



Impact of the Change Starts at Home Intervention on Intimate Partner Violence and Related Outcomes: A Mixed Methods Analysis

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Abstract

Purpose Intimate partner violence (IPV) is a significant public health issue in Nepal as 28% of ever partnered women aged 15–49 years have experienced physical, sexual, or psychological IPV. Change Starts at Home is a multi-faceted intervention strategy created to reduce the prevalence of IPV through 1) a 9-month couple's curriculum; and 2) an 8-month anti-violence diffusion curriculum.

Methods This study uses mixed methods data to longitudinally examine the contextual dimensions of the impact among intervention participants. We conducted in-depth interviews with 20 heterosexual, married couples at two time points, post-couple's curriculum ($n=40$ individuals) and post-diffusion-curriculum ($n=37$ individuals). We used framework analysis to assess change in IPV and key risk factors (e.g., decision-making, quarrelling and conflict management, communication, and household task division) for intervention participants. We incorporated quantitative measures corresponding to key qualitative themes to triangulate findings.

Results We observed qualitative changes in IPV risk factors, including task division, decision-making, quarrelling, and conflict resolution, with corroborating quantitative results across multiple themes. We found minimal change in the experience of IPV for those who qualitatively reported violence in the household, though, due to the indirect line of questioning to assess IPV, we believe IPV was underreported qualitatively. The intervention appeared particularly impactful among younger couples. Respondents also reported sharing their participation insights with members of their community, particularly those of the same gender.

Conclusions This study highlights the positive impact of the Change Starts at Home intervention in Nepal, revealing improvements in relationship dynamics and a potential reduction in IPV.

Keywords Partner violence · Domestic violence · Social norms · Couples' intervention · Nepal · Violence against women · Social and behavior change

Introduction

Intimate partner violence (IPV), defined as emotional, physical, and sexual violence by a spouse or partner, is a significant public health concern. Globally, over a quarter (27%) of ever partnered women aged 15–49 years have experienced physical or sexual violence by an intimate partner (World Health Organization, 2021). Furthermore, women living in low- and middle- income countries are disproportionately burdened by violence, with 37% of women on average experiencing physical and sexual IPV (World Health Organization, 2021a). Around the world, countries are increasingly recognizing the need to address gender-based violence (GBV) and the importance of challenging harmful gender

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norms and attitudes in the prevention of violence (World Health Organization, 2021b). Awareness-raising, though widespread, has not been proven to change gender norms, highlighting the need for more comprehensive approaches to violence reduction with emphasis on social norms to create and sustain change (World Health Organization, 2021b).

We contribute qualitative insights into the efficacy of the Change Starts at Home intervention (*Change*) in Nepal which utilized social and behavior change communication strategies to promote healthy relationships, prevent IPV, and shift harmful gender norms.

Background

In Nepal, 28% of ever partnered women aged 15–49 have experienced one or more forms of IPV in their lifetime (17% in the past 12-month), with 24% reporting physical IPV, 8% reporting sexual IPV, and 14% reporting psychological IPV (Ministry of Health Population ICF, 2023). In addition to key risk factors of IPV, such as low education and socioeconomic status, women's agency, and spousal relationship quality, social norms also impact women's risk of IPV, as norms can support or justify the use of different types of violence (Abramsky et al., 2011; Heise, 2011). In Nepal, persisting norms that uphold the perceived superiority of men over women promote attitudes that view household violence as a family matter that is private and justified in certain circumstances, increasing women's vulnerability to violence (Dahal et al., 2022; Shai et al., 2017).

Interventions that target social norms to prevent harmful health behaviors, including IPV, have shown varied success (Abramsky et al., 2016; Heise, 2011; Usdin et al., 2005). However, many approaches to shift norms around violence, such as awareness-raising social marketing campaigns, are limited by the lack of rigorous impact evaluations (Kerr-Wilson et al., 2020; World Health Organization, 2009). Interventions that have shown to be effective in reducing IPV, such as couples' interventions and community mobilization, are typically well-designed and incorporate well-implemented programming over a long period of time, avoid "one-off" interactions, and likely incorporate more than one strategy (Kerr-Wilson et al., 2020).

Change Starts at Home (*Change*) is a unique multi-faceted social and behavior change communication (SBCC) intervention created with a primary aim to reduce the prevalence of IPV. Prior to this iteration of *Change*, a cluster randomized controlled trial of the couples' curriculum found that exposure to *Change* programming increased the acceptance and practice of gender equity in marriage and decreased that acceptance of violence but did not reduce IPV perpetration (Clark et al., 2019a). The trial also found that the effects of the programming did not diffuse to the

community, so the team developed a diffusion curriculum to improve the reach of the program benefits beyond the participants. Drawing on these insights, the current iteration of *Change* involves two phases including 1) a 9-month couple's curriculum centered around a 39-episode radio edutainment program, and 2) an 8-month diffusion curriculum designed to spread the impact of the intervention into the wider community and beyond the intervention sites. Phase 1, the couple's curriculum, focuses on discussion of harmful gender norms that perpetuate IPV as well as topics related to building better relationships including effective communication, conflict resolution, joint decision-making, household roles and responsibilities, sexual desire and consent, and alcohol use. Throughout this phase, couples participate in gender segregated sessions, combined couple's sessions, and sessions with invited family members. During Phase 2, couples participate in gender segregated and combined sessions to practice advocacy, community mobilization skills, and conduct outreach activities.

A recent quantitative analysis of *Change*, using a quasi-experimental design, found evidence of a reduction in IPV and improvement in positive injunctive norms and gender equitable behaviors in intervention communities for both direct participants in the *Change* programming and individuals in the intervention communities, relative to individuals in adjacent control communities (Clark et al., 2024). Additional factors associated with IPV and associated with the intervention's theory of change, such as women's decision-making, spousal alcohol use, and relationship quality, showed generally favorable improvement over time. However, the breadth of outcomes and use of quantitative measures limited the depth of information about how *Change* may have supported improvement in outcomes, particularly among direct participants of *Change*.

As such, this paper presents longitudinal findings from the qualitative component of the *Change* trial to contextualize change across multiple domains of the targeted programming. Using a sample of couples participating in the *Change* intervention, we hope to develop a deeper understanding of which program components were most salient for promoting change in participants' relationships and household dynamics.

Methods

We utilized a quasi-experimental design in Nawalpur District, Nepal to assess the impact of *Change* on several primary (IPV, injunctive norms, and descriptive norms) and secondary outcomes that form the basis of the theory of change (Fig. 1) (Clark et al., 2024). *Change* was implemented in 10 sites within two rural municipalities: Binayi Tribeni and Hupsekot. Utilizing data gathered during the quantitative

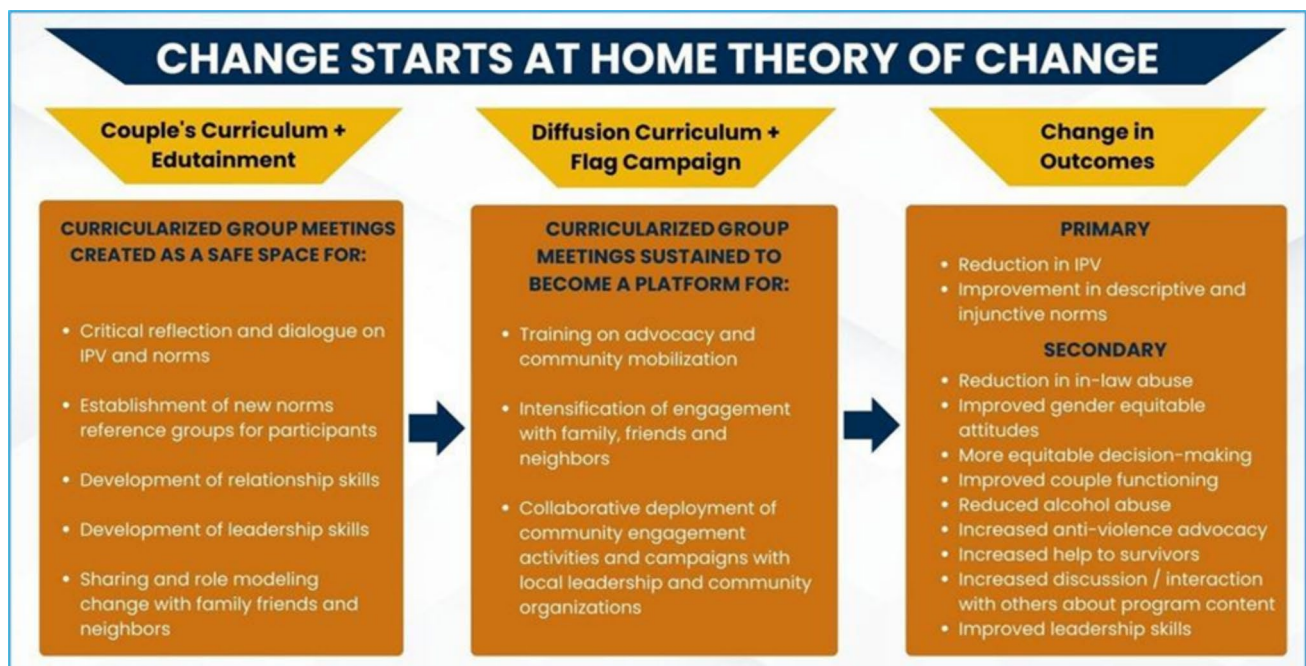


Fig. 1 Change Starts at Home theory of change. *Note.* Figure originally published in (Clark et al., 2024) and reprinted here under Creative Commons CC-BY-NC-ND

baseline measurement, we chose six sites (three per municipality) for the midline and endline qualitative component based on site-level averages of diversity criteria, which included IPV experience, social network characteristics (e.g., spousal relationship quality, gender of network members, and number of network members in respondent's household), and represented castes/ethnicities. In each of the six sites, we selected three to four couples ($N=20$ couples) to maximize diversity in IPV and caste/ethnicity (Patton, 2002).

Treatment

Among eligible married men and women in the 10 intervention sites, a subset of heterosexual couples were recruited to participate in the *Change* programming that consisted of two phases: 1) a 9-month couples' curriculum and 2) an 8-month anti-violence diffusion curriculum. Phase 1 included 27 separate husband and wife sessions, 10 joint couples' sessions, and 3 family sessions. Phase 2 included 9 separate husband and wife diffusion sessions and 3 joint couples' diffusion sessions.

Sample

Quantitative assessment occurred at three timepoints, before Phase 1 (baseline; September 2021), after Phase 1 (midline; August 2022), and after Phase 2 (endline; May 2023). At study midline, 20 couples were qualitatively interviewed.

At study endline, all 20 wives were reinterviewed along with 17 husbands. Three husbands were not available to be interviewed due to migration for work. Among participants qualitatively interviewed, 31 had quantitative data from baseline to endline, including 14 of 20 participants in Hupsekot (wives: 8; husbands: 6) and 17 of 20 participants in Binayi Tribeni (wives: 9; husbands: 8).

Procedures

Male and female data collectors were recruited to ensure that interviewers and participants were gender matched. Training for data collectors included a 5-day training on research methodology, building rapport, topics of GBV and social norms, psychological first aid, and Protection from Sexual Exploitation and Abuse (PSEA). Interviews were held in a private space inside or outside the interviewee's house, separate from their spouse and other household members. Each participant received a small amount of money for participating in the interview at each timepoint. The average wife interview length was 80 min (range: 30–202 min), and the average husband interview length was 55 min (range: 28–94 min).

Data

The interview guide was based on the project's theory of change (Fig. 1) and was identical for men and women. Key areas of inquiry included: household task division and

decision making, communication between husband and wife, harming one's partner, managing disagreements, relationship with in-laws and children, intervening in disputes or violence in the community, and participation in *Change*. The interview guide was developed in English, translated into Nepali by local research partners, and subsequently back-translated to English to ensure accuracy of language and interpretation. Interviewers audio recorded all interviews and later transcribed recordings directly into English. The research team removed all identifying information from the transcripts and assigned each a unique ID before uploading to a secure network drive.

Quantitative Measures

We descriptively analyze participants' responses to several survey measures to gauge concordance with participants' interview responses. Those measures are summarized in Table 1 and described in further detail elsewhere (Clark et al., 2024).

Analysis

We analyzed the qualitative data using the framework approach, including (1) data familiarization (e.g., six persons

read 15%–20% of the transcripts), (2) developing a thematic framework based on the interview guide and emergent concepts, (3) indexing the data to the framework by individual respondent, clustered within couples and time, (4) charting the data (e.g., filling in the matrix created in Excel with content summaries and direct quotes), and (5) interpretation, which entailed developing thick descriptions for each theme (i.e. matrix row or cluster of rows) and case studies of each couple (columns) (Gale et al., 2013; Spencer et al., 2003). We calculated descriptive statistics for quantitative measures corresponding to qualitative themes at baseline, midline, and endline for couples who participated in the interviews and added to the matrix for each couple. This organization allowed for comparisons within and across couples and across key demographics such as municipality, gender, education, caste/ethnicity, and time. Six researchers contributed to the coding and analysis of the data, three of whom conducted the interviews. Transcripts were divided equally among team members, indexed, and organized into the matrix. In order to reduce biased results, the team carried out a reflexivity exercise to consider positionality and acknowledge subjectivity prior to coding and interpretation and continued to discuss reflexivity during subsequent analysis meetings. The team met weekly to discuss findings

Table 1 Quantitative measures collected at baseline, midline, and endline

Measure/Construct	# of items	Cronbach's alpha*	Source
Overall IPV	12		What Works to Prevent Violence Global Program, 2015
Physical	5		
Psychological	4		
Sexual	3		
Agency	3	0.90	Items developed for the original Change trial
Financial decision-making	15		Adapted from Tomar, S., et al., 2021 (Tomar et al., 2021)
Sexual decision-making	1		Item developed from the original Change trial
In-law abuse	3		Samuels, F., N. Jones, and T. Gupta, 2017 (Samuels et al., 2017)
Relationship quality	7	0.90	Adapted from Dunkle, K., et al., 2020 (Dunkle et al., 2020)
Quarrelling	1		World Health Organization' Multi-Country Study on Health and Domestic Violence Against Women (WHO MCS) (World Health Organization, 2005)
Communication	5	0.90	Adapted from the WHO MCS (World Health Organization, 2005)
Parent–child relationships	15	0.68	Adapted from Pianta, R.C., 1992 (Pianta, 1992)
Closeness	8	0.73	
Conflict	7		
Conflict resolution	2		Adapted from the Relationship Self Efficacy Beliefs' Scale, (Lopez et al., 2007)
Spousal alcohol use	1		WHO MCS (World Health Organization, 2005)
Number of individuals spoken to about anti-violence against women messaging delivered through 4 types of media (Diffusion)	4		

*Alpha was calculated using the endline survey data

and develop thematic and technical memos. We developed thick descriptions of each theme which included IPV, task division, decision-making, sex communication, parent–child relationships, in-law influence, alcohol use, quarreling and conflict management, and program diffusion. We then developed a broader narrative of the relationship between the *Change* programming and IPV and associated risk factors. Descriptive statistics were computed using SAS 9.4 software.

Ethics

At each interview, participants provided written informed consent. At the end of each wife's interview, the interviewer offered a small card with contact information to GBV response and counseling services. A psychosocial counselor was on-call for the duration of data collection. Ethical approval for the study was granted by the Institutional Review Board of Emory University (IRB #00002320) and the Nepal Health Research Council (117/2021 P).

Results

Across the two municipalities, wives tended to be younger and less educated than their husbands (Table 2). Participants in both municipalities were primarily of Janajati caste/ethnicity. Half of the couples lived with only nuclear family

members; the other half lived with extended family members, primarily of the husband's family. In Phase 1, participation was generally the same across municipalities and for men and women. In Phase 2, wives in Hupsekot attended more than twice as many diffusion sessions compared to their husbands and participants in Binayi Tribeni.

Table 3 presents an overview of qualitative and quantitative findings across thematic domains. Quantitative scores for husbands and wives at baseline, midline, and endline can be found in Appendix A. The analysis revealed minimal change in experience of IPV attributed to programming; however, moderate and minimal changes were found in key risk factors of IPV, such as couples' task division, decision-making, quarreling and conflict resolution, and communication about sex, which were corroborated by quantitative trends.

Primary Outcome

IPV

Though interviewed participants quantitatively reported varying levels of IPV at baseline, which was the basis for their selection into the qualitative sample, few participants discussed violence at midline or endline qualitatively. Couples that qualitatively reported physical and psychological violence suggested improvement in their relationship, with less frequent quarrels, after programming. Although couples did not discuss many current instances of IPV, some couples

Table 2 Characteristics of the sample by municipality and gender (N = 40)

	Hupsekot		Binayi Tribeni	
	Wives (n = 10)	Husbands (n = 10)	Wives (n = 10)	Husbands (n = 10)
	<i>M</i> (<i>SD</i>) / <i>n</i> (%)	<i>M</i> (<i>SD</i>) / <i>n</i> (%)	<i>M</i> (<i>SD</i>) / <i>n</i> (%)	<i>M</i> (<i>SD</i>) / <i>n</i> (%)
Age (years)	36.6 (9.7)	39.4 (10.4)	32.3 (8.5)	36.2 (9.4)
Education (years)	5.0 (4.1)	7.4 (3.1)	5.2 (4.9)	6.5 (4.7)
Caste/ethnicity				
Brahaman/Chhetri Hill	0 (0%)	0 (0%)	1 (10%)	1 (10%)
Brahaman/Chhetri Tarai	0 (0%)	0 (0%)	1 (10%)	0 (0%)
Janajati	8 (80%)	8 (80%)	5 (50%)	5 (50%)
Dalit (Hill/Tarai)	2 (20%)	2 (20%)	2 (20%)	2 (20%)
Muslim/Other Tarai/Madhes/Other	0 (0%)	0 (0%)	1 (10%)	2 (20%)
Extended family household	5 (50%)	5 (50%)	5 (50%)	5 (50%)
Program Participation				
Phase 1				
Separate husband and wife sessions (Max: 27)	24.4 (2.6)	25.4 (2.5)	26.3 (1.8)	26.9 (0.3)
Joint couples' sessions (Max: 10)	9.3 (1.0)	9.5 (1.1)	9.8 (0.4)	9.6 (0.7)
Family sessions (Max: 3)	2.7 (0.5)	2.7 (0.5)	3.0 (0.0)	2.6 (0.5)
Phase 2				
Separate husband and wife diffusion sessions (Max: 9)	7.5 (1.5)	3.3 (4.2)	2.7 (4.4)	2.7 (4.4)
Joint couples' diffusion sessions (Max: 3)	2.8 (0.9)	0.9 (1.5)	1.1 (1.8)	0.9 (1.5)

Table 3 Summary of qualitative and quantitative findings

Qualitative Change	Degree of Change	Context	Change in Raw Quantitative Indicators
Primary Outcome			
IPV	Minimal	Minimal discussion of IPV	IPV score: improved
Secondary Outcomes			
Task division	Moderate	Change in husband's recognition of wife's burden and offered help, but no evidence of a shift in task responsibility	No comparable measure
Decision-making	Minimal to moderate	Depends on domain; Change in decisions related to household finances and husband's leisure	Wives' financial decision-making: improved Wives' agency: improved
Sex communication	Minimal	More interest for those who are younger, early in marriage	Sexual decision-making: improved
Parent-child relationships	Minimal	Change in beating as discipline by wives; Change in management of disagreements between husband and wife for more positive environment for kids	Child-parent closeness – Wives: declined Husbands: improved Child-parent conflict – Wives: declined Husbands: improved
In-law influence on relationship	No change	Couples who experienced difficult relations with in-laws have since moved out of joint households, resolving issues	In-law abuse: improved In-law relationship quality: improved
Spousal alcohol use	Minimal	Little mention of current problematic alcohol use; Change in quarrels related to alcohol use; Previous problematic use resolved prior to programming for some	Spousal alcohol use: stable
Quarreling and managing disagreements	Minimal to moderate	Change in managing disagreements through increased communication skills	Quarreling: improved Conflict resolution: stable Communication: improved Relationship quality: improved
Program Diffusion			
Spoke to others about programming	Minimal	Mention of discussing programming with neighbors, friends, and family	Diffusion: increased

described IPV that occurred earlier in their marriage. Participants, mostly wives, reported instances of sexual relations without consent or physical abuse (e.g., husband beating wife or throwing utensils) and psychological abuse (e.g., yelling, scolding, or name calling) stemming from arguments about their husbands' gambling and alcohol use. Couples attributed a reduction in such instances to maturity and a better understanding of each other. Quantitatively, a trend of reduced IPV over time was also observed.

"When he gets angry, he verbally abuses us, but he cools off quickly and then he also expresses his love., [...] I don't say anything if I express my anger the quarrel will start. This will lead to fighting and beating. So, if I am angry, he just leaves the house." [...]
"Now the fighting has reduced a lot. Earlier it was once or twice every week, but now may be once in a month or two." Binayi Tribeni - wife

Secondary Outcomes

Division of Labor

At both midline and endline, women tended to do most, if not all, of the household chores, including cooking, cleaning, and childcare. Women usually did household work in addition to agricultural work either for the upkeep of household farms or as wage labor. Men often described engaging in agricultural work on their own properties, taking part in paid seasonal agricultural labor, or skilled labor as their primary tasks. Participants did not generally describe household work as main tasks for men; however, from midline to endline many participants noted a change in task division due to attending programming, most notably that husbands more frequently supported their wives in household chores. Though participants frequently mentioned changes in task division, these changes generally occurred when the husband

would take on additional chores when his wife was tired, ill, or busy, indicating increased awareness of his wife's situational burden rather than a shift in tasks that are typically assigned to the wife. We found no differences in division of labor change by education level, caste/ethnicity, location, or number of programming sessions attended. We did not have a comparable quantitative measure for this domain.

"I didn't wake up early and didn't do household work as well. After participating in the program, I've realized that my wife has been suffering because of the burden of work. Now we also consult more with each other in everything." Hupsekot couple – husband
"Earlier he just used to sleep till late and also not come out to work, but after attending the program he has started waking up on time and he also tries to help me around if daughter in law is not at home. He helps more these days." Hupsekot couple - wife

Decision-Making

Shifts in the decision-making process revealed a more egalitarian approach at endline, particularly in decisions concerning significant household purchases and choices related to leaving home for leisure activities. Overall, husbands reported more joint decision-making regarding major household purchases while wives frequently reported sole decision-making in disciplining children. While we did not observe changes in decision-making related to disciplining children from midline to endline, we did observe minimal changes in couples' decision-making related to major household purchases: at endline, a few husbands acknowledged the need for input from everyone in the household. This finding aligns with the quantitative agency measure which showed an increase at midline.

"Before we didn't discuss about these things, but after this program, we have learned that everyone has a say and so we discuss about these things at home with everyone." Binayi Tribeni - husband

Additionally, a few participants reported changes in decision-making patterns related to leaving the house for leisure, with husbands more frequently communicating with or informing their wives before leaving the house. Both husbands and wives reported this change and directly linked it to the *Change* program.

"Before, if he had to go anywhere, he would leave everything at home and go. Now, if he has to go outside with friends, he asks before he goes. Before, he wouldn't listen to me. Once he made up his mind, he'd go no matter what I said. Now, he tells his friends that he needs to ask at home first". Binayi Tribeni – wife

"I didn't listen to her always. I used to do whatever I liked and would go alone wherever I wanted to go. But I don't do that now and we go together. We have that habit now." Binayi Tribeni - husband

Communicating About Sex

We had mixed findings related to change in communication about sex due to the programming. Whereas most couples described becoming comfortable communicating (typically non-verbally) about sexual desire as a result of maturity and years of marriage, for a few, the *Change* sessions instigated better communication on sexual desires and elicited increased respect for wife's consent. The quantitative findings also suggested improvement over time in women's sexual decision-making.

"After joining the program, [I learned that] everyone has sexual desires and just because you are shy, it shouldn't stop you from telling our husbands. Such discussions happened in both of our Change sessions. After these sessions, we'd share and have a discussion among ourselves. Once we start talking, we'd also start talking about our own [desire] [laughs]. Later, I started telling him when I wanted to and when I didn't want to. He'd understand me as well." Binayi Tribeni – wife

Regardless of demographics and session attendance, women felt less able to express their own desire or initiate sexual relations compared to their husbands. Whereas both husbands and wives felt able to say "no" to their partner when they initiated sex, women reported several reasons they might have sex even when they did not want to, including care for their husbands, wifely duty, or to keep their husbands from having an extramarital affair. Age may play a role in changing communication about sex; the few that mentioned increased communication were generally younger than other participants. In addition, older participants tended to mention less interest in or frequency of sex due to their age and having completed childbearing.

In-Law Relationship and Violence

Most couples reported either supportive or non-influential relationships with the husband's family, and some noted positive experiences such as intervening in arguments between husband and wife. A few mentioned that the husband's mother would previously argue with or scold his wife or discriminate against his wife and children. One couple mentioned discrimination against the wife by the mother-in-law and sister-in-law due to the couple's difficulty becoming pregnant. For those that mentioned conflict or tensions with the husband's family, most issues were resolved once the

couple moved out of the husband's natal home. The negative influence of in-laws on a couple's relationship also seemed to resolve with length of marriage and advanced age of in-laws. No clear differences were observed by education, location, or caste/ethnicity. Though qualitatively there were no noticeable changes in relationship quality between wives and their in-laws due to the programming, quantitative scores on in-law abuse and relationship quality improved over time.

"There was a lot of impact living in a joint family. If someone would do something and it wasn't up to the mark, then one would have to get scolding from [my] parents. [...] But I tried to balance things between supporting my wife and supporting my parents. My parents might have felt that I listen to my wife more, and my wife would also have thought that I listen to my parents. [...] A lot of problems start between husband and wife when they live together in a joint family. [...] It's not like that now [that we live separately]; there is not that kind of pressure. Maybe there is like 10% of pressure [from my parents], but it has reduced significantly. I think that 10% of remaining pressure will always be there while my parents are alive." Binayi Tribeni – husband

Parent–Child Relationships

Parent–child relationships were not directly targeted by the *Change* programming; however, a few parents reported improved treatment of children due to the curriculum. Wives were generally the primary disciplinarians of their children and reported beating/spanking and shouting as common forms of discipline. As a result of the programming, some mothers reported that they were less likely to resort to beating their children when disciplining; rather, they were more likely to advise and counsel their children.

"I: Has anything changed in your relationship with your spouse, your children, or your wider family? R: I hit and shout at them [my kids] less now."– Binayi Tribeni – wife

Regarding the quality of parent–child relationships, most couples reported that children were closer to their mothers. Though there was no significant change from midline to endline in closeness to children, several fathers expressed a desire to improve their relationships with their children. Most notably, several couples reported an improvement in their household atmosphere (increased affection, less disagreements, etc.) after programming, which in turn improved relationships with their children. No differences were found based on parent education, caste/ethnicity, or location. In contrast to the qualitative findings, the quantitative indicators for parent–child relationships showed parent–child

closeness and conflict scores both improved for fathers but worsened for mothers. As mothers were generally the primary discipliners, this discrepancy may indicate mothers' increased recognition of conflict with their child after attending *Change*.

"The affection has increased between us. We tended to scold our children and now we have learned that there are ways to encourage them. So, we have stopped scolding the children." Hupsekot – husband
"When my wife and I used to fight and have disagreements, children would also have tensions. They used to frown all the time. But after participating in this program we live harmoniously and everyone is happy. It wasn't like that before." Binayi Tribeni – husband

Alcohol

Respondents rarely described current problematic alcohol use. Most respondents reported their typical alcohol use patterns as either no use, only on special occasions, or small amounts every day. Men were much more likely to use alcohol than women and were more likely to report times in their younger years, early marriage, or before having kids when their alcohol use was an issue. When respondents reported change in problematic alcohol use prior to programming, the change was often the result of an alcohol-related illness or because they needed to be more responsible for their children. Wives who mentioned that husbands' previous alcohol use had led to arguments or physical abuse described decreased use and better behavior since programming began; however, we only found concordance between one couple. Those of Christian or Islamic faith described less alcohol use compared to those of other faiths. We did not find that education, caste/ethnicity, and location played a role in use or change in use. Quantitative findings do not suggest clear change in women's report of their husbands' use of alcohol over time.

"Earlier it used to be a lot of drinking and he used to beat me. He used to shout at children. I had to even threaten to leave him and I have even gone to my parents places. [...] He used to drink a lot and used to come home and fight. But now he has improved. I tell him not to drink and he listens to me." Binayi Tribeni – wife

Quarrelling and Managing Disagreements

Moderate improvements in management of disagreements were more consistently attributed to the programming. Couples generally experienced communication challenges and quarreling due to differences in parenting styles, husband's

limited involvement in housework, husband's alcohol use, and household finances. These challenges developed into arguments from a few times a week to once a month. Among individuals who reported changes, they noted improvements in their communication skills as a result of programming, including the ability to openly express feelings and to maintain kindness even in tense moments. For example, one husband specifically mentioned recalling *Change* insights such as not speaking when angry during episodes of disagreements. Outside of programming, however, some couples identified an increase in their financial resources which helped to reduce household disagreements. Quantitatively, both husbands and wives reported decreased quarreling and improved communication over time. While couples' reported conflict resolution remained generally stable, wives reported improved spousal relationship quality over time.

"We don't physically raise our hands and fight with each other...we didn't do that earlier as well...we don't have that now...but after participating in this program we've learned different ways of doing things compared to how we used to do things before." Binayi Tribeni – husband

"I thought that there has been a lot of change in my husband. For someone who didn't speak, sharing this is a lot. He didn't hold any grudges and instead told me that I should at least inform him. I felt a little bad for him. After that, I agreed and started telling him if I did not have time because of work at home or if I am outside.... Now, because our communication has improved, we have come to know a lot of things. I have realized that even if he is angry, I should speak nicely. If I talk nicely, he can express his anger as well. Once the anger dies, everything is good." Binayi Tribeni – wife

Program Diffusion

Speaking to Others About Change

Overall, participants reported discussing *Change* with more peers, including coworkers, neighbors, family, and friends, at endline compared to midline, in alignment with quantitative findings. Many participants mentioned discussing their participation in the curriculum, the purpose of the programming, and things they had learned, such as the importance of maintaining good communication regarding sexual relations and decision-making, living in a violence-free environment, and supporting their spouses. Many participants encouraged their friends and family to participate in *Change* by joining in discussions or listening to radio programs. Wives primarily spoke to other women, such as sisters in the neighborhood and family members, when discussing programming,

whereas husbands often talked with their friends or neighbors. There were no discernible differences in diffusion by demographics or number of sessions a participant attended.

"[...] I share my knowledge with friends and family. When people come to our house, we talk about it. Sometimes, I also go to other people's houses to talk about these things. I encourage people to participate in this program as well. This is a free of cost program that helps and supports us in our daily lives, so I tell them these things." Hupsekot - husband

"[...] when in village if we ladies are sitting together, I have shared with them as well. I shared the learning with them, I tell them that after the training my relationship with my husband has improved and as a result my kids are also doing good. So, I tell them that harmony within family is important and tell them that once the behavior between the husband and wife is good, this will make the kids' behavior also better." Binayi Tribeni – wife

Discussion

This longitudinal, mixed methods study provides contextualized insights of the *Change Starts at Home* intervention in Nepal, which was found to reduce IPV and improve elements of the theory of change (Clark et al., 2024). In addition to providing supporting evidence of the efficacy of *Change*, this study contextualizes these findings, providing a more nuanced assessment of the degree and type of change that occurred.

Change in the primary outcome, IPV experience and perpetration, was difficult to qualitatively ascertain due to couples' limited discussion of violence; however, couples did describe improvement in secondary outcomes such as division of labor, decision making, and quarreling and managing disagreements. Minor changes were also found in communication about sex and husbands' alcohol use. As these secondary outcomes are known correlates of IPV (Clark et al., 2019a, b; Jewkes et al., 2017; Starman et al., 2017) and hypothesized mechanisms of change in IPV experience, improvement in these outcomes even without strong qualitative evidence of IPV reduction is encouraging. Indeed, participants who did report reductions in IPV directly cited reduced quarreling and increased marital understanding, lending support to the theory of change.

While *Change* catalyzed improvements in couples' relationships, in line with a previous iteration of the *Change* trial (McGhee et al., 2021), not all findings aligned with the quantitative impact analysis (Clark et al., 2024). We found minimal change in IPV experience, though Clark et al. (2024) found a statistically significant decrease in IPV

for those exposed to programming, compared to the control group. It is possible that the qualitative questioning was not direct or specific enough to capture the variety of acts constituting different forms of IPV, which the quantitative tool was designed to do. Additionally, while the quantitative impact analysis reported a significant reduction in in-law violence, those who participated in qualitative interviews often mentioned no issues with in-laws, deceased in-laws, or having already improved their relationship with their in-law by moving out of a joint household, suggesting that this sample was not best suited to see this change. Further discrepancies can be seen in couples' quarrelling and conflict resolution, as the impact analysis did not find significant improvement in either domain, suggesting potential challenges with the quantitative tools used. However, other quantitative measures indicating how well couples get along, such as couples' relationship quality and communication, did significantly improve (Clark et al., 2024). As interviewed couples related improvements in their conflict management to improved communication skills and the importance of recognizing their partner's feelings, these domains are intertwined.

Other findings, such as improvements in communication and decision-making, were found to broadly corroborate the findings in Clark et al. (2024). Though thin qualitative data did not allow for a deep understanding of the nuances of financial decision-making improvements, the qualitative data did suggest that change in communication about sex may be primarily driven by younger couples or those still considering childbirth. Older couples and those done bearing children often suggested that they learned to communicate about sex with years of marriage or that their desire for sexual relations were now low, therefore changes in communication were less relevant. Additionally, for some, increased communication and discussion about consent seemed to be prompted by increased interest in discussing their own desire with their partner, as they had not learned about such topics prior to programming.

The intervention's diffusion component provided the opportunity for programming to impact more than direct recipients of the intervention. Diffusion of program learning is an important and unique aspect of *Change*. While this study does not directly assess changes in peers of program participants, findings do suggest an increase in the number of individuals that participants spoke to about the programming from midline to endline. These interactions, both as intentional components of *Change* and spontaneous occurrences, created opportunities to shift harmful norms and behaviors within peer networks, as have been found in the quantitative impact paper (Clark et al., 2024) and in previous research (Cislaghi et al., 2019; Clark et al., 2021; Leight et al., 2021; Starmann et al., 2018). Furthermore, our results suggest that pathways of peer network diffusion are likely gendered, as women primarily spoke to other women

about programming insights. Research has shown that peer networks among men can play an important role in changing social norms surrounding violence, which further signifies the importance of engaging men in IPV prevention. Due to the high level of male migration from Nepal for work (Ministry of Labour, 2022), intentional intervention recruitment and programming is required to ensure impactful peer diffusion across both men and women in a community.

Strengths and Limitations

Our study benefitted from its longitudinal sample, strong follow-up of both members of each couple, and intentional inclusion of couples with different baseline IPV and program participation levels, though most couples had generally high participation. These design features contributed to maximum sample diversity. Further, the inclusion of quantitative data for the participants provided basic triangulation of the qualitative findings. One design limitation is our lack of baseline qualitative data, as the quantitative analysis suggested the greatest amount of change occurred between baseline and midline (Clark et al., 2024). However, the timeframe of the midline qualitative questions examined this same period, albeit with self-reported change post-exposure instead of a direct comparison of responses over time. Additionally, the questions asked to both husband and wife about IPV were intentionally vague to align with ethical guidelines; however, as the discussion around IPV was limited, the questioning may not have been interpreted as intended. The study achieved code saturation, i.e., the full range of themes were identified (Hennink et al., 2017), but meaning saturation, i.e., a comprehensive and nuanced understanding of each theme, was not achieved due to the large number of constructs examined.

Research and Program Implications

Results of this study suggest the importance of ensuring that young couples participate in programming as older couples discussed IPV and in-law violence from early marriage and younger couples noted more interest in improving communication about sex. As younger women are more likely to experience IPV (Ministry of Health Population ICF, 2023), programming could better target more vulnerable individuals, such as newly married couples.

Although the theory of change is quite comprehensive, future research might consider limiting the areas of qualitative inquiry to a few key constructs to allow for greater depth and to achieve meaning saturation across themes. Alternatively, the use of multiple interviews with each participant at each time point could be conducted to provide sufficient time to explore topics in more depth. Similarly,

methods other than the commonly used semi-structured in-depth interview, such as unstructured interviews, storytelling, or journaling, might allow participants to better describe the intervention components that are most salient to them and elicit better recall of event timing. Finally, more direct and specific qualitative questioning about men's and women's experience of IPV might generate more insight on changes than questions more vaguely assessing "harm." However, safety and ethical guidelines recommend that only one person per household be asked questions related to their experience or use of violence in the household to reduce the risk of further victimization (World Health Organization, 2001). As participant safety is critical, researchers should explore creative and safe methods of ascertaining experience and perpetration of violence.

Conclusion

This study examines the Change Starts at Home intervention in Nepal, revealing positive changes in relationship dynamics despite challenges in directly measuring IPV reduction. Secondary outcomes, such as division of household tasks, decision-making, and quarreling, also improved, although not always consistent with quantitative analyses. The intervention's diffusion component shows promise in spreading program learnings beyond direct participants, with gendered pathways suggesting the need for targeted engagement of both men and women. Overall, these findings emphasize the intervention's potential impact on shifting harmful norms and behaviors within communities, underscoring the importance of multi-method approaches in evaluating complex interventions.

Appendix

Table 4 Quantitative outcomes for program participants qualitatively interviewed

	Wives			Husbands		
	BL (<i>n</i> = 20)	ML (<i>n</i> = 20)	EL (<i>n</i> = 17)	BL (<i>n</i> = 20)	ML (<i>n</i> = 17)	EL (<i>n</i> = 16)
	<i>M</i> (<i>SD</i>) / <i>n</i> (%)			<i>M</i> (<i>SD</i>) / <i>n</i> (%)		
IPV	12 (60%)	3 (15%)	1 (5.9%)	-	-	-
Physical IPV	5 (25%)	1 (5%)	1 (5.9%)	-	-	-
Sexual IPV	7 (35%)	1 (5%)	1 (5.9%)	-	-	-
Psychological IPV	9 (45%)	2 (10%)	1 (5.9%)	-	-	-
In-law abuse	0.1 (0.2)	0 (0)	0 (0)	-	-	-
In-law relationship	3.3 (0.6)	3.7 (0.5)	3.8 (0.3)	-	-	-
Financial decision-making	2.5 (1.3)	3.1 (0.8)	3.1 (1.1)	-	-	-
Agency	3.2 (1.1)	4.1 (0.9)	4.0 (0.6)	-	-	-
Sex decision-making	0.6 (0.5)	0.8 (0.4)	0.9 (0.2)	-	-	-
Communication						
Child-parent closeness*	-	4.8 (0.4)	4.5 (0.5)	-	4.3 (0.7)	4.8 (0.2)
Child-parent conflict*	-	2.1 (0.6)	2.6 (1.4)	-	2.1 (0.3)	1.8 (0.6)
Quarrelling	1.9 (0.4)	1.8 (0.4)	1.7 (0.5)	1.8 (0.4)	1.8 (0.4)	1.7 (0.5)
Conflict resolution	2.4 (0.6)	2.4 (0.6)	2.3 (0.6)	2.2 (0.4)	2.4 (0.5)	2.1 (0.3)
Relationship quality	1.7 (0.4)	2.0 (0.1)	1.9 (0.3)	-	-	-
Spousal alcohol use	0.9 (1.1)	0.2 (0.7)	0.9 (1.4)	-	-	-
Diffusion	0.4 (1.0)	0.8 (1.4)	3.9 (3.9)	1.1 (2.2)	0.2 (0.5)	2.9 (2.2)

BL Baseline, ML Midline, EL Endline. **n* = 16 (8 wives; 8 husbands)

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Data Availability The study data is not currently publicly available. The team is working to prepare the data and obtain a DOI.

Declarations

Competing Interests We have no conflicts of interests to disclose.

Ethics Approval The study obtained ethical approval from Emory University's Institutional Review Board (IRB #00002320) and the Nepal Health Research Council (117/2021 P). Written informed consent was obtained from each study participant at each data collection time point. All presented data has been deidentified.

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