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Violence Against Women and Girls



Intimate partner violence in Nepal: Change Starts at Home study

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Cari Jo Clark, Irina Bergenfeld, Brian Batayeh (Emory University)

Gemma Ferguson, Binita Shrestha, Prabin Nanicha Shrestha (Equal Access International)

CHANGE STARTS AT HOME (CHANGE)

A social- and behaviour-change communication intervention

Background

Intimate partner violence (IPV) is a significant and pervasive health and human rights issue for women around the world; one in three women experience physical and/or sexual violence at the hands of a partner within their lifetime. A similar proportion of women is affected in Nepal.¹⁻³ Nationally, 11.2% of women who have ever been married report having experienced physical and/or sexual violence in the past 12 months. In rural Nepal, where gendered norms around dominance, aggression and sexual rights of husbands over their wives are entrenched; over half of young married women report violence from an intimate partner in their lifetime.⁴

The Change study took place in the Terai region which has rates of IPV that are higher than the national average.⁵ Approximately one quarter of the 1,800 women surveyed in the Change baseline study had experienced IPV in the past 12 months, with 18% reporting sexual IPV and 16% reporting physical IPV.⁶

The factors that increased a woman's risk of experiencing IPV highlighted by the study's baseline findings were: belonging to a lower caste, employment outside the home, financial stress, husband's drinking, quarrelling in the household, and poor communication.⁶ Women with disabilities experienced higher levels of both physical and sexual IPV than women without disabilities, and felt that they had less social support from in-laws, which compounded their vulnerable status.⁷ Risk of IPV also increased in households where either spouse had witnessed IPV as a child.

The partner violence norms scale (PVNS) was created to better understand and measure the role of gender norms in acceptance and perpetration of IPV, which was a key focus of the study. The PVNS measured community-level norms by asking women not only about their individual attitudes but also how they believed certain behaviours would be perceived by others in their community.⁸ Findings showed that where communities were perceived to be gender inequitable and more accepting of violence, women were at a higher risk of experiencing physical and/or sexual IPV in the past 12 months.^{6,8} These results confirm the potential value of targeting norms related to gender, masculinity and violence to tackle entrenched social problems, including IPV.⁸ Although measuring individual attitudes and aggregating the data is at present the most common approach to measuring norms quantitatively, the PVNS indicates that it is possible to measure norms through an individually administered quantitative survey. This usually happens through individual self-reporting alongside – but differentiated

from – measuring attitudes. The PVNS therefore makes a significant contribution to understanding effective quantitative approaches to measuring community gender norms and their relationship to IPV.⁸

About Change Starts at Home (Change)

Equal Access International designed Change Starts at Home (Change), an intervention that worked with couples to address power imbalances in marital relationships, in recognition of the need to include both wives and husbands in the dialogue around shifting social and gender norms that drive IPV. The focus of the Change intervention was to encourage critical reflection on harmful gender norms and behaviours, while equipping couples with strategies to resolve conflict peacefully, communicate openly and pioneer change within their communities.

The Change intervention was designed to reduce IPV amongst married couples in Nepal by promoting social- and gender-norm change through a combination of radio programming, peer-group meetings, and organised diffusion activities at the community level.⁹

SUMMARY OF KEY FINDINGS

- **Increased and improved the quality of communication** between married couples, including more open and equitable decision-making about finances, children and sex.
- **Decreased frequency of conflicts** between couples; the intervention equipped couples with effective strategies to de-escalate and resolve disputes.
- **Shifted gender norms** which resulted in a more equitable division of household labour between wives and husbands.
- **Sustained reductions in alcohol consumption** among male partners with histories of problematic alcohol use.
- There were no statistically significant changes in physical and sexual intimate partner violence (IPV) detected by the quantitative survey either in the groups or at the community level. However, reduction in physical and sexual IPV was reported from participants through the qualitative study.

The impact of the intervention was evaluated by research partner Emory University, as part of the UK-AID funded global programme, What Works to Prevent Violence Against Women and Girls.

The intervention focused on 72 facilitator-led listening and discussion groups (LDGs), involving 360 married couples, across 36 wards in three districts of Nepal. Ten couples were recruited per ward from a household list and met weekly in single-sex groups for 40 weeks, where they followed a detailed curriculum.

The curriculum covered topics related to IPV, including alcohol use, sexual desire and consent, effective communication, joint decision-making, conflict resolution, survivor support, household roles and responsibilities, and social and gender norms. Every month, husbands and wives would meet together for a group couples' session and every three months family members would be invited to attend the joint couples' sessions. Facilitators were intensively trained on each session in the curriculum, through practical and practice-orientated trainings at the start and midway through each phase. This resulted in six five-day trainings for all facilitators over a nine-month period. The trainings were also used to gather in-depth feedback from the facilitators on the intervention and how the groups responded to it. Because the curriculum and radio programming was developed iteratively, this feedback helped to guide the design of the next phase of the content.

Aside from the group meetings, the intervention had three core components:

- A 39-week, interactive edutainment radio programme involving drama and discussion elements aired on four community radio stations and one commercial radio station across both intervention and control sites. Listeners could call an interactive voice response (IVR) line to provide feedback and take part in polls.
- A focus on wider community engagement through organised diffusion activities including community theatre, film screenings and awareness-raising events led by the group members.
- Trainings for religious and community leaders.

The listening and discussion groups provided a safe space for couples to critically reflect on existing harmful gender norms and renegotiate more mutually respectful relationships, informed by the radio content and the curriculum, with the guidance of EAI-trained local facilitators. In this way, the LDGs served as mini norms incubators in which behaviours that might be met with disapproval in the wider community could be internalised and practiced before being slowly diffused through group-led community actions.

The pathway to change envisioned by the intervention and framed in the curriculum follows three distinct phases: (B) Begin to Question: a critical reflection phase; (I) Impart Life-Skills: a skill-building phase; and (G) Go! a community mobilisation phase, which encourages organised diffusion through community actions delivered by the LDGs.

Study methods

The study used a mixed-method design. The quantitative aspect of the evaluation included a two-arm clustered randomised controlled trial (RCT), involving a survey of 1,440 married female community members aged 18 to 49, across control and intervention sites in the target areas. The 360 female listening group members who also completed the survey brought the total to 1,800. The survey was administered three times – at baseline, once activities had ceased (midline of the project), and again 16 months after activities had ceased (endline of the project). The LDG members remained the same each time but the female community members were not a cohort and were recruited separately each time. The qualitative portion of the evaluation, which was designed to examine potential pathways of change, involved in-depth interviews with a cohort of 36 individuals (18 couples) alongside focus group discussions with family members and religious leaders at four points during the course of the intervention: baseline, midway through activities, end of activities and 16 months after the end of the activities.

THE BIG CHANGE THEORY



PHASE 1 CRITICAL REFLECTION

In-depth group examination and exercises exploring the question: *What are the social norms that perpetuate intimate partner violence?*



PHASE 2 LIFE SKILLS EDUCATION

Equip participating women and men, (included as couples) with the skills needed to change their behavior and shift inequitable gender norms



PHASE 3 COMMUNITY ACTION

Support the diffusion of new norms and behaviors cultivated within the groups to families and communities.

Findings

Over the course of the study, the rates of violence as captured in the quantitative data (from the community-based survey questionnaire that was administered to the 1,800 married women, including LDG members) changed over time but in ways that were not expected. Between baseline and study midline, rates of violence in the control group improved but not in the intervention communities as a whole. At study endline, the rates of violence reported were similar to those at baseline for the control communities, and slightly higher in the intervention communities. These findings are difficult to interpret but changes could be due to a number of factors which include a greater willingness to report IPV over time, especially in the intervention communities; intervening programming in select communities, especially in control areas given the high density of development programming in Nepal; and, measurement error, particularly at study midline.

Findings from the qualitative component of the study (which included in-depth interviews held with couples from the LDGs at baseline, midway through activities, end of activities and 16 months after the end of the activities) highlighted positive changes, with women and men confirming a growing acceptability and practice of more gender equitable relationships in their marriages and a reduced acceptability and perpetration of IPV as a result of their involvement in the groups.

Areas of positive change in the couple's relationships included:

- **A reduction in alcohol consumption:** Alcohol use by the husband was described as a frequent instigator of conflict between couples by both wives and husbands. At the end of the intervention, couples qualitatively reported a reduction in alcohol consumption and alcohol-related conflict. This change was sustained 16 months after the end of the intervention in couples where the husband's alcohol use had been problematic.
- **More open, constructive and frequent communication between couples:** The curriculum focussed heavily on effective communication skills; this was reflected in the changes noticed in many of the couples in the groups. Changes included more open discussions around sex and sexual relations;¹⁰ women reporting greater confidence to voice their opinions and men being more receptive to this; more equitable decision-making processes (particularly around financial and sexual decision-making and decisions involving the children); and, men being more open to discussing their plans and whereabouts when they were out of the house.
- **Improved conflict-resolution skills between spouses:** Strategies imparted by the radio programme and curriculum, including taking time to "cool down", considering the other's point of view and managing anger and stress all contributed to some couples in the groups reporting the use of more constructive approaches to resolving conflict.
- **More gender equitable attitudes:** This was particularly evident in the division of labour within households, which became more equitable as a result of the interventions. A successful indicator of this among some men was their willingness to hang out washing, which is a very public display of husbands taking on duties normally expected of women. A number of couples indicated that having the husbands more involved in household and childcare duties contributed to improvements in the family dynamics as a whole, including relationships with children.¹⁰
- **Increase in bystander intervention:** A greater level of comfort with speaking out against IPV and willingness to support women who have experienced violence in the community was reported amongst group members and the wider public who had listened to the radio programme.
- **The beginnings of diffusion:** Our qualitative findings have shown there had been some sharing and uptake – known as diffusion – of the knowledge and skills acquired by the Change groups to the wider community members. In communities where diffusion was high, i.e., a higher number of people reported talking about or hearing about the main intervention themes from others, community members were more likely to report having recently assisted a survivor of violence than in community

Before, I used to be embarrassed to (go) out with my wife, thinking that my neighbours will tease me or call me a hen-pecked husband. But these days we do a lot of things together. When we walk in the street together, my neighbours call out 'there goes the Samajhdar Jodi (understanding couple)'.

Group Member: Nawalparasi)



Illustration from the BIG Change Curriculum

members where diffusion was low. This was the case even if they had not directly heard messages opposing violence against women through the media.¹¹

These findings confirm the strength of interpersonal dialogue in diffusing ideas and impact beyond those directly exposed.¹² By understanding these pathways of diffusion, future interventions can be designed more intentionally to leverage existing connections and reach a higher critical mass of people with the intervention messaging.

- **Promoting further diffusion:** Diffusion was most effective in communities with lower baseline levels of gender equity. This was highlighted in the survey's endline data and by qualitative interviews with couples involved in the groups. Factors that promoted diffusion included confidence (group members attributed their confidence in speaking out and public speaking to the programme), social proximity (very few people diffused beyond their immediate networks or communities), time, and having the radio content as a prompt for further discussions (most group participants interviewed remembered information from the radio programme and shared this content with others).

I used to get very angry but now I don't get that much angry after I listened to this programme . . . I learned that we have to talk to each other even if we get angry. . . I didn't used to talk. I didn't want to speak with anyone. But now I have learned that we have to talk.

One of my group members shares that when her husband got angry, he would tear her clothes or even burn them. After participating in the Change programme, she says that he does not do anything of the sort anymore."

Female group facilitator: Kapilvastu



Photo courtesy Equal Access International

Lessons learned for research and intervention

Group work with couples can be transformative. Engagement of LDG members was a major strength of the Change Starts at Home programme, with retention at the weekly meetings above 90% across all three districts.

Prepackaged components of the intervention such as radio programming, the curriculum and the activist toolkits allowed for consistency across groups in messaging and content, both of which can be compromised in facilitated group work.

Intensive and recurring training and support for LDG facilitators and a step-by-step curriculum that focuses on critical reflection, skills building and organised diffusion, created the infrastructure for well-functioning groups and led to personal and professional development for the facilitators.

Large-scale media is an important tool for modelling new norms and creating dialogue around sensitive issues. Ideally, this component should be provided with more intensive group-led work or community outreach activities that allow for deeper reflection and interpersonal dialogue on the key issues.

Longer running media programming (two years or more) is necessary to build a consistent audience and dissemination plans should be aligned with media consumption habits. Longer time frames for organised diffusion activities are also needed for sustained norms and behaviour change at the community level.

Building in an iterative design that allows for user feedback and inputs (including into the direction of the radio programming and curriculum) is key to creating

responsive content that directly meets the needs of the audience. Although community measurement is important to highlight diffusion of norms beyond the direct beneficiaries – the LDG groups – measurement should align with the most likely secondary beneficiaries of programming, i.e. those who have interacted with or spoken to the direct beneficiaries, or those who are the intended target of the organised diffusion phase of programming. This requires thorough knowledge of social networks, communication pathways within a community and the reference groups of targeted social norms. Analysis revealed that participants were sharing information with their neighbours, friends, and spouses – people who are socially and geographically close to the participant – suggesting that more geographically or socially targeted sampling may be a better test for change compared to random samples of larger communities.

Measurement of IPV is challenging. Although self-reporting is the most frequently used approach, it is subject to many limitations, including social desirability and under-reporting, and requires well-trained, experienced interviewers and time to develop rapport. It was evident from the LDG qualitative interviews that the quantitative data were probably underestimates because some in-depth interview respondents reported violence qualitatively that they had not disclosed quantitatively. As rapport and comfort is built, disclosure of violence increases; consciousness regarding violence also changes over time, especially in intervention areas. An ongoing challenge for the field is to find the safest, most sensitive and accurate way to document change over time.



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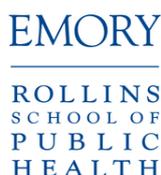
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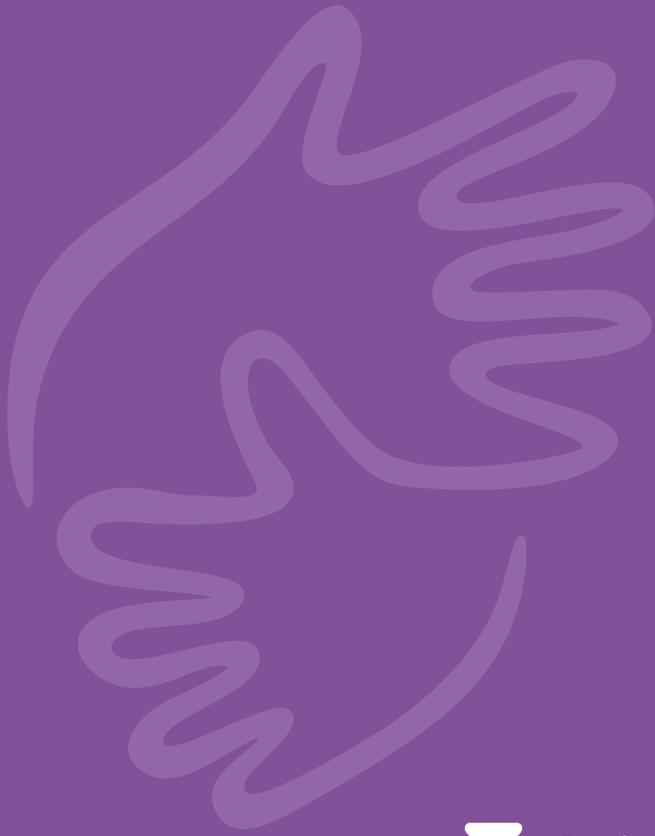
Curriculum: <https://change-starts-at-home.com/our-curriculum/>

What Works to Prevent Violence project page and resources: <https://www.whatworks.co.za/global-programme-projects/equal-access-nepal>

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