Rwanda Biomedical Centre
Healthy People, Wealthy Nation

Care, Coping, and Connection under Covid-19

Insights on couple relationships from a follow-up to the Bandebereho randomized controlled trial in Rwanda

RWAMREC
PROMUNDO

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About Promundo

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women, girls, and individuals of all gender identities. Promundo is a global consortium with members in the United States, Brazil, Portugal, the Democratic Republic of the Congo, and Chile that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender equality. For more information, see:
www.promundoglobal.org

About RWAMREC

The Rwanda Men's Resource Centre (RWAMREC) is a Rwandan non-governmental organization that works to create a peaceful society where women and men share roles and responsibilities of raising families, and governing society in equality and respect of human rights. RWAMREC has the distinctive mission to promote gender equality through the reconstruction of a non-violent identity of men, adoption of healthy masculine behaviors and men's empowerment to be positive and supportive partners, role models for other men and change agents in promoting healthy families and women's socio-economic development, eradication of sexual and gender-based violence, positive fatherhood and men's health in Rwanda. RWAMREC was founded in 2006 with the aim of men reaching out to other men in order to promote gender equality through promotion of positive masculinities and male engagement approaches in development programs in Rwanda.
www.rwamrec.org

This study received funding from the Work and Opportunities for Women (WOW) Fund, under an ongoing project led by Promundo to facilitate the redistribution of unpaid care work responsibilities between women and men and to increase women's decision-making power within the relationship in Rwanda and South Africa, as part of broader efforts to support women's economic agency and empowerment. Additional funding for the study was also provided by the Oak Foundation.

Why this study?

"The pandemic has affected women disproportionately. The burden of caring for sick relatives falls primarily on the women in our families. Women have also been forced to exit formal sector employment to take care of children during lockdown. We cannot continue to accept structural gender disparities as the status quo in a truly sustainable and inclusive future."

— President Paul Kagame addressing the G20 Leaders' Summit, November 21, 2020

The COVID-19 pandemic has brought into sharp focus and exacerbated many existing gender disparities. Researchers and activists have warned that the pandemic risks erasing decades of progress towards gender equality around the world.[1] Prior to the pandemic, women globally spent about three times as many hours on unpaid care and domestic work as men.[2] Stay-at-home orders and school closures have exponentially increased families' caregiving needs, not to mention the demands (and risks) of caring for the sick and the stress and emotional labor of keeping families safe. Data from 38 countries confirm that while men are also taking on part of the additional care work, women continue to provide the bulk of care during the pandemic.[3] Further, the current crisis is expected to hit women's employment more severely than men's – particularly for those in the informal economy – in contrast to previous economic downturns.[4] Indeed, last year saw more women than men leaving the workforce,[5] due in part to caregiving demands and factors which lead families to prioritize men's paid work over women's.

The pandemic has also shone a light on a "shadow pandemic" of violence against women and children (VAW/C), with many at increased risk while confined at home with their abusers. More than half of all studies on VAW/C in the context of COVID-19 point to an increase in violence as a result of the pandemic.[6] Yet, some argue that by making visible these deep-rooted inequalities the pandemic provides an opportunity for countries and communities to mobilize around and invest in policies and programs that prioritize care, equality, and social protection – and not just in times of crisis.

Rwanda has been hailed for both its innovative and timely response to COVID-19 and its longstanding efforts to advance gender equality. Yet, little research has examined the gendered impacts of Rwanda's COVID-19 response, particularly its impact on unpaid work and care, couple relationship dynamics, and whether men and women are coping differently with the stress and uncertainty of the crisis. This study sought to understand how women and men with young children in Rwanda have experienced the COVID-19 pandemic and its response, examining aspects of their lives related to care, connection and coping. It considers if and how men and women have experienced the pandemic differently, including how it has impacted their financial situation and job-seeking, whether men are involved in sharing the additional unpaid care and domestic work, and factors associated with family violence – such as communication, quarreling, anger, and stress. The study looks at men's and women's experiences both *during* and *after* the first 'stay-at-home' period in order to understand the immediate and shorter-term impacts on family dynamics and couple relations compared to life before the pandemic. Uniquely, this study also builds on an existing randomized controlled trial to examine whether families who participated in the Bandebereho intervention in 2015 – which engaged men and couples to promote men's caregiving, healthier couple relations and violence prevention – have coped with the pandemic differently or been more resilient than other families (see the box on the following page for more on the intervention and RCT). By interviewing these families five years after the intervention ended, we also hope to understand whether the intervention's previously demonstrated impacts on strengthening couple relations have been sustained during a period of extreme stress.

We hope the study findings can inform ongoing and future pandemic or crisis response measures that account for the differing impacts on women and men, as well as provide additional evidence on effective programming that can be scaled up to support families' well-being and resilience in normal times and in times of crisis.

The Bandebereho intervention and RCT

Bandebereho ('role model' in Kinyarwanda) is an intervention that works with men and couples to promote men's engagement in maternal, newborn and child health, caregiving and healthier couple relations in Rwanda. The intervention recruits young and expectant fathers to participate, along with their partners, in small group sessions of critical reflection and discussion of gender roles and norms, builds skills, and creates opportunities for men and couples to practice more equitable behaviors. The Bandebereho curriculum was adapted from Program P for the Rwandan context by Promundo and the Rwanda Men's Resource Center (RWAMREC), and approved by the Rwanda Ministry of Health. The intervention was piloted with more than 3,500 parents in four districts (Karongi, Musanze, Nyaruguru, Rwamagana) between 2013 and 2015.

A two-arm randomized controlled trial (RCT), which began in 2015, was designed to evaluate the impact on couples who participated in the intervention from March to August 2015, by comparing them to a control group. A total of 1,199 couples were enrolled in the RCT and randomly assigned to either the treatment (n=575 couples) or the control group (n=624 couples). Data were collected at three points in time: baseline in February/March 2015 (men only); 9-month follow-up in November/December 2015 (couples); and 21-month follow-up in November/December 2016 (couples). At 21-months post-baseline, the Bandebereho RCT found that, when compared to a control group, participating families reported, among other outcomes[7]:

- Lower rates of past-year physical and sexual intimate partner violence (IPV) experienced by women
- Lower rates of past-year physical punishment of children by parents
- Greater antenatal care (ANC) attendance by women and accompaniment by men
- Greater use of modern contraceptives by couples
- Greater time spent by men and sharing of childcare and household tasks
- Less dominance of men in household decision-making

Based on these impacts, the integration of the Bandebereho intervention into the health system is currently being tested in Musanze district, where more than 400 community health workers have been trained to implement the approach as part of their routine work. The lessons learned from the scale-up of the intervention in Musanze district will inform the scaling of the approach in more districts.

Rwanda's covid-19 response

Rwanda was the one of first countries in Sub-Saharan Africa to enact strict measures to reduce the spread of the virus. By early March, the country had already begun drafting COVID-19 guidelines, conducting free COVID-19 tests, and forming a cross-sectoral National Joint Task Force to coordinate the implementation of a preparedness and response plan.[8,9] Shortly after detecting its first case on March 14, 2020, the country closed its borders and announced a national confinement or stay-at-home order that lasted from 21 March through 4 May. During the confinement: all non-essential services were closed; non-essential workers were asked to work from home (where possible); schools were closed; restaurants and bars were closed except for takeaway services; religious services, conferences, markets, and other public events were prohibited; and all non-essential movements were banned, including inter-district travel. It was followed by a gradual relaxation of restrictions – which were tightened as of January 2021 as a result of a surge in cases – alongside efforts to stop the spread of the virus.

National campaigns such as #GumaMuRugo, a call to 'stay home' and save lives, and #NtabeAriNjye ('let it not be me') were launched to provide information, dispel rumors, and encourage prevention measures including physical distancing, compulsory wearing of face masks, and hand-washing. The country's timely and innovative response has been held up as an example, in Africa and globally, for its effective testing, comprehensive contact tracing, isolating of cases, and use of new technologies – including anti-epidemic robots to protect health workers and drones to spread awareness messages in remote areas.[10, 11] These efforts have been fairly successful at containing the spread of COVID-19 – with only 13,885 cases (and nearly 850,000 tests conducted) and 181 deaths as of 26 January 2021[12] – considerably fewer than countries of comparable size.

Research conducted early in the pandemic indicates that Rwanda's response measures have impacted families in multiple ways. The stay-at-home period led to a spike in unemployment as restriction measures were enforced – with women reporting unemployment at greater rates than men.[13] In addition to job losses, many reported facing reduced working hours or lower earnings in

the first few months of the pandemic.[14-16] Those working in agriculture reported altered planting, harvesting or marketing because of COVID-19 restrictions, with selling crops or livestock being the most commonly faced challenge.[14] The loss of income has made it difficult for some families to afford basic needs, requiring them to reduce household food consumption, skip loan payments, or sell off assets to afford food, healthcare or other expenses.[14] In an effort to address such challenges, the Government of Rwanda developed an Economic Recovery Plan (May 2020 to December 2021), has distributed food, and restarted or expanded existing public employment programs (PEPs) – which have historically benefited roughly equal numbers of men and women – to provide economic opportunities to vulnerable families.[16] However, civil society organizations have highlighted a rise in violence and barriers for women and girls attempting to access support and called on state and non-state actors to address domestic violence and unpaid care work within Rwanda's response.[17,18] Yet, little research has examined how the economic strain, school closures, and stress related to the pandemic may be impacting or exacerbating couple relationships and dynamics within the home – in a context where 20 percent of married women report experiencing violence from their partner in the past year, and women already work 10 hours more than men per week when unpaid care work and paid work are combined.[19,20]

Study Methods

Phone interviews were conducted in August and September 2020 (4-5 months after the end of Rwanda's initial confinement period) with a subsample of 500 couples equally split between the intervention group (n=250 couples) and the control group (n=250 couples), from among those enrolled in the Bandebereho RCT. In 2015, the intervention group received the Bandebereho intervention and the control group received no intervention. This study took place five years after the intervention group completed the 15-session intervention. The RCT participants were originally recruited (in 2015) from four districts where the intervention was implemented: Karongi (Western Province), Musanze (Northern Province), Nyaruguru (Southern Province), and Rwamagana (Eastern Province). Given that this study was a phone survey, participants were interviewed from their current locations. Participants were still heavily concentrated in the original four districts, but were present in a total of 10 districts at the time of the survey (see Table 1 for more detail).

Verbal consent was obtained from all participants and separate phone interviews were conducted with male and female partners by experienced, sex-matched interviewers from Laterite Ltd. who were trained on the survey tool and research ethics. The interviewers were not aware of the respondents' group assignment, i.e. whether or not they had participated in the Bandebereho intervention. Data were captured on electronic tablets. Five percent of the surveys were audio-recorded (with consent) and audited by Laterite to ensure quality of data collection. Everyone who participated in all or part of the interview received a mobile money payment of 1,000 Rwandan francs (approximately $1 USD) to compensate for their time and costs related to charging their mobile phones.

The phone interviews lasted approximately 20 minutes and followed a structured, 12-question survey, tailored for men and women, which asked participants about how the pandemic and its response have impacted their financial situation, future job-seeking, the household's caregiving needs and distribution of unpaid care and domestic work, stress, and couple communication about household decisions. In line with the ethical guidance on researching VAW/C in the context of COVID-19, the study did not ask participants directly about violence, but asked about associated risk factors, such as relationship quality, couple communication, quarrelling, and men's alcohol use.

Respondents were asked to recall their experiences of the stay-at-home period (or 'confinement'), and to report on their situation at the time of the survey (four to five months after the stay-at-home order ended). At the time of the survey, there was a curfew in place and several restrictions remained, including school closures, but limited inter- and intra-district movement was allowed; public and private transport had resumed; manufacturing, construction, and other small businesses were able to operate; and restaurants, hotels, markets and shops were open (respecting prevention measures).

Covid-19 Pandemic & Study Timeline

Before the pandemic

Stay-at-home period

Time of Survey

Mar

14 March
First Covid case detected

16 March
Closure of Schools

Apr

21 March – 4 May
Nationwide 'stay at home' period.
Confinement to home for all but essential workers.

May

4 May
Nationwide curfew established.

June

Ongoing school closures.
Restrictions on movement & public gatherings.

July

Aug

13 Aug – 4 Sept
Bandebereho phone study.

Sept

The study received ethical approval from the Rwanda National Ethics Committee, and research permissions from the National Institute of Statistics Rwanda and the National Council on Science and Technology. This follow-up to the Bandebereho RCT was registered at Clinicaltrials.gov (NCT04442152) in June 2020, prior to data collection.

Study sample

We sought a sample of 500 couples from among the 1,199 couples enrolled in the Bandebereho RCT; a total of 500 men and 498 women completed the survey.[a] Men enrolled in the Bandebereho RCT in 2015 and their current female partners were eligible to participate in this phone survey, but eligibility was restricted to households which reported owning a mobile phone at last survey (2016), and for whom we had an active mobile number.[b] Men's current female partners were interviewed even if they differed from the female partner previously surveyed in earlier rounds of the RCT. As the Bandebereho intervention recruited via the male partner and targeted specific changes in men's behavior, we hypothesize that these changes should also benefit relationships with new partners who did not participate in the intervention. Five men reported having a different female partner than the one they had at the most recent RCT follow-up; all new partners were interviewed. Participants were randomly selected from the list of eligible couples, equally split between intervention and control groups, and selected proportional to population of the treatment group in the original district of recruitment. As a result of wanting to interview couples, the number of replacements (194) was high due to the limited availability of male participants.

Table 1 presents the demographic characteristics of participants. It shows that nearly all the respondents were living with their partner during the stay-at-home period, and that nearly all had one or more children under the age of 7 living in the household. Of relevance to this study, the majority of men (89%) in the Bandebereho RCT reported being self-employed at baseline in 2015.

Limitations

This study has limitations. Firstly, the study was restricted to phone, rather than in-person interviews, to prioritize the health and safety of participants and interviewers. The sample was therefore limited to families who owned a phone and for whom we had a current phone number. These families may have greater financial means than families without a phone, who may have faced greater hardship during the pandemic. Secondly, the study relies on self-reported outcomes, rather than direct observation. However, asking men and women in the same couple provides context to participants' responses. In addition, respondents may have actually felt more comfortable to provide honest responses to potentially embarrassing questions on the phone than they might in-person. Thirdly, the survey relies on respondents' recall of events at different time points in the pandemic (at the time of the survey and during the stay-at-home period five months earlier) compared to before the pandemic. It may have been challenging for participants to accurately recall their experiences during the confinement period, given the four to five months that had elapsed. Finally, the study was undertaken with a specific group of parents with young children – whose experience may be different from other individuals and families – and is therefore not representative of all families in the districts in which they live, nor the entire Rwandan population. In particular, while this study focused on parents of young children, it does not capture the experiences of single mothers, who may be more likely to experience significant challenges and setbacks related to the loss of income or employment and increased caregiving demands brought on by the pandemic.

[a] Two women whose partners were interviewed refused to participate.

[b] The original eligibility criteria for the Bandebereho RCT (which recruited via the male partner) were: aged 21–35 years, married or cohabitating, expectant and/or fathers of children under-five years (based on self-reports), living within accessible distance of the meeting site, and not having participated in the Bandebereho previously.

Table 1.

Demographic characteristics of participants, by sex and study arm

	Women		Men	
	Intervention group (n=249)	**Control group (n=249)**	**Intervention group (n=250)**	**Control group (n=250)**
Age (years): mean (SD)	32.08 (4.02)	31.88 (3.74)	34.36 (3.48)	34.08 (3.72)
Have biological children (under 7 years) in the household	239 (95.9%)	241 (96.4%)	236 (94.4%)	242 (96.8%)
No. of young children: mean (SD)	1.67 (0.68)	1.67 (0.64)	1.67 (0.70)	1.66 (0.65)
With partner during 'stay at home' period	245 (98.4%)	246 (98.8%)	246 (98.4%)	247 (98.8%)
Location at the time of the survey				
Kigali	(0.0%)	1 (0.4%)	(0.0%)	1 (0.4%)
Gasabo district	(0.0%)	1 (0.4%)	(0.0%)	1 (0.4%)
Eastern Province	59 (23.6%)	58 (23.2%)	60 (24.0%)	58 (23.2%)
Bugesera district	1 (0.4%)	(0.0%)	1 (0.4%)	(0.0%)
Gatsibo district	(0.0%)	1 (0.4%)	(0.0%)	1 (0.4%)
Kayonza district	1 (0.4%)	(0.0%)	1 (0.4%)	(0.0%)
Ngoma district	1 (0.4%)	(0.0%)	1 (0.4%)	(0.0%)
Rwamagana district	56 (22.4%)	57 (22.8%)	57 (22.8%)	57 (22.8%)
Southern Province	56 (22.4%)	53 (21.2%)	56 (22.4%)	53 (21.2%)
Nyaruguru district	56 (22.4%)	53 (21.2%)	56 (22.4%)	53 (21.2%)
Western Province	57 (22.8%)	66 (26.4%)	57 (22.8%)	66 (26.4%)
Karongi district	57 (22.8%)	66 (26.4%)	57 (22.8%)	66 (26.4%)
Rubavu district	1 (0.4%)	(0.0%)	(0.0%)	(0.0%)
Northern Province	77 (30.9%)	71 (28.5%)	77 (30.8%)	72 (28.8%)
Gakenke district	1 (0.4%)	(0.0%)	1 (0.4%)	(0.0%)
Musanze district	76 (30.5%)	71(28.5%)	76 (30.4%)	72 (28.8%)

Findings

The survey was conducted at one time point (in August/September 2020), but asked participants to report on their current situation and to recall their experience during the stay-at-home period (or confinement) in comparison to their experiences prior to the pandemic. Therefore, throughout this section you will find reference to respondents' reports of the stay-at-home period and at the time of the survey (four to five months after the stay-at-home period ended). For some questions, respondents were asked to report on both time periods, but not for all questions. We present p values throughout for statistically significant findings.

Care

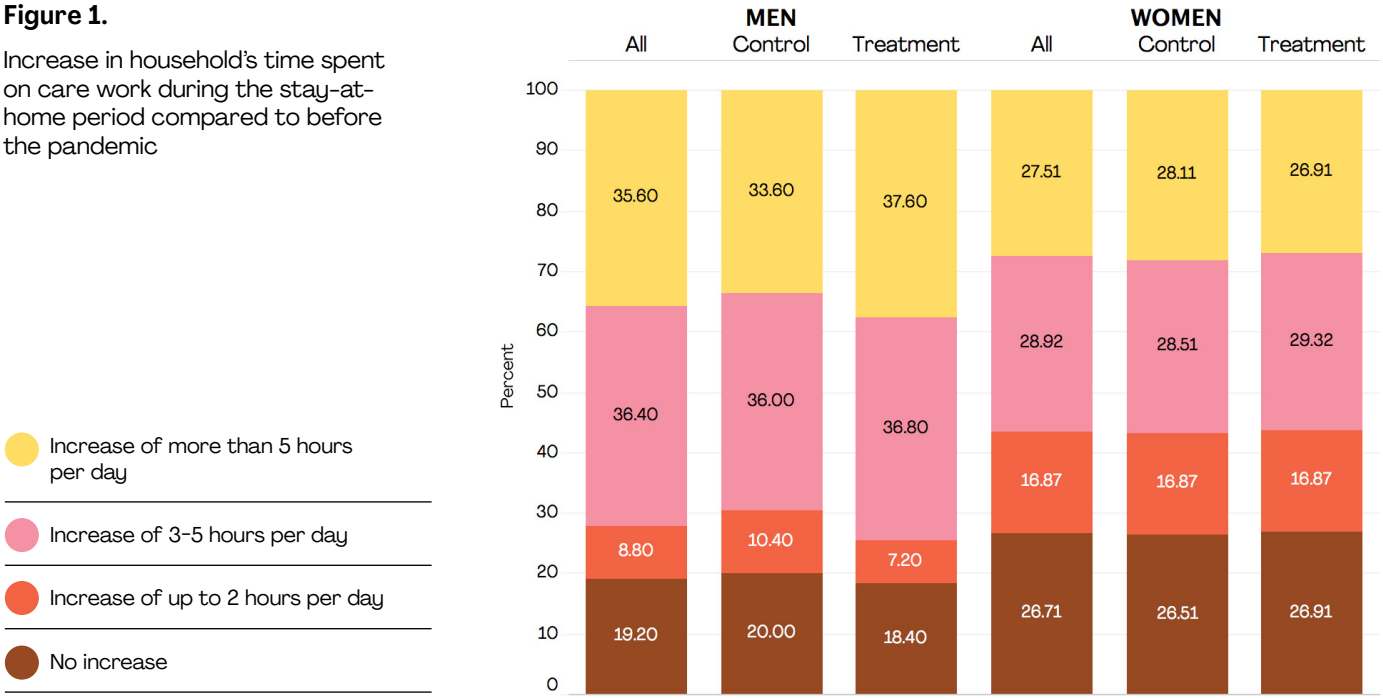
Unsurprisingly, the pandemic has led to an increase in the amount of time spent on unpaid care and domestic work ('care work') for most households – often of more than two additional hours per day during the confinement, based on participants' own estimates. Encouragingly, many couples reported that men either took on most of the additional burden themselves or shared it equally with their partners – during confinement and at the time of the survey. This suggests the pandemic has been a catalyst for some men to take on a (greater) share of the household care work. While Bandebereho couples experienced similar changes in the household's time on care work as non-participants, men in these couples were more likely to have either taken on the majority of the additional care demands or shared it equally with their partners than non-participants. However, across both groups, men reported doing more care work than women said they were, and there were large discrepancies between men's and women's reports of how much of the care women are doing. While a substantial number of women reported taking on most of the additional care burden themselves, few men reported women taking on the majority of the additional care. This finding suggests that men may have underestimated women's time spent on care work, which is likely to be reflective of the historical invisibility and undervaluing of care work that is predominantly undertaken by women.

Insight # 1: For most families, the stay-at-home period led to an increase – often of many hours per day – in unpaid care and domestic work

During the stay-at-home period, the majority of men (81 percent) and women (73 percent) reported that their household spent *more* time on care work than before the pandemic, while more than a quarter of women and 19 percent of men reported no change. Similar proportions of men and women reported an increase of more than two additional hours per day (36 percent of men and 29 percent of women) and of more than five additional hours per day (36 percent of men and 28 percent of women). There were no significant differences between Bandebereho participants and non-participants on changes to the household's time spent on care work during the confinement. However, there were statistically significant differences in men's and women's reports, with more men than women reporting an increase in their household's time spent on care work ($p < .001$). This gendered difference may reflect men's limited engagement in care work in normal times – when women in Rwanda spend an average of 21 hours per week on unpaid care work compared to men's 8 hours.[20] As a result, it may have been more difficult for men to assess changes in household's time spent on care work than for women. At the same time, men's confinement at home and (for many) increased involvement in care work is likely to have increased their awareness of the time spent by household members, leading them to report increases in care work at greater rates than women.

Figure 1.

Increase in household's time spent on care work during the stay-at-home period compared to before the pandemic

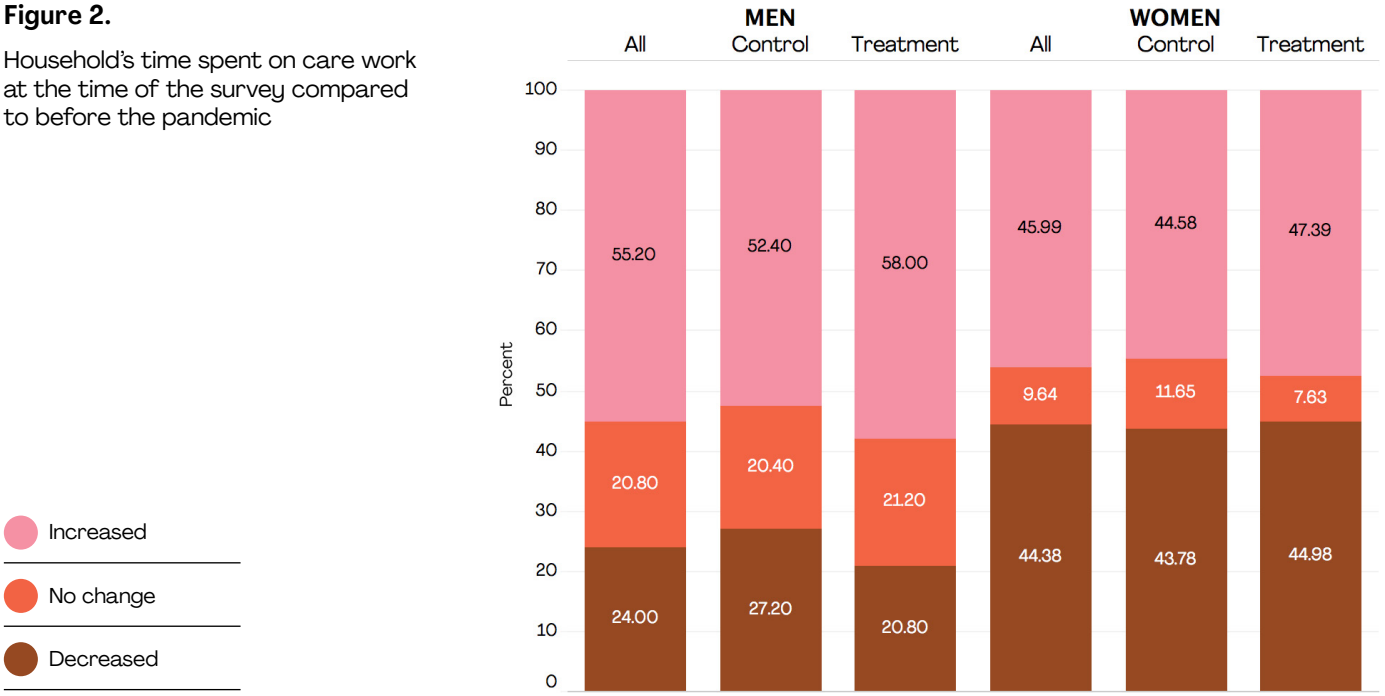


When asked about their household's time spent on care work at the time of the survey (four to five months after the 'stay-at-home' period ended), responses were more mixed. Fewer respondents – but still more than half of all men (55 percent) and nearly half of all women (46 percent) – reported an increase in the household's time spent on care work at the time of the survey when compared to before the pandemic. Ongoing restrictions, particularly school closures, probably contributed to increased care demands for families even after the confinement ended.

At the same time, a significant proportion of women (44 percent) but fewer men (24 percent) reported a decrease in their household's time spent on care work at the time of the survey when compared to before the pandemic. Several factors may have contributed to this finding. Firstly, some families' care needs may have decreased (compared to pre-pandemic times), particularly if family members were spending more time participating in or seeking paid work opportunities outside the home to address the financial strain brought on by the pandemic. Secondly, participants may have had difficulty accurately recalling or comparing the time spent on care work to pre-pandemic levels, particularly in light of the significant increase in care work experienced during the confinement period. Participants' responses at the time of the survey may therefore reflect a decrease in time spent on care work compared to the confinement period as opposed to before the pandemic. Thirdly, it may have been difficult for participants to distinguish between the overall household's time spent on care work and their own time spent on such activities. This may be particularly true for women, who usually perform the bulk of care work in Rwandan families. As our findings show, some men took on a greater share of the care work during the pandemic, which may have helped to reduce the amount of time women were spending on such activities (rather than the household), compared to before the pandemic. This may partially explain why women reported a decrease in the overall household's time spent on care work at higher rates than men.

Figure 2.

Household's time spent on care work at the time of the survey compared to before the pandemic



Insight # 2: A number of men are taking on or sharing equally the additional care work – and Bandebereho participants more so than non-participants – but also perceive themselves to be more involved than women say they are

Encouragingly, the majority of men (86 percent) and women (60 percent) in households who reported an increased care burden during the stay-at-home period reported that men were doing some of the additional care work. Importantly, a fifth of men (15 percent) but fewer women (10 percent) reported that the male partner took on most of the additional workload himself, while 71 percent of men and half of women reported the additional work was being shared equally. Responses about their experiences at the time of the survey (four to five months after the stay-at-home period ended) were similar, suggesting the pandemic may have acted as an opportunity or catalyst for some men to take on a (greater) share of the household's care work.

However, we also see statistically significant differences in men's and women's reports of who took on the majority of the care work, with men reporting greater involvement than women reported of them ($p < .001$). This finding is particularly stark when we see that 40 percent of women reported taking on most of the additional care work during the confinement themselves – but only 14 percent of men reported that women did this. Findings were similar for responses at the time of the survey. The difference in men's and women's responses was starkest among couples who did not participate in the Bandebereho intervention (control group), where 64 percent of women reported taking on most of the additional workload themselves, but 66 percent of men reported that the work was being shared equally.

These findings, consistent with research on perceptions of division of household labor across multiple countries,[c] suggest a considerable divide between men's and women's perceptions of who is doing the care work. It is unlikely that men purposely overreported their involvement in care work, given rigid gender norms which discourage their involvement in household work

[c] See for example the findings from the International Men and Gender Equality Survey (IMAGES) from around the world: https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/

in Rwanda.[22,23] More likely, men may have increased their involvement in household care work, but underestimated the household's overall care burden, as a result of the often invisible (and undervalued) nature of care work. As a result, men may believe their work was represented a greater proportion of the overall care work than it did. Men's underestimation of the amount of care work done by women is also suggested by the fact that respondents were much less likely to report women were doing most of the additional care work at the time of the survey than they were to report that the work was being shared equally or done mostly by men. In contrast, women were 6 times more likely than men to report that women took on most of the additional care work (highly significant, $p < .001$), when controlling for treatment status, age, and having a child above the age of 3 in the household.

Figure 3.

Who took on most of the additional care work during the stay-at-home period

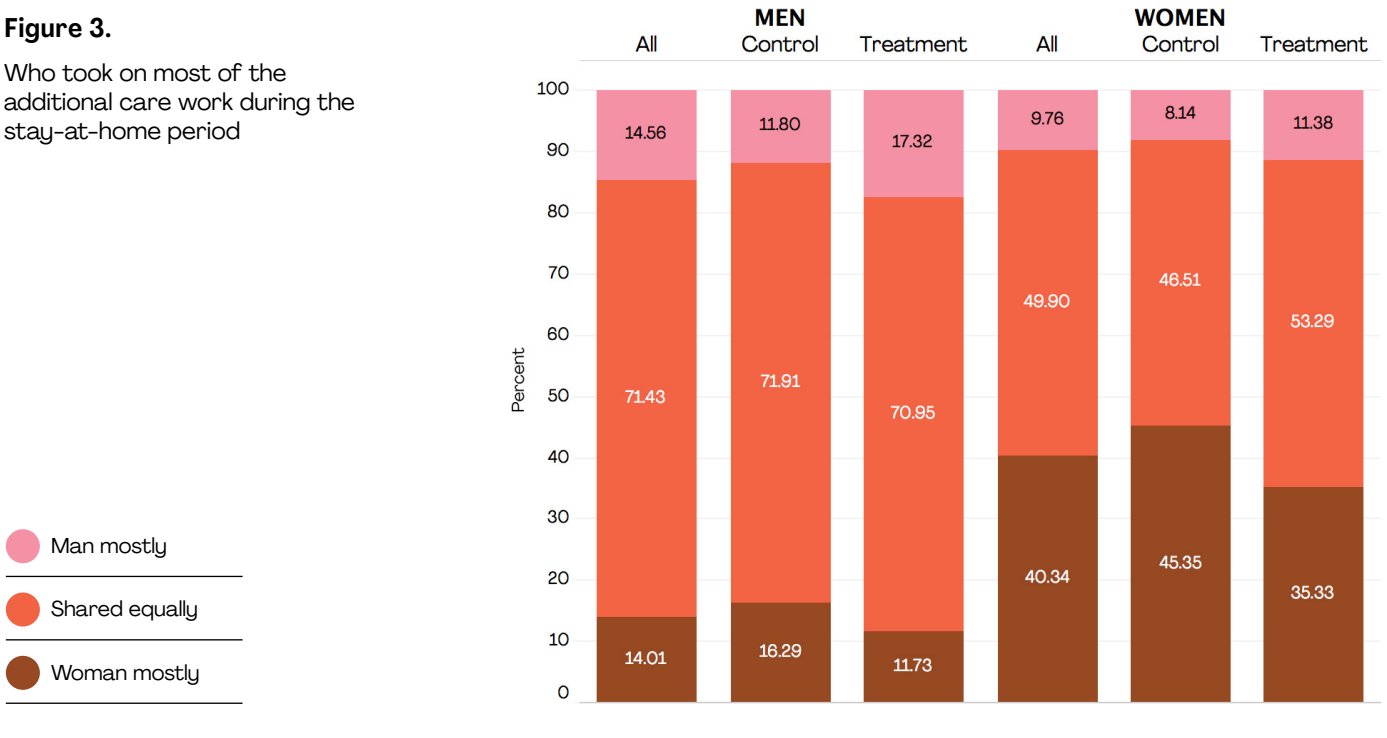
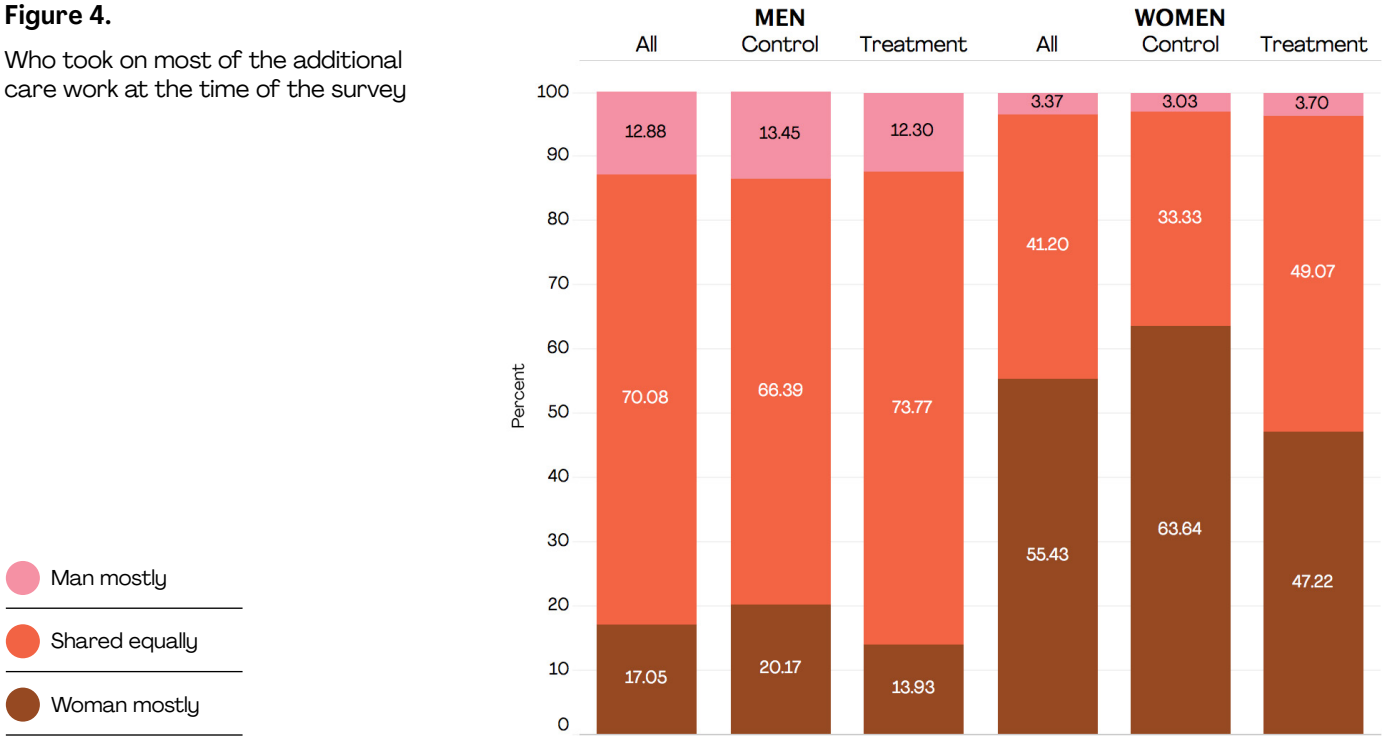


Figure 4.

Who took on most of the additional care work at the time of the survey



Encouragingly, Bandebereho participants were more likely than non-participants to report men's involvement in care work during the stay-at-home period ($p < .05$) and at the time of the survey ($p < .10$). This suggests that some of the impacts of the Bandebereho intervention reported at 21-month follow-up – such as men's greater time spent on and sharing of care work with their partners – may have sustained over time, including during a period of hardship.

Coping

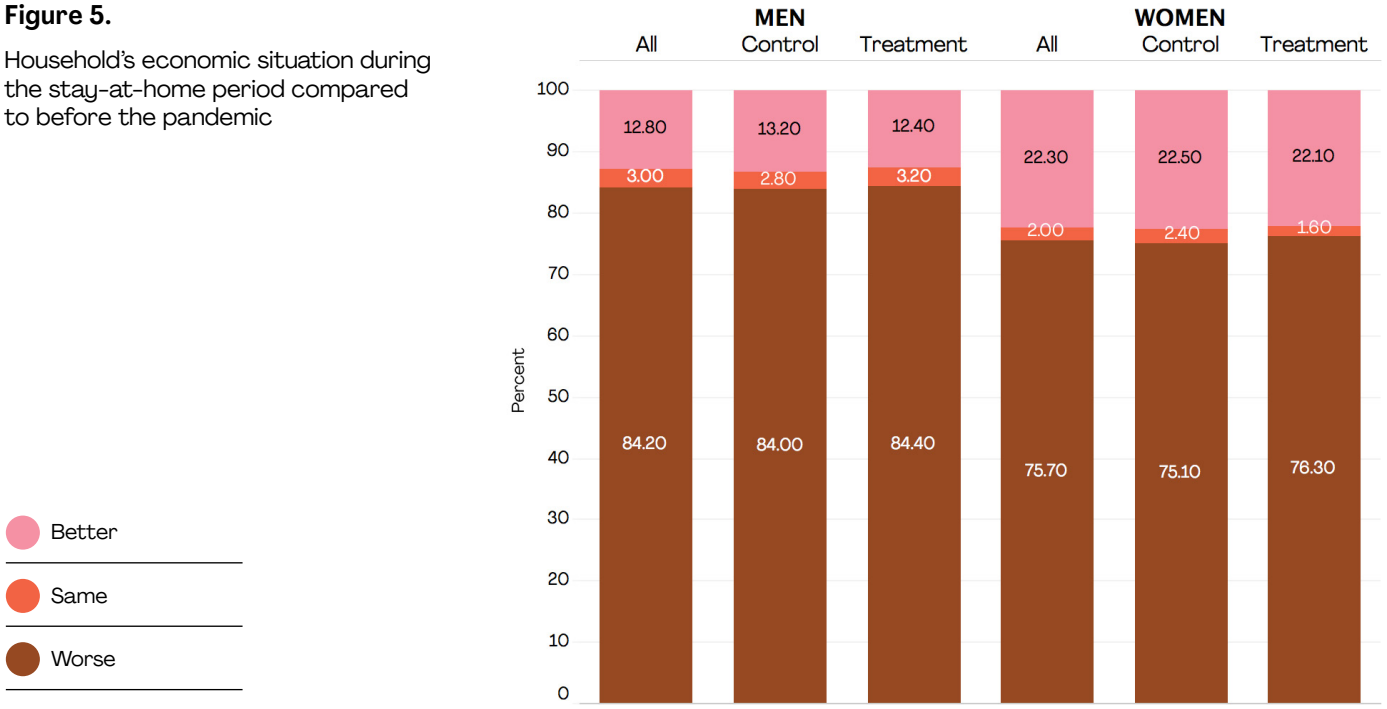
Unsurprisingly, the majority of respondents reported that their financial situation worsened during the confinement, although a small minority reported improvements. At the time of the survey, many couples also reported an increase in feelings of general stress and anxiety and of feeling unable to provide for the family's basic needs ('financial stress'), compared to before the pandemic. Men reported a worsened financial situation, general anxiety and financial stress at greater rates than women, likely reflective of social norms that expect men to be the financial providers and decision-makers for their households. However, a sizeable proportion of respondents (and more women than men) actually reported a decrease in feelings of general stress and anxiety and of financial stress. These households were more likely to report an improved financial situation during confinement, suggesting that those who weathered the economic impact early in the pandemic were also more resilient later. Lower rates of general anxiety were associated with reduced financial stress or feeling strained between balancing paid and unpaid work, as well as better couple relations. Additionally, most men reported reduced alcohol consumption since the start of the pandemic, but a small minority reported increased consumption. Unsurprisingly, increased consumption was associated with greater odds of increased quarreling and a worsened relationship with a partner. Bandebereho participants fared better than non-participants on several outcomes – women in the control group were more likely to report increased feelings of stress and anxiety, and men in the control group were more likely to report increased alcohol consumption.

Insight # 3: Most families reported financial strain as a result of the stay-at-home period, but a small proportion said their financial situation improved

Unsurprisingly, the majority of respondents reported that their household's financial situation became *worse* during the stay-at-home period compared to before the pandemic. Men (84 percent) were more likely than women (76 percent) to report this, which may reflect men's greater knowledge of the household's financial situation as a result of their greater control over household finances than women in the Rwandan context.[19] However, a small proportion of respondents – 13 percent of men and 22 percent of women – reported a *better* financial situation during the confinement than before the pandemic. Some families (in rural areas) may have been able to cultivate or produce goods for sale or personal consumption, and may have actually benefited from involvement of additional family members during confinement. Other families may have benefited from financial or material support from family members, Government programs, or civil society organizations, an indicator that our survey did not capture. Women may have also had greater access to cash or financial support from their partners when confined together at home. There was little difference in reports between Bandebereho participants and non-participants. Families in the Eastern and Southern provinces were more likely to report improved financial situations than those in the Northern and Western provinces, a finding which requires further exploration. We found no significant correlations between household financial situation and the number of children.

Figure 5.

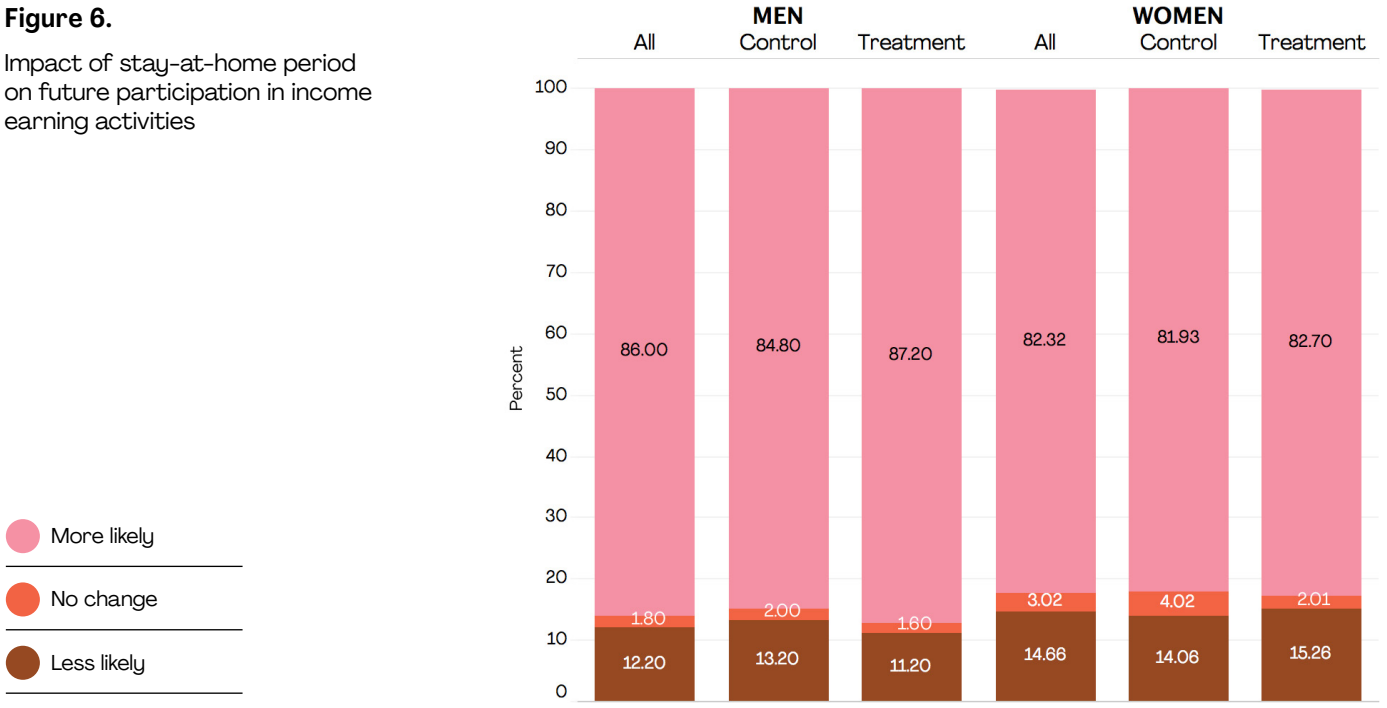
Household's economic situation during the stay-at-home period compared to before the pandemic



At the time of the survey, a majority of men (86 percent) and women (82 percent) reported that they would be *more likely* to participate in future income-earning opportunities as a result of the stay-at-home period. These findings underscore the financial strain experienced by respondents during the confinement and months prior to the survey. They may also reflect knowledge or perceptions of increased economic opportunity due to public employment programs (such as the Home Grown School initiative) underway at the time of the survey. Women were nearly as likely as men to report an increased likelihood of participating in income-generating opportunities, suggesting that the pandemic may be a catalyst for some women to seek paid employment, although men and women in Rwanda are generally employed at roughly equal rates.[24] Families in the Southern and Eastern provinces were slightly more likely than those in the Northern and Western provinces to report being more likely to participate in income-earning opportunities in the future, a finding which deserves further exploration. In contrast, about one fifth of respondents – 12 percent of men and 15 percent of women – reported being less likely to participate in income-generating opportunities in the future.

Figure 6.

Impact of stay-at-home period on future participation in income earning activities

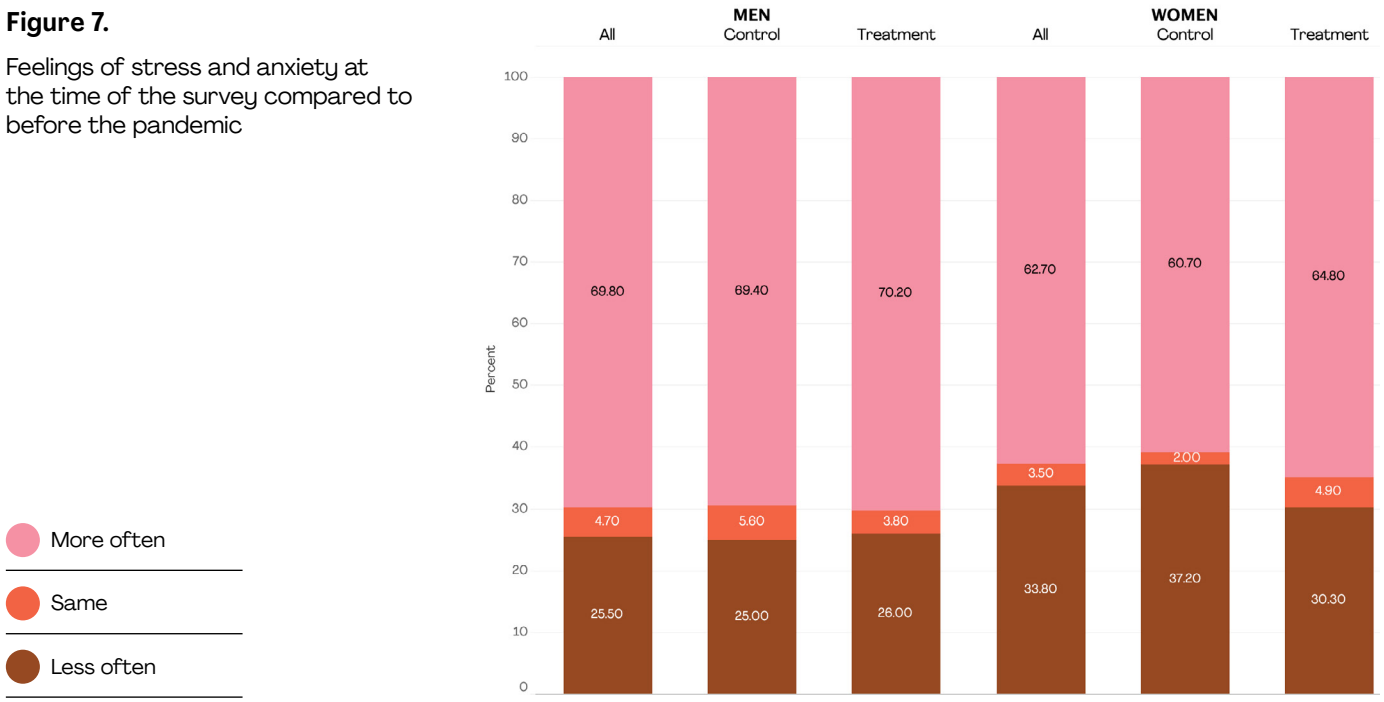


Insight # 4: The pandemic has increased stress and anxiety for many, with men reporting higher rates of stress (mostly financial) than women

At the time of the survey, many couples reported greater levels of stress and anxiety compared to before the pandemic, although it appears to have taken a different emotional toll for men than women. The majority of men (70 percent) and women (63 percent) reported feeling anxious or stressed about life ('general stress and anxiety') *more often* at the time of the survey than before the pandemic.[d] Similarly, a high proportion of men (62 percent) but slightly fewer women (49 percent) reported feeling unable to provide for their family or children's basic needs ('financial stress') *more often* than before the pandemic. Overall, men reported an increase in feelings of both general stress and anxiety ($p < .05$) and financial stress at meeting the family's basic needs ($p < .001$) at higher rates than women. Once again, these statistically significant gendered differences may reflect the social expectations for men to be the financial providers for their families. Reports on general stress and anxiety and financial stress did not differ significantly between male Bandebereho participants and non-participants, but did differ among females — 37 percent of women in the control group reported increased general stress and anxiety compared to 30 percent of women in the treatment group ($p < .10$).

Figure 7.

Feelings of stress and anxiety at the time of the survey compared to before the pandemic



Surprisingly, more than a quarter of men (26 percent) and a third of women (34 percent) reported feelings of general stress and anxiety *less often* at the time of the survey than before the pandemic, and 33 percent of men and 44 percent of women reported feeling financial stress *less often*. Unsurprisingly, respondents who reported less general stress and anxiety at the time of the survey tended to be those who reported an *improved financial situation* during the confinement. In short, households that were able to weather the negative economic impacts of the pandemic during the confinement continued to be more resilient after the stay-at-home period ended. Among respondents who reported less general stress and anxiety, 25 percent said they had an improved economic situation during the pandemic compared with 14 percent of respondents who reported the same or increased levels of anxiety ($p < .001$). Respondents reporting less general stress and anxiety also reported happier relationships with their partners and reduced stress around providing for their families or feeling strained between balancing paid and unpaid work.

[d] These three questions were only asked with reference to the time of the survey compared to before the pandemic, and not specifically about the 'stay-at-home' period.

Figure 8.

Feelings of being unable to provide for family's basic needs at the time of the survey compared to before the pandemic

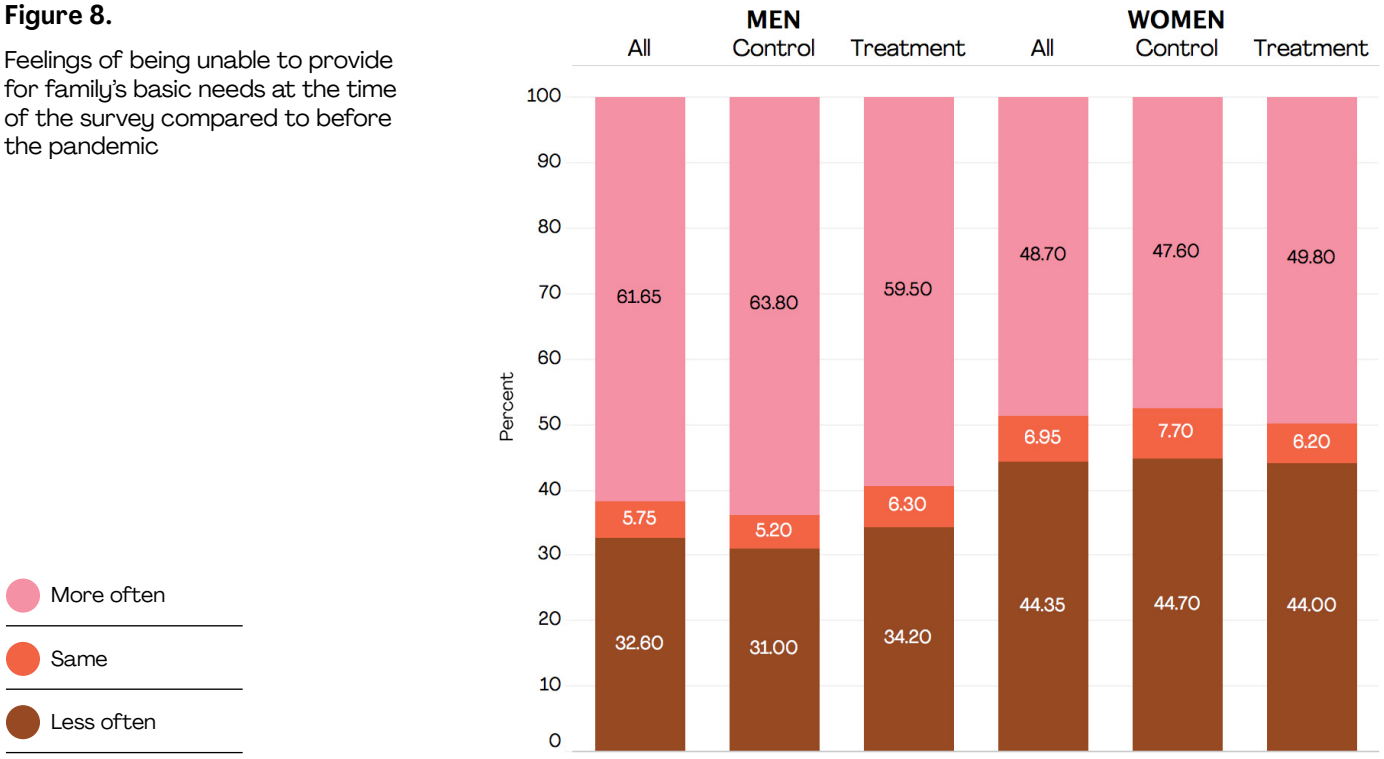
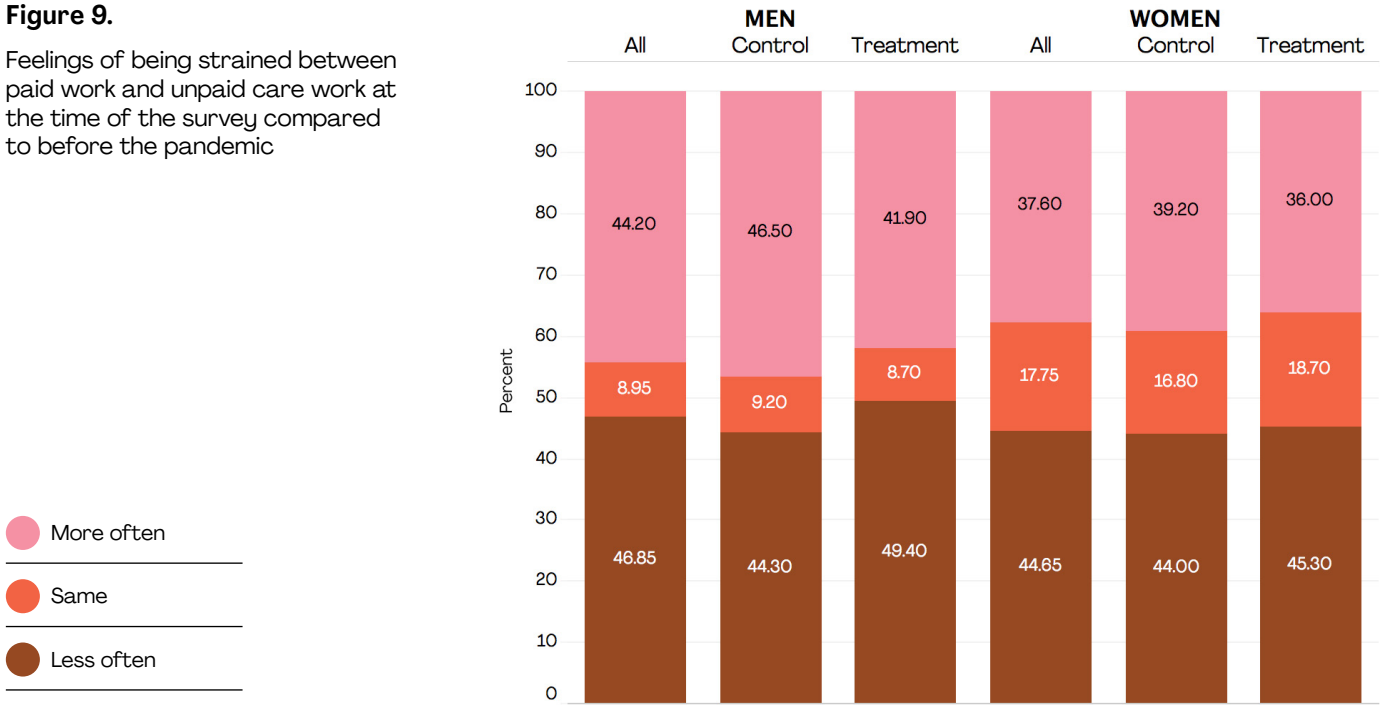


Figure 9.

Feelings of being strained between paid work and unpaid care work at the time of the survey compared to before the pandemic



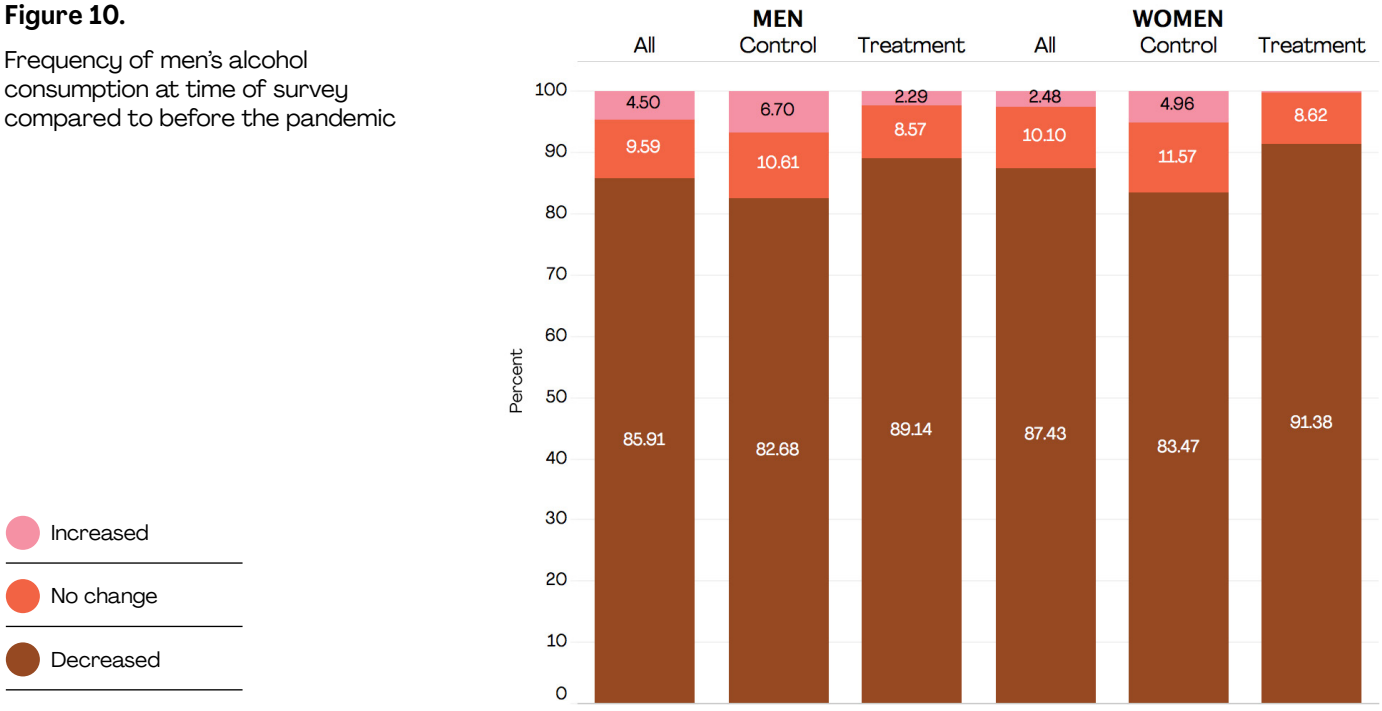
Men's and women's feeling of being strained between paid and unpaid care work at the time of the survey, compared to before the pandemic, were quite mixed. How families coped during the stay-at-home period seems to have significantly impacted their feelings of stress around balancing paid and unpaid work and otherwise meeting their basic needs. Those who reported spending increased time on care work during the confinement were more likely to report these feelings of stress at the time of the survey ($p < .10$). Households where women did most of the additional care work during the stay-at-home period were also more likely to report increased stress from balancing unpaid and paid work at the time of the survey ($p = .078$).

Insight # 5: Most men reported decreased alcohol consumption at the time of the survey (likely because bars were closed), which may have helped reduce family conflict

At the time of the survey, the overwhelming majority of men (86 percent) reported that their alcohol consumption had decreased compared to before the pandemic, a finding that was confirmed by their partners (87 percent).[e] This finding likely reflects the ongoing closure of bars and decreased availability of alcohol at the time of the survey. About 1 in 10 men (and their partners) reported no change in their consumption, and a small percentage of men reported an increase in alcohol consumption compared to before the pandemic, which was also confirmed by their partners. Compared to Bandebereho participants, non-participants were more likely to report increased alcohol consumption ($p < .01$). These findings have important implications for pandemic response, particularly given that alcohol consumption has been identified as a significant risk factor for intimate partner violence in Rwanda and globally.[25-27] In this study we found that increased frequency of alcohol consumption was associated with 4 times higher odds of reporting an increase in quarrelling with a partner (OR: 3.90; $p < .01$). Increased alcohol consumption was also associated with 2 times higher odds of a worsened relationship with a partner, but was only marginally statistically significant (OR: 2.29; $p = .068$).

Figure 10.

Frequency of men's alcohol consumption at time of survey compared to before the pandemic



[e] This question was only asked with reference to the time of the survey compared to before the pandemic, and not specifically about the 'stay-at-home' period.

Connection

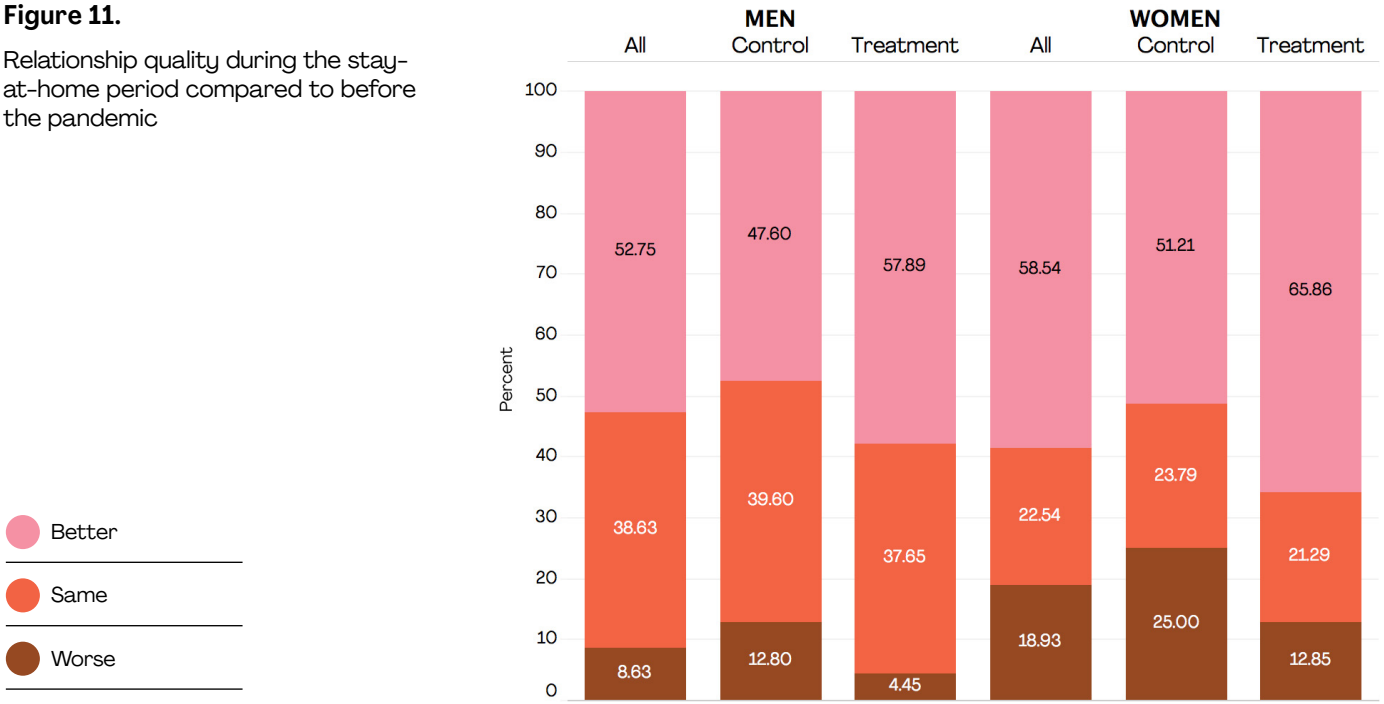
A sizeable proportion of couples reported strengthened relationships during the pandemic, such as greater couple communication, less quarreling, and improved relationships with partners and children. Encouragingly, Bandebereho participants were more likely than non-participants to report increased couple communication and improved relationships with partners and children, suggesting lasting impacts of the intervention on family relationships. Families that experienced an improved financial situation during the confinement were more likely to report better partner relations at the time of the survey. However, a considerable proportion of respondents reported worsening relationships with their partners and children – which may put these families at increased risk of violence. Unsurprisingly, those who reported worsened relationships also reported increased quarreling, reduced communication, and more frustration with a partner. Men who reported worsened relationship quality also reported more general anxiety, stress about providing for family's basic needs, and frustration with their children, suggesting that the financial pressure of the pandemic has strained family relationships. In addition, households where the woman reported doing most of the additional care work were more likely to report worsened relationship quality. On the whole, women, younger individuals, and control group participants were all more likely to report worse relationship outcomes.

Insight # 6: More than half of respondents reported improved relationship quality since the start of the pandemic – with Bandebereho participants more likely to do so – but relationships have worsened for some couples

More than half of men (53 percent) and even more women (59 percent) reported that their relationships with their partners *improved* during the stay-at-home period compared to before the pandemic. The confinement, by enabling families to spend more time together during a time of great stress and uncertainty, may have fostered greater communication, bonding, and collaboration for some families. However, a smaller but sizable proportion of men (9 percent) and a greater number of women (19 percent) reported that their relationship quality *worsened* during this period, which may put families at increased risk of conflict or violence. Encouragingly, Bandebereho participants reported improvements in their relationships during the stay-at-home period at higher rates than non-participants (OR: 1.66; $p < .001$), suggesting some lasting impacts of the intervention, which may have helped participating couples to cope better. In addition, non-participants were up to 2.5 times more likely to report a worsening of relationships than Bandebereho participants (OR: 2.45; $p < .001$).

Figure 11.

Relationship quality during the stay-at-home period compared to before the pandemic



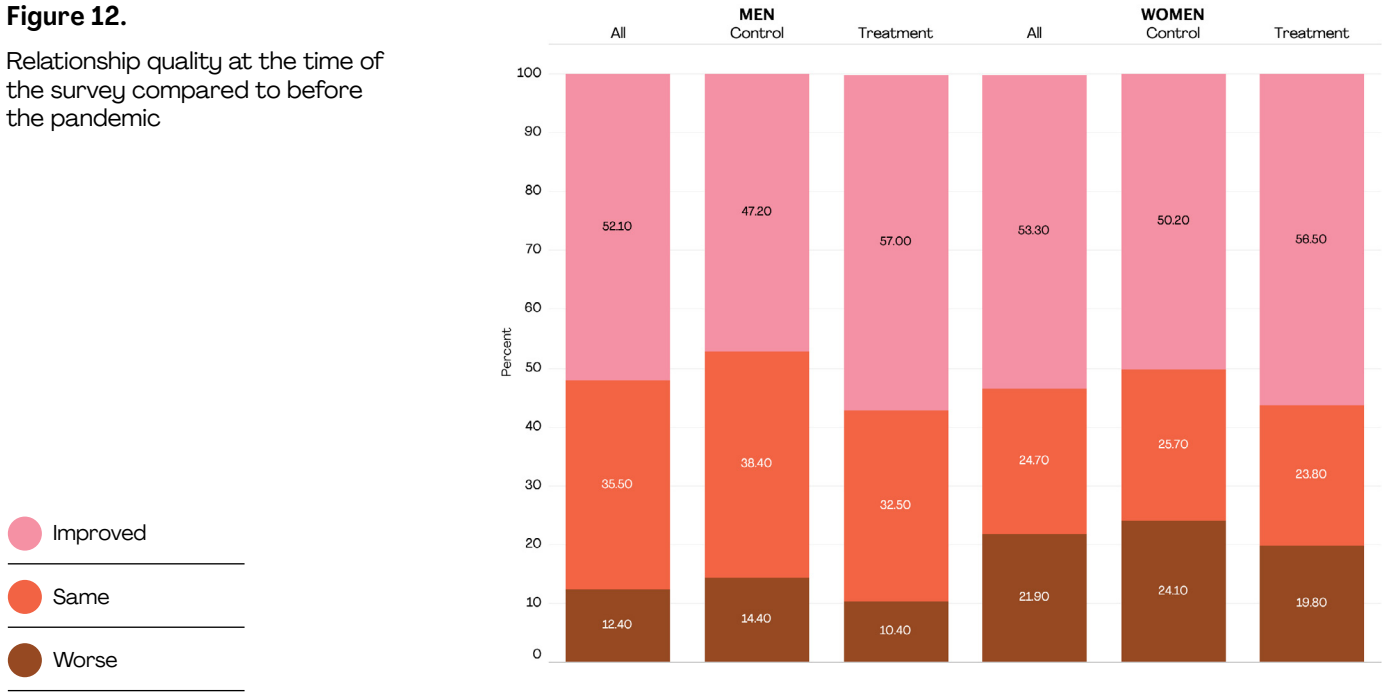
Reports of partner relationship quality at the time of the survey were similar, although a slightly larger number of respondents (12 percent of men and 22 percent of women) reported that their relationships had worsened at this time. Compared to Bandebereho participants, non-participants reported worsening relationships at higher rates ($p < .05$) at the time of the survey, but the number of Bandebereho participants reporting deteriorating relationships also increased (from 5 to 10 percent of men and from 13 to 20 percent of women). The ongoing uncertainty and financial stress in the months following the confinement may have further strained some couples' relationships.

Indeed, we found that families that experienced an improved financial situation during the stay-at-home period were more likely to report better partner relations at the time of the survey: 64 percent of households with *improved* financial situations during the stay-at-home period reported improved relationships at the time of the survey, while only 50 percent of households with *worsened* financial situations reported the same ($p < .005$). Interestingly, those who said their relationships worsened were more likely to report reduced time spent on caregiving post-confinement, compared to those who said their relationship improved—50 percent against 12 percent for men ($p < .001$), and 67 percent against 38 percent for women ($p < .005$) – a finding which requires further investigation. Further, women who said their workload reduced after the stay-at-home period were more likely to report worsened relationship quality both during and after the confinement, as well as less couple communication.

Unsurprisingly, men and women who reported worsened relationships also reported increased quarreling, reduced communication, and more frustration with their partner (all significant). Men who reported worsened relationship quality also reported more general anxiety, stress about providing for the family's basic needs, and frustration with their children (all significant). These findings were not significant for women. In addition, households where the woman reported doing most of the additional care work reported worsened relationship quality. These findings suggest that in households where the brunt of the pandemic fell disproportionately on one partner, it has contributed to worsening relationship quality. On the whole, we found that women, younger individuals, and control group participants were all more likely to report worse outcomes, when controlling for age, gender, treatment status and number of children. We also found that women who were relatively older were less likely to report decreased communication and worsened relationship quality post-confinement, suggesting that younger women may be particularly vulnerable to deteriorating relationships.

Figure 12.

Relationship quality at the time of the survey compared to before the pandemic

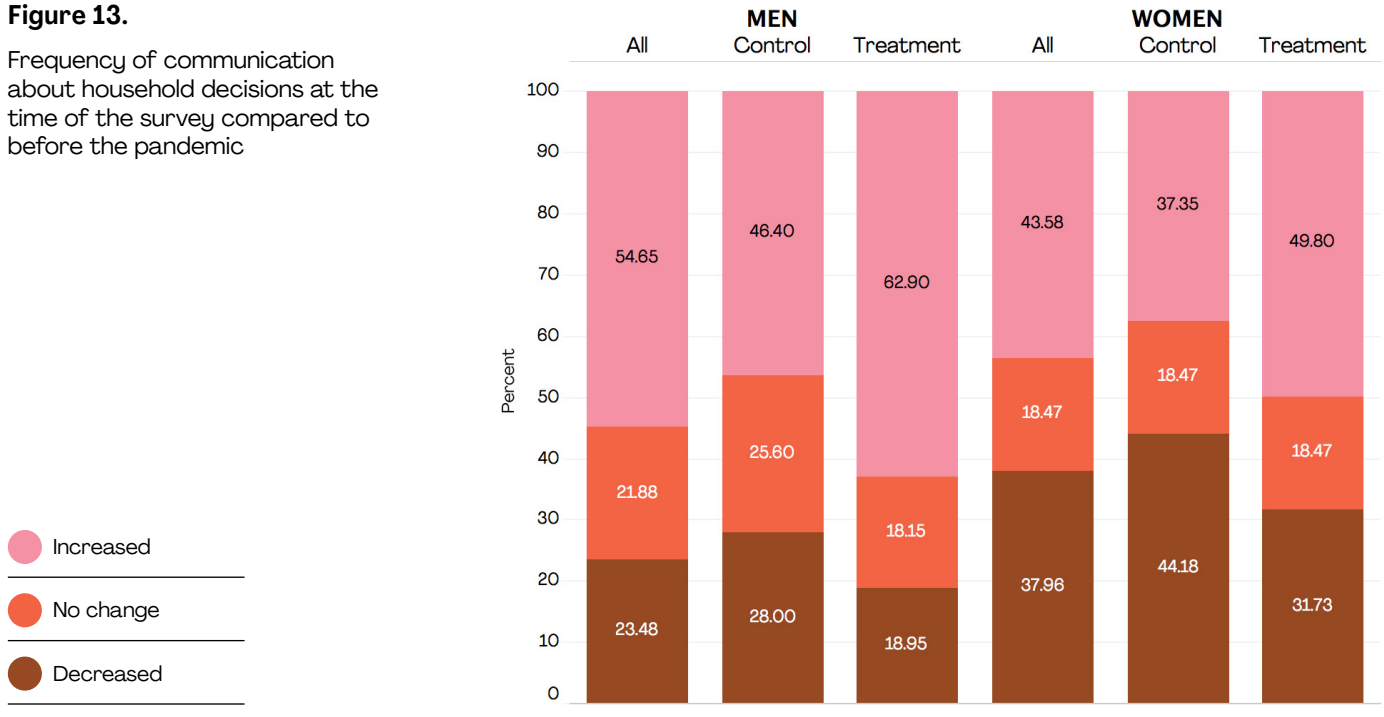


Insight # 7: Communication about household decisions increased for some couples – and was associated with improved relationship quality – but decreased for others

Couples had mixed reports about changes in the frequency of communication about household decisions at the time of the survey compared to before the pandemic. More than half of men (55 percent) but fewer women (44 percent) reported an *increase* in communication frequency. Yet, a considerable number —24 percent of men and 38 percent of women — reported a *decrease* in communication about household decisions compared to before the pandemic ($p < .001$). Bandebereho participants reported an increase in communication at greater rates than non-participants, while non-participants reported a decrease in communication at higher rates than Bandebereho participants ($p < .001$).

Figure 13.

Frequency of communication about household decisions at the time of the survey compared to before the pandemic



There were strong correlations between the frequency of couple communication about household decisions and relationship quality – with greater communication associated with improved relationship quality. For example, 71 percent of men who said their relationship had improved since the start of the pandemic also reported an increase in couple communication, whereas 62 percent of those who said their relationship had deteriorated reported reduced communication ($p < .001$). Findings among women were similar, with nearly 57 percent of those who said their relationship had improved reporting more frequent communication, whereas 67 percent of those who reported deteriorating relationships also reported less communication ($p < .001$). We also found associations with families' financial situation during the confinement – 58 percent of those who reported an *improved* financial situation during the stay-at-home period reported greater communication on household decisions at the time of the survey, while only 47 percent of those with *worsened* financial situations reported the same ($p < .05$).

Insight # 8: Most respondents reported less frustration with partners and children compared to before the pandemic – but risks are present for about a quarter of families who reported deteriorating relationships

The majority of men (74 percent) and women (69 percent) reported feeling frustrated or angry with their partner *less often* at the time of the survey than before the pandemic.[f] Similarly, a majority of men (76 percent) and women (77 percent) reported feeling frustrated or angry with their children *less often* than before the pandemic. This suggests that the pandemic may be a catalyst for strengthening partner and parent-child relationships for some families, perhaps by enabling them to spend more time together or come together to facing shared uncertainty. In addition, we found that Bandebereho participants were more likely to report feeling less frustration or anger at their partners and children than non-participants ($p < .05$).

However, a considerable number of respondents – including more than a quarter of women in the control group – reported feeling frustrated or angry with a partner *more often* than before the pandemic and a smaller number reported feeling more frustration or anger at their children. In many cases, the same respondents reported greater frustration with both their children and their partners – about 64 percent of all men and women who reported feeling frustrated with their children more often said the same of their partners. Conversely, 91 percent of men and 83 percent of women who reported feeling frustrated with their children less often said the same of their partners. Compared to Bandebereho participants, non-participants were more likely to report feelings of greater frustration with their partners and children ($p < .05$).

[f] This question was only asked with reference to the time of the survey compared to before the pandemic, and not specifically about the 'stay-at-home' period.

Figure 14.

Feeling frustration or anger at partner at the time of survey compared to before the pandemic

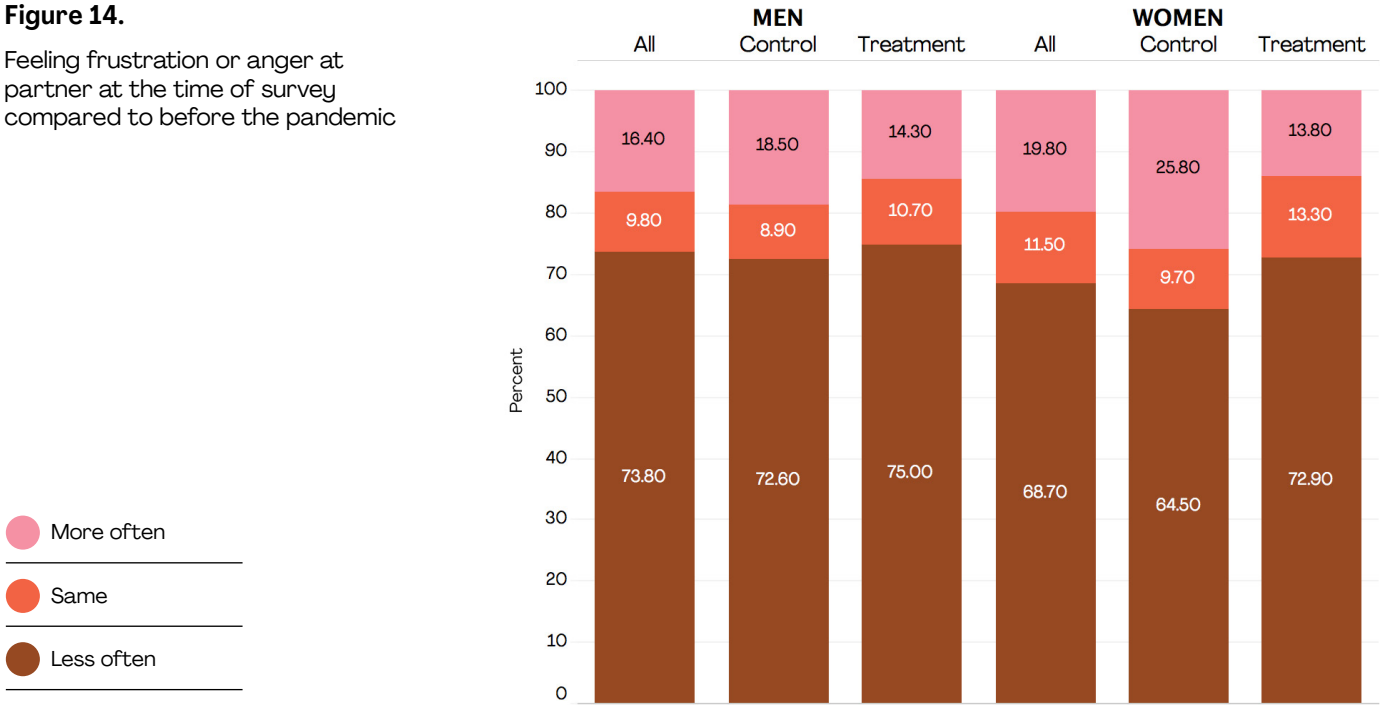
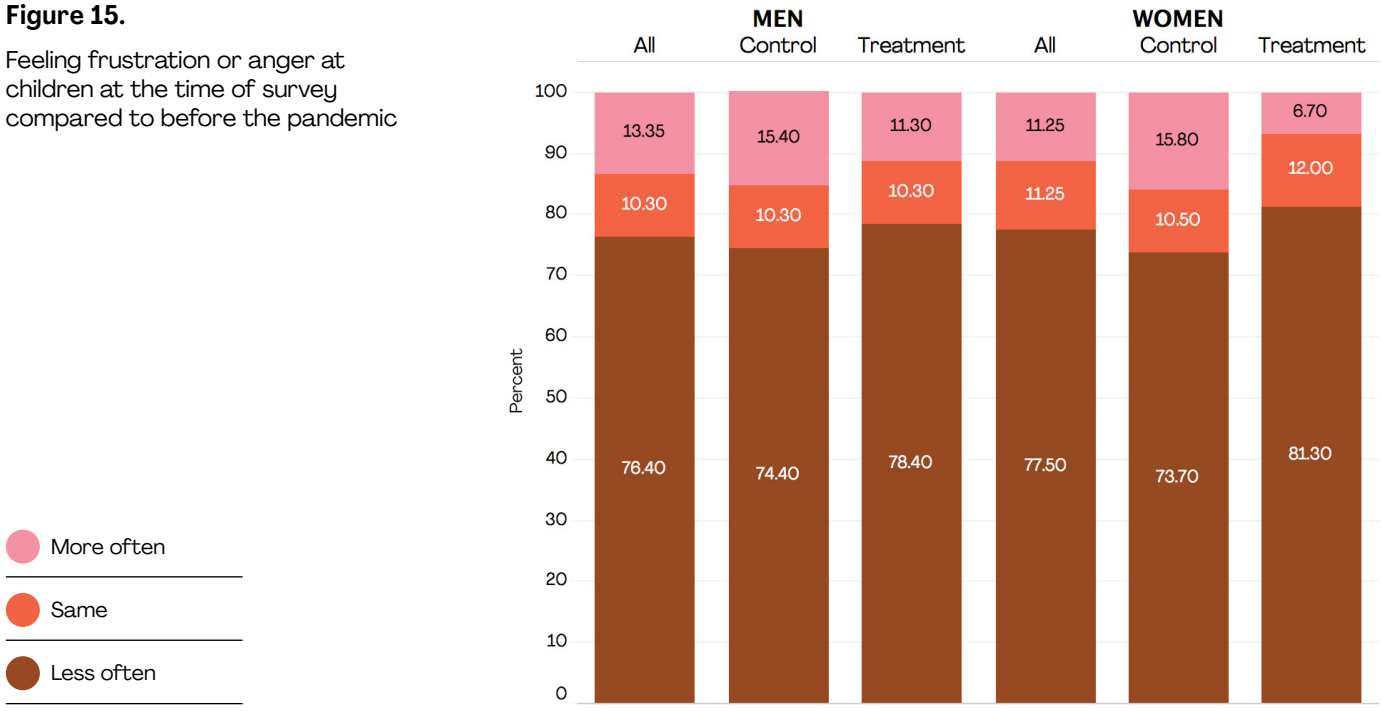


Figure 15.

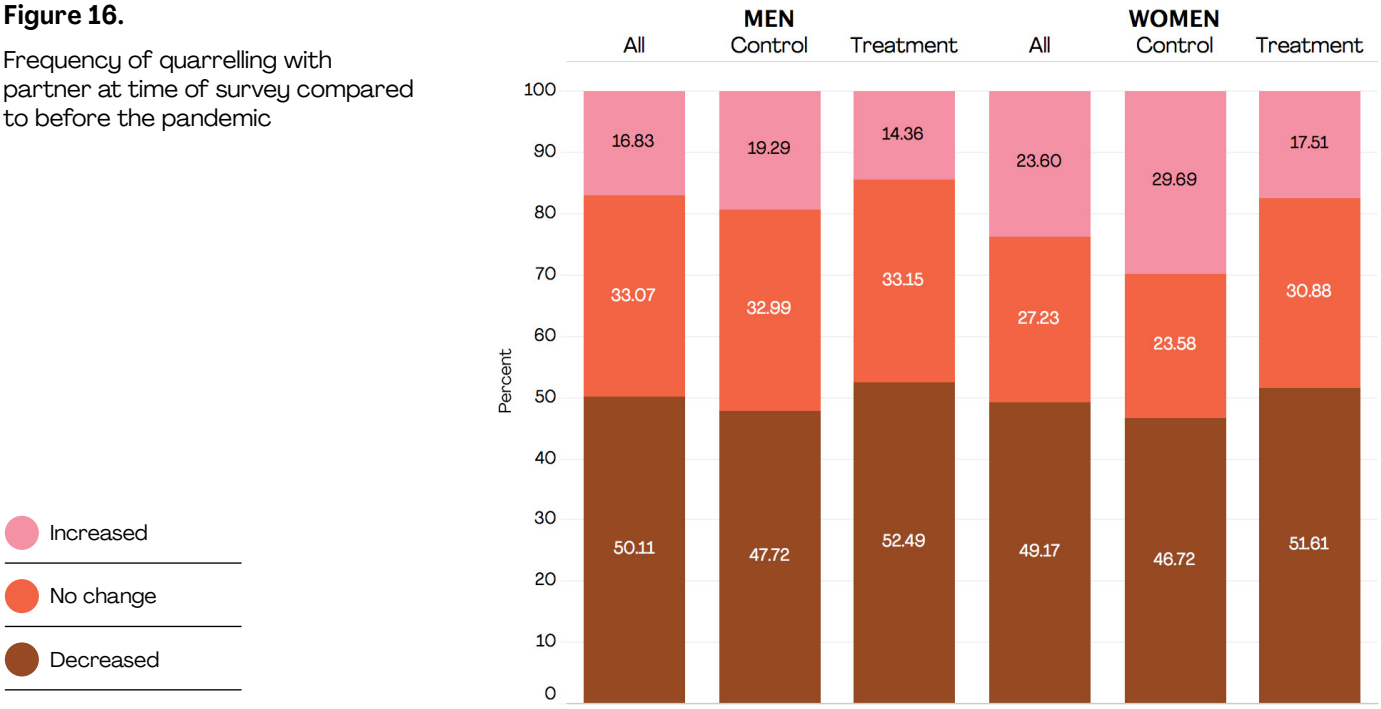
Feeling frustration or anger at children at the time of survey compared to before the pandemic



Half of all men and women said that the frequency of quarreling with their partner had decreased at the time of the survey compared to before the pandemic. However, a sizeable proportion of women (24 percent) and men (17 percent) reported an increase in quarreling. A gendered difference was present in both the treatment and control groups, with women more likely than men to report an increase in quarreling, but was starker among non-participants ($p < .01$).

Figure 16.

Frequency of quarrelling with partner at time of survey compared to before the pandemic



Insight #9: Bandebereho participants have generally fared better than non-participants during the pandemic, suggesting lasting intervention impacts

Both Bandebereho participants and non-participants have faced similar challenges during the pandemic – such as financial strain, increased caregiving demands, and stress. Yet, couples that participated in the intervention more than five years ago have generally coped better than non-participants. Bandebereho couples were more likely than non-participants to report a strengthening of couple relationships (and less likely to report worsening relations), increased communication about household decisions, and feeling less frustration with their partners and children. In addition, compared to Bandebereho participants, women in non-participating families were more likely to report increased stress and anxiety and their partners were more likely to report increased alcohol consumption. These findings suggest that several previously demonstrated impacts of the Bandebereho intervention related to relationship quality, couple communication, and sharing of care work[7] may have been sustained over the longer-term, and that the relationship skills learned in the intervention may have supported couples to weather a period of hardship.

Recommendations

The findings from this study indicate that most families have experienced some form of economic hardship and increased caregiving demands as a result of the pandemic, but some couples have fared better than others. For some families, the stay-at-home period and five months following it were a time of coming together, sharing care work, and strengthening family relationships. For others, it was a time of deteriorating relationships and increased stress and anxiety.

In addition, men and women have experienced the pandemic differently – with women more likely than men to report taking on most of the additional care burden themselves, and men more likely than women to report increased feelings of general stress and anxiety and of financial stress. We also found that economic strain and increased caregiving demands were associated with poorer relationship outcomes – including communication, quarreling and frustration with a partner – whereas improved financial status and increased communication were associated with more positive outcomes. Encouragingly, families that participated in the Bandebereho intervention – which promoted men's caregiving, healthier couple relations, and violence prevention – have generally fared better than those who did not participate, even five years after the intervention ended. These findings suggest several lasting impacts of the intervention on key outcomes related to care work and couple relations.

The findings point to several recommendations about what can be done, both in the short and long-term, to ensure that responses to pandemics and other crises address the different needs and vulnerabilities of men, women, and families and support them to be resilient in the face of crises:

- **Ensure that national economic recovery plans are gender-responsive and address the differing economic impacts of the pandemic on women and men.** Efforts at job-creation and reducing unemployment must address the needs of those employed in both the formal and informal sectors, the latter of which is the majority of the Rwandan population and more likely to be female than male.[13,15] We know from other research that women are more likely than men to be impacted by economic shocks and that the pandemic poses particular challenges to informal workers, who face a greater risk of termination of employment and losing their livelihoods.[4] Recovery plans also need to account for the increased care demands (particularly for women) resulting from public health restrictions, such as school closures, which may make it difficult for women to regain employment or face choices between caring for their children and earning an income. In addition, certain women may be particularly vulnerable, such as those involved in cross-border trade (a workforce that is mostly female) – whose livelihoods are severely impacted by border closures, curfews, and restrictions on movement.[15] Institutions leading economic response and recovery must ensure that women and women's organizations are aware of economic recovery options, examine opportunities to expand women's access to seed funding, capital and gain access to credit and financial services, and examine opportunities for finance institutions to suspend interest or extend loan repayment periods.[18]
- **Ensure that Rwanda's current and future pandemic and crisis task forces include the national gender machinery – Ministry of Gender and Family Promotion, Gender Monitoring Office, and National Women's Council – and civil society, including women's organizations.** The involvement of key gender institutions in advising, coordinating and shaping pandemic response is critical to ensuring that public health measures and economic recovery plans are gender-responsive and informed by the needs and voices of women and girls. The representation of civil society, particularly women's organizations, is crucial to create space for women and girls to participate in shaping the response from village to national level, and to advocate for and monitor the equal

representation of men and women in decision-making at all levels of the pandemic response.[18] Together these actors can advocate for response measures and funding to address key issues affecting women and girls, especially those exacerbated by crises, such as unpaid care work, women's labor force participation, and violence against women and children. They can also advocate to ensure that these issues are not deprioritized or defunded during crises and ensure the alignment of response measures with existing gender goals and policies.

- **Ensure social protection programs that target the most vulnerable households are prepared for and able to operate uninterrupted during pandemics or other crises, to support families in addressing their basic needs and lost income.** Social protection programs – such as Ubudehe and VUP (of which women are the majority of recipients) – are a crucial source of support for many families in Rwanda, but not all were able to operate at the same pace at the start of the pandemic.[15] These programs, which provide financial or other material assistance to vulnerable households, can help families to weather the economic impacts of restrictive public health response measures – which can also shore up family relationships that may be at risk of deteriorating under intense financial stress. Mobile money – to which men and women have more equitable access to than bank accounts[14] – is one avenue for ensuring that these programs are able to continue providing support without interruption during crises, and even expand their reach by making it easy to provide cash transfers and other social assistance remittances on a mass scale.
- **Integrate prevention efforts and services to respond to violence against women and children into COVID-19 response plans.** As has been called for by Rwandan civil society organisations and international partners, safe spaces for women and girls to report abuse without alerting perpetrators (whether in shops, pharmacies, hotlines, or online) should be designated, as well as safe spaces at community level for women and children to seek shelter from abusive homes, uninterrupted service of GBV One Stop Centers, and uninterrupted provision of legal aid during crisis for victims of violence, as well as support for organizations to be able to provide virtual support to victims.[18,28] Opportunities to involve religious and other leaders in emergency response plans to prevent family violence can be explored. Further examination of the impact of bar closures and limiting alcohol availability on violence prevention during confinement and periods of restricted movement is warranted, for consideration as a targeted violence prevention strategy during periods of public health or other crises that may exacerbate family violence.
- **Advocate for a national care policy and measures to reduce and redistribute the burden of unpaid care work over the long-term.** Women in Rwanda continue to perform the bulk of the care work, despite being employed at rates equal to or higher than men – which is a barrier to achieving gender equality and women's full participation in economic, political and social life. A national, multi-sectoral policy should be adopted that is designed to alleviate the care burden (for example through investment in infrastructure related to water, electricity, sanitation and hygiene), to redistribute care between women and men and between families and public or private services (e.g. through greater availability of affordable, quality child care, paid parental leave), and to raise the visibility and value of unpaid care work (including through its routine measurement in national surveys).
- **Implement campaigns that specifically address men (alongside women) to tackle inequitable gender norms, prevent violence and transform perceptions of men's caregiving.** These campaigns should reach men at home and in their communities or workplaces to address attitudes and gender norms associated with violence and men's limited participation in unpaid care work, to promote equitable, non-violent couple relations and men's sharing of the care work. Within a public health response, this may include equipping frontline workers involved in disease prevention, such as community health workers, with messaging and skills to support positive family relations during confinement. It can also be achieved through community theatre, billboards, mobile loudspeakers, radio, and print, television, social or online media – within a public health response and in normal times. These programs may include efforts led by men, reaching out to other men, within their respective communities.

- **Scale-up evidence-based programs, such as Bandebereho, to improve couple relations and prevent family violence in normal times and those of crisis.** The Bandebereho intervention, which is currently being scaled-up and delivered by community health workers in Musanze district, should be expanded to reach families through the health system nationwide. Bandebereho has previously demonstrated its ability to impact multiple health and gender outcomes through a single intervention – including reducing violence against women and children, increasing men's participation in care work, improving contraceptive use and women's antenatal care attendance, and increasing women's participation in household decision-making.[7] This study suggests that several of these impacts have been sustained over a longer, five year period and that the intervention has helped participating families to cope with the pandemic better than other families. The short and longer-term benefits of the intervention underscore the opportunity and value of expanding of the program to more families.
- **Highlight to men the benefits to themselves (as well as their partners and families) as they adopt more equitable behavior in their relationships – such as communication and dialogue skills and greater sharing of care work.** This study suggests that men who participated in the Bandebereho intervention seem to have remembered and/or continue to draw on the relationship skills gained from the intervention five years later, for the well-being of their households and partners, but also likely because they perceive benefits themselves. It is likely that the relationship skills and positive effects of more equitable relations (learned and internalized from the intervention) get reinforced over time as men and couples see the benefits. The Bandebereho intervention, and other interventions and campaigns aimed at transforming men's attitudes and behavior should not shy away from highlighting these benefits to men.
- **Reinforce and scale-up existing women's economic empowerment programs to address the impacts on women's labour force participation and to improve women's capacity to face future crises.** These include existing efforts in Rwanda, such as village savings and loan associations (VSLA), entrepreneurship training, and guarantee funds. These approaches can also be coupled with interventions at the individual level that aim to engage men as allies in women's economic empowerment and promote changes in couple relations, as well as community-level interventions aimed at transforming gender norms that undermine women's ability to participate in and benefit equally from economic opportunities.

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