

STUDY SUMMARY

BANDEBEREHO COUPLES' INTERVENTION TO PROMOTE MALE ENGAGEMENT IN RWANDA

STUDY FINDINGS AT A GLANCE

The Bandebereho (“role model”) intervention, adapted from Program P, aimed to promote positive fatherhood and gender equality amongst expectant fathers and fathers of children under the age of five years, and their partners. Its objectives were: to promote more equitable gender and power relations in the household; to improve health-related behaviours and men’s support for reproductive and maternal health; and to reduce intimate partner violence in the home.

A two-arm multi-site randomised controlled trial was conducted to evaluate the intervention across four districts in Rwanda. The study results show substantial improvements in multiple reported outcomes in the intervention group compared to the control group: (i) Lower levels of physical and sexual violence by partners reported by women; (ii) Higher levels of women’s antenatal care attendance and use of modern contraceptives; (iii) A higher proportion of men accompanying women to antenatal care, using modern contraception, and supporting their partners during pregnancy; (iv) Lower levels of male dominance in household decision-making and a more equitable household division of labour; and (v) Lower levels of child physical punishment.

BACKGROUND

Since the 1990s, there has been growing investment in interventions engaging men to support reproductive and maternal health and violence prevention in low and middle income countries. However, there has been insufficient rigorous evidence of their effectiveness, particularly in measuring how these interventions impact gender-power dynamics in relationships and whether men’s involvement strengthens rather than undermines women’s autonomy.

Although a number of previous randomised control trials (RCTs) that assessed male engagement approaches had shown positive impacts, they had several limitations:

- Trial results were difficult to compare as the interventions varied considerably in scope;

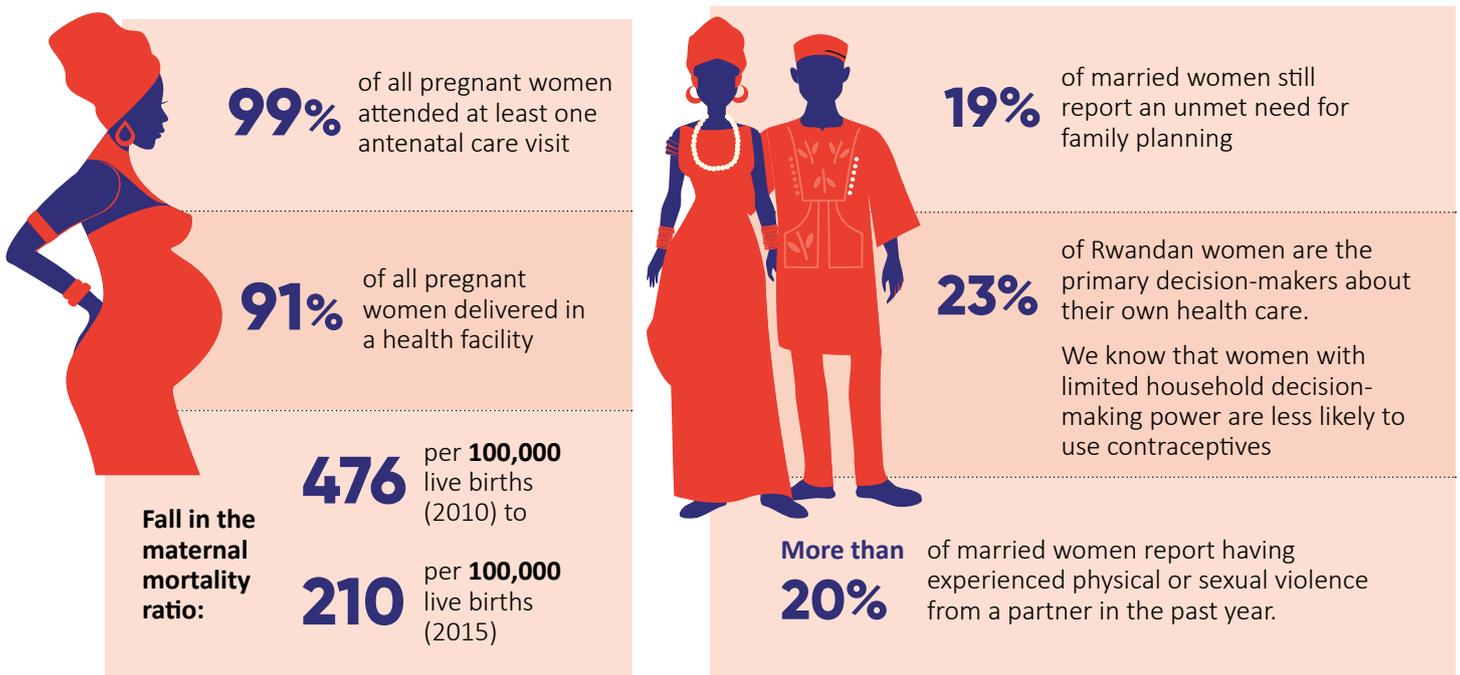
- There have been few studies that evaluated multiple intervention outcomes;
- Few studies evaluated the impact on household gender and power dynamics;
- There is little evidence on the effectiveness of interventions in low- and middle- income country settings.

This paper summarises an RCT conducted on the Bandebereho gender transformative couples’ intervention, which evaluated the impact on multiple behavioural and health-related outcomes – including men’s engagement in reproductive and maternal health, the gendered distribution of caregiving, couple relations, gender norms, power relations, intimate partner violence and violence against children.



CONTEXT

There have been recent improvements in maternal and reproductive health in Rwanda, but ongoing challenges of inequitable gender relations, women’s limited decision-making power and high levels of intimate partner violence remain. Recent national data shows that:



PROGRAMME DESCRIPTION

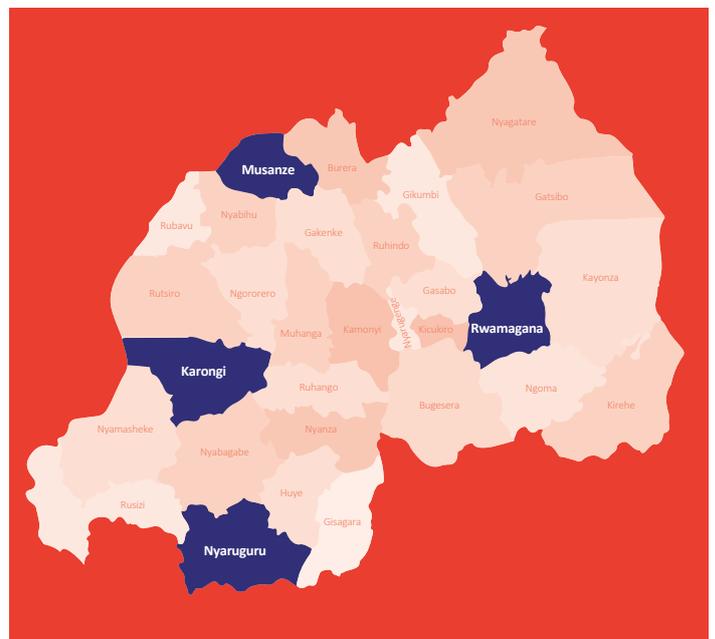
The Bandedereho (“role model”) programme, adapted from Program P, was implemented by the Rwanda Men’s Resource Center (RWAMREC) and targeted expectant fathers (aged 21-35) and fathers of children under the age of five years, and their partners. It aimed to promote positive fatherhood and gender equality.

The intervention addressed several areas of intimate partner relations: gender and power; fatherhood; couple communication and decision-making; conflict resolution; caregiving and sharing responsibilities at home; child health, development, and discipline; male engagement in reproductive and maternal health; alcohol and drug abuse; and intimate partner violence.

The programme involved group sessions for (expectant) fathers and their partners to share, discuss and critically reflect on inequitable gender norms, attitudes and behaviours in the home. The discussions were facilitated by trained community volunteers (local fathers), who met with the same small group of 12 men/couples on a weekly basis. Men participated in all 15 sessions, and their partners in 8 of the 15 sessions.

These meetings aimed to introduce positive masculinities and fatherhood and to promote new norms, attitudes and skills on couple communication, joint decision making, men’s involvement in maternal, newborn and child health, and to prevent intimate partner violence.

Bandedereho was implemented in four districts: Karongi, Musanze, Nyaruguru and Rwamagana



Additionally, there were sessions co-facilitated by local health providers and police officers on pregnancy, family planning, and local laws. The meetings were held in local schools and administrative offices. Men/couples who attended were provided a transportation stipend of 2000 Rwandan francs (about US\$2.50) for each session.

STUDY DESCRIPTION

WHAT?	HOW?	WHO?	WHEN?
<p>This study evaluated the impact of the Bandebereho intervention in Rwanda that engaged men to promote more equitable gender and power dynamics, improve reproductive and maternal health and reduce intimate partner violence.</p>	<p>Two-arm multi-site RCT across four Rwandan districts where the Bandebereho intervention was conducted.</p> <p>Interviews were based on structured questionnaires by trained same-sex interviewers who had no involvement with the intervention. The interviews were conducted in Kinyarwanda at central locations such as schools.</p>	<p>Expectant/current fathers and their partners, who were randomised to the intervention (n = 575 couples) or control group (n = 624 couples).</p> <p>Couples were recruited from communities in Karongi, Musanze, Nyaruguru and Rwamagana districts.</p> <p>At 21-month follow-up, 1123 men (94% of the sample) and 1162 women (97%) were surveyed.</p>	<p>Couples were recruited in Feb-Mar 2015, and followed over a period of 21 months for this study.</p> <p>Structured interviews with men at three points of the intervention (4 months): baseline, 9 months post-baseline, and 21 months post-baseline.</p> <p>Due to funding constraints, women were interviewed at only two points: at 9 months and 21 months post-baseline.</p>

OUTCOMES

1. Reproductive and maternal health behaviours, including men's participation in antenatal care visits.
2. Women's experiences of IPV.
3. Use of physical punishment against children.
4. Gendered division of childcare and household tasks.
5. Men's dominance in household decision-making.

Additional outcomes will be reported in forthcoming publications.

Sample characteristics at baseline:

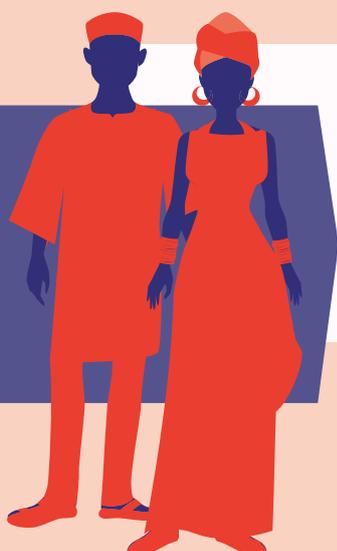
- More than **60% of men** had only primary education or less;
- Less than a third of men reported always being able to afford basic necessities;
- Nearly all men were employed, with a majority being self-employed;
- Three quarters of men had biological children and about two thirds were expecting a child at baseline.

The mean age of men was

28.7

Their partners' mean age was

26.6

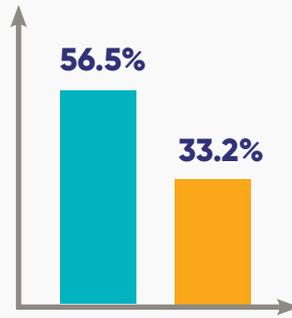


KEY FINDINGS

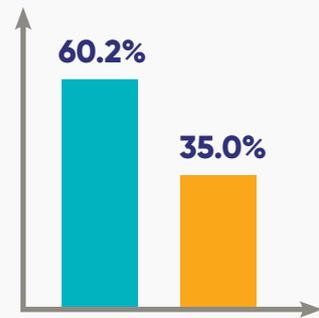
A significant difference in physical and sexual violence by partner reported by women



% women reporting experiencing physical IPV in last 12 months



% women reporting experiencing sexual IPV in last 12 months



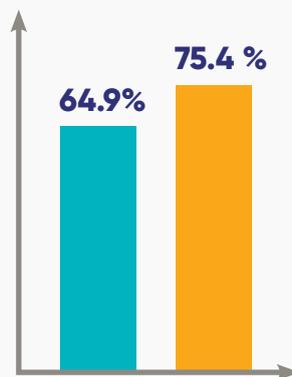
■ Control

■ Bandebereho

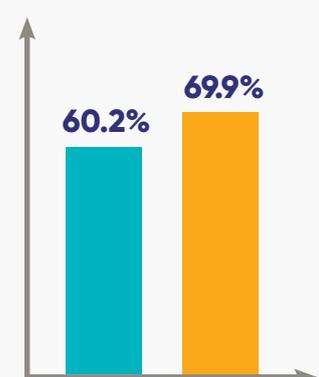
Higher levels of use of modern contraceptives by men and women



% men reporting that they use modern contraception



% women reporting that they use modern contraception



■ Control

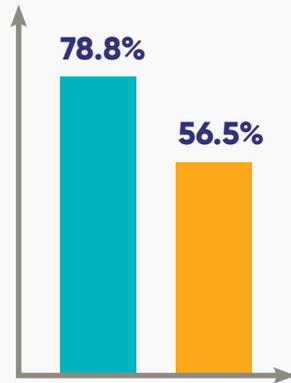
■ Bandebereho

KEY FINDINGS

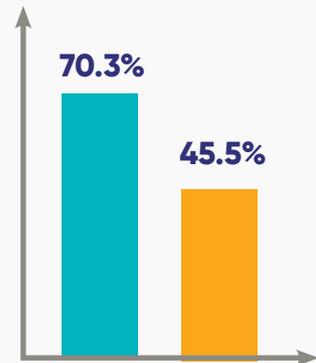
A lower proportion of both women and men said that men had the final say on income and expenses



% women reporting that the man has the final say on incomes and expenses



% men reporting that the man has the final say on incomes and expenses



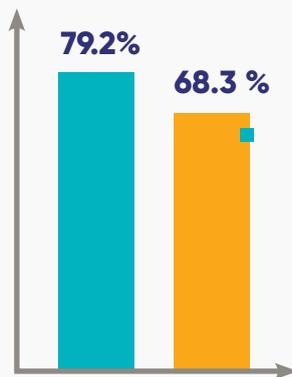
Control

Bandebereho

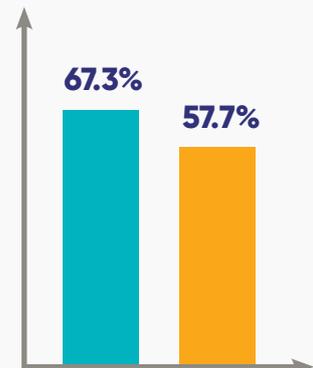
Lower levels of child physical punishment reported by men and women



% women reporting use of physical punishment against children



% men reporting use of physical punishment against children



Control

Bandebereho

OTHER OUTCOMES:

- Women reported attending a higher number of antenatal visits.
- A greater proportion of women reported that their male partners had supported them during pregnancy.
- Both women and men in the intervention group reported higher levels of sharing childcare and household tasks compared to the control group.
- Time use data showed that men in the intervention group spent more than 46 minutes more per day on caregiving and domestic tasks, but women's time spent on these tasks (over 8 hours) did not differ.

IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH

The Bandebereho intervention led to substantial improvements in multiple reported outcomes. The improvements at 21-month follow-up are similar to those at 9-month follow-up (results not published but available from authors) which indicates that the positive results of the Bandebereho intervention were sustained over time.

This supports existing evidence suggesting that culturally appropriate male engagement approaches can be gender transformative, yield positive health-related behavioural outcomes, and address gender-power inequalities within the household. Given the multiple positive outcomes, this programme holds promise as a flexible model that can be adapted with additional areas of focus.

The results suggest that a focus on critical reflection, building skills and creating a supportive group are essential to the success of such interventions. The research team is doing some additional analysis to better understand the mechanisms through which the intervention may have worked, in order to better target and strengthen it.

However, this intervention did not completely eradicate inequality and violence: at endline about one in three women in the intervention group still reported experiencing IPV in the past 12 months, the vast majority of parents still used physical punishment, and men still dominated household decisions. Thus, further research is needed to understand if these rates can be further reduced with longer implementation or whether additional components are needed for future programming.

The study was limited to some extent by the fact that the researchers were not able to collect baseline data from women. However, they collected data from women at later follow-ups (especially around IPV) and collected data from both partners.

Future research could: 1) directly measure health and behavioural outcomes in relation to self-reported change; 2) examine more longer term effects of the intervention; 3) measure outcomes when implemented with greater numbers and in other settings, and when delivered through other actors such the public sector.

SOURCE ARTICLES

Doyle K, Levto V, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S, et al. (2018) "Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial." PLoS ONE 13(4)

OTHER REFERENCES

1. National Institute of Statistics Rwanda (2016) Rwanda Demographic and Health Survey 2014–2015. Kigali, Rwanda: National Institute of Statistics of Rwanda.
2. Program P is an open source manual for engaging men in maternal and child health, created by Promundo, CulturaSalud, and REDMAS (2013) which includes a gender-transformative curriculum for fathers/couples, resources for designing health provider training and community campaigns. It was based on formative research, including findings from the International Men and Gender Equality Survey (IMAGES) and the "Men Who Care" study. Manuals can be found at: www.men-care.org
3. For example, in an adaptation in Lebanon with the NGO Abaad, the same team adapted to the focus to early child development, with a stronger focus on reducing harsh punishment of children



The Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention interventions informed by research-based evidence, practice-based learning and feminist principles. For more information go to www.prevention-collaborative.org

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