

WORKING PAPER NO.5

BASELINE FINDINGS: ASSESSING
THE IMPACT AND SCALABILITY OF
PARTICIPATORY HOMEGROWN
PROGRAMS ON REDUCING AND
REDISTRIBUTING UNPAID CARE
WORK AMONG WOMEN IN RWANDA
– A CASE OF RESEAU DES FEMMES’
UNPAID CARE WORK PROJECT IN
RWANDA.



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Working Paper No. 5

Assessing the Impact and Scalability of Participatory Homegrown Programs on Reducing and Redistributing Unpaid Care Work among Women in Rwanda: A Case of Reseaux des Femmes' Unpaid Care Work Project in Rwanda: Baseline Report

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About

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1. Introduction and Background

1.1. Introduction

This report provides a descriptive overview of the quantitative baseline data collected in January and February 2022 for a research project evaluating a complex social intervention to reduce and redistribute women's unpaid care work (UCW) in Rwanda using homegrown solutions. The intervention aims to reduce and redistribute UCW undertaken by women in Rwanda's rural areas, thereby improving their quality of life and increasing their empowerment. The findings discussed in this report are from a survey of intervention and control households and 7-day time diaries completed by husbands and wives in each household, with some illustrative material from simultaneous qualitative research. The research design for the project is a cluster trial² informed by critical realism (CRCT)³, combining quantitative and qualitative research methods to explain what works for whom under what circumstances. The intention is not just to identify the changes that can be attributed to the intervention but to develop explanatory theories of why the changes took place (Danermark et al., 2019; Porter et al., 2017; Porter and O'Halloran, 2012). The purpose of a Working Paper at this stage of the project is mostly to describe the lives and subordination of rural women as revealed by the baseline survey and, in the process, to identify any differences between control and intervention groups which have occurred by chance and will need to be controlled statistically in the analysis of the final results.

An objective of critical realist social research is emancipation (Bhaskar, 2011; Sayer, 2011), and the intervention aims to transform gender relations so that men no longer oppress women. Gender is a structural category, a hierarchical ordering of social positions, roles, and identities such that men oppress women (Mader, 2016), reinforced by a patriarchal belief system that justifies the oppression. It is not just a category of social difference or inequality but an enduring relationship where men have power over women. The gender hierarchy intersects with other inequalities such as class, age ethnicity, and location (urban/rural). The gender structure (and those it intersects with) shapes the context in which women and men live their daily lives and conditions their agency. Individual women can exercise agency and challenge male domination, but it requires collective agency to transform the gender hierarchy (Mader, 2016) so that women are recognised as equal to men (cultural justice),

² The clusters were randomised to control and intervention at the district level, but households were selected using a non-random method. See the Methods section for more detail.

³ Realism is a meta-theory, influenced by Bhaskar's philosophy of science, which informs the design of research and is increasingly being used in evaluation research in the social and health sciences informed by Pawson's framework for realist evaluation (Pawson, 2013). Critical realist evaluation differs from realist evaluation by placing more emphasis on agency and using judgemental rationalism; it is emancipatory in its aims (De Souza, 2016; Porter, 2015).

have equal access to economic resources (economic justice), and have equal representation with men (political justice) (Fraser, 2009, 2013). Gender transformative change is a process. The intervention aims to activate women's collective agency and begin the process of transforming the restructuring of gender by reducing the UCW that women do, thereby enabling them to undertake more paid work, participate in local politics and have more time for leisure activities and rest and relaxation.

There is no agreed definition of women's empowerment - the shifting of the power relationship between men and women - nor any agreed measure to use for testing progress (Cornwall, 2018; Mosedale, 2005). Since the 2000s, the instrumental case for commodifying women's labour so that they take on paid employment as well as being responsible for UCW has become dominant. However, incorporating women into labour markets maintains inequalities, as women continue to be responsible for UCW, labour markets are gender-gender-segregated and traditional discriminatory norms and practices continue to justify the subordination of women. Progress on women's empowerment is neither linear nor inevitable, and an increase in women's paid employment does not necessarily empower them economically (give them greater control over economic resources), empower them in other spheres of their lives or change patriarchal attitudes and values. However, reducing and redistributing UCW and challenging the norms and values categorising it as women's work, work that is 'natural' to women and done as a 'labour of love', is essential to transforming gender relations.

Globally women are responsible for UCW, non-remunerated work carried out in the home and the community that could, at least in theory, be paid for and is indispensable for the wellbeing of individuals and society (Budlender, 2010; Chopra and Zambelli, 2017; Rohwerder et al., 2017; Zambelli et al., 2017). It is often dismissed as 'just women's work', arising from their maternal and caring 'instincts' and carried out as a labour of love (Chopra et al., 2013). There is also a fictitious boundary between UCW and paid work. It is often analytically challenging to separate the two - for example, when food is produced for the market and the household (Lombardozi, 2021; Stevano, 2021). Furthermore, UCW is essentialised, and as it has become commodified it has been seen as low-paid women's work in a gender-segregated labour market.

UCW significantly contributes to both the economy and human development outcomes (Budlender, 2010; Ferrant et al., 2014; Ferrant and Thim, 2019) but goes unrecognised (Chopra et al., 2013). The contribution it makes to a country's Gross Domestic Product (GDP) is not recognised because it is not included in the calculation of GDP. The International Labour Office estimates

that globally UCW contributes 9% of GDP based on an hourly minimum wage, challenging the view that men are more productive than women (Ferrant and Thim, 2019). Economic growth alone does not lead to women's economic empowerment and gender equality, at least partly because of values, attitudes and occupational segregation (Bilfield et al., 2020; Grantham et al., 2021). As women move into the labour market, the hours they spend doing UCW decreases, but this is not compensated for by men taking on more responsibility (Zacharias et al., 2012). The failure to address care policy and the unequal burden of UCW has stalled progress toward gender equality globally (Maghera and Parkes, 2020). The responsibility of women for UCW restricts their ability to take part in paid employment and the quality of jobs those that do have paid work can engage in. This makes married women with dependent children economically dependent on their husbands and has a negative impact on their wellbeing and quality of life, and is a barrier to gender equality and the empowerment of women (Ferrant et al., 2014; Sepúlveda, 2013). If SDG 5.4 is to be achieved, it is necessary to recognise, reduce, and redistribute UCW to enable the economic empowerment of women and the transformation of gender relations.

The Rwanda Context and Unpaid Care Work

Rwanda is an aid-dependent, least-developed country, with over 70% of the population living in rural areas and dependent mainly on subsistence farming (National Institute of Statistics of Rwanda, 2018). Productive work for most of the population is seasonal, tied to the agricultural seasons; employed work is mainly casual, and households have livelihood strategies (Abbott, Fox, et al., 2012; National Institute of Statistics, 2020b; NISR, 2018). In 2017, 52% of the population lived in extreme poverty (World Development Indicators - WDI), on less than U\$2.15 ppp a day. Due to the impact of COVID-19, the poverty headcount is likely to have increased by five percentage points, threatening the human capital gains made in recent years (World Bank, 2022). There is a shortage of attractive employment, with most women in rural areas cultivating the family farm. Women from landless households do poorly paid casual day farm labouring (Action Aid, 2020; Bird et al., 2022; National Institute of Statistics, 2020a, 2020b). Women have limited access to and control over resources, which has been exacerbated by the COVID-19 Pandemic (Katararwa, 2020). Women who have paid employment work mainly in agriculture; some have more than one job, and their work is poorly paid, seasonal and casual (Action Aid, 2020).

Despite a progressive gender legal and policy framework, Rwanda remains a profoundly patriarchal society with reproductive work feminised (Abbott and

Malunda, 2016; Action Aid, 2020; Chopra, 2021; Rohwerder et al., 2017). Women have little say in political decision-making despite the high proportion of women elected to political office, with women members of parliament following the party line rather than representing the interests of women (Abbott and Malunda, 2016; Bjarnegård and Zetterberg, 2022; UN Women, 2018). The Women's National Council, a mass membership organisation of which all women over 18 are members, has little power or influence. There is limited policy support for women's economic empowerment, no specific policy promoting it, inadequate financing of programmes, poor coordination across sectors and a lack of clarity among policymakers and funders on who has overall responsibility (IDRC, 2020). The agricultural policy, for example, is focused on increasing women's productivity, making women the problem rather than addressing the socio-political underlying causes of gendered inequality (Andersson et al., 2022). There is little pre-nursery, nursery or other school provision to support working mothers, especially in rural areas. The policy aims to educate parents (mothers) in providing adequate care and education for their infants and preparing preschool-aged children for primary school rather than reducing the mother's burden of childcare (Abbott and D'Ambruso, 2019; World Bank, 2020). However, the main barriers (mechanisms behind the problem) to gender equality and women's empowerment are patriarchal institutional structures and a culture of patriarchy. Unless these are tackled, women's economic empowerment initiatives are unlikely to have their intended impact (Andersson et al., 2022; Doyle et al., 2014; McLean et al., 2020).

Government policy encourages women to engage in paid employment, but women do the bulk of UCW and find it challenging to balance reproductive and productive work (Abbott et al., 2015; Abbott, Malunda et al., 2012; Action Aid, 2020). It impacts on the time they can spend on more productive activities, including paid work, leisure, quality time with their children and husbands, participating in community activities and resting. The burden is highest for married women with dependent children, especially preschool children (Abbott, Malunda, et al., 2012; Action Aid, 2020; National Institute of Statistics, 2020b). In 70% of households, men and boys do not contribute to UCW, and in rural areas women spend, on average, 6 hours a day on UCW compared to five hours in suburban areas and two hours in urban areas (Action Aid, 2020). Men, by comparison, do an average of two hours of UCW a day in rural areas and one hour a day in suburban and urban areas. In urban areas, the reduction in wives' hours on UCW is not because husbands take on more responsibility for it but because they can redistribute it to maids and nursery schools, purchase labour-saving devices and buy food from shops and markets.

Taking on paid work does not empower women but adds to their burden of work. Fifty-three per cent of married women aged 15-49 were in paid employment in 2018/19. However, in rural areas where most women live, they find it challenging to balance reproductive and productive work; they find UCW and the paid work available physically demanding and exhausting and have little time for leisure and personal care (Action Aid, 2020). Women are forced into the available paid work to ensure their family's survival; the work is not from choice and does not amount to a positive integration into the labour market. While some men say they are willing to do more UCW and see its economic value, there is little redistribution of UCW (Kennedy and Roelen, 2017; Rohwerder et al., 2017). Women argue that they need funded childcare, labour-saving devices such as water tanks and piped water, biogas generators and improved cook stoves, combined with more decent work close to where they live (Action Aid, 2020; Kennedy and Roelen, 2017; Rohwerder et al., 2017).

However, it is not just, or mainly that UCW limits the time and type of paid work women can do, but that traditional patriarchal gender attitudes prevent women from taking advantage of the formal opportunities afforded by Rwanda's progressive gender laws and policies (Berry, 2015). The gendered division of labour in the family and community is resistant to change (Burnet, 2019). A strong cultural belief remains that a wife must submit to her husband's authority (Ministry of Gender and Family Promotion, 2019). Women have limited control over their cash earnings, decisions about major household purchases, their health care or visiting family or relatives (National Institute of Statistics of Rwanda et al., 2021). Just over one in two ever-married women have experienced at least one type of controlling behaviour from their husband/former husband⁴. Nearly one in four wives cannot refuse to have sex with their husbands, and the same is the case for asking their husbands to use a condom. Violence against women, including domestic abuse⁵, is a violation of women's fundamental human rights, yet 65% of women and 35% of men aged 15 to 49 years agree that it is justifiable to beat a wife in at least one of seven specified circumstances (National Institute of Statistics of Rwanda et al., 2021) with qualitative research suggesting that the right of a man to beat his wife is a widely shared cultural belief (Abbott et al., 2014; Ministry of Gender and Family Promotion, 2019). Nearly one in two ever-married women has experienced physical, sexual or emotional violence from a husband/former husband and almost one in three in the year before the survey (National Institute of Statistics

⁴ Husband and wife includes couples living together as if married irrespective of whether they have been through a civil marriage ceremony.

⁵ Domestic abuse is also referred to as domestic violence and intimate partner violence [What Is Domestic Abuse? | United Nations](#)..

of Rwanda et al., 2021). Cultural beliefs and wives' economic dependence on their husbands limit survivors' ability to seek services and justice.

1.2. Reducing and Redistributing the Time women spend on Unpaid Care Work

To address UCW, the 'FOUR RS' need to be addressed: (1) *recognition* - making visible the contribution UCW makes to society and the economy and governments making policy responses; (2) *reduction* – reducing the time women and girls spend on labour-intensive care work; (3) *redistribution* – men and boys, the government, the private sector and communities taking on more responsibility for UCW: and, (4) *representation* - the meaningful representation of female unpaid carers in making national, community, and household budgets, policy, planning and decision-making so that UCW are considered in decisions about infrastructure and services. Research in Rwanda suggests reducing women's UCW is one element in the pathway to gender transformative change, transforming gender norms through interventions that shift men's household headship roles and patriarchal power, empowering women to challenge conservative gender norms. However, for men to take equal responsibility for UCW with women requires gender transformative change. Changing social norms takes time, and it requires a concerted effort involving legal and policy reforms, the media, schools, workplaces, advocacy groups in civil society and raising awareness among men and boys as well as women and girls and is a long-term aim (Doyle et al., 2014; Hall et al., 2020; Stern et al., 2018, 2021).

The time women spend on unpaid care can be reduced by providing labour-saving devices and by tasks being redistributed to other household members and society more generally. However, across the globe there is little evidence in any country that there has been a significant redistribution of the UCW done by women to other household members. Where there has been a reduction in the time women spend on UCW, this has been because of the use of labour-saving devices and/or the increased use of childcare services (Ferrant and Thim, 2019; Zacharias et al., 2012). Furthermore, there is a lack of evidence of what works in reducing and redistributing UCW and especially a lack of interventions evaluated using randomised control trials or realist impact evaluation.

The impact research that has been carried out generally finds that interventions to reduce UCW and provide childcare have a positive impact. There is little evidence of changes in men's behaviour or social norms. Oxfam's evaluation of its Women's Economic Empowerment and Care Programme using participatory

methods and time-use surveys, for example, found that interventions to reduce women's time collecting wood and water have a positive impact (Hall et al., 2020). However, a review of 57 evaluations of projects designed to bring about gender equality and the empowerment of women found little evidence that projects had brought about transformative change - that is, that there had been any change in discriminatory norms or any increase in the amount of UCW that men did (Independent Office of Evaluation, 2017). A Systematic Review and Meta-Analysis of the findings from projects designed to strengthen women's empowerment and gender equality found that many interventions improved women's access to resources and asset ownership and/or representation in the political process. However, these gains rarely positively affect secondary outcomes related to women's empowerment (Ridlehoover et al., 2021). Few interventions, for example, changed men's negative attitudes toward women, reduced the proportion of men and women agreeing that men's violence against women can be justified, or increased women's participation in household and/or community decision-making.

Although there have been interventions to reduce and redistribute women's UCW in Rwanda, there has been no impact evaluation of them. However, impact evaluations of several projects, variously aimed at changing negative gender norms, reducing domestic abuse, and encouraging more male involvement in childcare, have been reported in the scholarly literature. The findings from these are mixed, and there is a need for more research to understand better what works for whom and under what circumstances. The findings from an evaluation of the element of a programme designed to reduce domestic (intimate partner) abuse, a 21-week education programme reinforced by trained community activists, found that it was highly effective at reducing/eliminating domestic abuse at an individual couple level (Dunkle et al., 2020), but not at prevention (Chatterji, Heise, et al., 2020), and found no evidence that it had had any impact on physical or sexual violence at the community level (Chatterji, Stern, et al., 2020). A review of the findings from the evaluation of MenCare+ programmes found that men's tokenistic engagement in UCW did not transform gender relations. For that to happen, men needed to become equally responsible for UCW, which requires changing the norms around it at societal, community, group and individual levels (Doyle et al., 2014). A review of the Indashyikirwa programme in Rwanda, aimed at shifting and transforming gender inequitable behaviours and norms, found some positive shifts in individual beliefs and behaviour (McLean et al., 2020). However, these 'shifts' occurred without transforming discriminatory gender beliefs and norms (see also; Nicholas et al., 2020; Ruane-McAtee et al., 2019). A review of interventions, including some in Rwanda, aimed at reducing domestic abuse, a more equitable sharing of gender roles and an increase in

women's paid employment did not result in gender transformative change. Men doing more UCW did not challenge patriarchal norms and headship roles, with women continuing to submit to patriarchal norms to avoid conflict and violence. However, women moving into paid employment reduced the household's economic stress and gained more respect, authority and sense of self-worth. Women's and men's lived experiences led to a shared understanding of the value of cooperation, communication and non-violence. The authors argue that a more equitable sharing of domestic and provider roles are steps in the process of transforming gender relationships and that change needs to be at the community as well as the household level.

1.3. Conclusions

There is an economic and a social justice case to be made for reducing the time that women in Rwanda spend on UCW, thereby enabling them to spend more time engaging in productive work, having more time to participate in community activities, including in leadership roles, and more time for leisure and rest. Increasing the time women spend in the labour force drives economic growth and improves the health and wellbeing of men and children. Evidence shows that labour-saving devices and childcare can reduce the time women spend on UCW. There is also a need for public investment in care services and infrastructure that reduces the burden of UCW (Maghera and Parkes, 2020). However, reducing women's burden of UCW does not necessarily reduce their burden of work if it is replaced by paid employment, and having paid employment does not necessarily empower women. There are few opportunities for decent work for women (or men) in Rwanda, and deeply entrenched gender norms remain hegemonic.

There is a need to make more visible the time women spend on UCW and to get UCW recognised as making an important contribution to the maintenance of households and society more generally. It is important to understand how women and men spend their time, including the time constraints on men taking on more UCW. Changing normative attitudes to the relative status of men and women so that their fundamental equality is normatively recognised must be seen as a long-term goal; programmes to promote positive masculinity will not result in a substantial redistribution of UCW in the short term. Women's UCW is a social problem, not a personal trouble. It will not be solved by interventions just targeted at changing the attitudes of individual men and women. Normative attitudes at the societal level need to change, and changing norms takes time and a concerted effort – advocacy by civil society, including women's groups, the media, schools and churches, among others, as well as legislative and

policy changes, including policies for reducing women's UCW, to counter-hegemonic masculinity.

Section Two of this report describes the intervention planned by Réseau des Femmes (R des F to reduce and redistribute women's UCW. In Section Three we set out the aims and objectives of the research. Section Four describes our methodology, including research design, meta-theory, critical realism, sampling, data collection and analysis, and ethical considerations. In Section Five we report the findings from the research comparing the intervention and control clusters before the start of the intervention and between two forms of intervention. The comparison of the intervention and control clusters is to look for existing differences which persist, despite randomisation, across key background and outcome variables, to alert us to statistical controls which may need to be used in evaluating the results of the interventions. In Section Six we discuss and summarise main baseline findings from survey time diaries and qualitative research (focus groups) which bears on and offers further insight into the situation of the informants.

2. Réseau des Femmes Ouvrant pour le Développement: Rural Intervention for Reducing and Redistributing Women's Burden of Unpaid Care Work

Programmes are complex interventions inserted into complex situations. All interventions are underpinned by a 'theory' in that the intervention reflects assumptions regarding the causes of the problem and how actions will produce change. Complex interventions are likely to reflect many causal assumptions.

R des F is a Rwandan woman-led NGO that has been implementing projects promoting the status of rural women since 1986. They have been delivering an intervention using a 'Men Engage' approach to reduce and redistribute women's UCW. However, the programme has not yet been subject to an impact evaluation. The goal of R des F's intervention is to bring about gender transformative change through cost-effective home-grown interventions resulting in the redistribution of reproductive and productive labour, a reduction in the UCW that women do, the mutual recognition of the equal status of men and women and the work they do, and the creation of an inclusive social and political environment that supports expanded choices for men and women. It is predicated on the assumption that the changes will tackle the patriarchal barriers to gender equality and women's empowerment (Figure 1).

The programme comprises four interventions, mechanisms designed to change the behaviour of the participants, reducing the burden of reproductive work on women, enabling them to move into paid employment, and transforming gender relations:

- Households will be provided with water tanks (to harvest rainwater) to reduce the burden of collecting water.
- Married couples will participate in one training session promoting positive masculinity, aimed at increasing the UCW men do, reducing IPV and. more generally. leading to women's empowerment.
- Couples will have two training sessions on sexual and reproductive health rights, to encourage family planning, use of modern contraception and respect for women's right to bodily integrity.
- Women will have two training sessions in entrepreneurship to learn the necessary skills to set up productive household micro-enterprises, to give them economic empowerment.

The interventions themselves are mainly about reducing and redistributing the burden of UCW on women but, in combination, the four are expected to begin to transform gender relations. What needs to change are the underlying norms and values (patriarchal culture) that subordinate and infantilise women and justify the unequal power relations between the genders. There may well, for example, be a reduction in the hours that women spend doing UCW, an increase in the hours that men spend doing reproductive labour, and women may move into paid employment, all without changing power relations. Shifting norms and values (patriarchal hegemony, which is deeply ingrained in Rwandan culture) will take time and the commitment of various stakeholders, including family members, male allies, schools, churches, the media and civil society. The assumption is that if stakeholders are committed, and men and women change their behaviour, cultural attitudes and values will gradually change, leading to a transformation in gendered power dynamics. The goal of the intervention is therefore to:

bring about gender transformative change through cost-effective homegrown interventions that result in the redistribution of economic resources by redistributing reproductive and productive labour, the mutual recognition of the equal status of men and women and the work they do, and the creation of an inclusive social and political environment that supports expanded choices for men and women.

The project's Theory of Change is as follows:

access to assets and opportunities, inclusion (removal of the multidimensional constraints women face) and non-discrimination (women as a group NOT being denied opportunities and access) based

on the gender transformation envisaged in the 2030 SDG Agenda will empower women. Women are empowered when there is gender equity, inclusion, and non-discrimination, when the economic, political, and cultural barriers have been removed.

3. Research Aims and Objectives

The aims of the research are:

- To enumerate the outcome patterns - what interventions triggered what mechanisms for which women in what circumstances in reducing and redistributing UCW;
- To show what impact the interventions had on gender relations, women's empowerment and their quality of life;
- To uncover how the interventions tackled the barriers to reducing and redistributing women's UCW and facilitated gender equality and women's empowerment, for which women and in what circumstances;
- To explain how and why the interventions worked, how they overcame the barriers to gender equality and women's empowerment in the intervention clusters, for which women and in what circumstances.

The specific objectives of the evaluation are as follows:

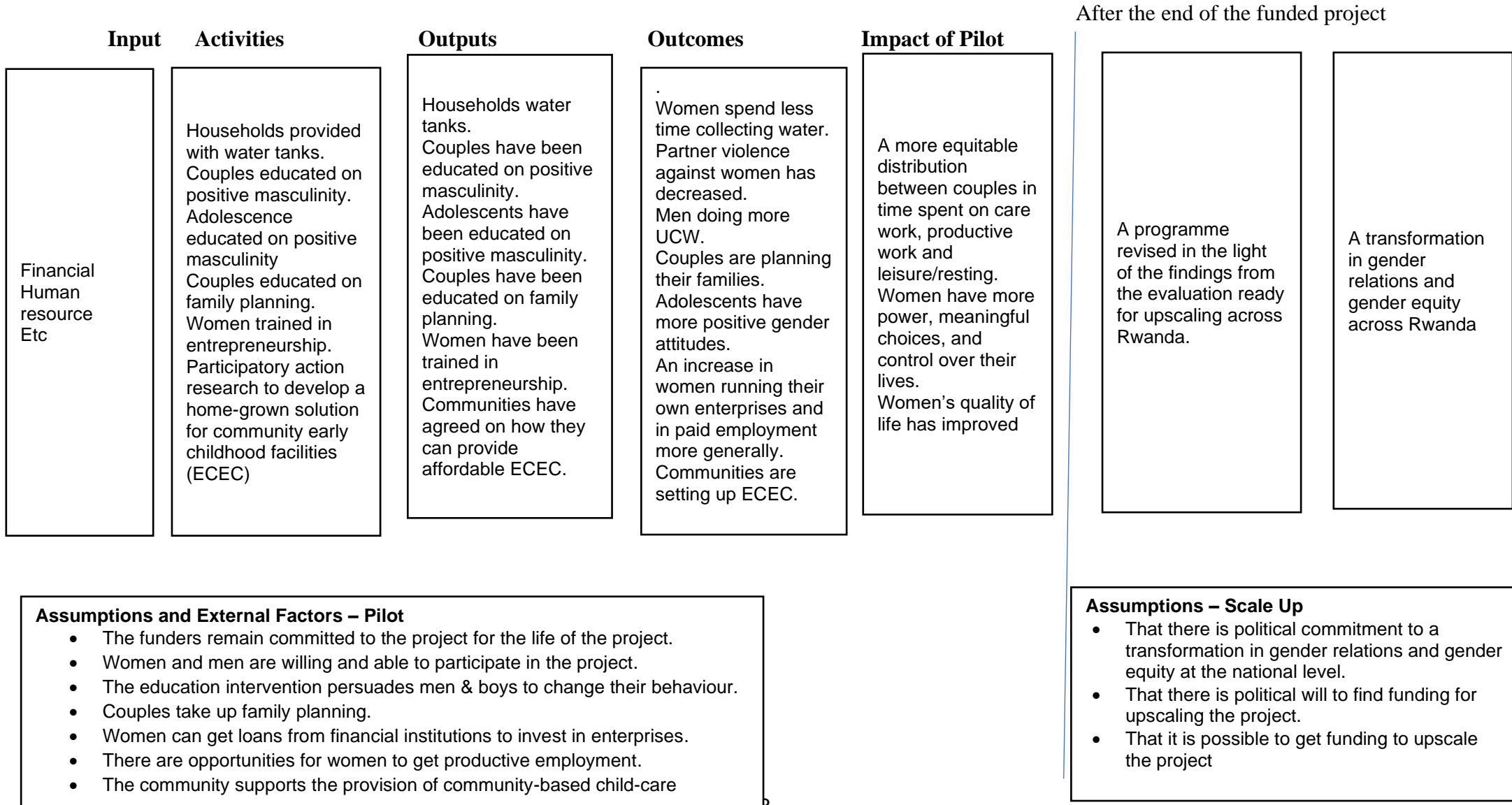
- Assessment of the short (within the life of the project), medium and long-term impacts of Réseau des Femmes' unpaid care work project on redistributing and reducing women's burden of UCW and the implications of this for women's economic empowerment and household livelihoods in Rwanda;
- Assessment of the short-term impact of the project on women's wellbeing and quality of life;
- To engage policymakers with evidence on what works in redistributing and reducing unpaid care work, for what women and in what circumstances among women in Rwanda, and
- To inform and support scaling up successful interventions among more districts and communities in Rwanda and deepening understanding of pathways for scale and effectiveness.

Research Questions

- *For which wives and under what circumstances does providing households with labour-saving devices (water tanks) reduce their burden of UCW?*
- *For which wives and under what circumstances does entrepreneurship training enable them to set up productive micro-enterprises?*
- *For which husbands and under what circumstances does participating in positive masculinity dialogues lead to positive changes in attitudes and behaviour to produce gender equality and women empowerment?*
- *For which husbands and under what circumstances does taking part in positive masculinity dialogues lead to them taking on more responsibility for UCW;*
- *Which wives NOW think the intervention has positively impacted on their lives and under what circumstances? (each intervention considered separately).*

- *For which couples and under what circumstances is there a redistribution of reproductive and productive labour?*
- *In which communities and under what circumstances is there a shift in gender norms, values, and attitudes?*
- *How cost-effective is the programme, and how can it be scaled up?*
- *What are the key lessons from the research findings for programming and policy formulation for women's empowerment in Rwanda?*
- *What is the feasibility, desirability and practicability of introducing Home-based ECD Facilities?*

Figure 1: Simplified Project Theory of Change



4. Methodology

4.1. Introduction – Research Design

The research is a critical realist impact evaluation of an intervention led by R des F to address systemic barriers to gender equality and women's empowerment by reducing and redistributing unpaid care work.

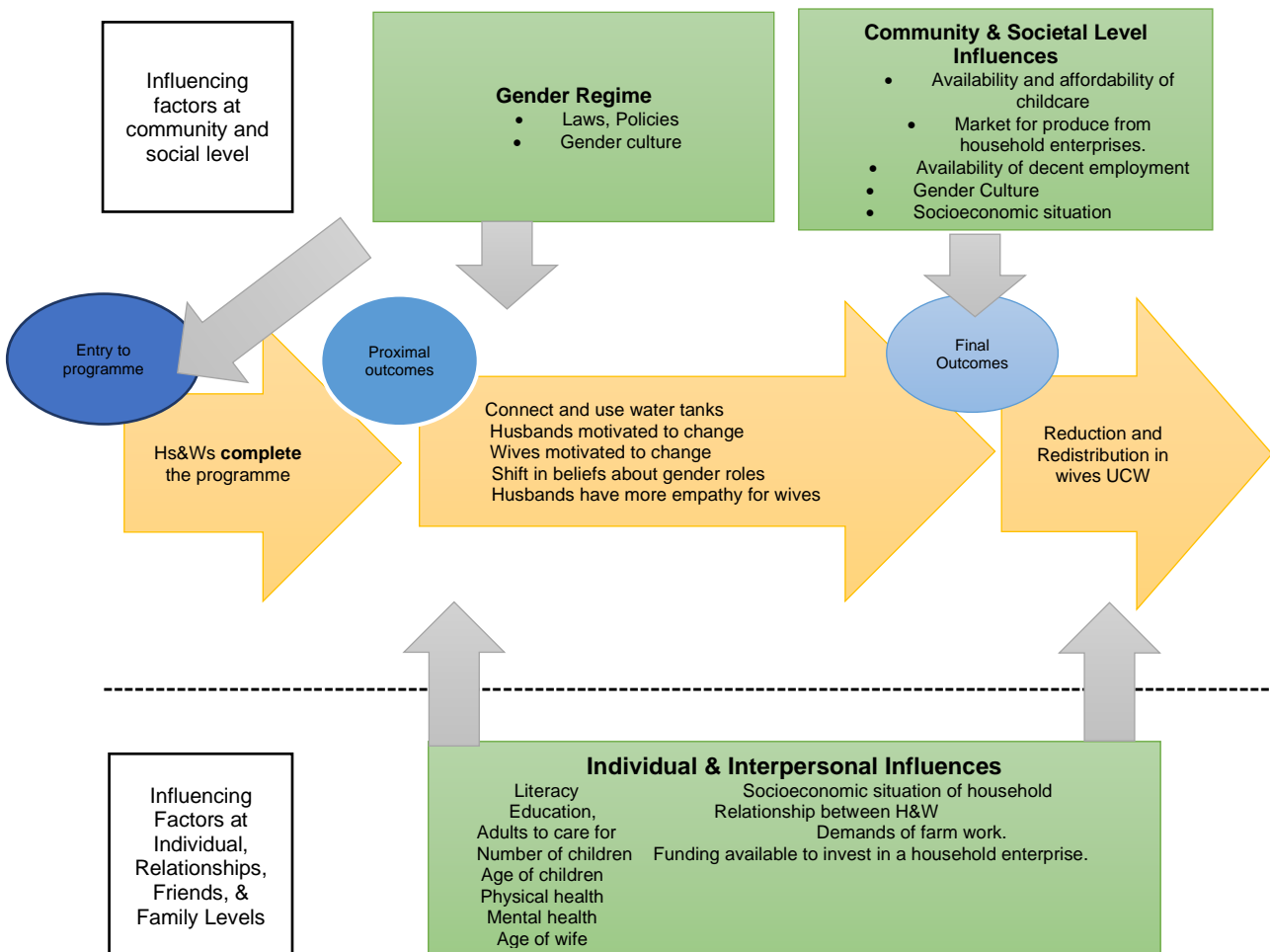
4.2. Study Design

The study design is a two- or three-armed critical realist control trial (CRCT) using quantitative and qualitative methods: for some purposes the control group will be compared with the intervention group as a whole, while for others the intervention group is divided into two groups which received different total intervention packages. The research takes a critical realist stance that acknowledges the complexity of the social world - the overall interaction of a given culture and its current institutions with individual agents' experiences and reactions. It aims not just to provide a yes/no answer to the question of whether the intervention 'works' but to investigate how and why the intervention worked (or did not work), how the success or failure was produced in the light of personal biography and current context and what kind of explanation is needed for making sense of these results. A CRCT overcomes the main weakness of RCTs, the conception of causality as the regular succession of events in the form of stimulus and response (Pawson, 2013). It does so by recognising that context matters, that social evaluation occurs in an open system and that human agency matters. The RCT can enumerate the outcome patterns and help us assess the relative contribution of the intervention mechanisms to the outcome (Bonell et al., 2018). A CRCT also enables us to open the 'black box' and identify how the intervention triggered mechanisms that resulted in the reduction and redistribution of UCW, for whom and under what circumstances (Archer, 1996; Danermark et al., 2019). This enables us to build theoretical explanations for what works, why, for whom and under what circumstances, taking account of the fact that the intervention is introduced into an open system where the context influences the outcomes and may affect sustained effectiveness and where there may be feedback between supposedly separate elements. Policy actors can be given more comprehensive and nuanced information about what must be done to implement effective and sustainable programmes that reduce and redistribute UCW.

For CR, context is relational and dynamic, not a static thing but an evolving set of processes. It is material resources, social structures, including conventions, rules and systems of meaning in terms of the reasons for action that are formulated' (Sayer, 2010: 75) which set limits on the efficacy of an intervention. When an intervention is introduced, however, it changes the context for the people living within

it, triggering ‘mechanisms’ that give people different opportunities and limitations, therefore presenting them with a different context in which to reason and exercise agency, potentially producing a range of outcomes including ones unintended by those who devising the programme. Thus “A programme comprises multiple elements or components which introduce ideas and/or opportunities for change into existing social systems; how people interpret and act upon these opportunities/ideas are known as the programme’s mechanisms” (Cheyne et al., 2013: 1112). This means that the same intervention may not lead to the same outcomes in different contexts, not just because causal relationships differ across contexts but because the context within which a causal process occurs is intrinsically involved in that process (Maxwell, 2004, 2012).

Figure 2: Interventions, Processes, Outcomes, and Influencing Factors

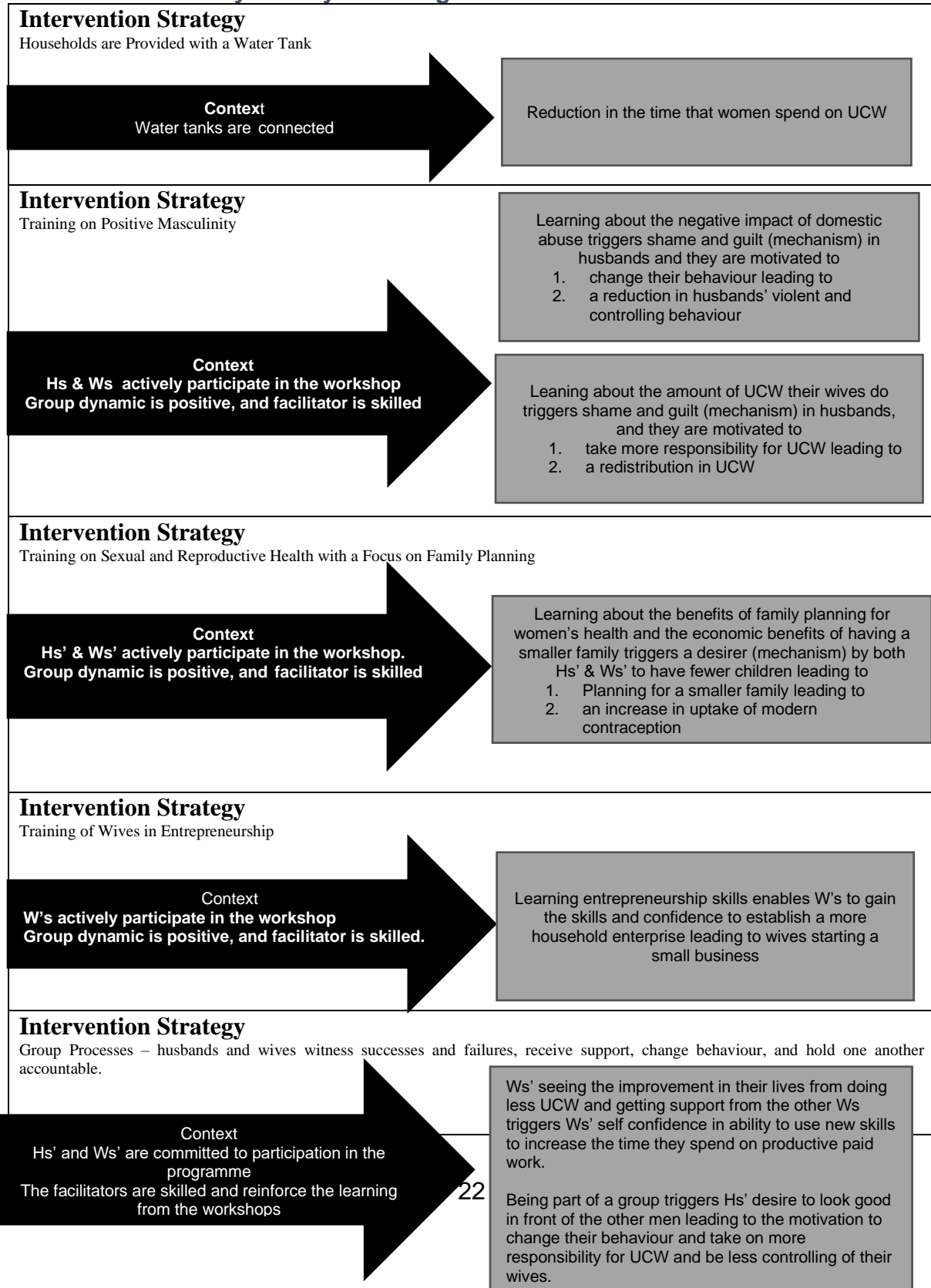


(Based on Velonis et al., 2016)

Critical Realism is theory-driven, and a provisional theory is developed at the outset of the project that is refined by the findings from the process (qualitative) evaluation, which offers answers ‘how’ and ‘why’ questions and by the quantitative evaluation, which answers ‘what’ questions and permits identification of groups that have benefited differentially from the intervention at community level (intervention clusters) and by individual and relational characteristics. Given the limited literature reporting evaluations of complex programmes to reduce and redistribute unpaid care work, we identified the essential outcomes (provisional) at the programme level that should be necessary to lead to further changes in the longer term to transform gender relations. We did this by working backwards and asking ourselves what interventions were likely to be linked to each outcome, how that strategy would trigger that outcome and, what contexts are likely to enable that to happen or block it from happening (Figures 2 & 3). Each intervention may be linked to more than one outcome and in some cases, changes have to occur in a particular order (e.g. if women are to do more income-generating work, then their burden of UCW has to be reduced, and husbands need to become less controlling of their wives). If women are to become economically empowered, they need to increase the amount they earn and control how the money they earn is spent. It is also necessary to identify facilitating context factors and inhibiting ones. Changes resulting from the programme interventions will be sustainable and, in the longer term, transform gender relations only if changes in gender (patriarchal) attitudes and values change at the community and household levels. The provisional theory is refined using abduction and retrodution from the findings identified in the process and outcome evaluations.

CR uses mixed-methods research, recognising that quantitative methods are more effective at measuring outcomes (including variations in outcome) and qualitative methods are more effective for investigating mechanisms and meanings and at identifying unanticipated aspects of context and outcomes. Qualitative methods enable us to understand not just what changed but how it changed, for whom it changed and why it changed - in other words, not just what R des F intervention for reducing and redistributing wives’ UCW changed, but how it changed, why it changed, and for which women it changed. Changes may not be the same in different contexts – including, for example, communities and families but also age, education and socioeconomic circumstances. Communities are expected to be important because it is difficult for people’s norms and values to change if the community does not support these changes.

Figure 3: Sample Context—Intervention, Agency, Mechanism-configurations from the Preliminary Theory of Change



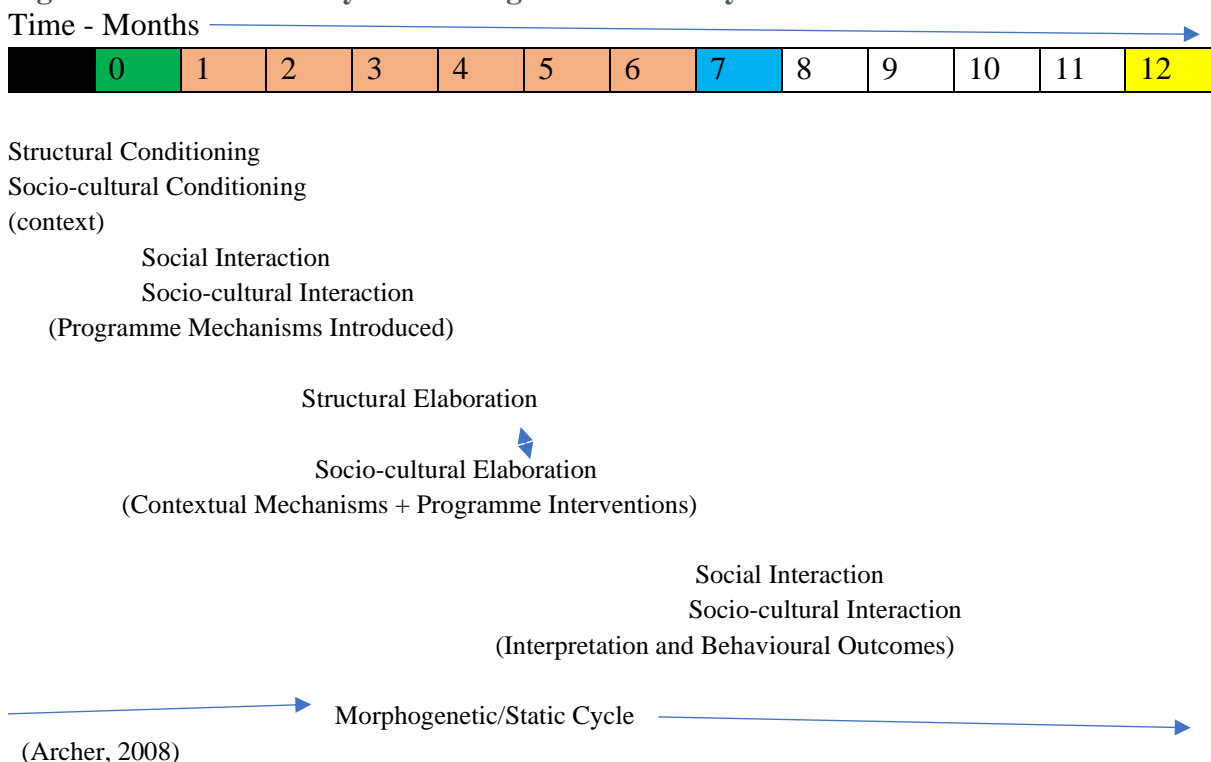


(Based on Velonis et al., 2016)

4.3. Intervention and Research Implementation

Figure 4 shows the intervention cycle and how, by studying the interplay between the pre-existing context (structural and cultural), the interventions and agency, and the mechanisms and outcomes (CAIMO), we can move from what makes the intervention work to understand *why* it works and for whom under what circumstances, how agency triggered mechanisms that caused the observed outcomes in the context. To do this, we used mixed methods research (Abbott et al., 2023). At baseline we carried out a survey, collected 7-day time diaries, facilitated FGDs with participants and key informant interviews with local leaders in control and intervention clusters. This research will be replicated at end-of-line. The participants in FGDs were selected to reflect the range of household structures. The survey and 7-day time diaries measure what how things stood at baseline. We will replicate the research at end of line. We will also carry out a qualitative process evaluation. This will enable us to identify *what* changed and to build theory about *why* and *how* changes were effected.

Figure 4: Intervention Cycle Showing the CAIMO Cycle



(Key 0 = baseline, 1-6 = intervention including positive masculinities for adolescents, 4=3 PAR on homegrown solutions for ECEC, 6, 9, 12 = case studies, 7 = mid-term evaluation, 12 = end-of-line evaluation).

4.4. Development of Tools

The tools included a household questionnaire, a questionnaire for wives and one for husbands, time diary grids for recording husbands' and wives' hourly activities and agendas for KII and FGDs. In addition to reviewing the literature on interventions to reduce and redistribute women's unpaid care work, we reviewed the literature on questionnaire design for research on women's unpaid care work and gender transformative change (Action Aid, 2020; Alkire et al., 2013; Asaolu et al., 2018; Buvinic et al., 2020; Glennerster et al., 2018; Hillenbrand et al., 2015; Laszlo and Grantham, n.d.; Lombardini et al., 2017; Morgan, 2014; Mullinax et al., 2018; The International Wellbeing Group, 2013). Based on that literature, we decided to use a survey, a time-use diary and qualitative research for the baseline and end-of-line research, qualitative research for the mid-term evaluation and in-depth case studies with the sampled households visited every six months using the time-use diaries and ethnographic interviewing. We decided to use seven-day time diaries 'filled in' daily because research has shown them to be much more accurate than the stylized approach of making daily or weekly overall estimates, given that this was the tool for measuring whether and by how much women's unpaid care work had actually decreased after the intervention compared with before (Budlender, 2010; Seymour et al., 2020). For each hour, we asked participants what the main activity was yesterday, what secondary activity they had been doing (if any) and whether they had been responsible for a child/children and/or for a dependent adult.

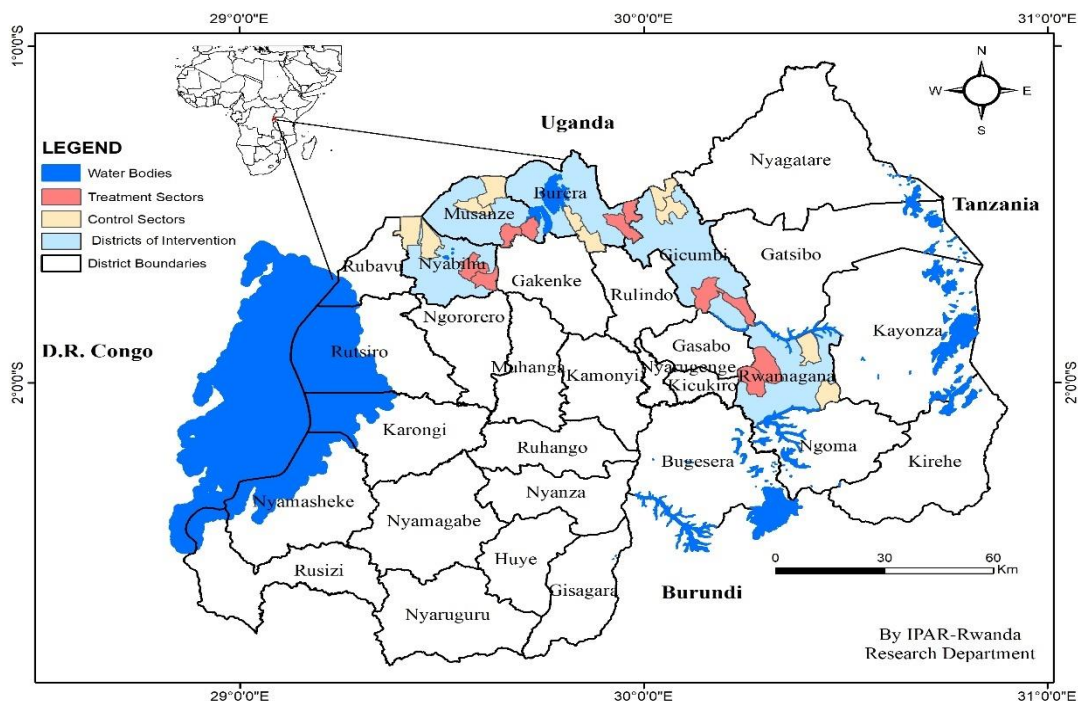
The tools were drafted in English and translated into Kinyarwanda by a native speaker and checked by a second native speaker. Any differences were resolved by discussing and/or consulting a third native speaker. The survey questionnaire was piloted and amended in the light of the pilot.

4.5 Sampling

The intervention is being delivered in five rural districts in Rwanda (see Map 1). Rwamagana lies to the East and Gicumbi to the North of Kigali. Gicumbi also has a border with Uganda. Burera is in the North and borders Uganda. Musanze and Nyabihu are in the North-west; Nyabihu borders on the Democratic Republic of Congo (DRC) and Musanze borders on both DRC and Uganda. In each District, four sectors were randomly selected and allocated to either treatment or control on a ratio of 1:1. Subsequently, two more clusters of villages were randomly selected within each sector, resulting in an overall study frame of ten intervention and ten control clusters. The target group is households headed by a married/cohabiting couple with

at least two dependent children younger than 12 years old, as women in such families have the greatest burden of unpaid care work. R des F invited all households in each cluster to participate that met the inclusion criteria until 55 households had been recruited. The total sample was 1,100 households (550 intervention and 550 control) with 2,200 participants (husband and wife in each household). The response rate to the survey was 94.2% (1035 households), 95% (522) of intervention households and 93.5% (514) of control households. Each household has a completed survey for both husband and wife. However, the proportion of households where we collected useable diaries (see below) for both husbands and wives was much lower, 45.8% of households (493) - 44.8% (215) of intervention households and 50.5% (278) of control households.

Map 1: Intervention and Control Sectors



There are higher poverty levels in rural than in urban areas in Rwanda. On average, rural Musanze, Burera, and Nyabihu households have a lower socioeconomic status than Rwandans as a whole or rural Rwanda (Tables 1 and 2). Rwamagana households, on average, have a noticeably higher socioeconomic status. Gicumbi, although not as well off as Rwamagana, also has a higher socioeconomic status. There are also higher poverty levels in rural Musanze, Burera and Nyabihu compared to rural Rwanda as a whole (Table 1). Gicumbi and Rwamagana have lower poverty levels in rural areas than the Rwandan average for rural areas. This is most likely due to their proximity to Kigali.

Table 1: Poverty Status of the Rwandan Populations, Total, Total Rural Rwanda and Rural Population for Districts from which Intervention and Control Clusters were Sampled, %⁶

	Severely Poor	Moderately Poor	Non-Poor
Total Rwanda	16.3	22.5	61.2
Total Rural Rwanda	18.3	25.2	56.5
Musanze	21.7	27.9	50.4
Burera	27.2	27.0	49.8
Gicumbi	13.9	21.1	65.0
Rwamagana	5.3	15.6	79.2
Nyabihu	19.0	30.1	50.9

Source: Authors' analysis of the EICV⁷ V data set

Table 2: Income Quintiles Rwanda Total, Total Rural Rwanda and the Rural Population for the Districts from which Intervention and Control Clusters were Sampled, %

	Q1	Q2	Q3	Q4	Q5
Total Rwanda	20.1	20.2	19.9	19.8	19.8
Total Rural Rwanda	23.0	22.4	21.6	20.4	12.6
Musanze	25.3	26.0	26.3	15.3	7.0
Burera	25.8	26.1	22.4	16.9	8.8
Gicumbi	18.1	18.5	21.8	26.8	12.7
Rwamagana	8.2	13.7	17.9	33.7	26.5
Nyabihu	25.5	25.0	22.2	19.1	8.3

Source: Authors' analysis of EICV V data set Note: Q1 is the lowest.

4.5. Data Collection

The baseline research was carried out in January and February 2022 during the short dry season when farmers are harvesting their produce, preparing storage facilities and drying produce for storage, and preparing land/fields for the next planting season.

Farmwork is bi-seasonal in Rwanda, with the growing seasons being from February to June and from September to January. The busiest months are when crops are harvested (January and June), and seeds are planted (February and June). At other times of the year, men in rural areas look for informal non-farm work, with women responsible for farm work.

⁶ This is based on the Rwanda poverty line. The severely poor cannot afford to consume the basic food basket even if they spend all their income on food. The poor cannot afford the basket of essential goods which includes food and other essential items.

⁷ EICV (Enquête Intégrale sur les Conditions de Vie des ménages) but usually referred to as the Integrated Household Living Conditions Survey

The lists of households to be interviewed were compiled by R des F, our intervention partner, who recruited the families to be included in the trial; participation in the trial was conditional on participating in the research. Trained data collectors collected survey data in Kinyarwanda. Handheld tablets were used to record the answers to the survey questions and the recording of the time diaries. The data were downloaded from the tablets into Stata and SPSS in preparation for data analysis.

The training of researchers and data collectors was in two parts. In the first part, the principal investigator trained the 10 team leaders who were experienced researchers. In the second part, the team leaders trained the research assistants. The data collectors were organised into teams. Each team had five data collectors (two male and three female) and a team leader. The team leader was responsible for allocating work, quality control and 7-day diary recording.

4.6. 7-Day Time Diaries

As well as collecting demographic information and general attitude data, the study collected from each informant a record – a ‘diary’ - of what they *did*, hour by hour, during the week. Often such records rely on people’s estimates of how much time they spend on activities and/or their memory on day 8 of what they did during Days 1-7. To improve the accuracy of the data, we collected information each day on what they had done the previous day (Table 3). Each day for a week, husband and wife were asked, independently and separately, what they had been doing hour by hour as their primary activity, as a secondary activity and if they had been responsible for a child/children or a dependent adult. These were recorded in a grid of hours by days, using a 28-point coding frame (27 kinds of activity plus a ‘0’ point for ‘doing nothing’). The 28 codes have been re-grouped into broader functional categories in Table 7. The notion behind the question was that care work is typified by active care with being ‘on call’ to deal with children’s or dependents’ unscheduled needs as they crop up and involves ‘oversight’ of the recipients of the care to minimise their problems, which is a tie on the carer’s time even if he or more often she is not actively working with the children or dependents – they can go to bed, for example, but they cannot go elsewhere to sleep or to work, leaving the children or dependents unsupervised behind them.

Not every household succeeded in contributing 7 ‘diary pages’ for both the husband and the wife. For the analysis of diary data, we have retained only families with at least 12 diary pages per household – i.e., a complete record for one participant and at least 5 for the other, or 6 pages for each. (What was Day 1 depended on what happened to be the day on which the interviewer first reached the household, so there is no inbuilt bias involved with losing one or two days during the week of pages.) About 85% of retained diaries were complete (14 pages), 9.4% had 13 pages, and 5.4 % had 12. In

the calculation of respondents' hours per week, entries from incomplete diaries were weighted ($\text{weight} = 7 / (\text{n of individual's pages})$) so that all participants contributed to totals as if they had generated all seven pages. This avoids biasing the count towards those with complete records. The final diary sample constituted 46.5% of the survey sample, 48% of control households and 45% of intervention. (For more information on the diary research and a discussion of the findings, see: Abbott et al., n.d.)

Table 3: Activities Recorded in the Diaries

Personal and leisure activities Personal care	1 Sleeping 2 Personal care (incl. meals)
Free time and leisure	0 Doing nothing 3 Personal leisure activities.
Productive labour Subsistence farming	4 Working on the family farm 15 Collecting fodder for animals
Paid work and associated activities	5 Working for cash/income in kind, including VUP 6 Selling surplus produce from the family farm 7 Travelling for the above 8 Looking for paid work
Unpaid work a) Domestic work	9 Shopping for food and household supplies ² 10 Domestic work – cooking, cleaning, washing clothes. 13 collecting fuel (e.g. firewood) 14 Fetching water
Unpaid work b) Care work	11 Childcare (incl. taking to or fetching from school) 12 Caring for a dependent adult in the household 19 Caring for community members (outside the household) 26 Taking child or dependent adult to health centre/hospital ³
Unpaid work c) Maintenance work	16 Repairing the house 17 Making things for the house 18 Making clothes for the household 23 Making toys for children in the household
Community involvement	21 Attending a community meeting 22 Communal work (e.g. Umuganda, infrastructural work) 23 Attending events in the community (e.g. weddings) 24 Volunteer, unpaid work (e.g. as a functionary)

	25 Religious activities
Other	27 Other

4.7. Data Analysis

SPSS version 27 was used for data analysis. Statistical tests, including χ^2 , Cramer's v, ANOVA and the Independent Samples t-test are used to test the significance of differences, according to the number of groups and the scale of measurement. We report significance at the 5%, 1% and 0.1% levels; we do not have entire confidence that differences at the 5% level are not due to chance alone, but we include them in order not to miss any systematic difference between groups. (Table 8).

Table 4: Statistical Tests Used in the Report

Test	Description of Use and Interpretation
χ^2	Measures the significance of differences in an n X n table. The cell-by-cell comparison (analysis of adjusted standardised residuals) enables the identification of the cells that deviate from independence (Agresti, 2013). A cell deviates significantly from independence when greater than 2 in smaller and 3 in larger tables—the greater the absolute value of a standardised residual, the greater its contribution to the χ^2 value.
Cramer's V	Cramer's V tests the significance of the difference in 2 X 2 tables.
Independent t-test	The Independent t-test tests the significance of the difference between the means in the control and intervention groups and between men and women.
ANOVA	One Way Anova test the significance of the differences in the means of a dichotomous dependent variable across the categories of an ordinal variable. The Scheffé Post Hoc test is used to determine the difference between categories.

4.8. Ethical Considerations, Safeguarding and Data Management

The project was given ethics approval through IPAR-Rwanda's ethics review procedures. Enrolment in the project depended on providing informed consent to participation in the research. Informed consent was obtained separately for the survey, the 7-day diaries and the qualitative research. Wives were also asked to give informed consent to the questions in the survey on intimate partner violence. Participants were given a project information sheet in non-technical Kinyarwanda explaining the

purpose, approach and dissemination strategy, their rights to withdraw from the research and how anonymity and confidentiality would be afforded. This was read aloud to participants before they were asked to give informed consent. Researchers provided women who reported that they had experienced domestic abuse with information on the help available to them. They left an information sheet where the woman agreed that it was safe for her to have one. Measures were taken to safeguard participants and researchers during fieldwork, including measures to mitigate COVID-19⁸. Fieldwork was undertaken with the permission of the Rwandan government and complied with government requirements. All data were stored securely following IPAR's data management policy, to prevent data linkage and unauthorised access to data. The names of all participants in the research and of the clusters have been changed to protect the identity of participants in the study.

5. Baseline Findings

5.1. Household Composition and Characteristics

For cRCTs, it is necessary to look for any initial dissimilarities in terms of background and outcome variables between the clusters or individuals that form the intervention and control groups. In this study there was a risk that such differences would be found, because clusters were randomised to the control group or an intervention before individuals were recruited to the trial, and there could have been differential take-up of the survey between the clusters. In the current case, all eligible households were recruited into the trial; the response rate was 95% of those enrolled in the trial and 94% of those listed for the control group. However, the number of clusters to be randomly allocated were small and so it was possible that baseline clusters might be unbalanced between the randomized groups.

In this and subsequent subsections the Tables show the significance of differences between the Control Group and the combined Intervention Group as a whole. Data for the division of the Intervention Group into two subgroups (I1 and I2) are also shown, and where the division throws up significant differences the fact is noted in a footnote to the Table.

⁸ The research followed the requirements of UK Research and Innovation (UK R&I) policy on safeguarding and UK R&I Guidance on Safeguarding in International Development. There are four safeguarding issues relating to the project, the risks associated with COVID-19, interviewing vulnerable women, the risks of junior researchers being bullied and harassed by more senior researchers, and the risk of researchers being distressed by the disclosures that vulnerable women make.

For the Wealth Index, we followed the guide to constructing the Demographic Wealth Index and its quintiles.⁹ The Wealth Index and quintiles enable us to compare socioeconomic differences within the sample. The Lived Poverty Index (LPI) gives us a measure of the extent to which households perceive themselves as living in poverty¹⁰. To calculate the LPI, we combined the responses to five questions on how often the households had to go without a basket of necessities in the previous year, food, clean water, medicines and/or medical treatment, fuel to cook food and a cash income. The LPI scores range along a five-point scale from 0 to 4, with 0 indicating no poverty and 4 a constant absence of all necessities. A score of 2.2 or higher indicates extreme poverty. Severe lived poverty is the proportion of households that have frequently (many times) /always had to do without the five items. The scale has been shown to have strong internal validity and reliability across countries and time.¹¹ There was a significant difference between the control group and the combined intervention groups on the Lived Poverty Index – self-report of being unable to afford key resources – and inspection of the divided intervention groups shows that I2 was fairly similar to the control group but I1 scored markedly lower (Table 5). This initial difference will need to be borne in mind when looking at the effects of interventions in the light of the influence of affluence or its converse. The effect was not duplicated in the Wealth Index, on which all groups score around zero on average, plus or minus a small amount.

The intervention and control groups did not differ significantly in the number of children living in the household who were under 18 years of age, but there is a suggestion of possible difference ($p < 0.05$) in the number of children in the household under the age of 7 (i.e. preschool). Again it is group I1 which deviates from the other two, with larger numbers of young children over-represented compared to the other two. There were no significant differences by age of husband or of wife, however.

Table 5: Household Key Indicators

Variable	Overall mean	Mean for control group	Mean for intervention group	Sig. of difference (t-test)	<i>Intervention1 Mean</i>	<i>Intervention2 Mean</i>
Lived Poverty Index, mean ¹	1.28	1.33	1.23	P<0.01	1.18	1.28
Wealth Index, mean	-0.002	-0.011	0.004	ns	0.044	-0.032

⁹ [Steps to constructing the new DHS Wealth Index.pdf \(dhsprogram.com\)](#)

¹⁰ The proportion in poverty/severe based on this measure cannot be directly compared to the proportion in poverty based on the EICV measure.

¹¹ Mattes, R. (2008). The Material and Political Bases of Lived Poverty in Africa: Insights from the Afrobarometer, in, V. Moller, D. Huschka and A. Michalos (eds), *Barometers of Quality of Life Around the Globe: How Are We Doing?* Springer Science Business Media B.V. [bfm:978-1-4020-8686-1/1.pdf \(springer.com\)](#). Mattes, R (2020) Lived Poverty on the Rise. Afrobarometer Policy Paper No 62. [ab_r7_pap13_lived_poverty_on_the_rise_in_africa_1.pdf \(afrobarometer.org\)](#)

Number of children living in h'hold aged <18	3.21	3.18	3.23	ns	3.24	3.23
Number of children living in h'hold aged <7 ²	1.36	1.32	1.40	P<0.05	1.48	1.33
Mean age of husbands	37.8	37.8	37.7	ns	37.4	38.0
Mean age of wives	34.8	34.9	34.6	ns	34.3	35.0

Significance from one-way anova (control vs 2 intervention groups):

1: p<.001: I2 is much the same as Control; I1 is lower.

2: p<.05: I2 is much the same as Control; I1 is higher.

5.2. Education and Employment

There are no significant differences between the control and the intervention groups in educational attainment, but main occupation differs significantly (Table 6). Husbands and wives are significantly more likely to be in paid farm work in the control group than in the intervention group, and less likely for their main employment to be unpaid. Husbands in the control group are more likely to be in paid non-farm work than those in the intervention and wives in the intervention group to do UCW as their main occupation. Wives in the control group are likelier to be unemployed (not working but looking for employment) than those in the intervention group. However, the proportion of wives (and husbands) saying they are unemployed is small. Education is an important determinant of employment in Rwanda, although most work is in agriculture, either running/working on a family farm or doing paid farm labouring. Jobs seen as desirable usually require literacy skills even when they do not require educational credentials. Volunteer roles in the community also usually require literacy skills, and some, such as community health workers or mediators, require a primary school leaving certificate (Abbott et al., 2020). There is also a stigma attached to being unable to read and write.

Table 6: Education and Employment, Intervention1, Intervention2, and Control Groups, Husbands and Wives

Variable	Overall	Sample		Intervention1		Intervention2		Control		Significance of difference between groups (control and two interventions) ¹	
		H	W	H	W	H	W	H	W	H	W
Can read a simple passage ²	No %	11.2	14.8	12.6	15.9	13.4	12.4	9.3	15.3	ns	ns
	With difficulty%	10.6	12.2	10	12.5	10.7	13.6	10.9	11.3	ns	ns
	Fairly easily%	39.2	41.9	36.4	43.6	36.6	42.6	41.8	40.8	ns	ns
	Fluently%	39.1	31.1	41	28	39.3	31.4	37.9	32.6	ns	ns

Can do simple arithmetic ³	No %	8.4	12.9	10.7	14.4	9.2	10.5	6.8	13.4	ns	ns
	With difficulty%	11.5	14.2	12.6	14.8	13.7	18.2	9.7	11.8	ns	ns
	Fairly easily%	41.4	41.3	36	43.2	38.2	38.4	45.7	41.7	ns	
	Fluently%	38.8	31.6	40.6	27.6	38.9	32.9	37.7	33.0	ns	ns
Highest level of completed education ⁴	None/incomplete primary school%	44.3	51.5	40.6	49.6	43.9	51.6	46.3	52.5	ns	ns
	primary school%	44.0	36.4	48.7	39.0	44.3	37.6	41.4	34.4	ns	ns
	Junior secondary school%	5.8	6.0	5	4.9	6.5	5.4	5.8	6.8	ns	ns
	Senior secondary school%	6.0	6.1	5.6	6.4	5.3	5.4	6.4	6.2	ns	ns
Main occupation ⁵	Paid farm work%	17.6	19.7	13.4	13.3	12.2	12	22.6	26.8	p<.001	p<.001
	Run family farm%	45.7	51.2	44.1	45.8	47.7	53.1	45.5	53.0	ns	ns
	Unpaid family farm%	16.0	12.2	23.8	19.3	19.5	16.3	10.3	6.6	p<.001	p<.001
	Paid non-farm work%	13.8	4.7	10	5.7	12.6	4.7	16.3	4.3	P<.001	ns
	Run non-farm family business%	3.5	3.1	4.6	2.3	4.2	1.9	2.5	4.1	ns	ns
	Unpaid non-farm family business%	1.3	1.2	1.9	2.3	1	1	1.2	0.8	ns	ns
	UCW%	0.5	5.0	1	5.7	0.4	8.5	0.4	2.9	ns	p<.001
	Unemployed%	1.6	2.9	1.5	5.7	2.7	2.7	1.2	1.6	ns	P<.001

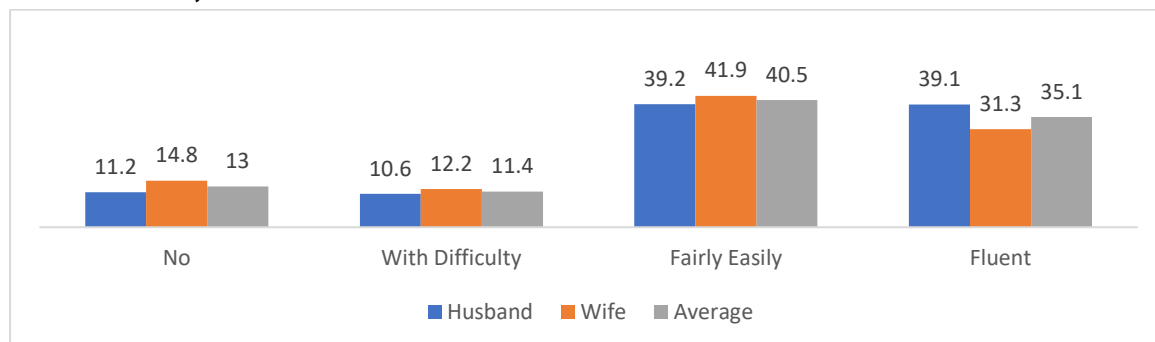
Notes: ¹significant if adjusted standardised residuals are greater than 2.; ² χ^2 non-sig for H & W;

³ χ^2 (3) = 10.684 p<0.05, W non sig; ⁴ χ^2 non-sig for H & W;

⁵ χ^2 sig for H χ^2 (7) = 43.704, p<0.001, for W χ^2 (7) = 74.011, p<0.001

Wives were, on average, less well-educated than their husbands, although the differences were not large (Figures 6 & 7). For basic literacy (being able to read a simple passage), the only significant difference is in reading fluently, where husbands are significantly more likely to say that they can do so than their wives.

Figure 5: Difference in the Literacy Levels of Husbands and Wives, Control and Intervention, %



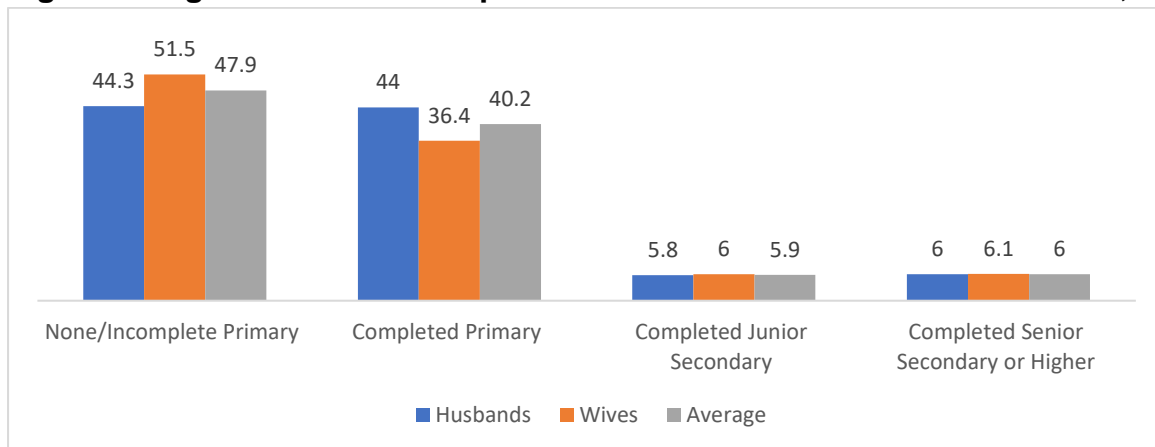
χ^2 (3) = 116.41, p= <0.001, adjusted residuals greater than 3 = Fluent

Wives are more likely to have never been to school or not to have completed primary school than husbands (Figure 6). There is no significant difference in completing junior or senior secondary school or higher education. Most husbands and wives participating in the project will have started primary school before it was made fee-free in 2003. Before 2003 girls were more likely than boys not to be sent to school, and if they were sent there was a tendency for them to leave earlier. Until 2009, there was a 10% cap on processing to secondary school and selection to transfer was competitive. Secondary schooling was fee-paying and mainly boarding until 2009, making it the preserve of children from more affluent households.

In the focus group discussions (FGDs), participants said that not being educated and lacking technical skills made finding employment difficult. For example, a participant in a male FGD told us:

In the past, girls frequently did not go to school, and those who managed to enrol could not complete it due to different societal norms for boys and girls. Now girls get an education and become literate like their brothers.
(FGD_Male_Muyumbu).

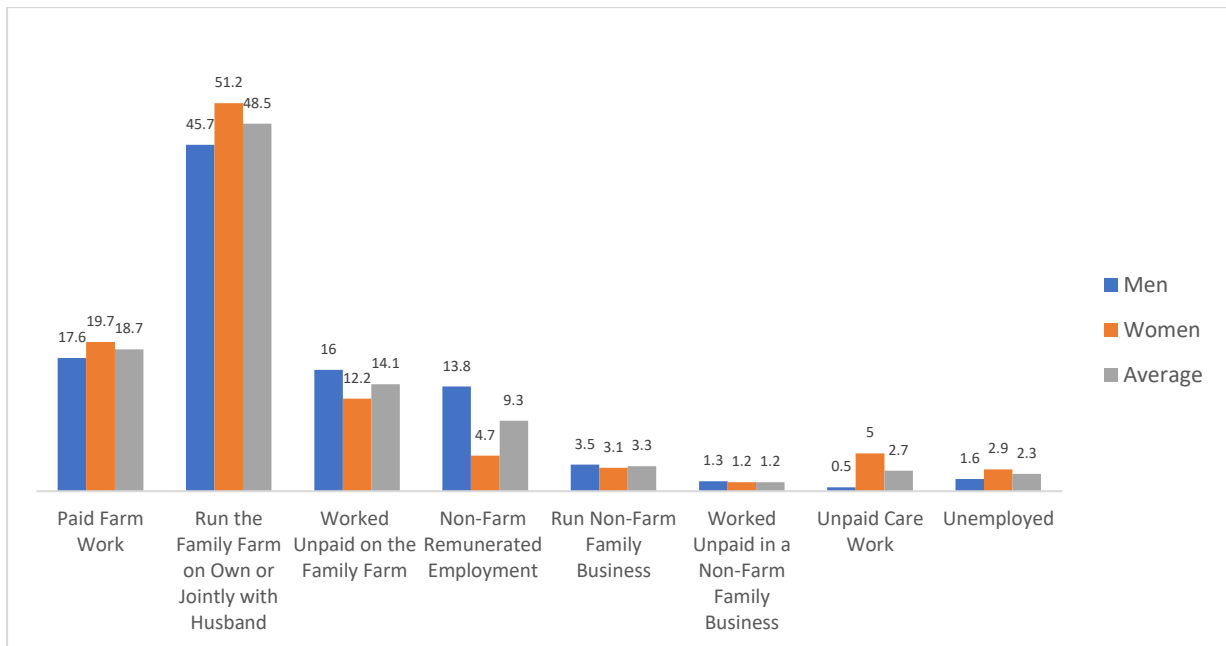
Figure 6: Highest Level of Completed Education for Husbands and Wives, %



$X^2(3) = 13.197, p < 0.01, \text{Cramer's } V = 0.08, \text{adjusted residuals greater than } 3 = \text{none/incomplete primary school and completed primary school}$

The main occupation of the husbands and wives is in agriculture, own-account farming or paid agricultural labouring (Figure 8). Husbands are significantly more likely than their wives to be in non-farm employment or running a family enterprise - 17.3% of husbands compared to 7.8% of wives. Twenty-four per cent of husbands and 11.5% of wives have secondary non-farm jobs. Only 5% of wives and less than 1% of husbands said their main occupation was unpaid care work.

Figure 7: Main Occupation of Husbands and Wives, %



$X^2(7) = 98.21$, $p > 0.001$, Cramer's $V = 0.218$, adjusted residuals greater than 3 = Non-farm Job, Non-farm Family Business, Unpaid Care Work

There is no significant difference between the control and intervention groups in the proportion of participants whose main activity over the year before the survey was in agriculture. However, participants in the intervention group were significantly more likely to have worked as paid agricultural labourers than those in the control group (25% cf 19%, $X^2 p=0.001$) or to have worked unpaid on the family farm (19.7% cf 8.5%, $X^2 p=0.001$). Although the difference between those doing UCW as their main activity was significant, the proportion of the participants doing UCW was small, 1.7% for the control group and 3.2% for the intervention group.

5.3. Measures of Outcomes and Impact: values at Baseline

Table 7 shows the outcome measures we will use to measure the efficacy of the intervention based on our Theory of Change and Programme Theory (see Figures 1-3 above). There are few significant differences between the wives in the intervention and control groups. The proportion of wives reporting DV in the last 12 months is significantly higher in the control than the intervention groups, and ideal family size is perhaps somewhat larger. Wives in the control group spend significant more hours in paid employment than those in the control group (and Intervention2's figure is lower), but there is no significant difference between groups as regards UCW. Again, we shall have to allow for any pre-existing differences statically when evaluating the effects of the interventions at the end of the research.

Table 7: Outcome and Impact Measures, comparing Intervention1, Interevention2 and Control Groups

Outcomes	Measure	Overall	Interven- tion 1	Interven- tion 2	Control	Significan ce of the difference between the I1, I2 & Control
Wives spend less time collecting water	Mean hours a week wives spend collecting water as main activity	2.68	2.53	2.96	2.68	NS
DV against wives has decreased	% of women reporting DV in previous 12 months	29.4%	19.7%	21.7%	38.3%	P<.001 ²
Couples are planning their families	Wives' ideal family size, mean	3.76	3.62	3.72	3.85	P<.05 ¹
An increase in women running their own enterprises and in paid employment more generally	Mean average hours a week wives spend in paid employment/ selling marketing produce,	8.8	7.4	5.7	10.6	P<.01
	% of economically active wives in non-farm paid employment as main activity in previous 6 months	5.8%	4.9%	9.3%	4.5%	ns

	% of economically active wives running own enterprise as main activity in previous 6 months	3.7%	3%	2.7%	4.5%	ns
Impact	Measure					
A more equitable distribution between couples in time spent on care work, productive work and leisure/resting.	Mean hours a week spent on UCW as main task	H 13.6 W 34.2	H 14.1 W 35.8	H 13.9 W 35.0	H 13.2 W 32.0	H NS W NS
	Mean hours unpaid work family plot (Main)	H 29.7 W 26.3	H 29.2 W 26.5	H 31.8 W 26.9	H 29.2 W 25.9	H NS W NS
	Mean hours a week on paid work/marketing (main task)	H 16.8 W 8.6	H 16.1 W 7.8	H 12.8 W 4.7	H 18.6 W 10.5	H NS W p<.01
	Mean hrs leisure/rest (main task)	H 21.8 W 15.0	H 20.8 W 14.8	H 23.5 W 16.4	H 21.8 W 14.8	H NS W NS
Wives' quality of life has improved	Mean on life satisfaction Cantrell's Ladder.	4.6	4.7	4.7	4.6	ns
	Mean on subjective health scale	3.1	3.0	3.1	3.1	ns
	Mean on Kessler Psychological Distress Scale	20.3	19.7	19	21.3	ns

Wives have more power, meaningful choices, and control over their lives	Whose opinion is most decisive in deciding about wife's health care, % mine (wife)	58.8	52.3	57.8	62.7	P<.05
	Whose Opinion is most Decisive in deciding how the money you earn is spent, % mine (wife)	45.3	39.8	41.5	50.0	P<.001

Notes: I&C, Intervention and Control; H, husband; W, wife; difference between I&C - *sig p<0.05, ns = not significant; test of significance, ¹Independent t-test, ²Cramer's V.

Paid work and **selling produce** in the market have been added together because both bring in income to the house (in cash or occasionally kind). The dominant contributor is paid work which contributes 8-16 hours; marketing proves at most 1 hour. 'Unpaid care work', here, comprises shopping, housework, cooking, collecting wood and water (but not fodder for animals), repairing the house and making objects or clothes for the household, care for children or dependents in or out of the household and taking people to the health centre or hospital (and sometimes staying with them). 'Leisure, here, is the sum of leisure activities, personal care and just doing nothing. It does not include communal activities such as meetings, unpaid labour, volunteer activities, communal occasions such as weddings nor religious activities.

5.4. Time Use: Employment and Unpaid Care Work

Using time diaries, we asked participants to tell us their main or secondary daily activities, hour by hour for a period of 7 days, in order to compare the burden of paid work, childcare and other unpaid care work (UCW) between husbands and wives and between control and intervention areas. Table 8 (in rows 3 and onward) shows the hours per week husbands and wives spent working (UCW, cultivation their own farm, in paid employment and time for leisure/relaxation). We also show the number of hours during which husbands and wives were responsible for children. There are no significant differences in time use between husbands in the control and intervention groups, nor, despite the apparent difference in the table, between the wives in the three groups - the variation bewothin groups is a great deal larger than the variation between them. The gender difference is strongly significant, however ; wives in the are responsible for children for significantly more hours a week than their husbands.

Table 8: Time Use and Unpaid Care Work

Variable	Overall		Intervention 1		Intervention 2		Control		Significance of difference between intervention1, Intervention2 and control	
% of UCW that wives think they do and their husbands do ¹	H 25	W 63	H 27	W 62	H 23	W 67	H 23	W 67	H ns	W ns
% of UCW that husbands think they do and their wife does ¹	H 35	W 64	H 37	W 61	H 33.2	W 67	H 33.2	W 67	H ns	W ns
Average hours a week spend doing UCW ^{2,4}	H 13.6	W 34.2	H 13.7	W 35	H 15.1	W 37.3	H 13.1	W 32.7	H NS	W NS
Average hours a week doing paid work/marketing produce ^{2,3}	H 16.8	W 8.6	H 15.8	W 7.3	H 13.3	W 5.6	H 18.4	W 10.3	H NS	W p<.01
Average hours a week working on family farm ²	H 29.7	W 26.3	H 29.6	W 27.2	H 31.5	W 25.4	H 29.2	W 26	H NS	W NS
Average hours a week for leisure/resting ^{2,5}	H 27.0	W 20.5	H 26.2	W 20.4	H 27.6	W 20.1	H 27.4	W 20.8	H NS	W NS
Hours per week during which respondent reported responsibility for children and/or reported childcare as an activity ²	H 9.8	W 38.4	H 10.3	W 42.8	H 9.5	W 41.8	H 9.5	W 32.5	H NS	W NS

Notes: ¹Survey data; ²time-use diary data; ³**Paid work** and **selling produce** in the market have been added together because both bring in an income (in cash or occasionally kind). The dominant contributor is paid work which contributes 8.6-17 hours; marketing proves at most 1 hour. ⁴ 'Unpaid care work', here, comprises shopping, housework, cooking, collecting wood and water (but not fodder for animals), repairing the house and making objects or clothes for the household, care for children or dependent in or out of the household and taking people to the health centre or hospital (and sometimes staying with them). It does not include collecting fodder, nor community meetings, labour or volunteer posts, which have political as well as service functions. ⁵ 'Leisure, here, is the sum of leisure activities, personal care and just doing nothing. It does not include communal activities such as meetings, unpaid labour, volunteer activities, communal occasions such as weddings nor religious activities.

In the household survey we asked wives and husbands to estimate how much of the UCW they do and how much their partner does (see the first two rows of Table 9)¹².

¹² The other 12% is done by other members of the household, most frequently children.

Wives estimated that they do, on average, 63% of the UCW and that their husbands do 25% with another member of the household doing 12%. Husbands agreed with wives about the proportion of UCW their wives do with the average being 64% but estimated, on average, that they do a larger proportion of the UCW than their wives estimated, 35%. We asked husbands and wives who looked after their young children when they were working away from home, 31% of wives whose children were not usually attending school said that they took them with them, but only 3.3% of men. Ninety-three per cent of the men relied on their wives looking after young children not attending school when they were working away from home, but only 35% of wives relied on their husbands. In the time diaries, wives and husbands reported few hours spent caring for children either as a main or a secondary activity. However, wives did report being responsible for children for many hours and especially so when compared with husbands. Husbands reported being responsible, on average, for 10 hours a week with no significant difference between intervention and control; wives reported 38 hours a week, with wives in the intervention households reporting significantly more time (43 hours), than those in intervention households (32 hours). Again, these are pre-existing differences which will have to be factored in to any account of the effectiveness of intervention.

5.5. Wellbeing

We use three measures of wellbeing: subjective health on a five-point scale from 'very good' to 'very poor', the Kessler Psychological Distress Scale¹³ (a screening tool for mental health) and subjective life satisfaction (Table 9). The question on subjective health has been shown to be a good predictor of people's actual physical health. 'Subjective life satisfaction' measures people's evaluation of their life, the cognitive component of wellbeing. The Kessler Scale has 10 items, each with five response options, covering the last four weeks; the responses are then totalled to produce the final Scale Score, running from 10 to 50. Those scoring under 20 are deemed to be well, those scoring 20-24 are likely to have a mild mental disorder, those scoring 25-29 a moderate mental disorder and those scoring 30 and over a severe mental disorder. It is a screening tool, not a diagnostic one. For overall Life Satisfaction measure we used Cantrell's ladder, which asks for general satisfaction with life or satisfaction with particular life domains on an 11-point scale from 0 to 10. The battery of questions on satisfaction with various domains of life was subjected to factor analysis and we found that the scores fell into three groups: (Group 1) overall life satisfaction and satisfaction with health and with living standards; (Group 2) satisfaction with UCW, paid work, time for leisure, rest, and recuperation; and (Group

¹³ The scale has been validated for use in sub-Saharan Africa: Sweetland, A C, Belkin, G S and Verdelli, H (2014). Measuring Depression and Anxiety in sub-Saharan Africa. *Depress Anxiety* 31(3): 223–232. [nihms604704.pdf](#)

3) satisfaction with where they live, with personal relationships, feeling safe where they live, feeling part of the community, family life, and how people generally treat them.

Differences between the intervention and control groups were small and were significant only for wives on the Satisfaction Scale 2 (satisfaction with time use), where the control group were significantly more satisfied than the intervention group, and the Kessler Psychological Distress Scale, where the control group were more distressed than the intervention group (Table 12). Satisfaction with life in general and with domains of life is relatively low across the sample.

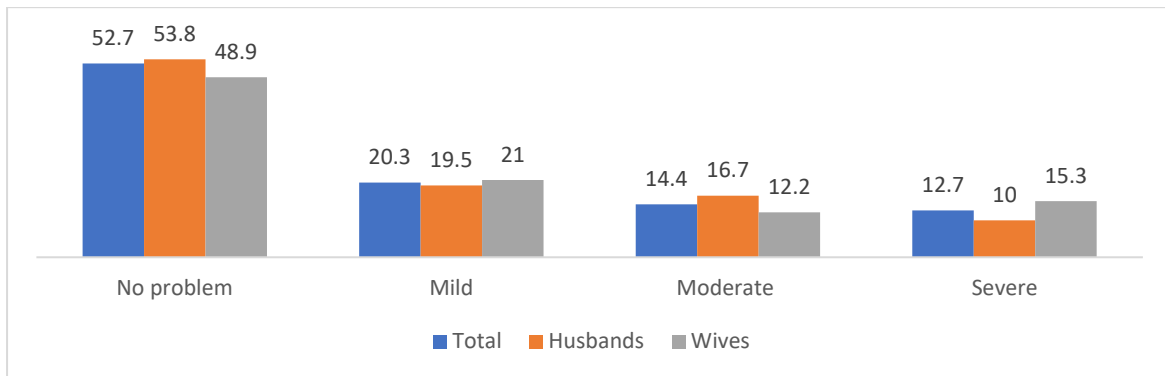
Table 9: Well-being Control and Intervention Groups , Husbands and Wives

Variable	Overall Mean		Intervention 1 Mean		Intervention 2 Mean		Control Mean		Significance of mean difference	
	H	W	H	W	H	W	H	W	H	W
Subjective health	3.0	3.1	3.0	3.0	3.0	3.1	3.1	3.1	ns	ns
Subjective satisfaction (Cantrell's Ladder)	3.6	4.7	3.7	4.7	3.6	4.7	3.6	4.6	ns	ns
Satisfaction Scale 1 ¹	-.17	.19	-.14	.23	-.14	.21	-.22	.16	ns	ns
Satisfaction Scale 2 ²	.01	-.02	-.00	-.09			.03	.07	ns	P<0.05
Satisfaction scale 3 ³	.12	-.13	.1	-.20	.2	-.01	.1	-.15	ns	ns
Kessler Psychological distress Scale (10 -50)	19.8	20.3	21	19.7	18.7	19	20.1	21.3	P<0.05	p<0.001

Notes: ¹ overall life satisfaction and satisfaction with health and with living standards; ²satisfaction with UCW, paid work, time for leisure, and for rest and recuperation; ³satisfaction with where they live, with personal relationships, feeling safe where they live, feeling part of the community and family life

Both wives and husbands reported poor physical and mental wellbeing. Only 12.3% of our participants rated their health as very good/good, with no significant difference between husbands and wives. On the Kessler Scale, 47.3% had a score of 20 or over, suggesting the possibility of mental health problems (Figure 9). Wives are significantly more likely to screen for a severe mental health problem than their husbands - 61% of those with a severe mental health problem are wives - and husbands for a moderate problem - husbands make up 58% of those screening for a moderate mental health problem. However, the differences, while significant, are not large.

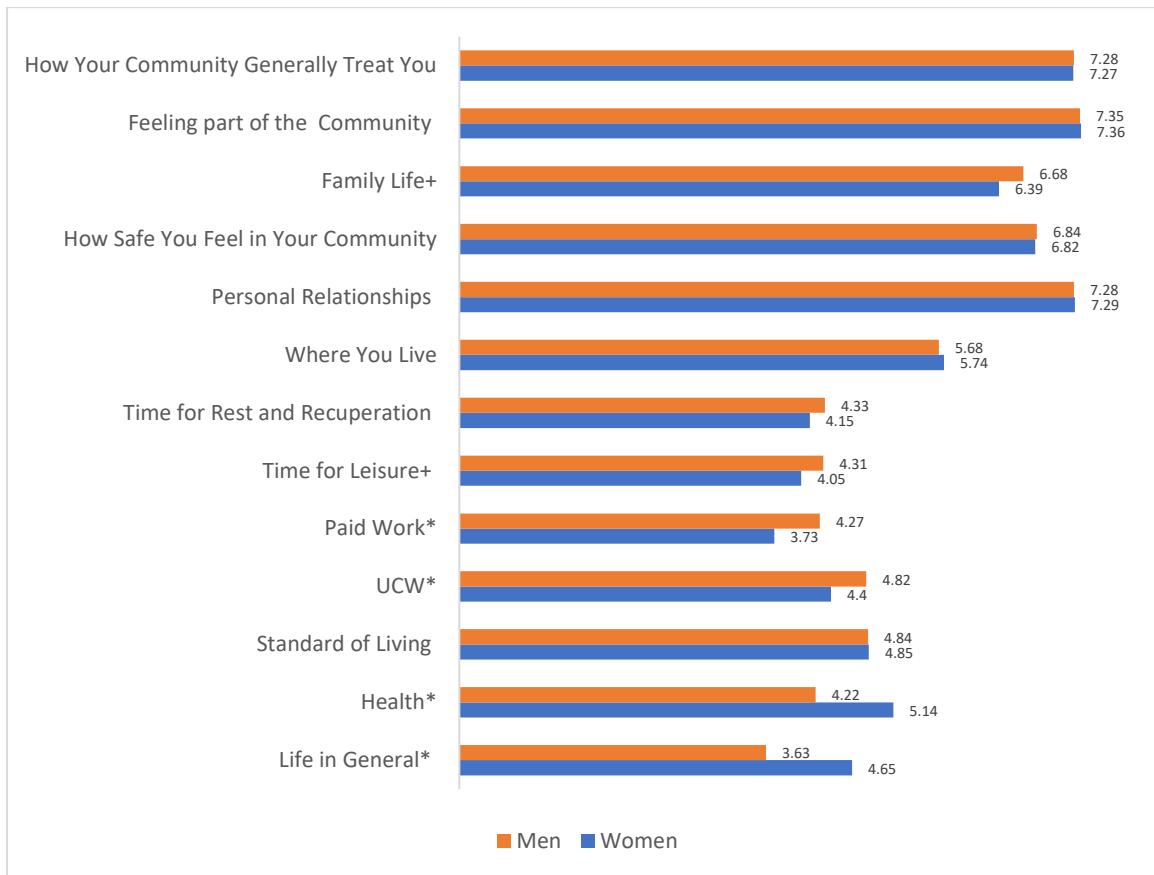
Figure 8: Husbands and Wives Scores on Kessler Mental Health Scale, %



Notes: $\chi^2(3) = 20.03$ $p < 0.001$, adjusted residuals more than 2 for moderate and severe depression

Differences between wives and husbands on a battery of questions on life satisfaction were small even when significant (Figure 10). Overall levels of subjective satisfaction for Group 1 and Group 2 items, on the 11-point scale going from 0 to 11, are comparatively low for both wives and husbands. Husbands are significantly more dissatisfied than wives with life in general and their health, and wives are more dissatisfied than husbands with the UCW, the paid work they do, and the time they have for leisure. However, the differences are again small. Levels of subjective life satisfaction for Group 3 are generally higher and are noticeably higher for community and personal relationships. Satisfaction with family life is also relatively high but men are more satisfied with it than women.

Figure 9: Wives and Husbands Mean Scores on Subjective Life Satisfaction



Note: Mean on scale of 0 to 11; * independent t-test sig p>0.001; +independent t-test sig p<0.05.

5.6. Wives' Power in Decision Making

The most frequent response when asked who makes decisions on a range of economic and household issues was that husbands and wives made them jointly. However, when asked whose opinion was most decisive, husbands generally had more say (Table 10). Although the differences were not large, wives in the control group, on average, were significantly more likely to say that they had the decisive say in making the decision on a range of decisions, compared with those in the intervention groups. These included some but not all of the economic decisions, including whether they worked off farm, deciding how their and their husbands' incomes are spent and deciding on major household purchases. They also had a more decisive say in decisions about visiting their relatives. However, the proportion of wives who said that they played the decisive role was relatively low, with the highest being for visiting their own relatives, 52% in the intervention group and 58% in the control group.

Table 10: Own Opinion is Most Decisive in Making Decisions, % of Wives

	Overall	Intervention1	Intervention2	Control	P value
Working off farm	50.8	47.7	43.4	56	P<.001

Deciding how the money husband earns is spent	13.6	14	15.5	12.5	ns
Deciding how the money wife earns is spent	45.3	39.8	41.5	50	P<.01
Deciding on major household purchases	37.8	31.8	37.2	41.3	P<.05
What crops to grow	28.6	27.7	28.3	29.2	P<.05
What large livestock to keep	11.6	12.1	12	11.1	P<.01
What small livestock to keep	12.9	12.5	14.7	12.3	P<.01
What crops to sell	17.9	18.9	19.8	16.3	P<.01
Selling large livestock	11.4	14.4	12.4	9.3	P<.01
Selling small livestock	11.6	14	11.2	10.5	P<.01
Deciding about visiting wife's relatives	55.0	50.8	52.7	58.4	ns
Deciding about children's health care	42.9	42.8	38	45.3	ns

Note Cramer's V

In the FGDs a different picture emerged: it was said that family decisions are made by men because this is the Rwandan tradition and culture. Women are said to oppose them, by inviting the local leaders to intervene, only when they suspect that their husband is misusing family property. Normally, the wife merely gives her opinion and lets the husband make a final decision. It was also indicated that women/wives mainly take decisions concerning the care of children on a daily basis. Many women do family planning with the advice of health workers.

When a woman rejects a decision taken by the husband, he suspects that it's a revolt that involves his wife and her children. (FGD_Female Gicumbi).

Another group also stressed that "*Men decide on how to use their money because they are the owners*" [and there was not the expected debate about that.] ... *They sometimes never even bother informing or letting their wives know how much they earn. Some only inform their wives of the decisions that they have already made.* (FGD_Female_Muyumbu)

5.7. Bodily Integrity

Bodily integrity is essential for women’s empowerment, including economic empowerment. Fifty-nine per cent of wives felt that they have control over their own health care; differences between the groups are not statistically significant (Table 12) and so could be due to chance variation. Sixty-three per cent say they have control over contraception, and again differences between the groups are not significant. The difference in the proportion of the intervention groups (and particularly I1) who thought they had a decisive say over how many children they may be greater than chance – about 40% in the control group and 30% and 35% respectively in the two intervention groups, making an overall average of 36%. Again, the possible initial difference will need to be taken into account when evaluating the effects of intervention.

Table 11: Wives’ belief that they have control over their own health and reproduction (%)

	Overall	Intervention1	Intervantion2	Control	P Value
Own opinion most decisive for own health care, %	58.8	52.3	57.8	62.6	ns
Own opinion most decisive for use of contraception, %	62.7	61.7	58.9	65.2	ns
Own opinion most decisive over number of children, %	36.1	29.9	35.3	39.7	P<.05

5.8. Domestic Abuse Husbands Psychological Violence

Wives were asked a series of questions on psychological violence and the ways in which husbands might control their behaviour. We combined the answers to these questions to form an index of husbands’ psychological violence as reported by their wives, comprising the following nine items:

- (1) Husband gets jealous and angry when you talk to other men,
- (2) Husband frequently accuses you of being unfaithful,
- (3) Husband does not permit you to have women friends,
- (4) Husband tries to limit your contact with your family,
- (5) Husband insists on knowing where you are all the time,
- (6) Husband does not trust you with money,
- (7) Husband tries to humiliate you in front of the children and/or other people,
- (8) Husband threatens to harm you or someone close to you,

(9) Husband criticises you and/or calls you names.

The answers were ‘always’, ‘sometimes’ or ‘never’. The combined scale goes from 0 ‘not controlling’ to 18 ‘total control’, with nine being the mid-point. There was no significant difference between groups on the mean scores (Table 13). However, wives in the control group were significantly more likely than those in the intervention group to experience at least one type of controlling behaviour from their husbands. The only possibly significant differences for the individual questions were (1) that husbands were more likely to be jealous in the control group compared to the intervention groups, and (2) that husbands were said to be more likely to belittle or humiliate their wives in the first Intervention group than the second, with the control group lying between. Overall, 68% of husbands had at least one item of controlling behaviour reported, with the control group probably significantly but not substantially higher than either intervention group.

Table 12: Husbands’ Psychological Violence, Intervention and Control Groups, % always/sometime.

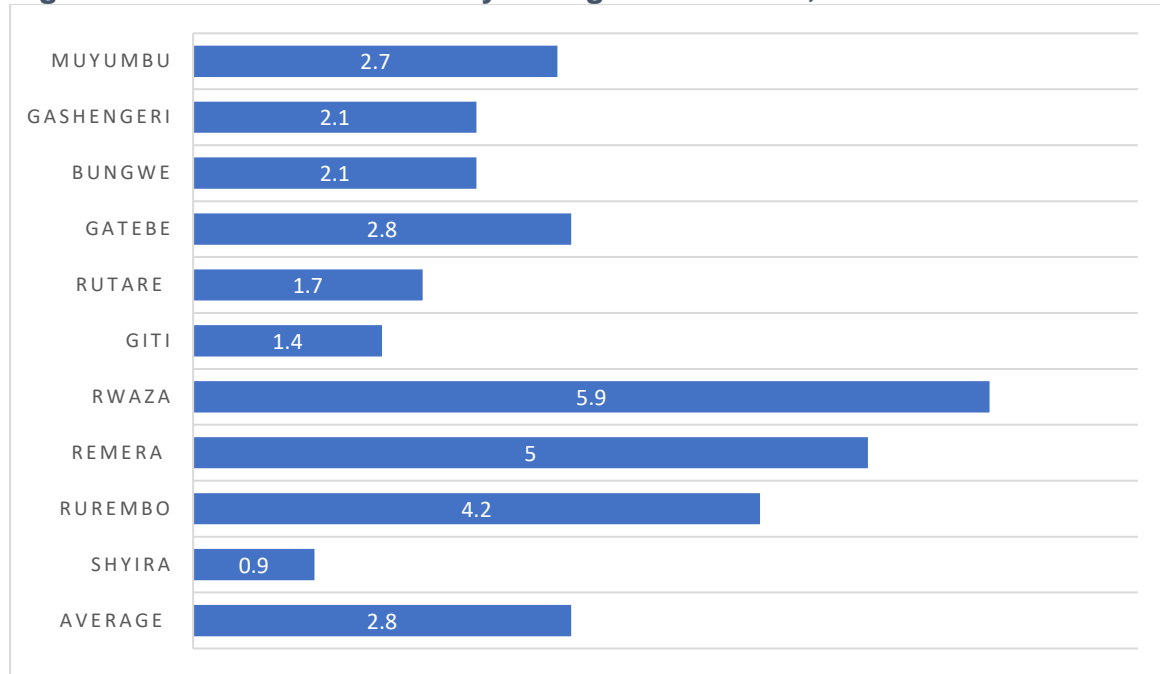
Controlling Behaviour	Overall	Interventio n1	Interventio n2	Control	P values I1,I2 & C
Husband gets jealous and angry when wife talks to other men	40.5%	37.6%	37%	43.6%	P<0.05 ¹
Husband frequently accuses wife of being unfaithful	14.8%	11.4%	18.1%	15%	NS
Husband does not permit wife to have women friends	21.0%	19%	24.4%	20.2%	NS
Husband tries to limit wife’s contact with her family	14.6%	11.8%	16.9%	14.8%	NS
Husband insists on knowing where his wife is all the time	54.2%	50.2%	53.9%	56.4%	NS
Husband does not trust his wife with money	23.3%	20.5%	25.6%	23.5%	NS
Husband tries to humiliate his wife in front of the children/other people	17.6%	13.3%	21.7%	17.7%	P<0.05
Husband threatens to harm his wife or someone close to her	13.2%	10.3%	15.8%	13.4%	NS
Husband criticises his wife and/or calls her names	11.5%	9.1%	13%	12.1%	NS
Husband uses at least one type of controlling behaviour ¹	67.9%	64.4%	64%	71.7%	p<0.05
		Mean			
Index of Psychological Violence (mean)	2.9	2.5	3	3.1	ns

Notes: Cramer’s V

There were significant differences between individual intervention clusters on the index of Psychological Violence (Figure 11). The wives in Rurembo, Remera and

Rwaza reported much higher levels of controlling behaviour than the overall mean and those in Shyira, Giti, Rutare reported lower levels.

Figure 10: Mean on Index of Psychological Violence , Intervention Clusters



The Scheffé post-hoc test shows that the clusters fall into four homogeneous subgroups (Table 7). Shyira and Giti wives’ report the lowest levels of controlling behaviour by their husbands and Rwaza the highest levels among the clusters.

Table 6: Homogeneous Sub-groups for Controlling Behaviour – Intervention Clusters

Sector		G1	G2	G3	G4
		1	2	3	4
Shyira	52	.9423			
Giti	54	1.3889			
Rutare	55	1.7091	1.7091		
Gashengeri	54	2.0926	2.0926		
Bungwe	54	2.0926	2.0926		
Muyumbu	54	2.7222	2.7222	2.7222	
Gatebe	56	2.8036	2.8036	2.8036	
Rurembo	54		4.2407	4.2407	4.2407
Remera	48			4.9583	4.9583
Rwaza	36				5.9444

Sig.	.555	.111	.262	.685
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Note: sig<0.05

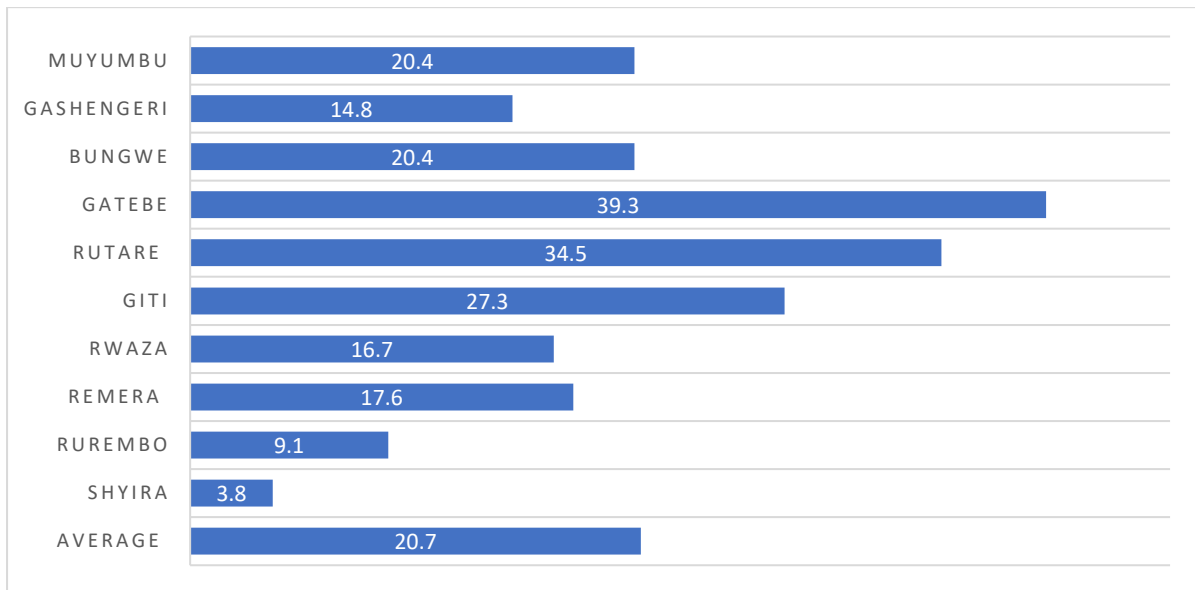
Levels of domestic violence/abuse (DV) reported by the wives were high. In total 29.4% of wives, nearly 1 in 3, reported that their partner had abused them in some way in the previous year. Twelve per cent reported economic abuse, 14.3% psychological abuse, 8.2% sexual abuse and 23% physical abuse (Table 15). There were strongly significant differences between the intervention and control groups for DV as a whole and for each type of abuse ($p < 0.001$). For the intervention group there were significant difference between the clusters (Figure 11). It would appear there may be geographically localised subcultures in these matters – localised sets of norms and values – for which we shall remain alert in the evaluation of the project. There were also significant differences between intervention clusters for physical abuse ($\chi^2 p < 0.001$), sexual abuse ($\chi^2 p < 0.001$), and economic abuse ($\chi^2 p < 0.05$).

Table 13: Experience of Domestic Abuse in the Past Twelve Months Intervention and Control Groups, (%) by Type

Variable	Overall 1 %	Interven- tion 1 %	Interven- tion 2 %	Control %	Significance of difference between groups
One or more of Physical, sexual, economic or psychological abuse in the previous 12 months	29.4	19.7	21.7	38.3	$p < .001$
Physical abuse in the previous 12 months	23.0	15.9	16.3	29.9	$p < .001$
Sexual Abuse in the previous 12 months	8.2	2.7	7	11.7	$p < .001$
Economic Abuse in the previous 12 months	12.2	5.3	8.9	17.3	$p < .001$
Psychological abuse in the previous 12 months	14.3	7.2	8.9	20.6	$p < .001$

1: Significance: χ^2 , providing adjusted standardised residual is at least 2.

Figure 11: % of Wives in Intervention Clusters that Reported Experiencing DA in the Year Prior to the Survey



Note: ($\chi^2 p < 0.001$)

The qualitative research showed that most women are dominated by their husbands but because of the culture they remain silent about it to maintain their marriage and avoid public embarrassment.

Women are deprived of the right to own land by their husbands or by their relatives such as brothers, uncles, in laws and parents. Some men are rude and unfair to their wives to the extent that when they have a conflict; men tell them that they brought nothing in the marriage (FGD_Female/Rurembo).

With regards to domestic violence and rape or forced sex in the marriage, participants agreed that, where it is happening it is torture. They argued that most women have sex with their husbands not because they are in the mood or they want to do so, but because it is an obligation, or because they are afraid to say no to the man who paid their bride price.

When we complain about our discomfort to the elders (older women), they encourage that “nikwo zubakwa” [literally meaning “that is how marriages are sustained”]. Sometimes we yield to all demands of our husbands so that we can prevent them from cheating or marrying other women (FGD_Female/Rwaza).

They went on to say that

Most of us work the whole day without rest. When it is time for us to rest, we are compelled to fulfil sexual demands from our husbands, yet the husband has been resting and therefore he has the energy and morale for the action (FGD_Female/Rwaza).

According to the women this is rape or forced sex.

5.9. Economic Empowerment

Economic empowerment enables women to make decisions about their life because they are no longer dependent on men to provide for them and their dependent children. However, wives are often still dependent on husbands because of the cultural expectation that women do the UCW, while men are the economic providers. As we have already discussed, wives are significantly and noticeably less likely to have remunerated employment than their husbands, although only a minority of both genders have off-farm¹⁴ employment. However, even if they have paid employment they may not be empowered; to be empowered, wives need to have the decisive say over how their income is spent. Being formally financially included is also important for economic empowerment, enabling women to have access to savings and loans and to save to pay for children’s schooling and health costs and to meet unanticipated expenditure. It also opens up opportunities for starting a household business.¹⁵

Table 14: Economic empowerment Indicators Husbands and Wives Intervention and Control Groups, %

Variable	Overall	Intervention 1	Intervention 2	Control	p-values of difference between intervention1, Intervention2 and control
Husband frequently/ sometime refuses to give you money to buy food & other essentials	20.5%	14.8%	19.7%	23.7%	P<0.05
Contribute a cash income to the HH (half or more) ²	H 73.4 W 29.6	H 77.4 W 26.5	H 70.2 W 32.2	H 70.1 W 30.0	H NS W NS
Have money they can spend on themselves ³	H 40.1 W 27.3	H 36 W 25	H 39.3 W 25.6	H 42.6 W 29.3	H NS W NS

¹⁴ We use off-farm employment to mean any remunerated work including agricultural work not done on the household farm and non-farm work to mean remunerated work excluding paid agricultural employment.

¹⁵ [Expanding Women’s Access to Financial Services \(worldbank.org\)](http://www.worldbank.org)

Financially included-savings account in own name ⁴	H 53.1	W 16.4	H 46.7	W 14.4	H 53.8	W 15.1	H 56.0	W 18.1	H P<0.05	W NS
Financially included-loan in own name ⁴	H 15.3	W 5.5	H 16.1	W 4.9	H 14.1	W 3.9	H 15.6	W 6.6	H NS	W NS

1: Significance: χ^2 , providing adjusted standardised residual is at least 2.

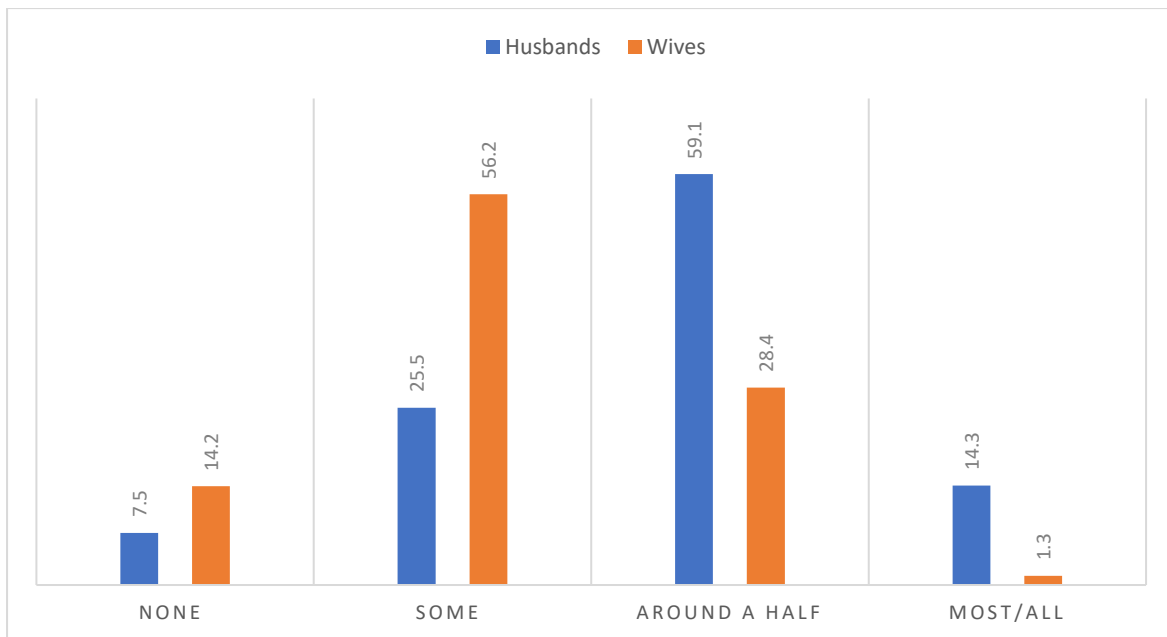
2: Dichotomised. 1= about half, most, all.

3: Dichotomised. 1= yes always/whenever I need it, yes sometimes.

4: with a bank or SACCO (including *Umurenge Saccos*).

Wives were less likely than husbands to say that they make a cash contribution to the income of the household. and when they do it is generally a smaller contribution than their husbands' (Figure 11). This means that women are likely to have less bargaining power when decisions are made about household expenditure, especially expenditure on the children and themselves.

Figure 12: Cash Contribution to the Income of the Household, Husbands and Wives



$\chi^2 (3) = 459.548, p = >0.001, \text{Cramer's } V = 0.471, \text{ all adjusted residuals greater than } 3$

Wives struggle to provide for their families, as they often do not have money to buy food and other items needed for the household. Only 2.3% of wives said that they always have money to buy essential goods for the household and 41.1% said that they never have enough money, 29.3% that they rarely have and 27% that they sometimes have enough. Wives are also less likely than their husbands to have money that they can spend on themselves, although less than half of both husbands and wives said

that they have money for this. Twenty-seven per cent of wives said that they always or sometimes have money they can spend on themselves compared with 40% of husbands ($p < 0.001$).

Wives are less likely than their husbands to be financially included (have a financial product with an informal or formal institution) or to be formally served (have a financial product with a formal financial institution).¹⁶ Being formally served gives women (and men) access to higher-quality financial services. Husbands are more likely to have a savings account in their own name than their wives, 81% compares to 69% ($p < 0.001$). Husbands are also noticeably more likely to have a savings account with a formal financial institution than their wives, 53.1% compared to a mere 16.4% ($p < 0.001$). Husbands and wives are both less likely to have loans than to have savings accounts, but husbands were more likely to have one than their wives and more likely to have one from a formal financial institution. Sixty-seven per cent of husbands had a loan with a financial institution compared to 40.3% of wives, and 15.3% of husbands had a loan from a formal financial institution compared to 5.5% of wives ($p < 0.001$).

Participants in FGDs said that when it came to the money earned by women, husband and wife decide together what to use it for, but the women's accounts read more like a master/slave relationship than a partnership of equals...

We involve our husbands in the management so that they know and appreciate our contribution in payment of bills. So our husbands will allow/give permission when we want to go out to do income-generating work ... Sometime, we involve our husbands in the management of the income we generate to avoid suspicions that we have secret sources of income or hide what we earn for personal benefits (FGD_Female_Shyira).

5.10. Political Empowerment

Rwanda is known for being the first country in the world to have reached the 2015 MDG target of 50% of parliamentarians being women. However, research findings suggest a majority of women have yet to benefit from this. Descriptive representation (women being elected) does not automatically mean substantive representation (women representing the interests of women). Women in rural areas are less likely to have benefited from gender equality policies than those in urban area and especially Kigali. There has also been less progress in women's representation at the decentralised levels than in central government.

¹⁶ Informal financial institutions include Tontines and loans from shops and traders. Saving with or borrowing from family and friends is not included. Formal financial institutions include SACCOs, insurance companies and banks.

There are few significant differences in the proportion of wives in the intervention and control groups that say they participate in political activities. However, wives in the control group are significantly more likely than those in the intervention group to participate in meetings after Umuganda and attend village meetings. There are elected leadership roles at village level¹⁷ and wives are significantly less likely to be in an elected leadership role than their husbands. Twenty-eight per cent of husbands are in elected leadership roles of some kind, compared with just 5% of wives ($p < 0.001$), well under the Government's 30% target for women in leadership roles¹⁸. Wives were less likely to be volunteering in any community role than their husbands; 26% compared to 41%.¹⁹ Wives feel less comfortable speaking in public than their husbands; 60% of wives say they are reasonably comfortable, compared with 82% of husbands ($p < 0.001$). The Women's National Council is a mass membership organisation mandated by the 2003 Constitution. All women automatically become members of it when they reach the age of 18 years. The Council's legal responsibility is to ensure that the voice of women is heard at every level from the village to central government. Branches at village level are expected to hold regular meetings to enable women to discuss political and other issues so that their views are placed on the table and fully considered when decisions are being made. However, only 11% of wives are active in village branches of the Women's National Council, with no significant difference between intervention and control groups.

Table 15: Political Participation Husbands and Wives Intervention and Control Groups, %

Variable	Overall		Intervention1		Intervention2		Control		Significance ¹	
Elected local leader, %	H 28.3	W 4.8	H 31.4	W 4.9	H 26.7	W 5.4	H 27.4	W 4.5	H NS	W NS
Volunteering in a community role, %	H 41.2	W 25.6	H 40.6	W 28.8	H 40.1	W 25.6	H 42.0	W 23.9	H NS	W NS
Comfortable in speaking in public,%	H 81.8	W 59.7	H 77.4	W 54.2	H 76.7	W 61.6	H 86.6	W 61.7	H $p < .001$	W NS

¹⁷ A village is the lowest administrative level and comprises of about 150 households.

¹⁸ A national level there are gender quotas for women in parliament. Thirty percent of seats are reserved for women on a women's list and the political parties lists also have to have 30% of women included in the lists such that thirty per cent of the seats won by the party will be filled by women.

¹⁹ There are volunteering roles at local levels that give the holders a status in the community. These include community health workers, literacy tutors and *abunzi* (conflict mediators), among others.

Always participate in Umuganda meeting ² , %	H 78.6	W 53.7	H 70.1	W 45.1	H 77.5	W 49.2	H 83.5	W 60.4	H p< .001	W p<001
Attend village meetings ²	H 47.0	W 26.7	H 43.7	W 24.6	H 47.7	W 22.9	H 48.2	W 37.5	H NS	W NS
Active member of women's national council ³ , %	W 11.1		W 9.9		W 10.1		W 12.3		W NS	

1: Significance: Crammer's V.

In the FGDs it was argued that women are barred from taking up leadership roles by the general mind-set that leadership is reserved for men, coupled with the fact that they are fully occupied with unpaid care work.

We are so much occupied with the domestic work and childcare and in most cases we have no one to leave these duties with so as to get involved in leadership roles (FGD_Female_Giti).

As women, we are already burdened by home duties, hence combining them with leadership, which also requires a lot of time for leadership meetings and attending to community problems makes it hard for us to take on the roles. Further still, most of the men don't feel comfortable with their wives assuming leadership roles, so they don't give them permission to contest (FGD_Female_Muyumbu).

In our cell, which contains 5 villages, there is only one female village leader. The reason being the mind-set of women and our community in general - they think that leadership is for men and women are elected only when they fail to get a man for that role (FGD_Female_Remera).

5.11. Gender Attitudes *&*

There are three things that need to happen for there to be gender justice (Fraser, 2009) - three transformations of gender relations, to achieve substantive gender equality. Women need to be recognised as equal to men - *equal respect* - women need *equal representation* in decision-making fora - i.e., the interests of women need to be taken into account in all decision-making, equally with those of men - and there needs to be a *redistribution* of opportunities and economic power to give women an equal share.

There were no significant differences between wives in the control and intervention groups on a battery of question snout their attitudes to gender equality, including UCW as work for women, women in political leadership positions and women’s contribution to the household income (Table 18). The only significant difference is for men.

Table 16: Attitudes to Men’s and Women’s Work, Control and Intervention Groups

Variable ²	Overall		Intervention		Control		Significance ¹	
	H	W	H	W	H	W	H	W
Men should help with childcare and domestic chores	94.7	94.3	92.7	93.5	96.7	95.1	p<.01	NS
Women make as good leaders as men	94.4	91.0	94.1	90.0	94.7	92.0	NS	NS
Women are as good as men at contributing to household income	91.2	90.2	90.6	90.6	91.8	89.7	N S	NS
A man’s job is to earn money and a woman’s job is to look after the home and the children.	41.7	45.7	39.2	44.8	44.2	46.6	NS	NS

1: Significance: χ^2 , providing adjusted standardised residual is at least 2.

2: attitudes are dichotomised: 1=agree/strongly agree

However, a rhetoric of gender equality seems to have developed that does not fit with the reality of husbands’ and wives’ lives. In the survey a majority of husbands (T = 63.5%, I = 64.3%, C = 59.8%) and of wives (T = 53.7%, I = 56.7%, C = 50.6%) agreed or strongly agreed that gender equality had gone far enough. The means on a five-point scale going from 1 ‘strongly agree’ to 5 ‘strongly disagree’ were: for husbands I = 2.46, C = 2.55 (independent t-test ns); and for wives I = 2.69, C = 2.93 (independent t-test p<0.01).

However, in the training pre-test given before the workshops on positive masculinities, 88% of the husbands and wives in the intervention group thought wives have to be submissive to their husbands and 71% that God created men and women unequal as he gave powers to men so they can use it to control women and children in the family (Réseau des Femmes, 2020). Nearly a third agreed that husbands whose wives do not fulfil their duties as women have a legitimate reason for punishing them.

6. Conclusions

The households selected for inclusion in this study were all located in rural areas in five districts. The levels of poverty in the rural areas in the five districts varies significantly, with Rwamagana and Gicumbi having a relatively low proportion living in poverty (79% and 55%, on a Rwanda average of 45%). The other three districts had 50% of their rural population living in poverty. There was no significant difference between the control and intervention groups on the wealth index; the lived poverty index did show significance, but the difference was small. When we are analysing the data to refine our programme theory of what intervention worked for whom under what circumstances we shall be interested in the extent to which affluence was a factor and will need to make allowance for pre-existing differences. There were no significant differences between the control and intervention groups in number of children living in the house or the age of husbands and wives.

The differences between the intervention and control group on the variables we have discussed in the report are relatively small even when significant. There were no significant differences for literacy or educational attainment between the intervention and control groups for either husbands or wives. There was no significant difference between the control and the intervention groups in the proportion of wives whose main occupation was running the family farm or paid non-farm work or running a non-farm family business. However, wives and husbands, on average, were significantly more likely to be in paid farm work as their main occupation and significantly fewer in working unpaid on the family farm in the control group compared to the intervention groups, which will be a factor to take into account. Wives in the intervention group were significantly more likely to say that they were unemployed or that UCW was their main occupation than those in the control groups, but the numbers were small. Wives in the control group, on average, spent significantly less time doing UCW and more time in paid employment than those in the intervention groups but the difference in number of hours was again relatively small.

Wives in the control group were significantly more likely to say that they made the decision for a number of economic and family-related issues. The proportion of wives that say they make the decision is relatively low in both groups, ranging from 11% for selling large livestock to 55% for deciding to visit their own relatives (but this leaves 45% who need permission to do so). Wives in the control group were significantly more likely to say that they made the decisions about working off farm and to say they made the decisions about how to spend money they. Women in the control group were also more likely to say that they make the decisive decision about making major purchases for the household, making their own decision about their health care and deciding the number of children they should have.

Wives in the control group were significantly more likely to experience at least one type of controlling behaviour from their husbands than those in the intervention groups (72% compared to 64%) and to say that their husband gets jealous and angry if they talk to other men (44% compared to 37%). Women in the control group were also significantly more likely to have experienced domestic abuse in the 12 months prior to the survey compared with those in the intervention groups. They were also significantly more likely to have experienced each separate type of domestic abuse.

With regard to economic empowerment, we have already noted the women in the control group are significantly more likely than those in the intervention group to decide how the money they earn is sent. The only other significant difference between wives in the intervention and control groups is that wives in the intervention group are more likely to say that their husband frequently/sometimes refuses to give them money to buy food and other household essentials than those in the intervention group, 24% compared to 17%. There are no significant differences between the intervention and control groups on most political empowerment indicators, but wives in the control group are significantly more likely than those in the intervention groups to attend the meetings after Umuganda.

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