Transforming gender relations to promote child well-being: the experience of Program P/Bandeberaho in Rwanda

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WHY FATHERHOOD AND CAREGIVING?

Nowhere in the world do men an equal share of caregiving

Involved fathers contribute to cognitive, social, and emotional development, and reduced household poverty

Entry point

Modeling equality

www.men-care.org
LINKING ECD AND GENDER EQUALITY

Children’s home environments fundamentally shape their health, well-being, and development throughout their lives.
THE BANDEBEREHO INTERVENTION (PROGRAM P)

- Participatory, gender-transformative curriculum with 15 sessions for expectant and current parents of children 0 to 5
  - 7 sessions for men only
  - 8 sessions for couples
- Led by trained community facilitators
- Participants received a transport stipend (2000 francs/$2) per session
- On average, men attended 14.1 of 15 sessions, and women 6.8 of 8 sessions
- Government approved curriculum
CONTENT OF THE INTERVENTION

• Men’s roles as fathers and partners
• Couple communication and household decision-making, including budgeting
• Violence
• Substance use
• Child development
• Male involvement in reproductive and maternal health
• Gendered roles in the household
STUDY DESIGN

- Two-armed, multi-site randomized controlled trial
- 48 facilitators each recruited 25 eligible men (n=1199)
- Individuals randomized by data collection firm after baseline (n=624 control, 575 treatment)
- Technical Advisory Group
- Qualitative interviews with women, men, facilitators
FINDINGS: LOWER RATES OF INTIMATE PARTNER VIOLENCE

PERCENT WHO REPORTED PAST YEAR SEXUAL VIOLENCE:
- Control Group: 60%
- Treatment Group: 35%

PERCENT WHO REPORTED PAST YEAR PHYSICAL VIOLENCE:
- Control Group: 57%
- Treatment Group: 33%
FINDINGS: LOWER RATES OF VIOLENCE AGAINST CHILDREN

There is a 10 percentage point difference between treatment and control groups in the use of VAC.
FINDINGS: MEN SPENT MORE TIME ON CAREGIVING AND DOMESTIC TASKS

Men from the treatment group spend fifty-two minutes more per day on domestic tasks than men in the control group.

However, there is no difference between women in the intervention group vs. the control group.

Women – per day:
Treatment: 8 hrs 20 min.
Control: 8 hrs 20 min.

Men – per day:
Treatment: 2 hrs 16 min.
Control: 1 hr 24 min.
FINDINGS: PARENTS SPEND MORE TIME ON ACTIVITIES THAT PROMOTE CHILD DEVELOPMENT

- **Hours per day spent telling stories, singing, or playing with children (men’s reports)**
  - Control Group: 0.26
  - Intervention Group: 0.40

- **Hours per day teaching children something**
  - Control Group: 0.31
  - Intervention Group: 0.41
ONE INTERVENTION, MULTIPLE EFFECTS @ 21 months post-intervention

Compared to the control group, parents in the intervention reported:

**Protection against maltreatment**
- 40% reduction in violence against mothers
- Lower rates of men’s threats of violence against children
- 14% reduction in physical punishment of children
- Greater use of positive discipline
- Reduction in men’s alcohol use

**Enrichment & nurturing**
- 2.7 more hours of stimulating interaction by parents per week
- Greater father involvement in child care and house work
- Increased communication & shared decision-making

**Health & nutrition**
- Women more likely to attend prenatal visits
- Men more likely to accompany partner to prenatal visits
- Greater partner support during pregnancy
- Less maternal depression

Source: Doyle K et al. *PLOS One* 2018; 13(4): e0192756, and additional analysis.
OPPORTUNITIES FOR SCALE: RWANDA & BEYOND
Five keys to unlock the power of care

1. Improve laws and policies
2. Transform social and gender norms
3. Build the economic and physical security of families
4. Help couples and co-parents thrive together
5. Put individual fathers’ care into action
THANK YOU
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Please see full results at: Doyle K et al. *PLOS One* 2018; 13(4): e0192756