

**GENDER POWER RELATIONS AND HOUSEHOLD'S NUTRITION: AN APPRAISAL  
OF MILK CONSUMPTION AMONG GIRINKA PROGRAMME BENEFICIARIES. A  
CASE STUDY OF GABURA AMATA PROJECT IN RUHANGO AND NYABIHU  
DISTRICTS.**

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**AUGUST, 2020**



**UNIVERSITY of  
RWANDA**

**CENTER FOR GENDER STUDIES  
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RUHANGO AND NYABIHU DISTRICTS.**

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**A research project submitted to the University of Rwanda in partial fulfilment of the  
academic requirements for the Award of a Degree of Masters of Social Science in Gender  
and Development.**

**Supervised by Rev. Innocent IYAKAREMYE, PhD**

**August, 2020**

## **CERTIFICATION**

The undersigned certifies that he has read and hereby recommends for the acceptance by the University of Rwanda, the dissertation entitled: Gender power relations and household's nutrition: an appraisal of milk consumption among Girinka programme beneficiaries in Ruhango and Nyabihu districts, in fulfilment of the requirements for the degree of Masters of Social Sciences in Gender and Development from the Centre for Gender Studies of the College of Arts and Social Sciences, University of Rwanda.

Signature:

Rev. Innocent IYAKAREMYE, PhD

Date: \_\_\_\_\_

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I, Uwera Bazimya Agnes, do declare that the work presented in this dissertation is my own research and that it has never been submitted and presented anywhere else either at the University of Rwanda or any other institution of higher learning for a similar academic award or any other purpose, except where due acknowledgement is made in the Dissertation.

**Signature:**

A handwritten signature in blue ink, appearing to read 'Uwera Bazimya Agnes', written over a horizontal line.

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## **DEDICATION**

To

My God given and lovely family; dear husband Gatete Charles and our sweet children Haven  
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## **ABSTRACT**

This study assessed the influence of gender power relations on milk consumption at the household level in Rwanda. Due to its nutritional worth, milk is vital in family dietary needs however, beneficiaries of the one cow per poor family – Girinka programme have been identified with the highest rates of malnutrition. This background formed basis for the present study – to examine factors that hinder the programme from achieving the intended goal of a healthy population.

The study was qualitative whereby purposive sampling was used to select participants. Data was collected through interviews facilitated by question guides and observation at households. The case study was Nyabihu and Ruhango districts covering 60 Girinka programme beneficiaries that participated in the Gabura Amata Mubyeyi project, and farmers that had not benefited from either of the two interventions.

90% of interviewed participants revealed that gender power relations and nutrition at the household are inseparable. This necessitated that partners are supported to understand the benefit of equal power sharing to minimize potential negative impact on family feeding. Findings also showed that gender power relation is influenced by 80% mindset and perceptions, followed by 75% social norms and culture, 68% gendered roles and 60% poverty.

Data from the two study areas shows that decision making, management and control of milk produced ranked low for women in Nyabihu compared to Ruhango where women had the control because men were hardly involved in the dairy activities. In both areas, women were slowly getting involved in discussions on how milk could be apportioned priority given to household consumption in different forms. In consensus, the surplus was sold to get income to purchase cow feeds and medicines and taking care of other family needs.

Tremendous improvement had happened at household level though, gender power relationship challenges persist majorly because numerous households had not yet benefited from the Girinka programme and other social behaviour change projects translating to lack of information and knowledge regarding gender power imbalance and milk consumption. Hence, the need for supplemental education, community sensitization and awareness creation through local leaders (GoR), development partners, sizeable number and well equipped CHWs, religious leaders and role models to facilitate quick and sustainable results.

## TABLE OF CONTENTS

CERTIFICATION.....	iii
DECLARATION AND COPYRIGHT.....	iv
ACKNOWLEDGEMENTS.....	v
DEDICATION.....	vi
ABSTRACT.....	vii
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
ACRONYMS AND ABBREVIATIONS.....	xiii
CHAPTER ONE: GENERAL INTRODUCTION.....	1
<b>1.1. INTRODUCTION TO THE CHAPTER.....</b>	<b>1</b>
<b>1.2. BACKGROUND OF THE STUDY.....</b>	<b>2</b>
<b>1.3. STATEMENT OF THE RESEARCH PROBLEM.....</b>	<b>6</b>
<b>1.4. RESEARCH OBJECTIVES.....</b>	<b>9</b>
<b>1.5. RESEARCH QUESTIONS.....</b>	<b>9</b>
<b>1.6. SIGNIFICANCE OF THE STUDY.....</b>	<b>10</b>
<b>1.7. SCOPE OF THE STUDY AND LIMITATIONS.....</b>	<b>10</b>
<b>1.7.1. Content scope.....</b>	<b>10</b>
<b>1.7.2. Geographical scope.....</b>	<b>10</b>
<b>1.8. DEFINITION OF KEY TERMS.....</b>	<b>11</b>
<b>1.9. CONCLUSION OF THE CHAPTER.....</b>	<b>14</b>
CHAPTER II: LITERATURE REVIEW.....	15
<b>2.1. INTRODUCTION.....</b>	<b>15</b>
<b>2.2. EMPIRICAL REVIEW.....</b>	<b>15</b>
<b>2.2.1. Global perspective on gender power relations and household’s milk consumption.....</b>	<b>15</b>
<b>2.2.2. Gender power relations and household’s milk consumption in Africa.....</b>	<b>18</b>
<b>2.2.3. Gender power relations and household’s milk consumption in Rwanda.....</b>	<b>20</b>
<b>2.3. CONCEPTUAL FRAMEWORK.....</b>	<b>22</b>
<b>2.4. THEORETICAL REVIEW.....</b>	<b>24</b>



2.5. CONCLUSION OF THE CHAPTER.....	28
CHAPTER III: RESEARCH METHODOLOGY.....	30
3.1. INTRODUCTION .....	30
3.2. RESEARCH DESIGN.....	30
3.3. STUDY SETTING .....	31
3.4. POPULATION OF THE STUDY .....	31
3.5. SAMPLING STRATEGIES AND SAMPLE SIZE.....	32
3.6. RESEARCH INSTRUMENTS.....	33
3.7. SAMPLING TECHNIQUES & PROCEDURE .....	34
3.8. DATA COLLECTION TECHNIQUES .....	34
3.8.1. In depth interview .....	34
3.8.2. Observation.....	35
3.9. DATA ANALYSIS PROCEDURES .....	36
3.10. POSITION OF THE RESEARCHER .....	37
3.11. VALIDITY AND RELIABILITY .....	38
3.12. ETHICAL ISSUES .....	39
3.13. CONCLUSION OF THE CHAPTER.....	40
CHAPTER IV: PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS	
.....	41
4.1. INTRODUCTION .....	41
4.2. DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS	
41	
4.2.1. Participants' profile .....	41
4.2.2. Gender power dynamics which affect partners' decision.....	44
4.2.3. Factors influencing the kind of household management on milk consumption	
48	
4.2.4. Suggested recommendations to ensure that spousal decisions are not the	
obstacle for household's milk consumption.....	56
4.3. CONCLUSION OF THE CHAPTER.....	58
CHAPTER V: SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	60
5.1. INTRODUCTION TO THE CHAPTER .....	60
5.2. SUMMARY.....	60

**5.3. CONCLUSIONS.....62**

**5.4. RECOMMENDATIONS AND SUGGESTIONS.....63**

**5.4.1. Recommendations that aim to improve gender power dynamics related to milk consumption.....63**

**5.5. STRENGTHS AND LIMITATIONS.....65**

**5.5.1. Enablers/strengths.....65**

**5.5.2. Challenges/limitations.....65**

**5.6. FINAL CONCLUSION.....66**

**5.7. SUGGESTIONS FOR FURTHER RESEARCH .....66**

REFERENCES.....67

APPENDICES.....70

## LIST OF TABLES

Table 3. 1 <b>Classification of interview participants</b> .....	33
Table 4. 1 <b>Profile of participants</b> .....	42

## **LIST OF FIGURES**

Figure 2. 1 <b>Conceptual framework for gender power relations and milk consumption</b> .....	23
Appendix Figure 1: <b>location of RUHANGO and NYABIHU Districts within RWANDA</b> .....	70

## ACRONYMS AND ABBREVIATIONS

**UR:** University of Rwanda

**CGS:** Centre for Gender Studies

**PhD:** Doctor of Philosophy

**CHWs:** Community Health care Workers

**MINAGRI:** Ministry of Agriculture

**WHO:** World Health Organization

**NCDs:** Non-Communicable diseases

**SDGs:** Sustainable Development Goals

**FAO:** Food and Agriculture Organization

**NFNP:** National Food and Nutrition Policy

**MoH:** Ministry of health

**GDP:** Gross domestic product

**ASFs:** Animal Source Foods

**GoR:** Government of Rwanda

**CFSVA:** Comprehensive Food Security and Vulnerable Analysis

**NST1:** National Strategy for Transformation

**NISR:** National Institute of Statistics for Rwanda

**ILRI:** Livestock Research Institute

**USAID:** United States Agency for International Development

**TSI:** Three stones International

**RTI:** RTI International

**SBCC:** Social and behavior change communication

# **CHAPTER ONE: GENERAL INTRODUCTION**

## **1.1. INTRODUCTION TO THE CHAPTER**

This study aimed to assess the influence of gender power relations on family nutrition with specific focus on milk consumption among Girinka Programme beneficiaries in in order to suggest the most strategic recommendations that will help to prevent power imbalances among partners, stunting and malnutrition in Ruhango and Nyabihu districts, Rwanda.

Gender and family nutrition have been fundamental areas of focus for many countries around the world. This is the reason why the government of Rwanda has invested in different strategies, policies and programs to promote equality among citizens in anticipation for harmonious living, healthy lives and self-reliance. This is such that they contribute to the overall social and economic development of their country. For Rwanda to achieve its gender goals and to combat the projected dietary challenges, home grown solutions to complement crop production have been initiated. Such solutions include the “Girinka” programme also known as One Cow per Poor Family. It was believed that providing a dairy cow to poor households would help to improve their livelihoods as a result of using nutritious foods and balanced diet from consuming milk. Through equal family members’ participation in dairy activities, the sale of surplus milk would increase family incomes, bring peace to households and the entire community. (MINAGRI, 2018).

However, according to Mudingu (2018) due to various economic, awareness, mindset, traditional and cultural related diet perceptions in Ruhango and Nyabihu, districts identified to have received dairy cows, milk consumption and the use of dairy products by family members is still low in many and absent in others leading to stunting and malnutrition ascribed to the relationship among partners within the household (Mudingu, 2018).

Therefore, the present study was initiated to assess the influence of gender power relations on milk consumption at the household level, to propose less costly strategies that can positively contribute to the way partners control and share power and provide recommendations that will guarantee equal power sharing among partners in the Rwanda context.

This chapter presents the background of the topic and states the research problem, the objective of the study and the research question. It further mentions the justification and the significance of the study. It also describes the scope of the study and limitations. In addition, in this chapter, key concepts are well-defined in order to make the reader conversant with them. Again this chapter outlines the other chapters of the study.

## **1.2. BACKGROUND OF THE STUDY**

As highlighted by the Global Nutrition Report (2018), malnutrition is recognized as a universal problem that many times greatly affects individuals at one point in time of their life from infancy to childhood to mature adults and to old age. Malnutrition can lead not only to social and economic problems but can retard development in the whole world and can lead to very serious life threatening consequences including childhood deaths, future adult disability, diet-related non-communicable diseases (NCDs), in addition to enormous economic and human capital costs. Nutrition is one of the driving forces of development due to its socioeconomic influence including but not limited to increased access to education, cognitive abilities and employment. Therefore, it is of key importance to identify all forms of obstacles that hinder the significant progress to end malnutrition such that countries are enabled to achieve the Sustainable Development Goals (SDGs) set out to transform the world by 2030.

According to WHO (2013), where gender power relations are not good, it becomes a ready ground for domestic violence that many times affects women and ultimately children in the household and will lead to issues of excess use of alcohol, depression and anxiety, neglect of one self, poor feeding habits, poorly groomed children, low birth weights and premature births, non-fatal injuries, mental health problems and many may choose to desert their homes in search for peace yet difficult to find. (Organization, 2013)

According to FAO (1997), poor farmers and especially those that the society considers to be weak have often failed to receive equal benefits offered in this technological error hence they miss out or lose information and opportunities on how to commercialize what they produce. It is necessary to appreciate that agriculture production can have very positive and long term impact on family nutrition and livelihoods when the income from it offsets food production that is foregone. It is

additionally paramount to mention that agriculture will be compelling to those involved when all household contributing parties equally benefit from it (FAO, 1997).

According to (Rada, 2013), the household is the primary place where gender inequality is practiced, therefore it is important to understand factors that are needed to strengthen intra-household relations such that household member's position is recognized and appreciated. It has been decided by social norms that gender relations in Sub-Saharan Africa are far from being equal. For instance the existence of unequal intra-household allocation of resources and labor, makes women exceedingly poor in terms of time, mobility, income and assets. And more to this, access to nutritious foods for her children and self remains an impediment. Rada further adds that women are the majority suppliers of the required labor for food production, agriculture processing, and household chores including care work. On the contrary, men divide their time between farm work, leisure and resting with limited or no assistance to women in domestic work. Despite their countless roles and responsibilities to ensure food security and wellbeing of the members of their households, majority women do not have equal access to household resources and assets. This puts a limit on the women's ability to earn any income mainly due to two factors namely gender irregularities to access productive resources and the fear for associated risk and women usually prefer not to take on big risks. This is caused by the fact that they are fully responsible to ensure food security for the household and do not wish for anything to stand in the way, for them to maintain this position. More to this, intra-household resources and labor division patterns to which women are not entirely in charge can be critical in determining children's development. The continued claims on time as an inhibiting factor and scarce resource in addition to fewer household economic resources at the disposal of women may also negatively affect children's health and nutrition.

Using the example of gender power relations in Ethiopia a low income and mainly agrarian country in the sub Saharan Africa. Just like in many rural households across Africa, women in Ethiopia do not have access to the market system and the wider economy as a result of what happens in their households. It is assumed that the man maintains and remains with all the power and income from the agricultural income-generating activities. As such the woman transfers to the man all the harvested yield from working on the family agricultural land. In addition to what the man generates from other activities, he will then make decisions on which purchases to be prioritized by the household (Rada, 2013).



According to (Schneider, 2018), in a study conducted in Kenya, 26% of children under 5 years old are stunted and 11% are underweight (World Bank 2016). The study recognised that one way to improve the nutritional status of children is to increase their consumption of animal-source foods (ASFs) which are often lacking or present in insufficient amounts in the diets of children in developing countries. Among the ASFs, milk plays a unique role in the development of children (Dror & Allen 2011) and has a positive effect on the physical growth and cognition of children (James et al. 2015) as well as reducing morbidity and mortality (Cornelsen et al. 2016).

The Government of Rwanda has in many facets registered a number of achievements since the 1994 genocide against Tutsi. These achievements have contributed to the country's ability to contribute to the fulfillment of the Millennium Development Goals. Rwanda is among the low-income and least-developed countries in the world with a population of 11.2 million people, of whom 52 percent are women and girls and 48 percent are men and boys. The population of Rwanda is among the highest in the sub-Saharan Africa, growing at 2.4 percent annually. These population numbers revealed that undernourishment still affects 4.8 million people (41 percent of the total population) which implies that almost one fifth of the population remains food-insecure (WFP, November 2018).

Rwanda's plans to achieve desired economic development and poverty reduction are founded on its ability to keep track and sustainability of the food supplies and nutrition of the people. The National Food and Nutrition Policy (NFNP) has included commendable actions that are considerably important to sustain this position. To this extent, innovative multi-sector and sector specific strategies to ensure that the improvement in Rwanda's food and nutrition becomes and remains everyone's commitment, have been put in place. The nutrition policy recognizes the need and describes the importance of focusing on the national decision to considerably reduce the prevalence of stunting among children under two (2) years of age in addition to improved household food security with specific focus on the most vulnerable families (MoH, 2014).

According to MoH (2014), in recent years, substantial reduction in acute malnutrition has occurred. However, there remains high levels of chronic malnutrition combined with deficiency in micronutrient among the population. It has been noted that young children will suffer permanent health risks due to malnutrition. More so, it is expected that malnourished children will be slow in

their growth and cognitive development and risk to suffer loss to their economic productivity which has been estimated at up to 10% over a lifetime. Such accumulated negative effects can lead to economic losses of up to 3% of GDP. When pregnant and expectant women do not consume appropriate nutritional intake during pregnancy, it implies that their children will not receive the appropriate foods, feeding and care needed for normal growth during their first 1000 days, as a result chronic malnutrition occurs. Among the many causes of increased rates of chronic malnutrition and many other nutrition related problems such as the synergy with infections in children are inadequate household food security, which affects more than 20% of Rwandan families (MoH, 2014).

In Rwanda, inadequate dietary intake among many other factors has led to the continuation of stunting and malnutrition among children. Less than one-third of children 6-23 months are fed at least four food different meals per day and the content is very limited/low when it comes to animal source foods (ASFs) in them. To improve this undesired nutritional situation among children and family members, the Government of Rwanda (GoR) in conjunction with its partners has initiated and implemented numerous programs to improve it. Some of the highlighted programs among others is the Girinka Programme which has illustrated several benefits for the participating households. (Flax, 2018).

According to the CFSVA and nutrition Survey conducted in 2012, it identified a number of causes of stunting in children under 5 years. These included (1) intergenerational cycle of chronic malnutrition concerned with young mothers who are stunted themselves are likely to have stunted children; (2) education found in mothers who have not completed secondary education are likely to have stunted children; (3) individual factors such as low birth weight: which implies that the smaller the baby was at birth, the more likely it is to be stunted and (4) child food consumption patterns which is found in children aged between one and two years, who had consumed dairy products and were significantly less likely to be stunted than children who did not consume these products. Due to these highlighted facts, the GoR and her development partners need up-to-date information about the different dynamics: roles, responsibilities, needs and constraints faced by partners at household level in order to inform policies from grassroots to national level towards ending stunting and malnutrition (GoR, 2013).

The Rwandan society generally consumes milk as a beverage, a thirst quenching drink or a liquid food, even among cattle keeping communities. Based on such social cultural belief it may not be apparent to the other communities that are being encouraged to join the Girinka Programme, the nutritional importance of including milk and other dairy products in their diet. As such there has been lack of conscious awareness of the nutritional benefit for milk and other dairy products among households. In addition, the Rwandan society has numerous other cultural perceptions about consuming milk such as having a dark gum, good hair, smooth skin, straight legs, enhanced sexual fluids, and cure for ulcers, ethnic transformation which may lead to the man selling all the milk and have children drink the local brew to mention but few. Yet these obviously have nothing to do with nutrition and any scientific knowledge and could affect family nutrition decisions.

Ruhango and Nyabihu districts have benefited from the Girinka programme yet they have been identified as communities where the population therein do not consume milk and dairy products due to various economic, awareness, mindset, traditional, social and cultural related diet perceptions ultimately suffering issues of stunting and malnutrition. Hence, a campaign was launched on the October 4, 2018 in Ruli sector, Gakenke District— as part of the wider strategy to reduce stunted growth among children from the current 38 per cent countrywide to 19 per cent by 2024 (Mudingu, 2018).

Thus, this research examined the challenges that exist at household level that inhibit the expected nutrition related results among Girinka beneficiary households. The research observed power dynamics among partners, discrepancy in their decision making processes and other impediments therein, with the goal to provide recommendations intended to improve partner's power relations and their influence on increase in milk consumption within the Girinka beneficiary households.

### **1.3. STATEMENT OF THE RESEARCH PROBLEM**

The government of Rwanda in collaboration with partners, has invested tremendous efforts to address the problem of stunting and malnutrition among her population. In this regard, numerous policies, strategies and programmes to address this challenge have been developed. These include among others Strategic development goals (SDGs) specifically strategy 2 which aims to end hunger (zero hunger) as its ultimate objective, secondly to promote access and achieve food security, attain improved nutrition and promote sustainable agriculture. These are targets that have been laid out

for countries to countries in the world, Rwanda inclusive to aim at achieving; the National Food and Nutrition Policy (NFNP) which has recommended actions required to sustain and develop innovative and strategic plans that will help ensure that the food and nutritional improvement in Rwanda remains everyone's responsibility (MoH, 2014); the "1,000 Day Window of Opportunity", which is a program that has been designed to improve the nutrition for both mothers and children from conception until the child is 24 months; the "Girinka" programme which has a target to improve livelihoods through increased consumption of milk, increased agriculture production and access to greater incomes from the sale of dairy products (MINAGRI, 2018); the 7 years (2017-2024) National Strategy for Transformation (NST1) which identifies improved management of the one Cow per Poor family (Girinka) programme as one of the priority areas (Rwanda, 2017-2024); and the Government of Rwanda's commitment to join the Scaling Up Nutrition (SUN) movement bringing together stakeholders to increase political commitment and accountability to decrease malnutrition (Secretariat, 2014).

However, despite all efforts embedded in the available policies, strategies and programmes, malnutrition is still prevalent in many parts of the country. For example, the MoH (2014) observes that while substantial reduction of acute malnutrition has occurred in recent years, there remain problems with high levels of chronic malnutrition and micronutrient deficiency among the population. According to MoH (2014), among the numerous root causes of high chronic malnutrition and other nutrition problems in children is the inadequate household food security which subsequently affects more than 20% of Rwandan families.

In addition, Rwanda has been identified to have met most millennium Development Goal targets. However, chronic malnutrition or stunting which signals that children are growing too slowly, is still a major outlier. Stunting remains an invisible problem that can deprive children of their right to grow, thrive, and reach their full potential. (Group, June 2018).

According to a demographic and health survey (2014-15) that was conducted by the National Institute of Statistics for Rwanda (NISR), Ministry of Health (MoH) and ICF International (DHS Program), the number of prevalence for child stunting in Rwanda were the highest by world standard. In the same report it was indicated that the link still appeared weak at the household level

though the Rwandan government has enacted numerous policies and several donors have implemented different programs to reduce poverty, stunting and malnutrition (NISR, 2014-15).

The Rwanda Demographic Health Survey (DHS) 2010, shows 11% of children underweight, 44% stunted, 3% wasted and Ruhango had the highest prevalence of malnutrition with 23.5% of the most affected group being children between 12 and 23 months attributed to the period during which the children are not yet used to eating, are choosy in the food they eat and sometimes are anxious which meant that they require particular attention to safeguard them from being malnourished. The study showed that ignorance of food practices contributes to high levels of malnutrition which is connected to background in education and limited intake of ASFs and other foods rich in protein over a long period of time and can lead to dietary related diseases especially kwashiorkor. In Ruhango, 97% of the population consumed roots and tubers especially cassava but cereals were not enough. In addition, household diversity practices significantly affected nutrition status of children under five living in those household (Niyibituronsa, 2015).

Nyabihu is one of the country's top producers of Irish potatoes and milk. Yet, it's one of the districts with the highest rates of malnutrition in the country, a phenomenon that is largely linked to lack of knowledge on healthy feeding. According to the DHS (2015), Nyabihu had the highest rate of preventable stunting in about 1846 children under five years. Alphonse Munyantwari, the Governor of Western Province, said that "the scale of stunting in the district should not be interpreted to mean that the district lacks food that is rich in nutrients", he called on development partners to focus on changing community mindset and promote education on nutritious feeding starting from the household level (Times, 2017).

It seems thus, that these policies, strategies and programmes established to combat such family nutrition related challenges are not resulting into achieving food security and a healthy community as it was expected. Henceforward, if there are no new strategic interventions and initiatives to foster existing interventions, all that the country is doing would be a waste of energy, time and resources.

Therefore, there is need to examine what is preventing the established measures from attaining expected results. In this regard, one of the suspected causes to this social challenge is in relation with gender power relations among partners. Gender discourses reveal that gender power relations

affect all the aspects of life within the household, including nutrition (Nadar, 2002), children's cognitive abilities, performance in school, body health and self-esteem.

In this regard, it is necessary to find out whether gender power relations in regards to household milk consumption is a challenge in the context of Rwanda. With the intention to contribute to this purpose, the present study explores the influence of gender power relations on the nutrition of the household, with special focus on milk consumption among Girinka beneficiaries in Nyabihu and Ruhango districts.

#### **1.4. RESEARCH OBJECTIVES**

The overall objective of this study is to assess the influence of gender power on household milk consumption in order to recommend effective ways to prevent it from being an obstacle to the household milk management and consumption. The study has specific objectives as follows:

- i. To examine the dynamics of partners' decisions around the management of milk produced by the household.
- ii. To observe the influence of gendered management of the household on milk consumption.
- iii. To suggest recommendations to ensure that spousal decisions are not the obstacle for household's milk consumption.

#### **1.5. RESEARCH QUESTIONS**

- i. What are the existing power dynamics which affect partners' decision around the management of milk produced by households?
- ii. Which are the observed influences of the kind of household management on milk consumption?
- iii. What can be done to ensure that spousal decisions are not the obstacle for household's milk consumption?

## **1.6. SIGNIFICANCE OF THE STUDY**

The present study deeply examined the key factors that influenced gender power relation in line with household milk consumption. The study highlights new ways and approaches that can be used to improve the household gender power relation to ultimately improve family nutrition through milk consumption. Furthermore, the study highlights key recommendations that can be applied by policy makers to influence policy implementers such that the desired nutrition goals are attained.

Academically, this study constitutes strong reference for future researchers and others who may require to use the University of Rwanda's library in looking for literature regarding gender power relation and household's nutrition. Specifically, this study equipped the researcher with knowledge, skills and experience of conducting research which contributed to the fulfillment of the requirements needed for the award of a Master's of Social Science degree in Gender and Development.

## **1.7. SCOPE OF THE STUDY AND LIMITATIONS**

### **1.7.1. Content scope**

The study was limited to the domain of Gender and nutrition. It utilized data from selected beneficiaries of the Girinka Programme in Ruhango and Nyabihu districts. It tackled hindrances to household milk consumption and the role of partners in household nutrition decision making. Data were collected using question guides, open discussions with individual participants and researcher's observation.

### **1.7.2. Geographical scope**

This study is limited to examining the influence of gender power relations on milk consumption at the household level within the boundaries of selected sectors, cells and villages of Ruhango and Nyabihu districts in the Southern and Western Provinces of Rwanda respectively. It is based on information collected from selected 60 individual participants from different Girinka beneficiary households that had also participated in the Gabura Amata Mubyeyi, a social behaviour change communication project since 2019.

The reasons for choosing this research area is the fact that these locations have previously benefited from the Girinka Programme as implemented by the GoR and its development partners yet they continue to experience stunting. Data were collected using interviews, observation and audio recording. Therefore, based on this scope, findings from the case study cannot be generalized to depict other parts of the country.

## **1.8. DEFINITION OF KEY TERMS**

For purposes of this study, and to ensure clarity in the face of the reader, some key terms and concepts will be worth defining. These will include gender, power, gender relations, household, Intra-household resource distribution, malnutrition and consumption:

### **Gender**

Gender is the social construct of sex (Raday, 2003). Gender is the socially defined set of roles, rights, responsibilities, entitlements, and obligations of females and males in societies. The social definitions of what it means to be female or male vary among cultures and change over time.

As defined by Judith Butler 1993, Gender identity “is a performativity accomplishment,” she writes, “Compelled by social sanction and taboo. Gender is an identity instituted through a *repetition of acts*.” For a somewhat more straightforward summary of her theory of “performativity”. Gender can also be defined as the socially determined ideas and practices of what it is to be female or what it is to be male.

### **Power**

According to (Coulthard, 2003) they refer to power as a property of social relations among groups or institutions. They highlight that this social power can be defined in terms of control by one group or its members over the actions of another group which limits the freedom of action of the others or influencing their knowledge, attitudes or ideologies. Power may be distributed and may be restricted to a specific social domain or scope and may base on privileged access to valued social resources such as wealth, jobs, status or preferential access to public discourse and communication. Further to this, they say that social power and dominance are often organized at individual level, group or institutionalized so as to allow more effective control and allow for more routine forms



of power reproduction. Dominance is seldom absolute because it is often gradual and may be met by more or less resistance or counter power by the dominated groups.

### **Gender relations**

Scholars have identified and elaborated several major constructs central to an analysis of gender as a system of social relations. Gender relations is considered in terms of boundaries and processes of negotiation as well as domination. Gender relations can be conceptualized using complex structures i.e. physical, social, ideological, and psychological which establish the differences and commonalities between women and men, among women, and among men, the driving forces in shaping the behavior and attitudes of individual and gender groups. Gender relations require reciprocal processes of negotiation and domination whereby women and men act to support and challenge the existing system of gender relations. Men are often characterized by domination and control yet it is important to use the negotiation approach so that men and women can equally bargain for privileges and resources combating resistance in its form towards cooperation (Peiss, 2014).

At the household level and in many societies across the globe a differentiation is seen between the roles and relations of men and women. These power relations are biased because the male has always been socialized to have more power in making influential decisions financially, legally and socially.

### **Intra-household resource distribution**

This refers to the dynamics of how different resources that are generated within or which come into the household, are accessed and controlled by its members (Baden, 2000). For purposes of this study the gender roles framework and social relations approach will be tackled to describe women's and men's roles and their relative access to and control over resources; and expose the gendered power relations that perpetuate inequities within society uncovering differences between women, divided by other aspects of social differentiation such as class, race and ethnicity respectively, with the aim to understand the dynamics of gender relations in different contexts and thereby to identify women's bargaining position and formulate strategies to improve this (Baden, 2000).

## **Household**

A household is referred to as individuals who comprise a family unit and who live together under the same roof; individuals who dwell in the same place and comprise a family, sometimes encompassing domestic help; all those who are under the control of one domestic head. Various efforts have existed to support women's empowerment and strengthening their social and economic opportunities and decision-making capacities in groups or organizations. However, the same women often remain disempowered at the household level. They lack a voice in determining household priorities and spending patterns, addressing their own health care needs and more (Hill, 2005).

## **Malnutrition**

Poor nutrition during significant periods of growth and development and throughout life which impacts long-term health outcomes; increases non-communicable disease prevalence, healthcare costs, and disease burden; and negatively impacts economic and human productivity [5] (Lawlis, 2019). Malnutrition manifests itself in various forms which include acute malnutrition –also known as ‘wasting’, a condition characterized by a rapid deterioration in nutritional status over a short period of time; Anaemia – a condition that arises due to reduced haemoglobin levels or red blood cells that impair the ability to supply oxygen to the body's tissues; chronic malnutrition – Chronic malnutrition or stunting, which is a form of growth failure defined as height for age below the fifth percentile on the WHO standard reference growth curve (starts before birth and is caused by poor maternal nutrition, poor feeding practices, poor food quality as well as frequent infections which can slow down growth) and, undernutrition – which is insufficient intake and/or inadequate absorption of energy, protein or micronutrients that in turn leads to nutritional deficiency (MoH, 2014).

## **Consumption**

Consumption is an important aspect of social integration and people's quality of life. The term consumption referred to the process of exhausting one's resources, be it food, or other items. The body, too, consumes in order to function. Thus, consumption entails not only the process of acquisition but also the later stages of use and disposal. Without consumption, it is not possible to

take part in activities in in the farm, school classes, workplaces or other social settings. Even though some forms of consumption require income, money is not sufficient to ensure social integration. Consumption is based on the notion that consumption constitutes an important aspect of the welfare society, driving and coordinating many aspects of life, including social integration hence, consumption and the welfare society are closely interlinked, amongst other things through the concept 'production', i.e. the creation of economic value. (DOI, 2019).

## **1.9. CONCLUSION OF THE CHAPTER**

This chapter gives an overview and establishes the purpose of the entire study. It is in this chapter that the genesis and purpose for the study has been clarified. In addition, this chapter is the preamble for the entire study and it lays out the background, the reason for taking on the study found in the problem statement, research objectives and questions. It is this chapter that describes the scope of work undertaken by the study, the significance, limitations encountered. Additionally, key terms and terminologies have been defined in this chapter. And lastly, it has set the floor for the preceding chapters.

## **CHAPTER II: LITERATURE REVIEW**

### **2.1. INTRODUCTION**

The study on the appraisal of gender and nutrition at household level has been motivated by the desire to learn from existing literature and thirst to fill the gap by contributing to the scientific knowledge through research. This chapter reviews, compares and gives critique to the exiting and related scientific literature and work of different scholars globally, in African and Rwanda in particular. Key concepts from empirical review have been used to form the conceptual framework. Thereafter, these concepts have been linked with compelling theories in the theoretical review that has led to the formation of the theoretical framework with assumptions that will be verified through the research findings in chapter four.

### **2.2. EMPIRICAL REVIEW**

This part of the study focuses on the existing literature which highlights the influence of gender power relation on milk consumption. Thus, the empirical review provides a critical analysis of topic related existing literature by the various scholars and what they failed to cover globally, in Africa and in Rwanda. In addition, this part explains whether the literature are relevant to this study and whether there are gaps in scholarships to provide rationale for the present study which it aims to fill.

#### **2.2.1. Global perspective on gender power relations and household's milk consumption**

In many studies, gender power relations has been identified as a topic that requires critical synergies because of its critical influence on the many household dynamics in terms of roles and responsibilities, decision making and family nutrition among others.

Although many programs and policies have been put in place to boost positive relations among partners, certain practices still exist that hinder intended recipients to benefit from such relations of power and authority ultimately creating room for undesired family social challenges such as unequal say in the apportioning of milk produced from the Girinka dairy cows which results into reduced consumption by household members.

In his article, Rees (2010), on the growing inequalities of between nation states, it was becoming evident that social divide and opportunities were increasingly gendered and classed (Kim-Puri, 2005). Consequently, people produced new subjects and identities in the process of wanting to fit within society. He argues that gender is a part of the organization fabric of social economy based on perceived differences in accordance with one's sex, identity and power derived from unequal values attributed to that perception of difference. He further observes that the focus of gender is not on women alone but on the power relations between men and women and how they acquire access to assets, resources and decision-making. This is an indicator that gender identities are constructed differently according to the social milieu and context. He further says that men have in different ways dominated public and private spheres to both maintain power and remain in control. (Rees, 2010).

Truong (1978), Pg. 7) highlights that women have to work hard to fulfill the social reproduction (material, generational, cultural), including care work, cooking, economic support of a wider family, and especially the bearing and upbringing of small children while the support from partners and society is almost absent. He brings out the point that although it seems important to perform a gender analysis when looking at human relationships, there is not been special focus on understanding distinct pressures of discriminations and denial faced by many women. In this article women have been considered to serve as social and economic 'shock absorbers' (Gasper/Truong 2005). In their study of female Burmese work force in the Thai border factories, they recount how employers treated workers like family, a way to justify how employees and women lack ability to push for enforceable formal rights instead always waiting to be instructed on what next they should be doing. He further argues that the relative invisibility of women within the public and private environments is unacceptable. He emphasizes that while women's problems and needs are the same as those of men, it is important to draw a distinction to address each separately in order to harness gender power through human discourses (Truong, 1978).

To overcome dietary implications of restricting milk in children, Health Canada has recommended 2 servings of milk a day for children 2 to 8 years of age and 3 to 4 servings of milk a day for children 9 to 13 years of age. However, pediatricians are confronted with an increasing number of unconventional feeding practices. Because it is difficult to influence families' eating practices, physicians should be aware of risks associated with the elimination diets such as restricting milk

for children with asthma. In most Western countries, more than two-thirds of dietary calcium intake is from consumption of milk, and in the United States, low consumption of milk is the primary reason for failing to meet calcium needs. Consumption of milk in childhood can improve bone density in adulthood. Adults who consumed plenty of milk as children had better bone density than those who did not, and avoiding milk might result in restricted growth and bone development. Conclusively, there is no proper evidence about the direct link to milk consumption and asthma. Hence, physicians should continue to encourage parents to follow health recommendations for regular consumption of milk for all children (Goldman, 2012)

According to Satija (2013), people who regularly drink milk increase their chance of being obese since milk is considered as a diet that is high in fat and leads to obesity. However, the consumption of milk depends on the region. The author further argues that milk consumption and the different ways in which it is consumed depends on the area. He added that, in India there exist different traditional beliefs that hinder people to consume milk. For instance, drinking milk has been associated with becoming fat and obese. Thus, the highlighted culture beliefs are used by men who are assumed to have more power as excuse to prevent women from consuming milk in order to remain thin.

According to Naila Baig-Ansari et al (2006), in Pakistan, a research on milk consumption found that *“the nutritional status of children is a good indicator of the overall well-being of a society and reflects food security as well as existing health care and environmental conditions. It is estimated that nearly 40% to 50% of children under the age of 5 in Pakistan are stunted, that is, of low height (or length)-for-age [1, 2]”*pg. 1. Yet, men use their power over women to decide on how much money should be spent on family nutrition. Consequently, children are affected. Thus, the stunting found in children is associated with the inadequate access to healthy foods, unclean surroundings and lack of proper treatment and care. Mothers take on a greater share of the child care burden for a new baby than do fathers. In this context, it is clear that if a child suffers malnutrition, her/his mother meets social and economic challenges because their husbands are the provider of the financial needs to their families.

According to (Chen, 2013) in a study conducted to examine changes in food consumption during pregnancy and the postpartum period in women of major Asian ethnic groups. Multiple lines of

evidence indicate that maternal diet during pregnancy and the postpartum period has important effects on the offspring's health. As such it has been widely renowned that poor maternal nutritional status is associated with adverse birth outcomes. Therefore, the diet of a lactating mother influences the composition of breast milk and the child's health status. The study revealed that the dietary choices of women during pregnancy and after birth are heavily influenced by traditional medical theories and cultural beliefs surrounding them. For example it was believed that a 'hot-cold balance' should be maintained in order to stay healthy and that this can be achieved by following special prescriptive diets during pregnancy and the initial postpartum period, commonly termed 'the confinement period'. According to Chen, confinement period was the period immediately after delivery when women were confined to their homes and expected to observe a broad set of restrictive guidelines regarding diet and other behaviours. It seems that the confinement period helps the women to recover and be able to resume work after they are feeling strong enough. Probably it is one way of preparing them for the heavy work load of domestic chores and child care.

### **2.2.2. Gender power relations and household's milk consumption in Africa**

Davies (2010), discusses that patriarchal systems are characterized by a double standard. He argues that in the sub-Saharan Africa marriage to one man is only for women while men are allowed to be polygamous (Jackson, 1992; Obbo, 1995). He father says that hyper-sexuality is an accepted fact for men and not women (Barnett & Blaikie, 1992; Jackson, 1992). He highlights that society encourages inter-generation marriages, which contributes to the power imbalance between male and female regardless of their status. It is from these explicit power imbalances within the home that children are introduced to poor gender power relations (Davies, 2010).

In a study by Solomon (2015), sub-Saharan Africa has for over forty years received a growing number of scholarship in gender in agriculture and food security. Whilst these numbers, the sector has not yielded substantial progress in closing the gender gap by empowering women through education, health, labour market, and political representation. This implies that the focus on gender transformation should shift to include the home as the starting point, and develop gender sensitive approaches that include males and females to assess household dynamics using tools such as the gender asset research and participatory value chain mapping which explores gender-relations as an

active process of interaction, negotiation and change. He highlights that there has been evidence of fewer women that can freely sell their own livestock without permission from their husbands and depending on the type of livestock sold they would only be allowed to manage 50% of income from such a sale (Salomon, 2015).

According to Katie (2018), the world calls for women's increased participation in market oriented livestock commodity chains, but this has been faced with significant challenges which continue to hinder women from entering and benefiting from such commodity production. The participation of women in the milk market within the region has been widely promoted by the private and public-sector stakeholders to increase cash incomes and improve rural livelihoods. She mentions that although there has been substantial contribution by women to dairy labor, highlighting the difficult daily burdens of milking (in some societies), feeding, and caring for the animals, women are still marginalized and considered powerless in cattle ownership and decision making. To combat some of these negative aspects of commercial production innovative ways of interventions are being pushed for to tackle gender power imbalances in the dairy sector (Katie Tavenner, 2018).

Gender equality and female empowerment have been considered as key development objectives fundamental for the realization of human/women's rights as well as sustainable development outcomes. According to Ruth Haug (2017), there is evidence that society can develop successfully, providing equal opportunities, access to resources and chance to life for both males and females shaping their lives and contributing to their families and society development. She writes that in the rural Ethiopia, the gender division of labor varies in terms of the farming systems, cultural settings and location with 51 percent of its population being women and 85% of them living in the rural setup. Further she mentions that at the household level, women experience a lot of hardships throughout their lives because they have to literally do everything including but not limited to carrying heavy loads over long distances, cooking, raising children, care for the elderly, fetch water and firewood and manually grinding grains for meals and other household chores. As a result they miss out on opportunities in education, employment outside the home, and personal growth compared to men. More to that regardless of the effort to provide agriculture labor by women, their access to resources and community participation are usually determined by men, particularly husbands. -Thus their contribution often goes unrecognized yet when they finally have access to their own income, it is more likely they will spend it on the advancement of their families and



successfully participate in village saving schemes, pay school fees or purchase long desired food stuffs for their children than men (Ruth Haug, 2017)

### 2.2.3. Gender power relations and household's milk consumption in Rwanda

The government of Rwanda has developed home grown solutions through programmes such 'Girinka programme'. This program will enable the country to achieve its goals to fight anticipated dietary challenges over an expected long period of time. It is believed that the cows given to poor households will help to improve their nutrition through the use of milk in their diet as well increase their farm agricultural output through better soil fertility and increased income through commercialization of milk produced by these cows. (MINAGRI, 2018).

Due to its intended outcomes and the already achieved results, Girinka Programme has been widespread in the recent years and has received a lot of support from the government and the donor community. Over the years approximately 130 000 of the poorest rural families have received a Girinka cow (Argent, Augsburg and Rasul, 2014) as one of the tools of social protection whereby farmers that fulfill the requirements received a cow. As per her observation, Umuzigambeho highlights that the programme has been a success and has led to increased agricultural production, enhanced food security, increased livestock ownership and improved nutrition, with assured social cohesion (Ingabire, 2013). The number of cows in each community keep increasing because the programme has an attached scheme commonly known as the "passing on the gift" whereby the first recipients pass on the first offspring onto others, creating a multiplier effect thus passing on the benefits of the initial investment and ensuring a sense of communal responsibility for the success of the Programme". The study reveals that where the woman is the direct recipient of the Girinka cow, the man feels denied of power and this caused wrangles among them leading to issues of fighting for power and gender based violence and low volumes of milk produced (Umuzigambeho, 2017). In addition to this argument, the Girinka programme has demonstrated economic benefits for participating households, but evidence of the programme's impact on maternal and child dietary diversity and household nutritional status remains an impediment. (Flax, 2018).

In a study conducted by USAID, men are still considered as the family decision makers and women remain with the job to follow what men say or instruct them to do – men continue to control decisions about how family income will be spent and priorities including income earned by women.

Men and women continue to operate under strict gender stereotypes that give more power to men to be in control of household finances and decision making. Gender roles attributed to men include decision making regarding household income as well as income from productive sales. During interviews, respondents said that men feel threatened if women earn more or are more educated than they are, men feel they need to be in control. Evidence suggests that if decision making is shared among household members, families see gains in income, improved agricultural production, healthier and more educated children, and potentially lower rates of GBV. It is stated that various programs including “Feed the Future” have the opportunity to introduce and build awareness of power relations issues and joint decision making in all training and capacity building activities. These types of awareness programs would then have high potential to bring about lasting change and impact to the communities and households (USAID/Rwanda, 2015)

According to (Umuzigambeho, 2017), social inclusion and gender equality have been backed by the support of the government through a strong policy framework. Previously marginalized groups such as women, children, the youth and people living with disabilities are well represented in the national constitution. In addition to that, constitutional framework provides quotas for women for which an un-appareled number is elected or appointed in the decision making positions. In fact, Rwanda has a very high percentage of women in parliament, with 63.8 percent in the Lower Chamber with the Ministry of Gender and Family Promotion (MIGEPROF) working across all sectors. It is necessary therefore that this representation and level of decision making is felt at the grass root level especially within the households to ensure equitable distribution of assets and resources. It has been discussed in this report that men and women’s roles in agriculture are defined by the traditional gender roles and social class. Although the post-genocide social context changed the roles and responsibilities for many women and children, who had to take over as the heads of households. However, there is still predominant male domination of the dairy sector whereby majority of cows are owned as a matter of inheritance in this regard, in the names of the man.

To this extent, though they deliver hard work and contribute to the dairy enterprise, women rarely receive reward for their labor. Finally, the assessment revealed that some women choose not be involved in any dairy chores they observe no benefits regarding the dairy income, which leads to a reduction of milk volumes produced.

In my own view, the assessment Umuzigambaho has tried to provide detailed assessment of the gender dynamics in the dairy sector in Rwanda. The literature in her assessment gives a fair view of everything that takes place in the sector. However, it has highlighted a gap whereby household gender power dynamics have been kept silent. Therefore, the present study fills the gap left by Umuzigambeho and has inspired me to perform a deep dive into understanding the underlying reasons for limited or no milk consumption within the Girinka households.

### **2.3. CONCEPTUAL FRAMEWORK**

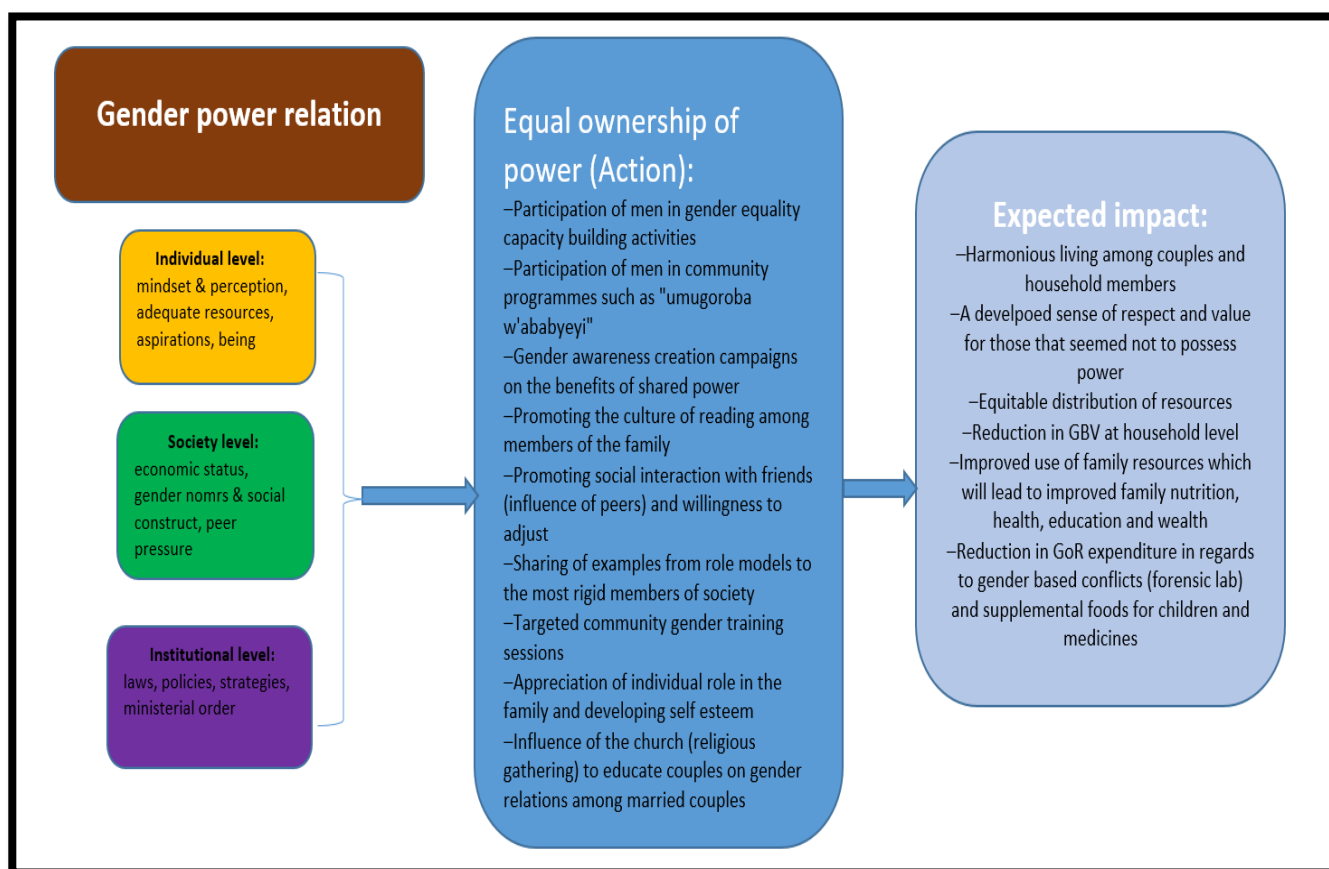
By my definition conceptual framework summarizes the different levels at which gender power relation is exhibited and some of the areas that portray its existence within society. Further the framework suggests strategic areas that require to be tackled to improve gender power relation and lastly it highlights long term impact as a result of equal ownership of power.

However, from the empirical review of data, it has been realised that women spend much time in the care of the household and dairy activities yet they receive little recognition and reward for the invested efforts. This contributes to continued unequal power relation and thus lenders women to lag behind in regards to decision making in a patriarchal society in addition to limited access to nutritious foods required for body health such as milk.

These challenges should not go un-noticed hence it is important that gender power is strategically brought to the attention of society such that strategic interventions are innovatively initiated in pursuit to allow women access and equal ownership of power within the household. Some of the required interventions will include awareness creation on the benefit of equal sharing of power, capacity building for men and identified households where negative gender power relation is seemingly becoming the daily bread, use of role models within society and involving the religious leaders in coming up with solutions that will lead to better living among partners. The expression “the person is a political” should be employed such that local leaders and the society in general feel the pain for such households where gender power which has been controlled by men remains the driving force that nurtures suppression on the part of women and children. It is evident that where gender power relation is equally shared, government expenditure budgets are reduced, people live in harmony, children receive good grooming (upbringing) and family development is fostered.

The concepts here are derived from the empirical review of gender power relation and milk consumption at the household level. Their list and interconnectedness is seen in the figure here below:

Figure 2. 1 *Conceptual framework for gender power relations and milk consumption*



Source: conceptualized by researcher

## Explaining the conceptual framework

This conceptual framework shows that gender power relation is exhibited at three different levels:

### Individual level

At this level the researcher identifies key contributing factors such as mind-set and perception, adequate resources aspirations (individual level)

## **Society level**

At the level of society factors that influence gender power relation were identified to include economic status, gender norms, socio construct and peer pressure

## **Institutional level**

At this level key influences include Policy, strategies, laws and executive orders.

For this study gender power is considered as an independent variable while milk consumption is the dependent variable for the study. Thus, conceptual framework design is based on the three elements highlighted.

Different actions such as participation of men in gender equality capacity building trainings, participation of men in Umugoroba w' ababyeyi, gender awareness campaigns among others should be undertaken in order to achieve equal participation and decision making around milk consumption which has been considered as the dependent variable of the study.

The root causes of gender power are influenced at individual, social and institutional levels and can be over through strategic actions which will lead to equitable distribution of resources, improved living conditions and harmony among couples.

## **2.4. THEORETICAL REVIEW**

This part of the study is about defining theories in literature which are related to the conceptual framework and indicating their relationship and relevance to the present study. In this regard, the supporting theories explain gender power relation and how it influences household level nutrition decisions.

The definition of theory is of key importance for the researcher because it provides a framework for analysis and an efficient method for field development and provides clear explanations for the pragmatic world. According to literature a theory may be viewed as a system of constructs and variables in which the constructs are related to each other by propositions and the variables are related to each other by hypotheses. Importantly, a theory can be defined as the common questions

that researchers require to exactly specify a theory, in other words, any definition of theory should answer common questions that researchers face such as who and what, when and where, how and why, could, should and would a specific event occur. In short, the definition of theory provides guidelines to answer the common questions that occur in natural language (Wacker, 1998)

In connection to the above conceptual framework, there are concepts related to gender power which include sex difference, power control, legitimatization on one hand and concepts related to milk consumption which include gender power and the traditional milk consumption theories. The section below summarizes these theories.

### **Sex difference theory**

Sex difference theory emphasizes on the inequality between men and women and the power imbalance between both sexes. The theory highlights that men are powerful compared to women therefore women are the most affected group (Molm, 1986). In terms of this study, men use their power to prevent women and children to consume milk. In addition, they make decisions about production, consumption and selling the quantity of milk available at the household level.

### **Power control theory**

According to the power control theory, men use their power over women in public and private spheres. This is the case of men who make their final decision in terms of the quantity of milk produced, how milk should be brought to the market instead of being consumed by the family members. The theory clearly highlights the social privileges given to men that as given to them by the patriarchal community whereby men think, decide and act in a way that is appropriate for them without taking into consideration the rest of his family members.

Molm (1986), says that in many societies, positions of power and prestige have traditionally been allocated to males. Various theories have been proposed to explain sex differences in the allocation of power and prestige and to predict whether and how men and women will differ in the use of power. It has been deemed necessary to understand how sex differences affect the use of power. With this, three theories have offered 1) sex-role socialization which proposes that men and women acquire different personality characteristics, skills, and attitudes that predispose men to be more

likely to use power and to be more effective and skilful in strategies of power use 2) structural theory which argues that women appear to be poorer power users only because they have differential access to power – that even when women hold supposed positions of authority, they often lack the structural basis for power that men in authority have 3) status characteristics and expectation states theory which argues that sex is a status characteristic that carries evaluation and performance connotations – in groups that are differentiated on this characteristic, it will be used as a basis for forming performance expectations that will produce observable inequalities in behaviours associated with power and prestige (Molm, 1986).

### **Legitimation of Power theory**

Power dependence theory does not address how the legitimation or non-legitimation of power affects power use. The theory is primarily concerned with structural bases of power, and legitimation is a normative dimension. An imbalanced power structure can be said to be legitimated when it is accepted as right and proper by all members of the structure and when there are shared expectations that all members will behave in ways that will support the structure. Two possible sources of legitimation exist, 1) power positions authorized by higher authorities, or 2) endorsed by group members (Zelditch and Walker 1984). Most predictions of a relationship between power use and gender are based in some way on expectations that males and females will differ in either their actual or their perceived competence to exercise power (Molm, 1986).

Understanding this theory helps to clarify that power can only be applied if the society legitimized it and when people accept that the person exercising power has legitimate rights over others.

According to the World Bank 2012, it affirmed that as women do more paid work outside their home, their time burden of care work in the home often remains unchanged. It is important therefore to pilot interventions that aim to explore the potential to develop methods of working which engage with the realities of male attitudes to women's economic empowerment, and couples' strategies for negotiating changes to their relationships. It is necessary that participation of women in different programmes needs to be supported by improved and better programming which engages with men in deliberate and structured ways, including promoting greater male involvement in care work including aspects of proper nutrition and decision making because solely focusing on women may lead to negative effects for women, both in the short and long term (Henny Slegh, 2013).

In this regard, it is necessary to mention that the positive and or negative effects of gender power are majorly connected to socialization, the relations among members and partners, child upbringing, ownership and control over family resources and that gender power relations require to be made and remade time and again. Ultimately this will leads harmonious and peaceful living within the household.

### **Gender and power theory**

It has been noted by many that the personalities associated with traditional, heroic leadership are masculine. Men or women can display them, but the personalities themselves—such as individualism, control, assertiveness, and skills of advocacy and domination—are socially ascribed to men in many cultures and generally understood as masculine (Acker, 1990; Cala's & Smircich, 1993; Collinson & Hearn, 1996). In contrast, these personalities associated with new, postheroic leadership are feminine (Calvert & Ramsey, 1992; Fine & Buzzanell, 2000; Fletcher, 1994; Fondas, 1997). This theory confirms that women are indeed oppressed and that they continue to be denied of their rights to express themselves within the home and the public spheres. To this extent women's ability to bargain for position of leadership will always face a certain degree of rejection or delayed action.

According to Fletcher (2004), women were describing with personalities of empathy, community, vulnerability, and skills of inquiry and collaboration within a patriarchal system often attributed to as culture and generally understood as feminine. It is important to underscore that these personalities, skills, and abilities are not essential aspects of masculinity or femininity and indeed may not reflect the behaviour of men and women. As a result women and men are often required "to do gender" defining themselves in relation to these stereotypes within their societies. (Fletcher, 2004).

### **Traditional milk consumption theory**

According to Suzanne (1997), failure to consistently consume the recommended 2 or more servings of milk products per day is a major indicator of low calcium intake and poor nutritional status in older people and is associated with increased risk of osteoporosis. Conversely, an adequate intake of calcium has been implicated as a potential factor in the risk reduction of calcium-sensitive



hypertension and colon cancer. The current recommended intake for maximum calcium retention in individuals 51 years of age or older is 1200 mg per day. However, phase 1 data from the Third National Health and Nutrition Examination Survey (NHANES I1H) indicates that mean daily dietary intakes of calcium are only 721 to 875 mg in men and 626 to 711 mg in women. (Suzanne M. Elbon, 1997).

However, men don't value the nutrition value of milk because the recommended quantity of milk are not consumed by men who are socially considered as decision makers who use their power over women and decide to sell what was expected to be consumed by the family in order to earn income which is not well managed at the end

### **Rural Development Theory and Policy**

The rural development theory and policy emphasizes on improving the quality of life and economic wellbeing of people living in rural areas. Despite improvements in the reduction of malnutrition of children worldwide, 156 million children under 5 were still affected by malnutrition in 2015 (Unicef et al. 2014). In a study conducted in Kenya, 26% of children under 5 years old are stunted and 11% are underweight (Worldbank 2016). One way to improve the nutritional status of children is to increase their consumption of animal-source foods (ASF) which are often lacking or present in insufficient amounts in the diets of children in developing countries. Among the ASFs, milk plays a unique role in the development of children (Dror & Allen 2011). Studies have shown that an increase in the consumption of milk and other ASFs, such as meat and eggs, has a positive effect on the physical growth and cognition of children (James et al. 2015) as well as reducing morbidity and mortality (Cornelsen et al. 2016). (Schneider, 2018).

### **2.5. CONCLUSION OF THE CHAPTER**

In this chapter different publications regarding gender power relations in respect to household decision making, control over, use and management of resources globally, in Africa region and Rwanda have been explored with numerous concepts and knowledge picked from the empirical and theoretical review highlighted. As a result, the conceptual framework was developed to give the true picture of the research problem.

According to the existing literature, gender power relation has been discussed for purposes of this study with limited discussions on influencing factors for milk consumption at household level. As a result, a number of research assumptions have been developed after review of literature. These assumptions will be validated in the fourth chapter which will discuss research findings.

## **CHAPTER III: RESEARCH METHODOLOGY**

### **3.1. INTRODUCTION**

This chapter describes the methodology used to discuss research approaches and techniques employed throughout the study period. It describes the methods and techniques used to select the sample size and data collection and shows the research setting. More so, it shows the methods and procedures employed during the study which include the study design, study population and sampling method and instruments used to acquire data. Furthermore, it describes how data was collected, processed and analyzed to arrive at findings and provide strategic recommendations. Specifically, the chapter gives details on the position of the research and highlights related credible and reliable ethical issues.

### **3.2. RESEARCH DESIGN**

The present study is descriptive and analytical; whereby qualitative methods such as individual interviews were applied in a case study as an inquiry. By definition, a case study is an intensive study about a person, a group of people or units used to generalize over several units. Again a case study can be defined as a concentrated and organized investigation of a single person, group, community or some other unit in which the researcher scrutinizes in-depth data relating to several variables (Heale, 2017).

This study took the form of applied research and the methods used purely aimed at creating social impact after acquiring detailed information from the study area. The researcher administered question guides pre-approved by the thesis supervisor, and these were used during field interviews with each participant. These enabled participants to share their experiences on the influence of gender power relation on milk consumption in the household. The selected design was used to establish impediments to gender power relation and the importance of positive gender relation within the Girinka households.

### **3.3. STUDY SETTING**

This study was conducted in 12 communities including Karambi, Rukina, Muhororo, Kayenzi, Buhanda and Kareba in Ruhango and Kora, Gihorwe, Kanyamitana, Gatagara, Kintarure and Nyagahondo in Nyabihu districts in the southern and Western provinces of Rwanda respectively. The study area was selected to complete part of the work that was done by a USAID funded project, Gabura Amata Mubyeyi and assessment of the impact created by the Girinka programme in the construction of gender power and its influence on milk consumption within the beneficiary households. The two study areas i.e. Ruhango and Nyabihu have been identified as districts where dairy cows exist but the population therein have previously preferred not to consume milk and dairy products. Due to various economic, awareness, mindset, traditional and cultural related diet perceptions within these geographical locations as may be attributed to gender power relations, stunting has been pronounced. Hence, a campaign was launched on the October 4, 2018 in Ruli sector, Gakenke District— as part of the wider strategy to reduce stunted growth among children from the current 38 per cent countrywide to 19 per cent by 2024. (Mudingu, 2018).

The study was conducted on men and women who live together and have children with age two to three and half years and benefited from the one cow per poor household – Girinka programme. Further the study was conducted on men and women who did not receive a cow from the Girinka programme but have a cow, have children with age two to three and half years. The study also focused on community health workers who have participated in the implementation of Gabura Amata Mubyeyi project activities.

### **3.4. POPULATION OF THE STUDY**

The population under study was six communities of Ruhango and six communities of Nyabihu districts. Communities in this case refer to cells within the sectors. In Nyabihu the research focused on 6 cells from a total of 73 whereas in Ruhango the research focused on 6 cells out of the total of 59. The target was Girinka beneficiaries that had also participated and were involved in the Gabura Amata Mubyeyi— a social behaviour change communication project. The study also included men and women that did not benefit from the Girinka programme and the Gabura Amata Mubyeyi project.

### 3.5. SAMPLING STRATEGIES AND SAMPLE SIZE

The sampling process took the form of selecting the study area, selecting the population from which a sample size was derived. In this case the researcher selected a sample size of 60 out of 234 individuals from Girinka programme beneficiary households. The Yamane's formula Slovin (2004), was utilized to obtain the sample size for this study as determined here below:

n: is the sample size

N: is the total population

e: is the margin of error

The reason for using the Yamane's formula was because nothing about the conduct of a population is known by any stretch of imagination. In this case N= 750 taking the certainty level of 90% that is with a reasonable blunder of 10%, e=0.1.

Thus,  $n = \frac{N}{1 + N(e)^2}$  and this gives  $n = \frac{750}{1 + 750(0.1)^2} = 88.2$  which are unevenly equal to 88.

This implies that the researcher focused on the need to learn about experiences of women and men whose households benefited from Girinka programme and participated in the Gabura Amata Mubyeyi project interventions. From this study she heard from women and men who were not a direct target of the intervention but who participated in the community activities. In addition, this study heard from the experiences of CHWs who on a daily basis follow up on Girinka beneficiaries and who did the implementation of Gabura Amata Mubyeyi project in Ruhango and Nyabihu districts. In this context the sample size of 60 participants enabled the researcher to achieve saturation, which is the point at which she believed to obtain no new information or themes from additional data collected (Ness, 2015).

Table 3. 1 *Classification of interview participants*

Target Districts	# of Cells	# of interviewees including 1 CHW	Total # of interviews
Nyabihu	6	5	30
Ruhango	6	5	30
<b>Total</b>		-	<b>60</b>

Source: Lists received from CHWs

### 3.6. RESEARCH INSTRUMENTS

James Arthur et al (2012), defines research instruments as tools which are used to collect data. They highlight that these instruments include interview guides, observational check list and information that is hidden in documents. They say that interview guides are a set of questions that the researcher uses to sequence her/his questioning during interviews. For this study, the researcher employed individual question guides to collect primary data from each category of participants, as they appear on appendices #4

As written by James Arthur et al (2012) observation is a type of data collection technique whereby the researcher uses all their five senses to orient the reader to the social environment. They further mention that observation demonstrates ways in which the most fundamental of human social activities is transformed into systematic technique for data collection and analysis of how people behave. In this study, one observation check list was used as it appears on appendices #2.

In addition, she used desk review to complete this research in the form of secondary data, this appears as references and citation. The designed instruments aimed to collect as much as possible data that enabled the researcher to understand the dynamics in gender power relations in the daily lives of partners and beneficiaries of Girinka programme as opposed to the non-beneficiaries.

### **3.7. SAMPLING TECHNIQUES & PROCEDURE**

The researcher used non probability sampling technique. She opted for this technique due to limitations of time, sample size and restriction to an area where Girinka programme and Gabura Amata Mubyeyi activities had been implemented.

### **3.8. DATA COLLECTION TECHNIQUES**

Graeme Shanks (2018) defines data collection techniques in qualitative research as methods used to collect data from different sources. He mentions that these techniques include interviews, observations, questionnaires and relevant documents.

This study used in-depth interviews with participants using question guides. In addition, the observation techniques were used during the interview sessions. The researcher also consulted written documents to complete her research.

#### **3.8.1. In depth interview**

Zaharia (2008), defines in-depth interview as the kind of interview in which the researcher seeks to acquire more detailed and exclusive information to enable them have a true picture of the current situation of what they are trying to find out. He highlights that in-depth interviews make the participants to feel more confident to express themselves about anything concerning them from their point of view.

In this study, the researcher conducted 60 in-depth interviews with participants as it appears in appendices #4. The researcher had one on one meetings with each of the participants at their home or at sector or school venue as prior agreed. These meetings were in isolation of the participants' spouses apart from where one insisted to sit in and listen.

The researcher began with greetings and self-introduction followed by asking the participant to also introduce themselves. After which the researcher explained the purpose of the research and relevance. After that she went ahead to read out the consent form to the participant seeking for permission to interview them. Fortunately, apart from those participants that the researcher interviewed on telephone because they were not at home at the time of the interview, all the others

accepted to sign the consent forms and also to be recorded as they spoke. The participants who were interviewed on telephone also agreed to the consent form although they did not sign but that was put on record and they accepted to be recorded during the interview too.

After laying out all the necessary prerequisites, interviews were then conducted using the question guides and recording as the researcher also took notes. The researcher went through all the questions without following a fixed sequence because she wanted the participant to feel at ease as she/he responded. The research probed for more and more information based on the responses given as the interview went by. Each interview session lasted between 30 -50 minutes but for some it went up to one hour.

Because the topic was somehow sensitive, some of the interview participants became emotional and cried during the interview but the researcher tried to comfort them so that all questions could be answered. In instances where it was too much, the researcher paused for some minutes then came back to the interview after the participant had cleared their mind and was a bit sober to move on.

### **3.8.2. Observation**

Lynda Baker (2006), describes observation as the “bedrock source of human knowledge” about the “social and natural world. She highlights that observation is a complex research method because it often requires the researcher to play multiple roles and use a numerous techniques including all her five senses to collect data. Observation technique requires that the researcher always remembers her/his primary role as a researcher and remain detached enough to collect and analyze data relevant to the problem under study.

According to James Arthur et al (2012) p.165&166, observation techniques has different types but due to limitations of volume and time, this research details the naturalistic observation method specifically looking at the “participant observation” technique. Participant observation technique is a naturalistic method which means that the researcher strives to be an active member of the community they are observing. He mentions that this is a trick helps to become enough of a member to gain insider’s perspective on what is going on without losing the credibility of the objective to the study.



In this study the researcher observed how the participant responded with confidence, their reaction when a sensitive question was asked, the behaviour of members of the household, the role of partners in the home especially whether the father was willing to keep the young child when the mother was being interviewed, feeding practices for children, for instance what was the mother/father's reaction when the child asked for food or milk. The researcher also observed the general hygiene of the home and the style of communication among couples.

Interviews were conducted at each individual participant's home. Before the interview started the participant set aside a mat or a chair for both of us to sit on and engage into the 30-50 minutes' interview. The participants made sure the environment was calm and children only came in after the interview for a few minutes' engagement. The researcher had a book, pen and voice recorder which she used after the participant signed the consent form. For participants that had to meet the researcher at a nearest place due to accessibility issue meetings were conducted at the sector or village offices. Only for one session we used a school that was nearer to the sector offices to ensure maximum concentration during the interview. To ensure that physical energy was guaranteed, the researcher carried with her a bottle of water or juice and an apple in case she got thirsty or hungry.

### **3.9. DATA ANALYSIS PROCEDURES**

Eleanor Shaw (1999), defines data analysis as the process of cleaning, structuring and modelling of data to be able to say something about it. To analyse data is to think about what happened that was recorded and what will happen if that was done again. This process of analysing data will enable us to draw informed decisions based on the data.

This study is qualitative in nature hence data analysis was descriptive. Interviews were conducted in Kinyarwanda using question guides and digital recording. The recordings were transcribed then translated into English. After reviewing the transcripts with raw data then data analysis was performed. The developed transcripts were analyzed using content analysis which is a method commonly used to analyze qualitative data for instance analyzing responses from interviews. (Gibbs, 2007).

The researcher developed the analysis framework based on the key concepts in the interview guide, applied codes to strings of text, and then grouped the codes into key themes labelling each with the type of participant and their location (sector, cell, and village).

The researcher revisited the notes she took to ensure they connect to the transcribed data and that nothing was missed out and that they are in line with the research objective. After this, the necessary data was filtered to be used for the next step and rest of the data was stored separately for reference in case some meaningful information was left out. The key themes developed were used for data presentation, analysis and interpretation as seen in the next chapter.

### **3.10. POSITION OF THE RESEARCHER**

The study has included a statement about the past experience of the researcher with the research problem. This disclosure helped the researcher to understand the connection between the researcher and the study. In the case of this study, it is of importance to mention that the researcher is a result-oriented and self-driven Enterprise, cooperatives and Business Development & Services expert and gender advocate. In addition, the researcher is a business coach & mentor and a certified Trainer of Trainers (TOT).

Following her previous academic, work experience and lifestyle, she has always desired to be involved in the promotion of the nutrition rights of family members and promotion of government initiatives. Being the elder daughter in the family, she has been involved in ensuring the family eats well and that her siblings and parents are well cared for. When she got married she carried the spirit and when she gave birth to children, she realized the task was even bigger. The researcher has participated in helping fellow women on how to prepare healthy meals for their families including developing home menus and learning how to set the table so that the food is appealing to the intended consumers.

In this context, the researcher noticed the extent to which families suffer stunting and malnutrition even when they are not food insecure. Therefore, she realized the importance of searching for factors that lead to such nutrition related challenges. This study was hence initiated with the overarching objective to advise Rwandans on how to improve family nutrition to ensure healthy lives.

Against this background the researcher notices that many research findings indicate the impact of households not consuming a balanced diet but none has discussed the root cause for failure to focus on a balanced diet in family meals. Hence, the researcher finds it important to appraise the causative agents that lead to individuals (children and adults) not consuming milk as a key dietary item in the household's nutrition.

The whole experience of listening to the different views of men and women during the research was holistically new i.e. – new environment, – new voices, – new perspectives, and new challenges – especially the geographical terrain and emotional pressure caused by some of the participants who shared their experiences freely to the extent that some cried because they got somebody to talk to about their issues. It was difficult but the researcher had with tact to probe further in order to acquire more information to fulfill her academic requirements. Therefore, it is important to mention that the study was not biased by any risks associated with the site, participants or any other considerations. The research kept a high degree of reserve for emotional expressions and opinion.

### **3.11.VALIDITY AND RELIABILITY**

According to (Messick, 1989, p. 6), validity refers to the appropriateness of the inferences made about the results of an assessment. Inferences being –the conclusions derived from empirical evidence bearing on score meaning. It implies that the research findings of a study reflect the true picture of a given phenomenon. In addition, validity is considered to be evaluative judgments made on inferences of assessment results or test scores and require to be correct and reflective of the truth. (Taherdoost, 2016).

Whereas, reliability reflects consistency and ability to replicate the same results over time. Furthermore, reliability is seen as the degree to which a test is free from measurement errors, since the more measurement errors occur the less reliable the test would become. It is a very important factor in assessment, and is presented as an aspect that contributes to validity (Bruin, 2010).

For purposes of this study validity is evidenced in the methodology used during the research whereas reliability is evidenced in the question guides administered and the target participants to the study.

To ensure that this study is credible, the research findings have been well documented to convince and make the reader believe them. And a number of strategies have been used and they included triangulation (used data from two study areas), data collection techniques, instruments and recording tools. The researcher interviewed men and women from different households with different perspectives and information about the research topic using a combination of interview and observation. In regards to the instruments used, the question guide and observation checklist are put on archive. The research also used audio recording using an online application and written notes were also used. In some cases, the researcher spoke to the children of the household as one way to verify information provided by the adult.

### **3.12. ETHICAL ISSUES**

In this study, and to address ethical issues, the researcher took a number of precautionary measures.

To begin with the researcher through her networks was able to speak to the PI and CO-PI of the Livestock Innovation Lab initiative and as a result she was awarded a small grant for data collection. The researcher was then connected to the field staff of Gabura Amata Mubyeyi project which is one arm under the innovation lab.

To facilitate data collection, the researcher collaborated with the Gabura Amata project staff in the study area. The project staff connected the researcher to the community health care workers that had been directly involved in the project implementation. The community health workers also participated in the identification of research participants. This made it easy for her to be introduced to the population of study hence making it easy for her to acquire responses to interview questions.

To ease access to respondents, the researcher coordinated with community health workers (CHWs) whom the project staff had introduced her to, to facilitate meeting appointments with participants in advance of interviews.

The researcher ensured to engage in a one on one basis with every one of the selected participants in the friendliest way possible. And at each household, the researcher interviewed a mother or a father. She explained the purpose and significance of the study, read out loud the consent form to them prior to signing, and answered any questions they had about the research. Because of the

collaboration with the CHWs, all interview participants were usually found at their household apart from those that had divorced and shifted to thither not identifiable places. During interview the researcher listened attentively to capture all detailed information shared by the participants and only asked questions after the participant had posed. She also used observation to capture anybody expressions for addition information from body language.

The researcher has used data collected from participants for academic reasons with the high consideration for confidentiality. This is the reason why the data was coded to hide and protect participant's identity.

### **3.13.CONCLUSION OF THE CHAPTER**

This chapter put focus on the methodological approach used for this study during data collection, compilation and analysis. It details the Research design, Study setting, Population under study and criteria for selection, Sampling strategies and sample size, Research instruments, Data collection techniques, Data analysis procedures, Position of the researcher, Validity and reliability of research instruments during data collection and further highlights the Ethical considerations by the researcher. In the next chapter, research findings of the study are presented.

## **CHAPTER IV: PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS**

### **4.1. INTRODUCTION**

This chapter is informed by chapter three which discusses the methodology used during data collection and the analysis used. Chapter has formed basis for understanding of the rationale and relevance of the study findings. The present chapter discusses details of the research findings. In this chapter the profile of participants is presented followed by the presentation, analysis and interpretation of research findings. It is in this section that the role men and women to the construction of gender power relation and its influence on milk consumption is discussed. Lastly, this section provides conclusions and recommendations of the study.

### **4.2. DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS**

#### **4.2.1. Participants' profile**

In selecting participants, numerous factors relating to household milk consumption were considered. For this study, participants that attended individual interviews were 60 in number and their selection and participation followed a certain eligibility criteria as here below:

- i. Mothers in the intervention arm of Gabura Amata Mubyeyi project and beneficiaries of Girinka of the randomized trial
- ii. Fathers in the intervention arm of Gabura Amata Mubyeyi project and beneficiaries of Girinka randomized trial
- iii. CHWs who were trained by Gabura Amata Mubyeyi project and who implemented the intervention
- iv. Mothers in the intervention cells of the randomized trial, but they are NOT Girinka beneficiaries. The mothers must be  $\geq 18$  years and have a child 1-3 ½ years.
- v. Fathers in the intervention cells of the randomized trial, but they are NOT Girinka beneficiaries. The fathers must be  $\geq 18$  years and have a child 1-3 ½ years.

Further a number of key items considered and measured related to the socio economic and demographic characteristics. These were established to obtain information about the identification

of respondents. In this regard, the main items considered were age, educational level, occupational activity & professional experience, religion, legal marital status, geographical location and being either a direct beneficiary of Gabura Amata Mubyeyi project or not as per the above mentioned criteria.

The table below describes the profile of participants considering the factors highlighted above.

*Table 4. 1 Profile of participants*

Valid Number	Parameters	Participants	Number
1.	Gender	Women	33
		Men	27
2.	Education	Illiterate	4
		Secondary level and below	46
		Graduate	10
3.	Occupation & professional experience	- Community Health Care Workers	12
		- Farmers	48
4.	Age	- Between 21 and 35	20
		- Between 35 and 40 years	14
		-Between 40 and 55 years	25
		- 55 years and above years	1

**Source:** Data collected by the researcher, July – August 2020

Participants to the interview were married couples and included 27 men and 33 women, an indication that both men and women were involved in the study. These numbers also indicate a balance in gender and representation of respondents and that voices of both sexes were heard.

Regarding education background, the study found that most of the people interviewed knew how to read and write, they had a primary and a secondary level education. The illiterate group occupied 7% of the total people interviewed, those who had primary and secondary education level occupied 76% while 17% of the people interviewed were graduates.

Concerning the occupation criteria, the study found out that 48 people were dairy and crop farmers who have been involved in this occupation as a matter of inheritance; a means to sustain their households or as a result of marriage especially for women. While 12 were Community Health Care Workers who in most cases were also working as village leaders and community change agents. Community health workers were individuals that have practiced this preoccupation for 2 to 3 years.

Looking at the age of participants, the study focused on males and females aged between 18 to 60 years who were either direct beneficiaries of Girinka and Gabura Amata Mubyeyi project, Community Health Care Workers whose role was to mentor different couples within the project or not project beneficiaries. The majority of respondents fell in the age group of 40 to 55 years. An interesting scenario is that many of the interviewed participants still had children between 1-3 years.

In regards to religion, 70% of the interviewed participants were emerging from the modern churches (ADEPR, Anglican and Pentecostal) while 5% were Muslims and 25% belonged to the Catholic Church. This is an indication that there was a cross section of views on gender power in relation to religious affiliation and belief.

Assessing the legal marital status, the researcher found out that 3 (2 women and 1 man) had divorced and left their homes to places not known. All the three cases were from Nyabihu district where it was highlighted that women are still battered and men still opt to use family resources for purchase of alcohol. The other 57 were still married but a big number of 57% were not yet legally married as per the Rwandan customary law. Only 25 were legally married and interestingly these are the few that were above the age of 40 years.

As per geographical location, many of the participants lived in high lands. 60% of participants in Nyabihu lived at least 20 kilometres above the hill while 50% of participants in Ruhango lived at least 15 kilometres above the hill. They only travelled to the low land areas on special occasions otherwise they kept within their home area. This situation did not apply to men because it was mentioned and re-mentioned that they have to travel in such for jobs because they have the role of feeding and taking care of their families. Women did all the reproductive and care work and attended to the livestock activities. One common characteristic was that in both study areas,



participants lived at least 10 to 30 kilometres off the main road an indication that these were typical rural settings.

Based on responses from participants during field interviews, the researcher ascertained and categorized findings into key thematic areas connected to the research objectives. These include i) gender power dynamics that affects partner's decisions; ii) factors influencing the kind of household management on milk consumption and iii) suggested recommendations to ensure that spousal decisions are not the obstacle for household's milk consumption. These have been each elaborated in details as here below:

#### **4.2.2. Gender power dynamics which affect partners' decision**

According to Rees (2010), there are growing inequalities of power between nation states and has become evident that social divides and opportunities were increasingly gendered and classed. He further observes that the focus of gender is not on women alone but on the power relations between men and women including how they acquire access and control over assets, resources and the decision-making processes. He further says that men have in different ways dominated public and private spheres to maintain and control that power.

The researcher revealed that gender power dynamic at the household level can be influenced by numerous factors. For this study, the identified factors included:

##### ***4.2.2.1. Power dynamic within the household level***

The study has found that men are socially considered as decision makers within the household. And this position has been legitimized to the extent it has been accepted and embedded strongly as their culture. With regards to the milk production and consumption, men always have the first word and decisions that will always be valued and taken into consideration even though their wives are not happy about it. Surprisingly, some of the interviewed Girinka beneficiary mothers involved and those not involved in Gabura Amata Mubyeyi project from Nyabihu agreed that the decisions taken by their husbands should be respected in order to avoid Gender Based Violence (what they referred to as choice have peace) that might happen as a negative result of a bad communication or

exchange of words between couples. Moreover, the study found three factors that contribute to the power dynamics in regarding milk consumption within the household.

#### **4.2.2.2. Age bracket of household members**

The researcher learnt that in households where the men who are the decision makers were above 40 years and above, the consumption of milk in that household was higher compared to those households where the men were between the ages of 30 to 39 years. Probably because the more mature men become, the more they have been exposed and gained experience about family nutrition or because they are more stable and involved in the home affairs. The researcher also found out that many men do the milking of the cow and do what they called ‘*kubirura*’ – i.e. drink as they milk and so they do not care about what happens afterwards. The researcher observed this, when she saw one husband drinking milk immediately after milking the cow, he had a jug and a cup that he used, so she put this on record. After milking, he called their elder daughter to collect the milk and he left. The wife and the researcher were seated on a mat not very far from the cow’s shed where cow milking is done. *This was recorded observed in Nyabihu district: “I am now 42 years old. I do not want to be involved in the fight for milk. I have decided to leave the milk business to my wife and she can decide how to apportion it. My work is to milk the cow. Being a village leader I am always busy so my wife and the children take care of the cow’s feeding and hygiene”.* ***Father1 not in Girinka beneficiary in Ruhango mentioned.***

#### **4.2.2.3. Physical energy**

In this study we noticed that interviewed women repeatedly mentioned that they were tired. If this persisted, then they would stand high chances of falling sick and unable to continue with their work. They talked about headache, stomach ulcers, backache and general body aches. This caused them to be weaker and mentioned that they depended on their husbands to complete heavy workloads. This dependency on men turned out to be negative because in some instances men decided not to help the women but insist that the women should get up and work. One interviewed mother from a Girinka beneficiary household in Ruhango said:

‘Whether I am pregnant or not, the workload remains the same. In the village we do not have periods of resting. In fact, many times we deliver our babies at home with the help of community health workers. And a few days after birth, we get back to work as usual’.

This kind of lifestyle can cause the woman to develop life time complications and she can end up becoming unable to completely fulfil her day today duties of child care, cooking, taking care of the animals or even participating in family agriculture activities.

#### **4.2.2.4. Privilege**

During the interviews, male participants echoed that they were more privileged than women. For example, majority of the men interviewed had telephones to access information on what goes on around them. Secondly, they went out of their homes in such for jobs which the women interviewed said was unheard of.

Where the woman and man are registered at the bank as signatories on the account for milk supplies, some women said, it was always the man to withdraw that money.

It was particularly emphasized by men who believed that a real man is one that can financially support his family. Thus, they don’t want to lose that privileged power over women as the society gives them it to think and so they behave in a way that they feel is right no matter how this negatively affects children and women. One non-Girinka beneficiary from from Gisunzu cell mentioned:

*We have a cow that we bought from our own means, when it dries out of milk we buy from the market or neighbours with cows in milk although when this cow is in milk, my husband insists we sell much of it – “kuko nta nkoko kazi ibika isake ihari” literally to mean that decision making on the quantity and frequency of milk consumption is in hands of her husband.*

As parents feel more privileged over their children their feed habits over power the food choices for their children. In a home where the father or mother did not consume small fish ‘indagara’ or did not drink milk, their children were also found not to eat those types of foods.

*“I don’t drink milk and my husband does not eat small fish, those foods we do not eat. We eat potatoes, beans and vegetables but on Easter and Christmas day we eat meat”, **Girinka and Gabura Amata Mubyeyi beneficiary, Nyabihu district.***

*“In my house we drink milk and also eat meat and eggs from our small poultry farm. Because I received a Girinka cow and also learnt a lot from Gabura Amata Mubyeyi project about the benefit of milk, I try by all means for my family to get them and you see, I also love meat so much. In case I don’t have money to buy meat I slaughter a ‘sumbirige’ - the guinea pig (he rears them) because I learnt about their nutrition value for especially children”, highlighted **Muneza (not their real name) Father4 from a Girinka and Gabura Amata Mubyeyi project household, Nyabihu district.***

#### **4.2.2.5. Poverty/family economic status**

Poverty was identified as one of the underlying factors that prevented both Girinka and non-Girinka beneficiaries to consume milk at a desired level. Within the interviewed household, it was revealed that partners don’t agree on how the quantity of milk produced should be apportioned between the household before they sale to earning income. This was the case of a father who believed that if a cow has produced 4 litters, the family members should consume 2 litters no regardless of family size. According to him the remaining 2 litters should be sold in order to earn income. Consequently, violence happens as a result of lack of understanding between the couple and malnutrition persists in families. Fathers assumed that if they sold all the milk to the market then they could buy food items such as maize flour, potatoes and all the possible body builders with limited attention to the nutrition value for milk or other animal source foods. Others also felt like the woman in the house has lost sight on the fact that men require to have money for either pocket alignment or being able to have surplus to purchase their preferred local brews.

In many instances, the researcher was told that the cow produces few liters of milk because the responsibility to provide it with sufficient feeds lies in the hands of the woman. Men are often absent because they have to seek for jobs outside the home in order to fulfil their male responsibilities to support their households economically. As a result, the cow only fed to the extent the woman and children could afford. Thus, the cow produced few liters of milk for which chances were it ended up in the market. Lack of agreement on who should take care of the cow was highlighted as a key element and root cause for low quantity of milk production. When milk

volumes were low some fathers became selfish and made decisions of selling all of it to get money without considering its nutritional value in family diet.

*'In some cases, you find that couples are not understanding why they should consume milk especially when they don't have other food stuffs to eat, they prefer to sell the quantity of milk produced to earn money to use in their daily life because they are poor'* **Community Health Care Worker3, Ruhango district**

*'The big issue we have is poverty because we have been given cows but as you know a woman in a rural area is responsible of home chores and taking care of the rest of the family, therefore, sometimes you feel tired and you don't find time to collect enough forage that the cow needs to produce a high quantity of milk so you collect what you can because you are overtaken by a sudden wave of tiredness from a whole day's and week's toil yet I cannot afford to pay a worker to help'.* **Mother5 in Gabura Amata Mubyeyi, Nyabihu district** More to this point, interviewed women mentioned that there are some projects that had given them rabbits, goats and poultry. These livestock were of benefit to them at the beginning because when they multiplied, they would slaughter some for home consumption or sell them to get money to attend to their other needs including buying clothes for their children and paying for monthly milk supplies. When men learnt this was another stream of income, they have become involved and taken over the management of these livestock. Hence decisions around them are made by men.

*'My husband has market for rabbits in Ruhango town, so he sells all of them and does not allow us to eat some',* **Girinka and Gabura Amata Mubyeyi project beneficiary mother6, Ruhango district**

#### **4.2.3. Factors influencing the kind of household management on milk consumption**

Truong (1978), Pg. 7) highlights that women have to work hard to fulfil the social reproduction (material, generational, cultural), including care work, cooking, economic support of a wider family, and especially the bearing and upbringing of small children while the support from society is almost absent. The present study showed evidence that roles of women and men in the study area were highly gendered due to a number of factors.

#### **4.2.3.1. Mind-set and perception**

This was top on the list of highlighted factors that influenced milk consumption. Mindset often referred to as “imyumvire” was often mentioned by all interview participants when asked about why people in the household would not sufficiently consume milk. According to participants, men and women are not taking enough milk due to their mindset. This issue was found in mothers and fathers who were not beneficiaries of Girinka and not involved in Gabura Amata Mubyeyi project. It was realized that those who were involved in the project had changed their mindset after receiving important information on the nutrition value from the Community Health Care Workers in of the Gabura Amata Mubyeyi project. There were a few individuals who had participated in Gabura Amata Mubyeyi project and did not still take milk as a mindest issue attributing to thoughts like *“I did not take milk from my childhood so I do not feel the need to drink it or even feed it to my children”*.

Another key mindset issue found out was that, men who are the decision makers still believed that milk should only be consumed by babies because they need to grow. They share this belief with some of the women who believed that milk is consumed to support the child development. As a result, adults within the household do not feel the need to consume milk yet in a number of homes visited a complaint about born pains was common.

According to Goldman (2012), adults who consumed plenty of milk as children had better bone density than those who did not. This means avoiding milk might result in restricted growth and bone development. Hence, the intervention of physicians will be required to encourage adults’ regular consumption of milk (Goldman, 2012).

*‘Babies drink milk because they need to grow, adult people have grown enough so there is no need for them to consume milk, rather you should take the quantity you need for the baby and then send the remaining to the market so that you get money to buy soap, salt and other basic needs’* **Mother2 not in Girinka beneficiary and Gabura Amata Mubyeyi project, Ruhango district.**

In addition, some men used the weapon of selling all the milk to the market as a means to family planning. The men wanted their wives to stop giving birth. And yet because of religious beliefs and competition in the number of children birthed; in Nyabihu one mother said that “if I don’t give

birth then the society might call me names like ‘ingumba or igisambo’ meaning barren or greedy. Hence, family planning is not a very welcome option for the women in the study area. Ultimately this leads to conflict and some men choose to abandon their homes – unfortunately where they go, they are forced to re-marry and in the process they give birth to more children. The magnitude of responsibility increases for men.

*‘Kuboneza urubyaro –family planning is not written in the bible and my husband can afford taking care of us’ mother2 in Girinka beneficiary and Gabura Amata Mubyeyi project, Nyabihu district.*

#### **4.2.3.2. Health related issues**

Health related issues related to milk are not often talked about but in this research, some participants especially women said that they did not like the smell of milk and that when they tried to drink it in any form they either developed nausea and vomited or had skin rashes. As a result, they opted not to take it but also not to feed it to their children in fear of the same reaction. For women who visited health centres on the advice of CHWs, they were given dietary advice for them as well as for their children. As one intervention mother said, *my baby did not take milk because she would have rashes, now she takes it because the nurse taught me how to feed her with milk – I put water and give her. My baby is now fine, mother3 in Gabura Amata Mubyeyi project, Ruhango district.*

Satija (2013), said that people who regularly drink milk increase their chance of being obese since milk is considered as a diet that is high in fat and leads to obesity. In this regard, people may come up with numerous theories on the negative effects of drinking milk. However, the consumption of milk depends on the region and the traditional beliefs of the society. In Ruhango milk consumption was more common than in Nyabihu, the researcher’s assessment was that, this could be connected to the fact that in Nyabihu there are a variety of food stuffs that families depend on instead of milk than in Ruhango which seemed less fertile for agriculture production.

*During my last pregnancy, I did not take milk, I got a lot of complications and even my baby has not been growing well. But during this pregnancy I have been taking a lot of milk and even the baby’s birth went so well, in fact I delivered at the nearest clinic while for others they had to transport to the big hospital. Mother4 (who had given birth 1 week before the interview), Girinka beneficiary in Gabura Amata Mubyeyi project, Ruhango district*

*'When I am pregnant, I am required to travel longer distances to the nearest health centre for prenatal care and treatment, in case I feel weak I don't go. Instead I ask my husband to carry me on the bicycle and take me there, but if he does not buy my idea then I stay home. If I happen to get a lift from someone else, he will condemn me for having another husband. This can end up into serious conflict and if I am not careful I will be beaten or chased away' from the home. Ultimately, this will imply that I will not have access to the right diet and I will risk losing my baby', Mother3 from a non Girinka beneficiary and Gabura Amata Mubyeyi project, Ruhango district.*

#### **4.2.3.3. Ignorance**

Ignorance has an impact on how some people behave, think, feel, believe, express their opinions and make decisions. This study found out that, people don't consume milk because they ignore the nutrition value of milk and its contribution to a healthy diet. Some also ignorantly chose to deny their families with milk because they thought it was a punishment for them.

*'The project ended early, I wish it could be extended so that we share information that we think the community members are lacking. They don't consume milk because of ignorance, but if the project is extended we could continue to emphasize on the added value of milk to good nutrition and do the follow up at household level'. **Community Health Care Worker1, Nyabihu district.***

*'It doesn't matter if a pregnant woman has not consumed the milk as long as she eats and she is not sick, she will give birth to a beautiful baby and if a child is 6 months old, she/he can eat what is available and that's enough'. **Father2 not in Gabura Amata Mubyeyi, Ruhango district.***

*As a CHW, before I was trained I was ignorant about how much milk and when to introduce it in my child's diet. Now I know and I can observe how my child is growing well. In fact, it has helped me to influence the people I was assigned to mentor in my village, **CHW2, Nyabihu district.***

According to (Chen, 2013) in a study conducted to examine changes in food consumption during pregnancy and the period after birth, it was evidenced that maternal diet during pregnancy and the after child birth had important effects on the baby's health. In effect, it is known fact that poor maternal nutritional status is associated with adverse birth outcomes and has repercussions on both



the mother and child in the future. Therefore, the diet of a pregnant and lactating mother influences the composition of breast milk and the child's health status.

The research also learnt that some women refused to feed the family cow because they did not feel appreciated. So they let the cow not to feed and as a result men decided to sell it off because it did not give them the desired amount of milk and dung for mature.

The study found out that foods given to babies aged 6 months and above to supplement breast milk contained no ASFs. For some children milk was introduced as early as 4 to 6 months yet for others, parents said porridge was enough. Children that were given milk, received it only 2 to three days in a week and for the rest of the days they were served with porridge and for others, their children took a local brew in form of "Ubushera, igipende or umusururu" which was assumed to give them enough sleep. Although known as alcohol, parents claimed that it not alcoholic.

Furthermore, in some families, milk produced was taken to the market due to lack of knowledge on the nutritional value of milk to family diet. However, Girinka beneficiary households involved in the Gabura Amata Mubyeyi project generally know the importance of consuming milk and its value to the health of their bodies. For instance, they know that a baby can start consuming milk when she/he is one-year-old and above and that they should be given at least 250 ml a day alongside other different types of foods. Furthermore, they are aware that pregnant and lactating women also need to consume milk in order to strengthen the bones of the foetus and theirs as well. Interestingly, men involved in project understand their role in terms of supporting their family members accessing and consuming milk compared to those who are not involved in the project.

*'Before, I didn't know how much I should give to my baby, the only thing I knew was that if she is 6 months and above she should start consuming milk but with the advice of Community Health Care Workers, I understood that a baby can only drink milk when she/he is one year and above'* **Mother1, a Girinka and Gabura Amata Mubyeyi project beneficiary, Nyabihu district.**

*'Milk is for the rich people; how would you consume milk while you know that you can bring it to the market and buy food for the family?'* **Father1 a non Girinka beneficiary and not in Gabura Amata Mubyeyi Project, Ruhango district.**

#### **4.2.3.4. Culture**

According to Katie (2018), the world calls for women's increased participation in market oriented livestock commodity chains, but this has been faced with significant challenges which continue to hinder women from entering and benefiting from such commodity production. From a culture standpoint, women are supposed to remain within the boundaries of the home while men are allowed to go and find other jobs. This means that men will be the ones to take the livestock for sale and milk to the market and subsequently be paid.

Solomon (2015), mentioned that sub-Saharan Africa has for many years received scholarships in gender in agriculture and food security yet, the sector has not yielded substantial progress in closing the gender gap. He emphasizes that there should be a shift to focus on gender transformation to include the home as a place where everything starts. The purpose is to include males and females in the assessment of household dynamics using simple household tools that are able to assess such issues as culture.

Due to voluminous traditional and cultural beliefs, ASFs specifically milk have not been consumed in some parts of Rwanda. In regard to other ASFs such as meat, communities are still engaged in some form of hunting, purchase it based on occasion (special or sponsored) or in the event an animal dies. Whereas it has been internationally recognized that the easiest source of proteins required for growth in humans is from animals (ASFs), some communities in Rwanda have not been able to fully benefit from this. Those ASFs that are commercially available are unaffordable and perceived to be for the well to do communities hence, in terms of nutrition priorities for a family, they are considered as a last option. Therefore, the available foods from plants as much as they are inexpensive, are limited in protein content which is required for growth.

Findings from different respondents interviewed, some of them agree with the Rwandan culture that deals with men as superior and different to women. The study found that, some women prefer to agree with everything their husbands say and decide on in order to live in peace and prevent Gender Based Violence.

Before the Gabura Amata Mubyeyi project was implemented in Ruhango and Nyabihu districts men did not value women's contribution to the social and economic development of the household. After getting involved in the project, there has been a slight change on the men's behaviour. They agree to support their wives in getting and accessing milk, which was not the case before the project

was implemented but women's decision is still less valued. *Voiced by one community health worker in Ruhango and another in Nyabihu*

*'Now, we can consume milk but I let him make decision on how much we can get because if I don't agree we might fight and as result, there is GBV, I want to live in peace'. **Mother6 in Gabura Amata Mubyeyi project, Ruhango district.***

In the Rwandan culture women don't milk cows, this was proved when I asked the female interview participants. They confirmed that they don't milk cows because it was not acceptable by the society for a woman to milk their cow. They connoted it with expressions like "the cow milk will dry out immediately". As a result, if the husband is away, she will have to hire somebody at a fee to come and milk the cow. This is an issue because it encroaches on family income because for every round of milking, the hired labourer gets paid at least 500Rwf.

#### **4.2.3.5. Society gender norms**

According to Umuzigambeho (2017), findings show that gender norms play a key role in sustaining problematic practices, which contribute to the continuation of gender disparities between female and male partners. Thus, we found that the society gives power to men to be the head of the household, decision maker and independent to do what they feel right to them. Regarding milk consumption, the social privilege given to men causes a certain level of friction in gender power especially in terms of milk consumption decision making at the household level. In this context, women's opinions are less valued and Gender Based Violence although some interviewed individuals did not want to disclose, persists.

*'We noticed that a small number of men attend our meeting, some of them believe that women are responsible of family nutrition and so should attend these sessions. They are in charge of cooking if food is available, and men think that it's a woman thing so they don't value our advices and they forget about the positive impact that it would bring into their homes. Most of the men we met before changing their way of thinking believed in social norms that men are breadwinners and are the head of their families' and that they are not supposed to take care of their children's nutrition*

*requirements including serving them with milk or even keeping them clean. **Community Health Care Worker4, Nyabihu district***

#### **4.2.3.6. Gender roles**

Gender roles attributed to men include decision making regarding household income as well as income from productive sales. Men felt threatened if women earned more or are more educated than they are, making them not feel in control. Yet, evidence suggests that if decision making is shared among household members, families see gains in income, improved agricultural production, healthier and more educated children, and potentially lower rates of GBV. (USAID/Rwanda, 2015)

During the study, it was difficult to predict what men meant when they said they were the bread winners of their families because, when asked the kind of activities that took much of their time in a day. They answered that they went to the farm at 6a.m and left at midday to have lunch and rest. Others said they go home take a bath then go to meet fellow men at the village centre (peri-urban setup). This was evidence that actually roles within the household have been gendered to the extent that the woman spends at least 70% of her day busy with no time to rest and reflect. Unfortunately, among the many things that the women do include taking care of the cow(s) and other livestock but when it comes to apportioning the produce (milk), men take the lead. Also, for crops produced women play a big role up to the harvesting period yet, when the harvest is ready, the man comes in to take it to the market.

*'I let my wife attend nutrition related meetings because she is every day at home taking care of our children and I feel it is right for her to know what the Community Health Care Workers are advising because she is responsible of cooking and it is hard for me to find time to get involved in those meetings or even household chores. I work outside the house and all my family members depend on me to get what to eat' **Father1 Girinka and in Gabura Amata Mubyeyi, project beneficiary, Nyabihu district.***

In this study, the researcher again realized that men did not value milk as a family beverage. They often pointed it to women and children. When asked why, they mentioned that women are the ones who give birth and children are the ones that need to grow. In reality they related milk to foods such as small sweet potatoes and “ibijindiri” to mean potatoes that are not normally good for

consumption for their un natural and rocky taste whereby no man can be served with small potatoes and 'ibijindiri' because those are known to be set aside for women and children. Similarly, men in the study area considered milk as 'amacunda' - sour milk produced as a result of making cow ghee which was also spared for women and children. Unfortunately, there was little chance for the women and children to access the milk desired for them and their children. As a matter of fact, both women and men that participated to the interviews were explicit to highlight that good quality beans, bananas and eggs were normally for sale. Milk was consumed in larger quantities if the market did not take all of it or in case there was a milk glut.

It was in addition found out that in some families it is not only the father and mother of the house to influence how food and milk are apportioned or use. In an interview with *one non Girinka and non Gabura Amata Mubyeyi project beneficiary, a mother*<sup>6</sup> sadly mentioned that it was increasingly becoming difficult to manage her grown up children especially the boys. They were rude to her, did not want to participate in home errands and were always pursuing to behave like their father. She mentioned that many times when they annoy her, she cooks but goes to bed on an empty stomach. Also that for her to punish 'kubahima' them, she prepares bad food.

#### **4.2.4. Suggested recommendations to ensure that spousal decisions are not the obstacle for household's milk consumption.**

It is important to mention that Girinka programme and Gabura Amata Mubyeyi project interventions have indeed yielded positive social behaviour changes among the residents of Ruhango and Nyabihu districts. It is through these initiatives that households have access to dairy cows and milk. In addition, household members have received addition knowledge of how to handle milk and how to feed it to their children. From the feedback given by research participants, the health of children, pregnant and lactating mothers has improved as a result Girinka programme and Gabura Amata Mubyeyi project interventions.

However, despite the help to fathers and mothers to increase their knowledge in terms of nutrition and milk consumption in particular, there are no specific modules in place for gender equality provided to couples by Community Health Care Workers in order to help these fathers and mothers be involved to clearly understand gender power relation and how it can affect milk consumption.

*'We only tell men and women to support each other in order to eat healthy and try their best to consume milk as much as they can but it was challenging to find both a man and his wife available in their home during home visits and this has an impact on how they respond to issues of collaborative milk consumption related decisions, we thought giving them a translate module would help especially those that could read and write', **Community Health Care Worker5, Ruhango district***

*'We didn't focus much on equal gender power sharing, because we are used to finding women available at home, their husbands are always working outside and we know that some men never believe in information provided by their wives but we tried our best to do what we can to speak to their husband as well even though it is not easy'. **Community Health Care Worker6, Nyabihu district.***

According to the Community Health Care Workers, men should play a big role in following up how milk is produced, apportioned and consumed in their homes so that they can support pregnant & breastfeeding women and children to add milk in their diet as one key healthy food item.

*'There are some families who don't understand the importance these interventions and if they missed one session or two they did not care, however if they also participated in some sessions they could easily understand how important a balanced diet is for their wives, children and for them as well'. Infact, sometimes they asked us to book appointment to meet them (men) like 3 days before which we do but when we go to visit them, we don't find them there. **Community Health Care Worker7, Ruhango district***

*'My husband came here once and it was at the beginning because he anticipated to get a cow but he never came back, I wonder why?' **Mother7 non Girinka and not in Gabura Amata Mubyeyi project, Ruhango district.** She assumed that because other families had been given cows unlike their family, the husband got disappointed.*

Community health care workers require additional training to be able to exhaust some of the many questions that Girinka beneficiaries ask. For example, there are some questions related to nutrition that have been asked by fathers and mothers during home visit sessions and community activities and were not given the right answers just because Community Health Care Workers lack

knowledge about the subject. These questions can be noted and answered during refresher training of the community health care workers.

*'I remember on two occasions, family members asked me a question about how to manage diseases related to milk such as nausea, skin rash and loss of blood. I did not have an answer immediately and so it made them think like I was not well equipped. Thank God I consulted the one in charge at the sector and he helped to explain', **Community Health Care Worker8, Nyabihu district***

*'I wish I could get training on gender related matters just because there are questions that I am asked by men or women that I visit in my community and I don't have any idea of what to respond'. **Community Health Care Worker8, Ruhango district***

#### **4.3. CONCLUSION OF THE CHAPTER**

This qualitative study focused on gender power relations and household's milk consumption among Girinka programme beneficiaries in Ruhango and Nyabihu districts. We used in depth interviews with beneficiaries of Girinka programme that had also benefited from the Gabura Amata Mubyeyi Project. Non Girinka and non-beneficiaries of the of the Gabura Amata Munyeyi project were also interviewed. The researcher also interviewed the Community Health care Workers who had participated in the implementation of the interventions and lived in the same communities, in fact within the same neighborhood with the supported households. Through this approach the researcher found that the Girinka programme along with Gabura Amata Mubyeyi project had created positive impact on fathers and mothers and created behavior change through applied learning in the communities. Mothers and fathers are now understanding the role of consuming milk which is different from how they were before these interventions, and this is an important factor if households must have a healthy living.

Positive impact was in addition created because households had started to consume in different forms and as result children that were in the 'red'- malnourished category had shifted to 'green'- the normal and accepted diet category.

Mothers and fathers that had changed their mindset to ensure their families feed well had taken on the role and responsibility to share the knowledge acquired with their neighbors.

Because part of what community health workers delivered included gender power relation and how it impacts households, couples had started to develop good habits of trying to understand each other, manage family resources together and settled disputes in a more mature and friendly way.

However, it is necessary to mention that there is room for improvement for the Girinka programme. It requires to include more households in the social behaviour change interventions either as an extension to the provision of cows to the poor households or solicit the support of various development organizations. This is because the researcher identified that having a cow is not enough, for many it became the reason for household wrangles and fights. Secondly, many of the recipients of these cows did not previous experience with raising cows, as such they did not provide them with proper care. It is of key importance that whoever gets a cows gets additional support in terms of equipping them with basic skills in cow management. Third, it should not be considered that all Girinka beneficiaries understand the underlying objective of the programme – to improve household nutrition and contribute to the economic status of the family. The researcher realized that majority cow recipients only considered the cow to be a source of manure for their crop production. This was a contributor to the reason why they did not care so much about the milk and how it can improve the lives of the household members.



## **CHAPTER V: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1.INTRODUCTION TO THE CHAPTER**

This chapter provides the summary of the study and conclusion of findings, analysis and interpretation done by the researcher. More so, recommendations have been emphasized to facilitated policy makers and development partners the extent to which gender power relation can positively and negatively influence farmers on milk consumption. In addition, these recommendations will facilitate implementers to know what is needed to improve and to mitigate for the future. Lastly, this chapter has proposed areas for research.

### **5.2. SUMMARY**

This study aimed to assess the link between gender power relations and household's nutrition, appraising the dynamic of milk consumption among Girinka programme beneficiaries in Ruhango and Nyabihu districts, Rwanda.

The study examined the views, perceptions and ways in which married couples and members of the household collaborated in the management of their family dairy activities and apportionment of the milk produced by their cows.

In this regard, gender power relation prevailing matters have been discussed and challenges highlighted. To contribute to the desired change, strategic options have been suggested in anticipation that the way couples relate to each other during dairy activities and management of available resources will be key area of focus for future household level interventions.

The researcher used the approach of a case study and data was collected from 6 cells of Nyabihu in the Western Province and 6 cells of Ruhango in Southern Province of Rwanda, by conducting individual household level interviews. Participants to our study were female and male Girinka beneficiaries in married couple households that had also participated in the Gabura Amata Mubyeyi project. They provided deep insights and views of their understanding of gender power dynamics including root causes and proposed ways in which to overcome negative gender power within the household. A very key category of interviewees was the Community Health Care Workers who collaborated in identifying the households for interviews, arranged for meetings and provided their

inputs on what they perceive as the root cause for poor household power relation and proposed ways in which these could be overcome.

In our findings, it was revealed that gender power is exercised differently according to geographical region, history of engagement with community health care workers and local leaders, ignorance, age of married couples, economic status & available resources, social norms, culture, health status, mind-set, number of dependants and family support for especially those that we found to be single mothers. Results show that power among married couples in Nyabihu is more in the hands of men than women whereas in Ruhango we observed a certain level of power sharing between men and women. Digging deeper on why, the study revealed that the men in Ruhango have been socialized to be protective of their families – that if a man fails to take care of their home then he is referred to as a failure by society while in Nyabihu, it did not matter so much what the society had to say about how men acted. In fact, the battering of women was more pronounced in Nyabihu and according to our findings some of the intended interview participants had divorced, a case that was not found in Ruhango district. On the other side, in Ruhango district some of the interview participants specifically women suffered a certain level of domestic violence which related to men going out of the home for days but on return they don't bring with them any support for the family. Surprisingly, women were expected not to complain or ask but welcome them back home and pretend as if nothing happened. In this case the women had to be the ones to improvise for all the household needs.

More to that, single mothers and those that lived under their parents' roof power and decision making was not a big challenge. In Nyabihu single mothers were not welcome back to their parents' homes but rather remarried or stayed on their own while the three cases of single mothers found in Ruhango had returned to their parents' homes. Although, for those that were single because they were widows (lost their husbands during the Gabura Amata Mubyeyi project period, it was so difficult for them to take on certain responsibilities and decisions like to milking their Girinka cow, going out of the home environment in search for jobs and controlling the behaviours of grown up children. For those that lived with their parents, life seemed to be normal but decisions of how to apportion milk were taken by their parents.

Findings also showed that for those households where the CHWs have been involved on a regular basis, their level of power sharing is collaborative. Coupled with this, engagement of household by the CHWs was effective in households where the father is of the age 40 years and above. Where couples were younger, the level of fight for power was much higher and the researcher could easily observe it. Sometimes the husband or the wife refused to give space (until the researcher humbly requested) to their partner to attend the interview in anticipation that they would either disclose privileged information or receive money that they will not want to share or that they wanted to influence the responses of their partners.

Further to this, women in households that have not signed matrimonial laws were more timid and suffered domestic domination. Because they don't want their husband to chase them away, beat them up or deny them food and other rights, they decide to keep quiet in search for peace.

### **5.3. CONCLUSIONS**

This study had three key objectives: to examine the dynamics of partners' decisions around the management of milk produced by the household; assessment of the influence of gendered management of the household on milk consumption and to recommend strategies that shall ensure spousal decisions do not remain an obstacle for household's milk consumption. According to the researcher, the aim of the research was achieved based on the following conclusions:

First and foremost, due to numerous interventions and support from such as Girinka programmes and the Gabura Amata Mubyeyi project by the GoR and partners, men and women have improved on the way they relate to each.

Secondly, despite the fact that many challenges still exist couples have appreciated the benefit of collaborating in the distribution of roles to improve household nutrition specifically through milk consumption.

Third, couples have learnt the how to prepare milk, when to introduce it in children diet to supplement breast milk and they are aware of the nutrients and how they help in their children's growth.

In addition, partners are aware that their Girinka cows can produce much more milk if partners collaborated to feed them well. They are aware that with such programmes, poverty (as echoed by many) can reduce hence the family will become food secure.

Lastly, it is recommended that Girinka programme be accompanied by social behaviour interventions to ensure effective results and long term impact of a healthy nation.

In order to achieve the desired results, the following recommendations are suggested:

#### **5.4. RECOMMENDATIONS AND SUGGESTIONS**

Strategic recommendations to improve the gender power relation issues among Girinka households have been highlighted.

##### **5.4.1. Recommendations that aim to improve gender power dynamics related to milk consumption**

These recommendations are address to the policy and decision makers, programme leaders, development organizations and families.

###### **To the decision makers**

- To increase healthy food awareness among the community members of Nyabihu and Ruhango districts and in the process provide supplemental foods to households that are affected.
- Include gender programs in all community activities such as meetings and trainings for example ‘umugoroba w’ababyeyi’, community kitchen activities because in such places men and women meet and they share their experiences from which many learn and change.
- Put to scale social behaviour change interventions that complement the Girinka programme to attain observable impact.
- To do the follow up to explore the effect of gender power differences on child care.
- Investing in awareness creation on the benefit of household equal power distribution through media, organized community gatherings such at ‘Umuganda’ and ‘umugoroba w’ababyeyi’ and different forums.

- Engage religious leaders in the struggle to promote equal distribution of power within the household. This can be done through religious visits and discussions in the home or through announcements at the end of each gathering.
- Review existing household targeted policies and strategies to ensure they tally with and take into account gender power concerns among married couples and family members.

### **To development partners specifically the implementers of Gabura Amata Mubyeyi**

- Further investment in similar initiatives in other parts of the country. This will mean equipping Community Health care Workers with new knowledge and creating awareness for both men and women to understand the benefit of milk consumption. Encourage CHWs to continue their engagement with married couples in discussions around family nutrition and the use of milk and dairy products in household dietary requirements. Where possible the number of CHWs should increase in number and capacity.
- In order to break the cycle of malnutrition, investment in basic services, such as primary education particularly for girls and young mothers and fathers is essential, along with clear guidelines for the community regarding cheap, easily available, and appropriate home foods for their pregnant, breast feeding mothers and young children.
- Use of role models as community change agents especially those that have undergone transformation in their own households. Through programs such as Men Engage in their model of using role models and community based change agents, encourage them to scale it up in line with a gender power sensitive nutrition and milk consumption arm.

### **To the married couples in the household**

- Engage women and men to pay attention to household nutrition needs through participation in community meal preparation activities.
- Engagement of parents in ‘umugoraba w’ababyeyi’ with a topic on nutrition and milk consumption.

Overall, parents should plan and ensure proper follow up on the way their children (future leaders and parents) and family eat. Parents should do this as one way to contribute to the health of their household members. This will allow them access to important food nutrients. To ensure control

over family decisions including decisions of what to eat and when to eat it, couples should practice power sharing.

## **5.5. STRENGTHS AND LIMITATIONS**

### **5.5.1. Enablers/strengths**

A number of factors made it easy for the study and included the support of the thesis supervisor, support from the researcher's family, and encouragement from friends, financial support from RTI, and support of the CHWs and the willingness of interview participants to collaborate and share information.

### **5.5.2. Challenges/limitations**

The following are some of the limitations of this study:

The study used a qualitative approach and involved 6 communities of Nyabihu and 6 communities of Ruhango and gives the view of selected respondents. This implies that the conclusions to the research findings cannot be generalized.

Question guides were in English and so there was risk of translating questions into Kinyarwanda. The researcher had to rehearse questions to avoid interruption during interview sessions.

The researcher faced a limitation of easily accessing the interview locations. Because the places were in most cases far from the main access road and so hilly, she had to trek upwards covering a distance of 15 to 25 kilometers. This meant that she had to wake up so early and end the day so late over a period of 15 days. Although, in some instances, with the support of CHWs participants were invited to a venue that was easily accessible.

Another limitation was that some of the interview participants were not around at the time of the interview. For those that had divorced, the researcher interviewed their counterparts found at home while for those that had gone to look for jobs, the researcher interviewed them online in a lengthy telephone call.

In addition, as much as the participants were willing to answer, they lacked enough information on nutrition and the use of milk in household dietary plans. This was evidenced mainly in the non Girinka programme beneficiaries.

Furthermore, the researcher was faced with a limitation of lack of sufficient literature on gender power dynamics in regards to milk consumption at household level especially in the case of Rwanda.

Data collection happened during the partial lockdown with stringent measures on having to wear a mask. Therefore, speaking with a mask was a huge challenge and made participants and the researcher uncomfortable because they had to repeat the questions and answers many times.

## **5.6. FINAL CONCLUSION**

This ending chapter has summarized the major points included in the study. It has further tackles major conclusions of each objective before the main conclusion of findings. This chapter has further, highlighted recommendations to different stakeholders concerned with gender power and nutrition. In addition the chapter spells out limitations and strengths of the study. And lastly, the chapter points to important areas for further research.

## **5.7. SUGGESTIONS FOR FURTHER RESEARCH**

The following questions are suggested for further research:

- To what extent does gender power influence milk consumption in other parts of Rwanda?
- What is the relationship between mil consumption and mucus secretion in the cattle keeping communities?
- What is the effect of milk consumption in young adults age 5 to 25?
- What is the effect of milk consumption in mature adults 50 years old and above?
- What is the nutritional value of ‘sumbirige’- guinea pig to children 3-10 years?

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# APPENDICES

## APPENDIX # 1.

Appendix Figure 1: *Location of RUHANGO and NYABIHU Districts within RWANDA*



## **APPENDIX # 2.**

### **INFORMATION AND REQUEST OF CONSENT FROM RESPONDENT**

#### **Information**

I am Uwera B. Agnes, a student at University of Rwanda/ College of Arts and Social Sciences pursuing a Master's Degree program in Social Sciences with specialization in Gender and Development.

I have been given the opportunity to collect qualitative data from your community as part of the partial fulfilment of the requirements for the Award of the Degree of Masters of Social Science in Gender and Development by the University of Rwanda.

You have been selected as a key contributor to the research that I am conducting and you have introduced to me as one of the people that benefited from the Gabura Amata Mubyeyi project and I trust you have a lot to share with in regards to my topic which is related to “Gender power relations and household's nutrition: an appraisal of milk consumption among beneficiaries”.

With this background, I would like you to read out loud a consent form so that you know the purpose of this research clearly. And if you allow we will both sign this consent form allowing me to interview you for a period that will last between 30 – 50 minutes at maximum. You will keep a copy of the signed consent form and I will take a copy too.

Thank you,

### APPENDIX # 3.

#### AMASEZERANO YO KWEMERA KUGIRA URUHARE M' UBUSHAKASHATSI (CONSENT FORM)

**Amasezerano Arambuye n' Ababyeyi (Abagore na Abagabo) yo kwemera kugira uruhare m'ubushakashatsi ku mikoreshereze y'amata n'imirire y'ibikomoka kumatungo.**

**Abemerewe kugira uruhare mubushakashatsi ku mirire:**

- Ababyeyi b'abagore bo mungo zahawe inka muri gahunda ya Girinka bafite abana bafite imyaka 2 - 3½ batoranyijwe guhabwa inyigisho kumirire m'ubushakashatsi bw'ibanze.
- Ababyeyi b'abagabo bo mungo zahawe inka muri gahunda ya Girinka bafite abana bafite imyaka 2 - 3½ batoranyijwe guhabwa inyigisho kumirire m'ubushakashatsi bw'ibanze.
- Ababyeyi b'abagore bo mungo zitarahabwa/zitahawe inka muri gahunda ya Girinka bafite abana bafite imyaka 2 - 3½ batuye mutugari twatoranyijwe guhabwa inyigisho kumirire m'ubushakashatsi bw'ibanze.
- Ababyeyi b'abagabo bo mungo zitarahabwa/zitahawe inka muri gahunda ya Girinka bafite abana bafite imyaka 2 - 3½ batuye mutugari twatoranyijwe guhabwa inyigisho kumirire m'ubushakashatsi bw'ibanze.
- Abajyanama bagize uruhare mugushyira mu bikorwa gahunda y'umushinga wa Gabura Amata Mubyeyi.

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**Umutwe w'Ubushakashatsi:** Inzitizi zibuza abagore n'abagabo gufatanya kugirango imikoreshereze y'amata, kuzamura ubukungu nokuboneza imirire byiyongere mungo, mu Rwanda.

**Uhagarariye ubushakashatsi: Uwera Bazimya Agnes**

**Ni ibihe bintu ukwiye kumenya muri rusange k'ubushakashatsi?**

Turagusaba kugira uruhare muri ubu bushakashatsi. Kugira uruhare muri ubu bushakashatsi ni k'ubushake. Ushobora kutemera cyangwa guhagarika masezerano yo kwemera kugira uruhare muri ubu bushakashatsi kubera impamvu izo arizo zose.

Ubushakashatsi butegurwa kugirango haboneke ubumenyi bushya buzafasha mugihe kizaza. Ushobora kubona cyangwa se ntubone inyungu zifatika ziturutse muri ubu bushakashatsi.

Biranashoboka kandi ko haboneka n'ingaruka zo gukora m'ubushakashatsi. Ibisobanuro birambuye kuri ubu bushakashatsi biri mu bika bikubiye muri iyi nyandiko. Ni ngombwa ko usobanukirwa n'aya makuru kugirango bigufashe gufata icyemezo ufite amakuru yuzuye kuri ubu bushakashatsi. Urahabwa urupapuro rw'aya masezerano. Ikibazo cyose wagira kuri ubu bushakashatsi ushobora kubaza abashakashatsi bavuzwe haruguru cyangwa abayobozi ba kaminuza nkuru y'uRwanda.

### **Ubu bushakashatsi bugamije iki?**

Ikigamijwe muri ubu bushakashatsi ni ukumenya ibyo mwigiyeye k'umushinga wa Gabura Amata Mubyeyi wakoreye mu baturage bo mumudugudu wanyu. Ikindi kigamijwe kukumenya imbogamizi zigaragara zituma imikoreshereze y'amata n'imirire mibi muri rusange birushaho kutanoga kandi haragiye haba imishinga itandukanye kumirire n'iminywere y'amata.

Amakuru tuzabona muri ubu bushakashatsi azadufasha kwiga/gusobanukirwa uko impamvu zitandukanye zitera ibi bivuzwe haruguru no kumenya ibyahinduka igihe umushinga waba waguwe ngo ukorere mubindi bice by'igihugu cy'u Rwanda.

Turagusba kugira uruhare muri ubu bushakashatsi kubera ko uba mu gace umushinga wa Gabura Amata Mubyeyi wakoreyemo ukaba uri:

- Umubyeyi (Umugore cy Umugabo) w'umwana ufite imyaka 2 – 5 n'urugo rwanyu rukaba rwarahawe inka muri gahunda ya Girinka.
- Umubyeyi (Umugore cy Umugabo) w'umwana ufite imyaka 2 – 5 n'urugo rwanyu rukaba rutarahawe inka muri gahunda ya Girinka.
- Umujyanamawubuzima wagize uruhare mugushyira mubikorwa umushinga wa Gabura Amata Mubyeyi.

### **Ni abantu bangahe bari muri ubu bushakashatsi?**

Nufata icyemezo cyo kugira uruhare muri ubu bushakashatsi, uraba uri umwe mu bantu hafi mirongo itandata (60) muri iki gice cy'ubushakashatsi. Umubare wose bari mu bice byose by'ubu bushakashatsi ni abantu 750.

**Uruhare rwawe muri ubu bushakashatsi buzamara igihe kingana iki?**

Kugira uruhare muri ubu bushakashatsi ni hagati y’iminota mirongo itatu na mirongo ine n’itanu (30 – 45 min) izakoreshwa mu kiganiro tuzagirana.

**Ese bizagenda bite nuhitamo kugira uruhare muri ubu bushakashatsi?**

Nuhitamo kugira uruhare muri ubu bushakashatsi, turakubaza ibibazo kubirebana n’imirire y’ibikomoka kumatungo n’iminywere y’amata.

Ikiganiro turi bugirane kizabikwa k’ukuma gafata amajwi, nutwemerera kugufata amajwi. Koresha inyuguti zibanza ku mazina yawe cyangwa shyira akamenyetso ahabigenewe bijyanye n’amahitamo yawe.

Yego, nemeye gufatwa amajwi mugihe cy’ikiganiro

Oya, sinemera gufatwa amajwi mugihe cy’ikiganiro

Ikiganiro tugiye kugirana gishobora gufata amafoto yawe cyangwa amafoto y’umwana wawe. Garagaza amahitamo akubereye:

Oya, sinemera gufata amafoto yanjye n’umwana wanjye/  
 Oya, sinemera gufata amafoto yanjye cyangwa ay’umwana wanjye.

Oya, sinemera gufata amafoto yanjye n’umwana wanjye/  
 Oya, sinemera gufata amafoto yanjye cyangwa ay’umwana wanjye.

**Ni izihe nyungu zishobora kuva muri ubu bushakashatsi?**

Ubu bushakashatsi buzafasha umuryango nyarwanda kunguka ubumenyi k’ umushinga wa Gira Amata Mubyeyi n’ibyakorwa kugirango uyu iminywere n’imikoresheze yibikomoka kumatungo inozwe igihe waba waguriwe mubindi bice by’u Rwanda.

**Ni izihe ngaruka zishoboka cyangwa se kubangamirwa byaterwa no kugira uruhare muri ubu bushakashatsi?**

Ushobora kubangamirwa na bimwe mu bibazo birebana n’imigenzereze yawe, ibitekerezo byawe, n’uburyo usanzwe ukora ibintu. Niwumva ubangamiwe no gusubiza ikibazo runaka, ushobora

kubwira ukubaza ibibazo kukubaza ikibazo gikurikira. Nuramuka uhisemo kudakomeza ikiganiro, ushobora gusaba ukubaza kurekeraho/guhagarika kukubaza. Turakora ibishoboka byose kugirango turinde umutekano w'amakuru y'ubuzima bwawe bwite no kukugirira ibanga igihe cyose uri muri ubu bushakashatsi.

### **Ni Gute tuzarinda umutekano w'amakuru y'ubuzima bwawe?**

Ibibazo biri kuri mudasobwa bizabikwa kuri za mudasobwa imwe cyangwa se nyinshi kandi zirinzwe n'umubare w'ibanga. Amakuru uzaduha azahabwa umubare ugizwe n'imibare 3. Impapuro zose ziriho ibibazo zizabikwa ahantu hafunze kandi hizewe muri Kaminuza y'u Rwanda.

Nta muntu uzitabira ubu bushakashatsi uzatangazwa mu bizava muri byegeranyo by'ubu bushakashatsi. N'ubwo tuzagerageza kubika neza mu ibanga ibizaba byakoreshejwe muri ubu bushakashatsi, igihe bisabwe n'inzego z'ubutabera binyuze mu mategeko, ibyifashishijwe n'ubushakashatsi ndetse n'amakuru y'imyirondoro y'ababwitabiriye bishobora guhabwa inzego zibifitiye uburenganzira. Igihe bibaye ngombwa, amakuru yavuye muri ubu bushakashatsi ashobora kurebwa na RTI International, cyangwa se Kaminuza y'u Rwanda n'ishami ryayo rishinzwe ubuziranenge bw'ubushakashatsi cyangwa se izindi nzego za Leta, abakozi bo muri ubu bushakashatsi cyangwa se abaterankunga b'ubu bushakashatsi n'abandi batumwe n'abo baterankunga.

### **Byagenda bite igihe uhisemo guhagarika kwitabira ubu bushakashatsi butararangira?**

Ushobora kureka kwitabira ubu bushakashatsi igihe cyose ushakiye kandi ntacyo waryozwa.

### **Ese hari icyo uzagererwa mu kwitabira ubu bushakashatsi?**

Uzahabwa insimbura mubyizi nyuma y'iki kiganiro. Nta kindi gihembo uzahabwa.

### **Ni nde utera inkunga ubu bushakashatsi?**

Ubu bushakashatsi buterwa inkunga n'Ikigo cya Leta Zunze Ubumwe za Amerika cyita ku iterambere mpuzamahanga (USAID) kubufatanye na RTI. Abashakashatsi bari muri ubu bushakashatsi nta nyungu z'ako kanya z'amafaranga bafite mu bizava muri ubu bushakashatsi.

### **Byagenda bite niba hari ibibazo wibaza kuri ubu bushakashatsi?**

Ufite uburenganzira bwo kubaza kandi ugahabwa ibisubizo ku bibazo byose waba wibaza kuri ubu bushakashatsi. Niba hari ibibazo, ingingimira cyangwa ibyo utishimiye kuri ubu bushakashatsi, wabaza abashakashatsi bari ku rupapuro rwa mbere r'iyi nyandiko.



**Byagenda bite niba hari ibyo wibaza bijyanye n'uburenganzira bwawe nk'uwitabiriye ubushakashatsi?**

Ubushakashatsi bwose bukorerwa ku bantu b'abakorerabushake bubanza gusuzumwa n'ishami rishinzwe ubuziranenge bw'ubushakashatsi muri Kaminuza y'u Rwanda. Iri shami rishinzwe kurengera inyungu n'umudendezo byawe. Niba ufite ingingimira ku burenganzira bwawe nk'ukorerwaho ubushakashatsi, wabaza uhagarariye iryo shami muri Koleji y'ubuzima muri Kaminuza y'u Rwanda kuri telefone : +250788 490 522 cyangwa se ugahamagara umwungirije kuri terefone : +250783 340 040.

**Kwemera kwitabira ubushakashatsi :**

Niba wasomye iyi nyandiko y'yokwemera, cyangwa bayigusomeye ukaba bakanayigusobanuriye kandi ukaba wumvise neza amakuru ayikubiyemo, ukaba wifuza kugira uruhare muri ubu bushakashatsi ku bushake, wowe ubwawe ndetse n'umwana wawe, shyira umukono cyangwa igikumwe n'izina ryawe hano hasi:

**IGIKA CYA MBERE: UWITABIRIYE UBUSHAKASHATSI UZI GUSOMANO KWANDIKA**

*Azi gusoma no kwandika*

_____	_____	_____
Izina ry'uwitabiriye	Umukono	Tariki
_____	_____	_____

Umukozi mu bushakashatsi (Izina)	Umukono	Tariki
.....	.....	.....

**IGIKA CYA KABIRI: UWITABIRIYE UBUSHAKASHATSI UTAZI GUSOMA NO KWANDIKA**

*Ntabwo azi gusoma no kwandika*

Iki gika cyuzuzwa n'umukozi ukora ubushakashatsi. Iyi nyandiko ishobora GUSA kuzuzwa igihe uwitabiriye ubushakashatsi atazi gusoma no kwandika kandi hakaba hari umuhamyi wabyo udafite aho abogamiye.

---

Izina ry'uwitabiriye

---

Igikumwe

---

Tariki

---

Umukozi mu bushakashatsi

---

Umukono

---

Tariki

---

Umuhamya

---

Umukono

---

Tariki



**APPENDIX # 4**

**INTERVIEW QUESTION GUIDE FOR PARTICIPANTS**

**I. PERSONAL INFORMATION**

1. Names:.....
2. Location:.....
3. Sex:.....
4. Age:.....
5. Education:.....
6. Role in community:.....
7. Civil Status: .....
8. Number of Children:.....
9. Number of household members:.....
10. Number of cow:.....
11. Number of cows in milk:.....
12. Religious affiliation:.....
13. Preferred language for interview: .....
14. Interview setting.....

**II. TOPICAL RELATED QUESTIONS**

**2.1. Questions for Community Health care Workers**

1. How many members of this community did you support?
2. For how long did you support them?
3. What has been your experience supporting them?
4. Are men and women participating the same way? Why?
5. Are you aware of the nutritional composition in milk and how it benefits your body?
6. Do you think existence of market for milk produced by households can be a challenge to consumption?
7. What is your observation on how milk is managed in the homes you visited?
8. Do they know how handle the cows?

9. How about preparing milk?
10. Do you think women have an equal share of the milk? Please explain
11. When was the first time you observed any significant change in milk consumption in households?
12. Who has contributed more to the change that happened?
13. Do you think individual roles in your community affect consumption of milk in the households?
14. What suggestions do you have for nutrition programs in general?
15. When is the last time you accessed nutrition information as support from local leaders?
16. How useful was this information, what could be added or adjusted for better results?
17. How can men can be engaged as partners in family nutrition interventions?
18. What kinds of interventions do you propose will work to engage men as partners so that household milk consumption becomes something collaboratively realisable?

**2.2. Questions for beneficiaries of Girinka who participated in Gabura Amata Mubyeyi project**

**To note:** the same question guide was administered for the non-Girinka beneficiaries that also did not participate in Gabura AMata Mubyeyi project.

1. Do you have a Girinka cow?
2. How much milk does your Girinka cow produce?
3. How do you usually use the milk from your Girinka cow?
4. How much do you keep for home consumption?
5. How much of the milk do you sell?
6. Who decides how much of the milk to sell?
7. Is the decision-maker different for morning and evening milk? If so, who decides on milk use for morning? Who decides for evening?
8. Which family decisions do you make individually and which one do you make collectively?
9. Who is responsible for taking to the market?
10. Who gets paid for the milk sold?
11. How do you use the proceeds from selling the milk?

12. How do you apportion the part you keep among your family members?
13. Is what you divide enough for every one?
14. How much of the milk do you give to each of your young children who are less than 5 years old?
15. How often do you give them that amount?
16. How much of the milk does your wife/husband consume? How often does she/he consume that amount?
17. Who milks your cow?
18. How much of the milk do you consume yourself? How often do you consume that amount?
19. How do you drink the milk from your cow (yoghurt, cheese, fermented milk, tea, fresh milk...)?
20. What are your daily responsibilities, can you choose not to do them?
21. Do you have barriers to consuming milk?
22. Which are those barriers?
23. How do you manage them?
24. In your house, who manages household food purchases? What are the food stuffs that your household often consumes – are they from your own farm or purchased?
25. Which of these foods are consumed by women and children, why?
26. Do you find any difficulties in consuming milk and animal source food? What could it be?
27. Do you think mind-set and perspective can influence milk consumption in your household? How?
28. Milk consumption is associated with body weight/fat and health or the health of your children, do you agree? Why?
29. How long has your baby been breastfeeding? If not when did you wean them off?
30. Do you remember when you introduced support meals to your child(ren)'s meals?
31. Who feeds your children) in the case you are not at home?
32. When is the last time your child(ren) received supplemental food items? Why?
33. How often do you participate in dairy activities such as milking and feeding?
34. Do you mind sharing your traditional beliefs about milk, if any?

..... END .....

## APPENDIX # 5.

### OBSERVATIONAL CHECK LIST FOR INTERVIEW PARTICIPANTS

The researcher used observation techniques to capture some of the unmentioned information during interviews. This technique helped the research to affirm what she had been told by the participants.

Date:.....

Time:.....

Venue:.....

### PARTICULARS OF PARTICIPANTS OBSERVED

Features	Observations	
	Male	Female
1. Names:		
2. Location :		
3. Sex:		
4. Age:		
5. Education:		
6. Number of children:		
7. Number of household members:		
8. Civil status:		
9. Number of cows:		
10. Volume of milk produced:		

## TOPIC RELATED ISSUES OBSERVED

	<b>Category</b>	<b>What to observe</b>	<b>Notes</b>
1	Confidence	Comfort with which they spoke and responded to questions.	
2	Facial expressions	Expressions and emotions attached to a question	
3	Freedom of speech	The ease to respond even in presence of their partner	
4	Milking the cow	Who milks the cow and how they do it	
5	Milk sales	Who takes milk to the market	
6	Milk consumption	Whether children drink milk	
7	Child care	Who cares for the child during interview	
8	Relationship	How the woman or man call their partner when they want to tell them something and how the other responds	
8	Hygiene	Cleanliness of the home and environment	
9	Boldness	Ability to speak out clearly in response to the questions and consistency	