Research Article

Open Access

Gender Transformation in Humanitarian Response: Insight from Northeast Nigeria

Chikezirim C. Nwoke

Carleton University, Canada; chikenwoke@gmail.com

Jennifer Becker

Save the Children Canada

Sofiya Popovych

Save the Children Canada

Mathew Gabriel

Save the Children Nigeria

Logan Cochrane

Carleton University, Canada and Hamad Bin Khalifa University, Doha, Qatar

Abstract

Within bilateral and multilateral funding circles, there has been a strong and growing emphasis on the importance of understanding and responding to gender inequalities in humanitarian settings. However, given the often-short funding cycles, among other operational challenges, there is limited scope to incorporate interventions that address the root causes and social norms underpinning gender inequalities, or other gender transformative interventions. In the context of the decade-long crisis in the Lake Chad Basin, fuelled by incursions from non-state armed groups (NSAGs), including Boko Haram, and the resultant protracted and chronic humanitarian crisis, this article examines Save the Children's child nutrition programmes in northeast Nigeria. Taking an ethnographic approach focused on volunteer-driven peer support groups (mother-to-mother and father-to-father) that aim to increase knowledge on best practices for infant and child nutrition, we investigate whether these activities are transforming societal gender norms. While evidence shows an improved understanding and awareness of gender-positive roles by both men and women, restrictive gender norms remain prevalent, including among lead volunteers. We suggest the possibility of longer term shifts in power dynamics in the home and society at large as well as suggest how humanitarian response can better integrate gender transformative programming.

Keywords: gender; transformation; nutrition; norms; humanitarian; northeast Nigeria

Introduction

The international community contributed nearly US$31 billion to humanitarian assistance in 2020, a figure that has steadily risen over the last half decade (DI, 2021). Within bilateral and multilateral funding circles, there has been a strong and growing emphasis on the importance of understanding and responding to gender inequalities in emergency settings. For instance, recognising that conflicts and disasters affect people across various genders, ages and backgrounds differently, the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) advocates rigorous gender-based analyses to inform intervention programmes (UN OCHA, 2021). Key humanitarian and development donors have also placed an emphasis on gender equality when evaluating funding decisions. The OECD Development

Journal of Humanitarian Affairs Volume 4, No. 1 (2022), 36–47 © The authors
http://dx.doi.org/10.7227/JHA.080

MANCHESTER 1824
Manchester University Press

Assistance Committee (DAC), for example, encourages its members to track and report gender equality results achieved by projects in order to ensure that they do not reproduce or exacerbate gender inequalities (OECD, 2016). While most OECD donors stay to the minimum, governments such as Canada, Iceland, Ireland, the Netherlands and Sweden, which have more feminist approaches to foreign assistance, require that most assistance sectors, including humanitarian activities, be at the very least gender sensitive (OECD, 2021). This means that interventions must explicitly take into consideration the unique needs, capacities and potential for different impacts on girls, boys, women and men. Gender transformative actions are broad in type, but can be summarised as those that address the root causes and social norms underpinning gender inequalities, which may also include advancing access to justice or eliminating discrimination within laws, among other interventions. It is often assumed, however, that there is limited scope for humanitarian projects to incorporate gender transformative actions because of the emergency setting, an often-narrow scope of activities, and short funding cycles (sometimes lasting only a few months). Additionally, given the acute challenges of operating in emergency settings, there is rarely enough time, resources or funding to conduct rigorous research that would support gender transformative design and implementation, leading to a gap in evidence on the effectiveness of humanitarian interventions in general (Polastro, 2014; Puri *et al.*, 2017) and gender-related interventions and impacts in particular (Glass *et al.*, 2018; Lake *et al.*, 2016; Wells and Kuttiparambil, 2016).

Despite these challenges and perceptions, there is evidence in Save the Children's programming in Nigeria, as well as from a recent academic review (Lafrenière *et al.*, 2019), that suggests gender-responsive and gender transformative outcomes are possible in emergency settings. To date, this evidence is mostly anecdotal and findings have not been analytically gathered in a way that enables replication in different emergency contexts. The objective of this research partnership was to maximise the research expertise of Carleton University and the operational expertise of Save the Children in order to capture systematic evidence and best practices on gender-responsive and gender transformative actions in humanitarian emergencies. This paper contributes to reducing a critical research gap in the humanitarian field to enable evidence-based decisions on life-saving interventions run by humanitarian actors and the expectations set by donors regarding that. Importantly, the research includes and amplifies the voices of programme volunteers and their experiences of humanitarian crisis and response, as well as the effects these have on gender roles within their families and communities. To investigate the extent to which gender transformative action is possible within humanitarian emergencies, this research focuses on Save the Children's child nutrition programmes in northeast Nigeria. While the ultimate outcome of the project is life-saving interventions, the nutrition component includes targeted efforts for male engagement and explicitly engages with gendered norms and attitudes. Save the Children has been present in Nigeria since 2001 and has a current portfolio of 40 programmes in the country, valued at US$52 million, with over 260 staff based in northeast Nigeria.

As reported by UNHCR (2021), the decade-long crisis in the Lake Chad Basin, fuelled by incursions from non-state armed groups (NSAGs), including the Islamic State in West African (ISWA) and Boko Haram, has resulted in a protracted and chronic humanitarian crisis, leaving 12.5 million people in need of urgent humanitarian assistance. The crisis has also led to high levels of displacement. At the time of writing, the International Organization for Migration (IOM) had tracked 2,184,254 displaced individuals – a figure that has increased by 7.8 per cent since October 2018. An estimated 57 per cent of those displaced are children (IOM Nigeria, 2021). In 2021, the renewed attacks deepened the humanitarian crisis, furthering inequalities within communities, particularly gender inequalities for women and girls. Nutrition is one of the most pressing humanitarian needs in the Lake Chad Basin, where over 5.1 million people are unable to meet their basic nutrition needs (UN OCHA, 2021). Among the heaviest-hit regions is Borno State, which hosts over 61 per cent of the displaced population and has been declared as having a nutrition emergency since 2016 (UN OCHA, 2018; IDMC, 2021). The Global Acute Malnutrition rate in Borno State is 9.1 per cent of the population and a July 2019 survey conducted by Save the Children found that rates of Moderate Acute Malnutrition and Severe Acute Malnutrition stand at 21.1 per cent and 5.5 per cent, respectively, particularly affecting pregnant and lactating women and girls (PLW/Gs) as well as children under five.

The complex humanitarian situation in Borno State has entrenched already firm gender roles and social norms that discriminate against women and girls. Societal deference towards men and boys results in greater precariousness for women and girls' health and nutrition. Families often feed women and girls (including PLW/Gs) less as a coping mechanism when food is scarce, which directly impairs their ability to breastfeed and maintain good health during and after pregnancy (UN OCHA, 2018). A 2019 gender analysis conducted by Save the Children in Borno State found that male heads of households are often the sole decision-makers in regard to food expenditure, despite women's primary

responsibilities to prepare food and feed the family (SCI, 2019). Male family members rarely support their partners with household chores and child-rearing duties, even when their wives and partners are pregnant. In addition, feeding practices that exacerbate infant malnutrition, such as offering water to newborns and withholding colostrum are held throughout the communities.

This research examines activities undertaken by Save the Children to support conflict-affected communities in Borno in the context of heightened food insecurity and malnutrition occasioned by the complex conflict in the region. Focusing on volunteer-driven peer support groups (mother-to-mother and father-to-father) that aim to increase knowledge on best practices for infant and child nutrition (including exclusive breastfeeding, complementary foods, dietary diversity) and the reduction of care burdens held by PLW/Gs and female caregivers of children under five, the research assesses whether these activities are also helping to shift gender norms and attitudes, potentially classifying the interventions as gender transformative – as per the Interagency Gender Working Group (IGWG) Gender Equality Continuum, where activities can be classified as gender blind, aware, exploitative, accommodating or transformative (IGWG, n.d.). While peer support groups are widely used to disseminate life-saving information in a humanitarian crisis, there has been less focus on whether these groups – and particularly father-to-father groups – can also serve as a space to discuss and challenge harmful gender norms that discriminate against women and girls. This study demonstrates that for both men and women, the discussions within the support groups have inspired changes in perceptions and actions around food, nutrition and life-saving healthcare. However, barriers such as the lack of infrastructure, chronic poverty, a lack of motivation and the prevailing beliefs that reinforce gender inequality, continue to hinder the effectiveness of these initiatives. The goal of the mother-to-mother and father-to-father support groups was to achieve improved nutrition for child and mother. The primary goal of the project was not gender transformative by design. While all Save the Children projects must be at minimum gender sensitive, humanitarian projects are rarely designed to be gender transformative. This research hopes to change some of these trends and assumptions.

Gender Transformative Action in Humanitarian Emergencies

The nature of humanitarian response, predicated on short-term funding cycles, challenging accessibility, variable supply chain systems, and donor requirements, among others, impact the process and effectiveness of interventions (Toyasaki and Wakolbinger, 2014). Given these constraints, developing and incorporating detailed, context-specific strategies in humanitarian assistance that pervade societal structures, foster parity, and engage dialogue on social norms and attitudes is challenging. Despite these concerns, there has been increased emphasis on the need to integrate measures that promote sustained gender equality in humanitarian settings (UN OCHA, n.d). Indeed, Fal-Dutra Santos (2019) argues that gender equality as a key aspect of humanitarian response is a true application of humanitarian principles. Lafrenière *et al.* (2019: 187–8) call for humanitarian systems that go beyond responding to immediate, short-term issues to advance women's empowerment, community leadership and long-term development. The sort of gender transformative intervention that Lafrenière *et al.* (2019) envision, often utilise participatory approaches to identify and engage with social norms that hamper or promote gender equality.

The IGWG developed the Gender Integration Continuum to guide organisations in assessing and integrating gender in their projects (Figure 1). This framework is also intended to inform humanitarian partners on how gender can impact project design, planning, implementation and outcomes. It categorises gender integration approaches from gender blind to gender aware – which may be exploitative, accommodating or transformative. (IGWG, n.d.; Jackson *et al.*, 2019).

Gender Blind

- Disregards the multidimensional roles, responsibilities and opportunities of men and boys, women and girls within the humanitarian context and society at large.
- Ignores local and global socio-political power dynamics (and its manifestations) between and among actors of diverse genders in humanitarian settings.
- Neglects the intersecting, gendered experiences/needs of humanitarian workers, volunteers, beneficiaries and other partners in the project.

Outcome

Programme planning and implementation that neglects the realities of gender differences, imbalance and inequalities, thereby deepening societal injustices.

Gender Aware

- In regard to the inclusion of gender in humanitarian programming and implementation, gender-aware approaches can take different forms: gender exploitative, gender accommodating and gender transformative.

Gender Exploitative

- Takes advantage of existing systematic or systemic gender inequalities in humanitarian projects, such as the exclusion of women from positions of power.

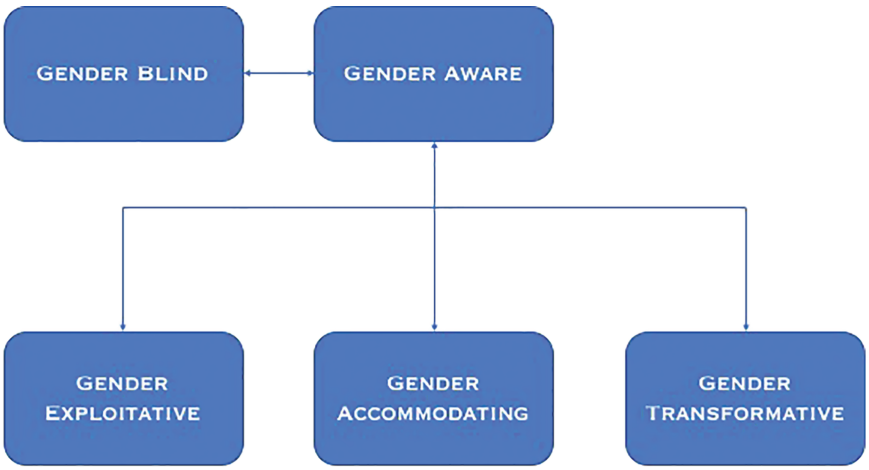

Figure 1: Gender integration approaches in humanitarian contexts (adapted from the IGWG Gender Equality Continuum Tool)

- Reinforces gender stereotypes in the society and deploys these ideologies in the design or execution of projects.

Outcome

Projects/Programmes that institute societal inequalities and are harmful to different groups and gender categories.

Gender Accommodating

- Acknowledges gender roles and differences but does not take power inequalities into account in planning or application.
- Works around social norms and multidimensional issues in humanitarian contexts but does not confront these issues or aim to influence them.

Outcome

Projects/Programmes that acknowledge and incorporate gender but are not reflective of their socio-cultural dynamics, thereby doing nothing to address barriers posed by or against gender norms.

Gender Transformative

- Goes beyond simply acknowledging to critically evaluating gender dynamics in humanitarian contexts.
- Works towards understanding and addressing power dynamics in the society as manifested in norms, roles, and ideologies.
- Aims at instituting or supporting equitable systems for gender equality.

Outcome

Projects/Programmes that challenge ideas or systems that reproduce gender inequalities and seek to critically address these ideologies/structures.

Recent evidence from studies on development and humanitarian intervention programming in Africa suggest the incorporation of gender transformative measures on various scales have been effective. Focusing on four districts in Mogadishu, Somalia, Glass *et al.* (2019) evaluated the initial implementation of Communities Care programmes to determine whether they contribute to positive social change in perceptions, behaviours and actions pertaining to gender-based violence (GBV) among the population. The study aimed to investigate if there were meaningful personal and communal changes in beliefs on issues concerning GBV, and if GBV survivors were more confident to access support services following their encounter with Communities Care programmes designed to address social norms. It was found that there were significant changes in beliefs and reactions to GBV. For instance, the belief that GBV should be perpetrated, condoned or excused to protect family honour was noted to have become less prevalent in the study area. Also, survivors of GBV reported more confidence in support services across various sectors. Still on the issue of GBV, in studying urban conflict-affected communities in Abidjan, Côte d'Ivoire, Cardoso *et al.* (2016) reveal that contradictions between what are perceived as traditional versus modern/city gender roles and norms contribute to the perpetration of intimate partner violence. In addition to the aforementioned factor, discrimination, lack of viable economic opportunities, and weak support networks equally play significant roles. To address this, the researchers (Cardoso *et al.*, 2016) affirmed the need to create effective systems that take these issues into account, while developing tailored programmes that seek to confront not just socio-economic barriers, but also foster equitable social norms. The foregoing lends credence to the case for the institutionalisation of gender transformative approaches in humanitarian intervention programming and research.

Acknowledging that in early-onset humanitarian interventions, there may not be the space for behaviour change interventions, some organisations have turned to internal staffing structures, leadership and professional development as a means to support gender transformative change. CARE International and Action Aid are two organisations that have reviewed internal structures to improve the recruitment, retention and promotion of women in humanitarian response, with the aim that this will not only improve the gender-responsiveness of their programming, but also contribute to wide behaviour and culture change in regard to gender equality (CARE International, 2017). This would ultimately contribute to a goal of gender equality (Patel *et al.*, 2020). Additional evidence is needed on the integration of gender transformative approaches in humanitarian responses, which this article contributes to.

Methods

This study was funded by the Social Science Research Council of Canada through a Partnership Engage Grant (PEG). As a collaborative project between Carleton University, Save the Children Canada and Save the Children Nigeria, this research sought to assess Save the Children's humanitarian activities in northeast Nigeria in order to provide evidence regarding how these activities can better lead towards gender transformative approaches. To achieve this, the researchers agreed to utilise participatory action research (McIntyre, 2007; Kemmis *et al.*, 2013), a community-centred methodological approach that aims to produce applied research while the implementing organisation is adjusting its activities in response to the learning. The study, which was designed to be qualitative, was scheduled to begin in Nigeria in the summer of 2020; however, the global pandemic led to a few adjustments in timeframe and data-collection processes (described below).

Given that the research focuses on the activities of peer support groups, 19 volunteers (10 females, 9 males), respectively leading the female and male support groups to improve nutrition, were selected for interview. Volunteers were chosen from 10 out of 11 sites/communities where Save the Children is implementing nutrition and child protection humanitarian programming funded by Global Affairs Canada (GAC) (Table 1). One community (777 Housing Estate) was excluded because it does not have support groups.

To facilitate data collection, Nigeria-based collaborators were recruited to work with Save the Children Nigeria. From a pool of diverse applicants, two research assistants (one male, one female), and two translators (both female) were selected to work on the project. Training was provided to recruited researchers/translators on the interviewing process, ethics, data management and research conduct by Save the Children in the country, and remotely by the lead researcher who also reviewed the research questions with the team to confirm comprehension. Furthermore, the translation of the questions to Hausa and Kanuri was verified by competent speakers who are knowledgeable on the thematic and contextual scope of the research. The data-collection tool was tested before the data collection began.

The questionnaire was divided over a process which comprised three interviews. Each interview had different questions that built off the previous interview; series of interviews were conducted on different days. Interviews were conducted via telephone, given the context of the pandemic, and lasted approximately 30 minutes each. The research assistants engaged the interviewees, who were volunteers in the activity under study, in semi-structured interviews to hear diverse perspectives on the challenges and successes of the nutrition support groups that are being organised by Save the Children. Interviews were audio recorded, transcribed and then translated to English. To ensure data protection, all data (tools, audio files, transcripts, analysis) were stored on password-protected computers. After the data was compiled and cleaned up by the Nigeria research team, the Carleton research team (comprising of the lead researcher and a graduate research assistant) began the analysis. In the writing of this paper, pseudonyms were used for all interviewees to protect their privacy and anonymity. In some cases, intimate details contained in the responses were modified to reduce the potential for interviewees to be identifiable. In this paper, we use 'volunteers' (in certain cases 'interviewees' or 'respondents') to refer to peer support group leaders, while we use the word 'participants' for other members (attendees) of the support groups.

Table 1: Breakdown of mother-to-mother and father-to-father support groups

Community	Mother-to-mother support group	Father-to-father support group
Chabbal	30	6
Chad Basin Development Authority (CBDA)	60	4
Dalori	30	6
Dusuman	30	6
Gomari	60	4
Gongulong	30	6
Jiddari	56	3
Usmanti	30	6
Zabarmari	36	6
Zarmari	20	6
777 Housing Estate*	0	0

*777 Housing Estate was excluded because it does not have support groups

Findings

Drawing on qualitative data collected from interviews with peer support group participants, we examine indicators of gender norms transformation with regard to feeding practices. We conclude by asserting that early indicators point to some changes in dominant practices and social norms; however, additional research will be needed to confirm the sustainability of these changes.

The support groups – father-to-father and mother-to-mother – operate with a shared objective: to encourage best practices in feeding and nutrition by fostering progressive discussions within the groups, in order to promote transformative ideas that are expected to diffuse into society. When asked about the content of their discussions in the groups, most respondents pointed towards themes relating to reproduction and care practices within the household. Participants also learn about the use and benefits of RUFT (ready-to-use therapeutic food), which is administered to children at risk of malnourishment to enable them build nutrients and gain weight as needed. However, the discussions across peer support groups are gendered. Mother-to-mother support groups lay more emphasis on child-rearing, such as antenatal visits, childbirth, breastfeeding and lactation. Furthermore, infant hygiene and childcare are equally leading themes among mother support groups. One mother noted:

> *We discuss about the kind of nutritious food a pregnant woman can eat, even if the husband is poor, as well as what she can do for her children and her own safety during pregnancy. We deal with what and how women should not feed their babies of 6 months (example, no water), and we advocate steps that will ensure that young children are protected. We also make parents understand that they should connect with their families much closer and understand each other. Then, we encourage parents to give birth in hospitals, telling them that colostrum is very important and exclusive breastfeeding is also extremely beneficial to them and their babies.*

On the other hand, even though there are some mentions of best practices in breastfeeding and infant nutrition, discussions within father-to-father support groups largely focus on providing assistance to the mothers and building healthy communities. In response to the question about the content of their discussions, a lead father had the following to say:

> *In the group, our conversations are centred on how to care for children by providing nutritious food to them, and by helping the wives/partners with some of the responsibilities. We also exchange ideas on the best ways to handle household issues, raise good, healthy children and promote peace in our community.*

Asked if there are noticeable improvements in nutritional and childcare practices as a direct result of the activities of the group, respondents unanimously replied in the positive. The most successful part of the programme has been the improvement of breastfeeding and weaning practices among the women. There is increased awareness of the benefits of exclusive breastfeeding and the nutritional value of colostrum, and some harmful childcare practices, such as giving water to newborns and infants, are being challenged and discouraged. Generally, hygiene has improved, especially within the household, at least among members, following these discussions. Furthermore, members have adopted Tom Brown – a locally prepared high-nutrient dish usually made from cereals and legumes and used to feed babies. Reflecting on the changes in nutritional practices, a lead mother commented:

> *Before the creation of these support groups, it was not common for women to breastfeed their babies in the first three days of delivery. They believed that colostrum was not healthy for their children, but now that perception has largely changed, thanks to the group discussions. Women are also increasingly practicing proper hygiene – for example bathing their children after playing and sweeping the compound regularly. Finally, there has been a notable increase in antenatal visits and the general trust in hospitals.*

In general, respondents reported that a lot of information has been shared, and so much has been learned from these discussions. Their friends and networks who do not attend have also been advised or helped by them in issues related to nutrition and childcare. Accordingly, the volunteer leaders revealed that by virtue of their role, they have become more perceptive, empathetic and influential – qualities most of them affirm define good leaders.

Norms Transformation: Indicators within the Communities

To gather whether there has been a significant change in social norms over the past few years, especially since the support groups started in 2018, respondents were asked about dominant gender expectations in the community. Qualitative data shows that there are consistent overlaps between ethnicity, religion, and cultural norms in northeast Nigeria (Reed and Mberu, 2015; Obasohan, 2015). Although the IDP camp is a convergence of people from different regions and ethnic groups, a good number of the IDPs – who speak Hausa and Kanuri and are overwhelmingly Muslim – share similar cultural beliefs and practices.

Nutritional Practices and Social Norms

When asked how people in their communities understand how healthy and unhealthy children normally look, which is important in that some signals for

malnutrition might be misdiagnosed, respondents reported a wide range of indicators – some objective, others subjective. On the one hand, most responses alluded to physical appearance and appetite as key to recognising a healthy child, while on the other hand, stating that unhealthy ones are often dull, appear sickly, and are withdrawn. As one mother-to-mother group leader remarked:

> *If the child is not refusing food and not crying unnecessarily, that child is fine. A healthy child is always happy, active, eating well and playing around. We measure the child's MUAC*[1] *and if it is yellow the child is lacking nutrition.*

Similarly, on the same issue, a lead father reported:

> *You can know a healthy child by their appearance and countenance; they are remarkably different from those that are sick and malnourished. A sick child will always be weak, will be having diarrhoea, and will also look skinny. Some develop kwashiorkor*[2] *and dry skin, and their eyes change. We use MUAC tape to determine if a child is healthy.*

Another nutritional practice situated in social norms that appears to be changing is feeding practices for newborns and infants. Respondents note:

> *[I]mmediately after women gave birth, they used to give the child water but now they have been sensitized and are aware of the effect. Both fathers and mothers are being sensitized on this, so I think it is significant progress.* Lead Father

> *Honestly, there is more improvement especially on child breastfeeding; before, a child is not given the first milk [colostrum] at birth, but our sensitization is working.* Lead Mother

Notably, there is a shift towards knowledge of the importance of colostrum and breastfeeding in the initial hours and days of life and a move away from feeding newborns water, delaying the introduction of solid foods while prolonging breast-feeding. These changes in existing practices are recognised across both male and female volunteers.

Respondents noted that some parents do not seek medical help until the situation of their child is critical. This approach is being discouraged by humanitarian organisations. Nowadays, more than in the past, children are taken to the clinics when the parents notice slight symptoms/anomalies. These are some of the primary issues discussed in the support groups, noted a respondent. On the attitude of community members towards traditional medicine/self-medication, especially with respect to child illness, the responses held diverse, sometimes contradictory, opinions. While some expressed that the adoption of medicine has been rapid and high, many were less optimistic. The following comments show this ambivalence and contradictions:

> *People still practice such habits of giving their child traditional medicine when they fall sick because it may be difficult to access hospitals and because traditional medicine tends to be cheaper and very available.* Lead Father

> *Ever since I came to this community, I have never heard of people administering traditional medication to children, because they don't like it at all. In my knowledge, people do go to hospitals.* Lead Mother

> *People now tend to understand that traditional medicines can bring serious problems and complications to their health because it lacks measurement. All the people I know are now backing off from traditional medicine.* Lead Father

> *Even now, there are some people that do not want to visit the hospital. They prefer giving their children traditional medicine. Some people don't regard doctors' prescriptions like traditional medicine.* Lead Mother

Despite being markedly different, responses point to enduring tensions and contestations between old and modern ways, existent in all societies. It can be gathered that while a significant number of people have adopted modern medicine in respect to seeking health solutions for themselves and their children, others utilise traditional medicine for a variety of reasons including, among others, ease of access and a distrust in western medicine. Respondents reported that many members of the community have come to depend on Save the Children, through the support groups, for information about child health and nutrition. The ideas from the group have spread mostly through word of mouth from members to non-members. The awareness from Save the Children is supplemented by information received from radio programmes, from hospitals during antenatal visits, and from other organisations concerned with health-related issues. It was noted that attitudinal changes in hygiene (such as washing hands before and after meals, sweeping and cleaning the household regularly, etc.) have become commonplace.

Gender and Social Norms

Regarding the question of existing gender expectations in northeast Nigeria, it was noted that men are expected to provide food, shelter and security for the family. Ensuring adherence to customs and commanding the respect of wives and children were also shown to be highly important for men in these settings. Explaining the primary role of the father, a lead mother averred:

> *Husbands are supposed to be head of their families. They should provide food and shelter for their wives and children. Men should be responsible, strong and wise. In a household, the wife normally seeks permission from the husband before going out. Men are also responsible for their children's education, and for supporting relatives who need help.*

Most respondents – fathers and mothers alike – depicted men as domestic hegemons and masters of households, corresponding with other findings from across northern Nigeria that affirm the dominant role men play in homes (Kassam, 1996; Harris, 2012). It was also stated that men should be knowledgeable in Islamic and modern teachings, as this would guide them in making meaningful decisions within the household. When asked when men typically get married, responses varied significantly from 18 to 40 years of age, with the average answer being around 25 years. Furthermore, it was noted that socio-economic conditions may affect the position and status of men in their families. Men who cannot provide for their household have to rely on the help of others. A lead father remarked:

> *If the father cannot afford to feed, clothe or provide for the family, his wives, older children or relatives may assist or take over those responsibilities. Some parents also take their children to Islamic school* [almajiranci] *if they can no longer cater for them. Financial instability within families may cause domestic violence, child labour and even divorce.*

On the other hand, women tend to marry early, and as wives they are expected to be subject to the authority of men in the household. This often limits their education and economic opportunities (Solanke, 2015). It was found that child, early and forced marriage (CEFM) as a cultural practice is common. Girls typically marry between the ages of 14 and 22. By the end of the first year after the wedding, they are expected to have their first child. Respondents revealed that women act as primary caregivers to their children. Moreover, both male and female interviewees agree that respect and loyalty to the husband is a quality all wives should possess:

> *A woman is expected to cook, clean and take care of her children (if married). She is expected to be obedient and loyal to her husband. If she is not respectful, it can lead to divorce. For example, if a man forbids his wife from leaving the house and she does, there could be problems. Women are also expected to participate in ceremonies in the community. In many cases, if the husband permits, women also do engage in work or trade to support the household income.* Lead Mother

There is also a significant number of women in the community who are independent and take care of their children with little or no support from their husbands. In the case where a woman loses her husband, and in the absence of close relatives who are willing to assist, the responsibility of caring and providing for her children lies on her. When asked about the expectations and challenges of widowhood, a lead mother answered:

> *It can be very difficult for widows around here. First, they are expected to undergo some form of traditional rites to mourn their husbands. Then they may marry their brother in-law if there is love and agreement between them. They can also marry any suitor of their choosing. Ultimately, they are expected to take care and control their children and also, if they have the means, engage in some business. The main problem, however, is that there is often no capital for the business.* Lead Mother

Being widowed or divorced, however, may also afford women more autonomy. Four of the ten female volunteers were either widowed or divorced; for them life outside of marriage may break down barriers to community participation. Female participation as volunteers was not without noted barriers. While many male volunteers had jobs external to the home and assumed the economic care for the household, women volunteers in particular noted directly carrying out household tasks for their husbands, children and in-laws in addition to holding other jobs such as petty trading.

> *I have three kids and some stepchildren. My husband doesn't work or value school, so I put my kids through school and that's my responsibility.* Lead Mother

> *Yes, I have children and am taking good care of them. In terms of leadership, I try to see that anyone that comes to me for advice, I advise them. I am a petty trader. I sell and manage my family. I manage my responsibilities when I wake up in the morning. I prepare food for my family, I bath my kids, send them to school, I clean up my house and then proceed to the support group to discharge my duties.* Lead Mother

> *I am a father, religious imam, support group leader and also a businessman. Every day, I lead prayer in the morning and then proceed to my* Tsangaya *school.*[3] *After that, I will move to my business place and then come back in the evening.* Lead Father

However, respondents observed that some of these social norms are changing. Of the norms that were changing, CEFM and school enrolment for girls were frequently cited as issues volunteers had seen a shift in. CEFM was often mentioned as a factor that affects the rate of school enrolment and attendance for girls.

> *Boys are getting more education than the girls because countless girls are being forced into early marriage by their parents. In some cases, the girls themselves just want to be young mothers, so they drop out of school.* Lead Father

> *I believe that the support group is changing the way we view good hygiene and early marriage. A couple of years ago, women and girls were more restricted by society. Many were given off to suitors when they are between the ages of 13 and 15; not many were allowed to go to school. Now, the issue of early marriage is less, and more girls go to school.* Lead Mother

Indeed, the USAID-funded Demographic and Health Surveys Program (DHS) has found a decrease in CEFM.[4] The last DHS conducted in 2018 shows a decrease in the number of girls marrying before the age of 18 from 48

per cent in 2013 to 43 per cent in 2018. Specifically for Borno, the age of marriage increased from 17.3 in 2013 to 17.5 in 2018 (NPC and ICF International, 2014, 2019). This demonstrates that prior to the implementation of the support groups in 2018, there has already been a slight positive shift in CEFM practices in the area. Thus, unsurprisingly, CEFM was discussed during support group meetings and, as evidenced from the response from the lead mother quoted above, possibly led to reduction in CEFM practices, although the link has to be further investigated. While these are beyond the support groups' primary focus, it shows how discussions within the groups foster positive attitudes in favour of greater equality in the community. More relevant to health and nutrition, it was noted that wives now receive more support from their husbands, who tend to be increasingly interested in the affairs (e.g. health) of women. Respondents recalled that it was a norm for men to stay away from their wives when they got pregnant but remarked that such practices are waning. In terms of access to health facilities, it was observed that more people deliver their babies in hospitals, and the trust in biomedicine is now considerably higher than it used to be. Overall, 13 interviewees (7 female, 6 male) view the support groups as directly contributing towards changing norms, with two respondents directly mentioning CEFM, and two mentioning male participation in household chores/work. Five respondents noted improved access to health care for women demonstrating a softening of rigid norms that place women and girls at risk of major health consequences. The presence and activities of organisations such as Save the Children was said to be a contributing factor in the changing of these norms.[5]

> *In the past, the men in this community did not help much domestically in terms of chores and child raising. When our support group started, the ideas and practices were novel to them but now they are more open to learn from us.* Lead Father

> *Back in the day, pregnant women were ashamed to visit hospitals or seek medical care from qualified healthcare personnel. But now, with awareness from the support groups and other programmes, women are more likely to seek medical help for themselves and their babies more freely. Also, antenatal care is becoming increasingly popular.* Lead Mother

Gender Norms Transformation from Support Groups

It is generally agreed that there are signs and indicators of transformation in gender norms with regards to nutrition and feeding practices. For one, the very existence of the male support groups which are primarily concerned with mother and child care is a shift in itself. The level of interest and knowledge exhibited by the lead fathers attest to an adoption of some transformative values that promote collaboration between parents in household issues. There is also more sensitisation on the use of hospitals and clinics among the men. A lead father responded thus:

> *In the past, some men discouraged their wives from visiting hospitals, but that attitude is on the decline. In addition, some of the men are now more likely to share responsibilities with the women, such as sweeping the compound of the house every morning, fetching water and the rest. It has also become increasingly common to see men bathing their children. Many men also now know the kind of food that is best for their children.*

Discussions within the groups seem to be renegotiating the roles of men and women, not just within the household, but also within the community. Men and women – fathers and mothers – are increasingly engaging and rethinking such topics as CEFM and domestic violence through the platform provided by the groups. While expressing the desire to see men share more domestic responsibilities with their wives, respondents noted that things have changed significantly from what it used to be some years ago. Commenting on how the support group has directly led to a shift in attitude, a lead father remarked:

> *Men have started understanding that their partners have a lot of responsibilities which they need support with. Like one of the leaders in this community started fetching water for his family after attending these sessions – a duty that was solely carried out by his wife initially.* Lead Father

As noted earlier, the purpose of the support groups is to encourage best practices in feeding and nutrition for children in the community. Whereas nutrition support groups for young mothers are common within the international development context, the uniqueness of this initiative is in its institution of male (father-to-father) support groups which operate alongside the female groups. Within these platforms, best nutritional practices are discussed in conjunction with social norms which foreground beliefs and practices related to health, feeding and nutrition in the first place. Some of these norms being discussed and reconsidered are gender roles in the community and household. Adhering to some of the gender-positive discussions in the groups, men are increasingly building more intimacy with their wives and children, supporting the education of girls, and encouraging access to biomedical healthcare options, as shown above in some of the quotes by the interviewees. All agreed that more should be done to foster gender equality; the foregoing points to a gradual reworking of the terms of power in society – an early sign of gender norms transformation.

Discussion

Strict gender norms were identified as barriers to positive nutritional outcomes. This is based in part on social

norms that maintain a high workload while restricting nutrition and access to healthcare for PLW/Gs, infants and children. Standard programming, where focus is placed on PLW/G's health, nutrition and social norms in roles and responsibilities, tends not to address gender-related barriers to nutrition and health. In such a design, male gatekeepers were either not receiving the information from their spouses, or the method to which the message was being conveyed was not influential enough to change behaviour and practices.

Social and behaviour change communication (SBCC) strategies require an approach that takes into account education and societal perception as well as all the actors involved. In order for programmes to have gender transformative outcomes, the actions must work to not only inform the primary recipient (in this case PLW/Gs regarding health and nutrition), but also change the societal structures within which those actors exist. Decision-making power, societal expectations roles, social norms and expectations are negotiated within family and community contexts. If programming is designed for women and girls, these intended recipients of the messaging may hear and agree with a message but may not be in a position to change their actions unless they think others in the community will accept this change (CARE International, 2017). In other words, one way in which programmes can move towards gender transformative programming is examining the programme design. Within the case study analysed in this research, the project created father-to-father groups and identified male community volunteers to champion discussions that focused on the nutritional and health support that PLW/Gs, infants and children require. It was within these places that discussions about decision-making power, roles, norms and expectations were facilitated, alluding to the content of activities to enable gender transformation. Further, by having influential male community members demonstrate the importance of this information, other men would see it as permissible to also support these actions, which alludes to programme design as well as situational knowledge to further advance the gender transformative aims.

Although the topics for PLW/Gs and adult men differed slightly and were tailored to their roles within the household, the findings show that women and men are learning and applying important information regarding infant and young child feeding (IYCF), nutrition for PLW/Gs, and health and well-being of PLW/Gs, infants and children, which involves transforming decision-making power, roles, norms and expectations. This is particularly true in regard to norms around women and girls' access to sexual and reproductive health services, specifically antenatal care, including giving birth with an attendant. Other shifts observed were concerning infant feeding practices and the health requirements for PLW/Gs, infants and children. A gender transformative shift was also observed in regard to household responsibilities. The attention to the health and wellbeing of PLW/Gs has anecdotally encouraged fathers to take on caregiving roles – for example supporting household tasks and bathing their children. A gender-responsive approach (messaged through discussion groups) and improved understanding on the part of male and female participants on how men can play a bigger role in health and nutrition of their children may also result in behaviour change that is gender transformative. Feedback that points to men engaging in cleaning and feeding their children and taking on household chores to share workload may point to a larger shift in restrictive gender norms resulting in a shift to better sharing of responsibilities within the home. While these are relatively minor shifts, these findings point to promising outcomes that, if sustained, could continue to shift other household dynamics. In this case, the project showed that gender-responsive programming appears to be contributing to behaviour change that could result in improved health and nutrition outcomes occurring within a humanitarian context.

Conversely, however, a shift in gender norms did not occur in all areas; nor were all the sought-after socio-cultural changes adopted by the lead volunteers themselves. This can be seen within the lives of the lead volunteers themselves as they describe their own lives and experiences, such as the barriers to participation (e.g. in not having sufficient support from their partners to be able to regularly attend). Male volunteers tended to indicate that their economic engagement was obtained through work activities external to the home, while female volunteers noted their caregiving and household management; in other words, the broader division of labour and expectations was the dominant norm. Some female volunteers were responsible for the economic support of their family in addition to caring roles and volunteering, but caregiving and household duties were not primarily taken up by male volunteers. Another aspect of note for female volunteers is a prevalence of widows and divorced women as volunteers, indicating social and cultural norms that may deter married women from leadership opportunities, again alluding to the limits of change within the broader socio-cultural context.

Despite these barriers, in reviewing the shifting norms suggested by the volunteers, it can be seen that there have been overall positive shifts. Norm changes in feeding practices, particularly nutritional requirements for PLW/Gs, and access to healthcare for PLW/Gs, although minimal shifts, do denote a change in level of importance placed on PLW/Gs within a household. It would need to be seen whether more equitable food distribution and access to health services reflects in shifts in household power dynamics and possibly greater bodily autonomy

for women and girls in the long term. The most evident gender transformative change shared by the volunteers is seen in the involvement of fathers in childcare and household tasks. While it is common for women to often take on income generation activities to support the family (including by the project's volunteers), the inverse of fathers helping with household tasks is seen less often. The education on and acknowledgement of the burden that PLW/Gs bear could, with subsequent action, indicate the possibility for a longer term shift in power dynamics in the home and a contribution towards greater gender equality.

Conclusion

Humanitarian and emergency funding timeframes are often for short operational cycles, from a few months to a year. Additionally, these situations often present challenging situations, wherein actors are working to ensure basic needs are met and essential services are provided. As a result of these situational factors, programming tends to take into account gendered needs (e.g. in security, in healthcare) but tends to insufficiently consider the opportunities to enable gender transformative outcomes. This research analyses a project in a protracted emergency context of northeast Nigeria to assess if gender transformative outcomes might be occurring. Notably, this is a volatile humanitarian context, despite being protracted, wherein new, large displacements were occurring throughout the time period, including during the project implementation cycle. Using a qualitative research approach, this study sought to examine if such outcomes were emerging, despite the challenging context of not only a conflict but also a global pandemic. We find indications of changes to decision-making power, roles, norms and expectations, which were enabled by three components: programme design (including parallel father-to-father support groups, not just mother-to-mother support groups), programme content (e.g. in what is discussed in the support groups) and situational context (engaging community leaders to be lead volunteers). Notably, responses reveal that fathers are building more intimacy with their children and helping out with domestic duties more frequently. Additionally, cases of CEFM are slightly decreasing, and participants in the support groups are more open and willing to talk about it. Also, men are becoming increasingly aware, as well as concerned about, nutrition and health of children and PLW/Gs. While there are indications that shifts are occurring, it is also evident that dominant social norms remain, even among lead volunteers who are championing the changes, and thus the positive shifts that do occur happen within those broader socio-cultural bounds. This case study shows that with attentiveness to intervention design and content, it is possible to facilitate gender transformative outcomes in humanitarian contexts. It should be noted that interventions in humanitarian contexts are focused on life-saving actions with limited attention to sustainability; however, intentional work aimed to address attitudes, practices and beliefs can have longer term impacts. An important question for future research could also focus on the sustainability of these actions. This article aims to share lessons being learned in pursuing such an objective in the hope that greater sectoral learning can take place to advance gender transformation within emergency and humanitarian situations.

Acknowledgements

We would like to thank the anonymous reviewers of this paper for their insightful feedback and comments. We equally extend our gratitude to the staff of Save the Children Nigeria, and to many volunteers who were extremely helpful. This research was made possible by the SSHRC Partnership Engage Grant.

Notes

1 MUAC refers to 'Mid-Upper Arm Circumference', which is measured using a tape measure with coloured markings (Green – Yellow – Red). Used primarily for children, the tape indicates the level of nutrition. If the circumference measurement is green, the child is well nourished. Yellow means at risk of acute malnutrition. Red means the child has severe acute malnutrition (Global Health Learning Centre, n.d.)
2 Kwashiorkor is a severe form of malnutrition causing fluid retention and bloating commonly in young children due to limited protein intake.
3 This is a non-formal school where Islamic studies are taught. *Tsangaya* is a system of education for learning Islamic principles, values and doctrines.
4 The Demographic and Health Survey Project is a global tool funded by USAID that is implemented on a 5-year basis.
5 It is important to note that northeastern Nigeria has a heavy presence of civil society, national and internationals NGOs contributing to behaviour change work.

Works Cited

Cardoso, L. F., Gupta, J., Shuman, S., Cole, H., Kpebo, D. and Falb, K. L. (2016), 'What Factors Contribute to Intimate Partner Violence Against Women in Urban, Conflict-Affected Settings? Qualitative Findings from Abidjan, Cote d'Ivoire', *Journal of Urban Health*, 93:2, 364–78, doi: 10.1007/s11524-016-0029-x.

CARE International (2017), *Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming*, https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_care-social-norms-paper-web-final_2017.pdf (accessed 11 June 2021).

Cislaghi, B., Denny, E. K., Cissé, M., Gueye, P., Shrestha, B., Shrestha, P. N., Ferguson, G., Hughes, C. and Clark, C. J. (2019), 'Changing Social Norms: The Importance of "Organized Diffusion" for Scaling Up Community Health Promotion and Women Empowerment Interventions', *Prevention Science*, 20:6, 936–46, doi: 10.1007/s11121-019-00998-3.

DI (Development Initiatives) (2021), 'Chapter 2: Humanitarian and Wider Crisis Financing', in *Global Humanitarian Assistance Report 2021*, https://devinit.org/resources/global-humanitarian-assistance-report-2021/chapter-two-humanitarian-and-wider-crisis-financing/ (accessed 30 June 2021).

Fal-Dutra Santos, R. (2019), 'Challenging Patriarchy: Gender Equality and Humanitarian Principles', *Humanitarian Law & Policy Blog*, 18 July, https://blogs.icrc.org/law-and-policy/2019/07/18/gender-equality-humanitarian-principles/ (accessed 11 June 2021).

Glass, N., Perrin, N., Clough, A., Desgroppes, A., Kaburu, F. N., Melton, J., Rink, A., Read-Hamilton, S. and Marsh, M. (2018), 'Evaluating the Communities Care Program: Best Practice for Rigorous Research to Evaluate Gender-Based Violence Prevention and Response Programs in Humanitarian Settings', *Conflict and Health*, 12:Art.5, 1–10, doi: 10.1186/s13031-018-0138-0.

Glass, N., Perrin, N., Marsh, M., Clough, A., Desgroppes, A., Kaburu, F., Ross, B. and Read-Hamilton, S. (2019), 'Effectiveness of the Communities Care Programme on Change in Social Norms Associated with Gender-Based Violence (GBV) with Residents in Intervention Compared with Control Districts in Mogadishu, Somalia', *BMJ Open*, 9:3, doi: 10.1136/bmjopen-2018-023819.

Global Health Learning Centre (n.d.), 'Mid-Upper Arm Circumference (MUAC) Tapes', https://globalhealthlearning.org/sites/default/files/page-files/muac_tape_Elearning.pdf (accessed 11 June 2021).

Harris, C. (2012), 'Masculinities and Religion in Kaduna, Nigeria: A Struggle for Continuity at a Time of Change', *Religion and Gender*, 2:2, 207–30, doi: 10.1163/18785417-00202003.

IDMC (Internal Displacement Monitoring Centre) (2021), 'Country Information: Nigeria', https://internal-displacement.org/countries/nigeria (accessed 30 June 2021).

IGWG (n.d.), 'Gender Integration Continuum', www.igwg.org/wp-content/uploads/2017/05/FG_GendrIntegrContinuum.pdf (accessed 30 June 2021).

IOM Nigeria (2021), 'Northeast Nigeria – Displacement Report 36 (Displacement Tracking Matrix)', https://reliefweb.int/sites/reliefweb.int/files/resources/Northeast%20Nigeria%20-%20Displacement%20Report%2036%20%28May%202021%29.pdf (accessed 14 July 2021).

Jackson, R., Kilsby, D. and Hailemariam, A. (2019), 'Gender Exploitative and Gender Transformative Aspects of Employing Health Extension Workers under Ethiopia's Health Extension Program', *Tropical Medicine & International Health*, 24:3, 304–19. doi: 10.1111/tmi.13197.

Kassam, M. H. (1996), 'Some Aspects of Women's Voices from Northern Nigeria', *African Languages and Cultures*, 9:2, 111–25, https://jstor.org/stable/1771754.

Kemmis, S., McTaggart, R. and Nixon, R. (2013), *The Action Research Planner: Doing Critical Participatory Action Research* (New York: Springer Science & Business Media).

Lafrenière, J., Sweetman, C. and Thylin, T. (2019), 'Introduction: Gender, Humanitarian Action and Crisis Response', *Gender and Development*, 27:2, 187–202, doi: 10.1080/13552074.2019.1634332.

Lake, M., Muthaka, I. and Walker, G. (2016), 'Gendering Justice in Humanitarian Spaces: Opportunity and (Dis)Empowerment through Gender-Based Legal Development Outreach in the Eastern Democratic Republic of Congo', *Law & Society Review*, 50:3, 539–74, doi: 10.1111/lasr.12215.

McIntyre, A. (2007), *Participatory Action Research* (Thousand Oaks, CA: Sage).

NPC (National Population Commission) [Nigeria] and ICF International (2014), 'Nigeria Demographic and Health Survey 2013', https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf (accessed 3 October 2021).

NPC [Nigeria] and ICF International (2019), 'Nigeria Demographic and Health Survey 2018', https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf (accessed 3 October 2021).

Obasohan, P. E. (2015), 'Religion, Ethnicity and Contraceptive Use Among Reproductive Age Women in Nigeria', *International Journal of MCH and AIDS*, 3:1, 63–73.

OECD (2016), *Handbook on OECD-DAC Gender Equality Policy Marker*, OECD-DAC Network on Gender Equality (Gendernet), https://oecd.org/dac/gender-development/Handbook-OECD-DAC-Gender-Equality-Policy-Marker.pdf (accessed 22 October 2021).

OECD (2021), 'Aid in Support of Gender Equality and Women's Empowerment: Donor Charts', https://oecd.org/development/gender-development/aid-in-support-of-gender-equality-2021.pdf (accessed 11 June 2021).

Patel, P., Meagher, K., El Achi, N., Ekzayez, A., Sullivan, R. and Bowsher, G. (2020), 'Having More Women Humanitarian Leaders Will Help Transform the Humanitarian System: Challenges and Opportunities for Women Leaders in Conflict and Humanitarian Health', *Conflict and Health*, 14:Art.84, 1–15, doi: 10.1186/s13031-020-00330-9.

Polastro, R. (2014), 'Evaluating Humanitarian Action in Real Time: Recent Practices, Challenges, and Innovations', *Canadian Journal of Program Evaluation / La Revue canadienne d'évaluation de programme*, 29:1, 118–31, doi: 10.3138/cjpe.29.1.118.

Puri, J., Aladysheva, A., Iversen, V., Ghorpade, Y. and Brück, T. (2017), 'Can Rigorous Impact Evaluations Improve Humanitarian Assistance?', *Journal of Development Effectiveness*, 9:4, 519–42, doi: 10.1080/19439342.2017.1388267.

Reed, H. E. and Mberu, B. U. (2015), 'Ethnicity, Religion, and Demographic Behavior in Nigeria', in Sáenz, R., Embrick, D. and Rodriguez, N. (eds), *The International Handbook of the Demography of Race and Ethnicity* (Dordrecht: Springer), pp. 419–54.

SCI (2019), Gender Equality Analysis for Save the Children International, Nigeria Humanitarian Response Programme, IHA Communities in Konduga & Jere LGAs Borno State [internal document].

Solanke, B. L. (2015), 'Marriage Age, Fertility Behavior, and Women's Empowerment in Nigeria', *Sage Open*, 5:4, 1–9, doi: 10.1177/2158244015617989.

Stunkel, L. and Grady, C. (2011), 'More Than the Money: A Review of the Literature Examining Healthy Volunteer Motivations', *Contemporary Clinical Trials*, 32:3, 342–52, doi: 10.1016/j.cct.2010.12.003.

Tishler, C. L. and Bartholomae, S. (2002), 'The Recruitment of Normal Healthy Volunteers: A Review of the Literature on the Use of Financial Incentives', *The Journal of Clinical Pharmacology*, 42:4, 365–75, doi: 10.1177/00912700222011409.

Toyasaki, F. and Wakolbinger, T. (2014), 'Impacts of Earmarked Private Donations for Disaster Fundraising', *Annals of Operations Research*, 221:1, 427–47, doi: 10.1007/s10479-011-1038-5.

UNHCR (2021), 'Nigeria Emergency', www.unhcr.org/nigeria-emergency.html (accessed 30 June 2021).

UN OCHA (2018), 'Nigeria:US$1.05B needed to reach 6.1 million people in 2018', 8 February, www.unocha.org/story/nigeria-us105b-needed-reach-61-million-people-2018 (accessed 24 April 2021).

UN OCHA (2021), 'Nigeria: Situation Report', https://reports.unocha.org/en/country/nigeria/ (accessed 30 June 2021).

UN OCHA (n.d.), 'Gender-Equality Programming: Gender Equality and the Empowerment of Women and Girls', www.unocha.org/themes/gender-equality-programming (accessed 30 June 2021).

Wells, M. and Kuttiparambil, G. (2016), 'Humanitarian Action and the Transformation of Gender Relations', *Forced Migration Review*, 52:1, 20–2.