

REDUCING VIOLENCE AGAINST WOMEN AND GIRLS IN INDIA: LESSONS FROM THE DO KADAM PROGRAMME

In India, despite a range of policies and programmes focused on empowering and reducing violence against women, as many as one in four (29 percent) of married women aged 15–49 experienced physical or sexual violence within marriage in 2015–16 (NFHS-4, IIPS, 2017). A key challenge underlying the gap between policy and programme commitments and the reality of women's lives in the country is the dearth of evidence on what works and what does not work to change notions of masculinity and femininity, reverse norms at the community level that condone marital violence, and reduce women's experience of intimate partner violence.

The **Do Kadam Barabari Ki Ore** (Two Steps Towards Equality) programme aimed to fill this evidence gap. Do Kadam was implemented by the Population Council, the Centre for Catalyzing Change (C3), and the London School of Hygiene & Tropical Medicine, with support from the Department for International Development, UK. This brief gives a synopsis of the programme and discusses challenges in implementing and evaluating social sector programmes to reduce violence against women and girls.

Do Kadam Barabari Ki Ore

The Do Kadam Barabari Ki Ore programme¹ was implemented in two districts of Bihar, namely Nawada and Patna. It is one of the first attempts in India to bring together a suite of interventions that address different aspects of the problem of violence against women and girls. It sought, moreover, to expand existing evidence on what works to transform inequalitarian social norms about violence against women and girls. The four intervention projects included gender transformative life skill sessions, cricket sessions, gender transformative group learning sessions, and training sessions and were conducted within existing platforms and schemes of the

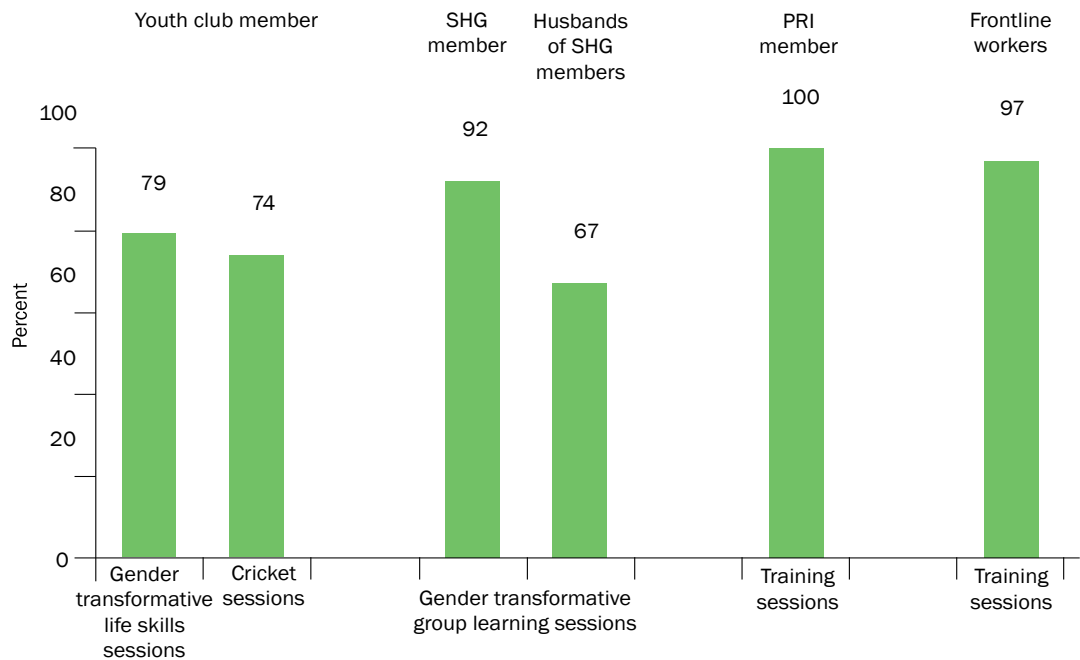


FINDINGS AT A GLANCE

1. All four interventions were considered acceptable by youth club members, women members of self-help groups and their husbands, and locally elected representatives (PRI members).
2. Individuals participated in the interventions were more likely to reject notions of men's right to perpetrate violence against women and girls (VAWGs) compared to those in comparison groups.
3. Exposure to the interventions was associated with an increase in action taken by target populations to stop incidents of VAWGs.

¹ The Do Kadam programme comprised four intervention projects and an assessment of support services for women in distress. This brief focuses on our experience with the four intervention projects.

FIGURE 1: Participation of youth club members, members of self-help groups (SHGs) and their husbands, locally elected representatives (PRI members), and frontline workers (FLWs) in selected intervention activities, endline survey and project monitoring data²



² Data pertaining to youth club members and SHG members and their husbands were drawn from the endline surveys, and those pertaining to PRI members and frontline workers were drawn from project monitoring data.

Government of Bihar (see Table 1 for a brief description of each project).

Acceptability and feasibility of the interventions

All four interventions were considered acceptable by the target populations. As shown in Figure 1, between two-thirds and all of the targeted groups in three of the four interventions—youth club members, women members of self-help groups and their husbands, and locally elected representatives (PRI members)—had participated in the intervention activities at least once. At in-depth interviews with frontline workers (FLWs), participants commented that the capacity-building associated with Do Kadam had reached all FLWs.

The majority of project participants, moreover, observed that they learned something new from the sessions of the Do Kadam programme as indicated in the narratives that follow.

Yes, I liked it a lot and had fun too. Because there we were taught about how to talk to people, how to live well in the home, to study well, to help in household chores, not to harass girls, to live in peace with everyone, and we were also taught about sports as well.... Whatever sessions I attended I liked it. [Youth club member, age 15, completed Class 7, ID6]

They taught us how to read and write, and about caring for our children...that we should live nicely in order to move forward. They talked about saving money in the group. They told us to treat girls and boys equally...to educate children, not to drink alcohol. They taught us that teasing and violence is wrong, and that women and men are equal, and so on. [SHG member, age 34, no formal education, ID10]

We were taken to the women’s police station, the women’s helpline, etc. I knew about them before but had never been to any such facility. So I visited these facilities for the first time because of this programme. I was very happy. [Locally elected male representative, age 43, completed a bachelor’s degree. ID14]

TABLE 1: Intervention projects implemented as part of the Do Kadam Barabari Ki Ore programme

Project	Target group	Primary objectives	Intervention activities, duration and delivery mechanism, and evaluation design
Gender transformative life skills education and sports coaching for boys and young men	<ul style="list-style-type: none"> Unmarried and married boys aged 13–21 who were members of youth clubs supported by NYKS, Ministry of Youth Affairs and Sports 15 clubs in 15 villages Patna district 	Promote egalitarian gender attitudes and abhorrence of violence against women and girls (VAWG) among boys	<ul style="list-style-type: none"> 42 gender transformative life skills sessions (one session weekly) delivered by peer mentors and supported by project staff 36 weekly cricket coaching sessions (one session weekly) delivered by peer mentors and supported by cricket coach 20 community-wide campaigns conducted by club members 18 months Cluster randomised trial, mixed methodology
Empowering women and addressing violence against women through self-help groups (SHGs)	<ul style="list-style-type: none"> Married women aged 18–49 who were members of SHGs supported by the Women Development Corporation, 140 SHGs in 28 villages Husbands of SHG members, 70 SHGs in 14 villages Other married men and women from the community, 140 SHGs in 28 villages Nawada district 	Promote egalitarian gender role attitudes and reduce the experience of marital violence among SHG members	<ul style="list-style-type: none"> For SHG members—24 gender transformative group learning sessions (one session fortnightly), delivered by peer mentors and supported by project staff For husbands of SHG members—12 gender transformative group learning sessions (one session monthly) delivered by project staff, and interactive voice response system messages For married men and women from the community—community-wide campaigns conducted by SHG members and husbands 12 months Cluster randomised trial, mixed methodology
Modifying behaviours and notions of masculinity through a programme led by locally elected representatives (PRI members)	<ul style="list-style-type: none"> Locally elected male and female representatives, 9 villages from 2 <i>panchayats</i> Married women aged 18–49 and men aged 18–54 from the community, 9 villages Patna district 	Train PRI members to promote egalitarian gender role attitudes, to reduce violence against women and girls, and to reduce alcohol abuse in their communities	<ul style="list-style-type: none"> For PRI members—one 3-day training workshop on gender, violence, and alcohol-abuse-related matters; 14 training sessions (one session fortnightly) conducted by project staff, and exposure visits to facilities providing services to women in distress For married men and women from the community—14 sensitisation sessions on gender, violence, and alcohol-abuse-related matters (one session fortnightly), and community-wide campaigns delivered by PRI members with the support of a local NGO 7 months Quasi-experimental design, mixed methodology
Screening and referring women experiencing marital violence by front-line workers (FLWs)	<ul style="list-style-type: none"> ASHAs, AWWs, and ANMs, 9 villages within a radius of 5–6 km of one primary health centre Married women aged 18–39 who were pregnant or with a child aged 0–5, Patna district 	FLWs to screen women for their experience of marital violence, inform them about their options in case of such an experience, and provide basic counselling and referral, as appropriate, to women reporting the experience	<ul style="list-style-type: none"> For FLWs—a 3-day training programme conducted by project staff and monthly meetings with project staff For women—screening for violence experience, basic counselling and referral by FLWs, and a brochure with details of services available Community-wide campaigns 6 months Pre-post design, mixed methodology

We were told about the ways through which we can recognise victims of violence. We were also told that the victim will not tell us her story completely in the first meeting.... I learned how to talk to them so that they reveal their experiences. Earlier we would just talk to them once and then leave the place, but now we know how to talk to them. [Accredited Social Health Activist, ID11]

Effectiveness of the interventions

Three of the four intervention projects—those focused on boys, SHG members, and elected representatives—achieved their aim to change the gender role attitudes of the target populations, including their notions about men’s perceived entitlement to control women and commit violence against them. For example, by the end of the projects:

- 72 percent of boys in intervention clubs compared to 60 percent of those in the control clubs said that a man has no right to beat his wife if she goes out without telling her husband.
- 60 percent of SHG members in the intervention arm believed that a man has no right to exercise control over what his wife does, compared to 44 percent of those in the control arm.

Findings were mixed regarding the experience and perpetration of violence against women and girls. The project for boys succeeded in reducing their perpetration of certain noncontact forms of violence. Exposure to the SHG project, likewise, succeeded in reducing SHG members’ experience of physical violence. The PRI project succeeded in reducing men’s alcohol abuse and displays of drunkenness. For example:

- 19 percent of SHG members in the intervention arm had experienced physical violence in the six months preceding the endline survey, compared to 26 of those in the control arm.
- While 38 percent of women in intervention villages served by PRI members exposed to the intervention had witnessed their husband drunk at least once a week in the period preceding the



baseline interview, this percentage fell to 18 at endline; in the control villages the decline was smaller, from 42 percent to 30 percent.

However, our projects did not succeed in reducing perpetration of contact forms of violence by boys, SHG members’ experience of emotional or sexual violence, or men’s controlling behavior and perpetration of violence on their wives, or women’s experience of marital violence in communities served by PRI members exposed to the intervention.

Findings from all four intervention projects confirm that exposure to our interventions was associated with an increase in action taken by target populations to stop incidents of violence against women and girls. For example:

- 40 percent of boys in the intervention clubs compared to 27 percent of those in control clubs reported that they had intervened to stop an incident of violence.
- While only 18 percent and 7 percent of women who had experienced physical and/or sexual violence had sought help from family and friends or a formal source of help, respectively, prior to the intervention, these percentages increased by endline to 50 percent and 23 percent among those who had disclosed their experience to an FLW.

Other effects were also observed. The intervention with SHG members showed that exposure to the project had succeeded in increasing SHG members' agency, financial literacy, access to peer networks, and social support in case of violence. The PRI project succeeded in improving marital relations of PRI representatives and enhancing both their own knowledge and that of the communities they served about services available for women who experience violence. Frontline workers expressed greater confidence in discussing violence-related matters with women.

Challenges in implementing and evaluating interventions to reduce violence against women and girls

The programme experienced a number of challenges, which are likely to be relevant for many social sector programmes aiming to change deeply entrenched gender power hierarchies, and especially those implemented within public sector programmes, with the goal of replication and upscaling.

Overcoming the lack of leadership skills of those delivering the intervention

The greatest challenge was in building the leadership skills of those expected to deliver the intervention at the community level. SHG members as well as PRI representatives and FLWs displayed uneven levels of fluency in reading and writing. Many PRI representatives and FLWs as well as peer mentors in the Nehru Yuvak Kendra Sangathan (NYKS) and SHG projects held the same traditional norms about masculinity and the acceptability of marital violence as did others in their community. Moreover, peer mentors from the NYKS clubs and SHGs, and even PRI representatives and FLWs, displayed considerable lack of confidence and skills in public speaking, in taking on social issues, and in organising and leading meetings and other public events.



Addressing the gap between expected responsibilities and activities of government programmes and on-the-ground reality

Delivering the intervention activities through government platforms required considerably more preparatory work and/or mid-course changes than originally intended, because there were large gaps between the expected responsibilities and activities of each platform and the ground reality. NYKS youth clubs, for example, are intended for boys and young men aged 13–35, yet the membership of NYKS clubs tends to concentrate on those aged 25 and above. Moreover, meetings of club members were held irregularly, and social issues were rarely addressed under the broader aims of the NYKS programme. Likewise, many SHGs do not adhere to the procedures laid out for group meetings and savings activities by the Federation of SHGs.



In the PRI project also, while gram panchayat and gram kachehri meetings are supposed to be held at regular intervals, several committees did not meet regularly, and when they met, many members, especially women, did not attend. Others, such as the Social Justice Committee, did not meet at all, and many representatives did not consider social issues a priority. Finally, while FLWs had regular contact with married women, gender-based violence is not covered in the pre-service training of anganwadi workers (AWWs) or auxiliary nurse-midwives (ANMs). While there is a special module in the training of accredited social health activists (ASHAs) that focuses on identifying and targeting women who are at risk of violence, it is not clear how many ASHAs have been exposed to this module.

Reaching men and boys and ensuring their regular attendance

A key challenge in the NYKS, SHG, and PRI interventions was in reaching men and boys and ensuring their regular attendance. While the NYKS intervention was hugely acceptable to boys, it was difficult to ensure regular attendance from them, since they are a mobile group with competing time commitments. In the SHG project, despite door-to-door outreach by programme staff and SHG members, husbands of several SHG members did not take part in the intervention, while some attended sessions irregularly. Many husbands had migrated away from their

village, others worked long hours, and still others did not prioritise the goals of the intervention. In the PRI intervention, it was a challenge to encourage regular attendance in the sensitisation sessions and to engage community members in sessions that discussed adoption of gender-equal attitudes and positive masculinity, reduction in alcohol consumption, and banning/closing of alcohol shops.

Reaching younger women

While there is a large need to reach recently married young women, reaching them proved challenging. The project with FLWs explicitly concentrated on providing services for them, but our findings reveal that many young women hesitated to disclose their experiences. In the SHG project, membership of many SHGs tended to exclude younger women, notably newlywed women, suggesting that a group that may be much in need of a group-based programme may remain unreachable.

Reaching communities at large

All four interventions aimed to influence communities at large through those directly targeted by the intervention—NYKS club members, SHG members and their husbands, and PRI representatives. Though meetings, street plays, competitions, public pledges, and other events were indeed held during each project, it is not clear whether they were able to saturate their communities or to engage audiences in discussion about violence-related norms and practices. We concede that the community-level activities we selected may not have attracted community members, and prior efforts may have been needed to identify the kinds of activities that might have appealed to communities.

Maintaining the fidelity of the intervention activities

When programmes are implemented within existing platforms and are to be delivered by individuals who may not have experience in delivering new ideas or familiarity with the subject matter, in particular, and experience in advocating for social change, more broadly, there will undoubtedly be intra-project

variation in the faithfulness with which curricula are imparted—for instance, in ensuring attendance, in maintaining uniformity in the coverage and quality of delivery of the curriculum in each session, and in encouraging group participation and discussion. In all four intervention projects, Do Kadam programme staff made efforts to attend sessions and events to ensure fidelity, but this was not always possible and such intensive engagement is clearly not feasible in an upscaled programme.

Documenting the intervention process

In our projects, process was documented in detailed reports of field visits made by programme staff. These reports also served to identify trouble spots and make mid-course changes, if required. However, we agree that this procedure did not permit a review of all projects at a common point in time and that we did not, during these visits, hold interviews with beneficiaries to better understand their perspectives and experiences. A more detailed process documentation procedure may consider more regular interactions with a few beneficiaries and programme implementers from each group or village, although this is an expensive and time-consuming proposition both for administration and for evaluation. As other interventions have undoubtedly found, data derived from routine monitoring and post-intervention surveys do not always yield similar insights about outputs—the regularity of attendance, for example. Indeed, in many instances, routine monitoring provided higher estimates of the regularity of attendance for project participants than did project participants' own assessment of their participation following the completion of the intervention.

Using longitudinal in-depth interviews to tell the story

To better understand effect, we opted to identify baseline survey respondents from each of our four intervention projects and interview them in depth before the intervention was initiated, midway through the intervention, and at its conclusion. While this approach was useful in identifying trajectories of change experienced by project participants, chal-



lenges, including loss to follow-up and contradictory narratives over successive interviews, made it difficult to interpret experiences.

Deciding the ideal length of intervention

Our interventions ranged from 6–7 months to about 12 months (effectively)—a span long enough to engage target populations and make a dent in norms and practices, but not so long as to risk dwindling interest and participation. In retrospect, was the duration of each intervention too short? Given the deeply entrenched gender norms and limited communication and negotiation skills, it is likely that a longer incubation period, in which leadership skills are fostered and delivery of the interventions is demonstrated in a hands-on manner, may offer a more compelling strategy for change.

Deciding when to upscale a pilot intervention

In our projects, while significant change is established, the magnitude of change—for example, in percentages reporting an attitude or practice and in the mean number of attitudes held or behaviours practised—may be small, sometimes even in the range of 5–10 percentage points. Conventional wisdom would argue that these are strong effects and markers of a successful intervention, but policymakers may question whether a statistically significant small effect warrants investment in an upscaled programme. This is an intractable issue affecting policy decisions arising from evaluations of interventions more generally, and more research and policy analysis are needed that would offer rigorous insights into preconditions for upscaling.

Programme and research recommendations

Recommendations arising from our experience in overcoming implementation challenges and from areas we believe require modifications and/or further investigation are detailed below.

- **Our experience calls for reflection about ways of strengthening the leadership skills of those delivering the interventions.** Should interventions for boys include a peer mentor who is somewhat older and commands more respect from boys than one who is their own age? Should the capacity-building period of those tasked with delivering the intervention be more intensive and take place over a longer period in order to build commitment to and skills in imparting the intervention, create greater self-confidence, and focus more attention on gender transformative education? Should all interventions include a substantial initial demonstration period in which programme staff play a more proactive role in imparting the intervention than those designated to impart the intervention and allow the latter to gain confidence and hands-on experience about imparting the intervention?
- **Programmes for men must be more strategic, incorporating exposure to changing norms and practices into the activities of men's pre-existing groups**—for example, through farmers' groups, men employed in a particular industry, and so on, or linked to employment, income generation, and/or savings opportunities.
- **Reaching communities at large calls for efforts to identify the kinds of activities that have appeal to them.** Perhaps single-sex events and/or events directed at different groups such as farmers or parents of school-going children, or addressing specific themes of interest, such as livelihoods opportunities and social sector programmes for which community members may be eligible, or venues where subgroups typically assemble, for example, meetings called by PRI members or members of various mandals or meetings held by FLWs for women with young children, would have been better entry points through which to approach the topic of inequalitarian gender roles and violence against women. Likewise, exposure to individuals in positions of authority—police, lawyers, helpline protection officers, as well as block-level and district-level authorities— may also provide greater credibility to the messages transmitted.
- **Maintaining the fidelity of the intervention calls for greater attention to the design and key elements of good process evaluation** along with attention to the links between process evaluation, routine monitoring exercises, and overall evaluation of the impact of programmes.
- **Attention needs to be paid to assessing the ideal duration of various interventions in different sociocultural contexts and identifying the preconditions for upscaling.**
- **Finally, although our projects have consistently shown success in making attitudes more egalitarian, much more research is needed** to better understand what works to transform social norms about gender roles and violence in inequalitarian settings such as Bihar, and the extent to which normative change is a necessary condition in changing behaviours.

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