



PROGRAMME SUMMARY

The Do Kadam Barabari Ki Ore (Two Steps Towards Equality) Programme to Prevent Violence Against Women in Bihar, India

PROGRAMME AT A GLANCE

The Do Kadam Barabari Ki Ore (Two Steps Towards Equality) Programme was implemented to better understand what works to prevent violence against women (VAW) in the context of Bihar, India. It aimed to prevent violence through raising awareness about women's rights, changing traditional notions of masculinity and female subordination, promoting women's agency, building support systems to help women at risk of violence, and preventing incidences of violence within participants' immediate environment.

The programme consisted of four interventions involving married women and men, young men and boys, elected representatives, frontline health workers, and communities. The four interventions were comprised of a range of activities catering to the specific needs and interests of the target groups. These included weekly gender transformative life skills sessions to train locally elected representatives and frontline health workers, cricket coaching for boys and financial literacy and livelihoods training for women.

BACKGROUND

In India, the most recent data (2015/16) shows that 29 percent¹ of ever-married women (age 15-49) have experienced physical or sexual violence within marriage in their lifetime. However, there is limited evidence on what works to prevent intimate partner violence (IPV) in India. In this context, the Do Kadam Barabari Ki Ore (Two Steps Towards Equality) intervention was launched in Bihar to target the following factors that were shown by different studies to contribute to IPV:²

- Attitudes justifying unequal gender roles and VAW, including norms linking male honour to female purity, a reluctance to share intimate family matters outside the home, and reticence to get involved in other people's cases of marital violence;

- Men's sense of entitlement to perpetrate violence, poor spousal communication, and unequal power in decision-making at home;
- Women's lack of social support, agency, access to resources and participation in groups.

Incorporating evidence-based best practices from India and globally, the Two Steps intervention was implemented by the Population Council, together with partners, the Centre for Catalysing Change and the London School of Hygiene and Tropical Medicine (LSHTM), to better understand what works to prevent violence against women and girls (VAWG) in Bihar, India.



CONTEXT OF BIHAR

- The state of Bihar is one of the poorest states with 34 percent³ of the population estimated to be living below the poverty line (2011–2012), and with high numbers of disadvantaged castes. It is one of India’s least developed states, with limited access to essential services and resources.
- Bihar records the highest incidences of women experiencing IPV in India. According to the most recent national survey (2015–2016), 45 percent of ever-married women (15–49 years of age) in Bihar reported experiences of spousal emotional, physical or sexual violence in their lifetime—with 41 percent of women reporting experiences of physical violence.⁴ In the previous 2005–2006 national survey (conducted before the intervention), emotional, physical, sexual IPV among women in Bihar was 61 percent—with 56 percent of women have experienced physical violence.⁵
- There are low levels of female literacy, limited female agency and a high prevalence of gender inequalitarian attitudes that condone the perpetration of violence against women in marriage—In 2015–2016 national survey, 53 percent women and 38 percent men justified wife beating.⁶ 57 percent of women and men alike justified wife beating in the 2005–2006 national survey (conducted prior to the intervention).⁷
- There are a number of initiatives to address VAW implemented by state and national governments. These violence prevention initiatives are integrated into programmes such as health and family welfare, women and child development, or local self-government.



PROGRAMME DESCRIPTION

Two Steps Towards Equality aimed to prevent violence against women (VAW) through raising awareness about women’s rights, changing traditional notions of masculinity and female subordination, promoting women’s agency, building support systems to help women at risk of violence, and preventing incidences of violence within the participants’ immediate environment.

It consisted of four interventions variously involving married women and men, young men and boys, elected representatives, frontline health workers and communities.

The four interventions were implemented in the districts Nawada and Patna in Bihar, and were developed and implemented independently of one another, in different geographic areas, with no overlap.

Even though all interventions had common themes, each intervention adopted specific approaches, curricula and activities catering to the needs and interests of the different target groups.

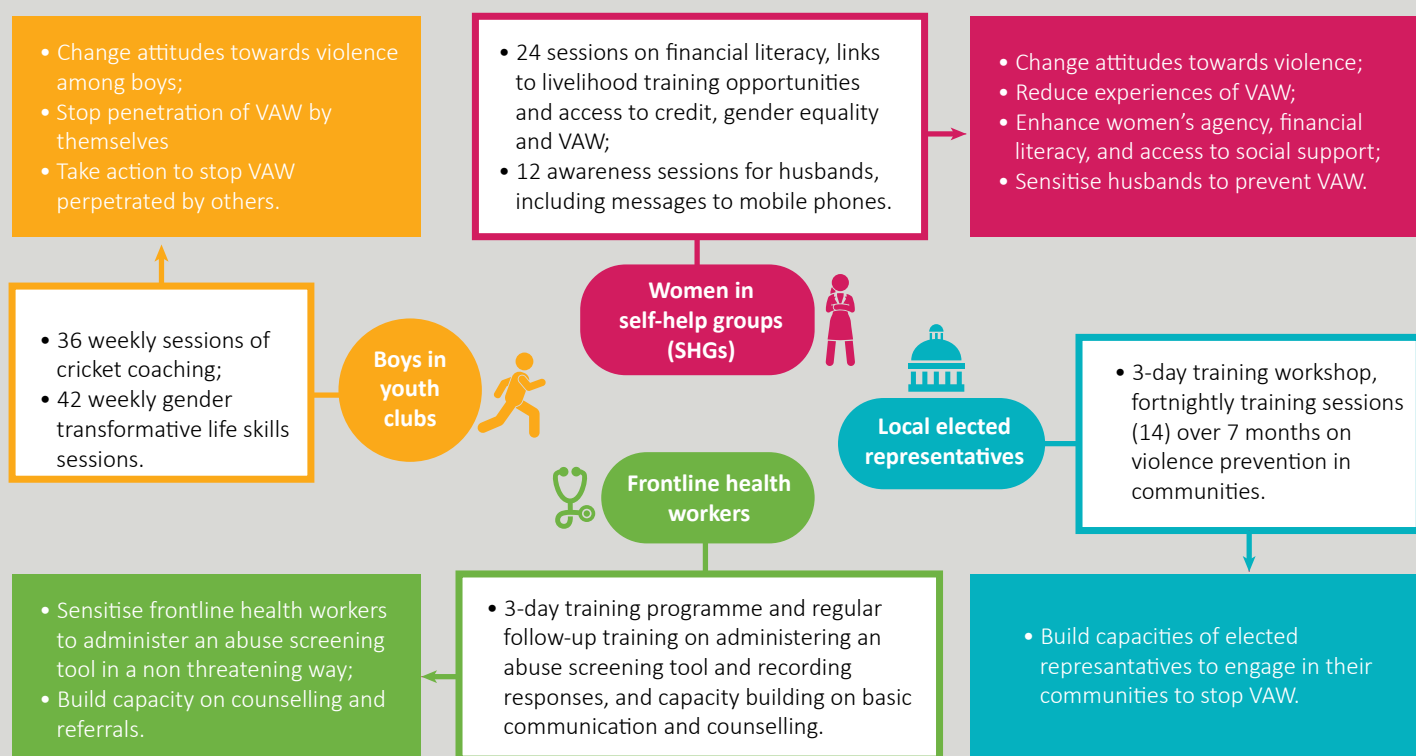
Each of these projects were implemented on a government platform between 2012 and 2016, and required the cooperation of various departments of the Government of Bihar.



Overview of the Four Interventions

Intervention	What	Who	How
Working with adolescent boys and young men (BOYS)	<p>Aimed to:</p> <ul style="list-style-type: none"> • promote egalitarian gender attitudes and abhorrence of VAW; • prevent men and boys perpetrating violence themselves; • encourage them to stop incidences of violence within their environment. 	<ul style="list-style-type: none"> • Boys and young men aged 13–21, who were members of 15 youth clubs supported by the Nehru Yuva Kendra Sangathan (NYKS) programme⁸ of the Ministry of Youth Affairs and Sports. 	<ul style="list-style-type: none"> • 42 weekly gender transformative life skills sessions; • 36 weekly sessions of cricket coaching; • Community events including league matches. <p>Delivered by two trained peer mentors per club, supported by project staff and cricket coach.</p>
Working with women’s self-help empowerment groups (SHGs)	<p>Aimed to:</p> <ul style="list-style-type: none"> • promote egalitarian gender attitudes and reduce the experience of marital violence among SHG members; • enhance their agency, financial literacy, and access to social support; • sensitise husbands about gender, power relations and the need to embrace more gender egalitarian marital relations; • strengthen village-level SHGs and empower SHG members and husbands to undertake community-level prevention and support activities. 	<ul style="list-style-type: none"> • Married SHG members aged 18–49 of 140 SHGs, supported by the Women Development Corporation, in 28 villages in Nawada district; • Husbands of SHG members in 70 SHGs in 14 of these villages; • Community members in the 28 villages. 	<ul style="list-style-type: none"> • 24 sessions, delivered fortnightly to SHG members on financial literacy, links to livelihood training opportunities and access to credit, gender discrimination, notions of masculinity, and the unacceptability of VAWG; • 12 sessions delivered monthly to husbands and messages delivered to husbands’ phones; • Community-wide activities, including street plays. <p>Work with SHG members was delivered by peer mentors drawn from the SHGs supported by project staff. Project staff delivered sessions for husbands.</p>
Training locally elected Panchayati Raj representatives (PRI)	<p>Aimed to:</p> <ul style="list-style-type: none"> • empower locally elected representatives to make efforts to reduce VAWG, and alcohol abuse in their communities; • build their capacity to engage their communities on these issues. 	<ul style="list-style-type: none"> • Locally elected representatives—members of Gram Panchayats and Gram Kachehris of nine villages from two panchayats of one block in Patna district, under Panchayati Raj Institutions Department. • Married women aged 18–49 and married men aged 18–49 in these nine villages. 	<ul style="list-style-type: none"> • Panchayati Raj Institutions level: 3-day training workshop, fortnightly training sessions (14) over seven months to PRI members; • Community level: Following training, PRI representatives, with project support: (a) held sensitisation sessions in their wards to build awareness among community members on issues addressed during the training; and (b) community-wide campaigns and events, including street theatre, on ending gender discrimination, VAWG, and alcohol abuse. <p>Capacity building of PRI members delivered by project staff; Local NGO as coordinator; PRIs delivered intervention with support from local NGO.</p>

<p>Training frontline health workers (FLWs)</p>	<ul style="list-style-type: none"> • Sensitised and trained frontline health workers (FLWs) on how to administer the Abuse Assessment Screen, a screening tool, in a non-threatening way. • In routine home visits, FLW then used the tool and provided basic counselling, support, and referral as appropriate. 	<ul style="list-style-type: none"> • FLWs from nine villages located within a radius of 5–6 km of one primary health centre in one block in Patna district, Health and Family Welfare Department and the ICDS, Department of Social Welfare • Married women aged 18–39, pregnant or with at least one child aged 0–5. 	<ul style="list-style-type: none"> • FLWs delivered intervention with support from project staff. 3-day training programme and regular follow-up training sessions for FLW on: <ul style="list-style-type: none"> - women’s rights, the unacceptability of marital violence, and services available for women in distress; - familiarisation with a screening tool, namely the Abuse Assessment Screen and how to administer it in a non-threatening way and record responses; and - capacity building on basic communication and counselling skills. • Community events held over 7 months in the form of street plays, to sensitise communities more generally about women’s rights and services for women who experience violence.
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MONITORING AND EVALUATION

In addition to the cluster randomised controlled trials detailed in the accompanying study summaries, a process evaluation was conducted throughout the programme comprising of several elements: (a) monthly monitoring reports on the reach of project activities; (b) monthly participatory observation visits in which principal investigators observed activities and discussed their

observations with those delivering the intervention and those exposed to it; (c) longitudinal in-depth interviews with selected participants prior to the intervention, midway through and at the end of the intervention (BOYS, SHGs), or at two points (early in the intervention and at the end of the intervention) (PRI, FLWs).



PROGRAMMING LESSONS

Elements of the programme that produced change

- The process evaluation revealed that incorporating components that are of specific interest to particular target groups contributed to the programme's success through meeting participants' needs, encouraging attendance, and instilling changes in attitudes and practices.
- In the in-depth interviews, participants highlighted that the curricula and other activities had provided them with the skills and information to respond and prevent VAW.
- The findings of the process evaluation highlighted the importance of equipping those in authority (i.e. elected representatives and frontline health workers) to prevent violence in communities, enabling greater interactions between these change agents and the communities they work with.

Factors that inhibited programme's success

- The programme was implemented in a gender inequalitarian setting in which communities gave little priority to addressing VAW. Therefore, the programme could not have an exclusive focus on addressing VAW. Even-though there were strategic interventions targeting the interests of the population such as sports, financial literacy, etc., changing gender inequality remained slow and challenging.
- Programme implementation through existing platforms, such as governmental bodies, was challenging as the programme staff did not have the full control over implementation of the project, especially given that addressing VAW was not a priority for those platforms.

- The provision of referral services to women in need was less successful, largely because the available services were insufficient and inaccessible.
- Building leadership skills of those expected to deliver the intervention at the community level was a major challenge due to issues such as uneven levels of literacy, limited skills in presentation and public speaking, organising and leading meetings, making it difficult to fully implement the curricula and activities.
- There were also barriers to reach men and boys and younger women, posing challenges to achieve full participation as expected. Barriers to reach men and boys included, competing time commitments with work and studies, and commuting long distances to schools, colleges or places of work outside their village. Reaching recently married young women and girls was a challenge because they were particularly secluded within the home.
- It was challenging to maintain the fidelity of the intervention activities in terms of regular attendance, maintaining uniformity, in the coverage and quality of delivery of the curriculum, and encouraging group participation and discussion.
- The four interventions were carried out for a limited period of 6 to 12 months. There may have been greater changes in attitudes and practices if they were implemented over a longer period.





SOURCE DOCUMENTS

Jejeebhoy, S.J & Santhya, K.G. (2018) Preventing Violence Against Women and Girls in Bihar: Challenges for Implementation and Evaluation. *Reproductive Health Matters*, 26(52), pp.92-108.

Jejeebhoy, S.J., Acharya, R., Pandey, N., et al. (2017). The Effect of a Gender Transformative Life Skills Education and Sports Coaching Programme on the Attitudes and Practices of Adolescent Boys and Young Men in Bihar. New Delhi: Population Council.

Jejeebhoy, S.J., Santhya, K.G., Acharya, R., et al. (2017). Empowering Women and Addressing Violence Against Them Through Self-help Groups (SHGs). New Delhi: Population Council.

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ENDNOTES

- 1 International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India. Mumbai: IIPS.
- 2 Heise, L. (2011). What Works to Prevent Partner Violence? An Evidence Overview. Report for the UK Department for International Development.
- 3 Planning Commission. (2013). Press Note on Poverty Estimates, 2011–12.
- 4 International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India. Mumbai: IIPS.
- 5 International Institute for Population Sciences (IIPS) and Macro International. (2007). National Family Health Survey (NFHS-3), 2005–06: India. Mumbai: IIPS.
- 6 International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India. Mumbai: IIPS.
- 7 International Institute for Population Sciences (IIPS) and Macro International. (2007). National Family Health Survey (NFHS-3), 2005–06: India. Mumbai: IIPS.
- 8 NYKS is the largest grassroots level youth organisation in India that engages youth in nation building and providing opportunities for their personal development and skills. See NYKS website (www.nyks.nic.in).



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.

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