A family-centred intervention to prevent Violence Against Women and Girls in migrant communities of Baglung District, Nepal

EVIDENCE BRIEF

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Nepali women and girls are vulnerable to violence at the hands of their husbands and in-laws. The key drivers of women’s vulnerability to violence against women and girls (VAWG) in the migrant communities of Nepal include gender inequitable norms, the lower position of young married women in the family, poor spousal and in-law relations, and poverty [1]. In this context, working with the family has great potential to reduce violence and improve the conditions of women and girls.

The One Community One Family project adapted and tested the effectiveness of Sammanit Jeevan (Living with Dignity), a family-focused intervention designed to reduce any form of gender-based violence by husbands, change harmful social and gender norms and improve the economic conditions of young married women living in communities with high rates of migrancy. The evaluation study was conducted in rural migrant communities of Baglung District in Nepal by the South African Medical Research Council, Voluntary Services Overseas (VSO) Nepal and Bhimapokhara Youth Club (BYC) from 2016 to 2018 as part of the DFID-funded ‘What Works to Prevent Violence Against Women and Girls’ global programme.

Sammanit Jeevan was successful in reducing women’s exposure to physical violence by their husbands, changing gender relations in the family, and reducing food insecurity and increasing earnings and savings of young married women and their families.

ABOVE: A happy couple after attending the gender transformative norms intervention.
Credit: Chloe Pratt
SUMMARY OF RESULTS

Our results show that the Sammanit Jeevan family-centred intervention to prevent violence against women and girls:

• Reduced young married women’s exposure to physical violence by their husbands.

• Improved the livelihoods of young married women and their families: there was a significant increase in the proportions of women and men who had earnings and savings in the past month.

• Reduced food insecurity among both women and men: among women this was more than halved.

• Improved women’s and men’s ideas about gender to become less patriarchal; husbands also became less controlling over their wives.

• Improved women’s perceptions of relations between husband and wives, as well as between daughters-in-law and mothers-in-law.

• Improved young married women’s mental health.

SAMMANIT JEEVAN

Sammanit Jeevan is a participatory, group based, and family-centred model to reduce intimate partner violence (IPV), change harmful gender and social norms and improve young married women’s economic conditions through women-led income generating activities (IGAs) [2]. The programme recruits young married women, their husbands, and cohabiting mothers-in-law and fathers-in-law to participate in a workshop series that combines three elements: gender transformative norms, economic empowerment, and IGAs support. These elements are implemented in succession: first, the gender transformative norms workshops set the tone to build better communication and more gender equitable and harmonious relations between young married women and their husbands and in-laws, second, the economic empowerment component aims to create appreciation of the value of women’s work in the home to facilitate the successful implementation of the third element, the IGAs, which is led by young married women with the support of their husbands and in-laws.

The combined programme has 20 three-hour sessions delivered by trained facilitators from a similar background to the participants. Sessions run once weekly with separate same age-sex groups which come together for discussions every third session.

The programme is adapted from the Zindagii Shoista model developed in Tajikistan [3]. A participatory workshop, review, and pilot testing by the intervention implementer, BYC, established the relevance and appropriateness of the adapted manual to the Nepali social and economic context. The Nepali adaptation also addresses the discriminatory traditional practices related to women’s sexual and reproductive health needs and rights, and the types of IGAs commonly run by families in rural migrant communities.

The mixed methods evaluation used an interrupted time series design and qualitative research to assess the effectiveness of the Sammanit Jeevan programme from February 2017 to August 2018. A total of 357 participants (200 women and 157 men) were enrolled from 100 families and completed questionnaires before participating in Sammanit Jeevan for over 3 months. They were followed up at 6, 12 and 18 months afterwards. Some contributed to 18 in-depth interviews and 8 focus group discussions before attending the programme and at 6 and 12 months later.

The impacts of Sammanit Jeevan

Sammanit Jeevan was successful in improving the livelihoods and domestic relations of young married women, their husbands and in-laws. Women and men had increased earnings and savings a year after starting income-generating activities, and had reduced food insecurity and borrowing for food. The ideas women and men held about gender became less patriarchal, and husbands became less controlling of their wives. Relations between husbands and wives, as well as between daughters-in-law and mothers-in-law also improved. Young married women’s mental health improved and their experiences of physical violence by their husbands also reduced.
Earnings and savings

The income-generating activities had a positive impact on women's lives, family relations and households. The model of the programme ensured young married women led the IGAs, with assistance from at least one family member, and chose IGAs most familiar to them. The programme was completed by 96 of 100 enrolled families. Most families (72) chose goat farming, but others chose poultry (14), pigs (4) and vegetable farming (2), shop-keeping (3) and bee-keeping (1).

Each family received start-up funding equivalent to $150, given in materials. Families supplemented this with in-kind contributions and sometimes from their first earnings. Women diversified their IGAs with existing ones, such as breeding chickens for subsistence or selling, gardening and rearing livestock. This increased their food supply and savings as they bought only those food stuffs they did not grow themselves.

A year after commencement of IGAs, families had increased profits and asset value: overall profits ($8300) were half of the initial investment ($16040) and there was a twofold increase in asset value (estimated at $32860). Goat farming was the most profitable.

There were significant increases in women's earnings and savings: at endline, the proportion of women who had earnings in the past month had increased threefold from 21% to 64.6% and those with savings in the past month from 17% to 63.5%. Likewise, the proportion of men who had earnings also significantly increased by 50% while those who had savings increased twofold.

In addition to improvements in earnings and savings, women reported having more control over their earnings and greater recognition of women's economic value in the family. As Triveni, a 36-year-old young married woman with 3 children, stated, “If my husband earns a couple of hundred (rupees) by working outside, then he gives the money to me. I am the one who manages the household expenses and it is me who also goes out and asks for loans. I decide what amount is spent on what and I am the one who decides what amount should be given to my children, my husband and my parents-in-law as pocket money.”

Food security

The evaluation showed significant reductions in food insecurity and borrowing for food. Women's levels of food insecurity more than halved from an average of 18.5% of women with food insecurity at baseline to 8.4% at endline. Reports of borrowing food or money also reduced from baseline to endline by 25% among women and 40% among men.
Women’s health-related improvements

Women’s mental health significantly improved after participating in Sammanit Jeevan: there was a sustained decrease in depression and life dissatisfaction from baseline to 12 months, but this trend reverses slightly at 18 months. However, when comparing the levels of depression among all women in the study against the young married women, the reduction in depression was statistically significant among young married women. Life dissatisfaction also significantly reduced among all women at the end of the study.

Gender-equitable attitudes and norms

At the end of the project, both women and men reported less patriarchal gender attitudes and women perceived the community social norms to have become significantly less patriarchal. Gender relations also improved as women reported better relations with husbands. Both women and men reported husbands controlling behaviour towards wives had significantly reduced after 18 months.

Women had become more empowered to express their views: 10.7% of women reported having engaged in jhagada (vigorouss discussion) with husbands compared to 3.5% at baseline. In qualitative interviews at 12 months since baseline, young married women had become “more vocal and confident” to express themselves towards husbands and in-laws. This was a change from formative research where young married women were more likely to “keep quiet” during arguments with husbands and in-laws [4].

Women also reported less restrictions by husbands and family members in their interactions and mobility in the community, and in traditional practices. Qualitative accounts from young married women concurred as 18-year-old mother Sunanda described: “Our relationship is much better these days. We talk to each other properly. Earlier, he used to shout at me for using Facebook. These days, he ‘likes’ my photos on social media.” Likewise, young married women reported that their mothers-in-law had become less cruel, particularly being cooperative and helpful to ensure daughters-in-law implemented their IGAs successfully.

Prevalence of IPV

Women’s reports showed reductions in young married women’s experiences of physical violence from 10% to 4%, although this was not statistically significant. In the qualitative research, some young married women who were abused by husbands reported that their husbands were no longer violent towards them. For example, Triveni, who had been emotionally and physically abused by her husband, reported: “After having attended the programme, my husband has not fought with me and he has not even hit me.”

Sexual violence was highly stigmatised and difficult for women to talk about. Little of it was reported at baseline, and reports increased at end-line. This is very likely to be due to the intervention helping women break the culture of silence about sexual violence rather than women experiencing more forced sex.
CONCLUSIONS AND LESSONS LEARNED

Sammanit Jeevan was successful in reducing physical violence by husbands towards their wives, changing gender relations in the family and community, and economically empowering young married women. Young married women also gained confidence to express themselves and improve their livelihoods with the support of the family. The whole family approach worked well in overcoming backlash that might have arisen if the intervention had only worked with young married women, helping to build a better understanding of their subjugated social position and its negative effects on women and their relationships with husbands and in-laws.

Drop out from the IGA was very low, in part owing to the family-centred approach. Providing seed funding without expecting reimbursement also assisted in retention of participants, their commitment to the IGAs and the positive impact on their livelihoods. Farming IGAs take time to yield impactful results as the real benefits can only be observed after at least 1 year due to intermittent earnings.

The intervention strength came from its sound theory of change, the family-centred approach, the participatory methods used, delivery to peer groups and a focus on building skills in critical reflection, communication and income generation and IGA management. This programme was manualised thus very structured, and fidelity to the method of delivery was possible to maintain. Extensive training and support of facilitators/implementers was critical for effective implementation, as was their recruitment from similar backgrounds as the participants’ meaning that they had local understanding of social issues facing the community and were able to gain their trust.

REFERENCES


PROJECT TEAM

The One Community One Family project is a collaborative project of Voluntary Services Overseas (Nepal) and the South African Medical Research Council.

The research was led by Dr Nwabisa Shai and Dr Esnat Chirwa of the South African Medical Research Council; Geeta Devi Pradhan, Ratna Shrestha, Abhina Adhikari and Bikash Koirala of Voluntary Services Overseas (Nepal); Alice Kerr-Wilson from Social Development Direct; and Prabodh Acharya from FACTS Research and Analytics.

The implementation of Sammanit Jeevan was led by Mani Bhadra Sharma from Bhimapokhara Youth Club, an NGO with 30 years of working in rural community development and livelihoods strengthening. The project received technical support from Julienne Corboz, Helen Appleton and Rachel Jewkes as well as the National Women’s Commission Nepal. Further information about the project is available at: www.whatworks.co.za

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