



BORN
ON TIME

Promoting Social Behavioral Change through
Male Engagement and Inter-generational
Dialogue between Women and Girls.

INTRODUCTION



PRETERM BIRTH IS THE LEADING CAUSE OF DEATH AMONG CHILDREN UNDER FIVE AROUND THE WORLD, AND A LEADING CAUSE OF DISABILITY AND ILL HEALTH LATER IN LIFE.

In Bangladesh, 604,000 babies are born too soon each year and 23,600 children under five die (Every Premie Scale) due to direct preterm complications. The Born on Time (BOT) project aims to prevent preterm births by targeting risk factors related to unhealthy lifestyles, maternal infections, inadequate nutrition, and limited access to contraception that can lead to babies being born too soon.

BOT is the first public-private partnership dedicated to the prevention of preterm birth in targeted communities of

Bangladesh, Ethiopia and Mali, bringing together the collective expertise of World Vision, Plan International, Save the Children, the Government of Canada and Johnson & Johnson. This project supports women and adolescent girls before, during and after pregnancies by strengthening health systems to provide quality, gender-responsive, adolescent-friendly, maternal, newborn and reproductive healthcare. BOT uses a combination of approaches that include health system strengthening, demand generation via Social and Behavior Change Communication (SBCC) and strengthening data collection and utilization.

BOT in Bangladesh works with 55 Union Health & Family Welfare Centres (UH&FWCs), three Community Clinic (CCs), two Union Sub Centres (USCs), one Upazila Health Complex (UHC) and one Maternal and Child Welfare Centre (MCWC) under six rural upazilas (sub-district) of Rangpur district.

In Bangladesh, 604,000 babies are born too soon each year and 23,600 children under five die due to direct preterm complications.

— *Every Premie Scale, 2019*

BOT also supports the empowerment of women and adolescent girls by investing in their increased knowledge, decision-making capacity and promoting their leadership. The Project systematically

engages men and boys in gender equality training that promotes positive masculinities aimed at redistribution of household chores and childcare responsibilities, prevention of gender-based violence and intimate partner violence, and male support around the continuum of maternal newborn health/sexual reproductive health (MNH/SRH) care.

Moreover, the project also engages other key influencers like community leaders, household decision makers, including mother-in laws to transform harmful gender norms and address gender-based discrimination and barriers that



have negative long-lasting impacts on maternal and newborn health, as well as the realization of women's and adolescent girls' rights.

For this, BOT uses a wide variety of SBCC interventions to bring behavioral change at the individual level and to promote positive social norms both at the family and at the community levels that support collective health objectives and challenge harmful practices, by engaging individuals, families and communities, to commit to better health and social outcomes.

Born on Time has been the first of its kind working with the targeted communities towards preterm birth (PTB) prevention in Bangladesh. BOT applied a combination of approaches and strategies to achieve project goals. The project uses a comprehensive approach which includes demand generation; improving the availability and quality of MNH/SRH services; and data and knowledge generation and utilization. Along with these, Gender Equality (GE), Knowledge Management (KM) and capacity building have been mainstreamed to achieve the project goals.

This report presents two best practices of BOT in Bangladesh and the lessons learned according to key project personnel. Project staff working at the field level as well as those operating at the management, policy and planning levels, were brought together for the exercise that took place virtually via the MS Teams platform due to the Covid-19 pandemic.

Objective

The objectives of this lessons learned exercise and the report are to:

- Identify best practices and lessons learned from BOT.
- Identify key enablers, barriers and challenges to implementing these interventions; and
- Discuss the learnings for potential scale up and sustainability following the momentum already created towards PTB prevention.

Method

- **Desk review:** The BOT Team members were involved in facilitating the lesson learned exercise and preparing this report. The desk review looked at several project planning and design documents and reports. This included the findings of the Baseline Study, Formative Research, Midterm Study, SBCC Strategy, GE Strategy and GE Assessment Report, Project Implementation Plan, Performance Measurement Framework (PMF), Annual Work Plans (AWP), testimony collected from different stakeholders during monitoring visits, Annual Reports, and Quarterly Management Reports.
- **Virtual Meeting:** The project held two half-day virtual meetings on 27 and 29 April 2020. In these meetings, the key implementers and technical project staff (Annex i & ii) reflected on what worked well and what did not; the enablers and the challenges, and what could have been done better. The discussions covered BOT's activities and achievements up to March 2020. The participants, who are involved with implementation directly, were quite passionate about the achievement/outcome of all the major interventions. Finally, two BOT best practices have been documented, considering their outcome/impact is 'visible' either via the Midterm Assessment and/or internal monitoring, and supported the project to achieve targets.



Male Engagement: Engaging men and boys as proactive partners of change to prevent preterm birth

IMPLEMENTATION



Challenges

The GE Assessment observed that one of the key gender inequalities contributing to preterm birth and poor MNH/SRH outcomes is women's and girls' limited autonomy and decision-making power, particularly with regards to pregnancy and accessing essential MNH/SRH services during and after their pregnancies, birth spacing, and child rearing. Women's limited mobility and agency often restrict their access to information or accessing MNH/SRH services independently of their husbands or in-laws. The Baseline Study and Formative research also found that women's lack of knowledge about MNH/SRH issues and PTB risk factors, low or lack of financial independence to allocate resources for MNH/SRH services, coupled with husbands' lack of awareness about the importance of accessing MNH/SRH services before, during and after pregnancy at the health facility, contribute to lower utilization of MNH services by women and adolescent girls.

Traditionally, women are responsible for all household chores and caring for their children. In Rangpur, women engage in physically laborious activities like pumping hand-pumps and fetching water, paddy boiling in large pots, cutting soil,

fetching those from far away, fixing mud houses, and washing clothes. Such types of heavy physical labour can increase the risk of preterm birth. The baseline data indicated that 70.9 percent of women continued to do household chores and activities during their pregnancy.

The Formative Research and GE Assessment also revealed that often pregnant women are not getting adequate nutrition due to a number of factors. This includes lack of knowledge about the importance of adequate nutrition during pregnancy, misconceptions around food during pregnancy, poverty, and that the husband or a male member of the family buys food but he is not aware about the specific nutritional needs of a pregnant woman. The study also observed that while men's influence on maternal matters is decisive in most instances, men's involvement and support throughout the continuum of care is very low. Husbands/male members of the family are less aware and/or involved in antenatal care (ANC), delivery, post-natal care (PNC) and seeking other health care services including treatment for infections during pregnancy. Moreover, husbands are reluctant to use contraceptive methods.



Rationale for the intervention

In Bangladesh, men typically hold significant decision-making power on whether and how their family, including women and adolescent girls, access health care. Men also play a significant role in how women and girls are treated in their society, especially relating to harmful traditional practices such as Child Early and Forced Marriage (CEFM), and Intimate Partner Violence (IPV), both of which directly contribute to preterm birth. During the GE Assessment, some married women aged 20-49 mentioned that bringing change required husbands' taking on what they referred to as "women's work." Both the GE Assessment and Formative Research recommended systematic engagement of men and a broader awareness-raising campaign to promote positive masculinities in changing attitudes towards a more flexible division of labour, reduction in CEFM and IPV, and male engagement in the MNH/SRH continuum of care.

Later, SBCC formative research also found that community leaders such as teachers, religious leaders, elected male and female local government representatives, and mothers-in-law influence women's health seeking behavior; and identified them as important community networks to promote social and behavioral change. The root cause analysis presented the importance of creating awareness at the individual, family and community level about preterm birth risks and gender equality in one hand; on the other, to facilitate male engagement by sensitizing the husband/male about their role in safe pregnancy and motherhood.

All these above learnings were applied to inform the BOT project design and implementation process, and along with these older members, adolescent boys were also mobilized, and adolescent boys' peer education groups were established to foster positive masculinities premised on gender equality and girls' rights. A total of 186 adolescent boys' groups were formed and targeted, and group-wise customized SBCC activities were conducted to educate men and boys with explicit messaging on gender equitable behaviours and relationships and the importance of their participation in the MNH/SRH continuum of care. Gradually, Father's Clubs and Young Married Couples Groups were also formed.

The baseline data indicated that 70.9 % of women continued to do household chores and activities during their pregnancy.

Overall male engagement interventions

I. ENGAGING COMMUNITY LEADERS

Drawing on the positive learnings mainly from Plan Bangladesh's previous two projects, the 'Human Resource for Health (HRH) Project' and the 'Women and Their Children Health (WATCH) Project, the Born on Time (BOT) project designed interventions to mobilize the entire community and educate them on the importance of gender equality (GE) and male engagement in the MNH/SRH continuum of care. Accordingly, BOT organized the community level influencers and/or leaders and created 62 Change-Makers Groups comprising of 20 members per group. At least seven of them are women leaders.



II. ENGAGING HOUSEHOLD INFLUENCERS

Similar to the Change makers group, 186 Household Decision Makers Groups were formed with the decision-makers/influencers within a family, including the mothers-in-laws. An informal pre-design community consultation was also conducted to inform the project design and accordingly mother-in-laws were also engaged in the Household Decision Makers Groups, as they were found to be influential regarding their daughters-in-laws' reproductive health related issues, as well as male engagement.

III. FATHERS CLUBS

For an effective male engagement strategy that contributes to preterm birth prevention, BOT established Fathers Clubs to help men understand the preterm risk factors and reasons for maternal and neonatal death and morbidity. The Fathers Club idea was borrowed from another Plan International project, 'Strengthening Health Outcomes of Women and Children (SHOW)', also being implemented in Bangladesh. Under the SHOW project, Plan International, in partnership with 'Promundo-US', developed an approach and curriculum for the orientation of the husbands of target women beneficiaries by asking them to voluntarily join the Fathers Club.

BOT adopted the Fathers Clubs curriculum consisting of 16 training sessions and improvised the training content with illustrations, organization of the modules, and methodology not only to ensure its suitability to BOT's PTB prevention objective, but also to further emphasize the male partner's role towards his wife and children. Training also included content around the need for men to understand adequate nutritional needs of their pregnant partners, the importance of ANC

and PNC and getting treatment for infections during pregnancy, utilization of contraceptives and joint decision making.

As part of its male engagement strategies, BOT organized the male members (aged 22 to 35) into 1,240 Fathers Clubs with each having membership of 15 fathers, thus reaching a total male population of 18,600. All men voluntarily self-selected to receive Fathers Clubs sessions. The 20 Fathers Club weekly sessions were staggered over a period of time to be completed at the venue and time convenient to the target men.

The weekly training sessions deployed an entertainment-education approach combined with interactive and reflective methods using matching games, pictorial cards and videos containing short dramas based on real life issues, to cater to the head and heart of the participants and help recall messages. The training methodology, for example, included interactive, emotional role-play sessions with specific examples of a husband's role for his wife's safe pregnancy and motherhood delivery. Compelling discussions and role-play left a lasting impression on the minds of the participants.

The Fathers Clubs became an important strategy as this activity directly engages men as proactive partners of gender transformative change. The objective is to sensitize men about their roles and responsibilities towards jointly sharing household chores and childcare responsibilities with their wives; importance of GE and equitable relationships; and to break the existing gender stereotypes around nurturing and child caring responsibilities, preventing gender based violence (GBV) and IPV, promote joint decision-making, and encourage modeling positive and non-violent masculinities.





IV. YOUNG MARRIED COUPLE GROUP

Another effective strategy towards male engagement has been to form, ‘Young Married Couple (YMC) Groups.’ Through this group, BOT reached out not only the most energetic and vibrant males, but also the most vulnerable adolescents 15-19 years of age – the married adolescents and adolescent mothers who are under pressure to prove their fertility right after getting married, but lack negotiating power and skills. To reduce such traditional vulnerabilities of married adolescent girls and young women, BOT formed 310 YMC groups comprised of 718 married adolescent girls and 177 boys. The YMCs are the only groups where both the spouses participate and learn together about using contraception, ways of preventing infection, benefits of good understanding, mutual respect and joint decision-making between a husband and wife.

RESULTS

BASED ON ROUTINE PROJECT MONITORING THE FORMATION OF COMMUNITY GROUPS (CHANGE MAKERS AND HOUSEHOLD DECISION MAKERS GROUPS) AND THE SUBSEQUENT SENSITIZATION PROGRAMS HAVE CONTRIBUTED TO INCREASING KNOWLEDGE AND AWARENESS ABOUT GENDER EQUALITY AND ITS RELATIONSHIP WITH PRETERM BIRTH.

The community leaders and mothers-in-law have become advocates for reducing harmful social norms such as the perceptions that since pregnancy is a normal part of life, pregnant women do not need any medical checkups or that it is okay for a pregnant woman to continue to do the majority of the household chores.

Rather, they now promote male engagement to prevent and care for preterm births. They encourage husbands to take their wives for check-ups and share household chores; and have become advocates

for preventing violence against women within their family and community. While direct comparisons between baseline and midterm are subject to limited interpretation due to varying methodologies and inclusion criteria, results of the Midterm Study suggest improvements in the percentage of women of reproductive age (WRA) (adolescents 11%; adult women 56%) and their male partners (42%) who

report equitable decision-making power within the household in relation to seeking health care information and services (family planning, ANC, facility-based delivery, MNH services) for WRA or their newborns compared to baseline.

“As a man, I wouldn’t consider household chores as my responsibility. In 2018, after becoming a member of Fathers Clubs, I for the first time realized that homemaking is men’s responsibility, too!”

— *Abdur Rauf, a Fathers Clubs member*

The Fathers Clubs have also contributed to raising awareness within its members on the importance of GE, including sharing everyday household chores. As Abdur Rauf, a Fathers Clubs member from Gangachara upazila stated: ‘As a man, I wouldn’t consider household chores as my responsibility. In

2018, after becoming a member of Fathers Clubs, I for the first time realized that homemaking is men’s responsibility, too!’

They have also learned about a husband’s responsibilities towards his wife’s safe pregnancy and motherhood. Many of them, breaking the usual norm, take care of their pregnant wives, ensure adequate nutrition, keep them safe from smoke, and

also accompany their wives during ANC, PNC visits and also delivery. Another Fathers Clubs member Raju Miah echoed the importance of men's role in safe pregnancy and said the following, "I learned about how much responsibility I have towards my pregnant wife. During her pregnancy, I took her to health center for regular checkups, ensure that she eats nutritious food and rest adequately. As I learned in the sessions, I had kept a rickshaw van ready, I had some dry clothes ready. We had also saved some money. When her labor pain started, I immediately took her to the health center. By the grace of Allah, at health center, my wife gave birth to a baby boy safely."

Similarly, the YMCs learning together about MNH and sexual reproductive health and rights (SRHR) and male engagement, helps to break the inertia and foster mutual dialogue and subsequent better understanding between them. As Iren Begum (18 years) from Gopinathpur, Pirganj said: "I was married to Md. Jenerul Islam just two months ago. At that time, I was very nervous about our married life. I was worried about what kind of person my would-be-husband would be. After marriage, I realized my husband was like all other traditional husbands and ignorant even about family planning issues. In the meantime, we learn about YMC Group from a health worker of BOT. My husband and I became a member and learn lots of things about family planning, menstrual hygiene, domestic violence and on many other issues that make us feel good. I am happy that I do not have to worry about anything as my husband discusses everything with me."



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The Midterm Study report stated that men's active participation in safe motherhood has resulted in reducing preterm risk factors as they are now aware, of how to avoid many pregnancy related complications that lead to preterm birth. Now, they not only practice positive lifestyles, but also promote to others. They participate in the BOT project's activities to disseminate some GE messages among the other men in the community. Even the adolescent boys raise their voices against child marriage and take part in activities that are geared to promote prevention of IPV and GBV.

According to Md. Masud Rana, a member of YMC group from Pirgacha Upazila : "During group sessions, I learnt about gender issues, IPV, domestic violence and how this could destroy the relationship between a husband and wife. My old perceptions changed. Now, we support each other in our daily life. And we also spread messages of IPV and GBV prevention among our neighbors."

Similarly, another member Most. Fensi Begum from YMC group in Mithapukur Upazila said, "I was married only at 17. My husband was a careless man. I was scared of him. But after participating in YMC Group sessions and learning about partner violence, joint decision making, gender equality, my husband has changed. We now jointly take decisions and he always helps me in domestic work, cares about me as well as supports me. Moreover, he advises others to do the same".

LESSONS LEARNED



What went well

The application of socio-ecological model¹ allowed BOT to understand the range of factors (barriers) limiting male engagement, and therefore prioritized interventions across all levels to address those underlying causes. This multi-pronged approach where different age and role-specific groups were mobilized through customized modules and targeted SBCC materials proved to be effective. It helped develop personal and collective efficacy to positively change men

and women's attitude and behavior towards male engagement.

The involvement of the community leaders and family level decision-makers supported the development of an enabling environment, as well as secure community trust to support and promote men breaking the gender barriers and displaying positive and non-violent masculinities. When community leaders advocate for gender equality

¹ The Socio-ecological model of communication considers the complex interplay between individual, family, community, and societal and cultural factors that influences people's behavior.



interventions instead of keeping it a separate activity limited only to, for example, Fathers Clubs. Apart from the community group-based approach, BOT kept delivering male engagement and GE messages consistently and repeatedly through other project activities, for example, the Theater for Development (TfD), Boushashuri mela, various trainings of health professionals, even via the content and illustrations/images used in SBCC materials and training/orientation modules.

and preterm birth prevention; and mother in laws promote LINC factors², anecdotal evidence suggests that it would stimulate male engagement within the community.

For example, a Father's Group member or YMC group member learns about GE/importance of male engagement in their respective groups, and then sees a teacher and/or religious leader (community leader) promoting the same issue. When he comes home, his mother, who is a Household Decision-maker Group member, asks him to wash the clothes as doing such things is harmful for his pregnant wife. Such social persuasion coupled with his newly gained knowledge is thought to develop his self-efficacy and change in behavior.

The interventions like Fathers Clubs have many different nuances, for example these groups consist of members coming from different occupations and professions. Some of them are teachers and/or Imams (Muslim religious leaders), who in a Bangladeshi community, are by default 'leaders.' When they model positive behavior, it creates a ripple effect in the community, as it encourages other men in the community to be inspired and adopt positive masculine behavior. In this way, this group helped reach a critical mass of men performing roles they did not perform before.

One important element of BOT's male engagement strategy is that consistent messages were also shared through other project

What could have been done to achieve better results?

BOT provided GE training to all the project staff, including field level providers, Training of Trainers (ToT) on Fathers Clubs manual and other trainings. It would have been better to have more opportunities for the community facilitators to learn from each other's experiences during the Fathers Clubs and other community group roll out; and to identify champion father/husband and engage them as advocates.

Having such learning sharing platforms at the local level would have supported applying lessons learned from one union and/or upazila for the betterment of the other.

² LINC factors means issues related to Lifestyle, Infection, Nutrition & Contraception such as preventing child marriage; delayed pregnancy; saving pregnant women from heavy work and support to rest enough ie two hours during the day and two hours more at night; provide her nutritious food; men sharing household chores; regular and at least 4 ANC checkups; birth preparedness, and so on.

CONCLUSION

CONSIDERING THE IMPORTANCE OF JOINT RESPONSIBILITIES AND MALE PARTICIPATION IN ACHIEVING GENDER EQUALITY WHILE ALSO IMPROVING MATERNAL HEALTHCARE TO REDUCE PRETERM BIRTH, AND THE POSSIBLE CHALLENGES OF DOING THIS IN A PATRIARCHAL SETTING, BOT APPLIED A RESEARCH-BASED, DATA DRIVEN AND PROCESS-ORIENTED COMMUNICATION APPROACH.

This helped BOT identify the complex social and cultural barriers to male engagement, understand the environment and identify interpersonal influences (such as peers) as well as the individual hegemony that restricts male engagement. BOT's multi-layered campaign design was informed by all these insights, which involved community leaders/opinion leaders as advocates and mother-in-laws to create an enabling environment within the family.

Simultaneously, tailored programs for young and adult men helped them realize the harmfulness of treating everyday household chores as 'women's work,' and that as heads of the family and controller of resources, men's only responsibility is to serve as the final authority on where and when pregnant women should seek medical care. The focused

programs supported men to come out of such stereotypical beliefs and practices and undertake more proactive roles in ensuring the health and wellbeing of their life partners, not only when they were pregnant, but also in general for equal relationships in the future.

A science-based approach coupled with the art of culturally compatible and consistent multi-channel messaging also via entertainment education platforms supported BOT to promote positive and non-violent masculinity breaking the stereotypical perceptions and barriers to male engagement, at least to some extent. However, there remains a long way to go to realize the goals for men's voluntary active participation in reproductive care, which is crucial for preterm birth prevention across the country and in achieving gender equality more broadly.



THEME 2

Boushashuri Mela (Mothers-in-Law & Daughters-in-Law Fair)

IMPLEMENTATION



Challenges

GE Assessment and SBCC Formative Research both identified mother-in-laws as the influential figure in the household and daughter-in-laws have to depend on mother-in-laws for decisions about FP use, ANC/PNC check-ups, etc. However, mother-in-laws often create barriers to health seeking behavior, as they lack knowledge and awareness about risk factors of preterm birth and gender equality. The situation was worse for adolescent girls as the Baseline observed that after marriage, they are under pressure to conceive to prove their fertility, but their decision-making power within the household in relation to seeking health care information and services is poor (8.2%) compared to adult women, which is slightly higher at 13.9%.

Sometimes, the daughter-in-law wants to go to a health center, but the mother-in-law prevents this due to her lack of knowledge about the importance of a skilled birth attendant, which consequently could lead to a serious pregnancy related complication. Such situations often cause conflict. Cases of domestic violence and IPV are a direct result of gender inequality and power imbalance within the household and communities. Attitudes and norms around gender roles of 'obeying' or doing certain tasks (or not) may result in higher instances of IPV. Due to these power imbalances, adolescent married girls often experience higher rates of such violence. The GE assessment report shows that the rate of adolescent IPV is higher (16.2%) than the adult women (11.4%).



Rationale for the Intervention

To raise awareness about the gender related social norms and practices that cause preterm birth; and to promote congenial relationships between the mothers-in-law and daughters-in-laws, BOT utilized the strength of this popular cultural forum called, 'Mela' or fair. Traditionally, the relationship between mother-in-laws and daughter-in-laws are critical in terms of upholding their respective dominance, which often affects their health and wellbeing. The main objective of these fairs is to carry out local outreach and awareness on issues like healthy pregnancy and safe motherhood, myths and misconceptions related to pregnancy and PTB, gender equality, prevention of child, early and forced marriage, male engagement and IPV.

The expectation was that the Boushashuri mela would provide a unique opportunity for sharing the project's educative messages through entertaining events to both men and women of different ages. The women, both adult and adolescent, and also men take part in various games and events held in the fair, which help amplify women's decision-making capacity at family level, break existing gender stereotypes, roles and attitudes, and bring positive changes among influencers, especially mother-in-laws, regarding MNH/SRHR and to encourage men's engagement in equitable share of household work. Moreover, this intervention also fosters inter-generational conversation regarding MNH/SRHR issues.



Intervention Details

Mela or fairs are popular in rural Bangladesh and are a big source of entertainment for the village people. Harnessing this strength, BOT organized 'Boushashuri Mela' or 'Mother-in-law and Daughters-in-Law Fair' at the community level in six Upazilas of Rangpur where BOT works. This concept was borrowed from the 'Human Resource for Health (HRH) Project' implemented by Plan International Bangladesh in Rangpur Division. Based on the project focus, BOT added several other elements like participation of men, "Best Mother-in-law" award, etc. From the third year of the project, 185 fairs were organized engaging the local government institutions, health and family planning departments and community support groups. The BOT team decorated the entire area with colourful festoons, banners and buntings with project-focused messages to give it a festive look.

This daylong program is comprised of interesting games, competitions, skits/short drama, songs, etc with a prize distribution ceremony for the winners at the end. Games like pillow passing between mother-in-laws and daughter-in-laws help break the ice, which is then following by project themed games. For example, roti (round flat unleavened bread) making competition for men helps men to realize

how difficult it is and how much skill is required to roll and flatten a soft and slightly sticky wheat flour ball of about 2" in diameter and to make a roti of about 6-8" in diameter. The challenge is to make it perfectly round-shaped, not too thin or too thick, and to do it fast. Another challenge the men participated in was the sari (11-12-yard-long attire worn by women) folding competition.

The male participants enthusiastically take part in this competition and a huge amount of fun and excitement is created around these games. At the same time the game contributes to men's self-realization that they should not undermine women's domestic work, be sensitive to the work burden and time-poverty constraint they experience, and more importantly, share the household chores and childcare responsibilities.

Similarly, quiz competitions on issues related to GE, IPV, PTB, MNH, male engagement, services of UH&FWC, etc. are held. Mainly mothers-in-law, daughters-in-law, and also adolescent girls and boys take part and the "Best Mother-in-law" award is declared and presented. Per union, three mothers-in-law receive this award every year. The members of Change Maker Group and Household Decision Maker Group with support from BOT field workers nominate these mothers-in-law from among those who participated in the Boushashuri mela last year, and after that, she not only practices those learnings in her own family but also promotes to others. Different government and non-government organizations organize booths displaying their related services and awareness materials/messages.

Boushashuri Mela is an activity that uses many different communication strategies embedded in one event. Men, women, adolescents all take part with a huge interest and enthusiasm. Approximately 1120 people joined each of these fairs.

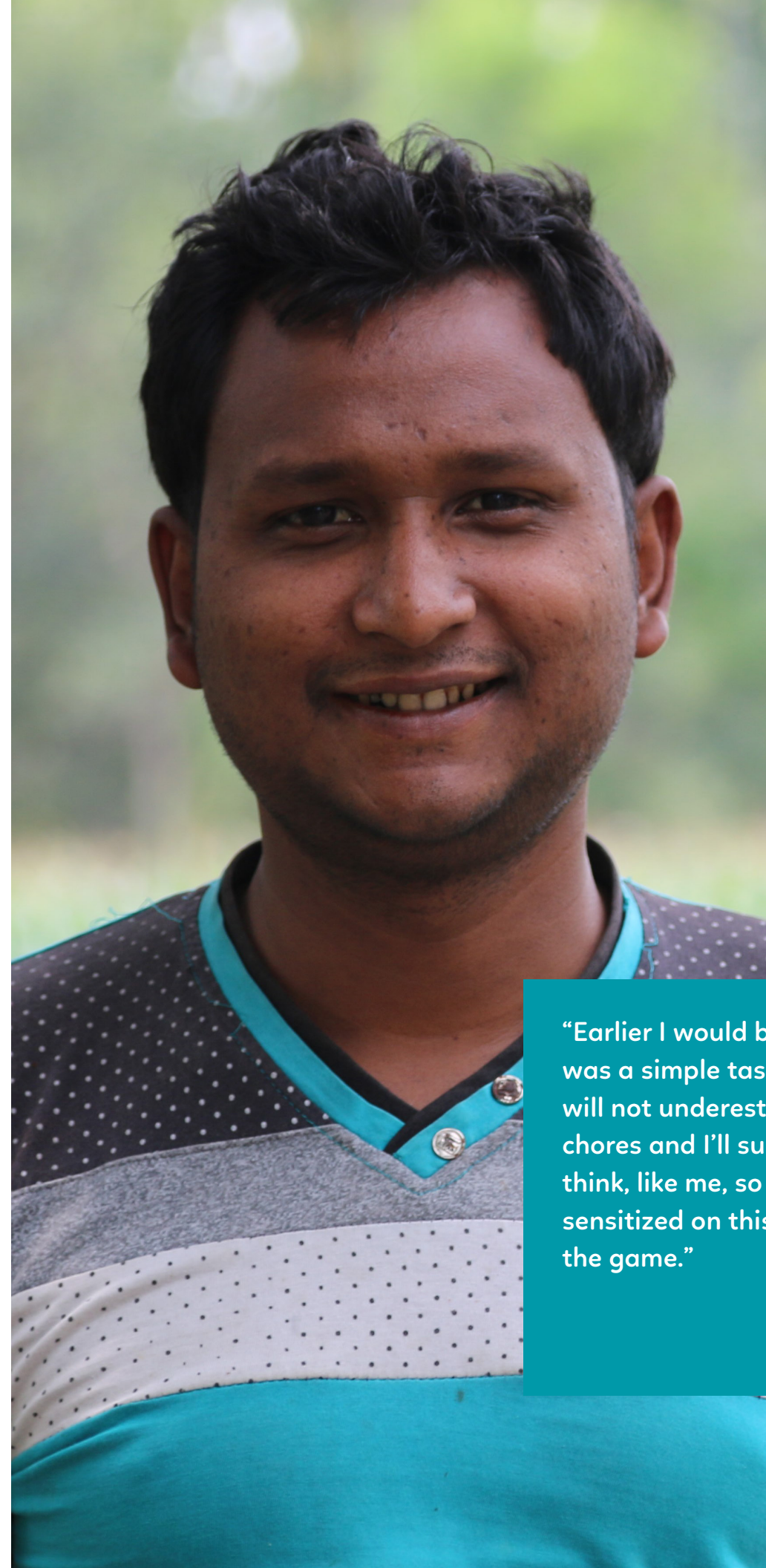
RESULTS



Midterm review results found these Boushashuri Mela as a common source of information for adult women and adolescent girls and boys. This fair turned out to be an effective tool to foster positive relationships and spread messages on preterm birth prevention and gender equality.

These events are also used as a social platform to share the project's gender transformative messages on the harms of CEFM, the importance of male engagement, gender equality, nutrition, healthy behaviours, preventing preterm birth, and preterm taboos and harmful practices.

Messages subtly disseminated through games help the participants better understand it. As Md. Jahid Mia (28), a participant from Roti-making competition in Gopalpur Union, Mithapukur upazila said: "Earlier I would believe that it (roti making) was a simple task. But I was wrong. Now I will not underestimate my wife's household chores and I'll support her in daily life. I think, like me, so many other people are also sensitized on this issue after they enjoyed the game."



"Earlier I would believe that it (roti making) was a simple task. But I was wrong. Now I will not underestimate my wife's household chores and I'll support her in daily life. I think, like me, so many other people are also sensitized on this issue after they enjoyed the game."

— Md. Jahid Mia (28), a participant from Roti-making competition

LESSONS LEARNED

What went well

According to field staff including Field Coordinators and Community Health Workers (CHWs), Boushashuri Mela became an effective tool to foster positive relationships and spread messages on preterm birth prevention and gender equality, as it uses many different communication strategies in one event. The well-planned entertaining events delivered the project's educative messages on preterm prevention, the harms of CEFM, the importance of male engagement, gender equality, nutrition, healthy behaviours, and preterm taboos and harmful practices, in a subtle manner, that it easily touches men, women and adolescents and promotes gender equality and health messages around pre-term birth and MNH.

Boushashuri Mela successfully created an added interest among the community people as the events engaged the entire community, and contributed to raising awareness about gender related social norms and practices and its contribution in pre-term birth prevention; awareness on the importance of male engagement, GE, SRHR and preterm birth risk factors. This platform creates opportunities for mother-in-laws and daughter-in-laws to learn MNH/SRHR issues including the LINC factors together and understand their importance.

As a result, this helped mother-in-laws and daughter-in-laws become closer and foster better understanding and eased the traditional tensions among themselves; and motivated mother-in-laws to support improved care for pregnant mothers and adolescent girls. Sobijon Banu, one of the best



mothers in law awardee's from Morneya Union, Gangachara said: 'when my daughter in law was pregnant, I took care of her and ensured 4 times ANC, nutritious food and rest. I never put any mental pressure on her. I learnt all these in last year's Boushashuri Mela. I promote these learnings among others, too.'

The event also contributed to high-level government policy buy-in as well. For example, after visiting a Boushashuri Mela in 2018, the Honorable Member of Parliament from Rangpur Md. Tipu Munshi said, "The name of the event is so different that I voluntarily joined and found it as a great event where male, female and adolescents join, participate in different events, and get aware of health and MNH messages that will improve health status of this community."

Such open-platform events and discussions on GE, MNH/SRHR issues helped people discuss SRHR issues among their family members more comfortably than before. However, achieving all of these objectives depends on successful accomplishment of the following elements:



- Effective involvement of the government agencies, members of Change Maker Group, Decision Maker group and the members of UH&FWC-MC from the planning stage to the implementation of the events.
- To ensure that women and adolescent girls can freely participate, securing buy-in from the community leaders and family-level decision makers is important.
- Ensure the event is entertaining enough to the participants so that they do not consider it as an extended session by the CHWs and sparks interest.
- This is the only platform where mothers-in-law, daughters-in-law and husbands participate and learn about MNCH/SRHR, GE, male engagement related issues. Therefore, everything (games, competitions, etc) is organized in such a manner that no one feels embarrassed. It is important to make the event enjoyable to the participants by making it compatible to local cultural and social norms.
- Apart from the planning and organizing role, the members of Change Maker Group and Decision Maker group and the members of UH&FWC-MC also function as the judge of different games and competitions. Therefore, full community ownership is developed.

- These fairs are organized in UH&FWC compound so that the participants not familiar with this health facility can get familiar.
- Appropriately briefing the government high-level policymakers who join the Mela is helpful as they can then effectively communicate with the participants, especially with women and adolescents.

What could have been done to achieve better results?

This fair has been a powerful channel to disseminate project messages. Starting the fairs in the second year, instead of third, would have allowed the project to spread messages of GE and MNH/SRHR among a wider audience. Secondly, from the very beginning of the project, BOT should have brought the local government agency in the lead role in organizing the fair, to avoid several hassles such as securing permission to organize the fair from different government authorities, including local law and order agency. Moreover, involving local and national media ahead of time would also have helped to spread the word about the event.

CONCLUSION



The Born on Time Project with its gender transformative approach coupled with a multi-channel SBCC strategy presented a unique opportunity for the project staff to apply innovative approaches to address the barriers and challenges. Boushashuri Mela is one of those.

As mentioned earlier, this is an activity that uses many different communication strategies embedded in one event and engages and involves almost the entire community as either organizers and/or participants. Men, women, adolescents and elders all take part with huge interest and enthusiasm.

Approximately 1120 people join each of these fairs every year. Boushashuri mela portrays positive behaviors in an entertaining way and through demonstrations and modelling, helped people remember the issues, and contributes to the diffusion of ideas and behaviors promoted by the event.

Respondents to the Midterm Study also commonly identified Boushashuri mela as a source of information. This is a feasible and effective strategy for use in community-based interventions aimed at influencing behaviors, particularly those that are complex or involve interactions with other people.



Born on Time is **the first public-private partnership dedicated to the prevention of preterm birth**, bringing together the collective expertise of World Vision Canada, Plan International Canada, Save the Children Canada, the Government of Canada and Johnson & Johnson.



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