

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

5/03/2021

Ana Gabriela Walch

Date

Approval Sheet

Interrogating the Theory of Change for a Family-Based Violence Prevention Program in Nepal

By

Ana Gabriela Walch

Master of Public Health
Hubert Department of Global Health
Rollins School of Public Health
Emory University

Cari Jo Clark, ScD
Committee Chair
Hubert Department of Global Health
Rollins School of Public Health
Emory University

Interrogating the Theory of Change for a Family-Based Violence Prevention Program in Nepal

By

Ana Gabriela Walch

Bachelor of Science
The Ohio State University
2018

Thesis Committee Chair: Cari Jo Clark, ScD

An abstract of
a thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2021

Abstract

Interrogating the Theory of Change for a Family-Based Violence Prevention Program in Nepal
By Ana Gabriela Walch

Background: Gender-based violence (GBV) is a human-rights violation that affects individuals and communities worldwide. More research is needed to expand the evidence-base about what works to prevent GBV from a family-centered approach. This study seeks to interrogate the Theory of Change (TOC) of the Integrated Programme for Strengthening Security and Justice: Strengthening Access to Holistic, Gender Responsive, and Accountable Justice (IPSSJ-SAHAJ) project in Nepal to examine activated and non-activated pathways hypothesized.

Methods: This study is a qualitative secondary analysis of the IPSSJ-SAHAJ family-centered approach project. Data consists of 40 in-depth interviews with family members attending the project's family-based programming. A modified Grounded Theory approach was used for their analysis. The project's TOC and data represented in the interviews was used to guide the development of themes for thick descriptions. Three thick descriptions were written including: women and girls, families, and communities as the themes. Analytic comparisons examined activated and non-activated pathways in the TOC, and similarities and differences by family role.

Results: Traditional gender norms are a main driver of GBV in Nepal. Tolerance toward child marriage, discrimination against female education, and decision-making by a singular head of household is decreasing. Some participants are intervening in fights between community members or couples and against child marriages. Noticeable changes within families include changes in decision-making and physical or emotional violence. Many families see themselves as role models for others. It is unclear whether communities are actively challenging gender norms.

Discussion: The opportunity to interrogate a TOC and highlight the pathways that are changing is informative to the project and to similar programs that have a multi-component family-centered approach. There is a lack of data supporting the assumption in the project's TOC; a recommendation is to align the endline data collection with this aspect of the TOC. The TOC for this project does not address some of the key mechanisms of change detected. It is important for future initiatives to ensure that the TOC is robust, comprehensive, and updated throughout analysis. Attentiveness to the role modeling aspect of violence prevention could prove useful to understanding the spread of norms change.

Interrogating the Theory of Change for a Family-Based Violence Prevention Program in Nepal

By

Ana Gabriela Walch

Bachelor of Science
The Ohio State University
2018

Thesis Committee Chair: Cari Jo Clark, ScD

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health in Global Health
2021

Acknowledgements

I would like to thank all of those who assisted me throughout this process. First, I want to thank my thesis committee chair, Dr. Cari Jo Clark, whose expertise was invaluable in formulating my research questions and methodology. Her insightful feedback pushed me to sharpen my thinking and bring my work to a higher level. I am extremely thankful for her mentorship, guidance, and unwavering support. I would also like to thank Grace Morrow for taking the time out of her busy schedule to provide feedback and meet with me one on one when I had questions or needed help. I also want to thank the members of the VSO Nepal team for welcoming me to this project and for their work on the baseline and midpoint evaluations.

I would like to thank my friends at Rollins for their support during this process and throughout my Rollins career. Thank you to my family and friends outside of Emory for your love and support. Finally, I would like to thank those in Nepal who participated in this study, I am honored by this opportunity to learn from you.

Table of Contents

<i>Chapter 1: Introduction</i>	<i>1</i>
<i>Chapter 2: Literature Review</i>	<i>3</i>
<i>Chapter 3: Methods</i>	<i>8</i>
<i>Chapter 4: Results</i>	<i>14</i>
<i>Chapter 5: Discussion</i>	<i>24</i>
<i>Chapter 6: Implications and Recommendations</i>	<i>27</i>
<i>Appendix</i>	<i>28</i>
<i>References</i>	<i>33</i>

Chapter 1: Introduction

Statement of the Problem

Around 700 million (1 in 3) women and girls experience intimate partner violence (IPV); IPV is the most frequently experienced form of gender-based violence (GBV) [1]. This statistic has remained mostly stagnant across the years; if current rates prevail, progress toward gender equality and female empowerment will be stunted. GBV against women and girls is a human rights violation and is associated with numerous detrimental health outcomes, including injury, unwanted pregnancy, pregnancy and delivery complications, infant and child mortality and morbidity, post-traumatic stress disorder, depression, suicidality, and maternal mortality—among others [2]. Not only does GBV affect individuals, it also affects communities and countries globally, as it hinders contributions that females can make to progress and development [1]. In Nepal, around 22% of reproductive age women disclose physical violence victimization, and more specialized studies disclose GBV prevalence rates up to 80% [3]. The drivers behind GBV are complex and intertwined, including gender inequality, long-standing traditional beliefs and practices, and social norms.

Many programs aim to encourage communities to change the social norms surrounding GBV. To support sustainable change in GBV, programs have begun to include men and boys as participants. Families can make it easier or harder to enact change in violence prevention initiatives. Change occurs with a supportive environment; therefore, the family environment needs to be targeted to make it more conducive to violence prevention by working with the “norm-breakers” within households. A key gap in the literature is around testing of family-centered approaches for addressing harmful social norms in violence prevention. While the evidence-base for violence prevention programming is increasing, there is a need for evaluations of family-focused approaches. This thesis will address this need by examining the pathways of change in the IPSSJ-SAHAJ family-centered project.

Purpose Statement and Research Aims

The purpose of this thesis is to expand the evidence base about what works to prevent and reduce GBV. This thesis has two research aims:

- To examine the activated and non-activated pathways in the IPSSJ-SAHAJ family-centered project’s Theory of Change, as well as identify any unintended pathways of action.
- To identify commonalities and differences between family role in activated and non-activated pathways.

Significance Statement

This analysis will begin to address the gap in knowledge about pathways linking engagement of families to altered norms to reduce GBV and eliminate expectations of silence and tolerance of the behavior.

Note on Definitions

GBV refers to a number of harmful behaviors or acts directed at an individual because of their gender [4]. IPV is the most common form of GBV, in which the abuse and harm comes from the woman's intimate partner. Violence against women and girls (VAWG) refers to an act of GBV that results in, or is likely to result in, harm to women. In this thesis, VAWG and GBV are used interchangeably. Although men and boys can be victims of GBV, this thesis focuses on GBV in relation to women and girls, thus VAWG and GBV are used throughout. A TOC is a framework used for planning, monitoring, and evaluation of projects. This tool is one of the most accepted frameworks to gauge impact measurement and document management [5].

Chapter 2: Literature Review

Gender-Based Violence and Intimate Partner Violence in a Global Context

Gender-based violence (GBV) and intimate partner violence (IPV) are global issues that affect both individuals and communities. GBV refers to a number of harmful behaviors or acts directed at an individual because of their gender [4]. GBV is entrenched in gender inequality and an imbalance of power, as well as gender and social norms [4]. IPV is the most common form of GBV, in which the abuse and harm comes from the woman's intimate partner. For the purposes of this thesis, GBV will be used as an umbrella term, however, the different forms of violence that fall under GBV will be used when they are being discussed specifically. Aside from IPV, GBV can take many forms, such as sexual violence, child marriage, and female genital cutting—among others [4].

GBV disproportionately affects women and girls; approximately 1 in 3 females have experienced physical or sexual IPV [6]. It is important to note that primary perpetrators of violence against women include partners and other family members. Research has shown that GBV has a deep impact on the health and wellbeing of women and girls. GBV affects physical and mental health and can lead to negative health behaviors, chronic conditions, mental disorders, poor reproductive health outcomes, and decreased physical health. GBV is a leading cause of death and disability in women [7]. Not only does GBV affect the individual, but it is also barrier to women's comprehensive participation in the community [8].

GBV against women and girls is recognized as a human rights violation and a health and protection concern [4]. As such, eliminating violence against women and girls (VAWG) is part of the Sustainable Development Goals (SDGs), namely SDG 5 (Gender Equality) and SDG 16 (Peace, Justice, and Strong Institutions) [9]. Although GBV is not a new concept, the field of violence prevention is still relatively new and growing. Interventions within this field have targeted social norms, social and economic empowerment, men and boys, adverse childhood experiences, and alcohol abuse. A limited number of these focused interventions have shown success in terms of reduction in GBV [8]; however, there remains a gap in family-centered approaches. In recent years, investment in advancing the evidence about what works to prevent GBV has been growing.

Theory of Change Framework

A Theory of Change (TOC) is a tool used for planning, monitoring, and evaluating projects. This tool is one of the most accepted frameworks to gauge impact measurement and document management [5]. Through backwards mapping, scientists and researchers can map out a project's activities and visualize how these initiatives will lead to the desired long-term goal(s). Consequently, a TOC illustrates how and why an initiative works and how a desired change is expected to occur. When using a TOC, it is necessary to connect and explain the conditions that are needed to achieve a goal, as well as identify assumptions about the context in which the initiative is taking place. Although a TOC is initially used to plan an intervention, it is flexible and can be changed as the project evolves. This framework does not have to be linear—it can include cyclical processes or feedback loops and its contents can be linked to multiple activities,

outcomes, assumptions, or goals. Through using a TOC, researchers can develop indicators to examine the success of an initiative. By illustrating an initiative's components, researchers can also determine its feasibility. Without a TOC that both outlines the steps toward progress and clearly defines progress, it is difficult to determine whether progress has occurred.

Existing Modes of Intervention in Violence Prevention Programming

A majority of the existing interventions to prevent violence against women and girls have been focused on community activism, gender transformation and economic empowerment, and couples and other special groups. Recently, investment in expanding the evidence base on what is effective in preventing violence has inspired the creation of a UKAID-funded program titled *What Works to Prevent Violence Against Women and Girls (What Works)* [8]. *What Works* funds prevention programs to expand this evidence base and has also evaluated the TOC's of numerous interventions aimed at reducing VAWG.

Community Activism

Interventions focused on community activism generally aim to mobilize a community or multiple communities to prevent VAWG. Five interventions that targeted both men and women were evaluated: 1) Rural Response System, Ghana, 2) Transforming Masculinities, DRC, 3) Indashyikirwa, Rwanda, 4) CHANGE, South Africa, and 5) Change Starts at Home, Nepal [10-14]. The interventions focused on addressing social norms and shifting the damaging attitudes and roles associated with the female gender. The interventions in Ghana and DRC showed a reduction in IPV, whereas the remaining three interventions did not show a reduction. Both of the successful interventions provided support for survivors of violence and worked to improve available support via collaboration with organizations [8]. Furthermore, the community activists were nominated or selected due to their reputation as role models and activists, specifically in the realm of gender [8]. Another key component of the successful interventions was that both lasted more than one year and involved a substantial number of personnel [8]. Lastly, both interventions targeted community groups instead of simply targeting individuals within the community. The three interventions that were not successful did not provide enough training to personnel, had limited community engagement, or did not deliver the intervention in a methodical way [8].

Gender Transformation and Economic Empowerment

Interventions focused on gender transformation and economic empowerment combine activities to address social and gender norms with economic interventions geared toward improving the economic outcomes of women, men, and families. Five interventions were evaluated: 1) Stepping Stones and Creating Futures, South Africa, 2) Zindagii Shoista, Tajikistan, 3) Sammanit Jeevan, Nepal, 4) Women's Empowerment Programme, Afghanistan, and 5) HERrespect, Bangladesh [8, 15-18]. The interventions in South Africa, Tajikistan, and Nepal showed a reduction in IPV, whereas the remaining interventions showed less impact. It is important to highlight that, although the Stepping Stones and Creating Futures intervention showed a reduction in IPV, this was based on perpetration as reported by men; no reduction was seen in the reports by women [8]. A gap can be seen concerning the economic aspects of all five

interventions, which were not very successful at empowering women [8]. All successful interventions deliberately targeted IPV through gender transformative components; those that did not target IPV were unsuccessful because they did not include essential aspects of violence prevention initiatives, such as improving communication skills and working with male partners [8]. The successful interventions involved both men and women (including entire families in two of the interventions), indicating that solely working with women may not be enough to shift gender attitudes and norms [8]. The interventions in Tajikistan and Nepal, which involved families, showed a positive effect on relationships within the household and the livelihood of the household [8].

Couples and Special Groups

Interventions focused on couples and special groups generally utilize counseling for couples as well as group-based programming to reduce IPV by targeting contributing factors of violence. Four interventions were evaluated: 1) VATU, Zambia, 2) Indashyikirwa couples, Rwanda, 3) Samvedana Plus, India, and 4) Change Starts at Home, Nepal [10, 11, 19, 20]. The interventions in Zambia and Rwanda were successful at reducing IPV. Both successful interventions were designed specifically for the context and targeted couples who were established. The intervention in Nepal targeted couples as well, but the mode of delivery involved a radio drama, which differed from the other programs [8]. The intervention in India targeted sex-workers and their partners, however, these male partners did not attend the program sessions with the females and it proved difficult to make the men comfortable discussing their relationships with other men [8]. The successful interventions focused on alcohol abuse and IPV in couples, and thus targeted the main driver of VAWG [8]. Furthermore, both successful interventions used experienced facilitators and training and supervision remained intense throughout delivery [8].

Results from these interventions indicate that careful planning, a thorough TOC, and consideration of the context are key drivers of success. Positive outcomes have been recorded in interventions that focus on men and women and target groups (through group-based learning) rather than singular individuals. Furthermore, family involvement has shown positive impact, especially in societies that are highly patriarchal—such as Nepal. Impact has been reported in interventions that look at behavior change as a process that occurs collectively, suggesting that it is important to involve both genders and to work with families [8].

Causes of Gender-Based Violence

Gender-based violence has numerous drivers which depend upon the social, political, and economic context in which it occurs. However, universal causes of GBV include gender inequality, social norms, and power imbalances. These factors are often targets in the TOCs of GBV prevention programs.

Studies show that adverse childhood experiences, such as being abused or witnessing conflict, can increase the likelihood of female abuse [21]. Male authority over decision-making and income generation within the family has been cited as a predictor of GBV [21]. Female isolation, as well as lack of support, also predicts GBV, especially when the society allows or

overlooks male violence [21]. GBV is common in communities where gender roles attaching masculinity to power, dominance, and toughness are deeply established and enforced [21]. Furthermore, societal norms that perceive females as owned by men and which tolerate the punishment of women also increase the likelihood of GBV instances.

Social and gender norms are an important driver of GBV. Social norms are the accepted or expected standards of behavior within society. Gender norms encompass attitudes and behaviors that are considered appropriate or desirable for an individual based on that individual's sex. These informal societal and gender rules are followed when individuals perceive that a large percentage of the population is following the same rules and when they identify rewards or consequences for following or deviating—respectively—from these rules [22]. There are multiple social and gender norms that can influence women's risk of victimization due to how individuals understand certain practices and their community's expectations about these practices [22].

Gender-Based Violence in Nepal

In Nepal, about 22% of reproductive age women disclose physical violence victimization as of 15 years of age and about 7% report sexual violence victimization within their lifetime [3]. More specialized studies, specifically in younger women and in rural populations, report prevalence rates of GBV up to 50% [23]. In areas where traditional practices like child marriage and *chhaupadi* (a practice which prohibits women and girls from participating in regular family activities during the menstrual period) are commonplace, prevalence rates of GBV are approximately 80% or higher [24, 25].

Nepali men and women follow traditional gender roles that are rooted in their culture and society. As a historically patriarchal society, gender norms and attitudes in Nepal allow for an unequal balance of power and commonly consider women as subordinate to men. Nepali women generally have domestic and agricultural duties within the household and tend to rely on their husband's income for livelihood. On the contrary, men tend to be the family wage owners and thus dictate household and financial decisions. When Nepali women get married, they are expected to move into their husband's home and manage household activities as well as care for members of the household and extended family members [26]. These norms and expected roles, in turn, can increase a woman's susceptibility to controlling—and even violent behaviors—by her partner and his family.

In Nepal, GBV and, more specifically, IPV is seen as acceptable by both men and women [22]. A main reasoning behind this acceptability may be due to the commonality and visibility of IPV, seen by its pervasiveness within Nepali society [22]. There exists a connection between acceptability and lack of help-seeking action and, in Nepal, reporting and help-seeking is not common. According to the Demographic and Health Survey, 66% of Nepali women who have experienced physical or sexual violence do not disclose the incident and do not seek assistance [3]. Among those who seek help after experiencing violence, the most common source of assistance is the woman's family. According to the DHS, 66% of women who sought help in 2016 did so from their family, 31% did so from their neighbors, and 22% did so from their

friends [3]. An even fewer proportion of those who sought help in 2016 went to formal sources such as the police (8%) or a community organization (2%) [3].

It is important to provide background on help-seeking in general and for GBV in Nepal. The security and justice sector in Nepal is made up of both formal and informal sources. Governance structures tend to be centralized in the capital (Kathmandu), thus the low infrastructure and vast geography of Nepal make it the case that more rural districts do not have easy access to these formal structures [27]. Many districts rely on informal justice mechanisms that have been in place for centuries and are easily accessible, such as mediation by community elders and other leaders. Unfortunately, these informal systems tend to be dominated by males, and traditional attitudes combined with an absence of victim-centering and gender sensitivity can make attaining justice difficult for victims of violence [27]. Formal justice mechanisms like the police and court systems are a more recent expansion to services available for community members. Nonetheless, many barriers to access and use of these services still exist. These barriers include corruption, discrimination, financial cost, stigma, resolution delays, and limited trust in the justice system [27]. It is important to reiterate that women are more likely to turn to informal sources when seeking help, and that many of the women who seek assistance do so from their maternal family. Furthermore, a woman's decision to seek formal help is highly dependent on the views of her family members. This emphasizes that families are critical to involve in violence prevention and response.

Significance

This thesis looks specifically at a family-focused arm of the IPSSJ-SAHAJ project, which targets men, women, and communities. Because this project aims to reduce IPV through shifting gender norms across both genders and by economically empowering women, results from an in-depth evaluation of its TOC can add onto the evidence base about what works and what might not work to prevent or reduce VAWG. Addressing gaps in this intervention can help delineate the areas where change did not occur and identify reasons why this change did not occur. Additionally, looking at pathways where change was seen can further inform researchers about the necessary components of effective interventions.

Chapter 3: Methods

Ethical Considerations

The study team obtained ethical approval from the Emory University Institutional Review Board (IRB00110703) and the Nepal Health Research Council. All study participants provided written informed consent to participate, and all transcripts were de-identified.

Study Overview

This thesis is a qualitative secondary analysis of data collected during an ongoing evaluation of the SAHAJ – Strengthening Access to Holistic, Gender Responsive, and Accountable Justice – project in Nepal. SAHAJ seeks to address compounding barriers to the effective prevention and reduction of GBV. Such barriers include harmful ingrained gender and social norms, inadequate environments for help-seeking, and minimal knowledge about security and justice services. Through addressing these barriers, SAHAJ aims to fill gaps in research and understand what works to change social norms and advance access to justice for women and girls in Nepal [28].

The 25-month project engages women, men, adolescents, and justice and security providers utilizing three approaches: 1) family-centered, 2) school-centered, and 3) grassroots-level. The family-centered approach focuses on female empowerment by engaging all members of the family in challenging gender norms, increasing accountability, and supporting each other; this approach also includes an economic empowerment component [28]. The school-centered approach focuses on engaging adolescent boys and girls within the education system to reduce vulnerability to gender-based violence and increase help-seeking behaviors and support [28]. Lastly, the grassroots-level social accountability approach addresses collaboration between communities and justice and security service providers to decrease GBV [28].

The evaluation is a mixed-methods, three-armed impact evaluation. One arm consists of family and school-based social norms approaches, the second arm contains the security and justice activities, and a third arm includes a combination of security and justice and social norms approaches [29]. In four districts of the combined programming arm, the research team conducted in-depth interviews with families, key informant interviews with security and justice providers and GBV survivors, and focus group discussions with police, youth groups, and school management committees. These interviews and focus groups were done to examine social norms, help-seeking experiences, and the capacity and environment of security and justice services [29].

The sampling frame included communities that had previously undergone or were currently undergoing security and justice-focused improvement and introduction of community policing. Selection of sites was based on the percentage of marginalized and vulnerable groups. The research team also considered the presence of schools and the absence of other social norms programming when selecting the sites [29]. Four districts within two provinces—Province 2 and 5—were chosen for qualitative data collection: Rupandehi, Kapilvastu, Siraha, and Saptari. These sites were chosen because they included all three SAHAJ approaches and represented some of the geographic variability in SAHAJ project sites.

Study Sample

This thesis focuses on the qualitative data collected from in-depth interviews conducted with twelve families attending the family-based programming at study midline. Based on this study's family selection criteria, families were chosen to participate if household members were not participating in other gender and income generating programming, if members were willing to attend program sessions, if the household was an extended family, if the family had a history of violence and alcohol/drug abuse, if the household had some regular income, and if the female members of the household had skills or control over assets that they could use to generate income [30]. Families recruited in Province 2 constituted husband, wife, mother-in-law, and father-in-law roles. Families recruited in Province 5 constituted a mother, father, and adolescent daughter. The difference between the individuals interviewed within each province is due to the differing focus of each province. Whereas the focus of Province 2 was married women's safety and help-seeking, the focus of Province 5 was adolescent girls' safety and help-seeking [29]. A total of 40 family members were interviewed at midline.

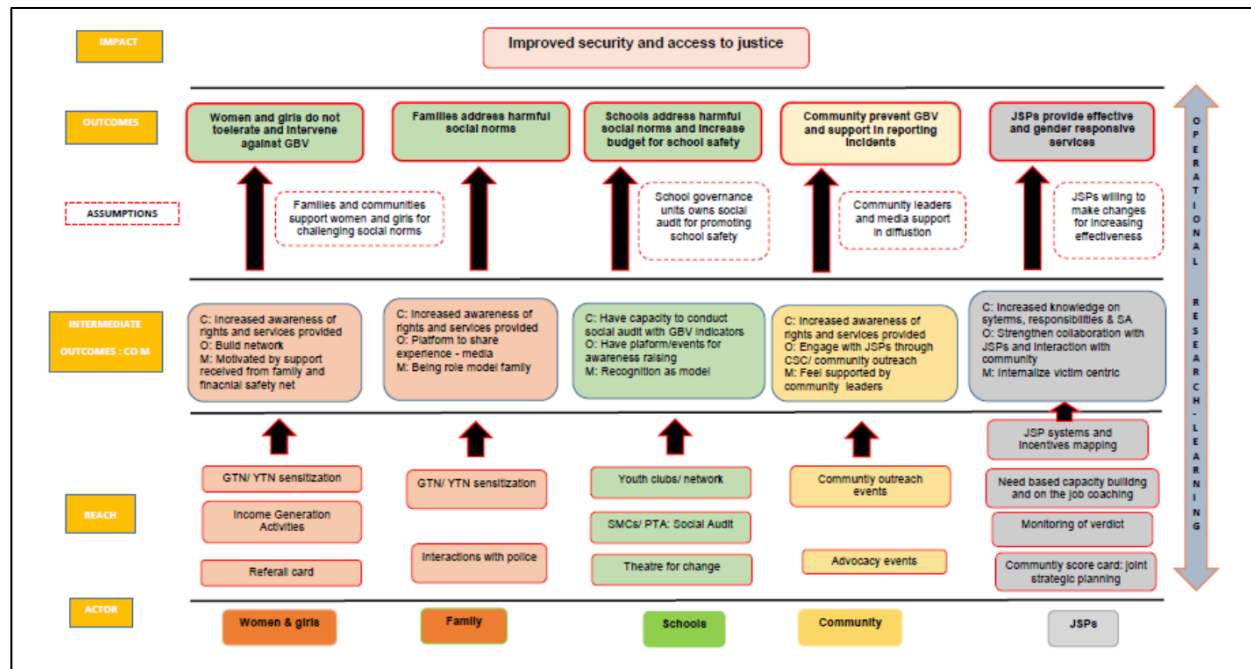
Data Collection

In-depth interviews took place during in-person visits. However, some interviews were conducted over the phone following COVID-19 related lockdowns. Interviews used semi-structured interview guides. The guides can be found in Appendix 1. These in-depth interviews with family members provided narrative data on demographic changes in the household, female education, gender norms, GBV norms, decision-making, marriage, female mobility, female sexual and reproductive health, experiences with SAHAJ programming, and intervening in GBV [31].

Measures

This analysis specifically considered three themes aligned with the pathways of the family-based approach section of the program's TOC. The TOC, which is actor-based, can be found below in Figure 1. The three themes being examined in this thesis include: 1) women and girls do *not* tolerate and *do* intervene against GBV; 2) families address harmful social norms; and 3) families and communities support women and girls in challenging social norms.

Figure 1: IPSSJ-SAHAJ Theory of Change Framework [32]



Data Analysis

The in-depth family interviews were recorded with permission, transcribed verbatim, translated from Nepali to English, and de-identified. For the baseline report, the research team developed a codebook based on an initial reading of 15 transcripts utilizing a Modified Grounded Theory approach [33]. This codebook was tested for inter-coder reliability using a set of the transcripts, and the team made edits to the codebook based on results. For the midline report, the Principal Investigator and two team members edited the codebook to allow room for new themes covered in the family interviews. Inter-coder reliability was established at >0.7 using Cohen’s kappa [34] on a 10% sample of the IDIs [31]. All remaining transcripts were coded by the Emory University research team. MAXQDA 2018 [35] was used for coding, inter-coder reliability testing, and analysis.

For this analysis, one thick description was created for each of the three themes mentioned above, which were extracted from the program’s TOC. Thick descriptions were based on a subset of the codes examined in the family member in-depth interviews. Codes were selected that best applied to each theme and subtheme being explored. For Theme 1, the codes selected were lived experience, decision-making, women’s mobility, SAHAJ experiences, and disclosure, reporting, and help-seeking. For Theme 2, codes used were SAHAJ experiences, resources, and norms. Lastly, for Theme 3, the codes used were norms (injunctive and deductive), exceptions, and sanctions. A summary of the themes, subthemes, and codes used can be found below in Table 1. Analytic comparisons examined activated and non-activated pathways, as well as similarities and differences by family role.

Table 1: Summary Table of Themes, Subthemes, and Codes Used for Analysis

Theme	Subthemes	Codes	Code Definitions
<p><i>#1. Women and girls do not tolerate and do intervene against GBV</i></p>	<ul style="list-style-type: none"> - Increased awareness of rights and services provided. - Built network. - Motivated by support received from family and financial safety net. 	<ol style="list-style-type: none"> 1. Lived experience 2. Decision-making 3. Women’s mobility/independence 4. SAHAJ experiences 5. Disclosure, reporting, and help-seeking 	<ol style="list-style-type: none"> 1. Actual GBV experiences as told by an individual directly involved in the event. 2. Any text that describes the decision-making process within the household. 3. Women’s and girl’s freedom of movement within the community and outside the community and to interact with community members. 4. Generic observations, such as topics covered, session attendance; participant and others’ agreement with topics, feelings about the program; how the program may be improved; who they talk to about the program, if they are considered role models in the community. 5. Description of available resources of assistance/support for

			<p>GBV, both formal and informal. Text that describes the order in which a survivor should disclose/report their experience of violence. Facilitators (including groups and/or institutions) that promote help-seeking and disclosure. Any text that describes challenges in addressing/reporting GBV.</p>
<p>#2. <i>Families address harmful social norms</i></p>	<ul style="list-style-type: none"> - Increased awareness of rights and services provided. - Platform to share experience. - Being a role model family. 	<ol style="list-style-type: none"> 1. SAHAJ experiences 2. Resources 3. Norms 	<ol style="list-style-type: none"> 1. Generic observations, such as topics covered, session attendance; participant and others' agreement with topics, feelings about the program; how the program may be improved; who they talk to about the program, if they are considered role models in the community. 2. Description of available resources of assistance/support for GBV, both formal and informal. 3. Any text that describes what ought to be or perceptions of what is approved

			by others. Any text that describes the perception of what is generally practiced behavior.
<i>#3. Families and communities support women and girls in challenging social norms</i>	N/A	<p>1. Injunctive norms</p> <p>2. Descriptive norms</p> <p>3. Exceptions</p> <p>4. Sanctions</p>	<p>1. Any text that describes what ought to be or perceptions of what is approved by others.</p> <p>2. Any text that describes the perception of what is generally practiced behavior (perceived prevalence).</p> <p>3. Exceptions to norms due to lack of sanctions or lack of sensitivity to sanctions.</p> <p>4. Social consequences of norms violations including but not limited to rumors, social isolation, and physical violence.</p>

Chapter 4: Results

The thick descriptions showed activated and non-activated pathways across the three themes within the program’s TOC. This analysis will explore these pathways along with the similarities and differences within responses according to gender or household role (mother, father, wife, husband, mother-in-law, father-in-law, and daughter).

Tolerance Toward Gender-Based Violence

Table 2: Levels of Tolerance Toward Gender-Based Violence

<i>Tolerate</i>	<i>Do Not Tolerate</i>
Females must ask permission in order to leave the house	Discrimination against female education
Females are not allowed to go outside alone	Child marriage
	Decision-making by one family member or head of household
	Fights in the community; fights among couples

Table Legend

Green: Zero tolerance

Yellow: Moving toward zero tolerance

Analyses found that tolerance toward child marriage was decreasing, discrimination against female education was almost eliminated, and decision-making by one family member was almost eliminated (see Table 2). Most participants discussed that the ideal age for girls to get married in the community was around 20 and above. Many disclosed that this age had only become accepted recently and some mentioned that this was a direct result of SAHAJ programming. Two fathers-in-law and one father suggested that the community norm was to marry girls at younger ages (15-17). Generally, they noted that this was the case because families want to preserve their reputation and because females become too old to marry and are “spoiled” after a certain age. Although most female and male respondents noted a change in marriage ages, some noted that earlier marriages had not been eliminated. Consequently, some tolerance remained surrounding child marriage practices.

Most of the daughters said they were allowed and encouraged to study and go to school for as long as they wanted. Only one daughter noted that her parents did not allow her because otherwise there would be no one at home to do the chores.

“My parents didn’t let me study. They told me that there would be no one to do household chores if I go to school...It’s been so long since I have stopped going to school. So, I haven’t talked to them about it...Now it’s too late. I too don’t want to go to school anymore. If I talked to my parents about it they would probably say that I am grown up and I don’t need to go to school.”

[Mother-in-Law, Rupandehi]

It is important to mention that one daughter wanted to be in school and her parents supported her, however, she did not continue her studies because her brother had doubts about it and did not agree on the level of education she should receive. Nonetheless, an overwhelming majority of girls were allowed to attend school, suggesting almost zero tolerance toward discrimination against female education. Conclusions cannot be made about the specific level of education girls can receive; evidence simply suggests that girls are able to go to school and continue their studies.

All but one mother-in-law—who said she solely supervises and handles all responsibilities in the house—said they made decisions about spending money together with their husbands. Other mothers-in-law also noted being the primary decision-makers in the sense that their opinion on household matters was the most important. All mothers stated that decisions were made through discussion with the entire family and that they could make small decisions on their own, which include things like what to cook and what clothes to buy. Some mothers and wives noted that females were able to spend the income they earned independently. Other wives noted that their mothers-in-law made the decisions about how to spend income earned by the female family members and that they asked their husbands before spending money. Nonetheless, many wives noted familial discussions about household decisions and work. A majority of the daughters said that everyone in the family decided how to spend their income and all but one daughter expressed their ability to and confidence about expressing their opinions in household decisions.

“All of the members of the family including me decide how to spend the earnings received from selling the milk...I do have a say in household decisions. We are building infrastructure needed to place the shop. My opinion and decision have been asked and addressed from the moment planning started.”

[Daughter, Rupandehi]

Most of the father-in-law respondents said that, along with their wives, they made decisions regarding income spending. This was reiterated by most of the husbands, who said that their fathers-in-law and mothers-in-law make decisions about spending. Although these specific roles were named as the decision-makers, most male respondents disclosed involving the entire family in discussions about spending and household tasks. Furthermore, many male respondents noted that they did not independently make any decisions and thus consulted the family. Only one father said he made most of the decisions at home and did not consult anyone when doing so. However, he stated that when his decisions were “very wrong,” others in the family discussed them with him. This data from both male and female respondents suggests that decision-making by one family member or a head of household is no longer the norm; a majority of the participants did not tolerate singular decision-making.

“I don’t take any decisions alone. We discuss about every matter. Like if you’re thirsty and need to drink water, then it is unnecessary to discuss. But, if we have to buy vegetables, we discuss

about it because we need to buy vegetables that everyone likes. Therefore, we consult about everything.”

[Father-in-Law, Saptari]

On the other hand, analyses of participant interviews found that females are mostly restricted regarding mobility (see Table 2). Although restricted mobility is not generally considered a form of GBV, it is considered an oppressive and disempowering (or discriminating) action against women when other individuals—such as men—have mobility rights. Female mobility and independence were discussed in terms of the ability to leave the house and to speak to males outside the household. Mothers-in-law were generally able to leave the house by themselves and usually sought permission from their husbands. Most of the mothers-in-law stated that their daughters-in-law needed to be accompanied when leaving the house and needed to ask their permission to do so.

“My daughter-in-law doesn’t go anywhere alone, she only goes out with my daughter. My daughter-in-law doesn’t know how to deal with people or situations or how to manage money so my daughter goes along with her. I have no worries about my daughter. She can go anywhere alone. But she should come back home by 7-8 pm in the evening. But my daughter-in-law is not able to go anywhere alone.”

[Mother-in-Law, Saptari]

Many wives and mothers reiterated this rule, noting having to ask for permission from their mothers-in-law—and sometimes fathers-in-law—when desiring to leave the house. Some wives also mentioned being accompanied by their husbands or mothers-in-law as the norm. However, many wives said they were able to go outside alone as well. Most of the females said that permission was needed to leave the house, even if accompaniment was not required or necessary. Many of the females who said they did not need to ask for permission were mothers-in-law. Nonetheless, this was not the case for *all* mothers-in-law. A majority of the male participants echoed the need for females to ask for permission from their in-laws, especially their mothers-in-law, to leave the house. Many male participants said permission was given by both in-laws and husbands. Additionally, most male participants noted that females were usually accompanied by mothers-in-law and that wives were sometimes accompanied by husbands. A greater part of the father-in-law respondents said females could only go out alone within the village and had to be accompanied to distant places outside of the village. Participant responses suggest that, in general, females had to ask permission to leave the house and were not allowed to go outside by themselves. These restrictions were tolerated by both females and males.

“No one goes alone. I accompany them if they have to go out somewhere. No one goes alone anywhere...Why should they go out? We have enough provisions of lentils and rice at our home.

We don’t have scarcity of anything at home.”

[Father-in-Law, Rupandehi]

The act of intervening via disclosing the occurrence of an act of violence to another family member, friend, or justice provider is a strong example of not tolerating an act. As discussed below (see *Intervention in Cases of Gender-Based Violence*), there was some evidence that female and male participants did not tolerate child marriage or beatings within the community. Namely, there were a few instances where participants had stopped a young marriage from occurring or had stopped a fight between a couple.

Intervention in Cases of Gender-Based Violence

Table 3: Instances of Intervention in Cases of Gender-Based Violence

<i>Intervene</i>	<i>Do Not Intervene</i>
Stopping a female family or community member from being married at a young age	Data not significant
Stopping fights in the community and among couples	

<p><u>Table Legend</u> Yellow: Some intervention Data not significant: Not enough data for conclusions</p>

All female participants stated that they would ask for help from the police, ward, or municipality in a situation where a female family member was beaten by another member of the family. A majority of mothers-in-law and wives disclosed that help from the community would be accepted first, and the family would then seek help from security and justice providers—such as the police—if the problem was not resolved after speaking to respected members of the community. Many mothers reiterated this course of action, adding that the opinion of community elders would be respected in these situations. All daughters specifically stated that any violence would first be addressed within the family, and that the family would take assistance from the community and the police if the family could not solve the issue. Daughters noted that people from the village are knowledgeable and can provide help in these situations. A majority of the male participants also stated that they would ask for help from the police in a situation of violence in the home. Across all roles, many males emphasized their desire to solve disputes within the family first and then following this by seeking help from the community and police. Many males also noted that the opinion of neighbors and community members is well-respected and taken seriously. Emphasis was placed on solving issues within the household as much as possible, yet male participants did not oppose involving community members and police if needed.

Some, but not all, female and male participants acknowledged times when they had reported and sought help after a violent situation. Females noted times when they talked to their friends about experiences at home and reported a community or family incident to the police. Males noted that village members had stopped several child marriages from taking place and had encouraged and helped females who were beaten by their husbands to talk to the police (see Table 3).

“If I talked and laughed with someone, my husband used to get angry. I think that is a form of violence too. I didn’t realize back then but if my parents had educated me, I would have been able to move forward in life too...I told my friends”

[Wife, Siraha]

“In this community, they used to get their girl married at 15-16 years of age in the past. But now, after learning from SAHAJ session, we have already stopped 2-3 marriages in underage girls. For instance, we came to know that an underage girl from [Place] was about to get married and after we learned about it, we reported about it to the [S&J Provider] and stopped the marriage from happening.”

[Husband, Siraha]

As is consistent with the literature, most participants stated that they would seek help from members of the family if they experienced and instance or multiple instances of violence. Although this data does not directly suggest intervention in cases of GBV, it does highlight the importance of families in addressing GBV because families are commonly the first source of help for victims. As mentioned previously, some males made efforts to stop a female family or community member from being married at a young age as well as to stop some fights that occurred within couples in the community (see Table 3). Some female participants noted making efforts to stop fights within couples when the husband was intoxicated. Female participants also disclosed stopping community members from conducting child marriages and ending disputes between mothers-in-law and daughters-in-law. There was a lack of data surrounding instances where females or males chose not to intervene, but some participants noted that they did not intervene in general or did not witness any violence to intervene upon (see Table 3).

Most instances of direct intervention—such as stopping a fight or a child marriage—were male initiated. Although only a few instances where interventions occurred were brought up by participants during interviews, most of those participants were males. Consequently, there were fewer instances where women intervened. Participants were also asked if they witnessed others intervening throughout the community. The data from this question exposed that, just as instances of intervention are limited, intervention is also not highly visible within the community and amongst community members.

Addressing Harmful Social Norms Within the Family Context

Across the board, participants disclosed notable changes within their family since becoming involved with the SAHAJ programming. Most participants disclosed sharing or discussing their learnings within their family. An overwhelming majority of participants, both female and male, believed the changes within their family were noticeable to other members of the community. Changes included decision-making involvement of all family members, improved treatment of female family members, and ceasing of physical abuse and alcohol abuse. Noticeable positive changes within families show that participants were addressing harmful social norms within their household to some degree. Family change and its visibility to others is

an undocumented mechanism of change that was not listen in the IPSSJ-SAHAJ TOC framework.

Increased Awareness

Generally, females discussed an increased awareness of rights from the varying topics learned in the SAHAJ sessions. Overall, mothers-in-law discussed learning that child marriages should not be conducted, dowries should not be exchanged, and that daughters-in-law should be treated like their own daughters. Mothers discussed learning about living in harmony with their families, that both sons and daughters should be treated as equals, and that child marriages and untouchability should not be practiced. Wives also discussed learning that sons and daughters should be treated equally and allowed to study. In addition, they noted learning that child marriage, exchanging dowries, and not allowing females to leave the house were all crimes and forms of violence. In discussing their learnings, daughters expressed being taught how to file a complaint, seek help from the police, and bring their case forward in front of others. This was noticeably different from the other female responses. Daughters also discussed becoming aware that child marriage is a crime, and that equal education should be provided to both men and women. Lastly, many daughters also noted learning about how to earn, invest, and spend income. Fathers-in-law generally noted learning about avoiding fights within the family, treating sons and daughters equally, educating both sons and daughters, treating daughters-in-law fairly, and how to behave with women. Husbands discussed becoming aware that they should help and support their wives, that child marriage is illegal, and that they should respect their parents. Overall, fathers noted learning to respect their daughters and everyone at home and that boys and girls should be treated equally. Additionally, they noted becoming aware that child marriage is illegal and becoming aware about the consequences of violence. Many males discussed their learnings in a positive light, expressing their desire to learn more.

“Whatever the SAHAJ program is teaching right now has been going very well. There is no need for any change because so far, everything has been going great. I just request you to not close this program. Even if no one attends the program, I will certainly attend it.”

[Father, Rupandehi]

Perception as a ‘Role Model’ Family

Out of 40 participants, 29 noted that others in the community looked to his or her family as a role model or source of inspiration. These 29 participants included all family roles. Multiple female participants described friends, neighbors, and community members as eager to learn and wanting to attend the program sessions.

“They say that they wish that they could attend this class too because after attending this class, your family has learnt many things and gained knowledge and awareness.”

[Wife, Saptari]

Half of the females who did not state being a role model family said they did not think others regarded them as such, while the other half were not asked about this when interviewed. Considering one's family as a "role model" for others in the community shows a sense of awareness and allows families a platform to share their learnings from the SAHAJ program. In this way, families addressed harmful social norms by disseminating knowledge to other family members, friends, and neighbors. Although some female participants did not disclose being a role model, they still shared their learnings with others, addressing social norms while doing so. Women and girls discussed a mostly positive reaction from others when talking about and teaching their learnings to them, noting that community members believed the program teachings were good. Some stated that friends and neighbors believed the program was positive specifically *because of* the changes seen in the family. Only two mothers-in-law disclosed negative reactions from the community. One explained that some people understood the teachings, but others still did not. The other noted that her friends and neighbors did not care about the teachings, however, she later noted that they still benefitted from what she told them she had learned.

Male participants who believed others looked to their families as role models described community members as desiring to learn from them and taking inspiration from them. In this way, male participants noted an ability to share their learnings and address harmful social norms in the community. Similar to the female participants, half of the males who did not state being a role model family said they did not think others regarded them in such a way, while the other half were not asked about this during the interview. One father-in-law said that he did not think his family was a role model because other members in society did not try to listen to or learn about the teachings. Although this participant did not believe he had a platform to share his knowledge, he still believed his family addressed harmful social norms within. An overwhelming majority of participants, both female and male, believed the changes within their family were noticeable to other members of the community. Changes included improvement in decision-making, treatment of female family members, and ceasing of physical abuse and alcohol abuse. Multiple male participants disclosed other community members changing their habits because of the changes visible within their own family.

"Yes, it is noticeable. They tell us that since joining the program, our household has changed for the better. In our neighbor, the husband used to beat his wife after drinking alcohol. But, he has stopped after seeing changes in our family."

[Father-in-Law, Siraha]

In general, participants noted that changes within their own family were visible to others and that community members reacted positively to these changes, saying that the program was good or that it was teaching good things. Some also disclosed changes occurring in other families due to the change seen within their own family. Noticeable positive changes within families show that they were perceived by others as a source of inspiration for addressing social norms, leading others to seek this knowledge as well as the desire to change their behaviors.

Family Support for Women and Girls Challenging Social Norms

Table 4: Social Norm Challenging by Level

<i>Norms</i>	<i>Level of Challenge</i>
Females should not be educated	High
Females should do the housework	Low
Child marriage is acceptable	In between
Females should not participate in income-generating activities	In between
Females should not be included in household decisions	High
Menstrual restrictions for females are acceptable	None

Although numerous social norms were challenged by participants, when discussing the ideal characteristics of boys and girls, most participants stated that girls should focus on household chores like cooking, sewing, and cleaning (see Table 4). On the other hand, they mentioned that boys should be educated and earn money to support the household and contribute toward society. Although there were clear gendered differences in what participants believed as ideal roles of boys and girls, half of both female and male participants explicitly mentioned education as an ideal quality for girls (see Table 4). Many framed this as a change from the past, showing a shift in social norms. As mentioned above, a majority of the daughters interviewed said they were allowed and encouraged to study and go to school as long as they want.

“In the past, if a daughter in law didn’t fight or if she didn’t leave the house or visit outside of the home was consider ideal. But now, such mentality has transformed. She needs to be educated and contribute to the society. This is what we consider good nowadays.”

[Husband, Siraha]

“We should educate both boys and girls. Before, the only boys were sent to school. But, it has never been the case in our house as we send both our sons and daughters to school and now, the community has also changed.”

[Husband, Rupandehi]

Even though most participant responses bolstered the norm that females were expected do the housework, some male respondents noted having contributed to household tasks because of the SAHAJ sessions. Female family members confirmed these statements. While these male participants were a minority, and while this did not exhibit a high level of challenge, it still shows a small shift in this expectation.

As mentioned previously, many participants disclosed that they believed marriage after the age of 20 was ideal (see Table 4). Both female and male participants highlighted learning about child marriage as a form of violence and thus disclosed that they had become more aware of the issue and had started to challenge it. Some participants noted stopping child marriages from occurring in the community, showing that community members are challenging and defying this norm. However, some participants disclosed that child marriages were not eliminated and some still believed ages 15-17 was a fair age range for females to be married.

Within families, income-generation by the female family members was seen in an overall positive light (see Table 4). Household males disclosed supporting their wives and daughters in work and allowing them to leave the house for work purposes. Participants were split about decisions about the spending of female and other household income. While a majority said that they made decisions as a household about how to spend income, many also noted that there are certain family members that are the head decision-makers—meaning that those individuals make the final decision. Nonetheless, this still shows involvement of women and girls in decision-making, even if, in some cases, the elders in the family had the final say. Furthermore, many women had the ability to spend their income independently, without consultation with their partner. This was similar for daughters, who mentioned the ability to spend their income independently on clothing or school supplies. Concerning general household-decision making—such as division of household tasks—a significant number of respondents noted that families made decisions as a whole and that family members considered everyone’s opinion when making a decision. All female respondents noted having the ability to deny their family members if they were asked to do something they believed was unfair. Most said this would be done by discussing with the family member(s) and by helping them understand why what they asked was unreasonable. Most female respondents also believed their opinion was important in decisions about income spending, household tasks, and solving familial disputes. Altogether, this shows a high degree of challenging the norm that females should not be involved in decision-making.

Across the board, there were mixed views on which types of violence were still occurring or were decreasing among communities. However, menstrual restrictions were mentioned by many as a long-standing religious tradition that remains in place. As such, this appears to be a norm that has not been challenged and that may be hard to eliminate (see Table 4).

Community Support for Women and Girls Challenging Social Norms

The theme of community support for women and girls challenging social norms was an assumption made within the SAHAJ TOC. Assumptions play a major role within TOC frameworks because they are the basis upon which researchers can predict if the program is going to have the desired impact. Because the in-depth interviews did not pose any direct questions about community support, it is hard to draw accurate conclusions about whether the communities were supportive of women and girls. Furthermore, the program was only at midline, just prior to broader community involvement. One area that shed some light on community support involved income-generation. Overall, female and male respondents felt that community members viewed female income-generation in a positive or supportive light. A minority noted negative reactions or mixed views. Four female participants noted mixed views from the community, two of which noted negative views. A wife mentioned that some members

of the community think that the husband is sitting at home while making the wife work and a daughter mentioned that some were jealous of her income and told her parents she should not be working. Both participants mentioned education as a factor playing into these negative views. Only one male participant noted mixed views from the community on female income generation. This evidence may show some support from communities in this area; however, strong conclusions cannot be drawn because questions asked were not directly related to this theme nor was the program at a point in its progression to allow assessment.

Chapter 5: Discussion

While there is research surrounding violence prevention programs focused on addressing social norms in the family and community context, most of this research remains limited and evaluations are lacking. This study addresses this gap by interrogating and highlighting the pathways of violence prevention that are changing and their degree of change, specifically within the IPSSJ-SAHAJ project. Results are informative to the project itself and may be informative to similar programs that have a family-centered and multi-component approach involving community mobilization, income-generation activities, and gender-transformation surrounding norms. While these results speak on the IPSSJ-SAHAJ project, a key part of the significance of this thesis is that family-centered programs are being tested more often. Because a TOC is a living document that should be continuously updated, a good project interrogates its TOC. Findings may inform the upcoming endline evaluation of the IPSSJ-SAHAJ project to ensure that its measures are aligned with the TOC.

Theme 1: Women and girls do not tolerate and do intervene against GBV

The results indicate that tolerance surrounding certain acts of GBV or gender-based discrimination is decreasing. Namely, most participants were supportive of female education and female inclusion in household decision-making. There is growing awareness of the importance of education for both boys and girls in Nepal; qualitative evidence from the Tipping Point Program baseline shows that most parents aspire for both their sons and daughters to be educated [36]. Increased inclusion of females in decision-making is reflected in the IPSSJ-SAHAJ Midline Report. Communication was noted as inclusive and equitable across familial roles and changes among women and girls were significant—displaying an increase in ability to voice thoughts and opinions in family discussions [31].

Some, but not all, participants no longer tolerate child marriage, fights in the community, and fights among couples. Nepal legally enforces marriage at the age of 20, and data collected on child marriage in other programs suggests that the practice of child marriage in Nepal is decreasing, but not yet eliminated [36]. Evidence from the project’s Midline Report highlights a decline in violence in the community and among couples or families due to the increasing acceptability of seeking-help and the increased awareness of women’s rights [31].

Results indicating direct intervention against GBV among both women and men are limited. While some men reported stopping a female family member or community member from being married at a young age or stopping fights among couples, even fewer women and girls reported doing so. However, the analysis showing an increased willingness to stop or report instances of child marriage and fights shows a certain level of intervention, even if not always direct. Many participants highlighted a preference to solve disputes and cases of GBV within the home, which may be a contributing factor to the limiting data surrounding intervention in the wider community. However, the increased awareness among all family members of women’s and girl’s rights and young women’s ability to recognize important formal help option referral pathways suggests that help-seeking may change over time.

Tolerance surrounding limited female mobility remains high. While females are generally allowed to travel to school and work, this travel tends to require accompaniment by relative or female friends. Overall, females still require permission to leave the house in all cases, even when traveling with a companion. Additionally, travel is constrained to within the village. These results are reiterated in CARE's analysis [36].

Theme 2: Families address harmful social norms

Results indicate that families are addressing norms within the household. There is still a widespread expectation of traditional gender norms regarding household tasks—such as cooking and cleaning—even though males are increasingly contributing to chores. As noted in the project's Midline Report, there is a greater willingness of men to support a female's work in the home, but there is still a long way to go to achieve gender equity in the amount and type of labor women perform relative to men [31].

Across the board, families experienced a noticeable improvement in their family relationships and dynamics. Participants noted decreased conflict and alcohol consumption, as well as increased respect and care for others in the family. Evidence from the *Change Starts at Home* intervention shows an association between alcohol use and IPV; husbands and wives that participated in the project expressed significant reductions in male alcohol use and IPV perpetration [37].

Participants noted that changes within their own family were visible to others and that community members viewed them as a source of inspiration and as role models for addressing harmful social norms. Some also disclosed changes occurring in other families due to the change seen within their own family. These are potential pathways for diffusion of program impact. Prior research in Nepal has shown that, in response to social-norms multi-component intervention, individuals in communities in which there was greater interpersonal interaction around the program content were more likely to have reported supporting a victim of violence in the prior 12 months [38], and that norms change was significantly greater, especially among communities where there were more gender inequitable norms at baseline [39].

Theme 3: Families and communities support women and girls in challenging social norms

Within families, high levels of change are seen in norms related to female education, child marriage, participation in income-generating activities, and inclusion in household decision-making. The latest Nepal Human Development Report discusses recent laws and provisions focused on child marriage, female education, and female income generation [40]. The report highlights that, although child marriage rates remain relatively high, progress has been made in female education and labor force participation [40].

Many women felt supported and encouraged by their family members in their income-generating activities. Although females generally shared their earnings with their family, they disclosed input in household finances and some decision-making power in what they could keep and use for themselves. This participation in financial activities and decisions is also reflected in the CARE findings [36].

Results did not allow for conclusions to be drawn about the support of women and girls by communities, largely because the IPSSJ-SAHAJ project was not yet at a point in its progression to allow this assessment. Endline tools should ensure the inclusion of this theme in the in-depth interview guides.

Strengths and Limitations

As with all studies, there are limitations and strengths to this analysis. Some interviews could not be completed. However, all families represented had at least two members who participated in the interviews. Due to COVID-19 related lockdowns, some interviews were delayed and conducted over the phone instead of in-person. This reduced the ability of interviewers to ask direct questions about violence in accordance with ethical guidance. Additionally, half of the participants were not asked if they considered their family a role model for others. Although most family members interviewed were regularly attending IPSSJ-SAHAJ sessions, some noted challenges participating due to competing priorities related to household or family duties. At time of analysis, the IPSSJ-SAHAJ project was only at midline, prior to broader community involvement, which limited the data available to allow assessment of this component of the TOC.

Conclusions

GBV is a human rights violation that many initiatives are trying to prevent. The social norms and traditional structural factors that contribute to GBV are complex and difficult to address; however, increased research and understanding about the role of families can help to address these norms and structures. Analysis shows that role modeling plays a major role in the diffusion of violence prevention initiatives, which indicates a need for more investigation to explore this mechanism.

Chapter 6: Implications and Recommendations

Implications for Programming

Identifying the pathways that are activated, as well as those that are less activated, in violence prevention initiatives can help to modify programming geared toward families and communities. While change was seen in education, decision-making and income generation involvement, child marriage occurrence, and familial disputes and violence, there was little change in female mobility and the expectations placed on females to be homemakers. Additional programming should address the norms underlying GBV that are related to control over females that manifests in controlling their mobility and expecting them to remain at home.

The TOC framework for the IPSSJ-SAHAJ project is broad; modifying the TOC based on the findings to-date may assist in developing more accurate endline assessment tools. A clearer, more comprehensive, picture of the pathways of change may help researchers better identify where change is occurring and where it is not occurring as well as determine why.

Implications for Research

Because a social norms approach to the TOC is particularly relevant in violence prevention programs, future research should incorporate behavior change approaches to delineate the process of change and clearly identify how these approaches contribute to change [41]. Behaviors are carried out by actors; therefore, TOC's should indicate how individuals, groups, and structures are linked and how they influence one another [41]. In this way, programs can better target different actors with social norms approaches. As outlined in the behavior change wheel [42], behaviors are determined by capacity, opportunity, and motivation. All three elements are needed to change a behavior. Results seen in this analysis show that capability (skills or knowledge) about violence is high—this can be seen in respondents' increased knowledge about what constitutes GBV and why it is wrong. Conversely, opportunity (practical or social barriers) and motivation (internal incentives or factors) were not as high. The community aspect (communities support women and girls in challenging social norms) of theme 3 in the IPSSJ-SAHAJ TOC was not activated, showing a relation to the opportunity and motivation aspects of the behavior change wheel. Further research should ensure special attention is paid to this aspect of violence prevention.

Results indicated that role modeling is important in behavior change and knowledge dissemination, this mechanism is a clear example of the spread of influence of the program's sessions. Further research should investigate this mechanism of change.

Appendix

Appendix 1: In-Depth Family Interview Guide

Background

1. [Married adults only] Has your household composition changed since our last interview (example: divorce, marriage, new kids, death, family members moving in/out, family members working abroad)? If so, how?

Education

2. [Adolescent girls only]: Are you in school? If so, what grade? What is the name of your school?

a. [Adolescent girls only]: Have you ever not been allowed to go to school when other girls your age were in school? Why?

b. If not in school, why not? To what grade did you study?

3. [Adolescent girls only]: If there were no limits on the amount of education you could receive, what level would you study to?

4. [Adolescent girls only]: What level do you think your parents would like to you study to?

5. [Adolescent girls only]: Have you discussed this issue with your parents?

a. If not, how likely is it that you will have this conversation in the coming months?

b. If yes, do you and your parents agree on the level of education you will receive?

i. If you disagree, whose opinion will count the most?

Gender Norms

6. What qualities should a girl have to be considered an ideal woman in your community?

7. What qualities should a boy have to be considered an ideal man in your community?

8. Can you describe a typical Monday in your household? Probe: What do you do? What about your other family members?

a. Has your daily life changed since the start of the SAHAJ program? If so, how?

9. What, if anything, what would you change about the way tasks are divided in your household?

a. How likely are these changes to happen?

Marriage

10. What is the ideal age for girls to get married?

11. [Adolescent girls only]: At what age does your family want you to marry? What are the reasons for their wishes?

12. [Adolescent girls only]: Have you discussed this issue with your parents?

a. If not, how likely is it that you will have this conversation in the coming months?

b. If yes, do you and your parents agree on when you should get married?

i. If you disagree, whose opinion will count the most?

13. In your community, at what age do people expect a girl to marry? Why?
14. Who should be involved in deciding when a girl gets married and who she marries?
15. [Adolescent girls only]: Has your family ever received a marriage proposal for you? Can you tell me the story?
 - a. When did you accept the proposal and when do you expect to get married? Probe for practice of guana.

Sexual and Reproductive Health [Province 5 only]

In adolescence, girls undergo a lot of physical changes.

1. Have you discussed these changes with your mother/father/daughter?
2. When you/your daughter have/has your/her menses, how does your/your daughter's daily routine change, if at all?
 - a. Is this typical for your community?
3. What else has changed in your/your daughter's life since you/she became an adolescent?
 - a. Is this typical for your community?
4. How well do you think that you and your daughter/parents understand one another?

Income Generation

1. Please describe the income earning activity are you/female family member is involved in.
2. What made you/her choose this income earning activity?
3. Who will decide how to spend your/her earning?
4. [Females only]: Have you discussed how you will spend your income with your husband/ his family/your parents?
 - a. If not, how likely is it that you will have this conversation in the coming months?
 - b. If yes, do you and your husband/his family/your parents agree on how to spend the money?
 - i. If you disagree, whose opinion will count the most?
5. How does the family feel about your/her income generating activity?
 - a. What impact, good or bad, do you think the income will have on your family?
6. How do others in your community feel about the fact that you/her will work for an income?

Decision making – Voice

1. [Women and adolescent girls only]: How much say do you have in your household over decisions that affect you? What kind of decisions are you thinking about when you answered this question?
2. Which decisions do you make independently without consulting other family members (e.g. what to cook, small purchases, go to meet friends, what to wear, whether or how you will work for money, how to spend or invest money)? Explain.
3. What decisions would you like to make independently without consulting other family members but you are not able? Explain.

4. [women/girls only] If your spouse/mother-in-law/father-in-law/mother/father/brother asked you to do something you thought unreasonable or unfair to you, how much power do you have to refuse? Example.
5. What could or would you do to make them understand that what they asked was unreasonable or unfair? Probe: communication, negotiation.
6. Does your family make decisions the same way as most families in your community? If not, how does the decision-making process differ?
7. Has decision-making in your family changed since over the past year, if at all?

Citizenship card

16. What do you think about women having a citizenship certificate?
 - a. For women and girls who are 16 years of age and older only: Do you have a citizenship certificate? If yes, when did you get it? If no, why do you not have a citizenship certificate? How likely are you to get a citizenship certificate in the coming year?
 - b. For husbands only: Do you have a citizenship certificate? If no, why do you not have a citizenship certificate? If yes, when you get it?
 - c. For fathers-in-law only: Do you have a citizenship certificate? Which members of your family who are 16 years of age and above have citizenship certificates? Which members of your family who are 16 years of age and above do not have citizenship certificates? Why do they not have citizenship certificates? How likely are they to get a citizenship certificate in the coming year?
 - d. For adolescent girls under the age of 16: Do you think you will get a citizenship certificate when you are older? What age do you think you will be and who will help you to get it?

Mobility and Women's and Girl's Safety in the Community

1. How often do you (girls/women) / your female family members (men) leave the house and for what purpose?
2. Who usually accompanies you (girls/women) / them (men)?
3. Which places do you (girls/women) / they (men) go alone?
4. Whose permission do you (girls/women) /your female family members (men) seek before leaving the home?
5. When is permission not granted?
6. How fearful are you (for your female family members) of encountering men or boys who are roaming around the community?
7. In the past year, have you (girls/women), a female friend or female family member faced any negative experiences with men or boys who are roaming around the community? What happened?
8. What would happen if a family member saw you/female family member speaking to a boy or a man who was not a family member?
 - a. Has something like this happened in real life to you (girls/women), or a female family member?
 - b. What happened?
 - c. How did the family react?

- d. How did others in the community react?
 - e. Did this happen in the past year?
8. If a female member of your family was beaten or otherwise hurt by another member of your family, what would your family do to solve the problem?
 9. How would your family decide what to do to solve the problem? Probe: discussion, consulting other community members or S&J providers.
 10. Whose opinion about how to solve the problem is the most important? Why?
 11. How likely are you or another member of your family to seek guidance from someone outside the family on how to resolve the problem?
 12. [Women and adolescent girls only]: If you or a female family member were a victim of violence, how confident are you that you could express your opinion about how the situation might be solved?
 13. [Women and adolescent girls only]: What if your views were different from other members of the family, how confident are you that you could express them?
 - a. Would other members of your family listen to your opinion?

VAWG

1. Which forms of violence against women are widely practiced in your community?
2. Which of the forms of violence you mention is punishable by law?

Intervening

1. Please describe a situation that happened in the past year where you helped someone or you saw someone helping someone who was experiencing violence. Probe: Who helped? What kind of help was offered? What was the result?
2. How often, in the past year, did you see others in your family or community trying to help a victim of violence? Who helped? What kind of help was offered? What was the result?
3. In the past year, have you observed adults or adolescent boys or girls in this community working together to prevent violence against women and girls or to support violence survivors to get help?
 - a. Have you participated in such an activity? Describe.

Experiences with SAHAJ

1. How long have you been attending the SAHAJ programs?
2. How frequently do you attend SAHAJ programs?
3. What do you normally do during the SAHAJ group sessions?
4. When you are discussing issues in the group, what topics do most of the group members agree on? What topics is there more disagreement about?
5. How do you interact with group members outside of the SAHAJ program? Is this the same or different since before SAHAJ began?
6. Have you participated in any SAHAJ activities outside the group sessions? Which ones?
7. Do other members of your community look to your family as a role model? How do you know?
8. In what ways have you changed, if at all, since joining the SAHAJ program? Explain.

9. In what ways have other members of your family changed, if at all, since joining the SAHAJ program? Explain.
10. In what ways have your relationship with your family members changed since joining the SAHAJ project? Explain
11. Are these changes noticeable to friends, neighbors, others? How do you know? [probe for comments or other reactions made by others whether positive or negative.]
12. Have you shared your learnings from SAHAJ with anyone? Friends? Family? Neighbors? Community groups?
 - a. What have you shared?
 - b. What has been the reaction?
13. Are others in the community aware of the SAHAJ project or benefitted from it in any way? How so?
14. What would you change, if anything, about the SAHAJ program? Why?

References

1. United Nations Population Fund. *Gender-based violence*. 2020; Available from: <https://www.unfpa.org/gender-based-violence>.
2. Health Cluster. *Gender-based violence in health emergencies*. 2021; Available from: <https://www.who.int/health-cluster/about/work/task-teams/genderbasedviolence/en/>.
3. Nepal, M.o.H., *Nepal Demographic and Health Survey 2016*. 2017, Ministry of Health Nepal: Kathmandu, Nepal.
4. United Nations High Commissioner for Refugees. *Gender Based Violence*. 2021; Available from: <https://www.unhcr.org/en-us/gender-based-violence.html>.
5. SoPact. *Theory of Change (TOC) 2021*; Available from: <https://www.sopact.com/theory-of-change>.
6. Devries, K.M., et al., *The global prevalence of intimate partner violence against women*. Science, 2013. **340**(6140): p. 1527-1528.
7. Fulu, E., et al., *What works to prevent violence against women and girls*. Evidence Review of interventions to prevent violence against women and girls Pretoria: Medical Research Council, 2014: p. 1580-1589.
8. Jewkes, R., et al., *Effective design and implementation elements in interventions to prevent violence against women and girls. What Works To Prevent VAWG? Global Programme Synthesis Product Series. South African Medical Research Council, Pretoria*. Global Programme Synthesis Product Series. Pretoria South African Medical Research Council, 2020.
9. United Nations. *THE 17 GOALS | Sustainable Development*. 2021; Available from: <https://sdgs.un.org/goals>.
10. Clark, C.J., et al., *Impact of the Change Starts at Home Trial on Women's experience of intimate partner violence in Nepal*. SSM-population health, 2020. **10**: p. 100530.
11. Dunkle, K., et al., *Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda*. BMJ global health, 2020. **5**(12): p. e002439.
12. Le Roux, E., et al., *Engaging with faith groups to prevent VAWG in conflict-affected communities: results from two community surveys in the DRC*. BMC international health and human rights, 2020. **20**(1): p. 1-20.
13. Ogum Alangea, D., et al., *Evaluation of the rural response system intervention to prevent violence against women: findings from a community-randomised controlled trial in the Central Region of Ghana*. Global health action, 2020. **13**(1): p. 1711336.
14. Sonke Gender Justice, *Sonke Change Trial: A community mobilisation training manual for preventing men's use of violence against women. Booklet 1 workshop manual*. 2016: Diepsloot, South Africa. Sonke Gender Justice.
15. Al Mamun, M., et al., *The HERrespect intervention to address violence against female garment workers in Bangladesh: study protocol for a quasi-experimental trial*. BMC public Health, 2018. **18**(1): p. 1-16.
16. Gibbs, A., et al., *An individually randomized controlled trial to determine the effectiveness of the Women for Women International Programme in reducing intimate partner violence and strengthening livelihoods amongst women in Afghanistan: trial design, methods and baseline findings*. BMC Public Health, 2018. **18**(1): p. 1-13.

17. Gibbs, A., et al., *Stepping Stones and Creating Futures intervention to prevent intimate partner violence among young people: cluster randomized controlled trial*. Journal of Adolescent Health, 2020. **66**(3): p. 323-335.
18. Shai, N., et al., “*I got courage from knowing that even a daughter-in-law can earn her living*”: Mixed methods evaluation of a family-centred intervention to prevent violence against women and girls in Nepal. PLoS one, 2020. **15**(5): p. e0232256.
19. Beattie, T.S., et al., *Reducing violence and increasing condom use in the intimate partnerships of female sex workers: study protocol for Samvedana Plus, a cluster randomised controlled trial in Karnataka state, south India*. BMC public health, 2016. **16**(1): p. 1-11.
20. Murray, L.K., et al., *Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): A randomized controlled trial*. PLoS medicine, 2020. **17**(4): p. e1003056.
21. Heise, L., M. Ellsberg, and M. Gottmoeller, *A global overview of gender-based violence*. International Journal of Gynecology & Obstetrics, 2002. **78**(S1): p. S5-S14.
22. Clark, C.J., et al., *Social norms and women's risk of intimate partner violence in Nepal*. Social science & medicine, 2018. **202**: p. 162-169.
23. Puri, M., I. Shah, and J. Tamang, *Exploring the nature and reasons for sexual violence within marriage among young women in Nepal*. Journal of interpersonal violence, 2010. **25**(10): p. 1873-1892.
24. Amatya, P., et al., *Practice and lived experience of menstrual exiles (Chhaupadi) among adolescent girls in far-western Nepal*. PloS one, 2018. **13**(12): p. e0208260.
25. Pandey, S., *Persistent nature of child marriage among women even when it is illegal: The case of Nepal*. Children and youth services review, 2017. **73**: p. 242-247.
26. Pun, K.D., et al., *'Violence exists to show manhood': Nepali men's views on domestic violence—a qualitative study*. Global health action, 2020. **13**(1): p. 1788260.
27. USAID, *Justice mechanisms and conflict dynamics in Nepal: Local perceptions and impacts*. 2016.
28. Voluntary Services Overseas Nepal, *Strengthening Access to Holistic, Gender Responsive, and Accountable Justice in Nepal (SAHAJ): Project Proposal*. 2018.
29. Cari Jo Clark, et al., *Strengthening Access to Holistic, Gender Responsive, and Accountable Justice in Nepal (SAHAJ): Baseline Report*. 2020, Emory University and VSO Nepal: Atlanta, Georgia, USA; Kathmandu, Nepal.
30. Cari Jo Clark, et al., *Strengthening Access to Holistic, Gender Responsive, and Accountable Justice in Nepal (SAHAJ): Operational Research Protocol*. 2019, Emory University Rollins School of Public Health and National Health Research Council.
31. Cari Jo Clark, et al., *Strengthening Access to Holistic, Gender Responsive, and Accountable Justice in Nepal (SAHAJ): Midline Report*. 2020, Emory University and VSO Nepal.
32. Voluntary Services Overseas Nepal, *Strengthening Access to Holistic, Gender Responsive, and Accountable Justice in Nepal (SAHAJ): Theory of Change and Log Frame*. 2019, Emory University and VSO Nepal.
33. Monique Hennink, Inge Hutter, and A. Bailey, *Qualitative Research Methods*. 2015: SAGE.
34. Cohen, J., *A coefficient of agreement for nominal scales*. Educational and psychological measurement, 1960. **20**(1): p. 37-46.

35. Software, V., *MAXQDA*. 2018: Berlin, Germany.
36. Irina Bergenfeld, et al., *CARE Tipping Point Program Impact Evaluation*. 2019, CARE: Emory University.
37. Kalk, T., et al., *A qualitative examination of alcohol use and IPV among Nepali couples in a violence prevention intervention*. *Global Public Health*, 2021. **16**(4): p. 597-609.
38. Cislighi, B., et al., *Changing Social Norms: the Importance of "Organized Diffusion" for Scaling Up Community Health Promotion and Women Empowerment Interventions*. *Prev Sci*, 2019. **20**(6): p. 936-946.
39. Clark, C.J., et al., *Diffusion in social norms change about violence against women: A longitudinal analysis of intervention data from a cluster randomised trial*. *Glob Public Health*, 2020: p. 1-13.
40. Government of Nepal and UNDP, *Nepal Human Development Report 2020 - Beyond Graduation: Productive Transformation and Prosperity*. 2020.
41. Integrated Programme for Strengthening Security and Justice (IP-SSJ), *Social norms driving violence in the home and justice-seeking in Nepal*. 2016.
42. Michie, S., M.M. van Stralen, and R. West, *The behaviour change wheel: A new method for characterising and designing behaviour change interventions*. *Implementation Science*, 2011. **6**(1): p. 42.