

Perspective:

Baby Makes 3 – prevention of violence against women in action

Change the Story identifies new parenthood as a key transitional phase in which to address the drivers of violence against women; Baby Makes 3 accesses new parents through the maternal and child health sector. Anita Thomas and Olive Aumann from Carrington Health and Helen Keleher describe how the program influences attitudes and norms about equitable parenting and women's empowerment to prevent violence against women.

There is strong evidence demonstrating the link between mothers having their first baby and their increased risk of experiencing intimate partner violence, and both physical and psychological abuse during pregnancy have been linked to adverse birth outcomes. Becoming a new parent is also key transition point in the life course that presents important opportunities to address social norms about gender equity, which is a driver of violence against women. There is compelling evidence demonstrating fathers' potential to positively influence their children's health outcomes, social success and academic achievements. Yet there is a vacuum of interventions in this key life stage; Baby Makes 3 is the only primary prevention of violence against women program in Victoria that targets new parents.

What is Baby Makes 3?

Baby Makes 3 is a primary prevention program that aims to influence relationship dynamics between new parents, and to prevent violence against women by promoting equal and respectful relationships during the transition to parenthood. Baby Makes 3 is owned by Carrington Health based in Box Hill, Melbourne.

A core component of promoting respectful and equal relationships involves working with both parents, so the Baby Makes 3 program targets messages at new fathers, not just new mothers.

The most common format involves three two-hour group sessions for first-time parents delivered in partnership with Maternal and Child Health Services (MCHS) in Victorian local governments. Baby Makes 3 is programmed as an extension of new parent groups using an opt-out model, with all new parents encouraged to attend the sessions. Each session is co-facilitated by a male and female facilitator who undergo two days of training. We are also trialling a single condensed three-hour session during childbirth education classes in hospitals and targeted approaches to respond to intersectionality.

What is the role of the Maternal and Child Health Nurse (MCHN) role in preventing or responding to violence against women?

MCHNs are frontline, primary health care workers who deliver direct services, universally available at no cost, based in communities across Victoria, to new parents and their babies. They play a critical role in

supporting the transition to parenthood and a key role in connecting families and communities to the health and social care systems.

MCHNs don't need to be prevention specialists but their roles are critical. The 2015 evaluation of Baby Makes 3 showed that while some MCHNs were enthusiastic and supportive about the program and keen to be involved, others were uncertain. Many became more supportive during the professional development sessions provided by Baby Makes 3 project staff, but it became clear during the implementation of the project that MCHNs were not always familiar with the theory, principles and practices of gender equity and respectful relationships education and the gendered drivers of violence against women.

Baby Makes 3 has built a workforce of skilled facilitators across Victoria, with expertise in delivering gender equity messages.

The impact Baby Makes 3 seeks to achieve

The program content challenges traditional gendered roles and expectations of women as carers and men as breadwinners, by constructing parenting as a shared and equally valued responsibility. This challenging of rigid gender roles and gender equity are key messages of Baby Makes 3. New parents have reported a better understanding of the importance of sharing household and caring responsibilities with their partners, and new mothers lowered their own internalised expectations to assume responsibility for all caring and household tasks.

MCHNs report that Baby Makes 3 helps them understand how to communicate respectfully about parental roles in a non-confrontational way. New parents are given an opportunity to strengthen, reassess and improve the quality of their relationships after the birth of their baby. ■



Profile: Scott Holmes Baby Makes 3 facilitator

What makes facilitating Baby Makes 3 different from any other new parent group?

Most new parent groups are focused on the practical aspects of looking after a baby – bathing, feeding and sleep. In Baby Makes 3, the complete focus is on the relationship of the parents themselves. We ask what changes occur when couples become parents and examine the positive and negative ways these changes will impact on their relationship. How will they respond to these changes, and what skills and knowledge might they need to navigate this particularly stressful and very new time in their lives? In particular, Baby Makes 3 is concerned with the ways that social expectations – both external and internalised – about parents are very different for mothers than for fathers. This can lead to imbalances in the relationship that, if not attended to, can lead to conflict and even relationship breakdown. Baby Makes 3 works to help parents identify this possibility and hopefully prevent the conflict before it occurs and supports them to engage in a more gender equitable relationship.

Why is there a need for specialist facilitators to do this work?

Although Baby Makes 3 takes a very gentle and interactive approach to the material, it is asking parents to think about aspects of their relationship that they have often not discussed before. Although people may have some familiarity with thinking about gender stereotypes, gender roles and gender inequality, it is rare that couples have thought about them from a personal angle. Facilitators need to be skilled to create a safe space where people can participate and consider different ways of negotiating and living their relationship. In addition, the content itself is highly nuanced and requires facilitators with a thorough understanding of the way that gender is performed and reinforced across our society, particularly in relation to parenting.

Have you witnessed any particular moments or changes in participants that embody the aim?

One of the things I love about Baby Makes 3 is that there are almost always 'ah ha!' moments in which you can see the participants suddenly realise there is a whole way of looking at life they hadn't seen before. This often happens when we discuss the social expectations that there are for mothers and fathers. This exercise exposes the heavy burden of 'getting it right' that many mothers experience compared to the lighter burden of 'look at me. I'm a dad' that many fathers experience. For many men, this is the first time they have really understood the psychological and emotional burden their

partners are experiencing, as well as the practical burden. Another 'ah ha' moment is when we explore whether the father 'helping' the mother is really the same as genuinely sharing in the responsibilities that come with parenting. Many men have not yet quite realised that the mothers want more than just a helping hand and that they have a fuller, more equal role to play in a relationship where they are a parent.

Can you describe a time when you've challenged traditional gender roles with participants and met with resistance? How did you respond?

There is nearly always resistance! Many men and women look around at the world and believe that things have improved for women and think that the problem of gender has been solved. When we suggest that perhaps it is not that simple there is often push back, and not just from the men. We are all deeply invested in the way we have 'normally' performed our gender, and any suggestion that this might need to change can be challenging. I usually find the best way to respond is to acknowledge their point of view as valid, but to still present the reasons why another point of view might be more relevant. I also think it is good to allow the other participants to be engaged in the resistance. "What do others think?" is one of the most useful questions in the facilitators tool kit. Ultimately, you can't change another person, all you can do is create a space where areas that need changing can be brought to the surface in a way that allows for curiosity and reflection. What happens when the participants leave the room is in their hands. ■