

Role Model Approach, Community Dialogue Sessions and Changes in Traditional Fatherhood Practice in Rural Bangladesh

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Abstract

This paper aims to discuss the effectiveness of the role model approach in community dialogue session to initiate self-reflection among young fathers for changing the traditional fatherhood practices to prevent violence at the household in rural Bangladesh. Using the qualitative method of data collection the research evaluate a community dialogue mechanism involving fathers who have children aged between 0 to 5 years and who got the opportunity to interact with the 'role model' fathers. The first part of the paper discusses about the background and context of organizing the role model mechanism and the community dialogue session. This section describes the role model mechanism that works as a process to persuade the fathers in the community dialogue session. Here the paper gives a brief account of the role model fathers who have successfully challenged the traditional harmful fatherhood norms and therefore contributed to the women empowerment. The second part gives specific case studies on fathers who participated in the community dialogue session and became motivated and participated in the care work in the household level. The third part of the paper discusses on the outcome of the fathers participation in the care work in relation to violence prevention and the practice of good parenting techniques at the household level. The paper ultimately concludes, role model techniques together with the community dialogue session would ultimately challenge the traditional ideology of fatherhood and resist the enactment of violence in household level.

Keywords: *Role Model Approach, Community dialogue session, Traditional practice of Fatherhood, Women Empowerment*

1. Introduction

One of the motives that the conduct of fatherhood has been measured to change is lack of experience to perfect paternal role models. The paper examines how fathers of young children (0-5 years old) shaped fatherhood roles according to various models in their lives. Following the qualitative research principles of the theory of masculinity and comparative analysis, several findings emerged. There is void with respect to identifiable and meaningful role models. The fathers tended not to model their behavior after a particular individual, rather, their models were fragmented as they selected particular behaviors to incorporate into their roles. The emphasis that was placed by these men on providing a role model to their children, in the

absence of role models in their own lives.

Qualitative data collection process using PRA methods was the basic methodology of the study. Role model fathers are the top most basic element of the process of community dialogue session. To get an initial understanding on the socio-demographic factors influencing gender relations in the villages a community profile on the selected villages has been done. A number of couples were being randomly chosen from the PRA sessions who were later set as the part of dialogue session. All of them were hegemonic masculine fathers who were targeted to change as positive fathers and quality partner through role model approach and community dialogue session. To understand the existing gendered practices within household, FGDs were being conducted among women, men and health service providers. While selecting the key informants, men and women from both nuclear and extended families were being considered.

As part of complex social system, child development varies widely across cultures (Lamb, 2010) and no doubt fathers play a significant role in fostering social-emotional and cognitive development in the lives of young children. The father who plays the character of active role model in real, his child care strengthen and develop the fathers dwelling is the society. Instead single, right way, there are diverse categories to involve with children and raise them. Research has found the value of father's involvement determined by the quality of the interaction between fathers and their children for example, father's responsiveness to the needs of his child is much important rather than the amount of time they spend with children (Palkovitz, 2002).

Because the collaborations between parent-child relationships have positive influence in children's life, this particular area requires a huge concern. Research on fathers sometime reflects different, contextual connotations of traditional, biological fatherhood to multiple fathering engagements. Earlier research on parental interaction mostly highlighted correlation between marital satisfaction and father's participation in child care. But co-parenting which refers to the quality of the coordination between partners in their parenting roles and incorporates the degree of support and solidarity they share as parents (Feinberg, 2003; McHale, Kuersten-Hogan and Rao, 2004) lack proper concentration in the previous development research. Specially in the joint families of India and Bangladesh where children are mostly being reared and cared by other family members (Chaudhury, N. 2013), issues of fathering need special attention.

In the construction of male identity in Bangladesh, fatherhood is no doubt an important element. This idea leads us to collaborate fathers for Despite the usual fact that mothers are the

prime care givers and fathers are the authoritative decision makers of children's health, education and social life, there are many fathers involved with their children for a variety of needs especially in rural setting of Bangladesh (Ball, J & Khan, M). Initiating programs to support father's engagement in co-parenting is therefore gaining real importance in development plans of Bangladesh.

To advance such initiative of men engagement especially of fathers, Centre for Men and Masculinities Study (CMMS) in Bangladesh and Promundu USA aimed to identify gender equality, alternative masculinities and transformation of gender roles within targeted communities of Bangladesh. To adopt Program P developed by Promundu, this Global Fatherhood Campaign, MenCare has been designed to promote men's active, equitable and nonviolent involvement as fathers and caregivers in Bangladesh. Combining Community Dialogue Facilitation tools for addressing Masculinities and Gender Equality with Program P it also explored how men's positive involvement in care giving activities and domestic chores bring positive changes to ensure women's empowerment from the Gender and Development approach.

2. Main Text

In a traditional society like Bangladesh, fathers usually possess the patriarchal ideologies that their only responsibility is to earn money for their family's well-being. Especially fathers in the remote places hardly understand how their little effort can bring positive changes to the family. Rearing children for example is primarily considered as feminine job within the study areas. It was quite common and expected that women will take care of the household chores. Male respondents strongly believed, only female members have the responsibility to do regular household works besides their caring role. Because male members of the family are mostly responsible for bread earning tasks, unless their wives fall sick, they consider their household engagement as waste of energy. This idea has been changed by the stories of role models who were presented during the community dialogue session which is popularly known as Program P at the community. The case studies above will clarify how the stories literally influenced someone individually by heart.

2.1 Case Study 1

Dalipara is a village in Cox's Bazar where religion leads the beliefs and practices for most

of the people. Daughters in this village are found in veils often. They not only have restricted mobility in the public place and limited access to education but also a minimum communicating trend with their parents specially with the fathers. Md. Selim Uddin belongs to this community but his practice is unlike the other locals. “My father would always buy sanitary napkin for me and my sisters during our menstruation. He even bought us unwanted hair removal creams to help with the maintenance of our personal hygiene”, said the youngest daughter of Md. Selim Uddin.

Md. Selim Uddin is a promoter of women’s education. He challenged the age old custom of his very own society and educated his six children including his three daughters. Being inspired from his mother and his friend, he chose to walk down an aisle which resulted in the establishment of his daughters. He broke the taboo related to the fact that daughters cannot speak to their fathers regarding sexual reproductive health changes and challenges. He made the communication happen and made them aware. He said, “When we had our first baby, my wife had several complications. I do not want the same incident to happen with my daughters. I did not marry them off at an early age. I want them to be educated and established”. It is due to his firmness that his eldest daughters a teacher. His other daughter has graduated from Chittagong University and joined Islami Bank. Moreover, the youngest daughter is now studying in Chittagong University; all of them are shining with their own light.

2.2 Case Study 2

The village Agpungoli is a remote village of Faridpur, Pabna. The communication and transportation system of the village is almost broken. The children have to cross the rivers in order to go to the schools. Due to this adverse situation the girls of the village usually do not go to the secondary and higher secondary schools after completing the primary education. The rate of female education is very low in that village. In this situation, the daughter-in-law of Md. Nurul Islam is an example. The retired army soldier Md. Nurul Islam has inspired his daughter-in-law to avail higher education and employment and supported her in every manner to fight against all the odds and norms of the society.

Engaging father in the child care process requires the awareness first. In childcare process men need to be aware about father- child bonding so as to share child rearing activities like feeding, playing with children and to be a friendly person for their proper development. Men should

learn to consider their partner's need and to help them in the household chores and half the burdens.

As husbands commonly perceive women as key person for household chores, their reluctance to share their wives burden should be changed showing how their engagement can benefit family well-being. Husband's belief of not doing household tasks following the ethical and religious direction, should be questioned. But concerning the issues of major decision making, husbands always act authoritative. While wives might decide the regular activities like cooking, cleaning, small buying, husbands always lead the decision making on overall home management across the villages.

Father's assumption that only mothers can take best care of their children makes them more reluctant. Instead trying to know about rearing children, they prefer to do the birth registration, vaccination and school admission tasks. Awareness raising on sexual knowledge among community people is a timely concern. Specially in remote areas where people still believe having sexual practices during pregnancy is strictly prohibited, sensitizing them with proper reproductive health measures is a must. While health care providers can be a great source of accessing sexual and reproductive health knowledge, male persons often visit hospitals to avoid their problems sharing with unknown females. They might choose to share with friends rather family members.

Men do not even take their wives to the local hospitals unless there is severity. Regarding family planning, they mostly depend on the elder members of the family or village doctors or often local herbalists. One of the participants from community dialogue session, Dilip Das said he took advice about family planning from one of his friends who is a farmasist. Considering the medical fees and medications, many of them prefer to go to local herbalists which relatively cost less. Husbands say, if they faces any kind of sexual problem they don't go to the clinic. Because they don't have any male doctors who can hear their problem. They demand a male doctor with whom they can discuss their sexual problems.

3. Conclusion

This study therefore looked forward to the extent of engaging fathers in commonly perceived deficiency areas ranging from providing less child support to limited involvement in domestic chores, in the broader interest of ensuring gender equality. Considering socio-

economic class, religion and educational attainment as important variables, men's participation within household were much expected in every community being studied in this research. Following the research evidence of Chile, it also reflects the fact of low income men's less dedication and contribution in child care responsibilities than low income women. Positive male figures were therefore encouraged and welcomed to serve as role models and mentors for the child to nurture and guide young children effectively, contributing to all areas of the child development. Emphasis has been given to bring changes in parental attitude of disciplining their children in a friendly manner instead applying any force or threat.

4. References

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