

PROGRAMME SUMMARY

Bandebereho Couples' Intervention to Promote Male Engagement in Rwanda

PROGRAMME AT A GLANCE

The Bandebereho (or “role model”) intervention was based on Program P and part of the global MenCare fatherhood campaign. It aimed to promote positive fatherhood and gender equality amongst expectant fathers and fathers of children under five years, and their partners, in order to shift gender-power imbalances and reduce intimate partner violence in the home.

The Bandebereho programme included small group workshops based on a 15-session curriculum to enable couples to share, discuss and critically reflect on inequitable gender norms, attitudes and behaviours in the home. It covered areas such as gender and power, fatherhood, couples communication, joint decision making, intimate partner violence, caregiving, and male engagement in maternal, newborn and child health. A robust evaluation of the couples intervention showed substantial improvement across multiple outcomes including violence against women and children.

BACKGROUND

MenCare is a global fatherhood campaign which aims to promote men’s involvement as equitable, non-violent fathers and caregivers in order to achieve family well-being, gender equality, and better health for mothers, fathers and children.

MenCare programmes are based on research suggesting that that men’s positive involvement in the lives of their partners and children can lead to improved maternal and child health, stronger and more equitable partner relations, a reduction in violence against women and children and lifelong benefits for children.

The MenCare+ programme was a three-year, four-country (Brazil, Indonesia, Rwanda and South Africa) collaboration between Promundo and Rutgers, funded by the Dutch government. The “plus” in MenCare+ represented a targeted effort to bring expectant fathers and fathers of children under five years, into the health care system as active and positive participants in their own health, as well as in the health of their partners and children.

Working within the public health systems in each country, the MenCare+ programmes combine targeted work with couples based on a curriculum plus training of health providers, community campaigns and counselling for perpetrators of violence.

This brief focuses on the couples intervention that was implemented as part of the Rwanda programme Bandebereho (‘role models’ in kinyarwanda) and subjected to a rigorous impact evaluation. Bandebereho was implemented by the Rwanda Men’s Resource Center (RWAMREC). Group education sessions were conducted with fathers and expectant fathers and their partners on sexual and reproductive health and rights; maternal, newborn, and child health; gender equality; caregiving; joint decision-making and preventing intimate partner violence (IPV).



PROGRAMME CONTEXT

Despite recent improvements in maternal and reproductive health in Rwanda, there are ongoing challenges of inequitable gender relations, women's limited decision-making power and high levels of intimate partner violence. Recent national data shows that:

- Nearly all women attend at least one antenatal care visit (99%) and deliver in a health facility (91%);
- The maternal mortality ratio fell from 476 per 100,000 live births (2010) to 210 (2015);
- However, 19% of married women still report an unmet need for family planning;
- Women with limited household decision-making power are less likely to use contraceptives, and only 23% of Rwandan women are the primary decision-makers about their own health care;
- More than 20% of married women report having experienced physical or sexual violence from a partner in the past year.

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



PROGRAMME DESCRIPTION

Eligibility and recruitment

Eligible men were aged 21-35 years, married or cohabiting, expectant and/or fathers of children under-five years (based on self-reports), living within accessible distance of the meeting site, and were not previous Bandebereho participants.

The community volunteers facilitating the intervention worked with local community health workers to identify eligible men in each of 48 sites.

Small group sessions

The programme engaged men and their partners in participatory, small group sessions in three intervention cycles (each with 570–576 couples) to promote critical reflection and dialogue on inequitable gender norms, attitudes and behaviours in the home.

The meetings were facilitated by trained community volunteers who met weekly with the same group of 12 men/couples. During the intervention period, men attended 15 sessions (max. 45 hours) and their partners attended 8 sessions (max. 24 hours).

A number of sessions were co-facilitated by local nurses and police officers on pregnancy, family planning and local laws. The sessions were held in local schools and offices.

Men/couples who attended were provided with a transportation stipend of 2000 Rwandan francs (about US\$2.50) each per session.

Adaptation of the curriculum

The sessions were structured using a curriculum adapted from the Program P manual for engaging men in maternal and child health. Promundo and RWAMREC adapted the curriculum prior to the intervention over the course of 8 months (May 2013-January 2014).

This process involved participatory testing, rating and adaptation of activities from Program P, Programs H and M. It also involved feedback from participants, facilitators and external observers of a piloting workshop with couples, as well as a final review by the Ministry of Health/Rwanda Biomedical Center staff advisory group to improve alignment of health content/aims with national priorities.

Selection and training of facilitators

Facilitators were local male community volunteers, who were recruited from the pilot implementation of the programme – or identified by RWAMREC or local authorities – and had shown interest and facilitation skills. Facilitators met the same eligibility criteria as participants. In addition, they had to be literate in order to be able to use the manual. The volunteers went through a two-week training and were given material support and refresher trainings by RWAMREC staff, who also mentored the facilitators and monitored the implementation of the group sessions.

Retention

95% of participants in cycle 1 and 2 attended at least 14 out of the 15 sessions; for the evaluated 3rd cycle, men attended on average 14.1 of the 15 sessions and women 6.8 of the 8 sessions.



Overview of curriculum

Session	Session Objective
Gender Equality (men + women)	To create a space of trust and confidentiality. To discuss the differences between sex and gender and reflect on how gender norms influence the lives and relationships of women and men.
Becoming a father (men only)	To reflect on men's concerns about becoming a father and to discuss the benefits that being an involved father can bring to men's children, their partners and themselves.
Pregnancy (men + women)	To inform expectant fathers and mothers about the biological process of pregnancy, including what men can do to ensure the health of the mother and foetus during and after birth, and to address their concerns.
Supporting your pregnant partner (men + women)	To help men and women understand how men can support women during pregnancy and to discuss the role of men in accompanying their partners to antenatal care visits.
Birth (men + women)	To share ideas and experiences about the role of the father during birth and to prepare men to accompany their partners during delivery- including the importance of bonding with their new sons and daughters.
Family planning (men + women)	To reflect upon the benefits of family planning and the value of couple communication in this process and provide information on different contraceptive methods.
Caring for your baby (men only)	To learn about a baby's care needs and reflect upon men's capacity to satisfy these needs. To reflect on how gender stereotypes influence a father and mother's behaviour towards their children.
Our parents impact (men only)	To encourage men to reflect on their parents' influence on their own lives and reflect on the future they envision for their children- including how to use the positive influences and avoid the negative aspects so they do not repeat themselves.
Identifying Violence (men only)	To identify the different forms of violence that men perpetrate or that are committed against them and to become familiar with the different types of violence that exist.
Gender-based Violence (men only or men + women)	To identify the different forms of violence that men perpetrate or that are committed against them and to become familiar with the different types of violence that exist.
Resolving Conflict (men only)	To identify non-violent ways to resolve conflict and to reflect on the importance of strong relationships and social networks when facing difficult moments as fathers and husbands.
Alcohol and drug use (men only)	To encourage discussion about the risks and consequences of alcohol and drug abuse and how men can help each other in reducing the harm caused by drugs and alcohol.
Raising Children (men + women)	To make connections between the long-term goals fathers and mothers have for their children (ages 0-5) and how harsh discipline affects those goals.
Sharing responsibilities at home (men + women)	To reflect on how gender roles influence the distribution of care work within the household, and to encourage a more equitable distribution of childcare and housework between men and women. To promote discussion about household finances and help couples to develop a household budget.
Reflection (men only)	To reflect on the experiences participants have had in the group sessions. To make a commitment to be a more involved father.

THEORY OF CHANGE

The theory of change for the Bandebereho intervention was premised on sociological theories of gender and masculinities that highlight how gender inequalities are reproduced, sustained or transformed through everyday interactions in the home.

The intervention aimed to provide a structured space for intimate partners to:

- question and critically reflect on gender norms and how these shape their lives;
- rehearse equitable and non-violent attitudes and behaviours in a comfortable space with supportive peers;
- internalise these new gender attitudes and behaviours, and apply them in their own lives and relationships.

The underlying hypothesis was that if men and their female partners became more aware of inequalities, reflected on the costs of rigid norms, and learned and practiced new skills (e.g. couple communication and joint decision-making) in a safe, non-judgmental peer environment, this could lead to positive changes across a range of health and relationship behaviours.



Program P's Theory of Change Model

? LEARN

Through questioning and critically reflecting about gender norms, to develop new attitudes and skills.



REHEARSE

Attitude and behaviour changes, and new skills in safe environments of group educational sessions.



INTERNALIZE

New Gender attitudes and norms.



LIVE

gender-equitable, non-violent and healthy attitudes and behaviour in everyday life in a sustained way. This contributes to positive outcomes such as increased condom use and improved SRH and reduced STIs and HIV/AIDS, gender-based violence and gender equity itself.

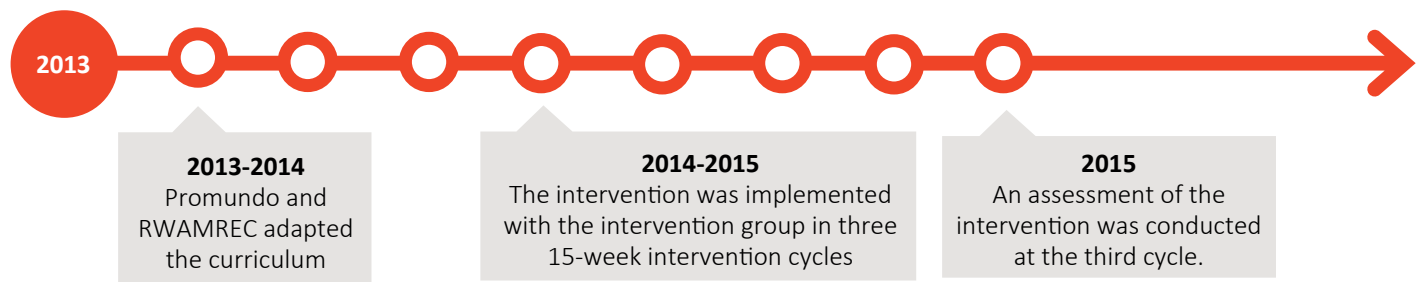


SUPPORTING INFLUENCES AND STRUCTURES

Peer groups, questioning and transforming gender norms together, role modeling of gender-equitable lifestyles, and taking action through advocacy in one's community and broader levels, institutions, structures, services and policies support these changes.



PROGRAMME TIMELINE



MONITORING AND EVALUATION

The programme was accompanied by a quantitative impact evaluation (two-arm multi-site randomised controlled trial) to evaluate the multiple outcomes of 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.

See the accompanying Study Summary on this programme <https://prevention-collaborative.org/category/evidence/study-summary/>

In addition, a monitoring and evaluation approach was employed by RWAMREC. This included routine tracking of participant attendance, regular supervision visits and check-ins and interviews and focus groups with facilitators and male and female participants.



PROGRAMMING LESSONS

- Ensure the intervention is gender-transformative: The results suggest that a focus on critical reflection and skills building around gender, power, relationships and parenthood are essential to the success of such interventions.
- Allow time for participatory adaptation: This process not only improved and made more relevant the specific content, but created buy-in and commitment from government, staff, and facilitators.
- The focus on relationship skills, in addition to gender attitudes, was an important aspect of the intervention. The sessions provided an opportunity for partners to collaborate and communicate in ways they didn't usually, and strengthened relationships.
- The positive focus on fatherhood provides an opportunity for openness to change and reflection on goals and roles in the family, as well as topics like IPV.
- It is important to support new attitudes and behaviours through building strong group cohesion as well as supportive service providers and policies.
- However, given persistently high rates of violence- both against women and against children- as well as no difference in women's time spent on caregiving following the intervention, further adaptation should be explored to improve these outcomes.

At the time of writing, RWAMREC, Promundo-US and the Ministry of Health/Rwanda Biomedical Center (MOH/RBC) are working together to scale up the intervention through community health workers.



SOURCE DOCUMENTS

Doyle K, Levto RG, 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)

RWAMREC (no date) Bandebereho Facilitators Manual: Engaging men as fathers in gender equality, maternal and child health, caregiving and violence prevention

ENDNOTES

- 1 National Institute of Statistics Rwanda (2016) Rwanda Demographic and Health Survey 2014–2015. Kigali, Rwanda: National Institute of Statistics of Rwanda.
- 2 <https://promundoglobal.org/programs/program-p/>
- 3 The full facilitator's manual can be downloaded at <http://prevention-collaborative.org/category/practice/curricula/>



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

Citation: The Prevention Collaborative (2019) Programme Summary: Bandebereho Couples' intervention to Promote Male Engagement in Rwanda

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