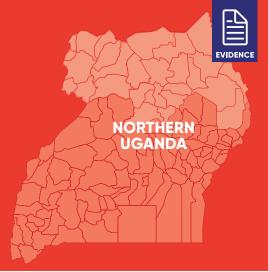


STUDY SUMMARY

AN EVALUATION OF THE REAL FATHERS INITIATIVE IN NORTHERN UGANDA



STUDY FINDINGS AT A GLANCE

This study (an RCT) evaluated the scale up of the Responsible, Engaged and Loving (REAL) Fathers Initiative in Acholi and Karamoja Sub Regions in Northern Uganda. The intervention aimed to support young fathers to build positive partnerships and parenting practices and to reduce the incidence of intimate partner violence (IPV) and violence against children (VAC).

The evaluation results show that, compared to the control group, in the intervention group: (i) a significantly lower proportion of men reported perpetration of IPV at endline and one year after intervention; (ii) significant reductions in physical child punishment by participating men at endline and long-term follow-up; and (iii) positive impacts on parent-child interaction, positive parenting practices, attitudes rejecting IPV and VAC and men's confidence in using non-violent discipline over time.

BACKGROUND

Parenting programmes across the world have shown promising results in reducing violence against children (VAC).¹ Some programmes that engage fathers (including expectant fathers) have proven effective in transforming norms and attitudes related to gender roles that contribute to intimate partner violence (IPV) against women.² In Uganda, the evaluation of SASA!—a community-based HIV and IPV prevention programme—showed reductions in IPV as well as important unplanned effects on improved parent-child relationships and less frequent use of physical punishment by parents.³

However, there have been few evaluations of interventions targeting fathers that aim to address both VAC and IPV— particularly in the Global South. The REAL Fathers Initiative in

Northern Uganda was designed to address this gap. It worked with fathers to build positive parenting and partnership skills and aimed to address gender norms that underpin the use of violence against intimate partners and against children through violent discipline.

REAL Fathers was originally developed for a post-conflict community in Amuru District in Northern Uganda. Guided by formative research and community consultation, the intervention was piloted and evaluated between 2013–2015. Following promising results, REAL Fathers was scaled in Northern Uganda, adapted for a new setting in Karamoja Sub-Region in Uganda and evaluated for effectiveness between 2016–2018. This brief focuses on the scale-up evaluation.

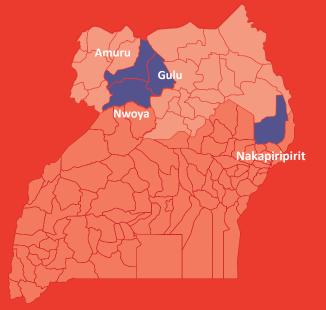
CONTEXT

Rates of IPV and VAC are high in Uganda. According to the 2016 Demographic and Health Survey, 56% of ever-married women reported ever experiencing physical, emotional or sexual violence by their current partner or spouse and 39% reported experiencing IPV in the past year.⁴

Childhood violence is even higher. The recently published Uganda VAC Survey shows that 59% of girls and 68% of boys had experienced physical violence in childhood.⁵ Almost half of the time, the perpetrators of this violence are parents and caregivers.⁶ Research globally⁷ and in Uganda⁸ shows that exposure to violence in the home as a child can increase the likelihood of a boy perpetrating violence as an adult man and a girl experiencing violence as an adult woman.



Map of implementation sites in Acholi and Karamoja Sub Regions



PROGRAMME DESCRIPTION

REAL Fathers deliberately targets young men aged 16 to 25 years old who are new partners and parents with children aged 1–3 years old. This is a time period before their relationship expectations, attitudes and behaviours are set and the project considers early fatherhood as a gateway promoting more gender-equitable and positive masculinities.

The programme consists of a 12-session curriculum to train mentors, a mentoring programme for young fathers, awareness raising activities using community posters and community celebrations (please see the accompanying Programme Summary for more details about the original intervention). In scale up, a few adjustments were made to the intervention: The REAL Fathers scale up and evaluation were conducted in the Acholi Sub Region (Amuru, Gulu and Nwoya Districts) and in Karamoja Sub Region in Northern Uganda.

Amuru District is a post-conflict area that was heavily affected by a 20-year war between the Lord's Resistance Army (LRA) and Uganda's national army. In this region, there were high levels of displacement, injury and death and many adults who are now parents and caregivers were witnesses and victims to IPV, VAC, violent crimes and the loss of a primary caregiver in childhood.⁹

The Karamoja Sub Region is home to the Karamojong tribe. Traditionally an agro-pastoralist community where men migrated with their cattle for extended periods of time, the Karamojong recently transitioned to a more sedentary lifestyle influenced by the central governments. The REAL Fathers programme was adapted for this very different setting prior to evaluation.

• The curriculum was adapted for a different cultural community—the Karamojong who live in Karamoja.

• An additional home and group session was developed to increase awareness of and demand for voluntary family planning. The REAL Fathers scale up therefore included 14 mentoring sessions (7 home based, 7 group based) carried out over a seven-month period. Four of the sessions included fathers with their partners.

• REAL was integrated into two development platforms: a livelihood programme (Yield) in Gulu, Amuru and Nwoya Districts in the Acholi Sub Region in Northern Uganda and early childhood development (ECCD) in Karamoja. Young fathers were recruited through these programmes.

WHAT	HOW	WHO	WHEN
An RCT for REAL Fathers scale-up was carried out between 2016–2018 in the Acholi and Karamoja Sub Regions of Northern Uganda. In the Acholi sub-region, Gulu, Nwoya and Amuru Districts were treated as one site.	Three component RCT: i) A rigorous baseline, endline and one-year post intervention RCT including randomisation and control groups; ii) Life history interviews with 20 fathers at baseline and endline; iii) In-depth interviews with 10 wives/partners at baseline and endline.	In each Sub-Region, participants included 600 fathers (N=300 control; 300 intervention) aged 16-25 who are parents of children aged 1–3 years old. ECCD and Yield centres were randomly assigned to intervention and control group.	A baseline was carried out prior to the 14 mentoring sessions. Follow-up interviews were conducted with fathers 8 months (endline) and 12 months later (longer term follow up) to measure changes in attitudes and behaviours.

OUTCOMES

- Primary outcomes: Intimate partner violence (IPV); use of harsh physical punishment by fathers; Current use of modern family planning.
- Secondary outcomes: Positive parenting by fathers; confidence in the use of non-violent discipline by fathers; father-child interactions; couple communication; attitudes justifying IPV; gender equitable attitudes about caregiving and household chores.

STUDY DESCRIPTION

KEY FINDINGS

IPV

- Fewer fathers who took the intervention reported perpetration of IPV at endline and one year later.
- In Northern Uganda, fathers who took the intervention were significantly less likely to use IPV at endline (2.15 (1.28, 3.63)) and one year later (2.90 (1.51, 5.58)). Also, fathers who took the intervention in Karamoja were less likely to use IPV at endline (3.45 (2.15, 5.52)) and one year later (3.20 (2.09, 4.90)).

KARAMOJA	REAL	Baseline 45.6%	Endline 11.6%	One year later 16.3%
	Control	Baseline 30.5%	Endline 29.8%	One year later 31%
NORTHERN UGANDA	REAL	Baseline 20.4%	Endline 8.5%	One year later 5.6%
	Control	Baseline 18.8%	Endline 19.1%	One year later 13.7%

Reduced use of harsh physical punishment

• Fewer fathers who took the intervention reported frequent use of harsh physical punishment against their children at endline and one year later:

KARAMOJA	REAL	Baseline 21.8%	Endline 5.5%	One year later 13.4%
	Control	Baseline 17.7%	Endline 18%	One year later 30.4%
NORTHERN UGANDA	REAL	Baseline 25%	Endline 10.1%	One year later 8.5%
	Control	Baseline 22.4%	Endline 21.6%	One year later 26.4%

Increased positive parenting

- Fathers who took the intervention more frequently practiced positive parenting at endline and one year later (see table below) .
- Fathers in the intervention were also more confident in not using harsh physical punishment and in using positive parenting practices at endline in Northern Uganda (3.24 (1.96, 5.33)) and Karamoja (1.88 (1.31, 2.70)) and one year later in N. Uganda (2.57 (1.69, 3.91)) and Karamoja (4.53 (2.88, 7.14)

KARAMOJA	REAL	Baseline 62.6%	Endline 81.5%	One year later 75%
	Control	Baseline 68.1%	Endline 70.1%	One year later 57.6%
NORTHERN UGANDA	REAL	Baseline 65.6%	Endline 84.4%	One year later 79.9%
	Control	Baseline 64%	Endline 73.5%	One year later 70.8%









IMPLICATIONS FOR RESEARCH, POLICY AND PRACTICE

- REAL Fathers is a good example of a single intervention that can successfully reduce both VAC and VAW. Its curriculum could be adapted to different contexts.
- The significant effects of REAL Fathers on couple's communication are promising, as it suggests a strong association between positive couple's communication and the reduction of both IPV and VAC.
- The programme showed limited effects on men's views on traditional gender roles at endline. This highlights the challenges in addressing gender norms in the family context, particularly in a short-term intervention. Future programmes could further engage wives and key individuals in the family or community for a longer programme period. This might lead to more significant and sustained changes in attitudes and behaviour related to gender roles.
- The programme requires testing in other contexts beyond Uganda. It would be useful to look at how the intervention could add value to existing initiatives (e.g. other parenting programmes) with low participation from fathers.
- The RCT results rely heavily upon male participant reports. In the future, it is critical that data is confirmed by their female partners and, potentially, other community members. Future studies should use validated measures of IPV, violent discipline and positive parenting in assessment.
- Future programmes could also include interventions to meet the protection needs and provide services for young fathers, many of whom are still children themselves (16–18 years). Further research is required to understand these needs and develop guidelines and plans to meet them.

SOURCE ARTICLES

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ENDNOTES

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