

From provider to protector: rethinking the father's role in child health in India

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Context and objectives

The evidence is irrefutable: handwashing with soap (HWWS), good hygiene, and vaccinations are cost-effective interventions that can reduce child deaths.^{1,2}

Yet inequity of available resources and access to health information and interventions means globally, billions of people do not have access to or practice these life-saving interventions.

In 2020, 2.3 billion people lacked basic hygiene services, including soap and water at home.² Nearly half of schools worldwide do not have basic hygiene services, affecting 817 million children.² And despite decades of global immunisation progress, an estimated 25 million children under the age of one did not receive basic vaccines in 2021.³ Sadly, each year, 1.5 million children under five years old will die from vaccine-preventable diseases⁴ – with the most significant burden shouldered by children in lower-income and densely populated countries.^{4,5}

This disproportionate burden is abundantly clear in India.⁵ While the country has made significant progress in reducing deaths among young children, pneumonia and diarrhoea remain the country's top two contributors to preventable deaths of children under five. In fact, India has the highest globally reported death toll for pneumonia and diarrhoea in children under five (>230,000 in one year).⁵

To tackle this concerning reality, the Government of India developed a comprehensive Universal Immunization Programme to prevent several diseases such as diarrhoea, pneumonia, diphtheria, tetanus, polio, measles, and more.⁶ The programme has yielded impressive results; for example, 83% of children under one had completed the RotaC Virus immunisation in 2021.⁷ Despite these efforts, deaths from preventable diseases in India remain high, particularly in low-resource settings, causing needless, devastating heartache for parents throughout the country.

The good news is that we can prevent many of these deaths by empowering people with the knowledge and resources to make simple, positive health choices like HWWS and vaccinations.

To support the government of India to better address these healthcare challenges, Gavi, the Vaccine Alliance, alongside Unilever and its brand Lifebuoy as well as the creative transformation company WPP, developed a ground-breaking initiative to increase demand for HWWS and immunisation. The programme, *Safal Shuruat* ('Successful Beginnings'), aims to increase positive health behaviours among *both* parents and reframe the dialogue around child health to address key indicators for child success – and not merely survival. It does this by helping break gender-related barriers, focusing on the father's role in parenting alongside nutrition, interpersonal communication, and enrichment activities. Through this, the programme aims to ensure joint responsibility between parents, increasing demand for immunisation and HWWS behaviours.

If parents provide a nurturing, healthy and safe environment for their children, they will be more likely to secure a successful beginning for their child's future.

2.3 billion

People lacked basic hygiene services, including soap and water at home in 2020.²

817 million

Children worldwide do not have access to basic hygiene services at school.²

25 million

Children under the age of one did not receive basic vaccines in 2021.³

1.5 million

Die from vaccine-preventable diseases every year.⁴

Insight

Across cultures, taking care of a child is still universally considered a mother's responsibility. Because of this, messaging that promotes positive health and parenting behaviour is often targeted at mothers, who are typically the primary caregivers in many countries. But mothers are only one-half of the parenting dyad. Research shows that a father's active involvement in parenting is critical for a child's cognitive, emotional, and social development.⁸ Dalveer Singh, an experiential Marketing expert from GroupM Mumbai, outlines:

"In mainstream Indian society, a father's role has traditionally been perceived to be strongly linked with earning and providing financially for the family. The mother's role was often envisioned to be of a nurturing caregiver, who handles all daily chores and childcare-related activities, such as cooking, cleaning, looking after the children, amongst others."

However, this perception minimises the powerful influence and responsibility that fathers can have. Engaging fathers in programmes through gender-specific messaging and activation can strengthen their participation in childcare and development, helping to change childhood health outcomes.

Safal Shuruuat was designed to remedy certain engrained gender-related barriers. The programme's unique focus aimed to **shift the perception of a father from being the provider to the protector**. Under the umbrella of successful parenting, fathers learned about the importance of both parents contributing to childcare, including infection prevention, to protect their children's health and as a precursor to their child's success.



Vaccinating babies is a simple, effective health intervention, and so is handwashing. We started in India, trialling various interventions and material and working with on-the-ground influencers to ensure our work resonated and was adapted to the cultural contexts of the regions we were working in. We brought together our expertise and knowledge of how to communicate behaviour change towards

both parents with young children as well as Gavi's expertise in leading immunisation campaigns and mitigating vaccine hesitancy. This programme is an excellent example of simple partnerships delivering huge impact.

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Rebecca Marmot
 Unilever's Chief Sustainability Officer



Strategy

Safal Shuruuat brings a new lens to children's health messaging by inspiring paternal action. The programme conducted community workshops with male-specific messaging to help overturn the gender norm that child health is the sole responsibility of the mother, and to encourage improved interspousal communication.

The programme was designed in collaboration with Gavi, Unilever Lifebuoy, a coalition of experiential marketing organisations (Group M, Dialogue Factory, Mindshare, Ogilvy, Genesis and Kantar), and Indian government support. Based on the pilot results, the project developed a 'father-specific pillar'. As part of this, an initial human-centered design workshop with fathers was conducted, which generated hypotheses and prototypes of interventions, leveraging insights from male caretakers. For example, this ideation session found that men were motivated by financial success for themselves and their families. **This meant that handwashing and immunisation were reframed as a route to proactive financial management and ultimate cost saving for the household.** As one participant put it: *"You spend only 10 rupees for soap, but in case of illness, you end up spending 1000 rupees."*



To bring about awareness and emphasis on the father's crucial role in the raising their children was an essential, inherent part of the programme. It emphasised how active paternal involvement in parenting is essential for better cognitive and emotional development of the child. Throughout the programme, fathers were given examples of everyday small, doable actions, helping to strengthen their connection with their child, and ultimately contribute to improving their child's health, development and social relationships.

Dalveer Singh
Head of Experiential marketing,
Dialogue Factory, GroupM

To amplify engagement from both parents, interpersonal communications were delivered by a trained duo – one male and one female. Having a female facilitator helped to address the importance of shifting adverse norms that can affect women, too, such as the idea that women are entirely responsible for childcare. This view may prevent mother from allowing fathers to play a role in childcare in the first place.

But crucially, by including a male facilitator in the sessions, both perspectives were represented during the process. Vijay Bhartiya, a father involved in the programme, says, *"A male and female team would come together and conduct meetings in the village. I think that was a good means of engaging both parents, as men felt more at ease conversing with the male volunteer, while the women felt more comfortable talking to the female volunteer. This made it easier for us to connect with them. I am happy that I learnt so much from this programme."*

The implementation approach was developed to take parents through a journey of learning and behavioural prompts and activities. This included a bespoke mix of technology-enabled interpersonal communication sessions with parents, combining the use of audio-visual films, interactive props, powerful examples and mobile reminders. Together, these created a unique environment of continued support for parents through consistent engagement with front-line health workers and programme officers.

Impact

Through *Safal Shuruaat*, Gavi and Unilever Lifebuoy are changing the future of gender-specific healthcare, helping to spearhead a mind-shift around more traditional views of parenting roles in India, for both the mother and father. With these learnings and insights, *Safal Shuruaat* was implemented in Uttar Pradesh, the most populous state in India, **reaching 3.7 million people within the first five years of the project.**

Measurements of success from the programme were two-fold: improved knowledge of vaccination and HWWS, as well as behavioural outcomes such as vaccine uptake and hygiene practices. Overall, this approach has yielded impressive results that helped improve outcomes within the target audience, but also strengthened male participation in shaping their child's health.

"Through the Safal Shuruaat meetings with other parents, I learnt how important it is for both parents to mutually decide and work towards the development of their children. Now my wife and I discuss and decide everything about our children's education, health, future, and so on." Dashrath Bhartiya, Village Jasra, Block Jasra, Prayagraj.

> 3.7 million

People reached over the course of the project.

↓ 20%

Decrease in negative attitudes from parents who believe fathers should only take care of a child when the mother is too busy.

↑ 45%

Increase in the belief that childcare should be discussed between both parents.

Digital model results after 12 months implementation

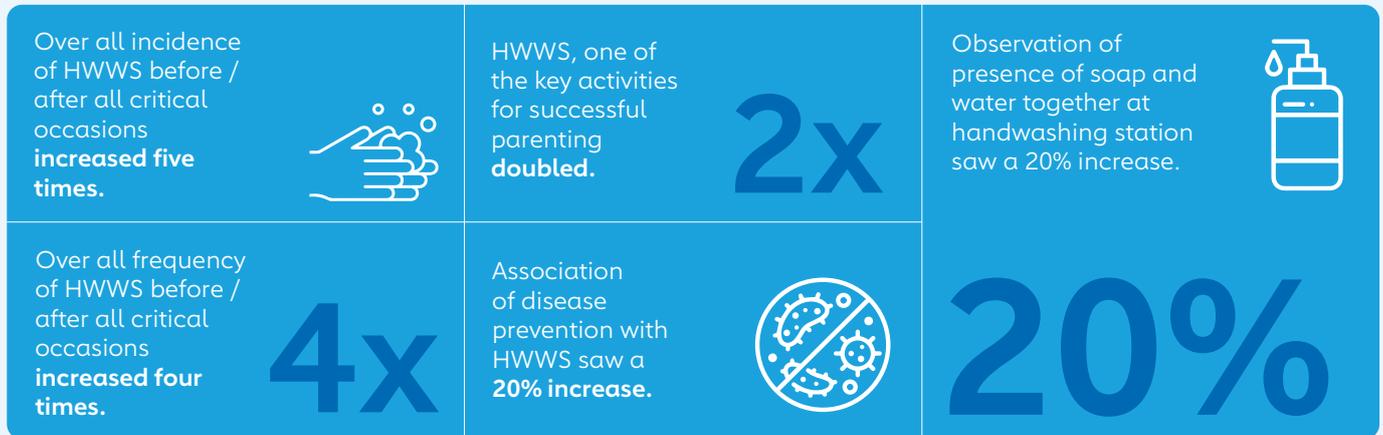


And Dashrath isn't the only one to shift his perception of a father's role in childcare. After 12 months, the digital only campaign of *Safal Shuruaat* found a **decrease of nearly 20% in negative attitudes from parents who believe fathers should only take care of a child when the mother is too busy.** Crucially, participants also highlighted a **45% increase in the belief that childcare should be discussed between both parents,** and not just fall on the mother's shoulders.

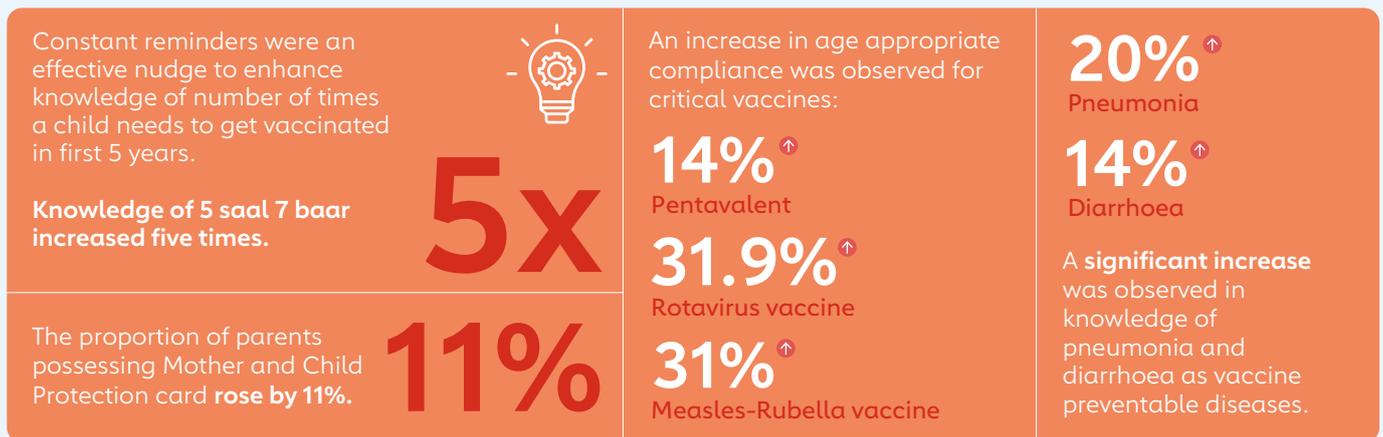
Subhash Kumar, a 28-year-old farmer from Takipur village in Uttar Pradesh, highlights how this programme affects change at an everyday level for him and his family: *"I have stopped taking my wife's contribution to parenting for granted. While being away at work most of the time is unavoidable for me, I now try to help her in my own way, as much as possible. I get fresh vegetables from the market for the family on my way back home, I have started keeping track of [my child's] immunisation dates, and ... I have also installed two handwashing stations – now everyone entering the house must wash their hands with soap first before touching or doing anything!"*

And the results of involving both parents as agents of change speak for themselves (pilot data below):

Handwashing with soap



Immunisation



Parenting



Footnote: HWWS, handwashing with soap; 5 saal 7 baar, 7 vaccinations before 5 years old

Additionally, data collected during the scale-up phase of the programme showed **significantly improved awareness among fathers** around health-seeking behaviours they could adopt to support their family, including keeping a record of children's immunisation (+16 points) and encouraging family members to wash hands with soap (+21 points).



Our collective efforts are paying off. We have seen significant improvements in handwashing and immunisation in even the most remote areas of India.

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Rebecca Marmot
Unilever's Chief Sustainability Officer

So, what next?

The Indian Government's Ministry of Health and Family Welfare recognised the programme's success as one of the 'good and replicable practices and innovation in the public healthcare system'.

Following the impressive results, the Government of India is seeking to enhance its immunisation and HWWS strategy even further – by harnessing the power of public-private partnerships as a critical facilitator to addressing public health issues. Gavi and Unilever Lifebuoy plan to replicate the model's success in urban areas of India where the incidence of diarrhoea and pneumonia remains high, as well as use similar models of shared investing in other high-burden countries.

Ultimately, by redefining gender norms, it has proven possible to enhance handwashing and immunisation, to reduce vaccine-preventable deaths and simultaneously contribute to the broader goal of gender equality.

This means that together, and through game-changing initiatives like *Safal Shuruaat*, we can ensure that no child is left behind.



Integrated interventions that begin at birth, including clean water and vaccines, can protect against diarrhoea and pneumonia. The Gavi and Unilever Lifebuoy partnership (...) is a great example of the public and private sectors working together to help prevent millions of unnecessary deaths and save the lives of the most vulnerable children.

—
Dr Seth Berkley
CEO of Gavi



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