

A Review of Couples-Based GBV Prevention Curricula:

*Insights from Indashyikirwa, Bandedehero, and
Couples-Based Gender Transformative Intervention*

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Abstract

This research aims to inform the development and scaling-up of gender-based violence (GBV) education curricula in Rwanda. By examining three couples-based GBV prevention programs—Indashyikirwa, Bandebereho, and a program identified as Couples-Based Gender Transformative Intervention (CBGTI)—the study explores how these curricula foster healthier couple relationships and reduce intimate partner violence.

Through a comparative analysis, the research investigates curriculum development processes, discourse, session sequencing, gender division, and underlying theories of change. It also considers how local adaptation, facilitator consistency, and sustained participant engagement influence program outcomes. The findings highlight the critical role of implementation quality—including pre-testing, facilitator training, local authority collaboration, and transparency in participant selection—in determining a program's effectiveness and ethical delivery.

Drawing on lessons from all three case studies, the research recommends the integration of couples-focused activities, a strong emphasis on gender norm transformation, and the establishment of post-program follow-up mechanisms. A synthesized, context-specific curriculum combining foundational topics, emotional regulation, practical life skills, and applied discussion topics—such as parenting, financial planning, and sexual consent—may offer a more robust and sustainable approach to couples-based GBV prevention in Rwanda.

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Abbreviations

ACHPR	African Charter on Human and Peoples' Rights
ANC	antenatal care
<i>CBGTI</i>	<i>Couples-Based Gender Transformative Intervention</i>
CBC	Competence-Based Curriculum
<i>CHR</i>	<i>Couples for Healthy Relationships</i>
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
FL	Financial Literacy
FP	Family Planning
GBV	Gender-Based Violence
GS	Gender Socialization
GSFL	Gender Socialization and Financial Literacy
IPV	Intimate Partner Violence
MIGEPROF	Rwanda's Ministry of Gender and Family Promotion
MWASD	Federal Ministry of Women Affairs and Social Development
<i>Program P</i>	<i>Program P — A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health</i>
RCT	randomized controlled trial
RWAMREC	Rwanda Men's Resource Centre
RWN	Rwanda Women's Network
STEM	Science, Technology, Engineering, and Mathematics
UDHR	Universal Declaration of Human Rights
VAPP	Violence Against Persons Prohibition
VSLA	Village Savings and Loan Association
VVOB	Flemish Association for Development Cooperation and Technical Assistance

1. Introduction

This research aims to inform the development and scaling-up of Gender Based Violence (GBV) education curricula in Rwanda. Through a review of three distinct GBV prevention training approaches¹, this research seeks to provide insights into the effectiveness and adaptability of couples-based interventions. The main research questions of this study are:

- How do different couples-based interventions attempt to achieve healthier couple relationships through its curriculum?
- What are the current processes of curricula development and what are the rationales behind its content, ordering, and gender division?
- How do the different aspects of curricula contribute to the successes or limitations of the intervention?
- How can Rwandan nonprofits and organizations improve the implementation quality of *their own programming* by learning from different couples-based intervention curricula?

The three programs selected for analysis include *Indashyikirwa*, *Bandebereho*, and a program we identify as *Couples-Based Gender Transformative Intervention (CBGTI)*.

Indashyikirwa, implemented from 2014 to 2018, is a couples-based education training aimed at reducing Intimate Partner Violence (IPV) in Rwanda by CARE International, the Rwanda Men's Resource Centre (RWAMREC), and Rwanda Women's Network (RWN). The program consists of four components: 1) 21 sessions of training for heterosexual couples; 2) sensitization of communities by 500 individual community activists who were trained in 10 half-day sessions; 3) six training sessions for key opinion leaders; and 4) the creation of "safe spaces" for women that provide support for recipients of GBV (Chatterji, Heise, et al. 2020, 2).

Bandebereho is couples-based intervention in Rwanda, aiming to transform traditional gender norms, engage men in maternal and reproductive health and childcare, and promote couples' healthier relationships. This training, implemented by RWAMREC, targets couples, with a focus on the father, with children under 5 years old or expecting a child. The program aims to socialize participants to 1) examine and reflect on gender norms' influence on daily lives; 2) practice equitable and non-violent attitudes and behaviors in a supportive environment; and 3) absorb new perspectives on gender and incorporate them into personal relationships and daily interactions (RWAMREC n.d.; Doyle et al. 2018). Original implementation was done from 2013-2015 as a pilot project, and was scaled up in two separate curricula in 2021 and 2023.² However, the program continues to be expanded today (RWAMREC n.d.).

Couples-Based Gender Transformative Intervention (CBGTI) is a couples-based intervention conducted from July to September 2018 in Ibadan, Nigeria. The *CBGTI* program consisted of

¹ When referring to GBV in the context of couples, the term is used interchangeably with IPV.

² The original *Bandebereho* from 2013 to 2015, was adapted from MenCare+ program by Rutgers WPF and Promundo, an initiative involving four countries to promote participation of men for caregiving in maternal, newborn, and child health, as well as sexual and reproductive health, funded by the Dutch Ministry for Foreign Affairs (Doyle et al. 2018).

three components: 1) four sessions of Gender Socialization (GS), focusing on challenging unequal gender norms, improving communication skills, and building trust; 2) three sessions on Financial Literacy (FL), covering household budgeting, saving practices, and joint financial planning; and 3) one session on Family Planning (FP), including contraceptive counseling and also vouchers to family planning services to reduce financial barriers.

In this research, the focus is centered on the couples-based training, rather than the whole project, thereby excluding a review of add-on programs, such as the Village Savings and Loan Association (VSLA) in *Indashyikirwa*. *Indashyikirwa* was chosen due to its wide credibility and adaptation by various Rwandan-based nonprofits for the creation of their programming. *Bandebehero* was selected because it was designed for use in Rwanda, with a focus on men's gender socialization, rather than on couples dynamics (as in *Indashyikirwa*), and also emphasizes family planning rather than focusing on power and emotional dynamics (as in *Indashyikirwa*). The program's scaling up from its 2013-2015 version to its 2021 version allows specific opportunities to analyze the effects of expanded interventions. *CBGTI*, implemented in Ibadan, Nigeria, was included as an external comparison due to its focus on couples' relationships, gender socialization, and family planning (as in *Indashyikirwa* and *Bandebehero*) but in a different cultural context yet not completely distinct from a Rwandan context. This provides a comparative framework, offering valuable lessons for program adaptation and scaling in Rwanda.

This paper takes a systematic approach. First, it introduces background information on gender socialization in Rwanda and Nigeria to contextualize the research. The paper then reviews rationale for GBV education programs, and outlines the existing research conducted on each case study. Second, it presents the methodology of the research. Third, the paper presents an overview of the three GBV prevention programs, reviewed in four main sections: 1) The Process of Curriculum Development, to examine its design and testing process, adaptation to local contexts, and methods of gaining local acceptance; 2) Discourse Analysis, to investigate the language and theories of change; 3) Ordering of Sessions, to distinguish the rationale for topic inclusion and theory behind ordering; and 4) Gender Division, to explore how and why gender is divided, or not divided, throughout the training. Fourth, the authors discuss how different elements of the curricula contributed to or limited the results of each intervention. Finally, the discussion offers concrete recommendations for practitioners and organizations working in GBV prevention, with a focus on informing the expansion of Rwandan nonprofit programming.

2. Literature Review

GBV in Rwanda

Rwanda has implemented significant legal reforms to promote gender equality, particularly in response to the gender imbalances following the 1994 genocide (Debusscher and Ansoms 2013; Daley, Dore-Weeks, and Umuhoza 2010; Brown 2016). Key reforms include the 1999 Law No. 22/99, which granted women rights to inheritance and property, challenging patriarchal norms (Brown 2016; Daley, Dore-Weeks, and Umuhoza 2010), and the 2021 Land Law, which enforces non-discrimination in land ownership, including for women in polygamous unions (Ministry of Gender and Family Promotion 2021). Furthermore, the 2003 Constitution institutionalized gender equality, mandating at least 30% representation for women in political leadership (Brown 2016; Debusscher and Ansoms 2013). Additionally, the 2009 Law on GBV criminalized gender abuse and strengthened women's rights to legal protection (Kagaba 2015). To support enforcement, the Rwandan government promotes community initiatives such as school programs and GBV committees (Stern et al. 2019).

Despite these reforms, implementation gaps persist, especially in rural regions. Urban women tend to benefit more from legal protections and leadership roles, while rural women often remain dependent on men and excluded from decision-making (Brown 2016; Debusscher and Ansoms 2013). Gender policies often prioritize elite women, sidelining those in subsistence farming or unpaid care work. Consequently, GBV remains widespread. According to the 2019–2020 Rwanda Demographic and Health Survey, 37% of women aged 15–49 have faced physical violence, 16% in the past year, and 6% during pregnancy. Sexual violence has affected 23% of women, with 10% experiencing it before age 18 (National Institute of Statistics of Rwanda, Ministry of Health, and ICF 2021). Stigma, fear of retaliation, and financial dependence often silence victims³, allowing harmful cultural norms to persist (Kagaba 2015).

GBV in Nigeria

Although Nigeria has historically demonstrated limited commitment to gender issues (Ejumudo 2013), it has made notable progress in promoting gender equality. The country has ratified key international and regional human rights instruments such as the Universal Declaration of Human Rights (UDHR), the African Charter on Human and Peoples' Rights (ACHPR), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Mshelia 2021; Mustapha 2014). Domestically, Nigeria's 1999 Constitution prohibits discrimination on the basis of sex and guarantees equal rights through provisions such as Section 15(2), Section 42(1), and Section 17(3)(e), which mandate national unity, non-discrimination, and equal pay (Constitution of the Federal Republic of Nigeria 1999). Moreover, recent legal reforms like the 2020 sexual assault legislation and the 2015 Violence Against Persons Prohibition Act (VAPP) have enhanced protections by criminalizing and imposing fines to GBV perpetration (Olofinbiyi et al. 2022).

³ In the Rwandan context, "survivor(s)" is considered to be survivors of 1994 genocide. Thus, in Rwanda, "victims" is used to refer to people who experienced Gender-Based Violence.

Despite these legal efforts, deeply rooted patriarchal norms continue to undermine gender equality. Nigeria has one of the world's lowest help-seeking rates for GBV; around 45% of Nigerian women aged 15–49 who experience abuse never disclose it (Qasim and Asubaro 2019). Factors such as stigma, fear of retaliation, shame, and low awareness of GBV services discourage reporting (Abolade 2021; Airaoje, Obada, and Msughter 2023; Ejumudo 2013; Mshelia 2021). Furthermore, limited knowledge of sexual and reproductive health further delays responses (Olofinbiyi et al. 2022). Prior to the VAPP Act, Nigeria lacked a national law specifically addressing violence against women (Mshelia 2021). Inadequate health infrastructure, lack of professional training, and poor follow-up also hinder access to justice and care (Olofinbiyi et al. 2022). Thus, while legal reforms have advanced, significant cultural, structural, and systemic barriers remain.

GBV Education

Education on GBV is necessary in preventing and addressing harmful behaviors within society.⁴ *Couples-based* GBV educational initiatives play a crucial role in addressing and preventing violence, particularly through its theory of change dimensions. These initiatives raise awareness and knowledge about the dynamics of GBV, helping couples identify harmful behaviors (Agde et al. 2025). They work to change attitudes and perceptions surrounding gender roles, violence, and power (UN Women 2016), supplementing education that should be incorporated in primary, secondary, and tertiary education. By building empathy and emotional regulation within relationships, they encourage healthier communication. They work to develop coping and problem-solving skills to help couples manage conflicts nonviolently (UN Women 2016). Furthermore, these initiatives provide impactful education on historical and legal frameworks that shape societal norms and regulations surrounding GBV. As state institutions are often ineffective at responding to GBV, these programs provide essential support and resources that couples can turn to for help. These programs work to create positive change and empower communities, promoting healthier, more respectful relationships.

In addition to the moral lessons and theories of change learned through GBV education, a study titled “Interventions to Prevent Intimate Partner Violence: A Systematic Review and Meta-Analysis” (Alsina et al. 2023) provides empirical evidence of the effectiveness of such programs. The study conducted a systematic review of existing research on IPV prevention programs, directly comparing interventions and measuring the overall impact of IPV education on risk and perpetration. The analysis reviewed 26 programs conducted in urban settings and in low- and middle-income countries, particularly in sub-Saharan Africa. The report found an average reduction of 15% in the risk of participants experiencing or perpetrating IPV. The findings highlight that IPV risk can be effectively mitigated through preventive interventions and emphasize the importance of tailoring programs to community needs and contexts to maximize impact (Alsina et al. 2023).

⁴ For information on Rwandan and Nigerian national curricula and how they address gender issues, see Appendix 1.1 and 1.2, respectively.

Indashyikirwa

Existing literature has examined the process, outcome, and impacts of *Indashyikirwa*'s pilot project. Additionally, research has been done on the Rwandan Ministry of Gender and Family Promotion (MIGEPROF) and World Bank's partnered implementation of *Indashyikirwa* between 2017 and 2018. The MIGEPROF/World Bank program reduced three sessions, and added three new sessions to the original curriculum and diminished the scale of other components. The literature has yielded differing results for both the *Indashyikirwa* pilot process and the MIGEPROF/World Bank model.⁵

Studies on the original implementation, primarily evidence its success. Dunkle et al. (2020) shows that couples who received the series of training, experience or perpetrate IPV significantly less than those who did not. The study reports that men had a 46% lower probability of perpetrating sexual and/or physical IPV and women had a 56% lower probability of experiencing sexual and/or physical IPV, and concluded that the training program of *Indashyikirwa* was highly effective (Dunkle et al. 2020). In addition, Stern and Nyiratunga (2017) conducted two-rounds of gender-separated interviews with couples before and after receiving *Indashyikirwa*, as well as interviews with RWAMREC staff. Overall, the feedback from participants and staff was positive. Some participants, especially women, appreciated the contents related to the concept of power, gender roles, various triggers and consequences of IPV, and practical solutions. Some staff members showed that there was initial resistance from male participants on the contents related to the balance of power, and initiatives for sexual intercourse. Additionally, there was initial reluctance to complete take-home exercises, but the situation improved as the programming continued. There were observed challenges for couples in understanding the differences between gender and sex, the provision of empowerment to GBV victims, some of the laws, and activism. However, most of the staff and couples mentioned the participatory method of training helped participants to understand the contents better (Stern and Nyiratunga 2017).

Studies on the MIGEPROF/World Bank adaptation of *Indashyikirwa*, primarily illustrate issues that can arise in programming. The evaluation included over 2,000 couples and measured the impact of six months post-program. It revealed that the female participants in the training reportedly experienced more IPV (Alik-Lagrange et al. 2022; Stern et al. 2023). Also, the study pointed out that the 'spillover' couples, which refers to those who are part of the VSLA but were not selected to participate the program experienced a large negative impact, in which the women experienced 40% more sexual IPV, 33% more physical IPV, and 11% more emotional IPV. Moreover, the study found increased alcohol consumption of the male partner, and less economic cooperation between partners for the control group (Alik-Lagrange et al. 2022; Stern et al. 2023). According to its analysis, trained couples had some positive behavior and attitude changes, especially for men. Still, it also fostered friction among couples. Meanwhile for the 'spillover' couples, because of the large-scale program

⁵ Chatterji, Stern, et al.'s study (2020) demonstrated that the component on community activism and key opinions leaders of *Indashyikirwa* failed to bring tangible behavior change to the community in women's experience of different forms of IPV from their partner in the year post-implementation, as well as change the acceptability of wife beating.

implementation, there was an increased risk for them to face potential social sanctioning and shaming, causing friction and violence at home and increased alcohol consumption (Alik-Lagrange et al. 2022). Overall, the study concluded that the program seemingly caused harm to the locals, especially to the ‘spillover’ couples.

Bandebereho

Various studies have been conducted to assess the effect and process of the *Bandebereho* program implemented from 2013 to 2015. Doyle et al. (2014) observed that in the course of implementing *Bandebereho* (2013-2015), there was increased participation in childcare and housework from fathers, including greater male involvement in maternal, newborn, and child health. Additionally, the study found that some male participants reported improved communication with their partners and higher levels of shared decision-making at home. However, participants noted challenges when trying to adapt what they learned in the *Bandebereho* training; the male participants reported that they were at times looked down on or even stigmatized by both men and women in their community. Particularly, in the health center, some men experienced backlash for sharing care work with their partner, or accompanying their partner to the hospital for maternal health. Doyle et al. (2014) reported the significance of training both the wife and husband together as necessary to challenge both genders’ internalized norms and create a lasting transformation process.

A randomized controlled trial (RCT) after 21 months from the initial project implementation, found that the program contributed to 23% less physical and 25% less sexual IPV, greater male attendance and accompaniment to antenatal care (ANC), less corporal punishment for children, greater modern contraceptive usage, higher levels of male participation in household tasks and childcare, and increased shared decision-making (Doyle et al. 2018). Similar results were also observed 78 months after *Bandebereho* (2013-2015) was implemented. Both RCTs showed positive results in reduction of male alcohol intake, yet just the first RCT found reduction in male and female mental health for intervention groups, perhaps indicating a time-diminishing effect on mental health (Doyle et al. 2023). Additionally, women in the intervention group reported 16% less sexual IPV, and 21% less emotional IPV experiences, compared to that in the control group. The greater level of sharing care work, more attendance of male accompaniment to ANC visits, lower level on male domination over final decision-making over finance at home was reported by both women and men in the intervention group compared to the control group (Doyle et al. 2023). Overall the RCTs indicate that, to some extent, many of the effects of the intervention from 2013 to 2015 were maintained even 6 years after the intervention.

Other studies attempted to uncover the specific reasons for the reduction of IPV and the additional positive changes based on the RCT conducted 21 months after the intervention. Levtoev et al. (2022) found that multiple components of *Bandebereho* intervention contributed to the reduction of IPV; especially “communication frequency” and “emotional closeness” had the most statistically significant impact. “Men’s alcohol use” was also statistically significant, despite there being only one session dedicated to it (Levtoev et al. 2022). On the other hand, although the RCT by Doyle et al. (2018) demonstrated a reduction of the

frequency of couples' quarreling in intervention groups, the variables "male-dominate decision-making" and "sharing of household labor" were only slightly statistically significant. These elements seemingly did not directly or indirectly affect the level of IPV to as great a degree as expected. Additionally, the studies found that regardless of the reduction of quarreling by *Bandedereho* intervention, the variable "frequency of quarreling" was unexpectedly not as statistically significant of an indicator of IPV. Therefore, the paper suggested that rather than the lowered frequency of quarreling reducing IPV, improved couple communication and closer emotional connection could be the root factors that reduced the frequency of quarreling, leading to the reduction of IPV (Levtov et al. 2022).

A Couples-Based Gender Transformative Intervention (CBGTI)

John et al. (2022) and OlaOlorun and John (2021) evaluated the effectiveness of *CBGTI* in a cluster RCT study. The cluster RCT sampled 1,064 heterosexual couples with women aged 18-35 in Ibadan, randomly assigned in four arms according to the components in curriculum they completed: Gender Socialization sessions only (GS), Gender Socialization and Financial Literacy sessions only (GSFL), all sessions including Financial Planning (ALL), and no intervention (control) (OlaOlorun and John 2021; John et al. 2022).

Both quantitative and qualitative approaches were utilized to assess the impact and the endline data, which was collected six months after the intervention. The intervention yielded various outcomes across its different distinct arms. OlaOlorun and John (2021) mentioned that while the intervention led to overall improvements in women's participation in household decision-making across all three arms, a statistically significant increase was observed only in the ALL arm. This suggests that layering financial and reproductive contents on top of norm-shifting content may help promote changes in women's involvement in overall decision-making in the household. Financial decision-making improved significantly in the GSFL arm where economic skills were combined with gender socialization, while the ALL arm barely had any changes. This suggests that adding more content does not always lead to greater impact. Moreover, the intervention had limited influence in areas where women already had relatively more control, such as in decision-making on reproduction and on the usage of their individual income.

Although reducing IPV was not the primary objective of the study, the intervention still achieved remarkable success in that area. John et al. (2022) revealed that physical IPV declined greatly in the GS and GSFL arms. Additionally, emotional IPV had a slight decrease in the GSFL arm while no profound shifts were observed for sexual IPV in the ALL arm. These outcomes suggested that the GS component may be the most influential in addressing equality within partners. Furthermore, the in-depth interviews by John et al. (2022) conducted two years after the intervention supported the prominent effect that GS participants reported: increased mutual respect, improved communication and trust, and higher skills in managing conflicts between partners. The study argued that such sustained shifts contributed to a reduction in IPV (John et al. 2022).

Despite its promising outcomes, the intervention faced several important methodological and contextual limitations. Both studies emphasized the short six-month quantitative follow-up period after the intervention made it challenging to assess whether the observed behavioral changes were sustained over time or simply short-term responses to the program (OlaOlorun and John 2021; John et al. 2022). To partially address this limitation, in-depth qualitative interviews were conducted by interviewing 15 couples two years after the intervention (John et al. 2022). Still, its relatively small sampling size during this follow-up phase may affect the validity of the findings. Furthermore, both studies highlighted that the short duration of the intervention itself is inadequate to sufficiently tackle the deep rooted power dynamics (OlaOlorun and John 2021; John et al. 2022).

Limitations of Existing Studies

These studies examined the effectiveness of GBV and IPV couples interventions. Research on *Indashyikirwa*, *Bandebereho*, and *CBGTI* mainly focused on the intervention effectiveness, using RCT and participant interviews. For *Indashyikirwa*, although there was some feedback about the content of the curriculum from the participants, not many of the studies analyzed the design of curriculum, the process of development, and the rationale behind the theory of change. For *Bandebereho* and *CBGTI*, though the existing studies analyzed what elements of the programs positively influenced couples' relationships, the process and specific theories of change behind the curriculum is under-studied. Additionally, all of the RCTs in the literature review are based on self-reporting and the training itself could reflect the intervention group/arms' usage of double-speak.⁶ Due to the lack of focus on curriculum itself, as well as the limitation on self-reporting, it is worth examining the detailed contents, the process of development, and rationale behind the curriculum for training.

3. Methodology

This research utilized a qualitative, mixed-methods approach, incorporating: 1) a detailed curriculum analysis of *Indashyikirwa*, *Bandebereho*, and *CBGTI*; and 2) five semi-structured interviews with researchers and practitioners involved in the aforementioned curricula and associated programming.

Curriculum Analysis

The researchers analyzed the curricula for *Indashyikirwa*, *Bandebereho*, and *CBGTI*. The overview examined the development of each curricula, the content, the discourse used in the facilitation manual, the session contents and ordering, and the gender division of sessions and activities. The discourse overview was used to evidence the main theory of change and gender-transformative approaches utilized in the content. Particularly, the frequency of usage of phrases and terms was counted to uncover the main topics and framing, the manners of participant engagement, and the sentiments behind word choice. The search function in the PDF viewer was used to count the number of specific words. However, certain parts of the curriculum were excluded from the count, such as covers, introduction, acknowledgement, table of contents, header, footer, as they are not the contents that participants would directly

⁶ The limitation on self-reporting is acknowledged in Doyle et al. (2018) and OlaOlorun and John (2021).

receive. However, the repetition of certain words as title or the name of the section was observed, which could affect the analysis.⁷ The aim of the overview was to provide a framework for comparison of the three curricula and to strategically formulate recommendations.

Interviews

Five semi-structured interviews were held with researchers, practitioners, and curriculum developers who were closely involved in the design and implementation of the three GBV education programs. Each interview lasted approximately one hour and was conducted online. Participants were selected based on their professional expertise, with a focus on individuals referenced in the literature review or those directly involved in program development and delivery. Interview recruitment was shaped by both relevance of experience and availability. Interviews were recorded based on the consent of the interviewee, transcribed by researchers, and sent to interviewees for approval. The interviewees included:

- Anonymous, a women's health specialist who supported the implementation of *CBGTI* in Nigeria (Interview 1 2025)
- Anonymous, a researcher and practitioner with direct experience in the development and delivery of *Bandebereho* and IPV education programs (Interview 2 2025);
- Anonymous, the project coordinator for a national scale-up of *Bandebereho* (Interview 3 2025)
- Dr. Erin Stern, a researcher specializing in *Indashyikirwa* and sexual violence prevention education (Interview 4 2025)
- Dr. K.L. Dunkle, a quantitative evaluator of *Indashyikirwa* 2018 who worked in the field during and after implementation (Interview 5 2025)

These interviews started with the exploration of challenges and successes in adapting curriculum content, particularly to culturally specific contexts, the rationale behind the ordering and gender division of sessions, and the processes through which participants were selected. Additionally, the interviewees covered the characteristics of couples-based interventions compared to other approaches to GBV prevention, the unintended consequences or spillover effects that emerged from program implementation, and the importance of gender-specific considerations in curriculum delivery. The interviews concluded with reflections and recommendations for improving future GBV-related education programming.

Limitations of This Research

While this research offers valuable insights into GBV and IPV prevention curricula, several limitations should be acknowledged.

First, the study's reliance on a small number of semi-structured interviews limits the breadth of perspectives captured. Although interviewees were selected for their expertise and direct involvement in the programs, the sample may not fully represent the diversity of experiences

⁷ For *Indashyikirwa*, word counting was conducted from the table of contents. In *Bandebereho*, word counting was done from page 15, and headers and footers in each page were excluded from word count. For *CBGTI*, the entire curriculum was counted.

across different contexts or implementation levels. Additionally, it would have been particularly enriching to include the voices of program participants; however, logistical barriers—access and technology—made this infeasible. Second, the curriculum analysis was limited to materials that were available to the researchers. Some versions or adaptations were not accessible. This constrained the depth of analysis regarding implementation practices. Finally, the findings are context-specific, focusing on three curricula implemented in rural Rwanda and Nigeria. As such, caution should be taken in generalizing or adapting the results to other cultural or national settings.

Despite these limitations, the study meaningfully contributes to the understanding of GBV educational programming and offers practical insights for curriculum development, adaptation, and evaluation.

4. Findings

4.1 *Indashyikirwa*

The *Indashyikirwa Couple's Curriculum* is a GBV prevention education program developed by CARE Rwanda. Meaning “Agents of Change” in Kinyarwanda, the curriculum aims to reduce IPV and promote gender equality by focusing on gender socialization, power dynamics, and emotional regulation.

Indashyikirwa randomly recruited 840 couples based on criteria that the wife was already a participant in CARE International's VSLA program. The sessions were made up of groups of up to 30 participants. The curriculum consists of 21 sessions, each approximately 3 hours long. The sessions follow a four-part structure: 1) Reflection on the previous week's take-home exercise; 2) Foundational interactive learning exercises; 3) Deeper interactive learning exercises to challenge existing beliefs; and 4) Introduction of a new take-home exercise. All sessions are conducted in mixed-gender groups of up to 30 participants, although divided by sex for 6 out of 58 activities. For details of the sessions see “Appendix Table 2.1”.

Development

The curriculum was informed and adapted from the *SASA! Approach to Preventing Violence Against Women and HIV* (Raising Voices), “What Works to Prevent Partner Violence: An Evidence Overview” (Heise), and *Journeys of Transformation* (CARE Rwanda/Promundo). The lead author of the curriculum is Robyn Yaker, a specialist in addressing violence against women and girls.

The rationale for *Indashyikirwa's* conceptual frameworks are grounded in both theoretical coherence and empirical evidence. The curriculum drew on *SASA!* for its power analysis—distinguishing between positive and negative uses of power—and its phased behavior change model, which guides participants from awareness to community action. Furthermore, the translation of fundamental concepts from *SASA!*, such as the four types of power (power over, power within, power to, power with), into Kinyarwanda required significant attention. The development team had to carefully navigate cultural nuances, as

there was an initial sentiment that "in Kinyarwanda, power is always negative" (Interview 4 2025). This highlights the deep consideration given to the local context in shaping the curriculum's core concepts. While *SASA!* is not a couples-based intervention, evidence by Starmann et al. (2018) demonstrated its impact on shifting norms and behaviors within couples. Meanwhile, "What Works to Prevent Partner Violence?: An Evidence Overview" (2011) was utilized in the identification of key IPV triggers—jealousy, economic stress, and alcohol use—with dedicated sessions created to address each. Finally, *Journeys of Transformation* contributed a participatory, gender-transformative approach with a focus on male engagement. These three foundations guided the development of a curriculum that is both evidence-based and contextually responsive.

After initial curriculum creation, facilitators, many of whom had already worked on the gender transformative curriculum called *Journeys of Transformation* with RWAMREC and CARE, attended a 10-day training retreat. Then, the curriculum was pre-tested for its cultural relevance and quality of translation. After the pre-test, focus groups of both men and women participants and interviews with facilitators were held to gain feedback. The pre-test provided valuable information on the ordering of the sessions and particularly highlighted the need for two facilitators instead of one due to participant illiteracy and the benefits of having both male and female facilitators (Interview 4 2025).

Discourse

The curriculum frequently uses language that aims to empower participants (See Figure 1), including "power", "powerful", "empowering" (454 times). Session 2 focuses on "Types of Power," including "Power Within," which is defined as the strength arising from recognizing the equal ability within everyone to positively influence their lives. Activities like "Powerful Choices" encourage individuals to reflect on how they use their power positively and negatively.

Even when addressing sensitive topics like GBV, the curriculum emphasizes the possibility of change and the potential for healthier relationships. The curriculum often frames discussions around the benefits of positive behaviors, using words like "positive" (128 times), "change" (167 times), and "communication" (90 times), instead of words like "control" (35 times and only in the context of controlling one's own actions) or "fix" (0 times). For example, in Session 8, when discussing sexual consent, the focus is on the benefits of "more consent, more communication" rather than solely on the harms of sexual violence. Similarly, Session 11 explores "What makes a healthy relationship" in an effort to motivate change by highlighting positive outcomes.

The curriculum's structure, moving from awareness to skills and action, reflects a deliberate approach to behavior change. Session 14 delves into "The Thinking Triangle" based in cognitive behavioral therapy to help participants understand the link between thoughts, feelings, and behaviors. Session 15 focuses on "Managing Triggers" and introduces communication skills for conflict resolution. Guiding words like "discuss" or "discussion" (231 times), "share" (148 times), and "feel(s)" or "feeling(s)" (434 times) are utilized to

express this gradual progression, suggesting a discourse that emphasizes learning and practicing new skills over time.

The curriculum includes numerous "Facilitator's Notes" that provide guidance on how to approach specific activities, handle sensitive topics, and emphasize key learning points. Top-down words like “direct” and “instruct” are not used at all. The overall tone of the material is encouraging, supportive, and focused on promoting positive change within couples and the community.

Frequency of certain words in the Indashyikirwa 2018 Curriculum

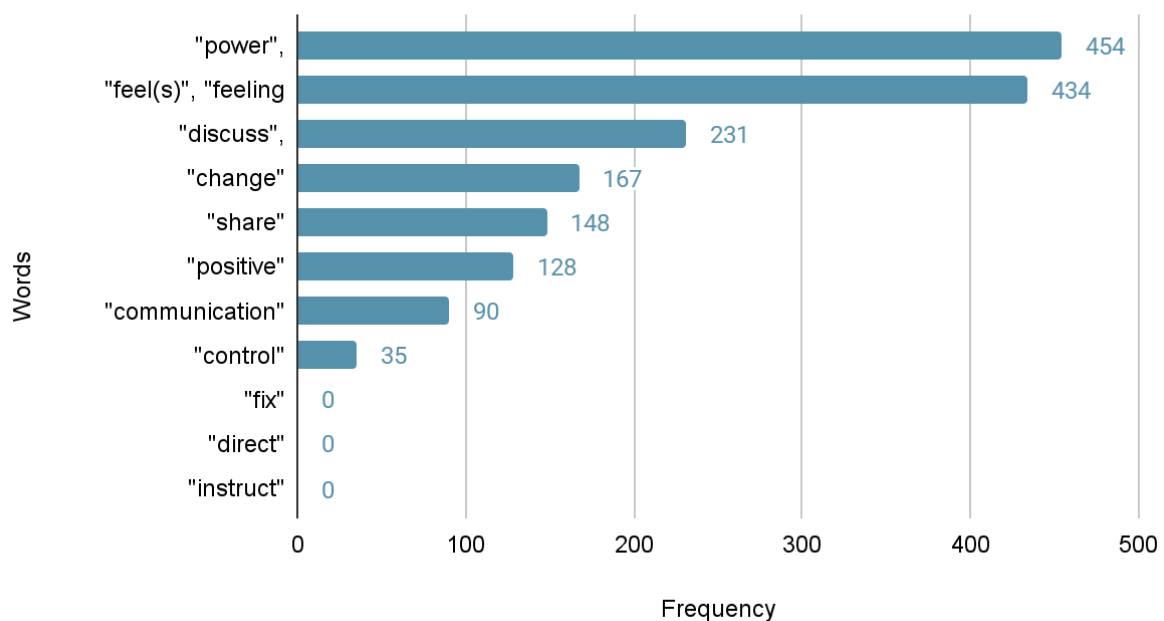


Figure 1: Frequency of Words in *Indashyikirwa* 2018 Curriculum (created by authors based on CARE Rwanda 2018)

Ordering of Sessions

The curriculum content develops progressively (See Figure 2). It starts with foundational concepts related to power dynamics and awareness. It then advances to address more specific behaviors and skills, such as communication, financial planning, and conflict resolution. Finally, it culminates in discussions about activism participants can take within their communities. The ordering of Sessions 16, 17, and 20 was highly intentional and designed to facilitate a gradual process of behavior change in which the participants were comfortable communicating about the difficult topics of economic power, alcohol abuse, and GBV perpetration (Interview 4 2025). For a detailed chart on the session topics and gender division, refer to “Appendix Table 2.1”.

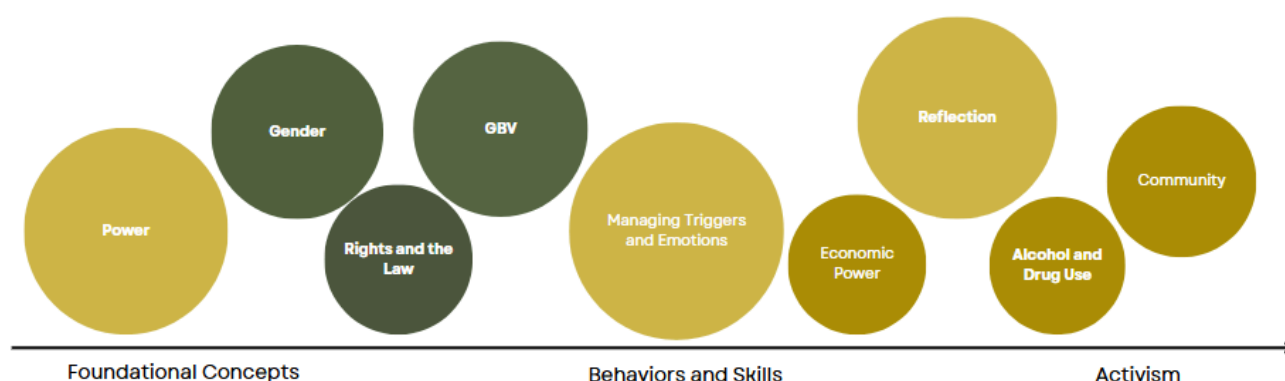


Figure 2: Ordering and Flow of 2018 Curricula (created by authors based on CARE Rwanda 2018)

Gender Division

The curriculum does not divide by gender often. As shown in “Appendix Table 2.1”, only Sessions 1, 8, 10, 11, 16 (facilitator’s discretion), and 18 utilize gender separation. Session 8’s gender division was designed to create conducive and safe environments to discuss sensitive issues related to sexuality and consent. For Session 16, the curriculum provided guidance for facilitators to consider same-sex groupings based on their assessment of group dynamics and potential risks for women in the economic power activity. The curriculum only explicitly pairs couples together for one activity, in Session 12, for building positive relationship time. However, Interview 4 (2025) holds that the entire curriculum was designed for couples’ cooperation.

4.2 Bandedereho

Bandedereho addresses topics such as gender and sex, fatherhood, violence, shared responsibilities, and conflict resolution. The participants were selected based on the man’s eligibility: 1) between 21-35 years, 2) being married and cohabiting with their female partner, 3) expecting to be a father, or a father of a child under 5 years old, 4) high accessibility to the venue, and 5) not participating in *Bandedereho* previously. The facilitators are mostly trained community volunteers who are fathers in the community, with some sessions co-facilitated with local police and nurses to provide information on laws, family planning, and pregnancy. Each session includes a take-home exercise to consolidate the knowledge as well as promote communication within the couples.

Bandedereho’s curriculum has been changed over the years to adapt to post-intervention findings. The original version was published in 2013, and after the implementation of the 2013-2015 program, the renewed version was finished in 2021. It was redeveloped again in 2023, however, not available to the public at this moment (Interview 2 2025). See “Appendix Table 2.2 and 2.3” for contents and gender division in sessions in *Bandedereho* 2013 and 2021 curricula, respectively.

Development and Scaling

Bandebereho, meaning “role model” in Kinyarwanda, is part of the MenCare+ campaign, a four country initiative to promote equal-gender and healthier relationships, enhance men’s participation in caregiving, positive parenting and gender equality education by parents, and improvement of the health sector on maternal and child health (Promundo, CulturaSalud, and REDMAS 2013). Its foundational curriculum, *Program P — A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health (Program P)*, included: 1) training for health professionals for inclusion of men in maternal care; 2) group education of men and their partners; and 3) activism to mobilize the community. *Bandebereho* adapted the second element: 11 sessions of group education with couples, including parenting, family planning, caregiving, care work-division, gender, and non-violence. In addition, it has taken elements from *Program H/M/D: A Toolkit For Action* by Equimundo.⁸

Although much of *Program P*’s original content was retained during the adaptation process, significant efforts were made to tailor the curriculum to the local context. After the adaptation process, a test with 14 staff members was conducted to rank the effectiveness and relevance of the core activities. The curriculum and all activities were pre-tested with couples from the four targeted districts. Facilitators also participated in the full pre-test training, and then received the facilitator training for at least 10 days (Interview 2 2025; Interview 3 2025). Based on the feedback, some content and clarification were added, and the curriculum was brought to the Rwandan Ministry of Health for review (Interview 2 2025). Additionally, input from communities and local authorities was considered to ensure alignment with the local context (Interview 3 2025). In short, the whole development process included the cycle of adaptation, pre-test, review by different actors, implementation, and incorporation of feedback to make sure the contents were adapted to the local context.

As for the specific contents, *Program P* included limited focus on violence, with only one session paired with conflict resolution. However, *Bandebereho* added contents related to violence in consideration of Rwanda’s social context, including two sessions dedicated to violence and a separate session on conflict resolution (Interview 3 2025; RWAMREC et al. 2013; RWAMREC, RBC, and Promundo 2021; Promundo, CulturaSalud, and REDMAS 2013). Also, as participants in Rwanda demonstrated a greater comfort with role-playing compared to drawing pictures, which was recommended in *Program P* for certain activities, more role-playing activities were included across different sessions. (Interview 2 2025) In the *Bandebereho* 2013 curriculum only simple drawing was included, such as drawing circles, and in the 2021 version, drawing more complex pictures were written as an option (RWAMREC et al. 2013, 95–96; RWAMREC, RBC, and Promundo 2021, 106;135).

After the 2013-2015 implementation, feedback from participants, facilitators, and other actors was collected, and further changes were made in the curriculum. After review by the

⁸ *Program H/M/D*, also a foundational curricula of *Bandebereho*, are gender-separated curricula. *Bandebereho* took a couples-based model, thus adaptation of *Program P* is focused more in this research.

government and community leaders, the 2021 version was published. The curriculum is still evolving today by repeating the cycle of formative research (Interview 2 2025).

In terms of changes made from the 2013 to 2021 version, the 2021 version increased the number of sessions from 15 to 17 (See Figure 3). Along with that, significant change on the framing of violence was made. In the 2013 version, Session 9 “Identifying violence” focused on identifying different forms of violence and providing space for participants to share their personal experiences. Session 10 “Gender-based violence” featured an informational presentation by police on GBV-related laws and existing support structures for victims. On the other hand, the 2021 version addressed the concept of violence as a whole, not only limited to GBV, and dug more into mechanisms of violence, such as the concept of power and the differences in treating people versus objects. This is because at the time the 2021 version was developed, the awareness campaign on GBV-related laws was considered to be developed sufficiently and it was viewed as more useful to focus on power, which was a critical part of other RWAMREC curricula (Interview 2 2025).

Another significant change was restructuring of sessions on shared responsibility and decision-making as a couple, which was split into two separate sessions (Session 14 in 2013, Session 13 and 14 in 2021). Based on the feedback from 2013-2015 intervention, in the 2021 version, greater emphasis was placed on unpaid care work (Interview 3, 2025). The first session, “Sharing responsibility at home”, introduced new activities, including calculating the number of hours spent on care work and role-play of reversing traditional gender-based division of housework (RWAMREC, RBC, and Promundo 2021, 138). The second session, “Planning together as a couple”, incorporated discussions on power-sharing within the household alongside family financial planning.

Additionally, some sessions had title changes but the same content (e.g. Session 1 for 2013, Session 2 for 2021), and some kept the title but changed part of the content, such as removing content on utilizing supportive networks to resolve conflicts, and adding content on identifying the sources of family conflicts (e.g. Session 11 for 2013, Session 15 for 2021).

Topic	Session Number in 2013 Version	Session in 2013 Version (Session number, title of the session)	Session Number in 2021 Version	Session in 2021 Version (Session number, title of the session)
Introduction	0		1	1. Welcome
Gender norms	1	1. Gender equality	1	2. Gender and sex
Pregnancy and children	7	2. Becoming a father	7	3. Being a father
		3. Pregnancy		4. Healthy pregnancy
		4. Supporting your pregnant partner		5. Supporting your pregnant partner
		5. Birth		6. Birth
		7. Caring for your baby		7. Caring for a baby
		8. Out parents' impact		8. Raising children
		13. Raising children		10. My parents' impact
Family planning	1	6. Family planning	1	9. Family planning
Violence	2	9. Identifying violence	2	11. Identifying violence
		10. Gender-based violence		12. Breaking the cycle of violence
Conflict resolution	1	11. Resolving conflict	1	15. Resolving conflict
Shared responsibility and decision-making	1	14. Sharing responsibilities at home	2	13. Sharing responsibilities at home
				14. Planning together as couple
Alcohol and drugs	1	12. Alcohol and drug use	1	16. Alcohol and drug abuse
Reflection	1	15. Reflection	1	17. Final reflection

Figure 3: Comparison of 2013 and 2021 Versions' Content Distribution (created by authors based on RWAMREC et al. 2013; RWAMREC, RBC, and Promundo 2021)⁹

Discourse

As for the language usage (See Figure 4), one of the most used terms is “child(ren)” (287 times in 2013 and 375 times in 2021). Along with that, both 2013 and 2021 versions address audiences not only as couples, by frequently using “partner(s)” or “couples”, but also as parents, by using “family”, “parent(s)”, “father”, and “mother” repeatedly. This comes from the rationale that fatherhood, or parenthood can be a starting point for men to be open to behaviour change, as well as improved couple communication (RWAMREC n.d.).

Additionally, despite the core aim of the curriculum was to address gender norms, terms “gender” and “sex” appeared mainly in sessions on gender and sex and shared responsibility, rather than the entire curriculum. Also, disability was not addressed at all in both versions. Meanwhile, “violence” frequently appeared throughout both curriculas. However, it was

⁹ The categorization is made by the authors partly based on Levtoev et al. (2022). Some categories in Levtoev et al. (2022) that are not directly addressed by the contents of curriculum (such as “Financial security” which refers to distribution of allowances) were integrated and rephrased. Some categories' names were changed slightly to fit in the context of the section of this paper.

reduced to 148 times in the 2021 version from the original 178 times, despite the 2021 version having more sessions. Also, reference to GBV was also reduced to only 1 time for the 2021 version. Instead, the number of “power” increased significantly from 5 times in 2013 to 106 times in 2021, with other relevant words reflecting its change in approaching violence from more fundamental concepts on power dynamics.

In terms of tone used to engage participants, the language strays from imparting judgement or inadequacy, shown in the very limited use of words such as “harmful” (3 times in 2013, 5 times in 2021) and “fix” (3 times in both, only used in the topic of parenting children), in order to create safe spaces and make the contents more easily accepted. Rather, words to stress the positive side of the behavior change goals were used more, such as “benefit” (26 times in 2013, 52 times in 2021) or “better” (9 times in 2013, 17 times in 2021). The curriculum did not explicitly condemn current behaviour, but used words like “positive change” and stressed the importance of “change”, and the discourse of “change” as positive, especially in the 2021 version.

Frequency of certain words in Bandebereho 2013 and 2021 training manual

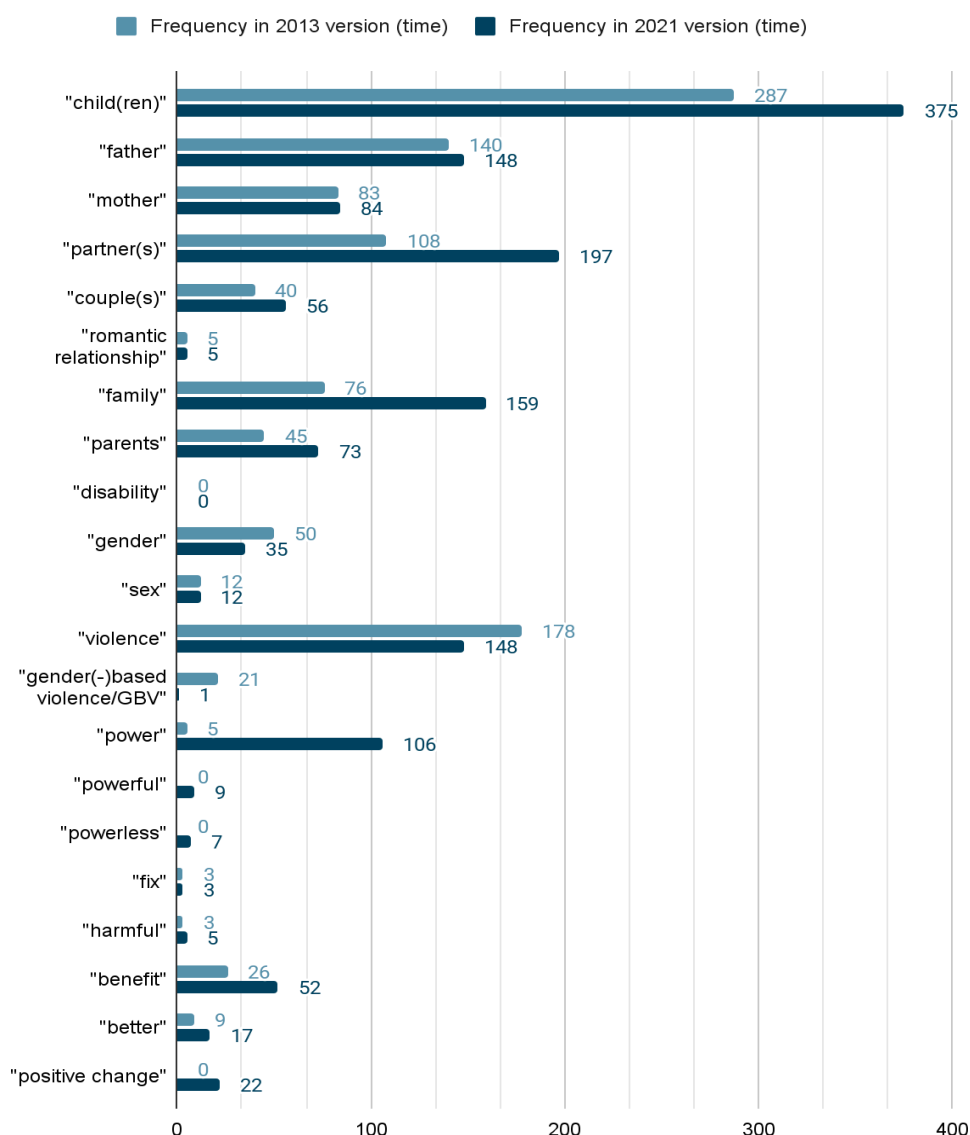


Figure 4: Frequency of Words in Banadebereho 2013 and 2021 Training Manual (created by authors based on RWAMREC et al. 2013)

Ordering of Sessions

The ordering of sessions was also carefully considered and revised.¹⁰ For the 2013 version, the flow was based on the stage of understanding and relevance of participants' needs, in order to attract interests from participants from the beginning to encourage them to stay in the training (Interview 3 2025) (See Figure 5). In the original 2013 version, the curriculum starts with gender equality education to solidify the core aim of the program as destabilizing gender norms. Then, it moves to practical information to be used immediately, such as mechanism and support for pregnancy, or family planning. As participants are expecting or currently

¹⁰ See Appendix Table 2.2 and Table 2.3.

have children under 5, these sessions are highly relevant to them. After that, it shifts to the information that participants might use in the near future, such as childcare and parenting. Then, deep-rooted issues and information for the future is discussed, to build healthier relationships with partners and children, such as violence, conflict resolution, alcohol and drug use, child-raising, and shared responsibility to promote changes to power dynamics.

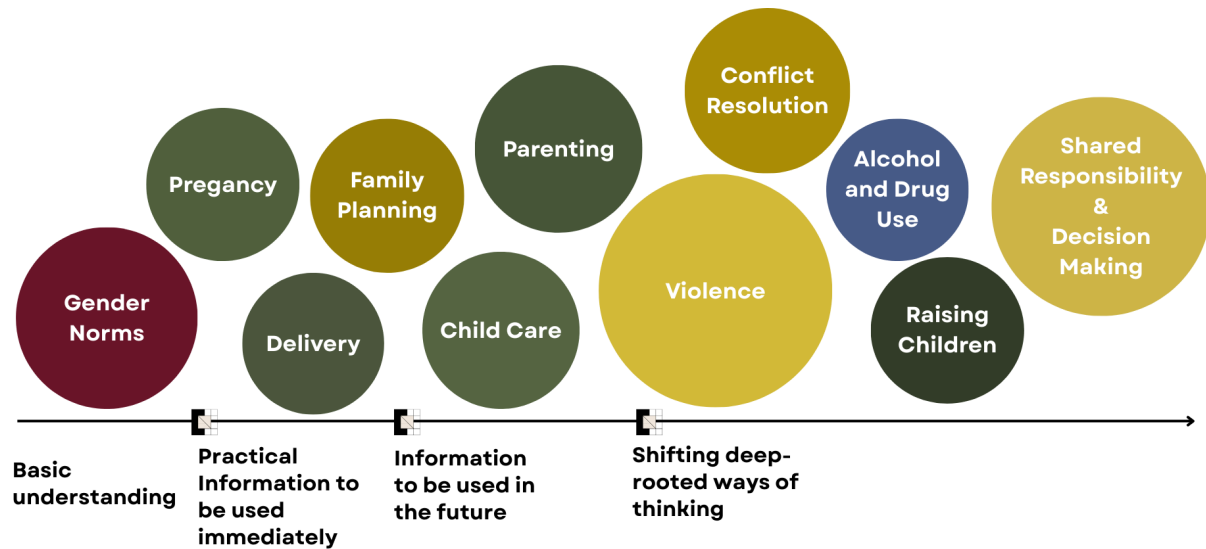


Figure 5: Ordering and Flow of *Bandedereho* 2013 Curriculum (created by authors based on RWAMREC et al. 2013)

However, after implementation from 2013 to 2015, the session order was revised significantly based on the team's assessment (Interview 2 2025) (See Figure 6). The 2021 version's flow was based on content connectivity from one session to the next, which was theorized to improve participants' understanding. It started with gender norms, as did the original version, and followed with stages of pregnancy and child development. Then, it moved to violence and conflict resolution, shared responsibility and decision-making, and finally alcohol and drug use. Drug and alcohol use was treated more like an outlier in the 2021 version, with curriculum developers unsure where to place it within the sessions (Interview 2 2025). Despite these changes, the updated 2023 version mostly reverted to the original 2013 session ordering, particularly for its more effective results. A new session on nutrition was also added in the 2023 version (Interview 2 2025).

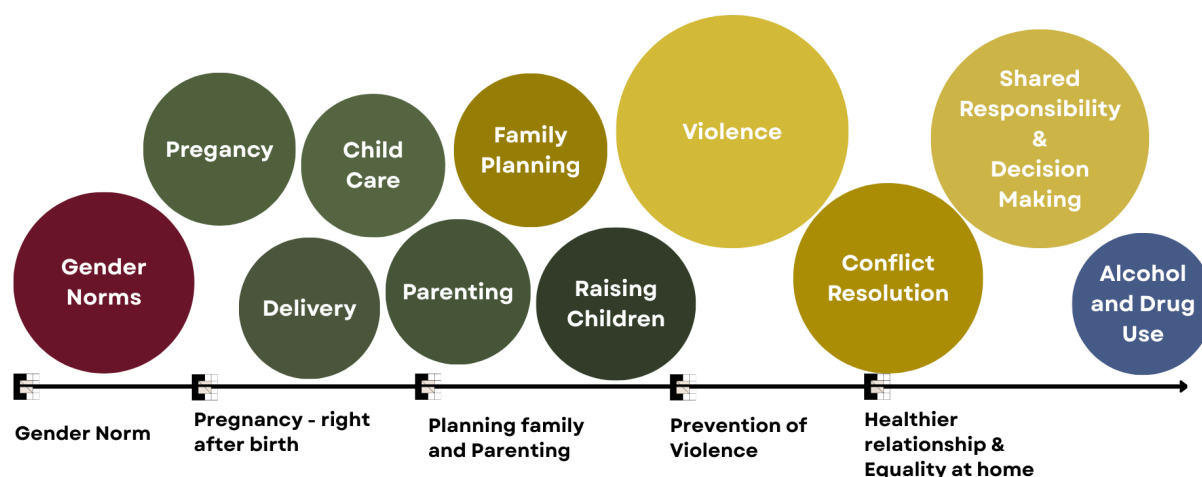


Figure 6: Ordering and Flow of *Bandedehero* 2021 Curriculum (created by author based on RWAMREC, RBC, and Promundo 2021)

Gender Division

As indicated, in *Bandedehero*, some sessions include the couple, while some sessions only invite men (See Appendix Table 2.2 and Table 2.3). In the 2013 version, facilitators could choose whether to invite only men or the couples for the first session on gender equality and tenth session on GBV. Other men-only sessions included Session 2 “Becoming a Father”, Session 7 “Caring for a Baby”, Session 8 “My Parents’ Impact”, Session 9 “Identifying Violence”, Session 11 “Resolving Conflict”, Session 12 “Alcohol and Drug Use”, and the final reflection session. Other sessions were for couples (see Appendix Table 2.2).

Based on the feedback, the 2021 version adjusted the audience for each session (see Appendix Table 2.3). For example, Session 8 in 2013 changed to a couple session in 2021 (Session 10), which included an activity to share parenting goals and vision together. The final reflection session also shifted from men-only to couples, with the “fathers’ web” peer support activity changed to a “parents’ web”¹¹. Overall, the 2013 version had 2 sessions with flexible audiences, 7 men-only sessions, and 6 couple sessions; the 2021 version had 7 men-only sessions and 10 couple sessions.

In *Bandedehero*, men-only sessions provided a comfortable space for men to discuss “men’s affairs”, such as sensitive topics like violence, or care work that they have never done, which could be embarrassing to address in front of their partners and other women (Interview 3 2025). This approach also addressed men’s historical exclusion from reproductive discussions and development projects (Interview 2 2025). Couple sessions aimed to improve communication and shared understanding, reducing the risk of men being teased for behavior changes (Interview 3 2025). The team maintained male-only and sometimes gender-separated sessions to respect the Rwandan context, where women may feel uncomfortable speaking openly in front of their partners (Interview 2 2025; Interview 3 2025).

¹¹ “fathers’ web/parents’ web” refers to the network among former participants.

4.3 Couples-Based Gender Transformative Intervention (CBGTI)

GBGTI aims to empower women within their relationships by enhancing their participation in financial, reproductive, and household decision-making. The intervention included four groups divided into lesson themes: 1) Gender Socialization (GS); 2) Gender Socialization and Financial Literacy (GSFL); 3) Gender Socialization, Financial Literacy, and Family Planning (ALL), which focused on contraceptive counselling and improving access to reproductive health services, particularly for low-income couples through voucher distributions; and 4) a control group (OlaOlorun and John 2021; John et al. 2022). The FP component was taught by local health providers and informed by the GATHER approach, which consists of Greet, Ask, Tell, Help, Explain, and Return (Rinehart, Rudy, and Drennan 1998). However, the FP curriculum is not publicly available since the training was done by local health providers, and thus this review is limited to the GS and FL modules from the facilitator's guide.

The sessions occurred weekly, lasting about 2 hours with around 24-26 couples. The sessions used interactive and participatory methods such as role-playing and discussions, in both gender-separated and mixed formats (OlaOlorun and John 2021; John et al. 2022). For the details of contents, see "Appendix Table 2.4 and Table 2.5".

Development

The GS Curriculum was developed by the International Center for Research on Women and the College of Medicine, University of Ibadan. As part of the Women Working with Partners project, the curriculum was funded by the Bill & Melinda Gates Foundation under the Women and Girls at the Center of Development Grant. This curriculum mainly draws inspiration from four sources: 1) *Gender Sensitivity* by UNESCO from 2000, 2) *The Oxfam Gender Training Manual* from 1994, 3) *Program H/M/D:A Toolkit for Action* by Equimundo from 2013, and 4) *PREP Within Our Reach* by PREP Educational Products Inc. from 2016.

However, the contents were adapted specifically to Ibadan's contexts. For example, instead of writing exercises for participants, this curriculum includes role-playing or discussion activities, considering the majority of the participants didn't have a high literacy ability. Moreover, names and scenarios are adjusted to fit the local context. For example, in Session 2, the curriculum uses familiar Nigerian names, such as Bayo and Ayomide, in an example story about an unconventional division of labor, making the content more relatable and reflective of participants' lives. Furthermore, the curriculum includes examples of gendered tasks and stereotypes such as men cutting grass and riding motorcycles, and women sweeping floors and taking care of children, that are more culturally relevant to Ibadan (OlaOlorun and John 2020a).

The FL Curriculum was developed by the same research teams and also supported by the Bill & Melinda Gates Foundation. For the FL Curriculum, they referred to three sources including 1) *Family Business Management Training* by CARE, specifically session 3, 2) *Your Financial Toolkit* by the Financial Consumer Agency of Canada, and 3) *the Financial Literacy Guide* by Reserve Bank of India from 2013. The FL curriculum was carefully adapted to reflect the local economy, social norms, and participants' lived experiences, while preserving the core

financial literacy concepts from its original sources. For instance, in Session 1, examples such as aso ebi¹², jewelry, alcohol, and parties are used to illustrate non-essential expenditures, and saving practices like ajo¹³ and alajo¹⁴ are also discussed as familiar methods of money saving. Furthermore, the repeated use of garri¹⁵ production and running a photocopying business examples illustrate its local familiarity (Olaolorun and John 2020b). In addition, the activity of developing a household budget in Session 3 was a transformative experience for many couples, helping them distinguish between needs and wants and make joint financial decisions for the first time (Interview 1 2025).

Both the GS and FL curricula were intentionally designed to be flexible, culturally sensitive, and participant-centered. The curricula were designed with flexibility during implementation; the facilitators were trained through multiple rounds of preparation and were encouraged to tailor discussions and allocate additional time when needed. The curricula were carefully adapted to the linguistic and social contexts of participants to maximize accessibility and engagement; sessions for participants from lower socioeconomic backgrounds were conducted in local languages, while sessions for higher socioeconomic groups were held in English. Additionally, activities on gender socialization and division of labor were designed to have participants themselves identify and question culturally ingrained distinctions between male and female roles. The curricula accounted for participants' schedules by shifting sessions to evenings and weekends, recognizing that many men worked during the day (Interview 1 2025).

While it is uncertain why the *CBGTI* development team selected these foundational resources (four for GS curriculum and three for FL curriculum), it is possible to infer a rationale grounded in the overall design of the intervention. For the GS curriculum, UNESCO's *Gender Sensitivity*, Oxfam's *Gender Training Manual*, Equimundo's *Program H/M/D: A Toolkit for Action*, and *PREP Within Our Reach* likely offered participatory methods, engagement strategies, and relationship-focused content that were well-suited for the curriculum. Similarly, the FL curriculum drew on CARE's training materials, *Your Financial Toolkit*, and Reserve Bank of India's *Financial Literacy Guide*, which appear to have provided accessible frameworks for budgeting and saving. These materials seem to have been selected for their complementary strengths, practical orientation, and adaptability.

Discourse

Both the GS and FL curricula use indirect terms that refer to power but avoid straightforward engagement with the concept (See Figure 7). For example, in the GS curriculum, the term "power" does not appear at all, but related terms such as "dominant," "control," and "violent," "violence" appear occasionally. Instead, indirect aspects of power like "decisions" and "resources" appear more frequently. Similarly, the FL curriculum does not include many

¹² Aso ebi refers to "family cloth" in Yoruba, Nigeria.

¹³ Ajo is a Yoruba group saving mechanism where people regularly put money into and take turns receiving the shared funds (BusinessDay 2021).

¹⁴ Alajo is an online platform that aims to support updating traditional African saving practices (Alajo App n.d.).

¹⁵ Garri is a common staple food across West and Central Africa, which is made from fermented cassava. It has different spelling such as garry or gari depending on the produced area (Ndjouenkeu et al. 2020).

terms that directly refer to power, given that "power" and "control" appears only once, and terms like "powerful," "dominant," "aggressive," "violent," and "violence" do not appear at all. The FL curriculum puts more emphasis on practical and capability-related words that lead to indirect concepts of power such as "decisions," "manage," and "planning."

Moreover, risk and safety aspects are treated with caution in the GS curriculum, particularly when addressing sensitive topics. Rather than labeling people's actions as dangerous, the curriculum emphasizes communication issues by using the noun "danger signs" instead of the adjective "dangerous." The use of terms like "safe," "safety," and "safer" collectively reinforces a preventive and harm-avoidance tone, avoiding blame and promoting awareness.

Both curriculums emphasize a participant-driven program style, using interactive and engaging language over authoritative instruction. Directive terms like "teach," "educate," "instruct," "fix," and "mistake" are notably absent. Instead, both curricula consistently employ verbs that promote dialogue and participation. For example, "ask" appears frequently in both GS and FL curricula. Other interactive terms such as "discuss," "share," and "explain" also appear regularly across both, further emphasizing this preference. This strong discourse pattern of participatory language suggests a shared pedagogical approach centered on conversation, reflection, and learner empowerment rather than information and knowledge transfer.

Frequency of certain words in CBGTI 2018 Curricula 1

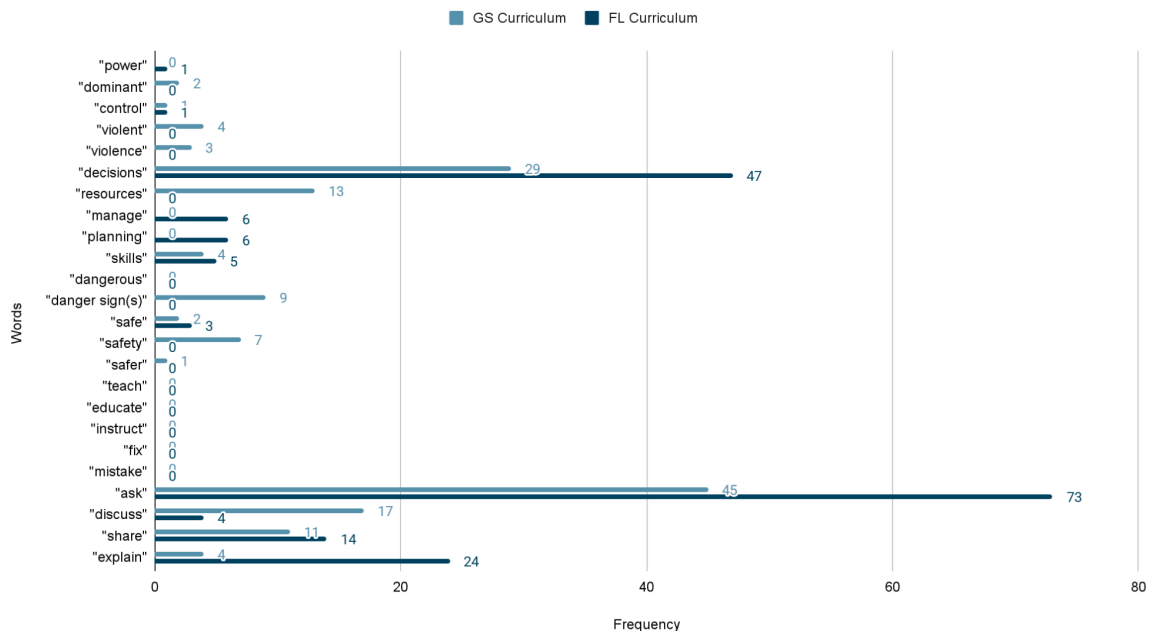


Figure 7: Frequency of Words in *CBGTI* GS and FL 2018 Curricula 1 (created by authors based on OlaOlorun & John 2020a; OlaOlorun & John 2020b)

The GS and FL curricula were designed with different objectives in mind, as reflected in the language they prioritize (See Figure 8). While both curricula refer to men and women using

words like “couple” and “partner,” the GS curriculum places greater emphasis on their relationship, as seen in the frequent use of the term “relationship,” which is not mentioned at all in the FL curriculum. This underscores the GS curriculum’s stronger focus on relational dynamics. It also includes a significant number of gender-related and social terms such as “stereotype,” “socialization,” “gender,” “sex,” “women,” “female,” “girl,” “men,” “male,” and “boy,” indicating that gendered subjects and roles are a central concern.

In contrast, the FL curriculum does not explicitly address gender socialization or power dynamics. Terms commonly found in the GS curriculum such as “gender,” “sex,” “women,” and “men” appear only minimally, and references to concepts like “stereotypes” or “socialization” are nearly absent. Instead, the FL curriculum emphasizes financial literacy and household economics, with frequent use of terms such as “money,” “income,” “expenses,” “business,” “financial,” “budget,” and “saving”. Although gender-related vocabulary is limited, the FL curriculum still promotes gender collaboration through shared financial decision-making and encourages joint responsibility within couples.

These word choices reflect a deliberate discursive strategy across both curricula to balance women’s empowerment with cultural sensitivity, emotional safety, and engagement. By avoiding confrontational language and favoring indirect, relational terms, the curricula foster reflection without blame, reducing the risk of resistance in patriarchal settings and creating safer spaces for open dialogue. This approach aligns with the overall learner-centered design and the differing aims of the GS and FL curricula.

Frequency of certain words in CBGTI 2018 Curricula 2

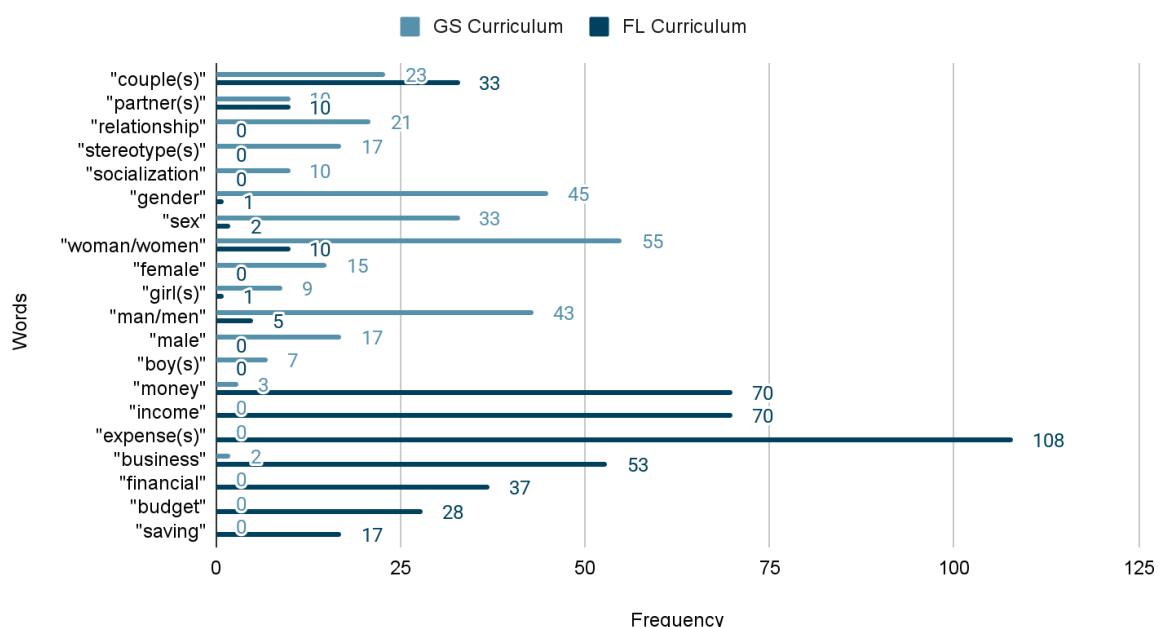


Figure 8: Frequency of Words in *CBGTI* GS and FL 2018 Curricula 2 (created by authors based on OlaOlorun & John 2020a; OlaOlorun & John 2020b)

Ordering of Sessions

The ordering of sessions in both the GS and FL curricula reflects a pedagogical strategy grounded in contextual relevance and gradual capacity-building (See Figure 9).

The GS curriculum is structured in 4 sessions to gradually deepen participants' understanding, starting with conceptual themes and moving toward more relational and skill-building content. It begins by introducing fundamental concepts such as the differences between sex and gender and how stereotypes and socialization shape gender norms and expectations. This foundation is then extended into discussions of household dynamics, including the division of care work and decision-making power. As participants progress, the curriculum addresses communication challenges and unsafe behaviors in relationships, concluding with strategies for constructive conflict resolution and problem-solving (OlaOlorun and John 2020a).

The FL curriculum, which has 3 sessions, similarly follows a progressive structure aimed at building participants' understanding of money management. It begins with basic financial concepts such as income, expenses, savings, and planning using familiar, real-life examples. Building on this, it introduces tools like the “in-out tree”¹⁶ and a “NEEDS vs. WANTS” activity. The final portion shifts toward joint financial planning, using demonstrations and role-plays to encourage budgeting together with partners. Like the GS curriculum, this structure supports a transition from individual awareness to joint planning, enabling couples to develop and apply shared financial skills and understanding (Olaolorun and John 2020b). Both curricula were carefully designed to break down complex concepts as much as possible to make them easier for participants to understand (Interview 1 2025).

GS Curriculum (OlaOlorun & John, 2020a)



FL Curriculum (OlaOlorun & John, 2020b)



Figure 9: Ordering and Flow of 2018 *CBGTI* Curriculum (created by authors based on OlaOlorun & John 2020a; and OlaOlorun & John 2020b)

¹⁶ In-out tree is a saving design used to show household budget (Olaolorun and John 2020b).

Gender Division

Both the GS and FL curricula are mainly gender-segregated, with most sessions conducted separately for men and women (See Appendix Table 2.4 and 2.5). Gender-integrated couple sessions are only conducted in the final sessions of each curriculum. The sessions were intentionally gender-segregated, as it was considered crucial for women to first understand the newly introduced concepts in the presence of other women, given the presence of patriarchal elements in Ibadan society. Similarly, it was important for men to learn the concepts among other men, so that both genders could develop a fundamental understanding before being presented with sensitive topics together. Furthermore, there was also a concern that men might express themselves as more knowledgeable than women, even though it would be their first time encountering the topics, which could undermine the program's objectives and limit women's opportunity to fully engage in discussions and activities. After talking through the probable risks of conducting gender inclusive sessions from the beginning, the team decided that introducing basic information separately and then bringing couples together for the final session was the most appropriate approach for the Ibadan context (Interview 1 2025).

5. Discussion

5.1 Potential Contributions

Despite having different purposes and targeted objectives, *Indashyikirwa*, *Bandebereho*, and *CBGTI* all demonstrated measurable impact in reducing IPV, to some extent, and in challenging patriarchal gender norms. *Indashyikirwa* achieved one of the strongest impacts on sexual IPV reported in global literature (Dunkle et al. 2019), with women 56% less likely to experience physical and/or sexual IPV and men 46% less likely to perpetrate it (Dunkle et al. 2020). Meanwhile, women participants in *Bandebereho* reported 23% less physical and 25% less sexual IPV perpetration compared to the control group (Doyle et al. 2018). Also, 16% less sexual IPV and 21% less emotional IPV even six years after the intervention, along with increased male caregiving and household involvement, and some voluntary initiatives to promote male participation of care work were observed (Doyle et al. 2023; Interview 2 2025). For *CBGTI*, despite its shorter implementation span, it fostered greater dialogue between couples and received positive feedback from both participants and facilitators (John et al. 2022).

Indashyikirwa

Several factors likely contributed to *Indashyikirwa*'s success. First, its theory of change is empirically grounded, integrating evidence-based mental health strategies like the Thinking Triangle from cognitive behavioral therapy to connect thoughts, feelings, and behaviors (Interview 4 2025). Second, the program was tailored to local culture, supported by local authorities, village heads, and researchers, with a rigorous pre-test ensuring cultural relevance and accurate translation. Third, sustainability was built in, including an activism component for selected participants lasting two years post-curriculum, and bi-annual meetings for others. Notably, visibly disabled people held leadership roles within activism, a welcomed success

(Interview 5 2025). Fourth, stipends (2,000 Rwandan Francs per person/session)¹⁷ were significant for participants, aiding high retention (~95%) and fostering economic skills (Stern et al. 2021; Stern and Nyiratunga 2017; Interview 4 2025; Interview 5 2025). Fifth, facilitator training and support were strong—with a 10-day retreat, practice, feedback, pairing new and experienced facilitators, and weekly supervision. Sixth, the curriculum’s progressive discourse and positive, non-top-down language likely contributed to retention and the reduction in sexual and physical IPV. Lastly, the inclusion of male and female facilitators, promoting equal participation and gender-separated activities when needed, was positively received. Many field officers reported requests for individual and couples counseling, attributed to the sensitive content and close facilitator–participant relationships forged (Stern and Nyiratunga 2017).

Bandebereho

Bandebereho’s success in reducing IPV and achieving other positive long-term changes is rooted in the implementation team’s ongoing cycle of feedback, adaptation, and content review. This development process has contributed to the quality and relevance of the curriculum, as reflected in its content, structure, and approach to gender division.

First, in terms of content, centering parenthood may have increased acceptance of concepts related to gender equity and violence prevention. The program addresses gender inequalities and norms not only to improve couples’ relationships but also to promote better communication and shared responsibility for the benefit of their children and families. Second, the strong rationale behind the ordering of sessions—based on relevance to participants’ needs or content connectivity—as well as the male-centered approach and male-only sessions, likely enhanced the engagement and motivation of male participants by making the content more relevant and inclusive. Some male participants expressed their satisfaction with the content, describing it as “exactly designed for me,” and a high retention rate was observed throughout the training (Interview 3 2025). Third, the couple sessions themselves, along with their take-home exercises, may have promoted more frequent communication and greater emotional closeness between partners, which are considered important elements in preventing IPV (Levtov et al. 2022). Many activities and take-home exercises in the couple sessions required discussion with partners, including topics that participants might have previously been reluctant to discuss, thus fostering honest communication.

Last, as for post-intervention monitoring, former participants were regularly followed up with for feedback or research, and the creation of a participant community may have contributed to long-term sustainability. Through these follow-ups, participants could remind themselves of the training they received. Encouraging participants to exchange contacts for a “father’s web” or “parents’ web” at the final session fostered an alumni community, providing former

¹⁷ 2,000 RWF is about \$2.92 USD, or 2.67 CHF, in 2014. Adjusting for inflation to 2025 values, the equivalents are 2,600 RWF, \$3.80 USD, and 2.94 CHF.

participants with a space to face challenges together, especially important given the persistence of deep-rooted gender norms in the community.

CBGTI

The *CBGTI* intervention demonstrated several notable potential contributions. It led to a statistically significant reduction in physical IPV in the GS and GSFL arms compared to the control group. This outcome underscores the central role of the GS component, which emerged as the most influential driver of positive change (John et al. 2022). Moreover, the interactive, culturally responsive, and gender-sensitive curricula might have contributed to this success by maintaining high levels of engagement, tailoring content to participants' lived realities, and creating a safe learning environment. The GS and FL curricula were also developed using diverse, credible sources and carefully adapted to the sociocultural context of Ibadan.

Furthermore, the curricula used a non-confrontational and relational language strategy that avoided triggering defensiveness. This approach promoted self-reflection over blame, which is particularly important in patriarchal settings where overt critiques of power structures may provoke resistance. The consistent use of interactive and participatory language could have reinforced a learner-centered pedagogical approach focused on dialogue, critical thinking, and empowerment.

Another effective design feature was the initial gender segregation in early sessions, which created safer spaces for men and women to engage with sensitive issues. This format helped minimize performative behavior among men and encouraged open expression among women (Interview 1). Joint sessions introduced later enabled couples to practice and apply their learning together, fostering improvements in communication, mutual respect, emotional intimacy, and conflict resolution (John et al. 2022).

5.2 Potential Limitations

On the other hand, as mentioned in "Literature Review", to some extent, each program had some challenges. As for *Indashyikirwa*, there were some challenges for participants to comprehend some content (Stern and Nyiratunga 2017), and failure of activism components. Also, the MIGEPROF/World Bank program implementation found increased reporting of cases of emotional, sexual, and physical IPV from intervened couples as well as 'spill over' couples (Alik-Lagrange et al. 2022; Stern et al. 2023). For *Bandebereho*, though recent existing studies did not provide limitations of the program, male participants reportedly struggled to apply what they had learned in public settings due to prevailing gender norms in their communities (Doyle et al. 2014). In terms of *CBGTI*, there was almost no impact for sexual IPV¹⁸, and the long-term impact is unknown since the follow-up was conducted only six months after the intervention (OlaOlorun and John 2021; John et al. 2022).

¹⁸ As previously mentioned, *CBGTI* did not target IPV, and the development team did not add content related to sexual IPV considering Ibadan's context, as well as the difficulties on referral to supporting systems (Interview 1 2025).

Indashyikirwa

Despite its strengths, the *Indashyikirwa* curriculum reveals some areas for enhancement. Comparing the original trial to the MIGEPROF/World Bank adaptation illustrates that effectiveness depends heavily on implementation quality. The MIGEPROF/World Bank version, despite a similar model, suffered from under-qualified supervisors and facilitators, insufficient training and supervision, and a rushed, “light-touch” approach, which undermined impact and potentially caused harm (Interview 4 2025; Interview 5 2025). This shows the curriculum alone isn’t enough; skilled, well-supported facilitation is crucial. The curriculum does not explicitly address facilitator consistency, a potential weakness. However, interviewees stressed that facilitator consistency was emphasized in the original programming—with weekly session reviews, facilitator guidelines, mental health support, and time off (Interview 5 2025).

A major issue in *Indashyikirwa* is the activism model, based on *SASA!*, which clashed with Rwanda’s top-down, hierarchical system. Rwanda’s leadership structure is seen as somewhat contrary to the total equity emphasized in the activism model (Interview 5 2025). Enabling environment and activism components were slower and harder to implement, requiring adaptation to work within existing leadership and finding “champions”, or community members that greatly supported the initiative. Community pushback against participants’ changed behaviors—rooted in entrenched gender norms—also challenged sustainability. While efforts were made, the curriculum lacks effective strategies for sustaining long-term behavior change after the program ends. Long-term trial data to confirm sustained effects is also lacking, relying mostly on anecdotal evidence (Interview 5 2025).

Though the program is long and dense, some content gaps remain. Session 5, on Rwandan law surrounding GBV, could better address the gap between legislation and practice and guide accessing help beyond legal channels. Session 17, on alcohol usage, while valuable, places responsibility mainly on individuals, neglecting societal norms and community support. Additionally, there is limited focus on children as IPV witnesses or victims despite its negative impact (Stern et al. 2022); a deeper child-centered approach would be beneficial. Sexual health and family planning are only briefly covered; expanding on contraceptive access and shared decision-making could reinforce equality. Finally, greater intersectional analysis—especially around gender, sexuality, and disability—would enhance reach and relevance (Interview 5 2025).

Bandebereho

Though there are not many clear limitations reported for *Bandebereho*’s results, some potential shortcomings were identified in the curriculum. First, how to deal with denial or teasing from others is not addressed, which may leave participants unprepared to maintain or practice the changes they learned in the face of persistent community norms around gender inequality. It was suggested that role-playing—such as practicing responses to teasing when men engage in tasks considered women’s work—alongside community-level norm-change activities, could be an option (Interview 2 2025).

Second, in the Rwandan context, where many people were left with disabilities as a result of the 1994 genocide (Philippa 2005), not addressing people and children with disabilities risks excluding a significant population that is especially affected by IPV. While the implementation team is gradually including participants with disabilities and adding disability-inclusive content to the curriculum and facilitator training, these efforts remain limited (Interview 2 2025). In 2013, the time of implementation, about 5% of the population was reported to have physical or mental disabilities, which is likely an underestimate (Kidd and Kabare 2019). Research shows people with disabilities face greater stigma and vulnerability to IPV, and a sense of ‘inability’ to perform their gender contributes to their sense of failure (Stern, van der Heijden, and Dunkle 2020; Interview 5 2025). Therefore, it is important to include content addressing both parents and children with disabilities, as well as parental concerns and prejudices, to help reduce the risks of IPV.

Lastly, as noted in “Findings”, while former participants expressed a preference for increasing couple sessions, these sessions need to be carefully facilitated to ensure that women are not silenced due to cultural expectations that discourage them from speaking up in front of their partners and other men (Interview 2 2025).

CBGTI

While the intervention demonstrated several promising strengths, it also faced various potential limitations. One major weakness was the short duration (just six weeks), which was likely insufficient to transform deeply entrenched patriarchal beliefs and gender norms that obstruct women empowerment. While certain behavior changes were observed at the couple level, the intervention lacked the richness, continuity, and broader impact required for lasting shifts in community norms (OlaOlorun and John 2021).

Another plausible shortcoming was the program’s emphasis on assessment over serving as an ongoing empowerment strategy. As highlighted in post-intervention reflections (Interview 1 2025), the lack of structured follow-up raises concerns about sustainability. Key life scenarios such as divorce, remarriage, or relocation were not accounted for which limited the program’s relevance over time. Moreover, the absence of institutional support systems for survivors of GBV such as referral pathways or access to support services for participants experiencing IPV represents a significant ethical concern. In situations where the intervention revealed instances of violence, women may have been left without safe or adequate avenues for support as well (Interview 1 2025).

Additionally, the lack of a dedicated module on IPV might weaken the program’s ability to address the full spectrum of harm. While physical IPV decreased, likely due to improved communication and relational dynamics, emotional and sexual IPV were not explicitly addressed and showed no statistically significant reduction (OlaOlorun and John 2021). Given how deeply sexual norms are embedded in cultural and relational structures, these issues likely require more time, greater depth, and a more direct pedagogical approach (Interview 1 2025). Furthermore, barriers to comprehension emerged for some participants, particularly those with low literacy and numeracy skills (OlaOlorun and John 2021).

Although the curriculum was adapted for accessibility, it may not have been fully inclusive. This suggests a need for more hands-on, visual, and practical learning tools to support equitable learning across all participant groups.

5.3 Opportunities for Further Research

Several aspects of each program warrant further investigation, either to assess their impact or to support their effective integration into the curricula. Future research could help clarify these dimensions and contribute to the development of more responsive and impactful programming.

Indashyikirwa

There is room for further research on *Indashyikirwa*'s impact. First, there is little long-term trial data to confirm sustained effects beyond anecdotal evidence. Second, more research is needed on the program's internal strategies for maintaining long-term behavior change. While existing research often focuses on overall outcomes, little analysis has examined how the curriculum's specific sessions or components address particular issues. Investigating the impact of individual sessions or thematic elements could yield valuable insights. Third, the stipend's influence on participants' economic behaviors and outcomes is an understudied area. Fourth, the program's length (21 sessions, ~3 hours each) is necessary for progressive behavior change but risks retention issues for participants. The shortened adaptations by MIGEPROF/World Bank disrupted the curriculum's logic and building blocks of change. Ideally, no parts should be cut, though the duration remains demanding. Research on this would be highly beneficial. Finally, further research should explore effective adaptation and implementation of community mobilization and activism components in Rwanda, given evidence that the top-down nature of Rwandan culture made it difficult to produce tangible changes in community norms and behavior (Interview 5 2025).

Bandebereho

As *Bandebereho* is upscaling and the curricula is evolving, how the content changed from 2013 version to 2021 version, and to 2023 version¹⁹—especially for each element—and how it affects levels of IPV and participants' feedback need to be studied further. Originally, the facilitators were fathers in the community (Doyle et al. 2018), but now they have been replaced by community health workers. This change might affect the perceived distance between participants and facilitators, and thus the effectiveness and sustainability of the intervention.

In terms of content, although the session on GBV was removed due to the perceived success of information diffusion by the government and civil society, it remains to be researched whether this knowledge has been effectively consolidated and translated into prevention, or whether supplementary information is still necessary. Additionally, how participants perceived the ordering of the 2021 and 2023 versions can be studied. Understanding how

¹⁹ Though some feedback was shared in the interviews and demonstrated in this paper, no academic qualitative or quantitative research, such as a RCT, is published for the implementation of the 2021 and 2023 version.

participants respond to different underlying rationales, and whether the reversion was beneficial for fostering understanding, could be valuable for the upscaling of *Bandebereho* and for applying this approach to other programs. Furthermore, whether the increased number of couple sessions was more effective and comfortable for participants can also be investigated. Finally, it is worth examining whether the perceptions of former participants' children regarding gender norms differ from those of children whose parents did not participate, considering *Indashyikirwa* was proved to promote gender-equitable parenting (Stern et al. 2022). How changes in parents' gender norms can affect their children could be explored further.

CBGTI

Several observations from the *CBGTI* intervention highlight areas requiring further research. First, the FP component which was delivered as a single session by local health providers might have lacked impact compared with other curriculum. While it potentially raised awareness, its limited depth likely weakened its potential influence on reproductive decision-making and IPV outcomes. The more significant decrease of physical and emotional IPV seen in GSFL but not ALL arms underscores the need to explore more effective ways of embedding reproductive health education on top of GSFL. Second, although early gender segregation successfully created safe spaces, the limited number of mixed-gender sessions and the short program duration may have constrained long-term couple-level transformation. More consistent opportunities for joint practice may be needed to reinforce relationship changes. Finally, while the intervention appropriately prioritized women's empowerment, it may have underutilized the potential of engaging men as active duty bearers of change. Further research is needed to examine how interventions can better support men in reflecting on their power, responsibility, and role in promoting gender equity. Deepening men's engagement could strengthen shifts in household dynamics and enhance the sustainability of IPV prevention outcomes.

6. Recommendations

The three curricula under review, *Indashyikirwa*, *Bandebereho*, and *CBGTI*, were each intentionally developed to address GBV with distinct theoretical framing through contextually grounded and community-relevant approaches. This study has critically assessed the potential strengths and limitations of each curriculum, with the aim of informing the development of the next Rwandan couples-based GBV prevention program for nonprofits and organizations. Building upon the lessons learned, the following recommendations are suggested to enhance the curricula:

1. Implementation Quality is Essential

To ensure the effectiveness and ethical delivery of GBV education programs, it is essential to prioritize the integration of local context into curricula and activities. Pre-testing should be conducted within the target community to assess relevance and effectiveness, followed by structured revisions based on participant feedback and facilitator observations. Ensuring high implementation quality requires ongoing training and support for facilitators, helping maintain content fidelity and adaptability to participants' needs, as well as mental wellbeing

of facilitators. Consistency among facilitators—in terms of messaging, tone, and delivery—fosters participant trust and reinforces key learning objectives (Interview 4 2025). Finally, maintaining open communication and collaborative relationships with local authorities, including incorporating their feedback throughout the program cycle, strengthens legitimacy, promotes accountability, and aligns the intervention with broader community and institutional frameworks. To minimize spillover effects, programs should apply transparent selection criteria for participant inclusion and exclusion (Interview 4 2025).

2. Follow-Up and Network-Creation

Establishing clear follow-up mechanisms—such as post-program support, referral pathways, and booster sessions—is essential to sustaining the program’s long-term impact (Interview 1 2025; Interview 2 2025; Interview 4 2025). Additionally, creating a former participants network during the implementation period can make follow-up easier, as well as provide participants with continued access to resources and support networks, reinforce key lessons, and promote behavior change beyond the initial intervention participants. Structured touchpoints also allow facilitators to monitor progress, address emerging challenges, and adapt responses to evolving participant needs. In contexts where stigma or limited services may hinder access to care or in cases where relationships change (e.g. death or divorce), reliable follow-up mechanisms help bridge the gap between program participation and real-world application, while also strengthening trust and accountability within the community.

3. Include a Deeper Couples Focus in the Couples Curriculum

The curricula for GBV and IPV interventions must center couples’ dynamics, beyond individual growth. *Indashyikirwa* only includes one activity explicitly listed as a couple activity, the rest are conducted with the entire group or in randomly assigned groups of 2 to 8 people. While *Indashyikirwa* challenges individuals to deconstruct norms and biases, it may not effectively bridge these concepts for participants to view spousal dynamics, as in-classroom couples activities are not prioritized. Meanwhile, after the 2013-2015 intervention, *Bandebehero* practitioners redesigned the curriculum to have more couple sessions due to participant feedback (Interview 2 2025). *Bandebehero* showed impressive results especially in terms of “communication frequency” and “emotional closeness” (Levtov et al. 2022). These factors were linked with decreasing IPV instances. While the improvements of communication and closeness could be due to multiple aspects of the curriculum, the in-classroom emphasis on couples problem solving together in “Gender and Sex”, “Raising children”, “Planning Together as a Couple”, could be significant factors. Furthermore, after pretests of *CBGTI*, the practitioners decided to include more couples sessions versus gender separate sessions based on suggestions from participants and in order to increase trust between couples and between couples and facilitators (Interview 1 2025).

4. Breaking Down Gender Norms Reduces GBV

Addressing gender norms is not just a foundational component but one of the most critical drivers in reducing GBV and IPV. Tackling entrenched patriarchal norms not only empowers women and promotes a more equal society, but also significantly influences how individuals

perceive relationships which ultimately positively impacts program outcomes, couple dynamics, and sustainability. On the other hand, not challenging gender norms can significantly undermine the effectiveness of couples-based programs. In *CBGTI*, the emphasis on gender socialization was identified as a key factor in positive outcomes, indicating that more comprehensive and sustainable support for gender-transformative actions could have led to greater impact. Moreover, this combination in addressing gender norms with practical skills *unintendedly* reduced IPV (as it was not one of the intervention's main objectives). Yet, there was no observed decrease in sexual IPV. Therefore merely focusing on gender norms transition might not be effective. *Indashyikirwa* and *Bandebehero* also had a strong focus on gender norms which reinforce the benefits of integrating gender-transformative content into couples-based interventions.

5. Fitting the Needs, Specific or Synthesized?

The three curricula evaluated reflect distinct framings and thus include varied session topics. If a program aims to target a specific dimension of GBV, such as emotional regulation or family planning, then a curriculum with a deep focus on those themes may be most appropriate. However, if the objective is to promote a more holistic response to GBV, combining the statistically significant and impactful elements of each program may yield a more robust and contextually grounded couples-based intervention in Rwanda.

For instance, *Indashyikirwa* offers a strong foundation in addressing power imbalances and managing emotions, whereas *Bandebehero* excels in topics such as parenting and caregiving together as couples. The MIGEPROF/World Bank adaptation of *Indashyikirwa*, which added a session on violence against children, found positive outcomes in this area (Interview 4 2025). Conversely, *Bandebehero* and *CBGTI*, while incorporating themes like gender roles and household decision-making, could benefit from *Indashyikirwa*'s emphasis on emotional regulation and power dynamics. Moreover, given *Indashyikirwa*'s demonstrated success in reducing sexual IPV, its sessions on sexual consent and negotiation could be valuable additions to the other two programs.

A synthesized curriculum could be organized into four thematic components:

- 1. Foundational concepts of gender, power, legal implementation gaps, and couples' communication (including intersectionality of gender identity, sexuality, and disabilities), drawing from all three programs;**
- 2. Emotional regulation and trigger management, building on *Indashyikirwa*'s strengths, to prepare participants for addressing sensitive topics;**
- 3. Practical life skills, including financial planning, shared decision-making, and household cooperation, leveraging insights from *CBGTI*;**
- 4. Applied discussions on family planning, childcare, substance use, sexual consent, and IPV, integrating content across all curricula.**

Such an integrated approach, carefully adapted and pre-tested for cultural relevance, could enhance the comprehensiveness and efficacy of GBV prevention efforts in Rwanda. Strategic

sequencing, facilitator training, and monitoring of implementation would be essential to its success.

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Interview List

Interview 1:

Anonymous. Women’s health specialist who supported the implementation of CBGTI in Nigeria. Interview by Aina Nagate, Pilar Alejandra Paradiso, and Yutong Zhang. Online, March 21, 2025.

Interview 2:

Anonymous. Researcher and practitioner with direct experience in the development and delivery of Bandebereho and IPV education programs. Interview by Aina Nagate, Pilar Alejandra Paradiso, and Yutong Zhang. Online, April 8, 2025.

Interview 3:

Anonymous. Project coordinator for a national scale-up of Bandebereho. Interview by Aina Nagate, Pilar Alejandra Paradiso, and Yutong Zhang. Online, April 8, 2025.

Interview 4:

Dr. Erin Stern. Researcher specializing in Indashyikirwa and sexual violence prevention education. Interview by Aina Nagate and Yutong Zhang. Online, April 16, 2025.

Interview 5:

Dr. K. L. Dunkle. Quantitative evaluator of Indashyikirwa 2018 who worked in the field during and after implementation. Interview by Aina Nagate and Pilar Alejandra Paradiso. Online, May 18, 2025.

Appendices

Appendix 1: National Curricula

1.1 Rwanda

Rwanda has made notable advancements in gender equality in education through the Rwandan Girls' Education Policy (2008) and the Competence-Based Curriculum (CBC) (2015). These policies aim to promote gender-responsive pedagogy and encourage female participation in non-traditional fields such as Science, Technology, Engineering, and Mathematics (STEM) and vocational training. However, persistent gender norms remain a significant barrier. Research by the Flemish Association for Development Cooperation and Technical Assistance (VVOB) highlights the contradiction between educational content and gender equity goals where Rwandan textbooks often depict men in leadership roles while placing women in domestic settings, reinforcing stereotypes and leading women to have lower self-confidence (Wuyts, Meeusen, and Draulans 2022; Wuyts et al. 2022, 5).

Furthermore, gender discourse also plays a crucial role in shaping the different experiences of both girls and boys. Russell (2016), a researcher of global gender discourse in Rwandan education, found that although gender issues were discussed in most textbooks, they were often framed in terms of national development rather than fostering critical interactive engagement. Moreover, her interviews with students revealed that exposure to global gender discourses in textbooks actually strengthens traditional stereotypes instead of challenging them (Russell 2016).

1.2 Nigeria

The Federal Ministry of Women Affairs and Social Development (MWASD) emphasizes the education sector's pivotal role in fostering gender equality. However, the education curriculum, materials, and institutional structures have been criticized for perpetuating inequities (Mustapha 2014). For example, a study on English textbooks, language materials chosen for their influential roles in shaping gender ideology, found that those used in Nigeria often underrepresented women, despite their equal demographic share with men. Women tend to be shown in domestic roles, while men occupy more public positions (Mustapha 2012; 2014). Moreover, a pair of women appear less in two-person dialogues where they constitute 8.1%, whereas a pair of men accounts for about 30%. In same-sex dialogues, women discuss mostly private topics, while men engage with significantly more formal ones (Mustapha 2012). The invisibility of women in English textbooks in Nigeria reflects the gender stereotypes and ideologies that undermine women's presence and limit their perceived potential (Mustapha 2012; 2014).

Appendix 2: Curricula Overviews

Table 2.1: Curriculum Overview of *Indashyikirwa* 2018 (created by authors based on CARE Rwanda 2018)

Session	Title	Activities	Gender Separation
1	Starting the Journey Together	Who we are and Why we are here	-
		Great Expectations	Separated
		Creating a Safe Place	-
		Introducing the Take-Home Exercise	-
	-create safe spaces for the participants to share personal thoughts and feelings -align participant expectations with the project		
2	It is All about Power	Take-Home Reflection	-
		Types of Power	-
		Power and Indashyikirwa	-
	-introduce socialized power dynamics to the participants -emphasize <i>power over</i> as the root cause of GBV, <i>power with</i> others to make positive change, and <i>power to</i> take action in the community		
3	Power in our lives	Take-Home Reflection	-
		Our Experiences of Power	-
		Who has Power	-
	-enable participants to identify the way they feel when they have or don't have power -guide participants to reflect how they use power negatively and positively in their lives		
4	G- is for Gender	Take-Home Reflection	-
		Gender Lifelines	-
		The 24-hour Day	-
	-help participants understand the difference between sex and gender -become aware of the different tasks and roles men and women take on in the household and discuss if and how those roles could be exchanged		
5	Rights and Reality	Take-Home Reflection	-
		Human Rights and Reality	-

		What the Law Says	-
	-educate participants on human rights, equality, Rwandan law, and implementation -illustrate how men and women experience human rights differently and how injustice is unequally assigned -reflect on how they access rights in their relationships and where power imbalances exist		
6	GBV- The Basics	Take-Home Reflection	-
		What is Gender-based Violence	-
		Effects of Violence	-
	-guide participants in understanding the different types of GBV -recognize the difference between GBV, power, and control		
7	Understanding ‘Power Over’	Take-Home Reflection	-
		The New Planet	-
		Power Over in Our Relationships	-
	-strengthen participants’ understanding of ‘power over’ as the root cause of GBV -identify ‘power over’ in communities and relationships, to increase power balance		
8	Gender, Power, and Sexuality	Take-Home Reflection	-
		Double-Standards	Separated
	-increase participants’ awareness on how gender impacts assumptions made on others’ sexual desires or behaviors -identify common perceptions around sexuality -unpack misperceptions about men and women’s sexuality		
9	Common Triggers of GBV	Take-Home Reflection	-
		Common Triggers of GBV	-
	-identify common triggers of GBV in couples, including excessive alcohol use, jealousy, and income and property disputes		
10	Pausing for Reflection	Participant Teach-Back	Separated
		Personal Reflection	-
	-solidify participant’s learning, strengthen their self-awareness, and deepen their understanding of change processes		

	-increase support and trust amongst participants and between participants and the facilitator		
11	What Makes a Healthy Relationship	What Makes a Healthy Relationship?	Separated
		Feelings into Actions	-
	-educate participants on characteristics of a healthy relationship and give them the tools to foster positive feelings with each other		
12	Building the Foundations for a Healthy Relationship	Take-Home Reflection	-
		Sharing Positive Time	Couples
		Why Communicate?	-
	-create positive time between partners by understanding the different types of communication -teach participants how to recognize gender and power influence on unhealthy communication norms through examples		
13	Managing Triggers (Part 1) - Feelings	Take-Home Reflection	-
		Getting in Touch with Our Feelings	-
		Managing Our Feelings	-
	-strengthen participants' ability to identify and talk about feelings -recognize positive feeling and emotion management techniques		
14	Managing Triggers (Part 2) - Thoughts	Take-Home Reflection	-
		The Thinking Triangle	-
		Choosing Helpful Thoughts	-
	-create awareness of the Thinking Triangle - thoughts, feelings, and behaviors -focus on using the Cognitive Triangle to transform unhelpful thoughts into positive ones		
15	Managing Triggers (Part 3) - “Akarimi Koshywa N’akandi” (The Tongue of the Other)	Take-Home Reflection	-
		Did I Say That? Different Styles of Communication	-
		Conversation in a Conflict	-

	-increase participants' understanding of different styles of communication and their ability to formulate assertive responses -be more aware of the communication style used with spouses and how assertive communication can help resolve conflict		
16	Balancing Economic Power	Take-Home Reflection	-
		Balancing Economic Power	-
		The Gender and VSL Fishbowl	Facilitator Discretion
	-teach strategies for balancing economic power between partners -asking participants to share with their spouse how they feel and think about participation in the Village and Savings Loan (VSL) program		
17	Reducing Excessive Use of Alcohol	Take-Home Reflection	-
		Throw the Drunk Ball	-
		Strategies for Reducing Alcohol Consumption	-
	-illustrate the consequences of excessive alcohol use on men, women, and children -reducing alcohol consumption and setting goals for weekly drinking *specifically targets men's alcohol use as it is the norm in Rwanda, but acknowledges women's alcohol use		
18	Reflecting on Our Journey So Far	Participant Teach-Back	Separated
		Personal Reflection	-
	-aims to reinforce teachings from sessions 10 to 17 and strengthen the self-awareness of participant's own change process		
19	Our Community, Our Responsibility	Circles of Influence	-
		Support or Interference?	-
	-instill the idea that GBV in couples is a community issue, not solely a private one -provide plans of action participants can use to intervene safely and supportively when they hear about violence in someone's relationship		
20	Providing Empowering Response	Take-Home Reflection	-
		Moving Beyond Shame and Stigma	-
		Fostering Power Within	-

	-explore the feelings of shame and stigma, hoping to foster respectful and supportive reactions to uncomfortable social situations, particularly surrounding GBV, IPV, and community relations		
21	Committing to Change!	Take-Home Reflection	-
		Motivators and Barriers to Personal Change	-
		Making Commitments	-
	-help participants identify potential obstacles to their ability to create change in their lives, and how to overcome them -participants commit to their changes for themselves and for their relationships		

Table 2.2: Curriculum Overview of *Bandebehero* 2013 (created by authors based on RWAMREC et al. 2013)

Session	Title	Activities	Gender Separation
1	Gender Equality	Gender values	Men only or couples, according to participants' preference
		What is this thing called gender?	
	-explore participants' attitude about men and women through discussion -discuss how sex and gender differ, influence of gender norm to experience as women and men		
2	Becoming a Father	My concerns about becoming a father	Men Only
		What are the benefits of being an involved father?	
	-an invited couple from the community sharing their experiences during the wife's pregnancy to help reflect on their interests and demands as fathers -provide information on benefits of being an involved father		
3	Pregnancy	Ensuring a healthy pregnancy	Couples
	-a health professional giving an information session about physical changes on pregnant bodies, importance of antenatal visits, father's role, and other information related to maternal health		
4	Supporting Your Pregnant Partner	How can I support my partner during pregnancy	Couples

	-teach ways to support their partners during pregnancy, and the importance of men going to antenatal care visits through group discussion and role playing		
5	Birth	In the delivery ward	Couples
	-prepare men to attend the birth, and help them understand the importance of building bond with their child through information session on delivery and skin-to-skin contact with babies and group discussion		
6	Family Planning	Learning about contraceptive methods	Couples
		Parents by accident or by choice?	
	-a health professional lecturing on the advantages of family planning and importance of communication within couples following group discussion on family planning -equip participants with the knowledge on contraception		
7	Caring for a Baby	Caring for a new baby	Men only
		The importance of breastfeeding	
	-learn the needs of babies and how men can meet these demands, as well as the influence of gender stereotypes for mother and father's behaviour by using dolls to practice holding babies, changing clothes for babies, group discussion on what men can do for babies, and learning the ways to support breastfeeding		
8	My Parents' Impact	My father's impact, my mother's impact	Men only
	-reflect the influence brought by participants' parents and thus think about the ways to influence their children positively while avoiding negative impact.		
9	Identifying Violence	What is violence?	Men only
		The cycle of violence	
	-a police officer provides knowledge on different types of violence that men can commit -sharing personal experiences about violence using paper and baskets		
10	Gender-based Violence	Learning about GBV law	Men only or couples, according to participants' preference
		Speaking out about violence	
	-enhance participants' knowledge on the GBV and relevant law -reconsider men's potentials on speaking up about violence around their romantic relationship and families, and acceptance of violence through various ways		

11	Resolving Conflict	Resolving conflict	Men only
		My support network	
	-provide participants with ideas on controlling angers and non-violent ways of solving conflicts, and reflect on the importance of maintaining relationships and asking for help		
12	Alcohol and Drug Use	What do we know about alcohol?	Men only
		The pleasures and risks of drug and alcohol	
	-reflect on the images and the risks associated with drugs and alcohol through group discussion		
13	Raising Children	The needs of children	Couples
		Positive parenting skills	
	-enhance participants’ understanding on scientific knowledge on stages of child development and different parenting techniques		
14	Sharing Responsibilities At Home	Who does the care work?	Couples
		Making a family budget	
	-reflect on perceived gender roles of care work and the distribution of care work of participants through role play on multiplied care work -practice making a family budget together		
15	Reflection	A father’s web	Men only
	-reflect on the whole training, and create a network of fathers by presenting about their experience, and exchange contact information with each other		

Table 2.3: Curriculum Overview of *Bandebereho* 2021 (created by authors based on RWAMREC, RBC, and Promundo 2021)

Session	Title	Activities	Gender Separation
1	Welcome	Welcome and introductions	Men only
		Creating group agreements	
	-welcome the participants -reach agreement for creation of a safe and respectful environment without judgement		
2	Gender and Sex	Our attitudes about men and	Couples

		women	
		What is this thing called gender?	
	-discuss difference between sex and gender -discuss the influence of gender norms and existing expectations of men and women as partners or as parents		
3	Being a father	My concerns as a father	Men only
		What are the benefits of being an involved father?	
	-reflect on men’s concern on being fathers through discussion -provide information on the benefit of getting involved in supporting pregnant partners or raising children		
4	Healthy pregnancy	Ensuring a healthy pregnancy	Couples
		Expectations about pregnancy and childbirth	
	-inform participants on biological stage of pregnancy, safe sexual practices during pregnancy, and the risk alcohol intake		
5	Supporting your pregnant partner	How can I support my partner during pregnancy?	Couples
		Attending antenatal care	
	-learn how men can support their partners during pregnancy, and accompany them to antenatal care -learn what women can do to have a healthy pregnancy and what men can do to support the maternal health of their partner		
6	Birth	Providing comfort and care during labor	Couples
		In the maternity ward	
		Skin-to-skin contact	
	-share each other’s experience as father during birth -prepare men for accompanying partners during delivery by role play -learn the ways to building bond with babies through skin-to-skin contact		

7	Caring for a Baby	Caring for a new baby	Men only
		The importance of breastfeeding	
	<div>-learn the needs of babies, how to hold or change a baby by using dolls</div> <div>-learn the importance of breastfeeding and the ways to support through role playing and information sharing</div> <div>-learn how gender stereotypes influence the behavior of fathers and mothers towards children</div>		
8	Raising children	The needs of children	Couples
		Positive parenting skills	
	<div>-learn the scientific knowledge on the stages of child development and positive parenting techniques</div> <div>-reflect participants’ vision and goals for raising children through discussion</div>		
9	Family planning	Learning about contraceptive methods	Couples
		Parents by accident or by choice	
	<div>-a <i>binome</i> (community health worker) with knowledge on reproductive health provide information on different contraceptive methods and where they are available</div> <div>-reflect on the benefits of family planning as well as the importance of communication within couples for family planning and contraception use, through discussion on given text</div>		
10	My parents’ impact	My father’s impact, my mother’s impact	Couples
		Our family vision	
	<div>-reflect the impacts of participants’ parents when they grew up and consider the influence of parents on children as well as the ways to influence their children positively</div> <div>-create a shared long-term family vision by discussing how they imagine or hope their family or the relationship within couples will progress</div>		
11	Identifying violence	What is power?	Men only
		Persons and Things	
		What is violence?	

	<div>-reflect on power (e.g. power, powerful, power less) through sharing experiences, and learn definitions of different types of power</div> <div>-reflect on participants’ ways of treating a ‘person’ and ‘thing’ and experience the feeling as the result of the treatment through role-playing</div> <div>-learn different types of violence</div>		
12	Breaking the cycle of violence	The cycle of violence	Men only
		Speaking out about violence	
	<div>-reflect on the violence participants have been involved as perpetrator, bystander, and victim and the associated feelings</div> <div>-discuss the cultural setting on silence about violence and seek the ways to speak out about violence</div>		
13	Sharing Responsibilities At Home	Who does the care work?	Couples
		Hours in a Day	
		Sharing household responsibilities	
	<div>-reflect on the ways gender roles influence how care work is distributed by role playing of multiplied housework</div> <div>-reflect on the ways of spending time for men versus women</div>		
14	Planning together as a couple	Sharing power in decision-making	Couples
		Discussing family finances	
	<div>-learn the benefit of equal power balance on decision-making through discussion of assigned text</div> <div>-practice creating a family budget together as couples</div>		
15	Resolving conflict	Sources of family conflict	Men only
		Resolving conflict	
	<div>-identify the common sources of family conflict</div> <div>-reflect how participants’ react normally and identify the negative and positive ways of expressing dissatisfaction</div>		
16	Alcohol and drug abuse	What do we know about alcohol?	Men only
		The pleasures and risks of	

		drugs and alcohol	
		Appreciating our change	
	-reflect on the basic knowledge of alcohol and drugs use and abuse, as well as participants' opinions and experiences through discussion -reflect on what participants have learned throughout the series of training and get feedback from participants		
17	Final reflection	Celebrating our changes	Couples
		Family action plans	
		A parents' web	
	-reflect on the behaviour changes they have made, and the plans for change -create action plans together to keep the positive changes -encouraging the participants' to exchange contact with each other to create parents web		

Table 2.4: Curricula Overview of *CBGTI* Gender Socialization (created by authors based on OlaOlorun & John 2020a)

Session	Title	Activities	Gender Separation
1	Awareness of Gender and Why it Matters	<div>1. Overview (10 minutes)</div> <div>2. Introduction (5 minutes)</div> <div>3. Session Objectives (5 minutes)</div> <div>4. Welcome (10 minutes)</div> <div>5. SEX (15 minutes)</div> <div>6. GENDER (15 minutes)</div> <div>7. SEX AND GENDER ROLES (20 minutes)</div> <div>8. SEX ROLE STEREOTYPES (30 minutes)</div> <div>9. Closing (10 minutes)</div>	Separated
	<div>-build foundational awareness of gender by distinguishing it from sex and clarifying the concepts of gender roles and sex roles</div> <div>-explore stereotypes including how they are formed, passed on, and the consequences they have</div>		
2	Division of Labour, Access to Resources, Decision-making,	<div>1. Introduction (5 minutes)</div> <div>2. Session objectives (5 minutes)</div> <div>3. Welcome and recap (10</div>	Separated

	Caregiving	minutes) 4. Division of Labour (25 minutes) 5. Access to resources (15 minutes) 6. Decision-making (20 minutes) 7. Caregiving (30 minutes) 8. Break (5 minutes to stretch) 9. Closing (5 minutes)	
	-explore how labor, resources, decision-making, and caregiving responsibilities are divided within households -examine daily household activities carried out by men and women, discuss who holds decision-making power and controls the resources, and reflect on gendered differences in caregiving roles		
3	Communication danger signs and time out	1. Recap activity (25 minutes) 2. Objectives (5 minutes) 3. Introduction (15 minutes) 4. Communication Danger Signs (60 minutes) 5. Closing (15 minutes)	Separated
	-help participants recognize the strengths in their current relationships and begin developing essential skills to build safer and more stable partnerships -support the creation of a more nurturing environment for their children		
4	Good communication and problem solving (Couple session)	1. Recap (15 minutes) 2. Introduction (5 minutes) 3. Objectives (5 minutes) 4. The Speaker Listener Technique (30 minutes) 5. Problem Solving (30 minutes) 6. Closing (15 minutes)	Couples
	-improve communication skills, especially within couples -learn how to express concerns respectfully, use the Speaker-Listener technique, and apply a simple problem-solving model to address issues effectively and strengthen relationships		

Table 2.5: Curricula Overview of *CBGTI* Financial Literacy (created by authors based on OlaOlorun & John 2020b)

MacLellan & John 202007

Session	Title	Activities	Gender Separation
1	Introduction to Financial Concepts	1. Session objectives (5 minutes) 2. Welcome & Icebreaker (15 minutes) 3. DEFINITION OF TERMS (40 minutes) 4. Activity 1.1 (10 minutes) 5. SAVINGS (20 minutes) 6. BORROWING (20 minutes) 7. Closing (10 minutes)	Separated
	-introduce key financial concepts and the basics of personal money management -learn about financial planning and how foundational knowledge is required to open a bank account		
2	Managing money	1. Introduction (5 minutes) 2. Welcome (15 minutes) 3. Introduce topic of the day (5 minutes) 4. Exploring garri production [or running a photocopying business] (20 minutes) 5. Managing our expenditures-choices (20 minutes) 6. Introduction (15 minutes) 7. NEEDS and WANTS (20 minutes) 8. Household and business expenses (20 minutes) 9. NEEDS and WANTS again (10 minutes) 10. Summary (10 minutes) 11. Homework (5 minutes) 12. Closing (5 minutes)	Separated
	-help participants recognize and value women’s contributions, share experiences to better understand each other, and strengthen communication within couples explore practical challenges that may affect family enterprises		

3	Decision making and household budgeting	1. Welcome (10 minutes) 2. Decision making (60 minutes) 3. Demonstration (15 minutes) 4. Role play (30 minutes) 5. Summary (5 minutes)	Couples
	-introduce the basics of household budgeting, emphasizing that good financial planning starts with strong decision-making skills -learn to evaluate options and improve communication, through a practical activity		