

# RESULTS BRIEF



## Research Question

To what extent does a gender norms intervention with faith communities **increase family planning use** and **reduce intimate partner violence** among newly married couples and first-time parents?

## Social Norms Addressed

- God created men as superior to women.
- It is acceptable for a man to use violence to correct his wife's behavior or discipline a child.
- As household decision makers, men can dictate a woman's ability to seek and use family planning.

## Timeline

October 2015 – September 2020

## Context/Setting

Kinshasa, DRC

8 Protestant congregations receiving the *Masculinité, Famille, et Foi* intervention; and 9 comparison

## Partners

Georgetown University's Institute for Reproductive Health, FHI 360, Tearfund, and Association de Santé Familiale, Église du Christ au Congo

## Working with Faith-Based Communities: Baseline Findings from the *Masculinité, Famille et Foi* Study in Kinshasa, DRC

In the Democratic Republic of the Congo (DRC), rates of intimate partner violence (IPV) by men against women are among the highest in the world. Local gender norms endorse men as decision makers in the household, including family planning (FP) use, and legitimize physical violence as an accepted male behavior. Women are expected to submit to their husbands and bear them many children (total fertility rate is 6.0).<sup>1</sup>

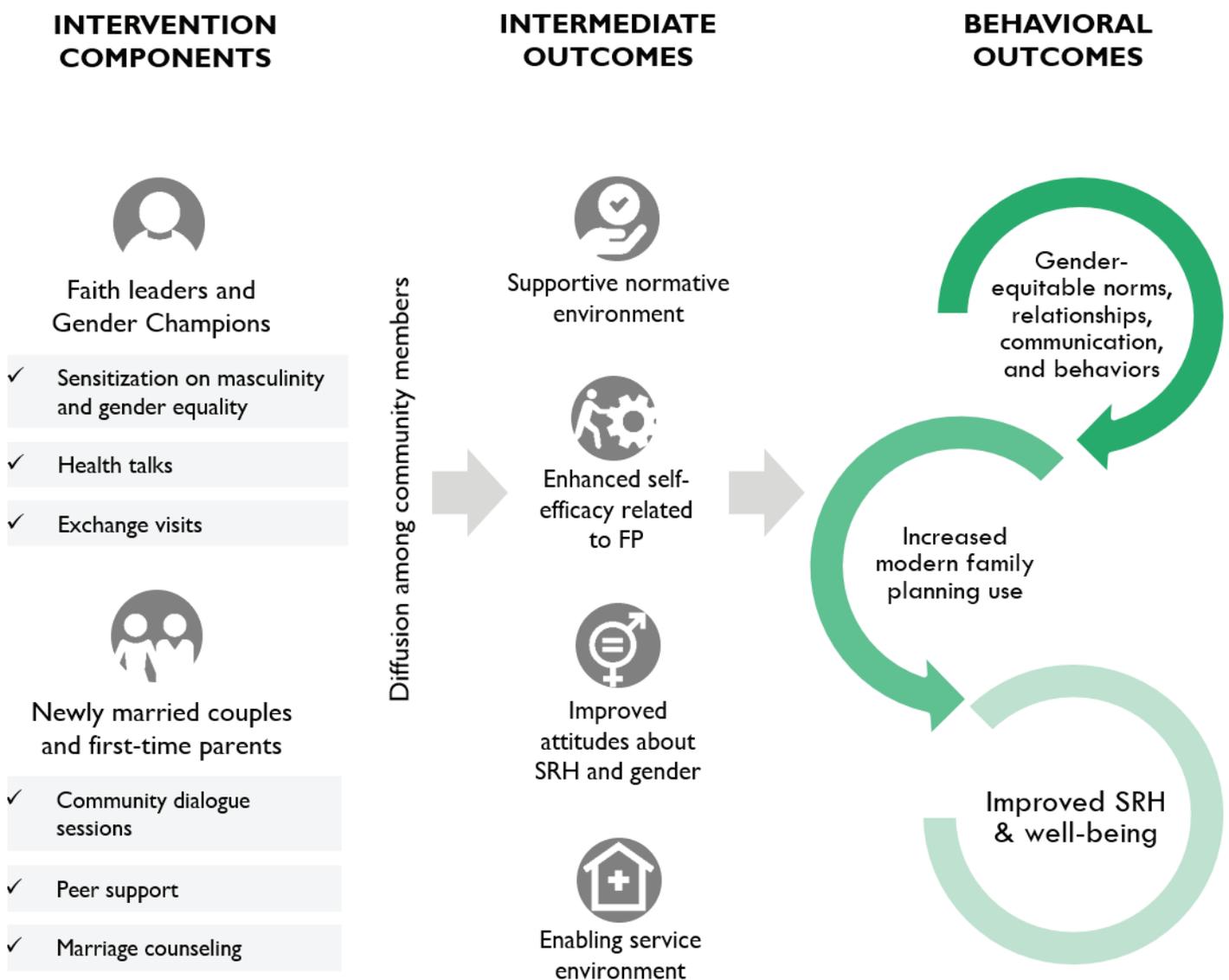
Interventions that extend beyond the individual level to address the social context of harmful gender norms have shown promise in generating positive changes in attitudes, norms and behaviors related to reproductive health.<sup>2</sup>

# About the Intervention

Transforming Masculinities (TM), known locally as Masculinit , Famille, et Foi (MFF), targets young couples who are newly married (NMC) or first-time parents (FTP), church congregation members, faith leaders and gender champions.

The intervention consists of a series of trainings and workshops that guide faith leaders and congregation members through a process of participatory reflections to identify, create, disseminate, and embrace new, positive masculinities and gender equality and to take action. The goal is community-wide norms shifting and behavior change that embodies gender-equity in the household and puts into practice a new, positive masculine identity that encompasses reduced IPV, shared decision-making within couples, and increased FP use as reflected in the Theory of Change model below.

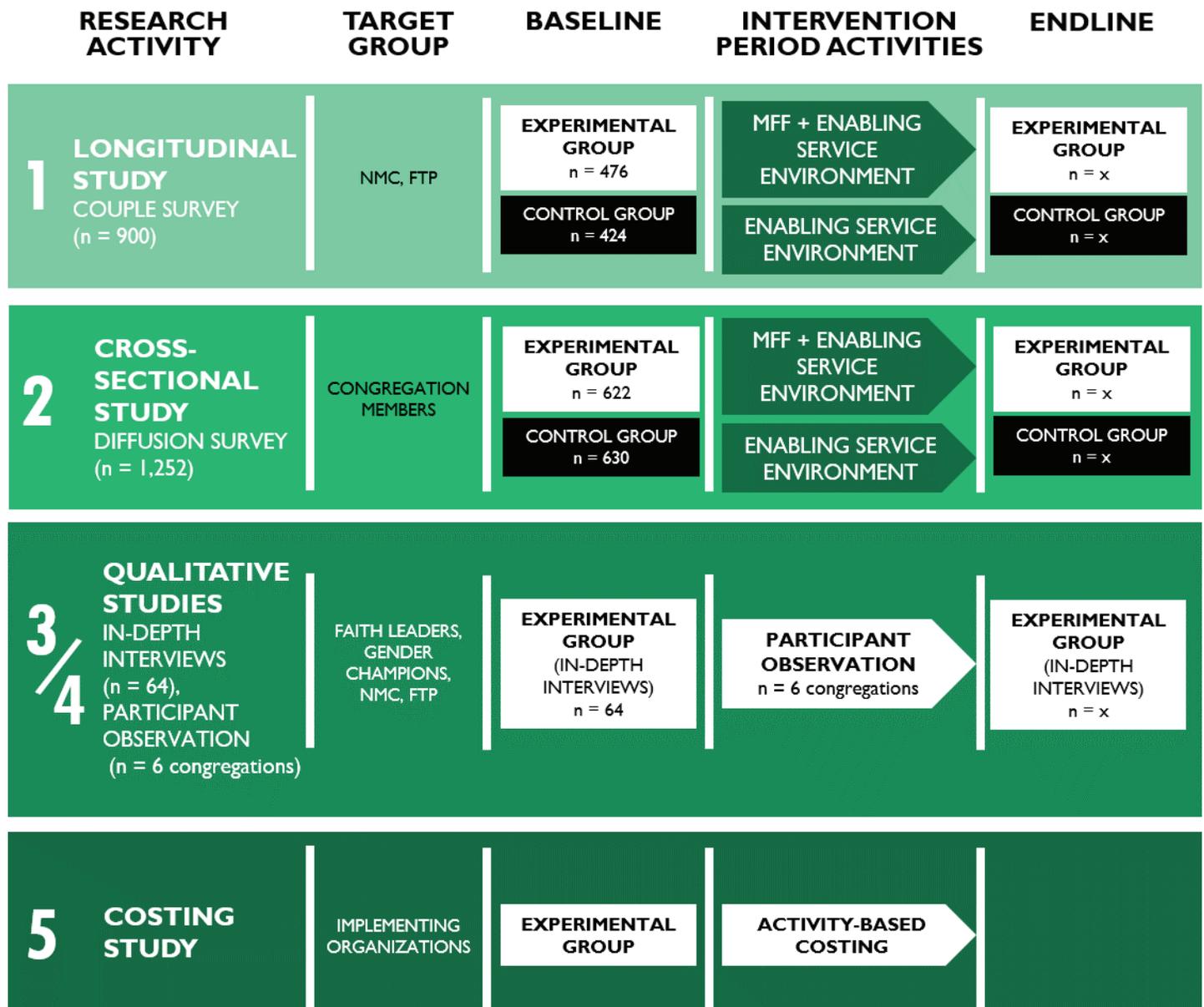
## Intervention Components and Outcomes



# About the Evaluation

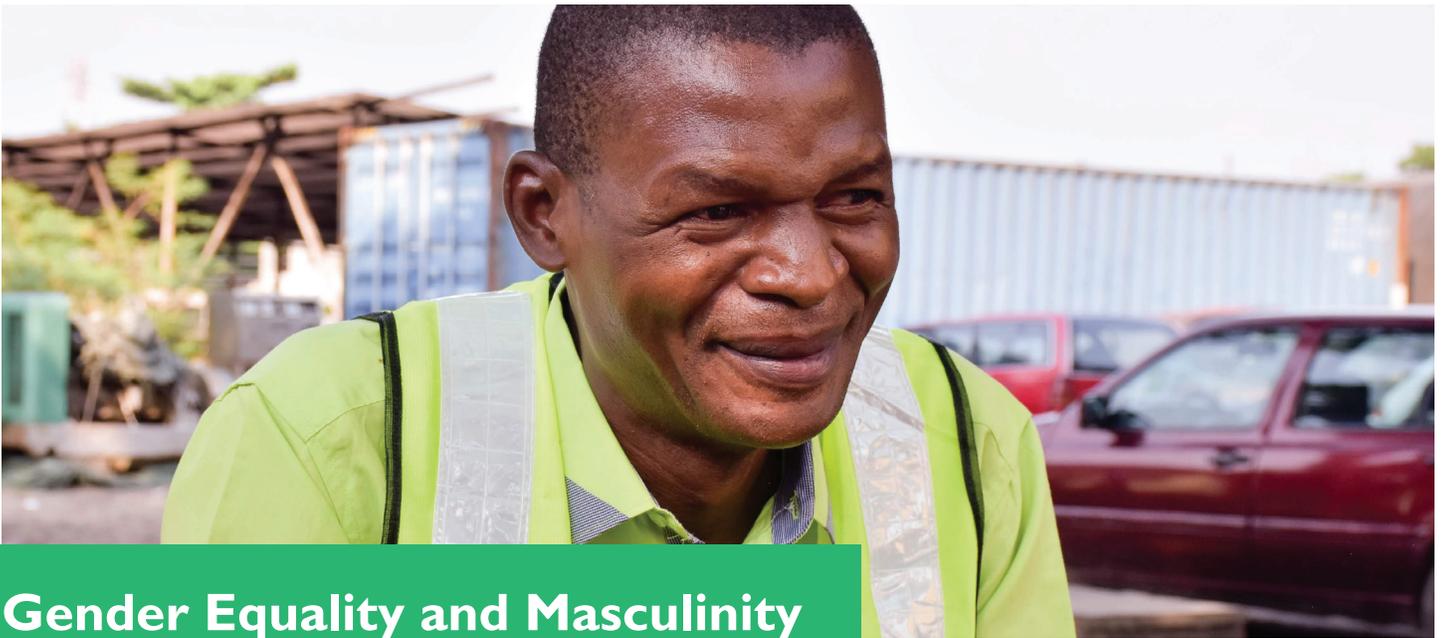
The mixed-methods evaluation of the TM/MFF intervention consists of five sub-studies that use multiple quantitative and qualitative methodologies. This brief focuses on baseline activities from the longitudinal couple survey for 18-35 year-old NMC and FTP in intervention and comparison congregations, the cross-sectional diffusion survey among 18-49 year-old community members in intervention and comparison congregations, and in-depth interviews among faith leaders, gender champions, NMC, and FTP. These sub-studies are intended to assess fidelity to the intervention, explore any resulting changes in behaviors and social norms resulting from the intervention, determine the extent and dynamics of diffusion of intervention messaging, and determine the cost of a norms-shifting intervention.

## Methodologies of the mixed-method evaluation



## Key Results

Results from the quantitative baseline couple and diffusion surveys and the qualitative in-depth interviews are shared on the following pages.



## Gender Equality and Masculinity

The qualitative and quantitative research focused on gender equality and two behaviors related to ideas about masculinity: male partners assuming childcare responsibilities and engaging in household work.

### Attitudes and Beliefs

About half of male and female respondents believed that women and men are created equal, despite some men's behavior to the contrary.

*Anything men do, women can do, but men do not give women the opportunity to express themselves and show their potential in this community, even in their homes. (IDI participant, male, 40–49 years)*

The other half reported the belief that women are subservient to men.

*A woman is led by and submissive to a man. She is always behind the man. Man is the leader of the home. (IDI participant, female, 30–39 years)*

The majority of survey respondents agreed that male partners should have a role in bringing up children beyond financial providers. In contrast, in-depth interviews indicated less supportive personal attitudes toward male partners contributing to household work.

### Social Norms

The large majority of survey respondents perceived that it was not typical behavior in their congregation for husbands to share household work responsibilities with their wives. However, husbands contributing to household work was approved by most respondents perceiving that those whose opinions were important to them (e.g., faith leaders, partner, friends, family members) believed that it was appropriate for a husband to share in the household work responsibilities. From in-depth interviews, we see that household work was seen as “women’s work,” though this attitude appears to be changing.

*Today, for some people, it is really unacceptable to see a man performing tasks which are recognized as assigned to women. It is as if this man is manipulated by his wife if he does household work, but I do not believe this. (IDI participant, male faith leader, 50+ years)*

The majority of survey respondents also perceived that it was not typical behavior in their congregation for husbands to share in childcare responsibilities. Similar to household work, however, large majorities of respondents perceived that those whose opinions were important to them believed that it was appropriate for a husband to contribute to childcare responsibilities.



# Intimate Partner Violence

## Behaviors and Attitudes

IPV was defined as a wife experiencing or a husband perpetrating one or more of the following in the previous 12 months: pushing, shaking or throwing something at; slapping or twisting arm; punching with fist; and/or physically forcing sexual intercourse. According to this definition, approximately one-quarter of women reported experiencing IPV and one-third of men reported perpetrating some form of IPV in the previous 12 months.

Very few survey respondents expressed the attitude that IPV was appropriate behavior. However, if justifications were given for IPV, such as a wife using FP without her husband's knowledge or neglecting childcare, about one-third of women and one-quarter of men believed IPV to be justified.

*If there are circumstances when the use of violence is acceptable, it is, for example, when a woman is not obedient such as when she does not listen to her husband, does not take care of his home or is irrationally spending his money. (IDI participant, male, 30-39)*

## Social Norms

About one-quarter of male and female survey respondents perceived that it was typical behavior in their congregation for husbands to perpetrate IPV on their wives. According to female respondents, their partner, mothers/in-law and faith leaders were the most common reference groups for IPV norms. For men it was faith leaders, mothers/in-law and fathers/in-law.

Less than 10% of male and female survey respondents reported that IPV was seen as appropriate behavior among their reference groups.

*Some men do not accept their wives questioning their orders. Wives are supposed to obey everything from the husband and if they don't, they will experience violence and abuse to make them listen. There are men who think that their wives have no rights and are at the mercy of their husbands. And in those couples, the use of violence by men against their wives is permanent. Our culture encourages violence by considering the husband as superior to his wife, who must submit to her husband in everything. (IDI participant, female, 20-29 years old)*

Normative measures related to IPV use demonstrated strong associations with perpetration among men, particularly for measures of typical behavior.

*We religious leaders disagree with violence. It is important to us that our followers have harmony in their households. (IDI participant, male faith leader, 40-50 years old)*

## Role of Religion

Nearly two-thirds of men and women survey respondents believed that religious scripture dictates that a husband should discipline, including using violence, his wife. Despite this belief, very few perceived that faith leaders or other members of the congregation approved of IPV.



## Family Planning

### Behaviors and Attitudes

From the survey, around 40 percent of women reported that they themselves or their partner currently used a modern FP method, while over 80 percent of men and women desired to use modern FP in the future.

While a large majority of respondents believed modern FP effective for avoiding unwanted pregnancies and two-thirds of survey respondents reported personal attitudes supportive of FP use, half or more men and women believed that this came at a cost—specifically, future difficulty getting pregnant and/or negative side effects. In addition, nearly two-thirds of women reported that they could use modern FP at any time and can suggest using to their partner.

### Social Norms

About one-fifth of male and female survey respondents perceived that it was typical behavior in their congregation for couples to use modern FP. According to female respondents, their partners, mothers/in-law and/or faith leaders were the most common reference groups for IPV norms. For men it was faith leaders, their partner and/or mothers/in-law. Over two-thirds of male and female survey respondents reported that use of modern FP was seen as appropriate behavior among their reference groups. Social norms appeared more supportive of FP use among FTP compared to NMC.

*On the one hand, it is important to be fruitful and multiply for your family name. They say 'God will provide.' On the other hand, a man must be able to provide for his family and give his children a good life. (IDI participant, male, 20-30 years old)*

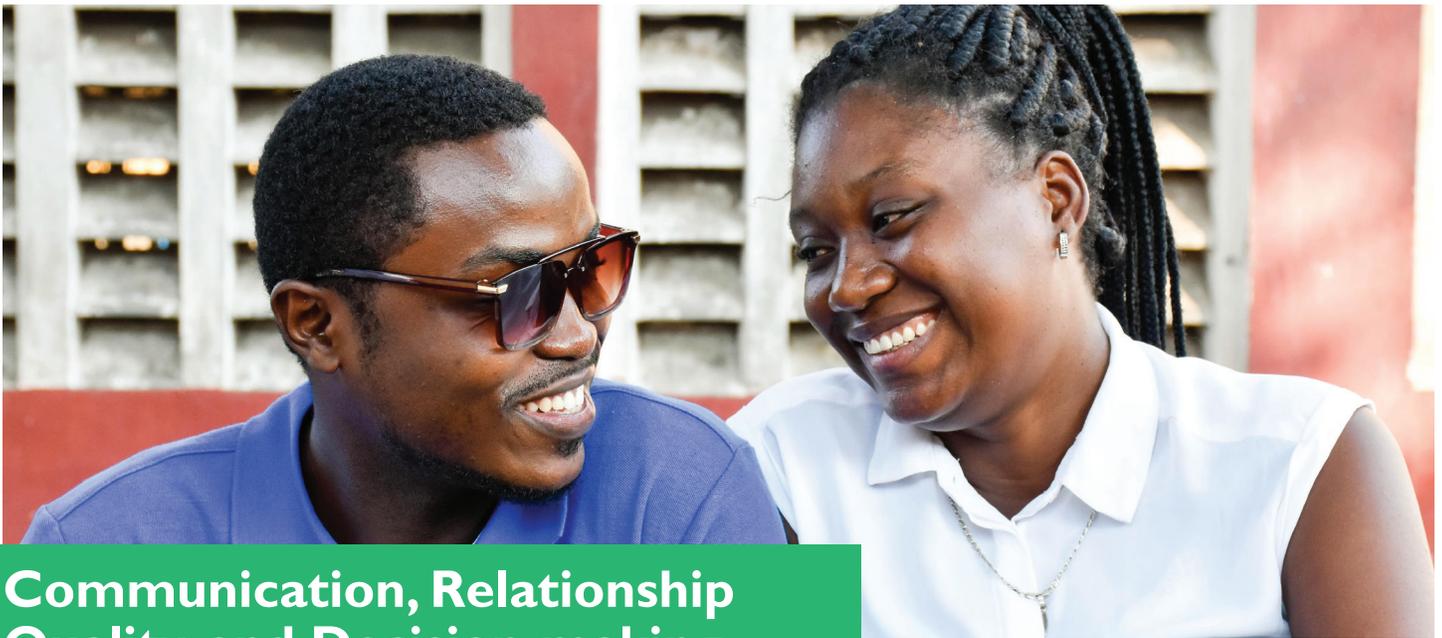
Normative measures related to FP use demonstrated strong associations with both intention to use modern FP and current use of FP among women and men.

### Role of Religion

Despite the perception of high support among faith leaders for modern FP use, over half of men and women surveyed believed using modern FP was against their religion and that the Bible did not support FP use. Over one-third of survey participants did not feel confident that they could use a modern method of FP without their faith leader's support. However, qualitative interviews among faith leaders suggested strong support and more nuanced views of the appropriateness of FP among faith leaders.

*We must use the methods that meet Christian norms. (IDI participant, female, 30–39 years)*

*The Bible says, "Multiply, be fruitful, and fill the earth." However, the Bible is not against family planning, [...] [P]eople must be well-educated and well-trained. (Faith leader, male, 50+ years)*



## Communication, Relationship Quality, and Decision-making

### Behaviors and Attitudes

Although the large majority of women and men in the survey communicated about their desired number of children, in the previous 12 months, only about half discussed using FP methods. Furthermore, nearly half of women believed that they would be unable to express their opinion if their husband disagreed. Couple communication was strongly associated with intention to use a modern method of FP amongst women.

Relationship quality was assessed with a series of indicators such as “taking time to listen to a partner’s concerns” and “talking to a partner about things that frustrate you” in the past one month. The large majority of both men and women respondents indicated that they had listened to their partner’s concerns, but only about two-thirds of men and women reported that they had talked to their partner about things that frustrated them. Relationship quality was strongly associated with likelihood of a husband perpetrating IPV on his wife.

Regarding decision-making, about half of women stated that their male partners alone ultimately made the decisions when there is disagreement about the use of modern FP; two thirds of men agreed. About 40 percent of women felt that they could not express their desires and opinions about FP if their husband disagreed (compared to only one-quarter of men confirming this sentiment). Decision-making was strongly associated with intention to use a modern method of FP amongst female survey respondents.

From the diffusion survey, while about half of men and women had discussed the type of desired FP method with their partner in the previous 12 months, only about one-quarter had discussed topics related to FP, IPV, and/or gender equality and masculinity with a fellow congregation member in the previous three months.

# What came next?

Baseline findings demonstrated high FP use and support for FP use, nonviolence, and male engagement in childcare in participating congregations in Kinshasa at baseline. Several individual attitudes and social norms indicators, as well as interpersonal and community-wide communication indicators were not consistent with expectations of improved FP use or nonviolence according to the TM/MFF program Theory of Change. Since the baseline was conducted, the study team has:

## 1. Adjusted the intervention package

Baseline findings were used to refine intervention package components, including adjustments in key messaging and mechanisms for congregation-wide sensitization activities to better engage specific congregants or increase opportunities for open discussion of these topics to better align actual and expected attitudes, norms and behaviors.

## 2. Conducted additional research

Findings from the baseline were used to refine and target monitoring and evaluation indicators, particularly around individual attitudes and social norms indicators. Routine monitoring rolled out alongside ethnographic participant observation to document pilot implementation, diffusion and scalability processes in the eight intervention congregations.

## 3. Developed social norms measures

Baseline findings were used to develop quantitative measures of social norms and normative domains to assess their influence on target behaviors at baseline and change in social norms measures from baseline to endline. Differences in measures of social norms and measures were assessed by sub-populations, including men and women and NMC and FTP. Additional modifications were made for the endline survey to follow up on key individual attitudes and social norms measures and diffusion measures at endline.

Results from the endline will be shared in a results brief in 2020.

## What is Passages?

Passages addresses the root of chronic challenges in reproductive health such as gender-based violence, and unintended pregnancy by transforming social norms. The project is working to foster normative environments that enable young people to use modern family planning and achieve healthy timing and spacing of first and subsequent pregnancies through scalable programs. Passages will also build evidence-based programs and services to reach younger adolescents transitioning to puberty to lay the groundwork for their life-long health and well-being.

## Why address social norms?

Social norms—unspoken rules that govern behavior—shape the reproductive journeys of young people. In many settings, sustained improvements in family planning and reproductive health will best be obtained by addressing norms that inhibit family planning access and use. Passages is uniquely positioned to address this challenge by focusing on interventions that aim to reduce stigma and myths related to family planning use, increase male engagement in family planning, reduce gender-based violence, and improve gender-equitable attitudes and behaviors.

## Works Cited

1. Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité - MPSMRM/Congo, Ministère de la Santé Publique - MSP/Congo and ICF International. 2014. Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014. Rockville, Maryland, USA: MPSMRM, MSP, and ICF International.
2. Kraft, JM, KG Wilkins, GJ Morales, M Widyono, SE Middlestadt. "An Evidence Review of Gender-Integrated Interventions in Reproductive and Maternal-Child Health" *Journal of Health Communication* 19, supp. 1 (2014). 122-41.