Intimate partner violence (IPV) is the most common form of violence against women, with an estimated one in three women having experienced partner physical or sexual violence in their lifetime. The Indashyikirwa programme in Rwanda is an intervention that aims to prevent IPV and support healthy, equitable relationships through a participatory couples curriculum and community activism activities. The programme has been rigorously evaluated through research conducted with couples in the intervention. This practice brief highlights lessons learned from working and conducting research with couples to prevent IPV.

BACKGROUND

- The high prevalence of IPV in many contexts calls for a better understanding of best practices to prevent IPV among couples.
- There is increasing evidence that enhanced relationship skills around conflict management can contribute to reduced partner violence. Indashyikirwa is a four-year (2014–2018) programme implemented by CARE Rwanda International, Rwanda Men’s Resource Center (RWAMREC), and Rwanda Women’s Network (RWN), funded by DFID Rwanda, in Eastern, Western and Northern provinces of rural Rwanda.
- The programme works with couples to support healthy, non-violent relationships and build skills to manage triggers of IPV.
- Evaluation research with couples and staff generated many insights for working with couples to prevent IPV, which asserts the value of such research and that it can be conducted in safe, ethical ways.
THE INDASHYIKIRWA COUPLES’ CURRICULUM

The Indashyikirwa programme used CARE Rwanda’s village savings and loans associations (VSLAs) to recruit 840 couples for a five-month training. The VSLA platform draws on promising global evidence on combining gender-transformative programming with economic empowerment.3 CARE’s prior assessment of their VSLAs also found that many women were not fully benefitting from the programme due to household inequalities.4 The Indashyikirwa curriculum drew on components of previous promising interventions, including Journeys of Transformation, which was established by CARE Rwanda, Promundo, and RWAMREC to foster men’s support of women’s economic empowerment and improve household relations. The curriculum also drew on adaptations from SASA! established by Raising Voices, with its emphasis on building skills to manage IPV, recognising multiple power imbalances beyond gender roles, the benefits of non-violence and gender equality, and moving incrementally from intensive self-reflection, to community actions. It also worked more explicitly to address emerging evidence about the triggers of IPV (i.e. jealousy, alcohol abuse, economic stress) and the importance of skills-building to create positive alternatives to violence.

The couples’ curriculum ran for 20 sessions, which covered: foundational concepts of power and gender; rights; managing drivers of IPV including alcohol abuse, jealousy, economic inequalities; gender household roles; healthy relationships; introducing activism and providing empowering responses to those experiencing IPV. Each session included 15 heterosexual couples and two RWAMREC facilitators (one male and one female facilitator).

Approximately 25% of couples who completed the curriculum were further trained and supported by RWAMREC staff to volunteer as community activists. For an additional 22 months, they facilitated activism activities including community dialogues, dramas, and home visits to diffuse in their communities the positive uses of power and benefits of non-violent relationships. The community activism component was also informed by SASA! activism tools and messages.

EVALUATION RESEARCH

The qualitative evaluation research took place to assess types, processes and levels of change among couples participating in the curriculum:

How?
Qualitative interviews were conducted with both partners of couples who took part in the curriculum. They were conducted separately by same-sex interviewers. Three rounds of interviews were conducted between November 2015 (before the curriculum), May 2016 (immediately after the curriculum), and May 2017 (one year post curriculum). Interviews were conducted with RWAMREC staff after the curriculum in May 2016, and one year after the first interview in May 2017.

Where?
Five couples were interviewed in the Eastern Province, five couples in the Western Province and four couples in the Northern Province of Rwanda, where the Indashyikirwa intervention was taking place. Sites were selected to represent a diversity of peri-urban and rural sites. RWAMREC staff were recruited across all intervention areas.

Who?
Both partners of 14 heterosexual couples were interviewed. To be enrolled in the curriculum, at least one partner had to be an active VSLA member, and the couple had to be married or have lived together for at least six months. Eight RWAMREC staff who delivered and oversaw the curriculum were also interviewed.

What?
The research with couples assessed whether the curriculum reduced IPV and controlling behaviours, and led to more equitable relationships. The research also assessed whether participation in the curriculum affected how couples approach decision-making, communication, and conflict resolution. The research with RWAMREC staff assessed such processes of change, as well as intervention lessons learned from working with couples.
**KEY FINDINGS AND LEARNING**

**Couples’ Appreciation of Content and Approach**

The majority of couples strongly appreciated the curriculum, especially the participatory, positive approach, relevant content, and skilled facilitators.6

Both staff and couples reflected on the innovative approach where couples were trained together, and said this supported their active participation and ability to make relationship changes.

Women especially appreciated the content reflecting on the value of domestic activities, their legal rights to property, and to live free of IPV.

Couples appreciated the skills-building emphasis of the curriculum and the take home exercises, including practicing communication, joint decision-making, conflict resolution, and spending quality time together.

For many couples, the curriculum travel stipend, combined with the commitment they made to greater joint financial planning, improved their household development.

Men and women applied the foundational concept of positive and negative types of power, and identified the linkages between ‘power over’ and the various types of IPV (economic, emotional, physical, sexual).

Although men more commonly dominated the first few joint sessions, participation became more balanced over the course of the curriculum. Safe spaces were created where participants shared personal experiences, which fostered trust and rapport among participants and between couples:

> Because we were in a secure and discreet place, everyone was free to say what he/she thinks. Because everyone freely said what was on his/her mind, everyone went back at his/her home knowing what his/her partner likes and dislikes.

Female partner of couple, Western Province, Midline

Both staff and couples enjoyed having a male and female facilitator, which encouraged equal participation from men and women. Also, participants preferred to seek advice or counseling from facilitators of the same sex.

**Couples’ Difficulties with Curriculum Content**

Some curriculum areas were more difficult or initially resisted:

- Sharing financial decisions and resources, which were seen to contest the strong social norm of men as primary breadwinners.
- Sexual consent and initiation, as it was seen as taboo for women to initiate sex and conflicted with notions of men’s rights to sex in marriage.
- Men reducing alcohol use.
- Men supporting domestic duties, due to community expectations and rigid gender roles.

However, changes became easier as couples were encouraged to try new areas through the ‘take home’ activities; when they witnessed the relationship benefits; drew on support from other trained couples or staff; and learned about laws, rights and policies that support these changes.

> I felt that whenever I needed to have sex, I had that right. Our culture and society tells us that a wife has to wait for what you give her. But after starting these trainings, I discovered many things that we have been ignoring because of what we copied from our ancestors. I learnt my wife also has a right to initiate sexual intercourse, which was something new for me.

Male partner of couple, Eastern Province, Midline

A few field staff noted the importance of participatory dialogue and reflection to challenge entrenched social and gender norms.
**Relationship Processes of Change**

Significant relationship changes were reported immediately after, and one year after the curriculum. Couples reported greater communication around personal interests, property, household decisions and sex. They also spent more time together; all factors which they said improved the quality of their relationships.

Many couples stressed the value and benefits of a more equal partnership, strongly related to the concept of balancing power. This could be expressed through helping each other with domestic duties and making joint decisions. They spoke of benefits including household development and positive impacts on children:

> We thought that it is a husband who makes decisions, but we later on realised that a decision that is made by only one person is not good and that both of us have to decide together. Now if there is something that we want to achieve at home, we discuss and make a decision together.

*Male partner of couple, Western Province, Endline*

Despite the above, women’s equal participation in household decision-making appeared to be one of the most difficult areas to changes. This is likely to be related to the strong norm of men as heads of households.

The curriculum also helped both partners of couples to identify and manage triggers of IPV, solve conflicts more constructively, and identify consequences of various types of IPV. *A reduction of all types of IPV was reported by the majority of men and women.*

Some couples legally married to secure women’s rights, such as to property, which are more guaranteed in Rwanda through legal marriage.

The majority of couples said that their relationship changes were evident in their communities, and many were asked for advice from other couples.

RWAMREC staff continued to meet with the trained couples for the duration of the programme, to support their relationships and community responses, including referral processes.
CONCLUSION

Significant insights around relationship dynamics and processes of change were found from interviewing both partners of couples a number of times including before, during and after programme implementation. This has been relatively uncommon in IPV research until recently.

The research also provided an opportunity to assess the levels of consistency and agreement between what the male and female partner said, and whether this changed over time. For instance, while men were more likely to justify or downplay IPV at baseline than women, both men and women were more likely to report this, with recognition of the consequences, by the third interview. Indeed, partners of couples reported very similar improvements in their relationships, which increases our confidence in the validity of individual narratives.

In order to minimise risks, couples were interviewed in the context of dedicated programmatic support, and they could be referred to a professional counsellor or to the Indashyikirwa women’s safe spaces if needed. They were informed that nothing would be shared with their partners, and any adverse effects of participating in the interviews were monitored.

IMPLICATIONS AND RECOMMENDATIONS

The research generated important lessons for working with and conducting research with couples around IPV:

1. Indashyikirwa had a one-year inception phase with adequate time to develop and pilot the curriculum, theory of change and broader programme design. This provided an opportunity to ensure the curriculum was appropriate for participants, and addressed contextual risk and protective factors for IPV.

2. The participatory approach, which supported active engagement and safe spaces was invaluable. It was essential to have facilitators with significant teaching experience and sufficient training to implement this approach.

3. It was important for the curriculum to cover the benefits of positive alternatives to IPV, and to equip couples with skills for building healthy, non-violent relationships.

4. It was important to deliver the curriculum over a number of months to embed new skills, knowledge and change processes. The duration of the curriculum ensured sufficient time to cover foundational and relevant topics, ensure more equal gender participation, and build rapport among couples and with facilitators. The additional 22-month mentoring support of couples was also critical.

5. The fundamental concept of positive types of power (power within, power to, power with) and negative types of power (power over) helped couples identify multiple forms of IPV, and move beyond the binary of men = perpetrators; women = victims of IPV. The concept of ‘power within’ was said to improve women’s self-confidence, and the concepts of ‘power with’ and ‘power to’ supported couples to work together to prevent and respond to IPV in their communities.

6. Ethical, safe research is possible with both partners of couples in the context of a supportive intervention, assured confidentiality, and opportunities for further counselling and support.

NEXT STEPS

1. This data will be validated with an endline randomised control trial that was conducted in December 2017 with Indashyikirwa intervention and control couples, to assess whether IPV and controlling behaviours among couples have been reduced.

2. This research is part of the evaluation of the entire Indashyikirwa programme, which includes assessment of the community activism facilitated by couples. RWN’s critical engagement of opinion leaders and establishment of women’s safe spaces. The impact of these activities were assessed through community quantitative and qualitative endline research that was completed in June 2018.

3. These findings will be available in late 2018.
REFERENCES


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The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.
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Generating new knowledge to help prevent violence against women and girls with disabilities in LMICs

Our knowledge about the lives of women and girls with disabilities is largely based on research from the Global North; the lives of women and girls with disabilities in the Global South need more attention. The inclusion of disability questions in What Works evaluation tools, combined with planned qualitative research, will enable us to:

• Track the participation of people with disabilities in our interventions.
• Assess the barriers and enablers to full participation for participants with disabilities, as well as their experiences of the extent to which the programmes are relevant to their lives.
• Use our follow-up data to explore the bi-directional linkages between violence and disability among intervention participants, i.e. the extent to which disability increases risk of violence and vice versa.
• Compare the impact of the programmes between women, men, and youth with disabilities and non-disabled peers.

In these ways, we hope to contribute to the evidence on the optimal balance on mainstreamed versus targeted prevention programmes for preventing violence against women and girls with disabilities, as well as describing which violence prevention strategies are most effective for people with disabilities.

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