MOMENTUM

Country and Global Leadership

Technical Brief

IMPLEMENTATION OF BANDEBEREHO (MA'AURATA ABUN KOYI/UTO EZI NA ULO) PARENTING INTERVENTION PROGRAM IN NIGERIA

BACKGROUND

There is significant evidence and increasing recognition that gender norms and inequalities influence maternal, newborn, and child health and family planning/reproductive health behaviors and outcomes. Some of these norms are linked to men's dominance in household decision-making, which means engaging men to promote

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reproductive, maternal, and child health is vital. Hence, MOMENTUM Country and Global Leadership (MOMENTUM) targeted newly wedded couples in Nigeria to transform harmful gender norms, using fatherhood as an entry point to build healthier couple relations and promote men's caregiving.[1]

In 2022, with funding from USAID, the MOMENTUM Nigeria Violence Against Women and Girls project adapted the Bandebereho ("role model" in Kinyarwanda) program, first piloted in Rwanda,[2] to engage Nigerian couples to enhance communication and positive parenting.

PROGRAM IMPLEMENTATION

CONTEXTUAL ADAPTATION

MOMENTUM's six local implementing partners, in collaboration with community members and government stakeholders, adapted the 17-session Bandebereho curriculum to the Nigerian context and ended up with 18 sessions (see Table 1). The adaptation process involved assembling an adaptation committee, using the Bandebereho Adaptation Worksheet to create a draft, and reviewing and piloting the adapted curriculum before finalization. In Sokoto, the program was called Ma'aurata Abun Koyi ("couples as role model") and in Ebonyi State it was called Uto Ezi Na Ulo ("sweet home"). MOMENTUM adapted and integrated some sessions focused on gender equitable attitudes and the use of power from similar gender transformative approaches, also being implemented by MOMENTUM, named SASA![3] and Choices, Voices, Promises. In Ebonyi, joint sessions for men and women were retained, topics related to alcohol were retained, and drug use awareness was added because discussion of these topics is culturally permissible. In Sokoto, separate sessions for men and women were designed and topics on alcohol were replaced with drug use awareness sessions because alcohol is prohibited in the locality.

TABLE 1: PARENTING INTERVENTION SESSION

Session 1	Welcome for Men and Women
Session 2	Our Roles in Society for Men and Women
Session 3	Being a Father for Men Only
Session 4	A Healthy Pregnancy for Men and Women
Session 5	Fathers Supporting a Healthy Pregnancy-for Men and Women
Session 6	Preparing for Childbirth Men and Women
Session 7	Fathers Can Care for Babies for Men Only
Session 8	Family Planning for Men and Women
Session 9	Our Parents' Impact for Men and Women
Session 10	Sharing the Care Work for Men and Women
Session 11	Power for Men and Women
Session 12	Identifying Violence for Men Only
Session 13	Breaking the Cycle of Violence for Men and Women
Session 14	Working Together as a Team for Men and Women
Session 15	Resolving Conflict for Men and Women
Session 16	Alcohol/Drug Use for Men and Women Only
Session 17	Raising Children for Men and Women
Session 18	Final Reflections and Recommendations for Men and Women

[1] Alemann, Clara, Garg, Aapta, Vlahovicova, Kristina. "The role of fathers in Parenting for gender equality." Conference Paper for Expert Group Meeting on Families in Development: Focus on Modalities for IYF+30, Parenting Education and the Impact of COVID-19. June 2020. https://www.researchgate.net/publication/342571319

[2] Doyle, Kate, et al. 2023. "Long-term impacts of the Bandebereho programme on violence against women and children, maternal health seeking, and couple relations in Rwanda: a six-year follow-up of a randomised controlled trial." eClinicalMedicine 64(sup1): 102233. https://doi.org/10. 1016/j.eclinm.2023.102233

[3] Raising Voices. SASA! Together: An activist approach for preventing violence against women. Kampala, Uganda. 2020.

RECRUITMENT AND TRAINING OF FACILITATORS AND SESSION PARTICIPANTS

The local partners selected 18 community health workers who met the eligibility criteria and volunteered to serve as facilitators. Criteria included being a community health worker residing in the community, who is respected, unbiased, respectful of the confidentiality of participants, and will not pressure men/couples to participate in the sessions. They were trained and paired in teams comprised of one female and one male. Having a female and a male facilitator allows for separate, single-sex sessions and/or separate single-sex discussions to occur within a group session. The 18 facilitators were trained over a five-day period on how to engage expectant couples and parents of young children to reflect on gender and social norms for women and men, and the impact it has on their roles as parents and partners. The Bandebereho curriculum was used to guide the training. Subsequently, 96 couples across both states were recruited and participated in Ma'aurata Abun Koyi (Hausa) and Uto Ezi Na Ulo (Igbo) Bandebereho sessions. (See Box 1 for criteria for couple selection).

Box 1: Participant Selection and Inclusion Criteria

Couples (husband and wife) had to be between 18–35 years of age, in a monogamous family, recently married, and with a child less than five years or planning to become parents. Male partners had to accept to participate in all 18 sessions (maximum two hours per week) over a period of 18 weeks. Male/female partners had to give consent for participation and reside in the community (within accessible distance to meeting venue).
For couples in which the wife was already pregnant, only women who were in their first or second trimester were invited to participate.

SESSION ROLLOUT AND MONITORING AND EVALUATION

The 96 couples participated in 18 small group sessions of critical reflection, discussion, and skill building in eight communities of Ebonyi and Sokoto States between November 2023 and February 2024. Project staff ensured fidelity to the intervention through biweekly supportive supervisory visits and using pre- and post-test assessments to evaluate outputs of the reflection sessions.

PROGRAM RESULTS

Some of the outputs of the intervention implemented between November 2023 and March 2024 as gathered through the reflection sessions with participants include: improvement of men's attitudes toward gender and violence, positive changes in men's relationships with their partners and children, and men's responsive caregiving in reproductive and maternal health of their partners.

To further explore the results of the intervention, we conducted the most significant change methodology in March 2024, toward the end of the implementation period, which highlighted the visibility of men accompanying their partners to the health center for antenatal care or for other health care. In Sokoto, the team noted that it is normally very rare to see a man accompanying his partner to the health center or being involved in women's health in any way. The visibility of these changes has made other couples in the community indicate interest in participating in the program. The team also found that change was even visible from sessions 3–7 of the Bandebereho curriculum, when participants began questioning the traditional roles within the home and the culture. Men are now holding babies or changing diapers and saying it is what they need to do to support their partners and family. While the discussion was awkward at first, some participants were of the view that when couples support each other, "the home is sweeter." This was similar to the findings in Ebonyi, where women emphasized that they are happy with the changes that are occurring and are excited about how their husbands are engaging more in household chores.

Normally, women are expected to take on all the childcare and household chores, and even when pregnant are expected to do everything.

> *"Before I joined Uto Ezi Na Ulo session in my community, I never thought family budgeting would help me live peacefully and happier with my wife. After participating in the session titled Family Budgeting and Planning, I tried it for the first time with my wife. It worked and even helped me to save some money for my other family needs. Knowing the benefits, I must make it a routine activity in my family; we now make daily and weekly budgets for all activities in my family. This is working wonders for my family."*
>
> ***— Umuogharra Community, Ezza North LGA (Story Title: Benefits of Family Budgeting)***

> *"Before now, whenever I was pregnant, I had never been supported by my husband. We had never prepared for birth and antenatal care. I am presently pregnant, and my husband has purchased all I need to deliver and give birth, he supports me for antenatal services, takes care of our children and family needs as well. This program has strengthened our family communication, love, care, and support. I appreciate the organizers of the program for coming to our aid."*
>
> ***— Nkaleke Echara Ndiebor Community, Ebonyi (Story Title: Birth Preparedness: Support by Husband)***

> *"Before now, I did not see it as a duty to share ideas together with my wife or even help her with the domestic chores in the house. I lost this connection with my wife and children; this program made me realize that I have been defaulting in my duty as a husband. I denied my family basic affection and commitment. More also, prior to this program, I had wanted to take a second wife as a result of disconnect and lack of understanding between myself and my wife. Whilst I was nurturing the thought, this program came and after being part of its several educative sessions, I decided to amend our differences, love my wife, we talk a lot, share ideas and I involved her in family decisions, which I no longer take alone. We now have a better understanding between us and the thought of taking a second wife gradually diminished."*
>
> ***— Illela Community, Sokoto State (Story Title: Being an Involved and Supportive Partner)***

> *"Before the intervention of Ma'aurata Abun Koyi, we were good at entertaining our neighbors through physical violence, particularly fighting and abuse. I beat my wife at any slight provocation, and she talked back at me without regard. When we had a discussion about gender-based violence, I felt guilty for how I treated my wife. I made up my mind to turn over a new leaf. I won't beat my wife again; instead, I call her attention and we would sit down and sort things out, we do chores together and neighbors are surprised at the peace in our home. Some couldn't bear it and came to ask us why we no longer fight, and we told them Ma'aurata Abun Koyi has benefited us by restoring peace in our home."* ***— Male participant, Sokoto***

Figures 1 and 2 show remarkable improvement from the couples' responses between pre-intervention and post-intervention across the two states.

FIGURE 1: PROPORTION OF RESPONDENTS WHO NEVER DISCUSSED SPACING OF PREGNANCY, CONTRACEPTIVE USE AND ANC

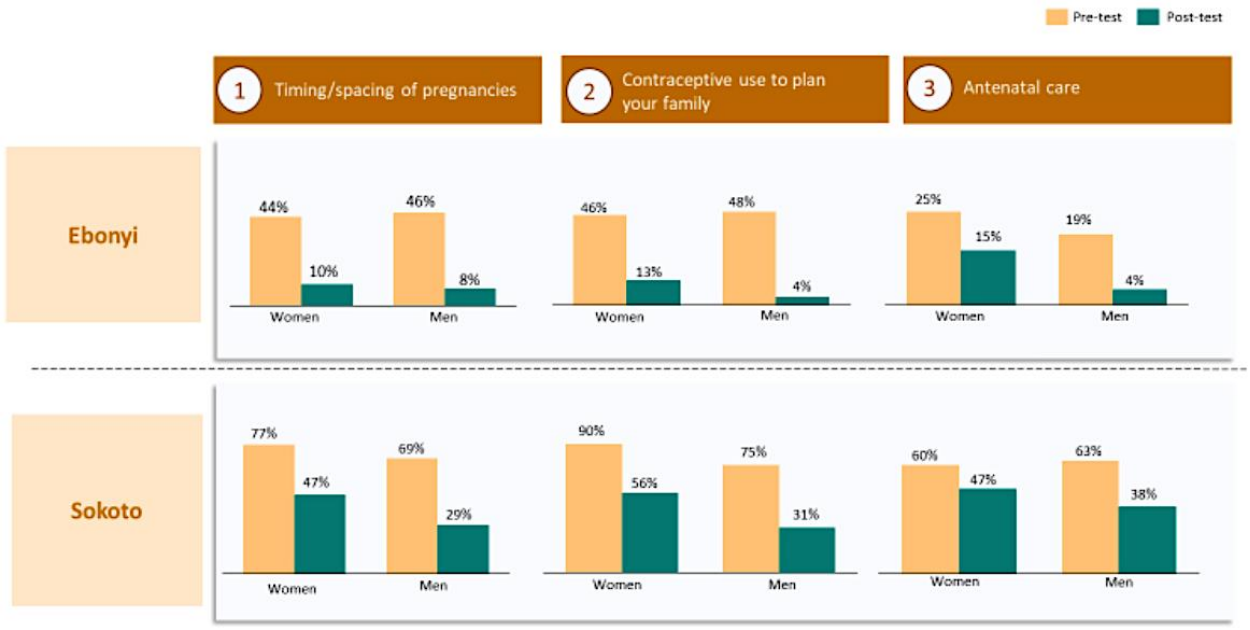
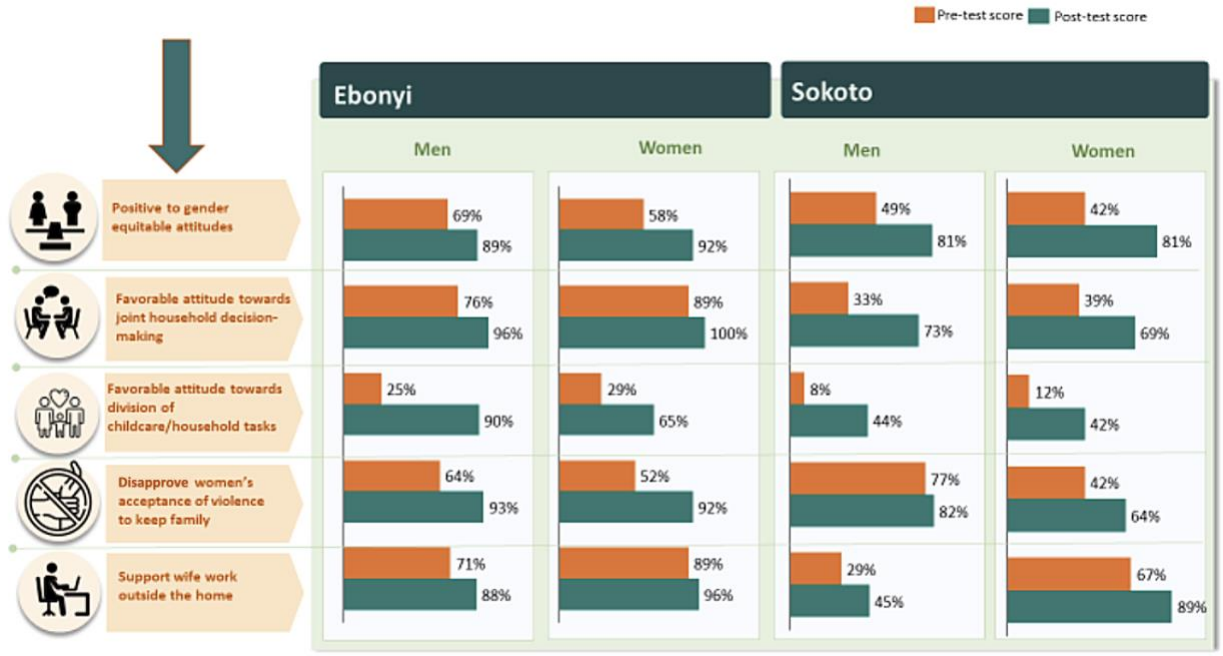


FIGURE 2: PROPORTION OF RESPONDENTS WHO DEMONSTRATED GENDER-EQUITABLE ATTITUDES/BEHAVIORS



LESSONS LEARNED

- Feedback from participants in the two states clearly indicates that this activity is one of the best gender-based violence prevention interventions they have experienced because of the rich content and topics covered in the curriculum. They cited example with the five-year Spotlight Initiative project—a global partnership between European Union and United Nations to eliminate all forms of violence against women and girls—as one of the gender-based violence interventions they have experienced in the past, but the MOMENTUM intervention was more targeted and audience-specific (e.g., couples).
- The adaptation showed variation between the two contexts of Sokoto and Ebonyi. Hence, contextual adaptation of the intervention should always be prioritized.
- Selection of facilitators who reside in the community and have knowledge of health content facilitated acceptance of the intervention, reduced cost, and is a key step toward sustainability of the intervention.
- The use of culturally appropriate names for the program entices couples to attend and practice the new positive behaviors as the couples that participated in the sessions were seen as role models.
- The opportunity to leverage materials from other existing program intervention (e.g., SASA! Together Power poster; Choices, Voices, Promises posters; visual aid from voices video clip; and the translated simplified Violence Against Persons Prohibition Law) were seen as innovations that further enriched the depth and quality of the reflection and discussion sessions. In Ebonyi State, the opportunity to leverage marriage counseling sessions held in churches provided an avenue to integrate some selected sessions, contributing to the program's sustainability.
- Reflections with the couples showed there are some positive norms shifting from certain predominant behaviors to a healthier and more equitable relationship among couples. For example, one female participant in Sokoto said that some women already initiate a family planning method before marriage to enable the family to recover from the financial expenses incurred during the wedding before the arrival of the first child.

RECOMMENDATIONS

- State and local government area health management teams should integrate couples' communication program sessions such as Bandebereho in primary health care outreach services.
- Deliberate efforts should be made to ensure that couples with disabilities are also recruited for the intervention.
- The Bandebereho intervention curriculum should consider tailoring the package to address the needs of couples in polygamous relationships, including strengthening caregiving and positive parenting skills for those specifically in polygamous families. A separate session could be organized for those in polygamous relationships.

CONCLUSION

In conclusion, the results of the sessions demonstrated positive and improved communication on equitable couple relations and caregiving, maternal health seeking, use of family planning, and parenting practices. Facilitators' and participants' feedback suggests that the improved couple communication resulting from this intervention will bring about changes in couples' relations and parenting practices and also reduce men's coercion over women's reproductive decisions.

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