Masculinity and gender-equal parenting

TOWARDS MORE ACTIVE PARENTING FOR FATHERS

Swedish Association of Local Authorities and Regions

Masculinity and gender-equal parenting

TOWARDS MORE ACTIVE PARENTING FOR FATHERS

Information on content:
Magnus Jacobson, magnus.jacobson@skl.se

ISBN: 978-91-7585-679-7
Text: Klas Hyllander, with contributions by Malin Bergström, M.D., Licensed Psychologist Ewa Andersson, MD and Nurse-midwife, as well as Jens Karberg and Mats Berggren of the MÄN National Association.
Illustration: Stina Löfgren
Production: Advant Produktionsbyrå
Printed by: Åtta.45, 2018

Foreword

The quest for gender equality is founded on women's battle for equal rights and opportunities. However, gender equality work must necessarily also involve boys and men, and challenge the notions of masculinity that are a barrier to equality.

A gender equality strategy for changing restrictive and harmful masculinity norms can be of tremendous benefit to both women and men, and to society as a whole. It can bring about increased security, improved health, greater equality in relationships and less violence, as well as improved quality in education, healthcare, and social care. It can help to break up gender-segregation in the labour market and broaden the public service recruitment base.

This was the rationale for the agreement between SALAR and the Swedish government which led to an initiative on men and gender equality in 2016–2017.

The initiative started with a comprehensive survey of gender equality initiatives including men and masculinity norms in municipalities, county councils and regions, and has been conducted through extensive partnerships with representatives from public sector, research and civil society. In 2016 the deliverables included a number of films and regional conferences.

During 2017 the initiative has focused on gender equality in education, healthcare and parenting, as well as violence prevention. In each of these areas SALAR has produced films, reports and papers to outline possible routes to change.

This publication describes possible strategies to promote gender-equal parenting, based on our knowledge of health, gender equality and norms relating to masculinity. The focus is on the health-related support given by maternal healthcare and child healthcare to expectant and new parents

It is aimed at politicians, managers and strategists responsible for operational development, but also at other municipal and county council employees.

Our hope is that this material will reinforce ongoing gender equality efforts and inspire new initiatives, with the ultimate aim of women and men having equal power to shape society and their own lives.

Stockholm, March 2018

Vesna Jovic
Managing Director

Swedish Association of Local Authorities and Regions

Table of Contents

6 Summary
6 Provide support to every parent
7 Changing fatherhood and masculinity norms

9 Chapter 1. Introduction
9 A gender-equal labour market is needed to ensure skills supply
10 Gender-equal parenting leads to better health
11 Local authorities and regions can make the difference

13 Chapter 2. Parenting support can promote gender-equal parenting
13 The maternal and child healthcare systems set norms for parenting
14 New ways of working can encourage fathers to be more involved
15 Including all parents

17 Chapter 3. The importance of fathers for family health
18 The importance of fathers for the health and development of children
19 The importance of partners for women during pregnancy and delivery
21 The importance of fathers for mothers' health
22 Importance for the health of fathers
22 Conclusion: Include all parents in efforts to promote health

25 Chapter 4. What affects men's parenting?
25 Different expectations regarding men and women
27 Gender norms affect parents
27 Gender norms affect staff who meet parents
28 Changes in views of fatherhood
29 Having more than one primary parent is possible

31 Chapter 5. The maternal and child healthcare systems can improve support to fathers
31 All parents need support
32 Fathers feel invisible in the maternal healthcare system
33 Fathers rarely come to child healthcare

35 Chapter 6. How can we improve the maternal and child healthcare systems?
36 Provide parenting support that promotes children's health
37 Uncover violence
38 Educate the staff
39 Get to know a new target group – the fathers
39 Improve existing working methods and routines
39 Innovate and develop your organisation and activities
42 Coordinate in leading discussion groups on parenting

43 Additional resources about boys, men and masculinity norms

46 References

Summary

The maternal and child healthcare systems can become better at welcoming and working with fathers and other partners mothers may have. This can improve the health of both the children and adults in a family. The lifestyle and habits of fathers and these other partners, as well as their mental and emotional health can affect the health of the rest of the family.

Provide support to every parent

Parenting support provided by the maternal and child healthcare systems can benefit the health and development of all children by:

- Including all parents equally, showing positive expectations of their abilities.
- Encouraging perceptive and engaged parenting by all parents.
- Encouraging those aspects of parenting that have shown themselves to benefit children.
- Working systematically to uncover violence.

There are many examples of support measures that the maternal and child healthcare systems can take in order to better welcome fathers and other partners:

- Training and educating staff to make them more aware of how gender norms affect the way they approach various parents and the extent to which these parents are included.
- Directing invitations, correspondence, scheduling of home visits and other similar matters to both parents.
- Offering private parent-staff meetings to fathers, as well as other partners.

- Starting parent groups for fathers with trained leaders, in an effort to promote gender-equal parenting through group discussions and reflections about parenting and relationships.
- Offering fathers and other partners special training and education to provide support to expectant mothers, before and during delivery.

Changing fatherhood and masculinity norms

Parenting support should seize the opportunity to challenge traditional norms and notions about fatherhood and masculinity which, in turn, affect men's parenting. In those families where a mother and a father work together to care for their children, perceptive and engaged parenting has a major effect on the well-being, health and development of each child. Gender-equal parenting also increases opportunities for women to work full time, which, in turn, contributes to skill supply in professions in the welfare sector and promotes women's financial independence.

CHAPTER 1

Introduction

The norms relating to what it means to be a father are changing. A father on parental leave pushing a pram is a much more common sight nowadays than it was only a decade ago. Today, fathers with young children at home work fewer hours per week than other men. Not that long ago, the opposite was true.[1] In addition, fathers now take more parental leave. Yet the change is a slow one, and women still take a greater share of parental leave than men. In addition, many more women work part time in order to take care of their children. Working to change norms for fathers makes gender-equal parenting possible and provides benefits in many areas.

A gender-equal labour market is needed to ensure skills supply

Schools, healthcare, and the child care and elder care sectors will need to recruit hundreds of thousands of new employees over the coming years. Many of those working in these areas are close to retirement at the same time as the need for care is expected to increase. In addition, many women in this sector are working part time. If full-time work becomes the norm, the labour market can achieve greater gender equality, and the health and care sectors can better ensure an adequate supply of those with the needed skills.[2]

One condition for achieving a gender-equal labour market, however, is that men must take their share of parental leave, and more equally shoulder the responsibility for their children and home. Women would thereby achieve a

Note. 1. Statistics Sweden 2012.

Note. 2. SALAR and the Municipal Workers' Union have for many years been engaged in joint efforts to make full-time employment the norm for local authority and county employees. The central collective agreement between the Union and SALAR (HÖK 16) requires all employees to have a plan for increasing the percentage of employees who work full time. For more information about these efforts, visit skl.se.

better situation on the labour market, and greater opportunities for financial independence, also after retirement.

Shared responsibility for the daily care of children also means that it will become common to see men engaged in these activities. In the near future, this can contribute to more men working in welfare sector professions.

Working hours and parental leave

- During a child's first two years, fathers are home from work an average of 100 days, whilst mothers average 400 days.
- Two per cent of fathers with young children work part-time in order to be able to take care of their children, as compared to a corresponding figure of 34 per cent for mothers.
- If all the part-time employees in education and the caring professions worked only one more hour per week, this would reduce hiring needs by almost 6,000 new full-time employees.
- Men earn SEK 3.6 million more than women during their lifetime.

Gender-equal parenting leads to better health

Gender-equal parenting also represents an important health issue. This aspect is rarely brought up. A perspective that contributes to health is relevant for the healthcare system, as well as for the parents themselves, when they decide how they will share the care of their children.

Research shows that gender-equal parenting contributes to a child's health and development in cases where both parents share in the care of children. Practically every aspect of a child's development shows this beneficial effect, including the child's social, linguistic and cognitive abilities,[3] which, in turn, are important factors in educational achievement. In addition, gender-equal parenting benefits the health of the parents.

Note. 3. Barker et al. 2017, Fatherhood Institute 2013, Lamb 2010, Sarkadi et al. 2008.

Local authorities and regions can make the difference

Local authorities and regions can actively promote gender-equal parenting in a number of ways. Although this publication highlights new and improved methods of working, particularly in the maternal and child healthcare systems, it is also relevant to other municipal and regional functions that provide support to parents. Its purpose is to provide inspiration for improvements that will promote gender-equal parenting, based on our knowledge of health, gender equality and parenting.

In summary, gender-equality is a key issue, which contributes in many ways to the fulfilment of goals and an increase in the quality of our schools, healthcare and care of children and the elderly.

CHAPTER 2

Parenting support can promote gender-equal parenting

Parenting support is an increasingly common phenomenon for local authorities and regions. Evaluations have shown that providing support to parents can yield real benefits in the form of reduced problems for children, less stress for parents, and a greater sense of satisfaction with one's parenting.[4] Parenting support is thus an activity that promotes health and acts to prevent negative consequences.

The maternal and child healthcare systems, family centres and first-line paediatric psychiatry are all examples of entities and systems that provide support to parents, and all of these have opportunities to structure this parenting support in a way that promotes gender-equal parenting. One basis for doing this is to communicate expectations that both the parents are important and equally valuable by the approach, methods and routines used. This becomes an important way of challenging and changing the norm that women are supposed to take primary responsibility for childcare. Preschool, school and adolescent clinics are also important actors in this context.

The maternal and child healthcare systems set norms for parenting

Almost every expectant and new parent encounters the maternal and child healthcare systems during a period when parenting and the division of responsibility for care of the home and children begin. Midwives, paediatric nurses, social workers, psychologists and other professionals working in the maternal and child healthcare systems are the persons that expectant and

Note. 4. Stattin 2015.

new parents naturally turn to with questions regarding parenting and the health of their children.

For that reason, the maternal and child healthcare systems can be viewed as establishing norms for parenting and playing a crucial role in laying the foundation for gender-equal parenting. Research indicates the potential of these norms. Fathers play an increasingly active role in child care if they have been involved during the pregnancy and in caring for their baby from early infancy.[5]

New ways of working can encourage fathers to be more involved

Support for parents on issues of parenting, relationships and the health of their children are part of the regular functions of both maternal healthcare and child healthcare. These functions can be structured as individual conversations with parents, or in parent groups. Studies show, however, that men receive much less parenting support than women.[6] This probably also applies to partners and co-parents, in general, as traditionally the maternal and child healthcare systems have mostly focused on the woman who is pregnant and gives birth, on the child, and on the relationship between them. If fathers and other co-parents were treated from the beginning as equally important parents, this would increase the chances of society achieving the health benefits that are possible with gender-equal parenting.

In many locations, the maternal and child healthcare systems already have the knowledge and awareness of the importance of including fathers and other partners. The knowledge is based on relatively new research regarding the importance of the father or partner in the health of a family. There are fundamental projects that aim to produce a change in this area. Examples are the Västra Götaland Region's tool, *En förälder blir till – ett verktyg för jämlikt föräldraskap genom utbildning och reflektion* (The birth of a parent – a tool for gender-equal parenting through education and reflection); and the Skåne Region's project, *Jämlikt föräldraskap – för barnets bästa* (Gender-equal parenting – in the best interest of the child), which both aim to increase staff awareness and knowledge of gender issues and how they relate to various individuals. This has resulted in a good many support measures aimed at including fathers and other partners and promoting gender-equal parenting. Another example is the *Pappa på BVC* (Dad at the child healthcare centre) project of the Stockholm County Council, which has held private parent conversations with fathers on a trial basis.

Note. 5. Lamb 2010.
Note. 6. Uppsala County Council 2008, Wells and Sarkadi 2012.

Including all parents

Parenting and families come in all shapes and sizes, and good child care can be arranged in many ways. A caregiver's approach cannot be based on notions that children ought to live in a traditional nuclear family. The nuclear family is neither a requirement nor a guarantee of a child's health and development. What is most important is the quality and content of that care. Good care can be provided by a single parent, two parents living together or apart, with or with a new partner, or by other adults who are close to the child.

The maternal and child healthcare systems have a greater opportunity to promote the health and development of all children if they adopt a strategy that invites and welcomes all parents in an equal manner, regardless of the type of relationship they are in, their residential situation, gender, age, sexual preference, ethnicity, functional ability, income or education. This strategy also includes men and fathers. From the perspective of a child, it is most beneficial to include in parenting support activities all adults who are involved in parenting. Legally, however, a child can only have two parents, and this, as a practical matter, sometimes limits those who are able to participate in certain activities

This publication primarily highlights, and presents examples of, parenting in heterosexual relationships, as the gender equality issues of differing conditions of men's and women's paid and unpaid work is most clearly seen in these relationships. The publication further discusses norms relating to masculinity, and how the maternal and child healthcare systems can promote the conditions that encourage gender-equal parenting by a process of change. Norms relating to masculinity and femininity, however, affect the way the maternal and child healthcare centres approach parents, regardless of a parent's sexual preference, gender, or gender identity. These centres should naturally offer high-quality and equal parenting support to all parents.

CHAPTER 3

The importance of fathers for family health

Past research on parents and their importance to child development and well-being focused primarily on the relationship between mothers and children. Mothers were considered to have a more important role in the health and development of children, because accepted parenting norms made mothers the primary caregivers. In recent decades, researchers have begun studying the relationship between children and their fathers in greater depth.

Early research regarding the importance of fathers for children's health and development emphasised the unique aspects of parenting by fathers as compared with parenting by mothers. This research was thus based on ideas that mothers and fathers should be responsible for different parenting components and roles. Besides supporting the mother, the father was to challenge and stimulate the child both directly and indirectly. The mother, instead, was to provide security and care.[7] Current research, however, indicates that it is a parent's sensitivity and responsiveness when interacting with the child that is important for the child's well-being and emotional and social development, regardless of that parent's gender.

Research shows no support either for the existence of any biological differences in the ability of women and men to care for a child. Physiologically, both genders react in the same way to a crying infant. Fathers are also just as good as mothers at feeding their infants, interpreting what a baby wants, and satisfying a child's needs.[8] In both men and women, taking care of a child increases the secretion of hormones that reinforce nurturing behaviour.[9]

Note. 7. Lamb 2010.
Note. 8. Parke 1981.
Note. 9. Storey et al. 2000.

Children with more than one adult close by form parallel attachments to each of the adults who care for them, rather than first forming an attachment to one and then to the other. The attachment to each of these adults is specifically developed based on the interaction with that adult.[10]

The following section describes studies relating to the father's importance for family health. These studies all related to families with a mother and a father. The purpose is to provide a good basis for the maternal and child healthcare systems to actively invite and work with both women and men.

The importance of fathers for the health and development of children

Active parenting by fathers is important for practically all aspects of a child's development, as well as that child's well-being and social, emotional, behavioural, psychological, linguistic and cognitive abilities.[11]

Infants, for example, have been found to grow calmer as a result of skin to skin contact with their father after birth by Caesarean section.[12] Being involved in delivery and care during the earliest period of a baby's life also increases a father's propensity to become more involved with the child as time passes.[13] Even as early as at three months of age, lack of involvement and sensitivity by fathers have been shown over time to increase the risk of behavioural problems in children, such as defiance, unruliness, and negative interaction.[14] The quality of a child's early attachment relationships correlate with the child's ability to withstand stress and pressure later in life.[15] If a father is responsive in his interaction with his two-year-old, for example, it is more likely that there will be healthy social development when the child is ten years old.[16]

In a systematic overview of more than 22,000 children, 22 of 24 studies showed a positive correlation between active parenting by both the mother and the father, and the health and development of their children.[17] Perceptive and engaged parenting by fathers, for example, decreases the risk of unruliness in boys and depression and anxiety in girls. In addition, these children will have stronger cognitive development, which increases the probability of educational success.

Note. 10. Broberg et al. 2006.
Note. 11. Barker et al. 2017, Fatherhood Institute 2013, Lamb 2010, Sarkadi et al. 2008.
Note. 12. Erlandsson et al. 2007.
Note. 13. Lamb 2010.
Note. 14. Ramchandani et al. 2013.
Note. 15. Broberg et al. 2006.
Note. 16. Grossman et al. 2002.
Note. 17. Sarkadi et al. 2008.

Children are adversely affected by a mental illness of one or both parents. It is now a well-known fact that almost 15 per cent of all new mothers suffer from mild or severe depression at some time during their child's first year.[18] As a result of this, the child healthcare system routinely asks new mothers about their psychological state. It is less known, however, that an estimated 6 to 10 per cent of new fathers suffer from mild or severe depression in the same way, which means they run a greater risk of mild or severe depression than other men of the same age without children.[19] This type of depressive period affecting a child's mother or father has long and short-term consequences for the child.[20] Naturally, children are also affected if there is violence of any kind in the family, regardless of whether the violence is directed against the children themselves, or against anyone else in the family.[21] Research shows that being exposed to violence, or witnessing violence between people who are close to a child, can have serious consequences for children's social adjustment, mental health, and the way they view their lives.[22] There can be long-term effects on mental and physical health, which is why it is crucial to uncover violence and offensive behaviour in environments where children live.

The importance of partners for women during pregnancy and delivery

Several studies indicate that the lifestyle, health and emotional state of a woman during pregnancy and delivery is affected by her partner and the quality of their relationship. From the very beginning, the relationship and the degree of cooperation between the partners, factors into the decision to become parents. A joint decision, for example, increases the probability of the expectant mother participating in the prenatal care programme offered by maternal healthcare.[23]

Studies further show that the support provided by a partner encourages more healthy lifestyles in expectant mothers.[24] A partner's smoking habits, for example, is one of the key factors behind the smoking habits of expectant mothers.[25] There is a strong correlation between the decision of an expectant mother to stop smoking and her partner's support of such a decision.[26]

Note. 18. Wickberg and Hwang 2003.
Note. 19. Massoudi et al. 2007, Bergström 2013.
Note. 20. Ramchandani et al. 2005, Gutierrez-Galve et al. 2015.
Note. 21. Forsell 2016.
Note. 22. Kelly et al. 2003.
Note. 23. Feinberg 2002, Hohmann-Mariott 2009.
Note. 24. Lu et al. 2010.
Note. 25. Lu et al. 2001.
Note. 26. McBride et al. 2004.

It has also been demonstrated that a partner's participation in a programme offered by the maternal and child healthcare systems can counteract problems connected with pregnancy and delivery by increasing a woman's chances of getting immediate care in emergency situations.[27] A partner who is knowledgeable about pregnancy and maternal healthcare can be viewed as a resource not only for the expectant mother herself, but also for the healthcare system.

Women giving birth also have better experiences of the delivery when they feel they have control of the delivery situation. A key factor here is the active support of the partner during delivery.[28] In addition, there are indications that the presence of a partner shortens labour and reduces the need for pain relief.[29] A partner who provides a woman with satisfactory support contributes to a greater sense of satisfaction with the experience, a lower risk of postpartum depression, and better health for the baby.[30]

Partners who know how to provide support in conjunction with a delivery also often give more active support, resulting in the woman having a more positive experience.[31] The support given by a woman's partner, for example, will include much more touching than that provided by others who may be present at that time.[32]

On the other hand, having a partner who is stressed and afraid can be counterproductive during labour and delivery. Stress and fear are contagious, and stress can extend the duration of labour and delivery. The stress levels of partners, however, are often very high, especially at key moments during the delivery process.[33] One study, for example, found a strong correlation between the level of pain felt by mothers after a Caesarean section and their fear during delivery, which, in turn, was associated with the fear felt by a partner who is present.[34]

In contrast, a well-prepared partner increases the likelihood that a woman giving birth would have a positive experience, and good preparation has been shown to reduce fear of witnessing pain in a woman during labour and delivery.[35]

Note. 27. Dudgeon and Inhorn 2004.
Note. 28. Gibbins and Thomson 2001.
Note. 29. Berry 1988.
Note. 30. Dellman 2004.
Note. 31. Diemer 1997.
Note. 32. Klein et al. 1981.
Note. 33. Johnson 2002.
Note. 34. Keogh et al. 2006.
Note. 35. Wockel et al. 2007.

Women who do not receive adequate support from their partners during pregnancy experience more physical problems and emotionally difficulties. These couples have a greater risk of separating during the first year of their child's life.[36]

The importance of fathers for mothers' health

The father's involvement is important for the mother's health and well-being throughout pregnancy, giving birth, breastfeeding and infancy, and extends all the way to late childhood.[37] Mothers who have a child with an active, involved father, for example, are more satisfied with their lives and relationship, and are at lower risk for mental illness and social vulnerability than mothers in a relationship who shoulder the entire responsibility of caring for and rearing a child.

Providing education and information about breastfeeding to fathers also provides support for, and increases the frequency of, breastfeeding by the mother.[38] Mothers feel more capable and self-assured about breastfeeding when they experience the support of fathers.[39]

Fathers who participate more in caring for the child and performing various household tasks contribute to mothers experiencing lower levels of stress.[40]

Studies and reports from the National Insurance Office and elsewhere indicate that women are more often sick-listed after the first and second child.[41] One reason for this may well be that they are not only working outside the home, but also most often shoulder the primary responsibility for home and children. Where fathers take a greater share of the responsibility for home and children, mothers tend to have a lower incidence of sick leave.[42]

Note. 36. Niccols 2004.
Note. 37. Fransson et al. 2016, Bergström 2011, Broberg et al. 2006, Eastwood et al. 2011, Feinberg 2002.
Note. 38. Maycock et al. 2013.
Note. 39. Mannion et al. 2013.
Note. 40. Fisher et al. 2006.
Note. 41. Månsdotter 2006, Försäkringskassan 2014.
Note. 42. Harryson 2010.

Importance for the health of fathers

Active parenting is also important for the health and well-being of fathers. Fathers who do not have custody of their children, or who do not take care of their children, have a greater risk of both physical and mental illness.[43]

Other research indicates that men's empathic and emotional abilities increase when they take more responsibility for household tasks and childcare, and that men's involvement in childcare can act as a protective factor against work-related stress.[44] As in the case of women, working two jobs, however, can increase the incidence of sick-listing in men, as well.

Conclusion: Include all parents in efforts to promote health

Parents who live together as a couple or as a family are part of a social system in which each person affects the others. The lifestyle and physical and mental health of each individual are connected. Children's health and development, for example, is affected by the health and lifestyle of their parents, almost from the time of conception. Similarly, the health and well-being of women during pregnancy and delivery is affected by their partner's lifestyle and health, as well as their skill in providing support. In addition, various qualities of a couple's relationship affect the health of all the members of a family. Thus, there are powerful reasons for both the maternal and child healthcare systems to include all parents in efforts that promote the health of both on a short-term and long-term basis.

A decision regarding individual discussions with fathers
The national child care program has recently decided to expand individual visits to include fathers and other co-parents, inter alia, in order to enquire about mental and emotional health, and to provide support on parenting issues. This expansion was decided after pilot projects in Stockholm, Kronoberg County and Skåne Region, as well as elsewhere, received a favourable response.

Note. 43. Weitoft et al. 2004.
Note. 44. Klier 2008.

Knowledge gives reason to:

- Actively work to involve fathers and other partners in the maternal healthcare system.
- Provide fathers and other partners with special support to enable them to act as good supports during labour and delivery.
- Carry on discussions with fathers and other partners regarding lifestyle, mental health and parenting.
- Get fathers and other partners to participate in the care of their children, as early as possible.

CHAPTER 4

What affects men's parenting?

Efforts to achieve change regarding men and gender-equal parenting need to be based on what affects men's situation as it relates to parenting. Both structural and relational factors play a role here:

- Men's and women's situation and positions on the labour market.
- The structure of parental insurance.
- The degree of support from surroundings, both formal support from caregivers and informal support from friends, relatives and employers.
- Relations between the partners, including the sharing of responsibility for financial support, home and children.[45]

Both men and women play an active role in determining the nature of men's parenting.

Different expectations regarding men and women

Parenting by men and women, as with many of the above factors, is affected by different social norms and expectations of parenting. These norms are collective unwritten rules and notions that, simply put, regulate and set limits for what it means to be a man or a woman in various contexts. These norms are based on stereotypical ideas that women and men have different traits and function in different ways.[46]

Note. 45. Hobson and Morgan 2002.
Note. 46. Hirdman 2003, Connell 1995.

Traditional expectations are that men are achievement oriented and exude authority and strength, whilst women are expected to be relationship oriented and exude empathy and caring. Gender norms lead to different expectations regarding behaviour, appearance and functions for women and men, respectively. These norms are supported by both women and men and are propagated by various forms of sanctions for compliance or deviation from these expectations.

Traditional gender norms contribute to gender inequality, with men having greater power and more privileges than women in a host of contexts. Naturally, these norms do not affect every person in the same way, and they do not predetermine what a given individual is or does. Research also shows that masculinity varies, as men differ from each other in many ways.[47] An example of one such way is that individual men adopt traditional notions of masculinity to various extents.

Research further finds that hierarchies and rankings tend to form between various men and/or groups of men.[48] Consequently, the same norms regarding masculinity that contribute to giving men power and privileges can marginalise some men and make them feel vulnerable.[49] For example, when they experience poor health, and especially mental and emotional problems, many men don't seek help and treatment to the same extent as a woman would,[50] and this may well cause men's alcohol-related mortality to be markedly higher than those of women. Masculinity norms are also a factor in incidences of violent acts by men.

In addition, factors such as age, education, sexual preference, financial situation and ethnicity interact with masculinity-related norms, in various ways.

READ MORE ABOUT THIS

Read more about masculinity and efforts to promote gender equality directed towards men and boys regarding masculinity norms at skl.se/jamstalldhet in the publication Masculinity and Gender Equality – an Introduction to Changing Norms for Men.

Note. 47. Connell 1995, Messner 1997.

Note. 48. Connell 1995.

Note. 49. Messner 1997.

Note. 50. See the publication Maskulinitet och psykisk hälsa – Strategier för förbättringsarbete i vård och omsorg (Masculinity and mental and emotional health – Strategies for improving health and social care) at skl.se/jamstalldhet.

Gender norms affect parents

Gender-bound expectations on women and men, in turn, serve as bases for norms regarding motherhood and fatherhood. Parenting is possibly the area that is most strongly permeated by gender stereotypes rooted in notions of how biology affects women and men. Traditionally, fatherhood has been associated with earning a living and providing financial support, and by doing so, giving some indirect form of care. In addition, fatherhood has been associated with authority, discipline and leadership, as the father was the head of the family. Thus, fathers stood at a distance from hands-on and responsive child care, especially in the case of young children. Motherhood, on the other hand, meant nurturing and putting the needs of other family members above her own. Fathers were expected to help out with the children, and thus did not have as much responsibility, skill or involvement in issues regarding the children and their care.

Gender norms affect staff who meet parents

The norms for motherhood and fatherhood affect not only parents, but also risk influencing whole organisations and activities, as well as their personnel who meet and interact with parents and children. Mothers are often approached in a way that reinforces the norm of the mother being the primary parent who has the main responsibility for caring and planning for the child. Fathers are approached in a manner that reinforces the norm of the father being less important and less involved and skilled in the immediate care of the child.

Education about norms leads to a change
Staff in the maternal and child healthcare systems in the Skåne and Västra Götaland regions have studied norms for parenting and gender, as well as gender-equal parenting.

This has led to a change in how parents are approached so that all parents feel welcome.

Changes in views of fatherhood

As gender equality increases, parenting norms change. Even back in the 1980s, researchers noted that fathers in Sweden differed from fathers in the United States.[51] Fathers in Sweden played less with their children than those in the United States, and their interaction instead was more about care, regardless of whether the family had a more traditional division of childcare or a more gender-equal view.

Swedish family policy has long included an explicit gender equality goal of all parents combining working in an occupation or profession with actively parenting their children. Publicly subsidised childcare and the opportunity to stay home with sick children, for example, are intended to facilitate gender-equal parenting. Parental leave insurance has also been gender-neutral since 1974, when it was introduced to replace the maternity subsidy. The political objective, as a rule, has been to encourage parents to equally share parental leave. Reflecting this family policy, Sweden has the largest percentage of wage-earning women of any OECD country – 81 per cent.[52] It can reasonably be assumed that this policy has played a role in attitudes towards the early involvement of fathers in the life of their children.[53] Alternating residence for children following the separation of their parents, for example, is more common in Sweden than in any other country.[54] In interviews, parents in Sweden answer the question about why they have chosen an alternating residence scheme for their young children by asking, why should they reside more with one of us, when they are the children of both of us?[55]

The amount of parental benefit taken by fathers has increased, but very slowly. Fathers take just over 25 per cent of the parental benefit, and more than 35 per cent of the temporary parental benefit for the care of sick children. At the same time, 9 of 10 fathers take out some parental benefit, and not taking parental leave is now considered deviant behaviour.

Up until the child turns one year old, fathers currently account for an average of about 9 per cent of the total parental benefit taken. By the time the child has turned two years old, fathers have taken an average of about 17 per cent of the parental benefit. Although the percentage of parental leave allowance taken is an inexact support measure of whether parenting is gender-equal, it nevertheless indicates that childcare is still viewed primarily as the mother's responsibility.

Note. 51. Lamb et al. 1982a och 1982b.
Note. 52. OECD 2014.
Note. 53. Haavind 2011.
Note. 54. Fransson et al. 2015.
Note. 55. Fransson et al. 2016.

The same pattern is also evident from studies regarding the actual length of parental leave for women and men. It should be noted that parents can take parental leave without using parental benefit. On average, women take parental leave for about 15.3 months and use parental benefit for about 9.5 months. Men, on average, take parental leave for about 3.8 months and use parental benefit for about 2.2 months.[56]

With the advent of the first child, heterosexual couples who have lived in a somewhat gender-equal manner before having children often get into a pattern in which the mother takes greater responsibility for the children and household tasks. The birth of a child can thus signal an increase in gender inequality by means of a more stereotypical and traditional division of labour in which women often do most of the unpaid work in the family.[57]

Fathers with either very high income or low or no income are those who least use parental benefit. Examples of reasons that discourage use of parental benefit include a weak position on the labour market, as evidenced by a series of short periods of insecure employment. If one or both parents have shift work, this can also affect how much parental benefit is used. These situations are more common amongst young fathers, and fathers who have immigrated to Sweden. These groups, in addition, often encounter negative expectations from their surroundings based on notions related to age, ethnicity and gender. At the same time, a greater percentage of this group take many more days of parental leave than do the general population of all fathers. Among students and unemployed fathers, there are naturally those who take a great deal of responsibility for caring for their children, although this is not visible from statistics about how much parental benefit is used.

Having more than one primary parent is possible

Parenting skills and a connection to a child are developed primarily by spending time with, and being close to, that child. When mothers spend more time with babies, they develop a kind of head start that tends to remain as the child gets older. In this way, the mother becomes the primary parent in her own eyes as well as those of the child and the father. The child mostly turns to the mother, which can lead to some distance between the child and the father. The child then risks losing the benefits and added value inherent in getting perceptive and engaged parenting from both parents. If the father, on the other hand, spends as much time with the child as the mother does, the child can have two primary parents.

At present, about 15 per cent of all fathers equally share parental benefit days with the mother. These fathers often are highly educated, earn a high income, and live with women who share these qualities.

Note. 56. Försäkringskassan 2013.
Note. 57. Barnes 2015.

CHAPTER 5

The maternal and child healthcare systems can improve support to fathers

All parents need support

Becoming a parent is a life-changing event that triggers stress for many people. A host of studies have indicated that elevated levels of stress in parents have long-term effects on the health of children, and can also lead to bonding problems.[58, 59] Satisfactory support helps to reduce the negative effects of stress.[60] Fathers may well require more parenting support than mothers, as they generally have a less developed social network that can act as a support and counteract negative effects of stress.[61]

Many fathers require support at the beginning in order for their parenting to have beneficial effects for the child.[62] This may be due to the fact that traditional norms of masculinity encourage qualities other than those that characterise responsive interaction with children. Research regarding masculinity indicates that many men need support in developing a more nuanced identity based on communication, camaraderie, and sensitivity, rather than on authority and focusing on one's self.[63]

A new summary of international research shows that parenting support that

Note. 58. Tzang et al. 2009.
Note. 59. Östberg et al. 2007.
Note. 60. Lakey and Orehek 2011.
Note. 61. Wells 2016.
Note. 62. Sarkadi et al. 2008.
Note. 63. Johansson 2000.

also includes fathers can promote gender equality in the family, increase fathers' involvement in child care and reduce the incidences of violence.[64]

Fathers feel invisible in the maternal healthcare system

Expectant fathers are generally present at maternal health centres. A large percentage of fathers attend the first meetings with the midwife, and it is also common for fathers to be present for labour and delivery.

Traditionally, the maternal healthcare system has focused on the expectant mother and the baby. This is only natural in much of the medical aspects of this system. However, maternal healthcare also promotes health by encouraging healthy habits and providing psychological and social support to expectant parents. Parenting support must be offered to all expectant parents and should have strengthening parents' abilities to encounter their new-born as a goal. Consequently, these parents need support in areas such as becoming parents, parenting, and couples' issues. They also need to prepare themselves both physically and mentally for labour and delivery.

The most common form of delivery preparation is a series of auditorium lectures. According to the Public Health Institute (now the Public Health Agency), 46 per cent of the attendees of these lectures are expectant fathers.[65]

The maternal healthcare system provides parenting support both as individual meetings and in parent groups. According to a survey in Skåne, about 65 per cent of all partners of those who were to give birth for the first time took part in the parent groups. It is not clear, however, how common parent groups are, and how much they discuss matters other than preparation for labour and delivery.

Several studies and surveys of expectant fathers show that many of them feel invisible, unwelcome and generally unimportant in the maternal healthcare system, but also understand why this is so, to a certain extent. They feel it is natural to focus on the expectant mother ahead of labour and delivery. They participate in delivery preparations primarily so that they can be a support to their pregnant partner.[66] Many also feel confused and not really part of things ahead of the delivery.[67] In many cases, parenting support is not directed at expectant fathers.

One interview study arrived at the following conclusion: "What expectant fathers seem to want is not to be the centre of attention, but rather to have a professional help them to find their own role. If you're always an appendage,

Note. 64. Levtov et al. 2015.
Note. 65. Public Health Institute 2004.
Note. 66. Premberg 2011.
Note. 67. Uppsala County Council 2008.

it will be hard to jump into the role of a supporting and equal partner during, and especially after, the pregnancy".[68] Expectant mothers also call for more attention to the needs of their partners.[69]

The medical component's focus on the expectant mothers and the baby appears to extend easily to parenting support. This contributes to moving expectant fathers and other partners to the margins.

Fathers rarely come to child healthcare

Fathers participate less in child healthcare system activities than in maternal healthcare.[70] Those participating in both individual visits and in parent groups are mostly mothers. This is troubling, as parents generally need more support during their initial period as parents. Yet the child healthcare programme focuses on matters such as breastfeeding support and maternal mental health, and the opening hours conflict with the working hours of many fathers.[71] In 2008, mothers represented 80 per cent of the visits to child healthcare centres,[72] and in 2012, they represented 90 per cent of the visits to parents' groups at the childcare centres in Stockholm County.[73]

In 2016, a literature overview was undertaken of 62 studies involving more than 11,000 fathers. This overview showed that the child healthcare system did not meet the needs of fathers for parenting support and for information about the care of an infant, and the importance of their own role as a parent.[74] Like other studies, the overview shows that fathers receive less parenting support than mothers do. This is odd, considering that nurses see fathers as less competent parents.[75] At the same time, the overview demonstrates that fathers want to take part in caring for the child, and want to be acknowledged as parents. The participation of fathers in child healthcare also shows a strong correlation to their family's income. This means that fathers in low-income families have less access to public parenting support.[76] This is a problem, as social and economic vulnerability increases the risk of mental and emotional health problems, such as mild or severe depression and anxiety problems in fathers.[77]

Note. 68. Uppsala County Council 2008.
Note. 69. Medical Research Council 1999.
Note. 70. Child healthcare unit in Stockholm County 2013, Public Health Institute 2004, SOU 1997:161, SOU 2008:131, Wells och Sarkadi 2012.
Note. 71. Wickberg et al. 2003.
Note. 72. SOU 2008:131.
Note. 73. Child healthcare unit in Stockholm County 2013.
Note. 74. Wells 2016.
Note. 75. Bergström 2017, Bergström et al. 2016.
Note. 76. Bergström et al. 2016.
Note. 77. Bergström 2013.

CHAPTER 6

How can we improve the maternal and child healthcare systems?

Many in the maternal and child healthcare systems possess knowledge and insight on the importance of increasing and enhancing the inclusion of fathers, other partners of expectant mothers, and mothers. Several units and operations have also begun fundamental efforts to promote change in this area.

EXAMPLE: Jämlikt föräldraskap – för barnets bästa
(Gender-equal parenting – in the best interest of the child)

The development project of Region Skåne, "Jämlikt föräldraskap – för barnets bästa" (Gender-equal parenting – in the best interest for the child), was conducted from 2014 to 2016, in an effort to develop methods and materials to promote gender-equal parenting together with employees from the maternal and child health systems. All 1,450 employees were offered education and training in gender-equal parenting and critically reviewing norms. This project led to the publication of a book containing information, material and support for new ways to work in the maternal and child healthcare systems. The evaluation of the project found that the fact that the employees participated in creating the material was a factor in its success. The most popular part was a reflection exercise from a perspective of critically reviewing norms in interdisciplinary groups.

EXAMPLE: En förälder blir till – ett verktyg för jämlikt föräldraskap genom utbildning och reflektion (The birth of a parent – a tool for gender-equal parenting through education and reflection)

Since 2014, staff in the Västra Götaland Region underwent education and time for reflection on themes such as gender-equal parenting, new types of families, cultural awareness, and mental health. A total of 800 employees of the maternal and child healthcare systems reviewed and improved their organisations based on a greater awareness of gender norms, parenting and the needs of families.

The maternal and child healthcare systems, and other organisations need to integrate knowledge regarding the importance of fathers and other partners to the health of children and mothers, both from a short-term and a long-term perspective. This knowledge needs to be reflected both in information to parents and expectant parents, and in routines, methods, and the way work is performed. Organisations, for example, need to develop discussion guides and other support material that staff can use. The medical care programmes must naturally continue to focus on the expectant mother and the child, but other parts of the care and visits programmes need to include all parents.

Provide parenting support that promotes children's health

To promote the health and development of all children, parenting support must consistently utilise the following strategies:

- Include all parents on an equal footing, and with positive expectations.
- Promote perceptive and engaged parenting for all parents.
- Promote aspects of parenting that have been of benefit to children.
- Work systematically to uncover violence.

Parenting support should promote those qualities in parenting that are important to children's well-being and their emotional and social development. The fundamental components are: [78]

- Positive involvement.
- Accessibility for warm and responsive interaction.
- Responsibility and control (support to the child in the form of structure and setting limits in the case of potentially harmful behaviour).

Note. 78. Lamb 2010.

Promote cooperation between the parents – co-parenting

When two persons share parenting, the interaction between the child and the parents is not only affected by the capability and responsiveness of each of the parents, but also by their mutual relationship as parents.[79] For both of the parents, the quality of the relationship with his or her partner is the most important factor for good care of the child.[80] Primarily, ”co-parenting” is important for the child and the communication concerning the child. Co-parenting deals with how the parents support each other and co-ordinate their parental roles based on four overlapping aspects:[81]

- The parents' consensus about raising children.
- Mutual support of each other's parenting.
- Division of household work and responsibility for the children.
- Handling of arguments and conflicts within the family.

All of these aspects have been shown to be significant, both for how the parents themselves feel, and for the health, satisfaction and development of the children.[82] Co-parenting generally accords with gender-equal parenting.

According to research, conflicts between either parents who live together or those who live apart have serious consequences for mental and emotional health and a child's satisfaction with his or her life, as well as for the child's social adaptation.[83]

Uncover violence

Uncovering violence early on is an important strategic function of parenting support. Violence by men against women, and violence between close relatives, including honour-related violence, is a crime and a public health problem with serious physical and psychological consequences for the victim. It can also lead to difficult social problems. Most commonly, women are subjected to violence by close relatives, and the perpetrator of the violence is most often a male partner or former partner. Men, too, can be victims of violence by close relatives.[84] Violence occurs not only between persons of opposite sex, but also in same-sex relationships. Children who are forced to witness, or in some other way experience, violence in their surroundings risk sustaining serious harm. Violence between adults at home is, without comparison, the most serious risk factor for child abuse.

Note. 79. Hedenbro 2006.
Note. 80. Berman and Pederson 1987.
Note. 81. Feinberg 2003.
Note. 82. Feinberg et al. 2012.
Note. 83. Kelly et al. 2003.
Note. 84. National Board of Health and Welfare 2014.

Promoting gender-equal parenting can be viewed as an effort that has a long-term effect of preventing violence. Parallel to this, short-term support measures are needed to counteract violence between close relatives happening here and now. One important support measure is to discover children, young people and adults who are being subjected, or who have been subjected to violence, children who have witnessed violence, and those who commit violent acts. Once this is done, the person or persons so exposed must be offered various forms of protection, support and treatment.

The National Board of Health and Welfare recommends that every woman who contacts the maternal healthcare system be asked about her experience of violence. Routine questions markedly increase the uncovering of cases of persons being exposed to violence. Asking questions as a routine matter, or according to a manual reduces the impact of the question, as no one need be singled out. This area is undergoing a change, and the recommendation of the National Board of Health and Welfare can be viewed as a starting point.[85] Another issue under consideration is whether and how one can routinely ask all parents whether they have been subjected to violence or have subjected others to violence.

Routine questions uncover violence

Västra Götaland Region is engaged in a pilot project in which all mothers and fathers visiting child healthcare centres are routinely asked whether they have been exposed to, or have exposed others to, violence. Routinely asked questions directed at mothers showed that 30 per cent experienced psychological, physical or sexualised violence, or have witnessed or otherwise experienced violence.

Educate the staff

One basis for improvement and development efforts in the maternal and child healthcare systems is educating the staff about gender-equal parenting and its importance for the health of the family, and about gender norms and parenting. This knowledge contributes to a more inclusive approach for all parents and has also been shown to give rise to many suggestions for improvement from the staff. The education should include reflection in a group regarding one's own notions and prejudices. This education should be integrated

Note. 85. Read more in the guide published by the National Board of Health and Welfare, *"Att vilja se, vilja veta och att våga fråga – Vägledning för att öka förutsättningarna för att upptäcka våldsutsatthet"* (to want to see, want to know and dare to ask – A guide to increase the chances of discovering victims and those who risk becoming victims of violence (Socialstyrelsen [National Board of Health and Welfare] 2014).

into the ongoing training of new staff members and the continuing education of existing staff, and should include staff members throughout the entire process, before, during and after delivery.

Get to know a new target group – the fathers

Traditionally, the maternal and child healthcare systems have not focused much on fathers. An important part of improvement efforts is increasing knowledge about the conditions and needs of fathers. Surveys and focus groups are possible ways to realise this. Important components with respect to fathers are factors that affect parenting, including norms relating to masculinity.

Improve existing working methods and routines

The maternal and child healthcare systems can make many minor improvements as part of existing working methods and routines, to welcome all parents and promote gender-equal parenting. These may include, for example:

- Formulating invitations to visit so that they actively invite both mothers and fathers.
- Clarifying that both parents are expected to participate when a home visit is scheduled, and scheduling times so that this will be possible.
- Actively involving fathers in the care of the child during home visits and similar types of support measures.
- Design the waiting room and premises so that all parents will feel welcome and important. This includes the choice of pictures on the walls, brochures, etc.
- Review pictures and forms of address in materials and correspondence to expectant and new parents so that they include all parents and promote gender-equal parenting.
- Similarly, review discussion guides and work material that the staff uses as support in meeting with parents.
- Arrange furniture and space in consulting rooms so that more than one parent can be present.

Innovate and develop your organisation and activities

One example of current improvement efforts is expanding individual parent discussions in the child healthcare system to fathers. Mothers already have an individual meeting at 6–8 weeks after delivery at which, among other things, screening for mild and severe depression takes place.

Both the staff and parents were overwhelmingly in favour of conversations with fathers in a pilot project in Kronoberg County, Skåne Region,[86] Stockholm, and elsewhere, where these visits took place 3–4 months after delivery. The nurses found out about a lack of well-being, adjustment problems, and poor mental and emotional health in fathers. In September 2017, representatives for the child healthcare system and the National Board of Health and Welfare decided that individual visits for fathers should be part of the national child healthcare program, and the work of formulating guidelines and methods for these discussions continues, as does the evaluation. Each county council will decide whether it will introduce the visit for fathers. The following sections contain suggestions for innovations and improvements.

Direct support measures to partners

The maternal health system can also register the partners of expectant mothers at the registration meeting at the midwife clinic. This is a way of formally including them in the maternal healthcare system.

There are good reasons to introduce an individual parent discussion visit with fathers and other parties as part of the maternal healthcare system. This discussion can serve to increase the understanding of the importance of the partner for the expectant mother's and child's health and development. The discussion should also include questions about lifestyle habits, mental health and violence. Support during labour and delivery could be improved by offering the partner specific preparation to act as a support person ahead of and during delivery. One way of doing this would be with education and group discussions.

This support measure should also include an opportunity to bring out the partner's own questions, fears and feelings ahead of the delivery.

Start fathers' groups that promote gender-equal parenting

Support in becoming a parent and in parenting can be provided both in individual discussions and in parent groups. Group discussions have the advantage of enabling participants to share the questions, experiences and feelings of others. This can increase their propensity to discover, reflect over, and call into question their own views or ideas about relationships and parenting. Group discussions also offer broader social support as well as a greater potential for change than do individual discussions.

Note. 86. At skl.se/jamstalldhet, you can see a short film called *"Jämställt föräldraskap – om Region Skånes pappa - samtal med nyblivna fäder"* (Gender-equal parenting – about the Skåne Region conversations with new fathers).

A possible parenting support for fathers are what is known as fathers' groups. These are uncommon and met with a certain scepticism after previous experiences with untrained leaders.

The national organization MÄN (Swedish for "Men"), which works for gender equality and against violence, arranges fathers' groups in collaboration with child healthcare centres, primarily in Stockholm and Gothenburg. The content has been designed in cooperation with the maternal and child healthcare systems, and the discussion would be moderated by trained leaders. They use a discussion method meant to promote gender-equal parenting, and which is based on an understanding of norms relating to masculinity and gender equality.

Fathers' groups contribute to gender equality

In an evaluation based on survey responses from almost 500 participants, almost half of the participants reported that the fathers' group had caused them to change their attitudes regarding children and mothers to a great extent. More than half of those answering felt that their participation in the fathers' group resulted in their sharing responsibility for home and children more equally.

A trained discussion moderator leads the fathers' group during four sessions. The following topics are some of those that are brought up:

- Experiences from labour and delivery.
- The new life. What kind of father do I want to be? How does my childhood affect my parenting?
- My parenting as a father. Why is a father important? What do I do when I get angry at my child?
- My relationship with my partner. How do I contribute to giving our child the best possible foundation? How do I show my partner love? How do I express my feelings?
- Work – family – leisure time. Who should do what at home? What should the person who is on parental leave do? What should the one who is working do?

The role of the leader is to facilitate and lead the discussion. The leader moderates the discussion process and ensures that the focus stays on the issues and themes that have proven to be important. The discussion leader should not be a kind of expert or a lecturer and should not come up with answers. Instead, the leader should be skilled in creating a safe place where it is possible to speak openly, even about sensitive topics.

The issues brought up in MÄN's fathers' groups are also important for mothers. The model can also be offered with mixed-gender groups. In the opinion of MÄN, however, these groups, too, should offer separate rooms for each gender during parts of the discussions. Both mothers and fathers can feel it is difficult to speak openly about certain issues in mixed groups.

It is possible to incorporate MÄN's model for discussion groups aimed at promoting gender-equal parenting in the maternal and child healthcare systems. The discussion leaders can be women or men. The idea is to give the participants an opportunity to reflect over their new role as a parent, and not to have experts provide ready-made answers. That's why it can be a good idea to distinguish fathers' groups from the support provided by medically knowledgeable staff, which is of a different nature. This will require the maternal and child health systems to acquire new skills and expertise.

Expand the home visit programme

In locations where the child healthcare centre has relatively few visits, they have tried expanded home visit programmes with more home visits. This increased contacts with new parents led to more confidence in the child health system, in Rinkeby, Stockholm, among other places. An expanded home visit programme that includes fathers can be a way of increasing contacts with fathers who normally do not receive parenting support.

Coordinate in leading discussion groups on parenting

Midwives and paediatric nurses must meet demanding qualifications with an emphasis on medical and health-related expertise. Midwives and paediatric nurses, however, have no training in leading discussion groups that challenge power structures and gender-related norms. They should, therefore, be able to lead discussion groups on becoming a parent, parenting, and relationships, in cooperation with other professionals in the maternal and child healthcare systems, such as social workers and counsellors. There are additional opportunities where the maternal and child care functions are integrated with social services at family centres.

Additional resources about boys, men and masculinity norms

In 2016 and 2017, the Swedish Association of Local Authorities and Regions (SALAR), with the support of the national government, conducted a special programme directed towards men, boys and masculinity issues.

This campaign has compiled and disseminated instructive examples, arranged conferences, seminars and workshops, and has produced a number of publications, reports and films – in consultation with politicians, high-level civil servants and employees of local authorities and regions, as well as with researchers and representatives of government agencies and civil society.

All this material is accessible on the SALAR website skl.se/jamstalldhet.

Publications

- Maskulinitet och jämställdhet – En introduktion till att förändra mansnormer [Masculinity and gender equality – An introduction to transforming male norms].
- Förändringsarbete med våldsutövande män – Strategier för kvalitetsutveckling [Changing violent men – Improving the quality of batterer interventions].
- Maskulinitet och psykisk hälsa – Strategier för förbättringsarbete i vård och omsorg [Masculinity and mental health – Strategies for improving health and social care].
- Maskulinitet och jämställd skola – Arbete för ökad trygghet och bättre studieresultat [Masculinity and the gender-equal school – Towards increased security and better school results].

- Maskulinitet och jämställt föräldraskap – Arbete för pappors ökade delaktighet [Masculinity and gender-equal parenting – Towards more active parenting for fathers].

Film series – Voices about masculinity

- En film om normer för killar och män. Maskulinitet – så funkar det [Masculinity – how it works].
- Män i förskolan. Förskolläraren Per Håkan Taavo i Luleå om ett yrke som passar alla oavsett kön [Men in preschool – Preschool teacher Per Håkan Taavo of Luleå about a profession that fits everyone, regardless of gender].
- Jämställt på vårdprogrammet. Om genusmedveten studie- och yrkesvägledning i Katrineholm [Gender-sensitive study and career guidance in Katrineholm].
- Arbete för ökad trygghet och bättre studieresultat. Om normkritiskt arbete på Järvenskolan Tallås i Katrineholm [Norm critical work for increased security and better school results].
- Män och våld. Om våldsförebyggande arbete på Hahrska gymnasiet i Västerås [Men and violence – violence-prevention efforts at the Hahrska Upper Secondary School in Västerås].
- Män och normer. Om projektet Normstorm i Jönköping [Men and norms – a film on the Norm Storm project in Jönköping].
- Vårt vatten har gått. Om pappor i förlossningsvården [Our water broke – fathers in labour and delivery care].
- Män och barn. En film om att bli pappa [Men and children – a film about becoming a father].
- Jämställt föräldraskap. Om Region Skånes pappasamtal med nyblivna fäder [Gender-equal parenting – about the Skåne Region's counselling with new fathers].
- Män och hälsa. Hur vården kan nå unga män med psykisk ohälsa [Men and health – how healthcare can reach mentally ill young men].
- Att ha rätt till sina egna känslor. Hur vården kan nå unga män med psykisk ohälsa (lång version) [The right to your own feelings – how healthcare can reach mentally ill young men (long version)].
- Män och självmord. En film om suicidrisk, mansnormer och att söka hjälp [Men and suicide – a film about suicide risks, masculinity norms and seeking help].
- Killsamtal om sex och samlevnad. Om sex- och samlevnadsundervisning med killgrupper i Lund [Talking about sexuality and norms with young men – a film about Comprehensive Sexuality Education with the participation of a group of young men in Lund].

Articles on instructive examples at Jämställ.nu

- Sex- och samlevnadssamtal med unga nyanlända i Värmland [Discussions about sex and living together, with newly arrived immigrants in Värmland].
- Jämställt föräldraskap i Region Skåne [Gender-equal parenting in Skåne Region].
- Kriscentrum i mellersta Skåne, behandling för män i kris [Crisis centre in mid-Skåne, treatment for men in crisis].
- Normkritiskt arbete på Järvenskolan Tallås i Katrineholm [Efforts to critically examine norms at Järven School Tallås i Katrineholm].
- Malmö stad har flest manliga förskollärare i landet [The City of Malmö has the highest share of male preschool teachers in Sweden].

Conferences and seminars, documentation at skl.se

- Män och jämställdhet – konferens i december 2016 [Men and gender equality – Conference in December 2016].
- Fördel flicka? Seminarium om pojkar i skolan [Seminar about boys in school].
- Vårt vatten har gått! Seminarium om pappor som resurs i förlossningsvården [Seminar about fathers as a resource during labour and delivery].
- Normer som dödar. Seminarium om män och suicidprevention [Seminar on men and suicide prevention]

References

Allen, S., Daly, K. (2007). The effects of father involvement: An updated research summary of the evidence. FIRA-CURA, Centre for families, work and well-being, University of Guelph, Public Health Agency of Canada & the Social Sciences and Humanities Research Council CURA program, Canada.

Barker, B., Iles, J.E., Ramchandani, P.G. (2017). *Fathers, Fathering and Child Psychopathology*. Article being prepared for printing. Personlig kommunikation, Paul Ramchandani, 9 October 2017.

Barnes, M.W. (2015). Gender Differentiation in Paid and Unpaid Work during the Transition to Parenthood. *Sociology Compass,* 9(5):348–364.

Barnhälsovårdsenheten i Stockholms län (2013). *Årsrapport för barnhälsovården*. Stockholm: Stockholm County Council.

Bergström, M. (2011). Continuous support in labour has beneficial effects for mother and baby. *Evidence Based Medicine*, 16(6):182.

Bergström, M. (2013). Depressive symptoms in new first-time fathers: associations with age, sociodemographic characteristics, and antenatal psychological well-being. *Birth*, 40(1):32–38.

Bergström, M. (2017). Are men monkeys? Why are child healthcare professionals reluctant to include fathers in parenting support interventions? Editorial. *Acta Paediatricia*, DOI:10.1111/apa.14046.

Bergström, M., Bergqvist, K., Fransson, E., Hjern, A., Huss, A., Lindfors, A., Linnros, C., Molin, M., von Bahr Solberg, C., Wells, M. (2016). BVC-Elvis. *Utvärdering av ett nytt 3-årsbesök på BVC*. Delrapport 1. BHV-enheten i Stockholms län, Chess, Stockholm University and Karolinska institutet.

Berman, P., Pederson, F. (red.) (1987). *Men's Transition to Parenthood*. Hillsdale, N.J.: Lawrence Erlbaum.

Berry, L. (1988). Realistic expectations of the labour coach. *Journal of Obstetric Gynaecology and Neonatal Nursing,* 17:354–355.

Broberg, A., Granqvist, P., Ivarsson, T., Risholm Mothander, P. (2006). *Anknytningsteori: betydelsen av nära känslomässiga relationer*. Natur & Kultur.

Connell, R.W. (1995). *Masculinities*. Berkeley: University of California Press.

Dellmann, T. (2004). "The best moment of my life": a literature review of father´s experience of childbirth. *Australian Midwifery Journal of the Australian College of Midwifes*, 1, 7(3):20–26.

Diemer, G. (1997). Expectant fathers: influence of perinatal education on coping, stress, and spousal relations. *Research in Nursing and Health*, 20:281–293.

Dudgeon, M., Inhorn, M. (2004). Men's influences on women's reproductive health: Medical anthropological perspectives. *Social Science of Medicine*, 59:1379–1395.

Eastwood, J.G., Phung, H., Barnett, B. (2011). Postnatal depression and socio-demographic risk: factors associated with Edinburgh Depression Scale scores in a metropolitan area of New South Wales, *Australia. Australian and New Zealand Journal of Psychiatry*, 45:1040–1046.

Erlandsson, K., Dsilna, A., Fagerberg, I., Christensson, K. (2007). Skin-to-skin care with the father after Cesarean birth and Its effect on newborn crying and prefeeding behaviour. *Birth*, 34(2):105–114.

Fatherhood Institute. (2013). *Fatherhood Institute research summary: Fathers' impact on their children's learning and achievement*. London: Fatherhood Institute. [Webbsida] Taken from http://www.fatherhoodinstitute.org/2013/fatherhood-institute-research-summary-fathers-and-their-childrens-education/.

Feinberg, M. (2002). Coparenting and the Transition to Parenthood: A Framework for Prevention. *Clinical Child & Family Psychology Review*, 5:173–195.

Feinberg, M. (2003). The internal structure and ecological context of coparenting: A framework for research and intervention. *Parenting, Science and Practice*, 3:95–132.

Feinberg, M.E., Brown, L.D., Kan, M.L. (2012). A Multi-Domain Self-Report Measure of Coparenting. *Parenting, Science and Practice*, 12(1):1–21.

Fisher, J.R.W., Cabral de Mello, M., Patel, V., Rahman, A. (2006). Maternal depression and newborn health. *Newsletter for the Partnership of Maternal, Newborn & Child Health*, 2. Geneva.

Flouri, E., Malmberg, L.E. (2012). Father involvement, family poverty and adversity, and young children's behaviour in intact two-parent families. *Longitudinal and Life Course Studies*, 3(2):254–267.

Folkhälsoinstitutet (2004). *Nya verktyg för föräldrar – förslag till nya former av parenting support*. Stockholm: Folkhälsoinstitutet (Institute of Public Health).

Forssell, A. (2016). *Better safe than sorry?: Quantitative and qualitative aspects of child-father relationship after parental separation in cases involving intimate partner violence*. Örebro: Örebro University.

Fransson, E., Bergström, M., Hjern, A. (2015). *Barn i växelvis boende – en forskningsöversikt*. CHESS, Centre for Health Equity Studies, Stockholm University and Karolinska institutet. Stockholm: Stockholm University.

Fransson, E., Sarkadi, A., Hjern, A., Bergström, M. (2016). Why should they live more with one of us when they are children to us both?: Parents' motives for practicing equal joint physical custody for children aged 0–4. *Children and Youth Services Review,* 66:154–160.

Försäkringskassan (2013). *Socialförsäkringsrapport 2013:9*. Stockholm: Försäkringskassan.

Försäkringskassan (2014). *Socialförsäkringsrapport 2014:14*. Stockholm: Försäkringskassan.

Gibbins, J., Thomson, A.M. (2001). Women's expectations and experiences of childbirth. *Midwifery*, 17(4):302–313.

Grossman, K., Grossman, K.E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Englisch, H., Zimmermann, P. (2002). The Uniqueness of the Child–Father Attachment Relationship: Fathers' Sensitive and Challenging Play as a Pivotal Variable in a 16-year Longitudinal Study. *Social Development*, 11(3):301–337.

Gutierrez-Galve, L., Stein, A., Hanington, L., Heron, J., Ramchandani, P. (2015). Paternal Depression in the Postnatal Period and Child Development: Mediators and Moderators. *Pediatrics*, 135:2.

Haavind, H. (2011). Loving and caring for small children. *Nordic Psychology*, 63(2):24–48, doi: 10.1027/1901–2276/a000031.

Harryson, L. (2013). *An equal share that´s my medicine. Work, gender and mental illness in a Swedish context*. Umeå: Umeå University.

Hedenbro, M. (2006). *The family triad – the interaction between the child, its mother and father from birth to the age of 4 years*. Stockholm: Karolinska institutet.

Hirdman, Y. (2003). *Genus – Om det stabilas föränderliga form*. Stockholm: Liber.

Hobson, B., Morgan, D. (2002). *Making Men into Fathers: Men, Masculinities, and the Social Politics of Fatherhood*. Cambridge: Cambridge University Press.

Hohmann-Marriott, B. (2009). The couple context of pregnancy and its effects on prenatal care and birth outcomes. *Maternal and Child Health*, 13(6):745–754.

Johansson, T. (2000). *Det första könet? Mansforskning som reflexivt projekt*. Lund: Studentlitteratur.

Johnson, M.P. (2002). The implications of unfulfilled expectations and perceived pressure to attend the birth on men's stress levels following birth attendance: a longitudinal study. *Journal of Psychosomatic Obstetrics and Gynaecology*, 23(3):173–182.

Kelly, J.B., Emery, R.E. (2003). Children's adjustment following divorce: risk and resilience perspectives. *Family Relations*, 52:352–362.

Keogh, E., Hughes, S., Ellery, D., Daniel, C.D., Holdcroft, A. (2006). Psycho-social influences on women's experience of planned elective cesarean section. *Psychosomatic Medicine*, 68:167–174.

Klein, R.P., Gist, N.E., Nicholson, J., Standley, K. (1981). A study of father and nurse support during labour. *Birth and the Family Journal*, 8:161–164.

Klier, C. M., Rosenblum, K. L., Zeller, M., Steinhardt, K., Bergemann, N., Muzik, M. (2008). A Multirisk approach to predicting chronicity of postpartum depression symptoms. *Depression and anxiety*, 718–724.

Lakey, B., Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological Review,* 118(3):482–95.

Lamb, M.E. (2010). *The role of the father in child development*. Hoboken, NJ: John Wiley & Sons Inc.

Lamb, M.E., Frodi, A.M., Frodi, M., Hwang, C.P. (1982a). Characteristics of maternal and paternal behaviour in traditional and non-traditional Swedish families. *International Journal of Behavioural Development*, 5:131–141.

Lamb, M.E., Frodi, A.M., Hwang, C.P., Frodi, M., Sternberg, J. (1982b). Mother- and father-infant interactions involving play and holding in traditional and nontraditional Swedish families. *Developmental Psychology*, 18:215–221.

Landstinget i Uppsala län (2008). *Föräldrastöd i Sverige idag – vad, när, hur?* Uppsala: Landstinget i Uppsala län.

Levtov, R., van der Gaag, N., Greene, M., Kaufman, M., Barker, G. (2015). *State of the world's fathers: A MenCare advocacy publication*. Washington, DC: Promundo, Rutgers, Save the Children, Sonke Gender Justice, & the MenEngage Alliance.

Liu, C., Cnattingius, S., Bergström, M., Östberg, V., Hjern, A. (2016). Prenatal parental depression and preterm birth: a national cohort study. *BJOG* 2016: doi 10.1111/1471–0528.13891.

Lu, M., Jones, C., Bond, L., Wright, M.J., Pumpuang, K., Maidenberg, M., Jones, M., Garfield. D., Rowley. D.L. (2010). Where is the F in MCH? Father involvement in African American families. *Ethnicity & Disease*, 20(1 Suppl 2):2–61.

Lu, Y., Tong, S., Oldenburg, B. (2001). Determinants of smoking and cessation during and after pregnancy. *Health Promotion International*, 16(4):355–365.

Mannion, C.A., Hobbs, A.J., McDoald, S.W., Tough, S.C. (2013). Maternal perceptions of partner support during breastfeeding. *International Breastfeeding Journal*, 8(1):4.

Massoudi, P., Wickberg, B., Hwang, P. (2007). Screening for postnatal depression in Swedish child health care. *Acta Paediatricia*, 96:897–901.

Maycock, B., Binns, C.W., Dhaliwal, S., Tohotoa, J., Hauch, Y., Burns, S., Howat, P. (2013). Education and Support for Fathers Improves Breastfeeding Rates: A Randomized Controlled Trial. *Journal of Human Lactation*, 29:484–490.

McBride, C.M., Baucom, D.H., Peterson, B.L., Pollack, K.I., Palmer, C., Westman, E. (2004). Prenatal and postpartum smoking abstinence: a partner-assisted approach. *American Journal of Preventive Medicine*, 27(3):232–238.

Medicinska forskningsrådet (1999). *Barnhälsovårdens betydelse för barns hälsa – en analys av möjligheter och begränsningar i ett framtidsperspektiv. A state of the art document*. Stockholm: Medicinska forskningsrådet.

Messner, M. (1997). *Politics of Masculinities. Men in Movements*. London: Sage.

Månsdotter, A. (2006). *Health, economics, and feminism: on judging fairness and reform*. Umeå: Umeå University.

OECD (2014). Gender, Institutions and Development Database 2014 (GID-DB): Unpaid care work 2014.

Parke, R.D. (1981). *Fathers*. Cambridge: Harvard University Press.

Premberg, Å. (2011). *Förstagångsfäders upplevelser av föräldrautbildning, förlossning och första året som far*. Göteborg: Gothenburg University.

Ramchandani, P., Domoney, J., Sethna, V., Psychogiou, L., Vlachos, H., Murray, L. (2013). Do early father-infant interactions predict the onset of externalizing behaviours in young children? Findings from a longitudinal cohort study. *Journal of Child Psychology and Psychiatry*, 54(1):56–64.

Ramchandani, P., Stein, A., Evans, J., O'Connor, T.G., Team, A.S. (2005). Paternal depression in the postnatal period and child development: a prospective population study. *Lancet*, 365:2201–2205.

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

SCB (2012). Välfärd 4/2012. Örebro: SCB.

Socialstyrelsen (2014). *Att vilja se, vilja veta och att våga fråga. Vägledning för att öka förutsättningarna att upptäcka våldsutsatthet*. Stockholm: Socialstyrelsen.

SOU 1997:161. *Stöd i föräldraskapet. Betänkande av utredningen om föräldra-utbildningen*.

SOU 2008:131. *Parenting support – en vinst för alla*.

Stattin, H. (2015). *Effekter av parenting support – Redovisning av en nationell utvärdering på uppdrag av Socialstyrelsen*. Stockholm: Socialstyrelsen.

Storey, A.E., Walsh, C.J., Quinton, R.L., Wynne-Edwards, R.E. (2000). Hormonal correlates of paternal responsiveness in new and expectant fathers. *Evolution and Human Behavior*, 21:79–95.

Tzang, R., Chang, Y., Liu, S. (2009). The association between children's ADHD subtype and parenting stress and parental symptoms. *International Journal of Psychiatry Clinical Practice*, 13:318–325.

Weitoft, G.R., Burström, B., Rosen, W. (2004). Premature mortality among lone fathers and childless men. *Social Science and Medicine*, 59:1449–1459.

Wells, M.B. (2016). Literature review shows that fathers are still not receiving the support they want and need from Swedish child health professionals. *Acta Peadiatricia*, 105(9):1014–1023.

Wells, M.B., Sarkadi, A. (2012). Do father-friendly policies promote father-friendly child-rearing practices? A review of Swedish parental leave and child health centers. *Journal of Child and Family Studies*, 21(1):25–31.

Wickberg, B., Hwang, P. (2003). *Post partum depression – nedstämdhet och depression i samband med barnafödande*. Statens Folkhälsoinstitut, 2003:59.

Wockel, A., Schafer, E., Beggel, A., Abou-Dakn, M. (2007). Getting ready for birth: impending fatherhood. *British Journal of Midwifery*, 15(6):344–348.

Östberg, M., Hagekull, B., Hagelin, E. (2007). Stability and prediction of parenting stress. *Infant and Childrens Development,* 16:207–23.

Masculinity and gender-equal parenting

TOWARDS MORE ACTIVE PARENTING FOR FATHERS

One sub-goal of the Swedish national gender equality policy is that women and men, girls and boys should all enjoy the same conditions that promote good health and be offered social and medical care on the same terms. There needs to be efforts directed toward boys and men and masculinity issues, in order to move closer to that goal.

This publication describes strategies and provides examples of how the maternal health and child healthcare systems can promote gender-equal parenting by strengthening men's roles as parents, and by changing destructive norms about masculinity. This can result in better health for both children and adults in a family, as well as strengthen the position of women on the labour market.

This publication has been published as part of the program carried out by the Government and the Swedish Association of Local Authorities and Regions (SALAR) regarding men, masculinity and gender equality. At the SALAR website, *skl.se/jamstalldhet*, you'll find publications, films and other material from this campaign.

ISBN 978-91-7585-679-7
Order or download at webbutik.skl.se
Mailing address: 118 82 Stockholm
Visiting address: Hornsgatan 20
Telephone: 08-452 70 00 | **skl.se**

Swedish Association of Local Authorities and Regions