



Programme Summary

Unite for a Better Life, Ethiopia

Programme at a glance

The Unite for a Better Life (UBL) programme was developed to prevent and reduce intimate partner violence (IPV) and HIV transmission in rural communities in southwestern Ethiopia. The programme includes three gender transformative curricula: Women's UBL, Men's UBL and Couples' UBL. The programme utilises the Ethiopian coffee ceremony to deliver a series of group-based sessions that address various root causes of IPV by challenging gender stereotypes and unequal roles in the home, and promoting gender-equitable attitudes and behaviours. A cluster randomised controlled trial (cRCT) found that Men's UBL was effective in reducing men's perpetration of past-year sexual IPV, and past-year physical and/or sexual IPV, as well as women's experience of past-year physical and/or sexual IPV. All three program versions had positive impacts on a range of other outcomes including HIV risk behaviours, household task-sharing and joint decision-making. **These findings demonstrate how culturally relevant community-based interventions can be an effective avenue for reducing IPV by transforming underlying attitudes, beliefs and norms.**

Background

IPV is a pervasive problem in Ethiopia and has serious consequences for women's safety, health and wellbeing – including increased vulnerability to HIV. IPV and HIV are interlinked in multiple ways. Direct linkages include transmission of HIV through sexual violence and rape, and violence as an outcome of HIV disclosure or status.¹ Indirect pathways include that IPV may increase women's risk taking behaviour, and lead to a reduced ability to adopt protective behaviours such as negotiating condom use and safer sex.² UBL was developed to address the intersecting challenges of IPV and HIV in the context of rural Ethiopia.

UBL was developed between 2012 and 2015 by researchers and practitioners at Abdul Latif Jameel Poverty Action Lab (J-PAL), Ethiopian Public Health Association, Addis Ababa University, and EngenderHealth, and tested in a cRCT between 2014 and 2018. Since then, the original intervention has been adapted for a [humanitarian setting](#) where it was piloted among a Somali refugee population in Bokolmayo refugee camp in Dollo Ado, Ethiopia between 2016 and 2018.

In addition, a [podcast-based adaptation](#) of the UBL intervention, where the content is delivered via a series of episodes containing dramas, interviews and debates has been developed and piloted, in order to expand the programme to hard-to-reach populations in both development and humanitarian settings, and when in-person group-based sessions may not be possible.

Programme context

Ethiopia's 2016 Demographic Health Survey (DHS) found that 34% of ever-married women aged 15-49 have experienced physical, sexual, or emotional violence from a spouse in their lifetime³ and 27% of ever-married women reported experiencing any form of spousal violence in the past year. All forms of IPV are more prevalent in rural than in urban areas.⁴ The 2016 DHS further explored women's ability to negotiate sexual relations and safer sex with their spouse. 42% of married women in rural areas said that they can say no to their husband if they do not want to have sex, and 55% believed that a woman has the right to ask her husband to use a condom if he has a sexually transmitted infection (STI), while only 24% said that they can ask their husband to use a condom.⁵

PROGRAMME SUMMARY

Programme description

UBL is a social norms and behaviour change intervention that uses cultural ceremonies as a platform to deliver a gender transformative curriculum to groups of women, men, and couples in heterosexual relationships.

In rural Ethiopia, UBL was implemented in the southwestern districts of Meskan and Mareko and Silte and Sodo. Each version of UBL (Men's UBL, Women's UBL or Couples' UBL) was implemented in 16 villages. Approximately 85 households were randomly selected per village (about 10% of a village's population) to participate in the program. The programme directly engaged almost 4,800 people.

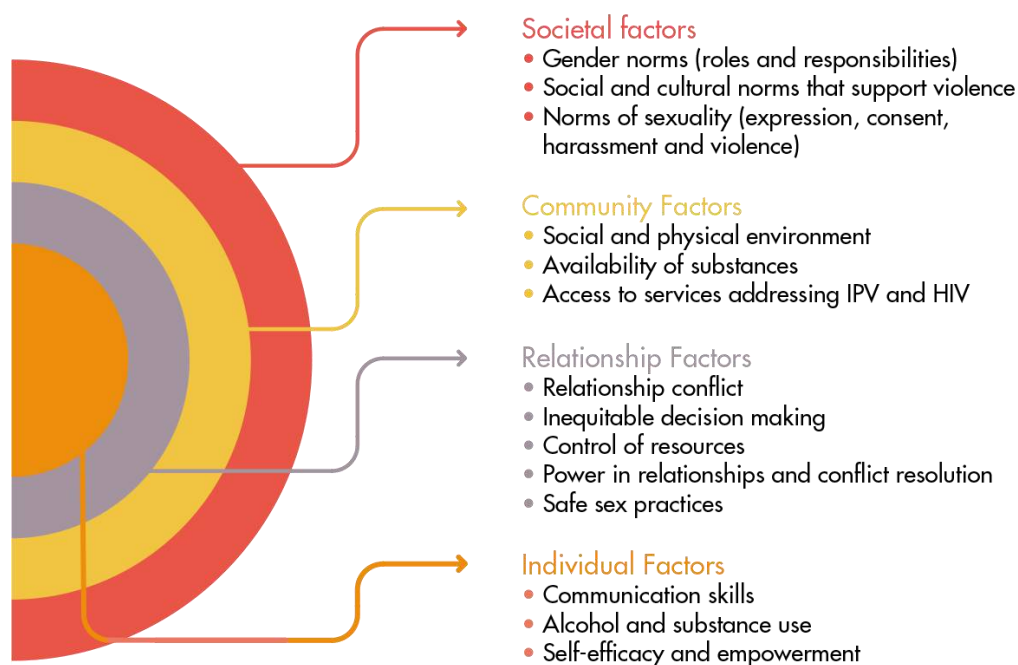
The intervention is designed to engage the participants in discussions and critical reflection around gender norms, power and violence in relationships, sexual relationships and HIV, as well as build critical skills in conflict resolution, communication and listening, and setting personal

boundaries. The programme aims to reduce physical and sexual IPV and HIV risk behaviours, as well as promote healthier, more equitable relationships. The rollout of UBL was embedded in an RCT to understand and compare the impact and effectiveness of working with women-only groups, men-only groups, and with couples' groups.



Theory of Change

The UBL programme was designed to address all levels of the **ecological framework**, and the factors that interact and influence IPV and HIV transmission in rural Ethiopia. The theory of change (ToC) logic posits that group-based, culturally relevant discussions and exercises focusing on **increasing knowledge**, **transforming attitudes**, and **building skills** will bring positive changes in how couples communicate and resolve conflicts, discuss their sexual relationships, share household tasks and make decisions. This will lead to reduced conflicts, HIV risk behaviours and substance abuse. The programme ToC envisaged that this would ultimately reduce IPV as well as HIV transmission.



PROGRAMME SUMMARY

Core components

Formative research and piloting: The UBL approach and curricula were developed following formative research and community-based consultations with women and men, as well as a community advisory board which included community leaders, local government officials and women's groups. During the consultations, it was recognised that challenging gender roles and engaging men in preparing coffee, which is traditionally a woman's task, could engender resistance. To mitigate potential resistance, the programme was designed so that the challenging of gender roles would be non-threatening to participants. The Men's, Women's and Couples' curricula were piloted in non-intervention villages and revised prior to the programme start. The piloting ran parallel groups at different paces, either once a week or twice a week, in order to compare attendance rates and knowledge retention varied based on frequency of the sessions.

Training of facilitators: 48 facilitators were recruited locally to lead the UBL sessions. They were selected based on previous experience working with HIV/AIDS or gender, some previous facilitation skills, and ability to read and write in Amharic. The facilitators were engaged as participants in the piloting of the intervention to learn the curriculum, observe facilitation by experienced facilitators, and to critically reflect upon their own assumptions around gender, sexuality and IPV. After completing all sessions, the facilitators participated in a 10-day course which included training in **participatory learning and facilitation**, and **safeguarding** procedures. Facilitators were required to sign a code of conduct, to demonstrate their commitment to ensuring confidentiality, autonomy and safety for participants during the programme.

Community engagement: The UBL programme team held workshops with village leaders and local government officials prior to the start of the UBL groups to ensure buy-in and support.

The coffee ceremony: The coffee ceremony is an integral part of social and cultural life in Ethiopia, as well as a forum for discussions and conflict resolution. Traditionally, women prepare and serve the coffee during a ceremony of several hours. The ceremony provided an opportunity for facilitators to model non-traditional gender roles, promote equitable behaviours and at the same time increase the cultural relevance of the programme. It also served as an entry-point to discuss various topics related to gender norms, power and sexuality. Male and female facilitators prepared the coffee in the first two sessions to demonstrate the process. The facilitators were trained in how to lead the ceremonies in order to increase the comfort of all participants and set a context conducive for discussions. Two participants were selected at the end of each session to lead the coffee ceremony at the start of the next session, and serve the coffee at designated points in the session.

Curriculum implementation: 14 group sessions (in total 38 hours) were delivered twice a week over seven weeks.

- Women's groups were led by one female facilitator, men's groups by one male facilitator, and the couples' groups were led by one male and one female facilitator.
- The women's and men's groups both consisted of 20 people, and the couples' groups 10 couples. Participants were aged 18-49, married or cohabitating, and had lived in the areas for at least 6 months.
- The sessions took place in community venues such as schools, health facilities and community centres.
- Participants received an in-kind incentive (e.g. cooking oil, sugar or spaghetti) worth approximately \$4 following completion of each set of four sessions.

The gender transformative curricula: Three different UBL curricula were developed, including Men's UBL (tailored for men), Women's UBL (for women) and Couples' UBL (for couples). Each curriculum followed the same overall structure with 14 participatory and skills-building sessions, comprising facilitated discussions, activities and exercises addressing the underlying social, cultural and behavioural determinants of IPV. Each session also included the coffee ceremony.

PROGRAMME SUMMARY

The gender transformative curricula

1	Title: Program Introduction & Understanding Gender Objectives: To describe the goal of the program; to distinguish between sex and gender; to understand how gender norms affect couples' health and wellbeing	
2	Title: Act Like a Man / Act Like a Women Objectives: To describe common gender norms for men and women; to understand how inequitable gender norms can contribute to negative health outcomes; to describe ways to challenge inequitable gender norms	
3	Title: Healthy Sexuality Objectives: To describe sexuality beyond intercourse and reproduction; to challenge common myths about sexuality; to describe the links between gender norms and individual sexual experience and expression	
4	Title: Healthy & Unhealthy Relationships Objectives: To describe healthy and unhealthy behaviours within relationships; to state important characteristics of healthy relationships	
5	Title: Power in Relationships (Couples'; Women's UBL) Objectives: To define power; to describe factors that contribute to having power and how power can be used; to describe ways to create balance of power within relationships	Title: Expressing Emotions & Dealing with Anger (Men's UBL) Objectives: To identify differences in the ways men and women express emotions; to explain consequences of not expressing emotions; to identify and practice strategies for reacting constructively and non-violently when angry
6	Title: Joint Decision-Making Objectives: To explain the benefits of joint decision-making; to describe and apply 7 strategies for joint decision-making	
7	Title: Negotiating Men's & Women's Roles in & Outside of Home Objectives: To identify roles, responsibilities and workload for men and women in the family; to compare how much time men and women spend caring for themselves and for others; to explore the implications of women's workloads on their health and wellbeing	
8	Title: Communicating with Your Partner - Active Listening Objectives: To describe communication and its three phases; to demonstrate four ways to be a good listener; to describe the benefits of being a good listener	
9	Title: Talking with Your Partner About Preventing HIV Objectives: To understand HIV and STI transmission, prevention and treatment; to explain the links between inequitable gender norms and HIV vulnerability; to describe the levels of HIV risk associated with various sexual behaviours; to describe the benefits of getting tested for HIV; to be able to demonstrate how to correctly put a condom on a penile model	
10	Title: What is Violence? Objectives: To describe violence; to identify forms of violence against women; to identify impact of violence against women on couple, family and communities; to identify alternatives to violence	
11	Title: Setting Personal Boundaries in Relationships & Sexual Consent Objectives: To understand own personal boundaries; to define sexual consent; to be able to use assertive communication to consent or not consent to sexual activity	
12	Title: Non-violent Ways to Resolve Conflict Objectives: To explain how childhood exposure to conflict influences conflict negotiation style as an adult; to identify five fair arguing rules; to be able to make a complaint using an assertive communication style	
13	Title: Understanding Violence & Supporting Survivors Objectives: To understand the cycle of violence and how it influences help-seeking; to be able to address men who behave violently; to support women who have experienced violence; to identify IPV services in the community; to identify barriers in accessing services	
14	Title: Empowering Change & Program Closure Objectives: To challenge violence in safe ways; to be able to provide support to those experiencing violence; to identify key learnings from the course and make personal commitments for the future	

PROGRAMME SUMMARY

Monitoring and evaluation

The facilitators recorded participants' attendance and conducted brief post-session questionnaires with two participants following each session to collect data on comprehension of information presented in the session, as well as attitudes and intentions to change behaviours. The programme's intervention coordinator observed group sessions and provided ongoing feedback to facilitators.

A four-arm cluster RCT was conducted to evaluate the impact and relative effectiveness of Women's UBL, Men's UBL and Couples' UBL compared to a control group. Participants in the control-arm received a brief informational session on violence reduction but did not engage in any UBL groups. Each UBL intervention was implemented in 16 villages, which had been randomly assigned one of the interventions, and the control-arm contained an equal number of villages. In total, 106 people per village were randomly selected for participation in the cRCT. In addition, the research team did a further randomised selection in the 48 intervention villages – 80% of sampled individuals were randomly selected to participate in the intervention, the other 20% were not invited to participate in the program, but the team collected data from them in order to assess wider community level diffusion effects on non-participants.

- **The Men's UBL significantly reduced male perpetration of past-year perpetration of sexual IPV** (about 30% reduction in the odds of perpetration) and past-year physical and/or sexual IPV (about 20% reduction in odds of perpetration) compared to the control group. Men's self-reported reduced IPV perpetration is backed up by a statistically significant reduction in their partners' experience of past-year physical and/or sexual IPV.
- In the Men's UBL intervention, there was also some evidence of men's reduced perpetration of past-year physical IPV among participants who were highly adherent to the programme and participated in 12 or more sessions (approximately 80% of the participants).
- There was no significant effect on IPV observed for the Women's UBL or Couple's UBL, however there was evidence of increased support for gender equitable norms.
- The Men's, Women's and Couples' UBL interventions had a positive and significant impacts on a range of HIV-related outcomes among both men and women, including condom use at last intercourse, and discussing sex and HIV risk with their partner.
- Women in the Couples' UBL and men in the Couples' and Men's UBL programmes reported a significant increase in male involvement in childcare and household chores.

Lessons for programming

The UBL programme provides important learnings on how gender transformative group sessions can reduce IPV and HIV risk behaviours.

Connecting the intervention to a locally salient cultural ceremony: The coffee ceremony was selected because it was the natural forum for discussions and conflict-resolution in the context, and it provided a practical opportunity to start discussing gender norms as men were challenged to take part in what is traditionally perceived as a "female" task. Aligning the intervention with an existing cultural practice and grounding the discussions around gender and power in the practice was an effective way to connect the intervention to participants' daily lives.

Transformative and experience-based training for facilitators:

The two-stage training of facilitators was critical to the success of the programme. The approach of having the facilitators go through the UBL intervention as participants provided an opportunity for the facilitators to look inwards and reflect upon their own attitudes, beliefs and behaviours in relation to gender, relationships and violence. It was noted that prior to the training, many facilitators held inequitable beliefs that would not have allowed them to facilitate the UBL sessions in a gender transformative way. In addition, facilitators received ongoing support and feedback throughout the implementation to strengthen their skills and confidence.

PROGRAMME SUMMARY

Frequency of sessions: During pilot testing, sessions were run either once a week or twice a week, in order to compare the participants' engagement in the programme and retention of learning when delivered at different frequencies. The results suggest that delivering sessions twice a week was preferred by participants. This also achieved higher attendance rates, and more retention of information between the sessions.

Positive framing and messages: The external messaging of the programme did not frame it as an 'IPV prevention intervention' but rather framed it around positive messages such as 'healthy relationships', 'healthy families' and 'harmonious and peaceful relationships'. This was a strategy to avoid that the intervention would become associated with only IPV, which is often

stigmatised, and rather focus on positive messages that would be appealing to couples and the wider community.

Need to better understand the pathways to reducing IPV through men's, women's and couples' groups: The RCT findings showed that the UBL intervention that targeted men only was effective in reducing perpetration and experience of IPV. However, the women-only and couples' interventions did not appear to have a direct impact on IPV (although there were other important positive outcomes). While evidence stresses the importance of engaging women and men in social norms and behaviour change interventions to reduce IPV, there is a need to better understand the pathways to change in single-sex versus mixed groups.

Source documents

[Unite for a Better Life: Programme Basics](#), Sharma, V. and Scott, J., 2020

[Preventing Partner Violence: Working with Couples](#), The Prevention Collaborative, *Programming to Prevent Violence Against Women: Practice brief*, 2018.

UBL in Humanitarian Settings:

The UBL adaptation to a humanitarian context maintained the core components of the original intervention developed for rural communities in Ethiopia. However, it was carefully adapted to the context of the refugee camp, and to the culture and language of a Somali refugee population, based on formative research. In place of the coffee ceremony, the program centers on Somali tea as the intervention delivery platform. The curriculum was revised to address displacement-related IPV risk factors, and to ensure that exercises and activities are culturally appropriate and relevant. The revised curriculum, which included two additional sessions, was translated to the local language, pre-tested with 10 couples and refined before being piloted in the refugee camp.

Links to further resources

- Online resources including programme reports, research publications, videos and other programme material are continuously added to the [UBL website](#). The website includes information on the UBL Rural intervention, UBL Humanitarian and the UBL podcast program.
- Resources related to UBL adapted for humanitarian contexts can be found [here](#).

Endnotes

¹ WHO (2013) [16 Ideas for addressing violence against women in the context of the HIV epidemic A programming tool](#)

² Ibid.

³ Central Statistical Agency (CSA) [Ethiopia] and ICF (2016) [Ethiopia Demographic and Health Survey 2016](#)

⁴ Ibid.

⁵ Ibid.

This document is part of the RESPECT Framework Implementation Guide, commissioned by UN Women and developed by Social Development Direct, which can be found [here](#).

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