

# A comparative case study of couples programming to support relationship quality in Nepal and Rwanda

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## Abstract

Although intimate partner violence (IPV) is the most common form of violence against women, there is limited understanding of best practices to *prevent* IPV through working directly with couples and supporting quality of relationships. There are valid concerns of safely conducting research and programming with couples. Yet couples programming responds to the fact that many couples may want to stay together but require support and skills to manage violence. This article compares evaluation data of two programs in Nepal and Rwanda that worked with couples to support relationship quality. The Indashyikirwa program in Rwanda implemented a 5-month curriculum with couples to support equitable, nonviolent relationships. Approximately 25% of trained partners of couples were further supported as community activists for an additional 2 years. Change Starts at Home in Nepal implemented a 9-month couples' curriculum to promote equitable and violence free relationships through fostering mutual respect and understanding, alongside a weekly radio program. The last 3 months of the curriculum focused on community outreach and awareness. This article draws on longitudinal qualitative interviews conducted separately with 28 partners of couples before, immediately after and 1 year following the couples' curriculum in Rwanda, and with 36 partners of couples

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before, 6 months into the curriculum, and at the end of the intervention in Nepal. Thematic analysis of couples' accounts was conducted and compared across the two studies. Despite the different interventions and settings, the cross-comparative analysis suggests similar pathways of change among couples, including enhanced relationship quality and skills as mediators to prevent IPV. This article considers how both programs supported greater communication and conflict resolution skills and a sense of unity and shared power among couples. The findings suggest the value of couples programming within the context of an enabling environment, highly trained facilitators, and strong referral networks.

### **Keywords**

Communication, conflict resolution, decision-making, relationship quality, violence

### **Introduction**

Intimate partner violence (IPV) is the most common form of violence against women, with an estimated one in three women having experienced partner physical or sexual violence in their lifetime (Devries et al., 2013). Yet there is limited understanding of best practices to prevent such violence through working with couples, particularly in the Global South. This article strives to address this gap by comparing data from two IPV prevention programs from diverse contexts: Nepal and Rwanda, which are both being evaluated as part of the Global What Works to Prevent Violence against Women and Girls Programme. Despite significant programmatic and contextual differences, both interventions aim to reduce IPV and improve relationship quality among couples, through supporting couples to develop conflict resolution skills, communication skills, and increasing shared power and decision-making. They also share the following components: intensive and regular group facilitated sessions with couples, participatory approaches, and highly trained facilitators who place violence in the context of unequal power dynamics. Both evaluations include qualitative data from both partners of couples to assess processes of change due to participation in the respective programs. Understanding of relational processes of change in response to IPV prevention programs is limited as it is rare to include both partners of couples in IPV research.

There have been valid, historic concerns raised around the appropriateness of working with couples as part of violence prevention programming. Concerns include condoning reconciliation rather than empowering women to leave violent or abusive relationships or implying that both partners share responsibility for the violence (Armenti & Babcock, 2016). Yet couples programming responds to the fact that many couples *do* want to stay together, but with better skills and insights to help avoid violence. While it is critical for couples programming to include safeguards to enhance safety, discounting survivors who want the violence to end but not the relationship may be perceived as disrespectful to a survivor's wishes (Stith, Rosen, & McCollum, 2011). Additionally, research suggests that eliminating IPV may require addressing the underlying relationship dynamics that play a role in maintaining violence in some couple's

**Table 1.** Demographic information of couples interviewed in Nepal.

ID	Age-group at baseline (female)	Relationship duration group (years)	District	VDC
6215	35–39	15–19	Nawalparasi	Makar
6222	25–29	5–9	Nawalparasi	Makar
6266	45–49	20–24	Nawalparasi	Makar
6314	20–24	0–4	Nawalparasi	Makar
6319	30–34	15–19	Nawalparasi	Makar
6327	30–34	10–14	Nawalparasi	Makar
1982	25–29	10–14	Chitwan	Khairahani
2018	30–34	15–19	Chitwan	Khairahani
9008	40–44	25–29	Chitwan	Khairahani
2099	35–39	20–24	Chitwan	Khairahani
2114	40–44	20–24	Chitwan	Khairahani
9006	45–49	30–34	Chitwan	Khairahani
5161	30–34	10–14	Kapilvastu	Motipur
5163	25–29	5–9	Kapilvastu	Motipur
5224	30–34	15–19	Kapilvastu	Motipur
5271	46–49	25–29	Kapilvastu	Motipur
5303	30–34	10–14	Kapilvastu	Motipur
5329	35–39	20–24	Kapilvastu	Motipur

relationships (Armenti & Babcock, 2016). Teaching (communication and emotional regulation) skills to only one partner can leave the IPV survivor confused or further victimized (Stith et al., 2011). When both partners of couples receive information about a rationale for a tool and its appropriate use, they are more likely to feel invested in managing safety and developing skills to negotiate conflicts (Todahl, Linville, Tuttle Shamblin, & Ball, 2012). There is thus emerging interest in couples-based violence prevention programming, and an urgent need for rigorous evidence to inform such approaches.

The majority of evaluations of couples IPV programs are response-focused within formal or semi-formal therapeutic environments in Western contexts. There are promising evaluations in the U.S. which found that couples therapies have significant impacts on reducing conflict and/or IPV, supporting conflict management skills and increasing relationship satisfaction (Bradley, Friend, & Gottman, 2011; Stith, Rosen, McCollum, & Thomsen, 2004). These evaluations lend to the promising value of group couples response programs, such as the 22-week Creating Healthy Relationship Program (CHRP) (Bradley et al., 2011). Evaluators suggest that group connectedness factors may make these experiences more powerful than individual experiences (Stith et al., 2004), and group formats may be more feasible and cost-effective than individual and couples therapy (Bradley & Gottman, 2012). Yet there is limited understanding of couples approaches to IPV as *prevention*, which are more common in the Global South (Ellsberg et al., 2015). Such approaches commonly use group or community-based formats but do not use trained therapists or counsellors. Such programming often responds to high generalized rates of IPV and/or economic and social conditions that hinder women from

**Table 2.** Demographic information of couples interviewed in Rwanda.

ID	Gender	Relationship duration (years)	Age at baseline (years)	Province
FC01W	Female	9	28	Western Province
MC01W	Male	9	37	Northern Province
FC02W	Female	7	28	Western Province
MC02W	Male	7	31	Western Province
FC03W	Female	16	36	Western Province
MC03W	Male	16	37	Western Province
FC04W	Female	13	32	Western Province
MC04W	Male	13	33	Western Province
FC05W	Female	14	34	Western Province
MC05W	Male	14	33	Western Province
FC01N	Female	7	28	Northern Province
MC01N	Male	7	36	Northern Province
FC02N	Female	1	20	Northern Province
MC02N	Male	1	22	Northern Province
FC03N	Female	4	27	Northern Province
MC03N	Male	4	29	Northern Province
FC04N	Female	8	28	Northern Province
MC04N	Male	8	29	Northern Province
FC05N	Female	21	42	Northern Province
MC05N	Male	21	44	Northern Province
FC01E	Female	9	30	Eastern Province
MC01E	Male	9	41	Eastern Province
FC02E	Female	4	27	Eastern Province
MC02E	Male	4	28	Eastern Province
FC03E	Female	3	25	Eastern Province
MC03E	Male	3	36	Eastern Province
FC04E	Female	9	30	Eastern Province
MC04E	Male	9	31	Eastern Province
FC05E	Female	2	24	Eastern Province
MC05E	Male	2	37	Eastern Province

leaving unsafe relationships. There is an urgent need to assess processes and promising practices of such prevention approaches among couples.

It is also warranted to better understand how relationship quality, often an additional focus of couples programming, can be a mediator to prevent IPV. Relationship quality is typically measured as a composite of constructs such as relationship satisfaction, commitment, trust, intimacy, love, and mutually constructive communication (Fletcher, Simpson, & Thomas, 2000) and is theorized to be a main pathway for healthy behaviors within couples (Conroy et al., 2016; Lewis et al., 2006). For women, open communication with their spouses may be an important mediating variable to offset power imbalances during times of conflict. (Conroy et al., 2016; Gage & Hutchinson, 2006). Lower quality relationships have been found to be prone to violence, relationship dissolution, and extra-relationship partnerships (Conroy et al., 2016; Jewkes, Dunkle, Nduna, & Shai, 2010). A relationship quality lens also recognizes the need for efforts to

harness shared power among couples, as a consistent correlate of relationship quality (Conroy et al., 2016). Among studies that measure relationship power, IPV victimization is more common among women with lower levels of power in their relationships (Conroy, 2014; Dunkle et al., 2004; Jewkes et al., 2010). The programs in both Nepal and Rwanda sought to support relationship quality among couples to prevent violence. Using a comparative case study approach (Goodrick, 2014), this article asks: What are the processes and patterns of relationship change among couples exposed to the interventions in Rwanda and Nepal and how do these compare across the two settings and interventions? Although these programs, their accompanying impact evaluations, and the contexts are very different, the overlap in approaches to analysis and cooperation between investigative teams offered a unique opportunity for cross-contextual secondary data analysis. Indeed, the comparison enhances the rigor of this study and helps to elucidate lessons learned to support more equitable and nonviolent relationships.

### *Nepal Change Starts at Home program*

Change Starts at Home (*Change*) was launched in 2015 and designed by Equal Access International, with the aim of shifting attitudes, norms, and behaviors that underpin IPV among couples in Nepal. The intervention was a 9-month, curriculum-based, social behavior change communication (SBCC) strategy, combining media (radio drama series) and community mobilization (Clark et al., 2017). It was delivered through 72 facilitated Listening and Discussion Groups (LDGs), across 36 wards in three districts of Nepal. Ten couples per ward were recruited from a household list developed for the study which included eligible women between 18 and 49 years, married to a man over the age of 18, both of whom resided together in the study vicinity. Additionally, the couples had to be willing to commit to 9 months of programming and live within a reasonable commuting distance to the proposed LDG location. Groups met on a weekly basis from May 2016 to February 2017. Although the groups were sex-segregated, they comprised married couples who were encouraged to discuss what they learnt in their groups through weekly take-home tasks and monthly combined couple sessions. Family members were also invited to join the sessions every three months. The intervention also mobilized wider community members, including religious and community leaders, through a tool kit and financial resources designed to support LDG participants to hold awareness-raising events in their communities.

The radio program and weekly facilitated meetings followed a participatory *B.I.G* (B: Begin to Question, I: Impart Life Skills and G: Go!) *Change Curriculum*, which<sup>1</sup> was developed by Equal Access International staff with initial guidance from an external consultant and members of the What Works Secretariat with experience developing the Stepping Stones curriculum. While the framework and theoretical grounding were decided at the start of the intervention, the materials were developed phase by phase, and every 6 weeks feedback was collected from facilitators and group members, which guided the direction of the next phase of the curriculum and radio program. Facilitators were trained on the curriculum content, including how to deliver it in a participatory way and how to deal with sensitive issues and safeguarding, through six intensive trainings provided at the start and middle of each phase of the curriculum. The *B.I.G. Change*

curriculum is divided into three different phases, each lasting 3 months. The program drew on theories including the Integrative Model of Behavior Prediction (Yzer, 2012) to anchor the phases in processes of change. Phase I encourages building knowledge and questioning existing beliefs, norms, and values related to gender roles, male dominance, women's sexuality, and acceptability of IPV. Phase II focuses on imparting life skills to build more equitable and violence free relationship, including empathy, effective communication, managing stress, and coping with emotions. These drew on Equal Access International's life skills approach, which were originally modified from the UNICEF and WHO 10 core life skills.<sup>2</sup> Phase III promotes community mobilization and providing empowering support to survivors of violence, equipping participating couples with skills to intervene in IPV, alongside promoting equitable, nonviolent relationships within their communities.

### *Indashyikirwa program*

Indashyikirwa (meaning "agents for change" in Kinyarwanda) is an IPV prevention program funded by Department for International Development (DFID) Rwanda and was implemented by CARE International in Rwanda, Rwanda Women's Network (RWN) and Rwanda Men's Resource Centre (RWAMREC) from August 2014 to August 2018. The program ran across 14 sectors in Eastern, Northern, and Western provinces of Rwanda, in predominantly rural, widely spread communities. The inception phase of Indashyikirwa took 1 year to finalize the theory of change and program design, design, and pretest the curricula. An external consultant was hired to develop—in collaboration with the implementing partners—the curricula and train program staff in curricula facilitation over 2 weeks. The training materials were pretested over a condensed period, supported by the What Works evaluation team, which is described elsewhere (Stern, Martins, Stefanik, Uwimphuwe, & Yaker, 2018).

The participatory couples curriculum<sup>3</sup> was designed to help couples positively transform power imbalances in their lives and relationships, equip couples to critically identify and manage triggers of IPV, and build skills for equitable, nonviolent relationships (Stern & Nyiratunga, 2017). The curriculum was implemented with 840 adult heterosexual couples, from November 2016 to May 2017. Eligible couples were married or living together for at least 6 months, and at least one partner had to be an active CARE micro-finance village savings and loan association (VSLA) member, which was often the female partner. CARE Rwanda's VSLAs target women from deprived socio-economic backgrounds, and using this platform responds to CARE Rwanda's (2012) assessment which found that many women were not benefiting from the VSLA programming due to household gender inequalities. The curriculum heavily drew on *SASA!*, established by Raising Voices in Uganda, with its emphasis on positive and negative types and uses of power, critical personal reflection, and moving incrementally from knowledge, attitudes, skills, and actions. There is evidence that some of the ways *SASA!* worked was to strengthen communication and reduce conflict among couples (Starmann et al., 2017), although working with couples was not a central focus of *SASA!* Indashyikirwa worked more explicitly with couples to address emerging evidence around common triggers of IPV, including disagreements about money, jealousy, and alcohol

abuse (Heise, 2011). The 21-week curriculum included foundational concepts of power and gender; rights and realities; causes, consequences, and managing triggers of violence including alcohol use, jealousy and economic inequalities; gender roles in the household; foundations of healthy relationships; and introduction to activism and providing empowering responses to IPV survivors. The curriculum included take-home exercises for couples to strengthen their learning and apply skills to manage and prevent IPV, including conflict resolution and constructive communication skills. Each weekly session lasted 3 hr on average and was facilitated by a male and female RWAMREC facilitator.

Approximately 25% of individuals who completed the curriculum were further trained and mentored by RWAMREC staff to engage community members using creative materials and outreach activities for an additional 19 months. More trained couples than the program had budgeted for expressed their interest to be CAs. RWAMREC staff thus encouraged CAs to involve their spouses in activism activities and coordinated meetings with trained couples that did not continue as CAs a few times each year for the duration of the program. In November 2015, RWN trained approximately 40 opinion leaders (e.g., local leaders, religious leaders, service providers, legal professionals) per intervention sector to encourage self-reflection on gender and power and promote more effective action on IPV prevention and response. Over the intervention, RWN staff members met with trained opinion leaders on a quarterly basis where they discussed their progress on actions committed to for IPV prevention and response and planned ongoing efforts. In each intervention sector, RWN implemented women's safe spaces, staffed by local female facilitators trained to provide safe spaces to discuss experiences of IPV and gender inequality, educate women about their rights, and refer or accompany community members who wish to report abuse or seek formal services. These facilitators were also supported to engage in wider level advocacy on women's rights and IPV prevention.

## Method

### *Data collection in Nepal*

At baseline (May 2016), at program midline (November 2016), and at the end of the intervention (March/April 2017), individual in-depth interviews were conducted with female participants ( $n = 18$ ) and their husbands ( $n = 18$ ) within the LDG couple cohort. Demographic information of couples interviewed is provided in Table 1. These interviews were conducted by a professionally trained, gender-matched facilitator from an independent data collection firm. They followed a semi-structured guide, and the baseline interviews comprised questions related to individual, marital, familial, and community characteristics, including attitudes and beliefs related to gender roles and violence against women, marital communication and decision-making practices, and familial and community gender equity. The midline and endline guides interrogated couples' appraisal of the program, and changes in relationship dynamics, including whether there were aspects that had changed but reverted back. Couples were also asked about efforts taken to involve their family or community members in the Change

programming. Each interview lasted approximately 45–90 min, was audio recorded, and conducted in Nepali.

### ***Data collection in Rwanda***

The qualitative research component of the Indashyikirwa evaluation was conducted across three intervention sectors (Rurembo Sector, Western Province; Gishari Sector, Eastern Province; and Gacaca Sector, Northern Province), which were purposefully selected to represent a diversity of environments including rural, urban, and peri-urban locations. Thirty baseline interviews were conducted in November 2015 prior to the program start. In each sector, five male and five female partners were interviewed separately by same-sex interviewers. Demographic information of couples interviewed is provided in Table 2. The interviews asked partners about expectations, conflict resolution, communication skills, and joint decision-making. If an experience of IPV was raised, couples were asked about the perceived causes and implications of their last episode of IPV, and help-seeking behaviors. Twenty-eight midline interviews were conducted with the same subset of couples immediately after their completion of the Indashyikirwa curriculum in May 2016 (due to one couple being lost to follow up). They were asked about program-attributable changes related to resolution tactics around trigger points of violence, communication and anger management skills, joint decision-making, gendered roles, and experiences of IPV. Twenty-eight endline interviews were conducted with the same subset of couples in May 2017. Couples were asked about how the program continued to influence marital decision-making, communication, conflict resolution, and experiences of IPV, including any areas that were more difficult to change or had reverted back. All interviews lasted approximately 60–90 min and were conducted at preferred locations deemed appropriate and private for participants. External qualitative researchers conducted the interviews in Kinyarwanda, which were audio recorded.

### **Ethics**

Ethical approval to undertake the study in Rwanda was obtained from the Rwandan National Ethics Committee (RNEC) (REF: 340/RNEC/2015) and the National Institute of Statistics Rwanda (REF:0738/2015/10/NISR). Secondary approval was also obtained from the South Africa Medical Research Council (REF: EC033-10/2015) and from the London School of Hygiene and Tropical Medicine. For Nepal, ethical approval was received from Emory University (IRB00091115), the University of Minnesota (1601S82063), and the Nepal Health Research Council (178/2015). Permission was also received from the District Development Committees representing Nawalparasi, Kapilvastu, and Chitwan. For both studies, informed written consent was obtained from participants in adherence with the ethical approval guidelines given by the respective review boards. Both studies adhered to international guidelines for the protection of participants and staff involved in research on violence against women (Hartmann & Krishnan, 2014). All identifying information of participants has been removed and quotes correspond with IDs, as per the Demographic Tables 1 and 2.



### *Data analysis and interpretation*

A comparative case study approach guided the analysis and presentation of the findings. This approach justifies the importance of examining processes of sensemaking, shared purposes or identities as they develop over time, in distinct settings, with regard to a similar phenomenon (Bartlett & Vavrus, 2017). This approach cautions against essentializing notions of culture or nationality and emphasizes the importance of comparing across communities and states, which in doing so, prioritizes a more nuanced consideration of context. For the purposes of this article, we compared the processes of change to support equitable relationships, across diverse settings and programs.

Interviews from both studies were audio recorded, transcribed, and translated verbatim into English. All of the transcripts from Rwanda were analyzed by the first author using NVIVO 11 software. An additional transcriber coded a small subset of the baseline interview transcripts using NVIVO 11 and intercoder agreement was found to be 95%. Thematic analyses were conducted to uncover predominant themes to provide a rich, detailed, and holistic account of the data (Braun & Clarke, 2006). The thematic coding framework included themes purposefully elicited from the interviews, including various forms of IPV, and allowed for the identification of grounded issues from the data. Emergent codes were verified at a series of participatory workshops, where Rwandan program staff could validate the program findings. The Nepal codebook was developed using deductive coding based on the interview guides and inductive coding drawn from emergent themes. Using the codebook, the second author and three team members in Nepal applied codes to a subsample of the baseline transcripts, where they incorporated necessary revisions to the codebook. Due to limited access to qualitative data analysis software, Nepali team members conducted coding using the comments feature in Microsoft Word. These transcripts were simultaneously coded at Emory University using Nvivo software. Each Nvivo and Microsoft coded transcript was then compared line by line to achieve overall agreement for baseline and midline transcripts. All endline transcripts were read and discussed by a team composed of last author, two Nepali team members, and two U.S. team members (including the second author) to identify new emergent themes to incorporate into the coding. Several rounds of inter-coder reliability testing, followed by comprehensive discussion of coding discrepancies, were performed to ensure consistency and further refine the final codebook. For the Rwanda and Nepal data, preliminary case summaries of each couple were compiled to determine the overall and factor-specific change, which allowed for an assessment of differences and similarities between what partners of couples reported.

The process of comparative secondary analysis for this article was conducted collaboratively through discussions among both study teams to identify and describe themes and discuss interpretations. The first and second authors shared thematic analysis frameworks for the respective data sets and carried out joint interpretation and analysis. Themes were prioritized for inclusion in this article that had significant overlap and for responding to the overarching research question. Relationship quality elements of open and constructive communication, conflict resolution and fostering unity and shared power were identified as thematic changes in response to both programs. Additional authors played critical roles in verifying the analysis and interpretation of the data.

## Findings

### *Components of relationship quality and skills from Nepal and Rwanda*

*Open and Constructive Communication.* In both Nepal and Rwanda, the majority of couples reported greater communication in their relationships after participating in the respective programs. Through both curriculums, couples reflected on the difficulty to strengthen and develop relationships without open, constructive, and frequent communication. Greater communication and openness by men around financial matters and economic planning was reported as a significant change on behalf of several male and female partners in both settings. A few partners in both countries also identified men being increasingly communicative about their plans and whereabouts:

I shared ideas with my wife and we started doing many things that we used not to do before. Did you know that I woke up in the morning and left and didn't consider telling her where I was going, and I knew I would come back home late in the evening. But I realized it is not a behavior that can strengthen a household. (MC04 W Endline)

Several female partners in Rwanda and a few female partners in Nepal shared how they are more able to initiate and openly communicate with their spouses and appreciated that this was encouraged through the curriculums and take-home activities. This was also related to men being more receptive to their spouse's opinions and inputs, indicative of the value of couples programming. As one woman in Rwanda said:

I felt very happy and proud that I am able to provide my point of view on something because before, I couldn't say anything, he only did things alone. Today, if I say something, he considers it. He respects my ideas and he gives me his time and we talk. (FC03E Endline)

Women's greater communication abilities was also linked to fostering their "power within," improved relationship quality and/or reduced experiences of IPV as a result of the Indashyikirwa program in Rwanda:

Thanks to the way he treats me now I feel open to him. Before I was afraid of him because of the way he used to threaten me, when I had a problem I would not even tell him about it. But now I am open to him. (FC01N Endline)

Several couples in Nepal reported greater communication about sex as a result of participating with the program: "In this programme the best thing that I found is – sometimes we as a husband and wife didn't used to discuss with each other. We used to discuss about the household matters, but we didn't discuss our physical relationship." (6319 Midline) Many couples in Rwanda similarly noted the significant shift to speak more openly about sexual needs and preferences, including the acceptability for women to initiate sex, which was encouraged through the curriculum:

She even also openly tells me “I need you today” but before, no woman dared to tell her husband like that. In that case you could even call upon family members and you repudiate her. (MC01E Endline)

Several couples in Rwanda shared the perception that open communication is more likely to ensure consent and enhance sexual pleasure. Several couples in Nepal related regular communication about their participation in the program and lessons learned:

Now he shares some things with me. When he comes home from the class he tells me about the subject matter of the class. We both talk to each other. We go separately in the program (to group meetings). But we talk with each other after relating to things taught in the classes. (6327 Midline)

A few couples in Nepal explained that if one spouse missed a class, the other would recount the radio episode and main themes. At program midline, one woman (6319) stated that her husband recorded episodes to play for her if she was unable to go, and they would discuss it afterward as a couple. Similarly, in Rwanda, the weekly take-home exercises encouraged couples to communicate learned lessons and dedicate time each week to communicate:

We didn’t even have time to share ideas. But when we were studying the Indashyikirwa programme, they gave us a topic to discuss at home as homework and when we returned to the training, they asked us if we were able to discuss it. The homework involved telling one’s feelings to each other; it was very useful for us. (MC03E Endline)

In Rwanda, several partners noted that the curriculum itself allowed couples to spend a greater amount of time together, which was identified as an important platform for fostering greater communication:

I noticed that most men liked it because it was even not easy to have an opportunity to walk somewhere together with their wives, but we had to come here and have an opportunity to talk with each other. (MC03E Endline)

A few partners in Rwanda also discussed communicating more openly and regularly about their children and family dynamics. Similarly, several couples in Nepal reported improved communication with their children and in-laws. As one husband discussed:

We used to nag our kids before like you haven’t done this, you haven’t done that or do like this or do like that. . . . How to talk to kids in a proper way, I learnt it all after I got involved in this project. By dominating and cursing nothing becomes better. (6215 Endline)

Benefits of improved communication were discussed by the majority of couples in Nepal and Rwanda, which included supporting decision-making, trust, and intimacy, and in the case of Rwanda, improving household development:

If you cannot sit down and think and share ideas with your spouse and ask him for advice and vice versa or discuss something—you can discuss about something and see if it is a good idea to do it or not—at some point you complement each other; otherwise development cannot be achieved. (FC01E Endline)

A few partners of couples in both Rwanda and Nepal also noted how more active and open communication could in turn reduce IPV:

Since the training me husband has not been violent to me. We may still disagree on something, but it is not always negative, and it doesn't lead to violence. Before, I used to experience violence as my husband and we never discussed our issues. (FC01W Endline)

When I didn't used to obey what he said, I used to think that he will beat me and scold me. So I used to get afraid. But now I don't fear him... Now after he listened to this program, he talks to me nicely. He has understood things now. (6319 Midline)

*Effective conflict resolution.* In Nepal and Rwanda, the majority of couples reported improved abilities to resolve conflicts by employing strategies adopted from the respective programs. Improved conflict resolution was a significant shift among many couples who previously resolved conflicts in unconstructive ways, including not speaking to each other, using harsh language, or in the case of Rwanda, quarrelling to the point that other people could hear their arguments or requiring outside intervention. When conflict did arise, most couples in Nepal and Rwanda discussed an improved ability to de-escalate and resolve disputes internally, which included taking time apart from one another and communicating more effectively. In Nepal, a few partners shared their improved ability to cope with stress and frustration. One woman explained:

I used to have anger issues before the programme, now it's being lessened... As I went on listening to the programme, I knew the consequences and had change in myself. I realized that this kind of thing shouldn't be done. (5329 Midline)

In both Rwanda and Nepal, several couples discussed that while in the past, they may have engaged in the "silent treatment" during conflict, they increasingly used constructive communication to resolve conflict. As one wife in Nepal explained:

Before I used to get very angry, but now I don't get that 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. (6226 Midline)

Many couples in Nepal discussed a greater regard for taking time apart to cool off before engaging one another. As one man said:

Before, I used to yell at her for annoying me when I returned home tired after a hard day's work. I used to threaten her. Now, if she yells and if I get angry, I walk away. I see that there is no benefit in fighting. (5163 Midline)

Taking time apart amidst conflict, so that it does not lead to a full-scale argument, was a conflict resolution skill also developed through the curriculum in Rwanda, as reported by the majority of couples:

When we don't agree on something, one of us gives up. One has to give up and then cool down... you have to be humble otherwise you would even end up fighting. (FC04 N Endline)

In both settings, several partners of couples reflected on the consequences of using harsh language. As one woman in Nepal said: "In a fight, both the husband and wife will get mad. So in such a situation, throwing accusations and insults at each other will only make things worse." (6215 Baseline) Several partners in Rwanda similarly shared learning the value of constructive, critical feedback as a means of resolving conflict:

There are lessons we learnt about peaceful expressions. Sometimes you have a problem with your wife as she has done something wrong. You should not approach her reprimanding her 'why did you do this?' I discovered a friendly discussion among people who live together is good and helps us as spouses, because if I did something wrong and my wife tells me about it in a proper way, I will understand it positively and explain to her what made me do it; after the issue gets sorted. (MC04W Endline)

In Rwanda, conflict resolution skills shared included admitting to mistakes and asking each other for forgiveness:

The reason why we never apologized to each other before is that when I made a mistake or when she made a mistake, I thought that I shouldn't ask for forgiveness and I felt that I reserved the right to give orders as a husband. But when you are humble and ask for forgiveness or she asks you for forgiveness, things go well, and you forgive each other and solve the problem you had. (MC04E Endline)

A few partners in Rwanda also noted how being encouraged to help other community members resolve conflict, motivated them as couples to be able to solve their own conflicts:

How can I call people to come and help me with problems in my household when they call me to go and help them sort out their conflicts? We should not fail to solve our conflicts. Therefore, we sit down, and we sort out every conflict we have. (FC03E Endline)

A few couples in Rwanda and Nepal shared how they would remind each other of the curriculum content, including specific lessons or skills, and referencing examples from the program, to resolve conflict more effectively. As one husband in Nepal explained:

After such disputes haven't occurred because both of us have learned something. If we hadn't learned anything then those disputes may have created fights, but we both have been trained together. So when I say—this is what you have learned in this program? She also

realizes, and the dispute goes away. And when she does the same to me also I understand, and the disputes fade away. (2114 Midline)

This suggests the value of couples programming for holding couples accountable to similar conflict resolution skills learned.

*Shared power and unity.* In both settings, a greater sense of shared power, equitable decision-making and relationship unity was reported as a significant change in response to the program, and a critical component of relationship quality. In Nepal, all but one partner reported engaging in more equitable decision-making as couples, including major decisions around children and finances. Several wives in Nepal discussed how they offered their opinions and contributed to decision-making processes more actively, which were more valued by their spouses. This was supported by the underlying value of collaboration and a partnership model among couples. One woman offered, “both of us realized that we should work together with consultation after going to the program.” (5271 Midline)

In Rwanda, partners conceded that women were increasingly able to make joint decisions with their husbands, which was strongly related to the curriculum’s emphasis on balancing power and supporting women’s “power within,” subverting the salient notion of men holding all the decision-making authority:

Indashyikirwa training told us about equalizing power. Before, we were ignorant about it since we thought that only a man holds the power. But ever since we joined the Indashyikirwa, we equalized the power, there is no problem. When we are going to do something, we ask each other’s opinion and we agree on it before we take action. (FC03W Endline)

Learning about rights through the curriculum, including women’s rights to property, encouraged shared power and decision-making in Rwanda:

Both of us have the same rights on our properties and we also have same power of making decisions. That’s something I learnt, and I realized that I am not the only one responsible for making decisions’ (MC05E Endline)

A number of couples in Nepal reported more equitable sexual decision-making after participating in the program. As one husband stated:

In sexual relations, without mutual consent, it is not okay to engage in sexual relations. Before, there used to be sex even if my wife did not want it, forcefully. But through this program, we learned that there shouldn’t be sexual relations without mutual agreement between the husband and the wife. (6215 Midline)

Several couples in Rwanda also reported more equitable decision-making around sex, which is discussed at length elsewhere (Stern & Heise, 2018).

Several couples in Rwanda shared how they critically reflected on male-dominant decision-making power as a socialized behavior through the curriculum. A few couples in Nepal expressed that decisions were still predominantly determined by the husbands but that the process had become increasingly mutual. Similarly, in Rwanda, a few

women noted that their husbands still have the final say in decisions, although they can more easily contribute to the decision-making process:

Sometimes when we talk about something and I see that we are not reaching an agreement, that is for instance when he is not understanding my point, I just let it be like he wants because you cannot force someone to agree with something that they don't like; so when I see that we are not understanding each other, I let him. (FC02E Endline)

This suggests the limitations of transforming the salient social norm of men as heads of households. Nonetheless, in Rwanda and Nepal, the program encouraged couples to reflect on the consequences of inequitable decision-making, including being a major cause of conflict:

Instead of consulting me so that we can me to make decisions together he made all decisions alone. When I saw that he decided alone, I quarreled with him. But in short, today we sit together and make decisions, we talk, and we mutually tell each other's feelings, the training really was very useful for us. (FC04E Endline)

In Rwanda, several male and female partners discussed how inequitable decision-making hindered household development:

We thought that it is a husband who makes decisions, but we later on realized that a decision that is made by only one person is not good and that both of us have to decide together; for example, if there is something that we want to achieve at home, we discuss about it and make a decision together. (MC01W Endline)

Similarly, a few partners of couples in Nepal discussed how more equitable decision-making had positive implications on household development:

Before, I used to make all the decisions by myself and sometimes, it was really difficult for me. For example, in case of loans, I had to manage and pay all of it by myself but now I have my mom, my wife and my two children; a son and a daughter. We all discuss together and managing the loan money and other resources has been easier through it. (5161 Midline)

Increased quantity and quality of time also contributed to a sense of unity, intimacy, and openness in both Nepal and Rwanda. Quality time reported in in both contexts included eating meals together, walking together, and spending more time together at home. The Indashyikirwa curriculum had a session dedicated to encouraging couples to spend quality time together, and this was reported to be one of the most popular sessions and significant areas of change. A few partners noted how wanting to spend quality time with each other was related to not fearing each other and/or being less concerned about the potential for partner conflict or abuse:

Before I used to be lonely and sad knowing that whenever he comes it will not be easy for me to handle him and that instead, I will run away from him. But now when I hear his voice, I go to welcome him. (FC05N Endline)

Couples spending quality time together in Rwanda was often referenced as evidence of how their relationships are perceived by themselves and others as having changed.

In Nepal, several couples noted how their spouses were more actively engaged in domestic and care duties, which supported relationship quality and spending quality time together: “Before he used to get up and go to work. If he didn’t have to work outside he used to help me at home. And he used to roam around much. But now he helps me more” (6319 Midline). In Rwanda, couples supporting each other with domestic and household duties that they previously did not do together was similarly identified as an important pathway for enhanced relationship quality among several couples:

Sometimes when he is at home doing some work, I help him. If he is putting woods on the house that he is building, I lift the woods and give them to him and then he says ‘people who do not love each other, don’t they see that they have missed something good?’ Receiving the training was so helpful for us. (FC03E Endline)

In Nepal and Rwanda, several partners stated a greater sense of unity and interdependence as one of the most impactful part of the program.

Ever since I joined the Indashyikirwa program, don’t you see that the relationship between my wife and I is wonderful? Now we have a common goal and it has been very useful for us. (MC04 N Endline)

Several couples in Rwanda reflected on greater intimacy in their relationships, including walking together and/or holding hands as a common example. Verbal forms of affection were also said to harness improved intimacy. Several couples noted that such public displays of affection and spending time together contrasted from social norms in their communities, especially for couples that have been together for a long time. Expressing displays of public affection did not come up at all in the Nepal data; yet this is not surprising, given the cultural sensitivities around public displays of affection.

## **Discussion**

In both studies, quality of relationships was said to entail open and constructive communication, conflict resolution, shared power and decision-making, intimacy, and unity. Reduced IPV was identified as a key component of relationship quality, which supports other data suggesting that poor communication is a contributing factor to couple violence (Conroy et al., 2016). Other evidence, including an earlier analysis of the Indashyikirwa program, has suggested that relationship qualities of love, respect, and trust, can be critical antidotes to IPV (Ruark, Stern, Dlamini-Simelane, & Fidele Kakuze, 2017; Starmann et al., 2017). Through a case study comparison, this study illustrates strikingly similar pathways of change to enhance quality of relationships and the broader benefits of couples programming.

While concerns of working with couples are valid, both studies suggest how these can be mitigated through careful group facilitation, monitoring for social harm, and establishing support strategies for IPV survivors. Both programs included several strategies to



minimize risk. In Rwanda, the curriculum facilitators were equipped with psycho-social support skills; sessions were jointly facilitated by a man and woman so that single-sex sessions and responses could be offered; facilitators were encouraged to monitor for adverse consequences and intervene if necessary; and the program had strong referrals in place for further support, including to the Indashyikirwa women's safe spaces. In Nepal, topics that were more sensitive were dealt with in sex-segregated sessions, with couple sessions occurring once a month. There was also an explicit plan for referrals and counselors were contracted for immediate contact and referral if needed. The LDG was intended to be a safe place for couples to discuss, process, and explore issues. There was significant monitoring around violence; a facilitator provided weekly reports that tracked mentions of violence and had protocols to follow if violence occurred. In both countries, couples self-selected to the curriculums, and the programs did not identify or select more at-risk couples for violence. Moreover, programs were not framed as solely IPV response but to develop and support healthy families and relationships. It is important to note that both programs were not providing individual couple's therapy but rather supported key relationship skills among couples in a group format. The ethical and safety considerations for prevention approaches to couples programming are paramount but also differ from response work with couples, especially for more severe forms of violence.

This article is not without limitations. There may be social desirability bias around participants wanting to report favorably on an intervention they clearly valued. Both studies attempted to mitigate this by using field researchers who identified themselves as clearly "external" to the program and emphasizing the confidentiality of their answers. Yet we appreciate that these narratives deserve some skepticism as people may want to emphasize what they learned. The fact that this secondary analysis found similar domains of change however enhances validity of the findings. The authors aimed to be critically reflexive of their identities as Western, white, middle-class women. Two of the authors have lived and worked in Rwanda and Nepal respectively for a number of years, and the analysis was enriched through the regular and meaningful input from Rwandan and Nepali program partners. This article is also limited from not reporting dyadic analysis findings, which can beneficially identify particular overlaps and contrasts among couples as partners (Eisikovits & Koren, 2011). Dyadic analysis among couples has been conducted in Rwanda (Stern & Heise, 2018) and Nepal (McGhee, Shrestha, Ferguson, Shrestha, & Clark, 2019). The focus of this article was to unpack broader themes reported among couples, and how this compared between Nepal and Rwanda, and dyadic analysis was outside the scope of this article. Finally, this study did not intend to be generalizable; however, the insights are relevant for approaches to support quality of relationships among couples, which we now turn to.

### *Implications*

The skills building emphasis including communication and conflict resolution skills, combined with take home activities, appeared to be critical to support behavior change among couples in both settings. The accountability of both couples completing the programs together was important, as couples could reflect and remind each other of the curricula learning. In this way, couples approach to violence prevention may be less

risky than working with women only to support their empowerment. Couples who volunteer, especially for programs requiring long-term commitments, may be more likely than others to benefit and see improvements in their relationships. Although these programs strove to identify and benefit more at-risk couples, their self-selective nature may limit this. Yet the majority of couples interviewed in Rwanda reported previous experiences of various types of IPV in their relationships, including severe and regular forms of IPV, which suggests that the program was reaching couples that could strongly benefit. In Nepal, seven couples reported some form of IPV, a few of whom had experienced physical, sexual, and emotional violence within their marriages. Other Nepali couples reported no previous experience of IPV. This variance enables a more nuanced understanding of the primary and secondary preventive effects of couples programming. Both programs used a community-based approach that emphasized outreach and behavior changes among couples as activists, for wider social norms change. This was intended to ensure an enabling and safer environment for couples to enact changes and could also support accountability of change among couples. Both programs supported couples to not only develop skills for their own relationships but take action in their communities, including responding to IPV survivors in empowering ways, and safely intervening in conflict. This is a markedly different approach than focusing on one relationship and speaks to the value of couples group and community-based approaches.

## Conclusions

Similar changes around relationship quality are evident from this comparative case study. Such insights are valuable given the need to identify modifiable factors in relationships that can enhance relationship quality, to reduce and prevent IPV (Armenti & Babcock, 2016). Research should continue to explore contextual processes of change among intimate partners to inform critical couples-based approaches to support equitable, nonviolent relationships.

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## Open research Statement

As part of IARR's encouragement of open research practices, the authors have provided the following information: The Nepal trial was registered in [clinicaltrials.gov](https://clinicaltrials.gov), NCT02942433, 10/13/2016, retrospectively. The data used in the research are not available, given the sensitivity of the data and potentially identifying information of the qualitative transcripts. The materials used in the research are available. The research materials from Rwanda can be obtained by emailing [erin.stern@lshtm.ac.uk](mailto:erin.stern@lshtm.ac.uk) and the research materials from Nepal can be obtained by emailing [cari.j.clark@emory.edu](mailto:cari.j.clark@emory.edu)

## Notes

1. The Big Change Curriculum can be accessed at: <https://www.whatworks.co.za/resources/vawg-prevention-curricula#equal-access-nepal>
2. Ten Core Life Skills can be accessed at: [https://www.unodc.org/pdf/youthnet/tools\\_message\\_escap\\_cover.pdf](https://www.unodc.org/pdf/youthnet/tools_message_escap_cover.pdf)
3. The Indashyikirwa couples curriculum can be accessed at: <https://www.whatworks.co.za/resources/item/560-couples-curriculum-training-module>

## References

- Armenti, N. A., & Babcock, J. C. (2016). Conjoint treatment for intimate partner violence: A systematic review and implications. *Couple and Family Psychology: Research and Practice, 5*, 109–123.
- Bartlett, L., & Vavrus, F. (2017). Comparative case studies: An innovative approach. *Nordic Journal of Comparative and International Education, 1*, 5–17.
- Bradley, R. P. C., Friend, D. J., & Gottman, J. M. (2011). Supporting healthy relationships in low-income, violent couples: Reducing conflict and strengthening relationship skills and satisfaction. *Journal of Couple & Relationship Therapy, 10*, 97–116.
- Bradley, R. P., & Gottman, J. M. (2012). Reducing situational violence in low-income couples by fostering healthy relationships. *Journal of Marital Family Therapy, 38*, 187–198.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- CARE Rwanda. (2012). *Mind the gap: Exploring the gender dynamics of CARE Rwanda's Vilages Savings and Loans (VSL) Programming*. Kigali, Rwanda: CARE Rwanda.
- Clark, C. J., Spencer, R. A., Shrestha, B., Ferguson, G., Oakes, J. M., & Gupta, J. (2017). Evaluating a multicomponent social behaviour change communication strategy to reduce intimate partner violence among married couples: Study protocol for a cluster randomized trial in Nepal. *BMC Public Health, 17*, 75.
- Conroy, A. A. (2014). Gender, power, and intimate partner violence: A study on couples from rural Malawi. *Journal of Interpersonal Violence, 29*, 866–888.
- Conroy, A. A., McGrath, N., van Rooyen, H., Hosegood, V., Johnson, M. O., Fritz, K., . . . Darbes, L. A. (2016). Power and the association with relationship quality in south African couples: Implications for HIV/AIDS interventions. *Social Science & Medicine, 153*, 1–11.
- Devries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., . . . Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Science, 340*, 1527–1528.

- Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, *363*, 1415–1421.
- Eisikovits, Z., & Koren, C. (2011). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research*, *20*, 1642–1655.
- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? *The Lancet*, *385*, 1555–1566.
- Fletcher, G. J. O., Simpson, J. A., & Thomas, G. (2000). The measurement of perceived relationship quality components: A confirmatory factor analytic approach. *Personality and Social Psychology Bulletin*, *26*, 340–354.
- Gage, A. J., & Hutchinson, P. L. (2006). Power, control, and intimate partner sexual violence in Haiti. *Archives of Sexual Behaviours*, *35*, 11–24.
- Goodrick, D. (2014). *Comparative case studies*. Florence, Italy: UNICEF.
- Hartmann, M., & Krishnan, S. (2014). *Ethical and safety recommendations for intervention research on violence against women*. Research Triangle Park, NC: RTI International Global Gender Center.
- Heise, L. (2011). *What works to prevent partner violence? An evidence overview*. London, England: STRIVE.
- Jewkes, R. K., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: A cohort study. *The Lancet*, *376*, 41–48.
- Lewis, M. A., McBride, C. M., Pollak, K. I., Puleo, E., Butterfield, R. M., & Emmons, K. M. (2006). Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine*, *62*, 1369–1380.
- McGhee, S., Shrestha, B., Ferguson, G., Shrestha, P. N., & Clark, C. J. (2019). “Change really does need to start from home”: Impact of an intimate partner violence prevention strategy among married couples in Nepal. *Journal of Interpersonal Violence*. doi:10.1177/0886260519839422.
- Ruark, A., Stern, E., Dlamini-Simelane, T., & Fidele Kakuze, M. (2017). Love matters: Exploring conceptions of love in Rwanda and Swaziland and relationship to HIV and intimate partner violence. *African Journal of AIDS Research*, *16*, 271–283.
- Starmann, E., Collumbien, M., Kyegombe, N., Devries, K., Michau, L., Musuya, T., . . . Heise, L. (2017). Exploring couples’ processes of change in the context of SASA!, a violence against women and HIV prevention intervention in Uganda. *Prevention Science*, *18*, 233–244.
- Stith, S. M., McCollum, E. E., & Rosen, K. H. (2011). *Couples therapy for domestic violence: Finding safe solutions*. Washington, DC: American Psychological Association.
- Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy*, *30*, 305–318.
- Stern, E., & Heise, L. (2018). Sexual coercion, consent and negotiation: Processes of change amongst couples participating in the Indashyikirwa programme in Rwanda. *Culture, Health & Sexuality*, *14*, 1–16.
- Stern, E., Martins, S., Stefanik, L., Uwimpuwe, S., & Yaker, R. (2018). Lessons learned from implementing Indashyikirwa in Rwanda- an adaptation of the SASA! approach to prevent and respond to intimate partner violence. *Evaluation & Program Planning*, *71*, 58–67.

- Stern, E., & Nyiratunga, R. (2017). A process review of the Indashyikirwa couples curriculum to prevent intimate partner violence and support healthy, equitable relationships in Rwanda. *Journal of Social Sciences, 6*(2), 63.
- Todahl, J., Linville, D., Tuttle Shamblin, A. F., & Ball, D. (2012). Client narratives about experiences with a multicouple treatment program for intimate partner violence. *Journal of Marital Family Therapy, 38*, 150–167.
- Yzer, M. C. (2012). The integrated model of behavioral prediction as a tool for designing health messages. In H. Cho (Ed.), *Designing messages for health communication campaigns: Theory and practice* (pp. 21–40). Thousand Oakes, CA: Sage.