntambwe utekereza abafite ibyemezo ku rwego rw'igihugu cy'abashyamba mu bikorwa gahunda y'imbonezamikurire bagakwiye kwitaho?

Closing script: Inyandiko isaza

- ✓ *Reminder of what happens next with the information we collected/ Ibutsa igikurikiraho nyuma yo gukusanya amakuru.*
- ✓ *Thank you! Murakoze*

2.4 MOTHERS /ABAGORE

Opening script: Inyandiko ibanza

- ✓ *Introductions/ Intangiriro*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? /Ni iki twifuza gukorera hamwe uyu munsu? Ni iki duteganya gukoresha amakuru dukusanya?*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form, usage of any photography or audio recordings & reminder that they can choose to pause or stop whenever they want/ Kwemeza amasezerano yo kwitabira ku bushake, gushyira umukano ku masezerano yemeranijwe, ikoresheya ry'amafoto ndetse no gufata amajwi & kwibutsa ko ubazwa ashobora kwifata cg agahagarika ikiganiro igihe abishakiye*
- ✓ *Icebreaker question: What do you understand by integrated ECD? Can you tell us what ECD initiatives are happening here and what your involvement has been? Have your husbands also participated? / Akabazo k'amatsiko (Induhura): Iyo bavuze ibikorwa bihuriwe hamwe bijyanye n'imbonezamikurire y'abana bato wumva iki? Ese mwatubwira ibikorwa bihari muri kano gace bijyanye n'imbonezamikurire?*

1. In [name of district], whose role is it to raise young children – mothers or fathers, or both?

Mu karere ka [yuga izina ry'Akarere] ni inde ufite mu nshingano kurera abana – abagore/abagabo/bose?

2. What are some of the common expectations that people have of mothers of young children?

Ni ni ibihe bintu rusange, abantu bakunze gutekereza ko abagore bafite abana batoya bahuriraho?

3. Are these expectations different for fathers of young children? If so, what do people commonly expect fathers to do for their young children?

Ese ibyo bintu abagore bahuriraho muri rusange, bitandukanye cyane n'ibyo abagabo bafite abana bato bahuriyeho? Niba ataribyo, ni ibiki abantu bahuriraho bemeza ko abagabo bakorerwa abana babo bato?

4. In [name of district], could you describe in more detail the typical role played by fathers or other male caregivers over time – specifically during pregnancy, childbirth, breastfeeding, as well as the early years until 6 years old?

Mu karere ka [yuga izina ry'Akarere], watubwira muri macye uruhare rw'abagabo cg undi murezi w'igitsina gabo by'umwihariko mu minsi ya mbere mu gihe umugare atwite (yasamye inda), mu gihe umugare ari kubyara, mu gihe cyo konga kugeza umwana agize amezi 6

5. ECD comprises many different components, including early stimulation, education, child protection, health and nutrition. In [name of district], how does the role of father change depend on the component? To what extent are males and females involved in decision-making about these different components of ECD?

Imbonezamikurire igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imirire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebeye mu bice byavuzwe by'imbonezamikurire? {Aha wibuke kumubaza ugendeye kuri buri gice, urugero: Inshingano ze mu burezi, mu buzima, mu mirire.} Ari abagabo n'abagore, ninde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbonezamikurire twavuze?

6. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Iyo tugeze ku ngingo irebana no kwita ku bana bafite ubumuga, haba hari itandukaniro ry'uburyo ibyifuzo byabo byitabwaho? Ese abagabo baba bagira uruhare rungana n'urwa'abagore? Cg hari imbogamizi abagabo bahura nazo zituma bidakorwa kimwe?

7. What prevents or limits fathers from being more involved in ECD?

Ni iki kibuzza abagabo kwitabira gahunda z'ibikorwa by'imbonezamikurire/ byo kurera?

8. Is there any difference between their involvement in community-based ECD services vs at home ECD initiatives? If so, why do you think that is?

Haba hari itandukaniro y'uburyo abagabo bitabira ibikorwa byo mu marerero bibera mu muryango mugari n'ibibera mu rugo? Niba rihari, utekereza ko ari ukubera iki?

9. We have talked about what you have seen fathers doing so far. What kinds of expectations do you have for their engagement in ECD in the future? What should they be doing?

Twari turi kuvuga ku bigendanye n'ibyo abagabo ubona bagiramo uruhare bijyanye no kurera, Ni uruhe uruhare abagabo bagombye kugira mu bikorwa by'imbonezamikurire? Ni iki wumva bagiyeye kuzajya bakora?

10. What would be the benefits if fathers were more involved in ECD activities with their young children?

Uratekereza ko hari izihe nyungu mu gihe abagabo biyemeje kugira uruhare mu kurera abana bato?

11. Here in [name of district], what can be done to change the way fathers think and behave so they become more involved in ECD?

Hano mu karere ka [yuga izina ry'Akarere] ni iki wumva cyakorwa kugira ngo abagabo bahindure imyumvire n'imitekerereze ijyanye n'uburyo bafata igikorwa cyo kurera umwana kugira ngo babyinjiremo neza kd bagire uruhare rufatika mu bikorwa by'imbonezamikurire?

12. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think the government or ECD actors should be taking to help make this change?

Utekereza ko gahunda na politike y'imbonezamikurire biriho ubu bikemura ikibazo cy'uruhare rw'ababyeyi babagabo mu bikorwa by'imbonezamikurire? Haba hari indi ntambwe utekereza leta cyangwa abashyira mu bikorwa imbonezamikurire bagakwiye kwitaho?

Closing script: Inyandiko isoza

- ✓ *Reminder of what happens next with the information we collected/ ibutsa icyo aya makuru twakusanije agiye gukoreshwa*
- ✓ *Thank you! / Murakoze*

2.5 FATHERS/ABAGABO

Opening script: Iriburiro

- ✓ *Introductions/ Intangiriro*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? / Ni iki dutekereza gukarera hamwe uyu munsu kandi kubera iki?*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form, usage of any photography or audio recordings & reminder that they can choose to pause or stop whenever they want/ Kwemeranya amasezerano yo kwitabira ku bushake, gushyira umukono ku masezerano kwifashisha amafoto cyg amajwi & kwibutsa ko uwitabiriye/ usinye cyg wemeje amasezerano ashobora guhitamo kwifata cyg guhagarika ikiganiro igihe cyose abishakiye*
- ✓ *Icebreaker question: What do you understand by integrated ECD? Can you tell us what ECD initiatives are happening here and what your involvement has been? Have you also participated or just your wives? / Akabazo k'amatsika Iyo bavuze ibikorwa bihuriye hamwe bijyanye n'imbonezamikurire y'abana bato wumva iki? watubwira ibikorwa by'imbonezamikurire wibonamo n'uburyo ubikora? Ese wabigizemo uruhare cyg byakozwe n'umugare wawe?*

1. In [name of district], whose role is it to raise young children – mothers or fathers, or both?

Mu karere ka [vuga izina ry'Akarere], ni inde ufite munshingano kurera abana? Abagore cyg abagabo cyg bose

2. In [name of district], what are some of the common expectations that people have of mothers of young children?

Mu karere ka [vuga izina ry'akarere], Ni ni ibihe bintu rusange, abantu bakunze gutekereza ko abagore bafite abana batoya bahuriraho?

3. Are these expectations different for fathers of young children? If so, what do people commonly expect fathers to do for their young children?

Ese ibyo bintu abagore bahuriraho muri rusange, bitandukanye cyane n'ibyo abagabo bafite abana bato bahuriyeho? Niba atari byo, ni ibiki abantu bahuriraho bemeza ko abagabo bakorera abana babo bato?

4. In [name of district], could you describe in more detail the typical role played by fathers or other male caregivers over time – specifically during pregnancy, childbirth, breastfeeding, as well as the early years until 6 years old?

Mu karere ka [vuga izina ry'Akarere], watubwira muri macye uruhare rw'abagabo cyg undi murezi w'igitsina gabo by'umwihariko mu minsi ya mbere mu gihe umugare atwite (yasamye inda), mu gihe umugare ari kubwira, mu gihe cyo kugera umwana agize amezi 6

5. ECD comprises many different components, including early stimulation, education, child protection, health and nutrition. In [name of district], how does the role of father change depending on the component? To what extent are males and females involved in decision-making about these different components of ECD?

*Imbonezamikurire igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imirire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebeye mu bice byavuzwe by'imbonezamikurire? {Aha wibuke kumubaza ugendeye kuri buri gice, **urugero: Inshingano ze mu burezi, mu buzima, mu mirire...**} Ari abagabo n'abagore, ninde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbonezamikurire twavuze?*

6. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Iyo tugeze ku ngingo irebana no kwita ku bana bafite ubumuga, haba hari itandukaniro ry'uburyo ibyifuzo byabo byitabwaho? Ese abagabo baba bagira uruhare rungana n'urwa'abagare? Cg hari imbogamizi abagabo bahura nazo zituma bidakorwa kimwe?

7. What prevents or limits fathers from being more involved in ECD?

Ni iki kibuzza abagabo kwitabira gahunda z'ibikorwa by'imbonezamikurire/ byo kurera?

8. Is there any difference between their involvement in community-based ECD services vs at home ECD initiatives? If so, why do you think that is?

Haba hari itandukaniro y'uburyo abagabo bitabira ibikorwa byo mu marerero bibera mu muryango mugari n'ibibera mu rugo? Niba rihari, utekereza ko ari ukubera iki?

9. We have talked about what you have seen fathers doing so far. What kinds of expectations do you have for their engagement in ECD in the future? What should they be doing?

Twari turi kuvuga ku bigendanye n'ibyo abagabo ubona bagiramo uruhare bijyanye no kurera, Ni uruhe uruhare abagabo bagombye kugira mu bikorwa by'imbonezamikurire? Ni iki wumva bagiye kuzajya bakora?

10. What would be the benefits if fathers were more involved in ECD activities with their young children?

Uratekereza ko hari izihe nyungu mu gihe abagabo biyemeje kugira uruhare mu kurera abana bato?

11. Here in [name of district], what can be done to change the way fathers think and behave so they become more involved in ECD?

Hano mu karere ka [vuga izina ry'Akarere] ni iki wumva cyakorwa kugira ngo abagabo bahindure imyumvire n'imitekerereze ijyanye n'uburyo bafata igikorwa cyo kurera umwana kugira ngo babyinjiremo neza kd bagire uruhare rufatika mu bikorwa by'imbonezamikurire?

12. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think the government or ECD actors should be taking to help make this change?

Utekereza ko gahunda na politike y'imbonezamikurire birimo ubu bikemura ikibazo cy'uruhare rw'ababyeyi babagabo mu bikorwa by'imbonezamikurire? Haba hari indi ntambwe utekereza leta cyangwa abashyira mu bikorwa imbonezamikurire bagakwiye kwitaho?

Closing script: Umusozo:

- ✓ *Reminder of what happens next with the information we collected/ ibutsa icyo aya makuru twakusanije agiye gukoreshwa*
- ✓ *Thank you! /Murakoze*

2.6 YOUNG MEN (NOT YET FATHERS) ABASORE (BATARABA ABA PAPA)

Opening script: Intangiriro:

- ✓ *Introductions: Iriburiro*
- ✓ *What we hope to do together today and why? What we plan to do with the information we collect? / Ibyo twizeye kuzakorera hamwe n'impamvu tuzabikora. icyo duteganya gukoresha amakuru dukusanya*
- ✓ *Verbal confirmation of their agreement to participate voluntarily, signature of consent form, usage of any photography or audio recordings & reminder that they can choose to pause or stop whenever they want/ Kwemera mu magambo kwitabira ku bushake, Gushyira umukono ku nyandiko yemez a kwitabira ku bushake, ikoresheya ry'amafoto cyangwa amajwi yafashwe, i no kumwibutsa ko ashobara guhagarika ikiganiro aho ariho hose n'igihe abishakiye*
- ✓ *Icebreaker question: What do you understand by integrated ECD? Do you think you will be a father one day? / Akabazo k'amatsiko: Iyo bavuze ibikorwa bihuriwe hamwe bijyanze n'imbonezamikurire y'abana bato wumva iki? Ulya utekereza ko umunsi umwe uzaba umu papa?*

1. In [name of district], whose role is it to raise young children – mothers or fathers, or both?

Mu karere ka [vuga izina ry'Akarere], ni inde ufite munshingano kurera abana? Abagore cy abagabo cy bose?

2. What are some of the common expectations that people have of mothers of young children?

Mu karere ka [vuga izina ry'akarere], Ni ni ibihe bintu rusange, abantu bakunze gutekereza ko abagore bafite abana batoya bahuriraho?

3. Are these expectations different for fathers of young children? If so, what do people commonly expect fathers to do for their young children?

Ese ibyo bintu abagore bahuriraho muri rusange, bitandukanye cyane n'ibyo abagabo bafite abana bato bahuriyeho? Niba ataribyo, ni ibiki abantu bahuriraho bemeza ko abagabo bakorera abana babo bato?

4. ECD comprises many different components, including early stimulation, education, child protection, health and nutrition. In [name of district], how does the role of father change depending on the component? To what extent are males and females involved in decision-making about these different components of ECD?

Imbonezamikurire igizwe n'ibice bitandukanye birimo, gukangura ubwenge bw'abana, uburezi, kurinda abana, ubuzima n'imirire. Muri [izina ry'akarere], ni gute inshingano z'umubyeyi w'umugabo zahinduka urebeye mu bice byavuzwe by'imbonezamikurire? {Aha wibuke kumubaza ugendeye kuri buri gice, urugero: Inshingano ze mu burezi, mu buzima, mu mirire.} Ari abagabo n'abagore, ninde ugira uruhare runini mu gufata ibyemezo muri ibyo bice by'imbonezamikurire twavuze?

5. When it comes to the care of children with disabilities, is there any difference in how their needs are catered for? Are fathers engaged in the same way or are there additional barriers?

Iyo tugeze ku ngingo irebana no kwita ku bana bafite ubumuga, haba hari itandukaniro ry'uburyo ibyifuzo byabo byitabwaho? Ese abagabo baba bagira uruhare rungana n'urwa abagore? Cy hari imbogamizi abagabo bahura nazo zituma bidakorwa kimwe?

6. Do you think the role of the father in ECD has changed since you were young? If so, how has it changed?

Utekerezako inshingano z'umubyeyi w'umugabo mu bikorwa by'imbonezamikurire zagiye zihinduka kuva ukiri muto? Niba aribyo zahindutse mu buhe buryo?

7. What prevents or limits fathers from being more involved in ECD?

Ni ibiki byaba bibuza cyangwa bigabanya uruhare rw'abagabo/abarezi b'igitsina gabo mu bikorwa by'imbonezamikurire /kurera abana bato?

8. What would be the benefits if fathers were more involved in ECD activities with their young children?

Uratekereza ko hari izihe nyungu mu gihe abagabo biyemeje kugira uruhare mu bikorwa by'imbonezamikurire y'abana bato?

9. Here in [name of district], what can be done to change the way young men think and behave so they become more involved in ECD when they become fathers?

Hano mu karere ka [vuga izina ry'Akarere] ni iki wumva cyakorwa kugira ngo abasore bahindure imyumvire n'imitekerereze ijyanye n'uburyo bafata igikorwa cyo kurera umwana kugira ngo babyinjiremo neza kd bagire uruhare rufatika mu bikorwa by'imbonezamikurire?

10. What kinds of things do you think you will do to help raise your young children if and when you become fathers?

Ni ibihe bintu utekereza ko uzakora mu kurera abana bawe bato mu gihe uzaba wabaye umu papa?

11. Do you think that current policies and programmes for ECD address issues of male involvement and participation in ECD services? Are there any other steps that you think the government or ECD actors should be taking to help make this change?

Utekereza ko politiki na gahunda z'imbonezamikurire y'abana bato ziriho ubu bikemura ibibazo by'uruhare rw'abagabo n'ubwitabire bwabo mu bikorwa byo kwita no kurera abana bato? Ese hari izindi ntambwe utekereza ko leta n'abandi bakora mu bijyanye n'imbonezamikurire y'abana bato bagomba gutera kugirango bifashe mu kuzana impinduka?

Closing script: Umusozo:

- ✓ *Reminder of what happens next with the information we collected/ Mwibutse ikizakunikiraho nyuma yo gukusanya amakuru*
- ✓ *Thank you! / Murakoze*