

PASSAGES PROJECT

Masculinité, Famille et Foi: Post Endline Qualitative Study Final Report



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USAID
FROM THE AMERICAN PEOPLE

Passages

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Passages Project

Institute for Reproductive Health | Georgetown University
2115 Wisconsin Avenue NW
Washington, DC 20007 USA

info@passagesproject.org
www.irh.org/projects/Passages
Twitter: @PassagesProject

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LIST OF ACRONYMS AND KEY PHRASES

ASF	Association de Santé Familial
ECC	Église du Christ au Congo
FBO(s)	Faith-based Organization(s)
FGD	Focus Group Discussion
FHI 360	Family Health International 360
FP	Family planning
FTP	First-time parents
GBV	Gender-based violence
HTSP	Healthy Timing and Spacing of Pregnancies
IDI	In Depth Interview
IPV	Intimate Partner Violence
IRB	Institutional Review Board
IRH	Institute for Reproductive Health, Georgetown University
MFF	Masculinité, Famille, et Foi
PI	Principal Investigator
RH	Reproductive Health
TM	Transforming Masculinities
USAID	United States Agency on International Development
WHO	World Health Organization

ACKNOWLEDGEMENTS

This report presents the results of a post-program qualitative study conducted from April-July 2021 of an adapted Transforming Masculinities approach in Kinshasa, Democratic Republic of Congo, known locally as Masculinité, Famille, et Foi. The Masculinité, Famille, et Foi intervention seeks to shift social norms within faith communities in order to increase voluntary family planning use and reduce intimate partner violence among newly married couples and first-time parents. This post-program qualitative study is a result of a partnership between Tearfund, the Église de Christ au Congo, and the Institute for Reproductive Health as part of the USAID-funded Passages Project. We are grateful to research partners Alain Manda and Félix Tshibangu of EXPERTS S.A.R.L. and Mari Dumbaugh of Insight Impact Consulting for facilitating researcher training, conducting data collection, and completing data analysis and Rebecca Justus for managing administrative processes and her work on data analysis. We are also grateful to the participants of this study who donated their time and shared their reflections. Finally, we are grateful to Tearfund UK and the Église de Christ au Congo in particular for their support throughout this research and partnership including in helping with access to the communities where they work. This study was led by Anjalee Kohli and the study report was developed by Mari Dumbaugh (Insight Impact Consulting), with technical review and input from Anjalee Kohli (IRH), Bryan Shaw (IRH), Courtney McLarnon (IRH), Rebecka Lundgren (University of California at San Diego), Rebecca Justus (IRH), Francesca Quirke (Tearfund).

EXECUTIVE SUMMARY

INTRODUCTION & METHODS

Masculinité, Famille et Foi (MFF) is part of the global USAID-funded Passages Project, an implementation-research project that addresses a broad range of social norms, at scale, to achieve sustained improvements in violence prevention, gender equality, family planning (FP), and reproductive health (RH). The MFF approach posits that engaging religious leaders and faith communities to promote positive masculinities and gender equality can enable conditions where social and gender norms may shift to support new, positive behaviors. In Kinshasa, Democratic Republic of Congo, Tearfund, Église du Christ au Congo, Georgetown University's Institute for Reproductive Health and local service provision partner, Association de Santé Familiale, led the implementation and scale up of MFF.

This post-program qualitative study builds on and responds to findings from the mixed methods evaluation of MFF. This study, conducted two years after endline, aimed to explore whether and how the MFF theory of change reflects the actual pathways through which young couples uptake voluntary FP and prevent intimate partner violence (IPV). Participants included men and women early in their marital relationship and were recruited from two MFF intervention sites and two comparison sites in Kinshasa, Democratic Republic of Congo. In-depth interviews using participatory methods explored FP and relationship dynamics. 89 interviews were completed in total (intervention n=57, comparison n=32). During validation workshops, faith leaders and gender champions who were involved in the MFF intervention discussed and triangulated findings.

KEY FINDINGS

Qualitative results offer insight into pathways to behavior change related to FP and relationship dynamics, while also contextualizing a number of quantitative findings from previous evaluations of the MFF program. Godparents and pastors were some of the most influential people on both FP and relationships, though pastors were said to take a less direct role in FP. Friends also had an important influence on FP knowledge and use. Parents were influential on couples' relationships but not on FP. Young men's and women's relationships with influential people in their lives represented a mentor-mentee model. Generally, young people received knowledge and advice that was consistent with MFF messaging. In turn, young people passed this information onto others, namely their friends.

MFF played a significant role in changing many participants' knowledge, perceptions, and behaviors related to FP and spousal relationships. Most MFF participants processed, or interpreted, MFF messages as they were intended by the intervention design. Generally, young men and women also positively internalized MFF messages, meaning they felt that the MFF FP and relationship information and advice were relevant and acceptable. Even MFF messages that pushed against cultural norms such as fertility or gender power dynamics were generally seen as acceptable and applicable to participants' lives.

Tangible belief and behavior change, however, was more nuanced. A number of young people said they adopted FP behaviors such as birth spacing, limiting their number of births, and contraceptive

use. Hormonal contraception was not, however, universally accepted. Preferences for non-hormonal contraceptive methods were often influenced by a fear of side effects from hormonal contraception. FP remained a relatively taboo topic within faith communities and respondents were unsure of their religious community's perceptions or support of FP methods. Respondents also said they adopted MFF messages and changed their behaviors leading to overall higher quality relationships with their spouse. Gender equality manifested as more equal division of household labor between spouses, financial transparency, and equitable household decision making. Physical violence was universally perceived as unacceptable, and respondents were confident that few people in their faith communities endorsed violence in relationships. Some respondents, however, interpreted MFF messages in ways that might limit or be detrimental to women's empowerment.

CONCLUSIONS & IMPLICATIONS

This research confirms that social and behavior norms change is nuanced, especially relating to socio-cultural beliefs and practices. The use of mixed methods research is important to fully capture dynamics of complex social norms and gender transformative programming. Findings show that there are subtle but important differences between pathways to behavior change for FP and relationships. The conclusions of this qualitative study have the following implications for future research and programming:

- Intervention curricula, target audiences, and messaging should reflect the important and unique reference groups for FP and relationships identified by young people. Increasing the direct involvement of actors who were considered influential for *both* thematic outcomes in MFF activities could increase the wider diffusion and impact of messaging. For example, formalizing the mentor-mentee relationship between young people and influential people in their lives so that mentors who make choices consistent with MFF messaging could have a more central and visible role in MFF activities and act as mentors to entire cohorts of program participants.
- MFF project pathways, curricula, and evaluations should explicitly address potential nuances surrounding gender equality which may differ from Western definitions in different contexts. Definitions, practical implementations, and outcomes measuring men's and women's equality in relationships should consider, discuss, and respond to local women's, and men's, iterations of gender equality, with the understanding that these may not conform to Western standards.
- Integrating more facilitated participant dialogue on theoretical conceptualizations and practical manifestations of gender equality throughout the MFF program cycle could help facilitators tailor gender messaging in response to participant beliefs and particular socio-economic dynamics, help refine outcome measures and define program 'success' to reflect what is feasible and desired in context. This could give participants a sense of local ownership over and heightened investment in the MFF process itself. The intervention could also be more responsive to local context and, therefore, easier to replicate in different geographic and socio-cultural spaces.
- Young men's and women's widespread condemnation of IPV could inadvertently 'hide' ongoing occurrences of violence and stigmatize those who experience violence. MFF could have a further role to play in recognizing and discussing the ongoing prevalence of IPV, destigmatizing experiences of violence, and offering safe spaces for survivors to access assistance and services.

- Addressing taboos around discussing and adopting contraceptive use could inspire young people to go to more informed individuals, such as pastors and other faith leaders, trained in RH and FP or health workers. Pastors in particular could be encouraged to take a more active and public role in the normalization and promotion of FP, including specific contraceptive methods. Continuing focused efforts to increase young peoples' knowledge of RH and FP directly could also have an important impact on accurate knowledge shared within social and friend groups.
- Explicitly acknowledging, discussing, and addressing concerns about side effects of hormonal contraceptives could encourage more couples to use hormonal contraceptives and reduce the number of couples who abandon hormonal contraceptives after one negative experience.
- A deeper dive into the curricula and messaging of existing church- and community-based programming, especially the sources of information accessed by people who influence young people, would be helpful to unpack the knowledge diffusion chain and ensure consistent FP and gender equality messaging is diffused across parallel interventions as much as possible.

INTRODUCTION

BACKGROUND

Masculinité, Famille et Foi (MFF) is part of the global United States Agency for International Development (USAID)-funded [Passages Project](#), an implementation-research project that addresses a broad range of social norms, at scale, to achieve sustained improvements in violence prevention, gender equality, family planning (FP), and reproductive health (RH). In Kinshasa, Democratic Republic of Congo, Tearfund, Église du Christ au Congo (ECC), Georgetown University's Institute for Reproductive Health, and local service provision partner, Association de Santé Familiale, led the implementation and scale up of MFF. Passages aims to address a broad range of social norms to achieve sustained improvements in voluntary FP and RH. This research project contributes to building the evidence base in understanding how best to strengthen normative environments that support RH, among very young adolescents, newly married couples, and first-time parents (FTP). Passages capitalizes on these life course transitions to test and scale up interventions that promote collective change and foster an enabling environment for healthy timing and spacing of pregnancies and voluntary family planning.

Developed by Tearfund, implementation of Transforming Masculinities (TM) started in 2013. Between 2013 and 2017, Tearfund commissioned a series of research projects to explore existing norms around gender as well as attitudes towards gender-based violence (GBV) in Burundi, the Central African Republic, Liberia, Nigeria, Rwanda, and rural eastern DRC as interventions were being rolled out in these countries. In 2015, under the Passages Project, Tearfund, IRH, and partners adapted TM to include components on FP/RH and service linkages in 17 Protestant congregations in Kinshasa. This program adaptation is called '**Masculinite, Famille et Foi**' or MFF. The goal of this adaptation in Kinshasa was to transform harmful masculine identities and reduce social acceptance of IPV and other gender inequalities which support early childbearing and high fertility rates and prevent women and men from accessing and using modern FP.

The MFF evaluation included formative research and a social norms exploration, baseline and endline survey with couples participating in the program, and a diffusion survey at baseline and endline with members of the congregation. A midline ethnographic study sought to understand whether and how the program was working to achieve change on its stated goals. The formative assessment and surveys at baseline and endline provided a deeper understanding of the gendered attitudes and behaviors related to FP and IPV, the social norms influencing behavioral outcomes and described the faith-based context where the program takes place. The midline ethnography examined the implementation processes including how faith leaders gave messages on FP and GBV in their sermons and how community members received and discussed these topics. At endline, in late 2018, an additional qualitative research study was planned to complement the quantitative evaluation. The qualitative study was postponed due to U.S. Government restrictions for working in the DRC; these restrictions were lifted in 2020 and the post-endline qualitative study was conducted in 2021. **This report details the findings of the 2021 post-endline qualitative study, including how these findings elucidate the quantitative findings from the 2018 endline survey.**

THE INTERVENTION: MASCULINITÉ, FAMILLE ET FOI

The MFF approach posits that engaging religious leaders and faith communities to promote positive masculinities and gender equality can enable conditions where social and gender norms may shift to support new, positive behaviors, supporting reductions in GBV and improvements in RH. MFF is currently the only intervention designed for congregations to reduce IPV, increase voluntary FP use, and improve RH outcomes by working with religious leaders and faith communities to address the social norms that shape inequitable gender relations and prevent the use of modern methods of FP.

Implemented by the ECC in Kinshasa, DRC, MFF consisted of the following components, core to its approach:

- 1. Transforming and mobilizing faith leaders:** Trained leaders create a supportive normative environment for positive change and diffusion of gender-transformative self-reflective ideals through workshops and diffusion activities.
- 2. Transforming Masculinities with gender champions:** Gender champions in each congregation are trained to be transformative members in their communities, act as peer mentors and change agents and facilitate ‘community dialogues’ with couple members.
- 3. Community Dialogues with young couples:** Community dialogues, with groups of ten couples or less, over the course of eight weeks discuss topics ranging from the roots of GBV to FP and male involvement. Couples were eligible to participate if the woman was between 18-35 years of age; the male partner could be any age given that men tend to marry at different ages than women in this context and, therefore, many couples include husbands who are older than their wives.
- 4. Diffusing messages and shifting norms with broader congregation members:** Diffusion activities were organized to communicate gender equality through faith leader

sermons, couple testimonies, congregation-mobilizing events, mentoring by gender champions, and group discussions.

5. **Enabling a youth-friendly service environment:** Youth-friendly health care and GBV response protocol (clinics, pharmacies, hotline) were prioritized, reflecting the multi-level approach within MFF.

Core topics explored across MFF components include the promotion of gender equality and positive, non-violent male roles, the reduction of violence between intimate partners, and healthy timing and spacing of pregnancies through FP/RH service delivery. MFF hypothesized that social connections, the influence of the scriptures in informing behaviors, and the role of influencers on participants' perceptions, beliefs, and behaviors allow for the diffusion of new gender transformative attitudes and norms that change the underlying social norms and ultimately impact RH and prevent IPV.

RATIONALE FOR THIS STUDY

This qualitative research builds on and responds to findings from the mixed methods evaluation of MFF. Specifically, it was designed to consider questions that arose in the quantitative MFF impact evaluation.

- First, couples reported increased uptake of FP and increased self-efficacy to use contraception and to suggest contraceptive use with their spouse. Yet, social norms reflecting the normalcy and acceptability of FP use in a congregation did not significantly change post intervention. The endline study reported increased attitudes supportive of FP between intervention and comparison communities. At endline, MFF couples were less likely to report their mothers and fathers as reference groups indicating a shift how much parents influence couples' decisions on FP.
- Secondly, for IPV, declines in physical and sexual IPV were seen in both intervention and comparison congregations. Emotional IPV decreased significantly more in intervention congregations than comparison congregations. Somewhat concerning was a slightly higher though non-significant increase in reported IPV among newly married couples in intervention congregations. Although attitudes supportive of IPV decreased and nonviolent conflict management strategies increased, social norms demonstrating acceptance of IPV as typical and appropriate increased in intervention congregations. Reference groups also shifted from baseline to endline. For both FP and IPV in intervention and comparison congregations, partners were increasingly important after the intervention and faith leaders and family members/in-laws reduced in influence in IPV and couples' relationships. These findings invite questions about the ways by which norms shifts lead to behavior change, especially in urban and faith settings. In addition, the changes in reference groups raise questions about who should be implicated in program activities and how shifts in reference groups relate to couple behaviors.
- Finally, diffusion of program messaging on gender equality and positive masculinity increased at endline in both intervention and congregation communities. Though social norms on IPV did not change, FP norms related to typical and accepted FP use increased in intervention versus comparison congregations among those adults who were members of the

larger congregation. This finding raised questions about whether and how diffusion of messages took place in urban communities and how these affect norms.

The qualitative study took place almost two years after the quantitative study and project implementation. As a result, the qualitative study sought to collect information to understand these findings and the program effect, but it could not unpack all of these data.

RESEARCH AIM & OBJECTIVES

Research Aim

This post-program qualitative study aims to explore whether and how the MFF theory of change reflects the actual pathways through which young couples (men and women) uptake voluntary FP and prevent IPV.

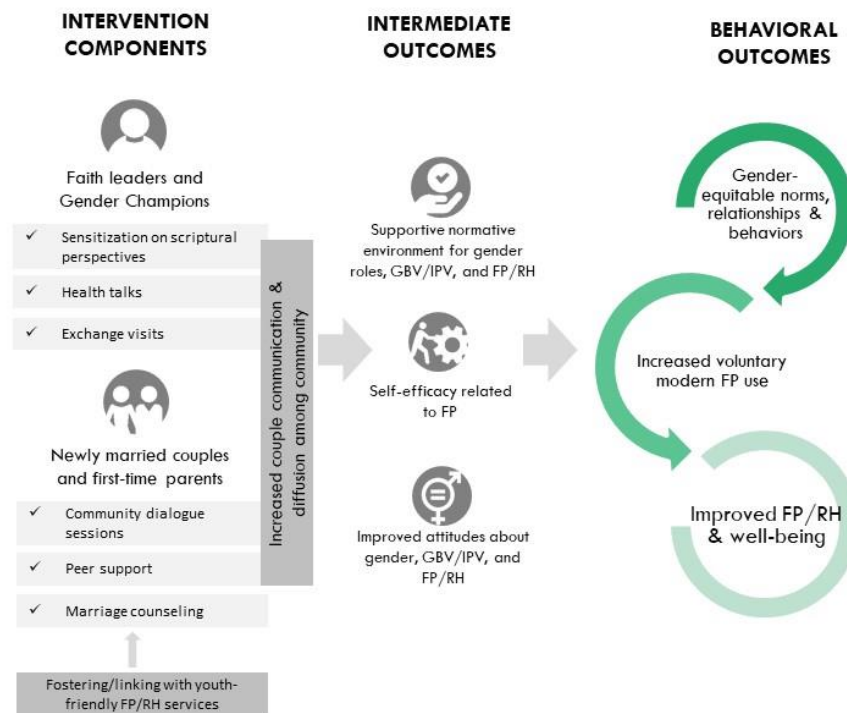
Research Objectives

Objective 1: To describe from whom and with whom young men and women receive and share information, on FP use and IPV in intervention and comparison sites.

Objective 2: To describe how young men and women in intervention and comparison sites processed, internalized, and made decisions regarding FP and IPV.

Objective 3: To describe how young men and women engaged in MFF and/or other FP or IPV programming in intervention and comparison sites.

Figure 1. Simplified MFF theory of change



METHODS

This two-phase qualitative study was conducted with participants from two MFF intervention sites and two comparison sites in Kinshasa, DRC. One larger/urban congregation and one smaller/peri-urban congregation was included in each study arm (i.e., intervention, comparison). The EXPERTS S.A.R.L. team worked with ECC to select sites where recruitment could take place within the study time period.

The research team worked collaboratively to review, adapt, and implement research tools and analyze the data from this study. The team included the U.S.-based Principal Investigator, research associate, and research consultant. From the DRC, the team included a researcher and a research manager from the Congolese research firm EXPERTS S.A.R.L., and a team of qualitative data collectors hired by EXPERTS S.A.R.L. All team members spoke French.

DATA COLLECTION

Phase I: In-depth interviews

Data was collected via in-depth interviews (IDIs) using participatory methods. Two separate IDI guides were used to explore key MFF themes: *FP* and *Relationship Dynamics*. Each study

participant was interviewed using only one of the two guides. Both guides included participatory activities and open-ended questions. Respondents were also read a series of statements related to FP or relationships norms and were asked to indicate if they agreed or disagreed with each statement.

The Kinshasa-based research firm managed participant recruitment and data collection, including recruitment (interviewers, supervisors, and transcribers). The PI and consultant held a virtual training of trainers for the researcher and research manager prior to the research team training. Before interviews began, the research team was trained in qualitative methods, research ethics, and COVID-19 safety and mitigation protocols by the study principal investigator (PI), the consultant, the researcher, and the research manager. A pilot was conducted to field test the data collection instruments and minor adjustments to research tools were made.

Interviews were conducted in French and Lingala and were transcribed, translated, and analyzed in French. IDI data collection and transcription took place from May-June 2021.

Phase II: Validation workshops

After data collection and analysis were complete, two focus group discussions (FGD) were held with key stakeholders in the MFF intervention: faith leaders and gender champions. Participants in the FGD included stakeholders from both intervention and comparison congregations. FGD guides were developed to validate findings from the analysis of IDIs, add depth to the interpretation of findings, and clarify any gaps in analysis.

Validation workshops were conducted in French and Lingala and were transcribed, translated, and analyzed in French. Findings from the validation workshops were integrated into the final analysis of IDIs. Validation workshops took place in July 2021.

IDI ELIGIBILITY CRITERIA & PARTICIPANT SELECTION

IDIs were conducted with young women and men in each site. Inclusion criteria were designed to match the intervention eligibility including the focus on heterosexual couples. Three types of participants were recruited: those from intervention congregations who participated in MFF and those who did not and those from comparison congregations. Eligibility was determined by years of marriage to approximate newly married couples who would have been eligible at the time MFF was implemented.

Initially, inclusion criteria for the study mirrored inclusion criteria for the MFF intervention. These criteria included:

- Congregation membership
 - Member of the selected intervention or comparison congregation
- Being a young man or woman
 - Intervention sites only: Participation in the MFF couples dialogues
 - Comparison sites only: The young man or woman, by between 2013-2017, became a first-time parent¹ or newly married or cohabiting couple² (i.e., would have been eligible to participate in the MFF intervention)

However, as study recruitment progressed the research team realized that a number of young men and women who had participated in the MFF intervention fell outside of the original intervention inclusion criteria. Namely, these MFF intervention participants had been married to their spouses

¹ A first-time parent is a young man or woman who had their first child between 2013-2017.

² A newly married young man or woman is someone who was married or cohabiting with a partner within 2013-2017.

for a period of time longer than was defined by the original intervention inclusion criteria. In addition, operationalizing the original definition was too complicated for those that had not participated in MFF as the study team was not working off a program list.

As the main inclusion criteria of interest was participation in the intervention, the PI approved an adjustment of inclusion criteria to reflect the population which had participated in the MFF intervention. To facilitate accurate comparisons between MFF participants and non-participants, the inclusion criteria for MFF non-participants in both intervention and comparison sites was also adjusted. The revised inclusion criteria reflect the population that would have been eligible to participate in MFF in 2015.

Individuals were invited to participate in the study if they met the following inclusion criteria:

- Congregation membership
 - Member of the selected intervention or comparison congregations
- AND
- Being a woman aged 18-43 years or a young man with a spouse aged 18-43 years AND
 - Intervention site, MFF participant: Participation in the MFF couples' dialogues during the intervention period (2015-2018)
 - Intervention site, MFF non-participant: The young man or woman was married to their partner for 11 years or less and has not participated in the MFF couples' dialogues.
 - Comparison sites only: The young man or woman was married to their partner for 11 years or less.

Faith leaders provided the Congolese research firm with lists of individuals meeting inclusion criteria from their congregations. These individuals were informed by their church leaders that the research firm would contact them by phone to invite them to participate in the study. Supervisors of data collection teams then contacted the potential study participants by phone. Individuals who were interested in participating were scheduled for an interview. Only one person per couple was invited to participate in the study. Supervisors continued to contact people on lists of potential participants provided by faith leaders until the initially planned number of interviews was met or there were no other participants in the congregation who met inclusion criteria.

This study began after the MFF program was introduced in comparison congregations as part of the Passages scale-up strategy. Therefore, it is possible that some study participants from comparison congregations had exposure to the intervention.

SAMPLE SIZE

A minimum of 96 interviews in total were initially planned (n=64 intervention, n=32 comparison) for this study, with the possibility of adding more interviews if the analysis team, in consultation with the PI, determined saturation was not reached. Seven individuals from intervention congregations who were approached to participate in the study refused and/or were unavailable. The final study sample included 89 participants total (intervention n=57, comparison n=32). During analysis the research team determined that saturation had been reached and the sample size was, therefore, adequate for rigorous analysis and accurate extrapolation.

Tables 1. and **2.** detail the distribution of study participants.

Table 1. Family Planning IDIs: final sample size

	Intervention congregations				Comparison Congregations				TOTAL
	Small Congregation		Large Congregation		Large Congregation		Small Congregation		
	Females	Males	Females	Males	Females	Males	Females	Males	
Family Planning									
MFF Participant	6	4	2	4	N/A				16
MFF Non-participant	2	4	5	3	4	4	4	4	30
TOTAL	8	8	7	7	4	4	4	4	46

Table 2. Relationship Dynamics IDIs: final sample size

	Intervention congregations				Comparison Congregations				TOTAL
	Small Congregation		Large Congregation		Large Congregation		Small Congregation		
	Females	Males	Females	Males	Females	Males	Females	Males	
Relationship Dynamics									
MFF Participant	3	4	3	4	N/A				14
MFF Non-participant	2	4	4	3	4	4	4	4	29
TOTAL	5	8	7	7	4	4	4	4	43

DATA ANALYSIS

Data analysis was completed by four members of the research team (two Congolese, two Americans), all of whom understand and speak French (two native speakers, two highly proficient speakers). Data was analyzed using a combined deductive/inductive approach using the qualitative analysis platform *Dedoose* (dedoose.com).

To prepare for and systematize coding, the research consultant led a series of online analysis workshops during which analysis team members were trained on the analysis platform, double coded a series of interviews, and discussed coding and emergent themes. The initial code books for analysis were formulated by the research consultant based on research objectives and the interview guides. The research team took an iterative approach to analysis and code book development, adding and adjusting codes as themes emerged from data and ensuring analysis was consistently framed by research objectives.

Once the team reached consensus on coding and overall aims of analysis, individual team members were assigned IDIs to code. The team held weekly meetings to discuss emergent themes and clarify team member questions. Analysis considered any potential differences between responses by MFF participant, congregation size, and gender. FP and Relationship Dynamics interviews were analyzed

separately, though findings from both groups of interviews were considered in aggregate during write up and study conclusions.

ETHICAL CONSIDERATIONS

Before data collection began, Institutional Review Board (IRB) approval was obtained by the Georgetown University IRB and the Ethical Committee of the School of Public Health at the University of Kinshasa. Before IDI and the validation workshop, data collectors sought voluntary, informed written consent from participants. Interviews were held in a private location where the interviewer confirmed that the participants felt comfortable, safe, and able to speak freely. All research activities were audio recorded and interviewers received verbal consent from all participants to record before beginning the interview or focus group. Research staff collected all recording devices at the end of each day for immediate transfer to an encrypted, password-protected computer in the office of EXPERTS S.A.R.L. Audio files were then deleted from the audio device after transcription.

No participants refused to participate in the study after the consent process, withdrew consent during or after research activities, or refused audio recording of the interview. Participants were given a copy of the signed consent form with contact names and phone numbers in case the participant had any questions or concerns after the interview.

MITIGATING POTENTIAL RISKS TO PARTICIPANTS

This research addressed some issues which may have been of a sensitive and personal nature to participants. To minimize the risk of discomfort or harm to participants several precautionary steps were taken throughout the study:

- Data collectors were trained on interviewing on sensitive issues (e.g., IPV, FP)
- Data collectors were prepared to provide referrals to appropriate local providers
- Voluntary participation in the study was emphasized several times during the informed consent process so that participants were aware they could refuse to answer questions, stop the interview, and/or withdraw consent at any time during the interview
- Precautions were taken to ensure participant confidentiality and anonymity throughout and after data collection including conducting interviews in a private space where the participant felt comfortable, anonymizing all IDI audios and transcripts, and using a secure, password-protected server to transfer and access files.

COVID-19 SAFETY MEASURES

One day before all in-person research activities, participants were screened by phone for COVID-19 symptoms using a standard questionnaire. Participants were screened again the day of the interview using the same questionnaire. Social distancing was adhered to during research activities, and interviewers and participants were asked to wear masks. COVID-19 mitigation measures were in adherence with Georgetown University's COVID-19 safety guidance.

LIMITATIONS

This qualitative study was developed and implemented during the COVID-19 pandemic, therefore all inter-country collaboration, including some sessions of the data collection training, was virtual. During data collection, every effort was made to create interview conditions which encouraged participants to share openly and freely with interviewers. However, COVID-19 mitigation measures

such as pre-interview COVID-19 symptom questionnaires, social distancing, and mask wearing could have had an effect on the ability of interviewers to establish a high level of rapport with some interviewees.

Though initially planned to complement the quantitative evaluation, this qualitative study took place in 2021, almost three years after MFF intervention congregations participated in the project. Scale-up activities started in comparison congregations in 2020, limiting the ability to compare exposed and unexposed congregations.

Participants in intervention congregations may not have recalled the full intervention given the time that had passed between the end of the intervention and the interviews and there may have been further diffusion or loss of intervention effect in these same congregations. In addition, other projects may have been implemented in these project areas.

FINDINGS

Findings from interviews with young men and women on FP are presented first, followed by findings from interviews with young men and women on Relationship Dynamics³.

For both FP and Relationship Dynamics interviews no notable differences in responses or emergent themes were observed between those participating or not in MFF, by congregation size, or by gender. In the few cases where differences were observed, these differences are noted.

FAMILY PLANNING

I. Fertility preference

FP interviewees said they would like to have from one to nine children, though most respondents indicated they would like to have three to five children. Respondents demonstrated that fertility preference can change over time and be influenced by a variety of factors. Some responses illustrated the fluid and conditional nature of fertility preference. For example, several respondents said they would like to have a certain number of children different from the number that they considered financially practical for their family. A young man reflected a common and recurring theme among respondents that a couple's financial means, not their fertility preference, determines how many children a couple can, or should, have:

I would like to have five children but given [our] current [financial] situation, I see myself having to stop at three children. (Male, comparison congregation, P86)

Other participants indicated that the difference between their ideal fertility preference and the number of children they had was a result of spousal negotiation and compromise.

Well, personally, I wanted to only have one child. But, today, by the will of God and that of my wife, we have three children. (Male, comparison congregation, P70)

³ Respondents for each type of interview are collectively referred to throughout this report as 'FP interviewees' and 'Relationship Dynamics interviewees.'

Interviewer: At the beginning of your relationship...how many children did you hope to have?

Respondent: In fact, in all honesty, I often said I wanted five children, [my husband] wanted two children. We did not agree...We decided on four children, that way we will have two boys and two girls. (Female, MFF participant, P36)

2. Factors and people influencing fertility preference

Young men and women cited a range of factors that influenced their own fertility preferences. These included financial difficulties, FP information gained from RH education including the MFF project, a prior complicated pregnancy or birth, observing the benefits of a smaller family size, personal convictions, and the biological limitations of menopause.

Financial difficulties including a lack of financial means, unexpected financial hardship, and a general perception that the country's economic situation was uncertain or unstable, were cited most often by respondents as determining factors in decisions to limit family size.

For me it's about the current state of life, that we can say we need to limit to a certain number of children. There is a friend who influences me to limit my number of children. I appreciate this friend who only has one child. I tell myself, given the current conditions of life, if I only had one child, I could better concentrate on taking good care of this child, his studies, food, and the rest. (Male, comparison congregation, wants 5 children but will limit to 3, P86)

Interviewer: Which [factors] pushed you to think about having 3 or 4 children?

Respondent: In fact, given the current economic situation, it's not like we marry to have 10, 15, 20 children, perhaps we will be unable to take care of them, it is a bit like that. Also, to ensure a good education for children, children must study...Given the current economic situation, we told ourselves that we have to limit [ourselves] to 4 children so that we are able to save money. (Female, MFF participant, P36)

People who influence me regarding the number of children are Westerners...because they don't have as many children compared to us Africans. With us you can see someone who does not work who has four or five children and others can also have four or five children without being legally married to his wife and he continues to have children. He also does not have the [financial] means to take care of his children but he will keep having children. (Male, MFF participant, wants 3 or 4 children, P8)

Young men and women also said that a previous difficult pregnancy, birth, or miscarriage influenced their decisions to plan, space, or limit the number of children they had and to use contraception to achieve their fertility intentions.

We [decided to space our births]...when we were engaged...But what really got us to insist on [birth spacing] was that I had this child by cesarean. I can [get pregnant again] after 10 months, yes, but I'm worried about this C-section wound. We do not neglect to calculate my fertile days, we follow up with our formulas so as not become pregnant. Maybe if you do not give birth by caesarean, you can neglect [calculating your fertile days], assume that you are going to deliver [your next baby] in good conditions. But since [my Cesarean] happened we are very careful. (Female, comparison congregation, P65)

Some respondents also cited their participation in MFF as having influenced their decision to practice family planning.

P1) *With these [MFF] lessons, I know how to practice birth spacing.* (Female, MFF participant,

Interviewer: Do you think that your way of seeing parenthood, your [desired] number of children or family planning changed because of the Passage [MFF] project?

Respondent: If my wife and I had not participated in the Passage [MFF] project, my wife would still be pushing to have [more] children. Because we participated in the Passage project, I told her all of the time, ‘You see what they said, the consequence of having a lot of children --- where are you going to keep them? We do not have a house, we rent, where would we put [more children]?’ My wife understood. (Male, MFF participant, P5)

Only a small number of participants said their personal and religious convictions influenced them to have more, rather than fewer, children. For example, this young woman preferred to have a large family after her experience as an only child:

No one influenced me [on the number of children I want to have]...because I was born an only child, [I wanted a big family]. (Female, comparison congregation, wanted 5 or 6 children, P60)

In addition to influential factors, young men and women identified a number of individuals from their family and social circles who had an effect on their fertility preference. Other people influenced respondents through the advice they shared or the example they set in their own lives and families. For example, in this socio-cultural context couples often choose another couple as ‘Godparents’ (*Parrains*, in French) for their marriage. Godparents are married couples that the new couple respects and feels comfortable approaching for advice. They can be family members or close family friends, with some respondents indicating that their pastor served as their Godparent. Godparents generally serve as mentors for the new couple’s relationship before or during marriage. In this role, Godparents were cited as widely influential for many couples’ decisions on FP and other significant aspects of relationships and marriage.

Almost all participants who said their fertility preference was influenced by someone said they motivated them to limit, not increase, the number of children they plan to have. Some respondents mentioned that while they may speak with people in their family or social circles about fertility preference, when it comes to specific questions regarding FP and contraception, they seek out the advice of health providers or information from organizations outside of their church community.

Table 3 details all of the people participants identified as influencing their fertility preference.

Table 3. People influencing participants’ fertility preference

Church leaders	Church acquaintances
<ul style="list-style-type: none"> • Pastor • Pastor’s wife (Maman pasteur) • Deacon 	<ul style="list-style-type: none"> • Friends, couples from church community • Church youth club members
Colleagues	Extended family
<ul style="list-style-type: none"> • Boss/ supervisor • Co-workers 	<ul style="list-style-type: none"> • Cousin (female & male) • Grandmother • Grandfather • Aunt • Uncle
Friends & neighbors	Godparents (Parrains)
<ul style="list-style-type: none"> • Individual friends, couples • Friend groups 	<ul style="list-style-type: none"> • Godmother or Godfather separately • Godparents as a couple

• Neighbors	
Health providers	In-laws
• Doctor’s advice during prenatal care	• Mother and father-in-law (as a couple or individually) • Sister and brother-in-law
Parents	Siblings
• Mother and father (as a couple or individually)	• Older sisters, brothers • Younger sisters, brothers
Spouse	
• Spouse’s opinion Discussions with spouse resulting in mutual decision	

3. Most influential people on family planning information and use

When respondents were asked to choose the two individuals in their lives who most influenced their thinking on FP and its use, **friends** (n=13/46), **Godparents** (individually or as a couple, n=9/46), **husbands** (n=7/23), and **pastors** (n=5/46) were the most frequently cited.

Notably, seven women listed their husbands as one of the most influential people on FP and its use while only one man listed his wife as influencing him in the same way. Two people (one female non-MFF participant, one male MFF participant) shared that FP discussions had caused conflict within their couple. In both cases the husband encouraged FP use to delay the couple’s next child, but their wives disagreed.

Interviewer: What was the reaction of your wife when your Godfather spoke to you about condoms?

Respondent: She said nothing in front of our Godfather, or after [we left]; it was when I came to her with a condom that she started to get angry saying: ‘You are afraid that I will get pregnant!’ and I told her that it is not that I am afraid but it is to protect ourselves so that our children grow up well and [we] make sure their future is good, to space out their births. We used the condom once, twice and the third time she refused, she said, ‘No this is not going to work. The condom does not give me pleasure and we are married.’ I told her, ‘It is not like that, it’s for planning. If you feel that way, look for another [contraceptive] method. I told her either use the necklace [standard days] method or implants, but so far we haven’t found a compromise yet. (Male, MFF participant, P8)

Some people mentioned that talking to their own parents or their spouses’ parents about FP would be taboo. It was easier for couples, they said, to talk to their chosen Godparents about these private topics.

Participants consistently shared that the people who influenced them the most on FP and its use affected them by offering advice, by giving information or sharing personal experiences related to FP, and by having set an example through the way they planned and lived their lives as a couple, often by having small families and practicing birth spacing. **Table 4.** details how these pathways of influence affected respondents’ perspectives and FP use decisions.

Table 4. Exemplary quotes demonstrating how the most influential people shared information and influenced young men and women’s FP use decisions

Friends

One important thing [my friend] told me is that his wife said she likes that they have a lot of children, but given their financial means, it is not easy for them to have a lot of children...Second, he told me [about] the injection that they give to women to avoid getting pregnant, I should go with my wife [to a health clinic] so that she gets it too. (Male, MFF participant, P5)

Godparents

We talk a lot [with our Godparents]...about parenthood. When we are with them, they insist above all on the education of the child, that is to say it is necessary to space births, one should not have many children, so that you can send all of your children to school and take care of your children...You must save money so that when they are sick, you can take them to good [health] centers for medical care. (Female, MFF participant, P36)

[Our godparents] told us that children are from God, but it is up to the man to plan birth...When we say 'replenish the Earth,' you must give birth as you want, morning, noon, and night - but, they told us that God gives us intelligence [to plan births]... when there are too many little ones who come afterward, you do not know how to give the best [care] to the first [child], and the result will be a disaster...They also told us that there is a big debate about condoms... whether or not a Christian [can use] them. They were neutral, said that it depends on our own conviction as a couple...Regarding implants... my Godmother used it once for three years. I don't know if it worked or not. I know she experienced some complications. She just told me to refrain from using it, because she [practiced family planning] without it as well. [They also talked about] the calendar methods, how to calculate your cycle. (Female, comparison congregation, P82)

Husband

Since it was the first time I gave birth, we discussed [family planning] with my doctor. [The doctor] told us that to plan our births, we must use either condoms or pills. Other than my doctor, there is no one else with whom we talk about planning methods because my first friend is my husband, he is the one who gives me permission to go to my doctor. (Female, intervention congregation, non-MFF participant, P59)

[My husband] always tells me that since you have a baby, I don't want you to be pregnant again. (Female, comparison congregation, P67)

Pastor

Yes, [our] pastor has a lot of money, but he has a small number of children, only three children...This is how I realized that having a lot of money does not mean you have to have a lot of children, that is how I interpreted his ideology. And I have always held that in my heart, when I saw that again it gave me strength. (Male, MFF participant, P6)

Well, [our pastors] give us advice as young couples...to respect our family and especially to respect the number of children. [A small number of children] will help us breathe and bring up children well and to also respect Christ. If you have an exorbitant number of children, [all of] that responsibility without sufficient financial means to meet the children's needs...you even risk insulting God. (Male, comparison congregation, P70)

Influence of health workers & faith leaders on FP beliefs & decision making

After listing the individuals who most influenced their perspectives and practices regarding FP, respondents were asked specifically about the influence of health workers and faith leaders on their FP decisions. Most young men and women said that health workers could or have already influenced their thoughts and decisions on FP through maternal health and RH/FP education and the actual distribution of FP methods.

Yes! [Health workers] are the ones who are best suited [to give advice] on family planning. I have a very sensitive ear, as they say, when health workers or staff talk to me about family planning, I have a lot of interest in following what they say about planning. (Female, MFF participant, P35).

[My doctor] used to tell me when I was going for prenatal check-ups at his hospital that I must take good care of my body so that I do not have unwanted pregnancies, because after childbirth the woman's reproductive organs do not directly return to normal...That's why he told me to be careful not to have yet another pregnancy before the child is three or four months old. (Female, non-MFF participant, congregation intervention, P59)

Generally, people had confidence in health workers because they were seen as trained, qualified specialists in RH, offering information supported by research and their extensive experience in the field.

Well, I trust in their advice because, first of all, they are educated people, they have experience in these matters. They have information that we don't have. For example, they can tell you that if you do this, you will have such a result and if you follow their instructions, you will have the expected result...You will listen to them since they have information and experience in relation to studies already done on the topic. (Male, non-MFF participant, congregation intervention, P48)

A minority of respondents said health workers were not influential on their FP decisions. These individuals had not sought the advice of health workers for FP-related matters or were not interested in using hormonal contraceptive methods so they did not see health workers as relevant to their decisions.

When probed on the specific role pastors played on FP decisions, almost all interviewees said that pastors were influential figures in their lives. Pastors occupied the unique role of educator, spiritual leader, and authority and could speak without taboo, shame, or reserve.

Yes, [pastors] also have a role to play [in family planning]. They teach people. They are educators...They advise us on how to balance births, how to get children to grow well...it is important that they talk about it, because you can't just stick with health advice, they must also join the word of God [to that advice]. [Spiritual advice] is also advice, no? (Female, MFF participant, P3)

Yes, [pastors] have to talk about [decisions about family planning] because they are educators; when they are preaching during mass it is already an education, they must educate people... A pastor is not someone who is ashamed, that's why there are sometimes trainings [in church] for mothers and there are also trainings for men. (Male, MFF participant, P6)

A few people, including some who had participated in MFF, considered the home, family, and family size to be private and not a place for pastors to influence. Rather, they felt FP fell under health workers' domain only.

Faith leaders cannot [influence me when it comes to family planning], only health workers can...faith leaders can teach me how to live with my husband and children, all of this is within the context of their preaching... [but] regarding the number of children it is only health workers...I think faith leaders should preach to me the sermons from the Bible, but they are not going to preach to me about my home or my births with my husband, no. (Female, MFF participant, P1)

Most respondents, however, said they trusted the advice of their church leaders generally as well as specifically in relation to FP. Participants considered pastors to have a particular moral authority given their role as spiritual guides, servants, and teachers of the word of God. Pastors were referred to as ‘*spiritual fathers*’ with some individuals believing pastors’ advice came directly from God.

Not only on family planning, [pastors] are so important. You know that pastors, [faith] leaders are people we follow, who we listen to more, we quickly take in what they tell us. When a pastor that you respect comes to talk to you about this, you are going to quickly take it into consideration, you are going to tell yourself that it is God speaking to you through him. He can also tell you in this way: "God told me", you know it well with our pastors today, and especially when he starts with this argument that God told me to tell you. You see it influences directly, not only the heart but the soul as well, so it gets deep in because he's a pastor. They really have an influence on our lives. (Male, comparison congregation, P86)

Interviewees also felt pastors’ authority on FP came from their lived experience. Some participants said their pastor’s advice had more credibility – or *only* had credibility - if they saw their pastor living out their own advice in reality, in their own lives and families.

For me, the men of God are divided into two categories: there are those who are spiritual and those who are carnal. At least, their advice from a spiritual point of view, I can say that I trust them 90 percent or even a 100 percent; we believe because it is not only they who speak but they speak through the Bible. ...From this aspect we almost believe them completely. But, on the other side, concerning family planning ...the percentage is really low towards pastors ... Many of the pastors I associated with cannot even manage to practice family planning. I know many pastors who have children ever year. Besides, one pastor that I know in my church, in less than 10 years, he has had 7 children. Now if he comes to give me advice on family planning, I will doubt [him]. I cannot agree with his advice because he himself does not even manage to implement it. He has children without thinking, without taking into account family planning on the pretext that it is written: "replenish the earth," like those who misinterpret the Bible say: children must be made everywhere, anyhow. (Male, Intervention congregation, non-participating MFF, P48)

Despite the fact that most respondents said they trusted the advice of their pastor regarding FP, at least half of all respondents from both intervention and comparison congregations said they had never heard their pastor talk about FP-related topics including whether couples should use contraceptive methods. There is a slight discrepancy, therefore, between trusting pastors on FP but not necessarily having heard pastors give FP advice. This finding suggests that when interviewees said they trusted their pastor’s advice on FP, many were articulating their trust of pastors generally as spiritual and moral leaders. At the same time, they were expressing their receptivity to more information and advice from pastors on topics outside of spirituality alone, including FP: *if a pastor were to discuss FP, congregants indicated they would seriously consider what the pastor had to say.*

A young man from a comparison congregation who believed congregation members were eager to receive this kind of advice on ‘*everyday life*’ from pastors supports this conclusion that while congregants *would* trust pastors’ advice on FP, they are not necessarily receiving it now. If pastors did discuss topics such as FP, he said, they could use their positions to pass on important information to congregants who trust them and are looking for more life advice:

Yes, it is really important; if one day pastors, beyond preaching, also introduce this kind of topic [related to family planning], it would be a good thing... [In our church] we are used to listening to pastors talk to us about the Bible, but few pastors talk to us about daily life. Everyday life causes us a lot of problems. If the pastors also put themselves in the shoes of doctors...to talk about [family planning] too, it would be a very good thing; or even invite

[health workers] to church to talk about this in clear way. (Male, comparison congregation, P86)

An MFF participant said he thought pastors did not speak about sexuality in their sermons because they considered the topic taboo. Instead, pastors may speak about FP during special church events or church committee meetings but not to the congregation as a whole.

[For] our Pastors... [conjugal relationships between couples] are taboo issues... As long as [pastors] consider issues related to sexuality as taboo we will always have problems... It would be better to talk about [family planning] in church because in church everyone is invited. The [congregation members] who are not part of the church groups listen [to sermons]; it is up to [each person] now to apply [the pastor's advice] or not. (Male, MFF participant, P38)

Interviewees who had heard their pastors speak about FP said pastors touched on topics such as birth spacing and family size, placing emphasis on the need to consider household financial means when having children. Pastors were not generally reported to give specific information to the congregation on recommended FP methods.

The advice [pastors] give...about [family planning], being with a woman, spacing children one year apart is not good, it destroys the woman but not the child. And children will be sick all the time, at some point the woman will have a lot of difficulties with her children. Their advice helps me a lot. (Male, MFF participant, P8)

Interviewer: Has [your pastor] ever told you about family planning and birth control methods?

Respondent: I heard him talking about it long time ago. He said the man and the woman must agree on the number of children they want to have. Like me, I told you that I want to have 8 children, that is my wish but not that of my husband. [The pastor] said that a couple must sit down to talk about it and then make this decision together.

Interviewer: [Your pastor] didn't talk about methods?

Respondent: No, he didn't mention [contraceptive] methods. (Female, intervention congregation, non-MFF participant, P28)

A few respondents reported that some pastors said using contraception is a sin, though this sentiment did not appear to be prevalent in study congregations. One young woman from an MFF intervention site said that her pastors believed that using FP methods such as condoms was a sin and, therefore, according to her it was not a good idea to 'involve' pastors in FP messaging or education as they would only discourage individuals from using FP.

Interviewer: Why is [pastors'] advice on family planning, motherhood, and contraceptives important?

Respondent: For family planning, I don't think [their advice is important] because we are taught every contraceptive method is a sin, according to the pastor...It is a sin according to the pastor, for example, to get an injection of three months, of a year, of three years to stop ovulation. It is a sin according to the pastors to have interrupted sex...using condoms is also a sin according to them. To ejaculate outside [of a woman] is also a sin...So, in relation to family planning, in my opinion, it is not really important to share with pastors because you will only be discouraged [by them]. (Female, Intervention congregation, MFF non-participant, P60)

Advice and Information on family planning

The advice and information participants received from influential people regarding FP was related to limiting their number of children, planning and spacing births, and contraception and sexual health.

Limiting the number of children

Almost all participants reported receiving advice and information on the importance of planning and/or limiting their number of children. With few exceptions, participants were advised that limiting births was preferable to having many children and, as outlined above, to plan their family size according to their household financial means and with the health of the mother and child in mind. One young woman recalled that her father often referred to a neighbor as an example of the consequences of having a lot of children:

Yes, Dad always told me, 'My child, you must not have many children otherwise you risk having hooligans among them who could cause you trouble and you will die early.' He used to say that for him it would have been even better if he had had only one or two children...I don't know if it is our neighbor's situation that pushed him to tell us this... So, this lady had a lot of children and very often there were disturbances and fights in her house. Every time Dad heard that he told us, 'Do you see the disadvantage of having a lot of children?' (Female, MFF participant, P4)

Several respondents were struck by influential people in their lives who were well off financially who, despite having adequate financial means, had small families. These examples emphasized to respondents that even those with the financial means to support a large family can choose to limit their number of children.

To be honest, [my uncle and I] don't share information about [family planning]. The influence is in relation to what I see; I tell myself that... although he is no longer together with his wife, he has not tried to have children with another woman...It is the fact [that he has] the courage to make this decision, to say despite what I am going through [with this divorce], I must limit [the number of children I have]. He does not lack money; I said that he is a legal advisor, he has got houses, cars but he tells himself that he is going to limit his number of children. This is one of the things I find important; if he who has adequate financial means is limited to a small number of children, how much better of a reason can I find [to practice this myself]? (Male, comparison congregation, P86)

A small number of respondents reported that influential people in their lives (mother- and sister-in-law) encouraged or supported having a high number of children.

[My mother-in-law] tells me that [our] children are growing up, she thinks we started having our children late so we must have births in quick succession. If a child reaches one and a half years old we can already have another instead of waiting or having a big interval [in between the next]... I also said [to my mother-in-law] that your son doesn't want a lot of children. She said that her child is lying, she told me that we must have a lot of children so that she can enjoy grandchildren. (Female, comparison congregation, P67)

Birth Spacing

Influential people frequently recommended that young men and women practice birth spacing. Respondents were told of the importance and benefits of birth spacing for the health of both the mother and child and general planning for the household. Some respondents said they were especially advised to practice birth spacing after a complicated birth (i.e., C-section).

[My Godmother] told me [family planning] is important, very important for a couple; it's more for the protection of mother and the growth of the child. [Births] should not be too close, the number of years of spacing is for your health and to take better care of the child you have. (Female, comparison congregation, P68)

Recommended birth intervals ranged from three months to five years. Some women said they were advised to plan their births for about every two years so that they would ‘*not be on maternity leave all of the time.*’ One female participant said her husband encouraged longer birth intervals in between children than she herself necessarily wanted.

Contraception & sexual health

Influential people also often shared specific advice on contraceptive methods, both ‘natural’ (non-hormonal) and hormonal, to achieve optimal birth intervals or to limit births. Some respondents were also given advice on where and how to access contraceptive information and methods. One influential couple, Deacons at the participant’s church (comparison site), went so far as to give the participant and her husband condoms to encourage and facilitate their practice of birth spacing.

Influential people recommended hormonal and non-hormonal contraceptive methods to respondents. While a number of respondents said they were told about the advantages and disadvantages of different hormonal methods and were encouraged to use them, many others said they were discouraged from considering hormonal methods. A number of respondents said influential people specifically advised them to use the Standard Days Method or periodic abstinence to avoid or delay pregnancy. Some young men and women expressed significant distrust or dislike of hormonal methods, usually stemming from a fear of side effects experienced by someone they knew. Few participants cited side effects they themselves had experienced.

Yes, compared to the stories of people who have used [hormonal contraception], there are people who have good results with it, others who complain...There was a girl who had the implant, but she was bleeding continuously, she lost weight, until she went to get the implant removed. Others say that if you are using pills, if you forget to take it one day, you will have problems and you are at risk of getting pregnant. That's why I'm afraid of it. I just always calculate my cycles. (Female, MFF participant, P36)

Another group of respondents said that while they themselves would not use hormonal methods, they did not disapprove of others using them or using them under particular circumstances.

4. People with whom participants shared information on FP

Interviewees were asked to reflect on the people in their lives with whom they themselves speak and share information about FP (**Table 5.**). Significant crossover was observed between the people interviewees felt influenced them in relation to FP and the people they felt they influenced. Notably absent from the list of people interviewees influenced were older people and people in positions of power or authority in interviewees’ lives such as parents, Godparents, and pastors. Responses suggest that interviewees generally feel they influence people in their peer groups their age or younger.

Friends were most often cited as the people respondents felt they influenced the most in relation to FP (n=24/46) with **sisters** following but for a small number of respondents (n=8/46). Young men and women felt they influenced others through the same pathways as those who influenced them:

offering advice, giving information, sharing personal experiences, and setting an example or model for others through their own lives.

Advice and information on FP that young men and women gave to others mirrored the advice they reported receiving from others (see section 3. *Most influential people on FP information & use*) including the importance of practicing birth spacing, limiting the number of children, and information on different FP methods to achieve this. **Table 5.** details exemplary quotes on the pathways through which young men and women reported sharing advice, information, and modeling ideal behaviors for others.

Regarding FP methods specifically, a number of young men and women said they recommended the Standard Days Method to their friends and others. However, respondents generally communicated less resistance to hormonal methods than they themselves received from those who influenced them. Respondents reported that they were both approached by family or acquaintances for FP advice or information and themselves took the initiative to reach out to someone to offer advice or information related to FP.

Table 5. Exemplary quotes of the pathways through which young men and women shared advice, information, and models with those they influenced

Offering Advice

I talked to her about family planning because she got married last Saturday, I was also there. I am not her Godmother, but I only helped her with advice. (Female, MFF participant, P36)

Well, as they do not have children yet, I only told them: ... I believe that one day God will give you [children], He will open a door and when that door opens you should not say that because the door is open now you have to act quickly, to go fast [to have many children in succession]. No, you must know how to manage [plan births]. (Female, comparison congregation, P68)

Giving Information & Personal Experience

We often talk about how to plan wanted births with a woman; this is the main point we usually discuss. He often asks me questions like: how do you space births? I tell him there are a lot of methods and you have to be careful with your wife's [menstrual] calendar...or if you see that you do not have this insight on her menstruation, you can ask for other [contraceptive] methods. We have family planning agencies, you can contact them. There is contraception that you can use for 3 months, 5 years and so on. That's what we talk about. (Male, MFF participant, P7)

Model Behavior

The [friend] who is not yet married often says, observing the way we live, the way I live in my home with my husband and my child, I am like her example, she will follow my example. For example, when she came to celebrate my child's birthday she was really very happy. She told me about one of her acquaintances who also gave birth at the same time as me but who already had another child of 3 months old while the first was only one year old. She congratulated me saying that I am like an example to her, she will follow my example. When she gets married, she will [follow my example]. (Female, MFF participant, P35)

Some respondents also stated that they shared information and advice they learned from MFF sessions directly with friends, colleagues, and extended family members.

The information we got [from MFF], I also taught to my friend. So if I went to church to attend the MFF session, when I came back I also taught [my friend] what I just learned. I was joking saying that: you are attending the teachings without paying the tuition fees!

This is the only person I shared this information with. You would see her husband telling me: you came to teach us what you have just learned in your school? And I said: 'Yes, it is a school without school fees.' (Female, MFF participant, P36)

A number of young men and women believed the people with whom they spoke about FP had changed their opinions or adopted practices they recommended, including using FP methods, practicing birth spacing, and limiting births. **Table 6.** details exemplary quotes of FP-related behavior change interviewees believed they inspire in others.

Table 6. Exemplary quotes of behavior change in people young men and women influenced

Adoption of FP Methods

Interviewer: Do you know if these people, that is to say your sisters, have changed their behavior based on your exchanges with them?

Respondent: Yes, yes; she also opted for the method I use, she considers my advice.

Interviewer: How did you know she opted for the method you are using?

Respondent: She told me, we communicate and exchange a lot. (Female, Comparison congregation, P68)

Respondent: Yes, some [of my employees] are changing. Some of them tell me: boss, from that day [you shared family planning information with us], we are observing your advice [to avoid unwanted births]

Interviewer: Have you also noticed that these people have started using family planning?

Respondent: Yes! ...In fact, some of them have already started to organize themselves [to use FP]. (Male, MFF participant, P37)

Practicing Birth Spacing

Yes, she practices birth spacing, because she already has a got child of a month and a half. Other women, when they have a child of a month and a half they are already pregnant. I asked her: did you take an injection? She tells me no, it's based on the advice I'm giving her. (Female, MFF participant, P1)

Yes [she follows the advice I gave her] because she waited until her son was 5 years old then she had another child. This is what proves to me that she really follows what I told her; she has two children who closely follow one another in birth, she had them when she was in the village before I told her about family planning. (Female, intervention congregation, non-MFF participant, P9)

Limiting the Number of Children

When I arrived [at his house] there I saw that his wife was again pregnant...He told me: it's just something that happened, what could we do? I told him: something that happened, how? Look! I told him, you know that getting a woman pregnant is not a mistake, it is a consent. ... It is at this point that I told him about family planning; I told him: you know we are young people and we are still tenants; we must try to fill our bottles little by little so that tomorrow is better. Having a lot of children will not help us move on, we do not work in a big company to help us make money to feed our children and raise them and pay the house rent; perhaps there is nothing in our accounts; when you go on having children you will have a lot of difficulties...He told me: what is [family] planning? So I started to explain to him that [family] planning is the way to manage so as not to have many children, what will help you be in good health in the family; if you cannot plan you will be at risk of not being able to buy clothes even to your wife and your children because all the money will end up buying food and paying the rent because there are a lot of children and he understood. When I started explaining this to him, he was not yet married ...he already had 4 children and since they got married already 2 years ago, I have not yet heard that his wife is pregnant. I asked them to raise only the children they have. (Male, MFF participant, P8)

5. Participant responses to statements on FP norms

At the end of the FP interview all respondents were read statements related to their congregation’s normative beliefs about FP (**Table 7.**). They were asked to say if they believed each statement was true (or not) for their congregation. Interviewees were not consistently probed on their responses (true/ not true/ I don’t know), although some interviewees expanded on their responses on their own. Though intended to provide more detailed information on norms, the questions were not probed sufficiently to understand FP norms or add clarity to the endline quantitative findings.

Table 7. Interview statements on religious community normative beliefs regarding FP

<ol style="list-style-type: none"> 1. <i>Most young people that are in my congregation use FP.</i> 2. <i>My congregation thinks it is appropriate for a young person like me to use modern contraception.</i> 3. <i>Faith leaders think it is appropriate for a young person like me to use modern contraception.</i>
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Interviewees from both intervention and comparison congregations had mixed reactions to the statements on FP norms. For each of the three statements above interviewee perspectives were divided as to whether or not their congregation and faith leaders accepted and used FP and contraceptives. Some alluded that FP was a private matter and that they would have no way of knowing if someone in their congregation was using FP or contraceptives. A notable number of young men and women said that even if they themselves believed FP and contraceptive use was acceptable, they were unsure of their church community’s and religious leaders’ beliefs and practices.

RELATIONSHIP DYNAMICS & INTIMATE PARTNER VIOLENCE

I. People influencing relationship with partner

Relationship Dynamics interviewees were asked to list all individuals and groups that influence their relationship with their partner (**Table 8.**). This list of influencers from relationship interviewees was very similar to the list of influential individuals generated by FP interviewees, with the exception of health workers, who were not identified as influential to relationships.

Table 8. People who influence relationship with partner

Church leaders, God	Church acquaintances
<ul style="list-style-type: none"> • Pastor (male and female) • God 	<ul style="list-style-type: none"> • Friends, couples from church community • Older chorale members
Colleagues	Extended family
<ul style="list-style-type: none"> • Boss • Co-workers 	<ul style="list-style-type: none"> • Cousin (female & male) • Grandmother • Aunt
Friends & neighbors	Godparents (<i>Parrains</i>)
<ul style="list-style-type: none"> • Individual friends, couples 	<ul style="list-style-type: none"> • Godparents as a couple

<ul style="list-style-type: none"> • Friend groups • Neighbors 	
In-laws	Non-governmental organizations
<ul style="list-style-type: none"> • Mother and father-in-law (as a couple or individually) • Sister and brother-in-law 	<ul style="list-style-type: none"> • USAID • Local NGO
Parents	Siblings
<ul style="list-style-type: none"> • Mother and father (as a couple or individually) 	<ul style="list-style-type: none"> • Sisters and brothers, both older and younger
Spouse	
<ul style="list-style-type: none"> • Spouse's opinion • Discussions with spouse resulting in mutual decision 	

2. Most influential people on relationship with partner

Respondents were asked to choose the two individuals who most influenced the ways in which they and their partner communicated and resolved conflicts. **Godparents** (n=19/43) (usually as a couple), **pastors** (n=10/43), and **parents** (n=8/43) were the most frequently cited as having the greatest influence on participants' relationships with their partners.

Some participants elaborated on the particular role of Godparents. Similar to comments made by FP interviewees, Godparents were described as wise and experienced but easier to talk to about couple conflict than parents.

To be honest we don't talk too much about [our marriage with my mother], but with our Godfather we talk to each other. Mom, she is far away and also old. Mothers are very sensitive when there is a problem, once you inform her she does not know how to react. We prefer to speak with our Godparents to find a solution [to any challenges we have as a couple]. (Male, Comparison congregation, P80)

Respondents said that influential people influenced their relationships by offering advice, praying with the couple or for the couple, sharing personal experiences from their own marriage including previous conflicts with their partner, mediating conflict resolution, and setting an example through the way they lived their lives and communicated with their spouse.

Table 9. Exemplary quotes demonstrating how the most influential people shared advice and influenced young men and women's relationships

Godparents

Our godfather really influences us; first of all, by his way of living in his home with his wife. When you go to their house, when we look at what is happening there...you tell yourself: I'm going to do that at home, that's what influences us. When we are sick or when we have a problem in our families... they will meet us no matter where we are. We will eat and share together, it is really this which influences us in our relationship and makes us closer to them than to others. (Female, comparison congregation, P92)

Well, they influence our relationship through advice. They advise us on how to live, how we can stay together as a couple and have a good relationship. They often tell us: if there is a problem, if you cannot solve it, come to us and we will find a solution to the problem...they advise us on our sexual relationship as well. (Male, MFF participant, P24)

Pastors

My pastor, when I have a problem, I come to him. He prays for my family and then he is also there when [my wife and I] want to make a decision. He guides me on what to do...guide[s] me in my decisions and also the grace he has from God, he also prays for me. (Male, intervention congregation, non-MFF participant, P63)

[Pastors] influence our life from their way of living, from their way of managing their life together [with their wife]. We are a bit like their children, he teaches us from A to Z about married life; [pastors] push us to aim high and have faith in God. (Male, Comparison congregation, P93)

Parents

The way I saw my parents living their life as a couple, they are an example for me. It's true that there were always problems between them but, first of all I never saw my parents arguing. They really are a reference for me, that's what I always tell my husband because he was the kind of person that thought we could argue even in the living room, even in front of children, in the kitchen, everywhere. But I always tell him, I never saw my parents arguing but I know they used to argue in the bedroom. If you feel like you have something to say to me, do not do it in front of children, not in front of the house-girl but in the bedroom. ...There was a time when I said: 'I'm going to end this relationship, why do I have to suffer like this!' and it was my father that always told me: you have to be enduring. He advised me that divorce is not a good thing all... (Female, Comparison congregation, P76)

Advice and Information on relationships

The advice that influential people gave to respondents related to gender roles in marriage, qualities of a successful marriage and conflict resolution.

Gender roles

A number of respondents shared that influential people in their lives emphasized the importance of gender equality as a general principle in marriage. Other respondents said that influential people discussed spousal responsibilities and power dynamics in marriage along distinctly gendered lines, with men and women having specific roles to play in relationships. Sometimes gender roles were framed by influential people as complementary but collaborative: while men and women might have separate roles in marriage both spouses' roles were equally important. A minority of respondents did say that some pastors, extended (older) family members, friends, mothers-in-law, and Godparents, however, emphasized that gender roles based on unequal power dynamics were fundamental to the success of a marriage. According to this view, men were described as heads of household having more power in marriages than women. During couple conflict, men were expected to be assertive, and women advised to be submissive.

Collectively, respondent narratives illustrate that the interpretation and framing of gender equality in relationships vary. Some say men and women are equal while others talk of complementary but equal roles. Still others reference distinct differences between men's and women's roles in marriage which are rooted in power differentials that could be detrimental to women's autonomy.

For example, a young woman from a comparison congregation said that her mother-in-law advised her to avoid conflict in her marriage by staying silent if her husband became angry; that a wife's responsibility in marriage was to 'respect her husband.' A young man from an intervention congregation who did not participate in MFF said his pastor emphasized that men are the head of the

household, the roles of men and women in marriage are distinct, and successful marriages rely on maintaining these roles:

Participant: I will talk about my pastor because I participate in a lot of his trainings. I think that he is a person placed by God to advise couples and people.

Interviewer: And what does he tell you when he advises you?

Participant: He always brings us back to the Bible by saying that it is the man who is the head of the family. There are certain tasks which are only for the man and the woman should not do these. You cannot put the woman above because the marriage will be ruined. Remain in your place as the head of the family, and the marriage will continue. (Male, Intervention, Non-MFF P61)

A young woman who participated in MFF said a female pastor from her congregation advised women to calm their husbands when they are angry, let the husband speak first, accept a husband's behavior, and pray for him, as only God can change someone. Another young woman who participated in MFF reported an older female acquaintance from the church advised against denying her husband sex:

She tells me that our husbands are men of God, they don't go out with other women; especially mine, as far as I can see. Also, when your husband asks you to sleep with him, you have to give him your body because it belongs to him...in a conjugal union, your body is his and his body is mine; whenever he needs it, give it to him. And not to give him reasons, by refusing. Hey,...leave me alone...the woman must know that she and her husband have become one body, any time he needs you, you must respect and honor him, you must satisfy him. (Female, MFF participant, P17)

Another young woman from a comparison congregation explained that her Godparent's advice to her regarding conflict within the couple was to remember *'her role in the household'*:

When we have a serious conflict, the first thing our Godfather tells us is to put God in the first position regardless of your anger, because if you fear God you will not seek to stray from the right path, because anger can make a person do anything. Very often, he always brings us back to the Bible; whether it is him or his wife, he always reminds me of my role in the house, you must be submissive, and a man must love his wife. (Female, Comparison congregation, P92)

Qualities of a successful marriage

Many young men and women reported that influential people in their lives emphasized the importance of particular qualities for a successful marriage, offering advice on *'how to live as a couple'*. Advice on maintaining a healthy and lasting marriage included the importance of praying for your spouse, using religious values to guide your relationship, being honest and cultivating trust, maintaining spousal harmony, resolving conflict without violence, financial transparency between the couple, and maintaining a good relationship with one's in-laws and extended family.

Conflict resolution

A number of respondents said that influential people, including pastors during marriage preparation sessions, told them that conflict in marriage is inevitable. It was generally considered important to engage in and resolve conflict privately. This included ensuring that neighbors did not overhear couples arguing and that couples avoid arguing in front of their children.

Some people told respondents that prayer was important to resolving conflict:

When I express my concern, the first thing [my Godmother] tells me is, 'we are first going to pray for him.' If I say, 'he did this and that,' she says, 'we are first going to pray for him' and she tries to find a similar case that she experienced before and tell you how it ended, how to deal with your own problem. (Female, Intervention congregation, non-MFF participant, P43)

Respondents also said that influential people in their lives emphasized the importance of dialogue and discussion in conflict resolution.

Our friends [couple] always told us to prioritize dialogue or exchange because, whenever there is a problem, know that there is always a reason. So, if your wife has done something that did not please you, know that there is a reason why she did it. Instead of blaming...call her to talk, ask her why she did what she did. (Male, Intervention congregation, non-MFF participant, P15)

He always asks me to avoid getting angry, anger is not good, I must avoid it in any case. If there is a problem, we must talk to each other to find common ground. I must not be angry. Anger opens the door to the devil, to his stories. (Female, comparison congregation, P89)

Some differing advice was reported on the involvement of others in mediating conflict resolution. Some influential people advised couples to resolve conflict between the husband and wife while others recommended bringing in a mediator or trusted person to help resolve the conflict. Most young men and women said they would try and resolve conflicts internally within their couple and only ask for someone's help in finding a solution if the conflict continued for a period of time or if the conflict escalated.

First of all, lots of the advice that he gives me is to forgive more, not to be eager to respond, have a much more listening spirit and also know how to manage emotions...You take it to heart, the problem you have, you worry. So, you must have the courage to go and share with others. (Male, MFF participant, P23)

Our Godparents are a Christian couple that we got to know... they told us: it is true that we are godparents [but] you must learn how to solve your problems between you before talking to your Godparents...It is not that each time there is a small hurt, a small problem, that you go to your Godparents...When there is a problem, you all sit down at the table to talk about it. So, we rarely ask our Godparents for advice since from the beginning we have been used to dealing with our problems first on our own. (Female, Comparison congregation, P76)

Influence of health workers & faith leaders on relationships

After listing the individuals who most influenced their relationships, respondents were asked specifically about the influence of health workers and faith leaders on their relationships.

When probed on the influence of health workers on relationship dynamics, couple communication or conflict resolution, most respondents suggested couples could consult health workers for questions on fertility, FP, and contraception but no one said they would or had consulted health workers about their relationships with their spouse. Generally, health workers were not seen to influence, be a resource for, or have an explicit role to play in relationships or marriages aside from medical questions.

Interviewer: Can you tell me how important health workers are in the way you and your partner discuss and solve your problems?

Respondent: I do not see their importance. (Female, intervention congregation, non-MFF participant, P11)

Interviewer: Can you tell me how important health workers are in the way you and your partner communicate, argue, solve problems, if ever?

Respondent: Perhaps we can tell the health workers if there is a problem getting pregnant, then we can look for a health worker to give us guidelines. Maybe you need to go for an examination... (Female, MFF participant, P52)

Most young men and women did agree, however, that pastors had a significant role to play and were influential in either their own relationships or in couples' relationships generally. Pastors were described as having direct and active roles in advising couples on their relationships by giving explicit information to couples that they could apply in their lives. This is a notable difference compared to their role in advising and sharing information on FP. Young men and women reported that pastors gave general recommendations rather than explicit information, instruction or strategies related to FP (i.e., the general importance of birth spacing but not information or advice on different contraceptive methods to use).

Similar to what was shared by FP interviewees, many relationship interviewees considered pastors and other faith leaders as imbued with a certain moral authority stemming from their closeness to, or direct contact with, God. Pastors were viewed as spiritual and moral leaders with a higher consciousness and extensive life experience to share with their congregations. Some respondents described pastors as sitting at the intersection of spiritual and social life and were, therefore, well placed to counsel couples.

A pastor is a shepherd, he is there for us the sheep, he is there to refocus us. And the image that you see of them in their couple, even though we don't know what they really experience in their couple, but at least they are models for us. (Female, Comparison congregation, P75)

Yes, pastors, they have a very influential role on couples, especially us women tend to go to them. We listen more to pastors...they are the ones who guide us. We consider them to have more experience in terms of relationships, they have experience, even in relation to preaching, even their lives. I can say they are generally considered to be exemplary people, like saint people. But when, for example, you see a pastor out of control, it also influences some people who are young in their faith. Pastors who mislead their followers, it also bothers in the couple. They really have influence in the couple. (Female, comparison congregation, P73)

Another young man from a comparison congregation was adamant that pastors did not have a role to play in his relationship. Rather, a pastor's role stopped at spiritual guidance. Married life, he said, was between a husband, wife, and God alone:

Interviewer: Can you tell me how important faith leaders, pastors or faith groups are in the way you and your partner communicate, discuss, and solve problems, if ever?

Respondent: Ah no eh! Problems in the home, that only concerns us. [My wife, me] and our God, we pray. Each is in his domain. Married life is first and foremost a matter of two partners. You, yourselves, as partners must know how to live together. You should avoid certain things so that people outside cannot negatively influence you[r couple]. (Male, comparison congregation, P96)

For those respondents who considered pastors' advice in their relationships, pastors' specific roles included providing counseling before and during marriage, offering advice, mediating conflict resolution, providing moral and spiritual comfort, offering hope, and acting as a neutral advisor.

About half of all respondents recalled hearing their pastor talk about couples' relationships in the two years before the interview. Pastors offered guidance and advice on achieving and maintaining successful relationships during one-on-one discussions with individuals or couples, meetings of church groups such as the Young Couples' Committee, church-based and organized trainings, seminars, or discussions facilitated by the pastor, during marriage preparation courses, or through their sermons during religious services, including marriage ceremonies and blessings.

Respondents listed a number of relationship topics covered by their pastors. Pastors stressed that a choice of spouse should be intentional and not be taken lightly. They also gave frank insight into the realities of marriage: that not everything will be perfect.

Well, I remember once, while I was at church, the pastor told us a story...He told us not to think that in marriage everything is rosy. There will be difficult times, but to endure the difficulties. (Male, Comparison congregation, P80)

Pastors also offered advice on how to live together as a couple, emphasizing the importance of fostering mutual respect, patience, trust, and love between spouses. The role of faith and prayer in guiding successful relationships was also often highlighted.

In the last two years, yes; yes, the pastor often talked to those who are not yet married, who are still in the engagement that they need some time to prepare well before getting married, that they do not have to be in a hurry in getting married because marriage is not a competition with X, they must be sure they get married to the right person to evolve well. (Female, Comparison congregation, P74)

We learned that in a relationship we have to be honest, we have to respect one another, we have to love one another, and we have to be patient one another. (Male, Comparison congregation, P93)

To those who are already married, pastor said that they should pray a lot, they should take time to share, to talk to their partner together; this is how they can move forward together and have mutual trust. (Female, Comparison congregation, P74)

Respondents consistently said pastors also emphasized the importance of communication, dialogue, compromise, and non-violence in conflict resolution.

Interviewer: Have you ever heard your faith leader say anything about how two young people in a relationship should communicate, interact, or make decisions?

Respondent: Yes, it is on this occasion that I mention conferences, seminars, and the internal and external pastors that we invite to talk to us about all these: how to communicate, solve problems, guiding our engagement according to God.

Interviewer: Have you ever heard your faith leader say anything about how young couples argue in their relationships with their spouses...?

Respondent: Yes, ...they asked us not to be brutal husbands; in the same framework of the youth, we organize seminars every year to help young people to succeed in their marriages. (Male, Comparison congregation, P95)

Because [our pastors] advise us to always live in peace. ...In the teachings it is said to always live in an atmosphere of peace and not of violence. Pastors insist on this; they

always say: husbands love your wives, ... when there is love, there is no violence. (Female, intervention congregation, non-MFF participant, P43)

Well, they spoke of young couples and newlyweds in the sense of developing dialogue. To know at what time the man and the woman should talk. Because if there is no time set for dialogue, and you try to do it in a careless way ... like for example, you come in during the day: come on, let's talk. You have to know how to plan the time chosen for dialogue. Each of you must be ready. (Female, MFF participant, P51)

Pastors' perspectives and advice on gender roles in marriage were also cited by a number of respondents. Most respondents said their pastors emphasized messages related to gender equality or non-violence in relationships, though not always in explicit terms. For example, a pastor might urge men not to be harsh husbands or not always insist on having the last word in discussions. Some pastors described gender roles in marriage in terms of different but complementary roles for men and women.

Yes, our faith leaders say it many times. We attend weddings, we have seminars, we have teaching moments, and we are told a lot of things, that the man must really love his wife, that the woman must be submissive, not submissive like a slave but respect her husband and, when there is a conflict in the couple, it will be necessary to find the right balance so that everyone is involved in decision making. This is the information we have got from our pastors. (Male, MFF participant, P56)

Yes, [our pastor]...said that man should not think that the woman is always inferior to you to manipulate her as you want, but consider her the way you consider yourself in order to live in a good climate. (Male, MFF participant, P6)

Some respondents reported that their pastors emphasized that women were obligated to assume a submissive role in marriage in relation to their husband. However, the interpretation of what this submissive role looked like in practice varied. For example, this young woman describes being submissive in marriage but not necessarily always obeying her husband:

Interviewer: What did you learn or hear from this faith leader or pastor concerning life in a couple?

Respondent: I remember, it's really the main thing that is the key to everything, when a woman is submissive, she is loved...the key to success in a marriage is submission...Submission is respect for one's husband; it is to be willing to listen to the husband. The wife must have in mind that the man is the head as the Bible has established him as head of the family. ... When we submit to our husbands, we are loved, ... [But] when you obey too much of what he says, it is true that they say that one should not obey everything... (Female, intervention congregation, non-MFF participant, P43)

3. People respondents influence regarding relationships

In addition to asking who was influential in their relationship, participants were asked to name people whose relationships they influenced. (Table 10.). The initial list generated by relationship interviewees was notably similar to the list of people FP interviewees said they influenced.

Table 10. People respondents influence regarding relationships

Church acquaintances	Colleagues
• Friends, couples from church community	• Co-workers
Extended family	Friends

<ul style="list-style-type: none"> • Cousin • Nephews 	<ul style="list-style-type: none"> • Individual friends, couples • Friend groups
Godchildren	In-laws
<ul style="list-style-type: none"> • Godparents influence godchildren as a couple 	<ul style="list-style-type: none"> • Sister, brother-in-law
Neighbors, neighborhood youth	Siblings
<ul style="list-style-type: none"> • Neighbors • Young people 	<ul style="list-style-type: none"> • Older sisters, brothers • Younger sisters, brothers
Spouse	
<ul style="list-style-type: none"> • Wife 	

When asked who they influenced the most, relationship interviewees specified **friends** (n=18/43), followed by **work colleagues** (n=9/43), and **siblings** (n=7/43). Often, though not always, respondents influenced people younger than themselves. For example, an older married interviewee giving advice to younger newlywed couples at church or to their younger siblings. While FP interviewees said they influenced and were influenced by similar people, relationship interviewees named different people as influencing them versus whom they influenced.

Relationship respondents described their influence on others in similar terms as the ways in which they themselves were influenced by their Godparents, parents, and pastors. This included offering advice, engaging in discussion, praying or reading Bible verses with others, sharing personal experiences of their own difficulties or previous conflict in marriage, mediating conflict resolution, and setting an example by the way in which they lived their lives and communicated with their partner.

Overall, the advice respondents said they passed on to people they influenced reflected the advice they received from others, including how to have a successful marriage, how to resolve conflicts and the roles of men and women within a marriage. This young man explicitly stated he passed on information he learned from others onto his friends:

Well, it is often said: "forewarned is forearmed." I am the result of a certain teaching; it is the same lessons that I learned here and there that I also begin to share with my two favorite couple friends. That is to say, eh, to advise them that love is above all; to support each other, forgiveness, to set goals together. (Male, Intervention congregation, non-MFF participant, P15)

A number of respondents described having open and frank conversations with younger friends and couples about the realities and difficulties of marriage:

They are friends who are not yet married, who have doubts about marriage... When they come to our home, they realize that we don't have much but...we are smiling, we face all the realities of life, and they say that marriage is also good. But, they forget that we also have internal problems that we fix...So when they come over, we give them advice on the realities of marriage. We do not tell them only about the positive side. We did not expect that I could lose my job one day,...I didn't think we would spend two years without children...but these are realities that we are forced to live with. (Male, comparison congregation, P80)

Respondents also passed on the importance of prayer and using religious principles to guide one's marriage. This included praying for an individual's spouse and reading the Bible as a couple. Participants also encouraged those they spoke with to cultivate honesty, unity, harmony, and respect in their relationship. Finally, they advised couples to manage money and maintain financial transparency between the couple.

Similar to advice received from influential people in their lives, a number of respondents said they discouraged friends and family from considering separation or divorce from their spouse.

They sometimes make decisions to separate. I advise them not to separate, to communicate to find a solution. (Female, Comparison congregation, P74)

The importance of prayer, showing respect for your partner, forgiveness and non-violence were all highlighted as important to resolving conflict. However, many respondents urged others to engage in tangible, proactive strategies with their spouse to resolve conflict usually in the form of dialogue and listening.

Interviewer: So, what kind of advice do you give them when they have problems in their relationship?

Respondent: We always tell them to talk to each other, to discuss. Others gave us this advice and it works, and we give them the same advice, you have to sit yourself down at the table to discuss...for me, to talk is best. (Male, comparison congregation, P79)

We say that the couple, above all, they must ...remain in harmony and live in unity. To reach this, Christ will have to be at the center of this couple. That is the major advice that we share. We want the couple to realize that they will face problems, difficulties as well as we face them, and that it is not the end since the way is still long...they will have to solve this problem through love, with mutual respect, taking care of the language they use with each other. Even if you are angry, know that it is my husband, it is my wife, it is necessary to take enough time to speak so that ...your partner [can] say: I was with someone who honored me, who respected me and who loves me very much. (Male, MFF participant, P56)

Similar to the advice they received from others, respondents said they advised the people they influenced to first try to resolve conflict within their couple first before seeking out a mediator, such as parents, a family member, a god parent or a friend, especially for small disagreements. This young woman suggests that involving people outside of the couple in small arguments could complicate and escalate conflicts unnecessarily:

We talk about how to manage one's partner, how to manage one's emotions in front of the partner, how to manage even one's in laws, including sisters and brothers. There can also be conflicts between your sisters which can influence your couple, how to manage all these people. ...Marriage is not for kids, when you get married it's because you have grown up so you don't have to go to friends, to parents every time you have a problem. You cannot talk to your friends about your problem, because it is possible that the issue is not serious. But once you tell your brother or sister it gets worse. (Female, comparison congregation, P73)

Many respondents went on to say that if a conflict persists or escalates, then it would be appropriate to involve an outside person, such as a pastor or another trusted person, to mediate a resolution:

I always tell them, if they have problems, to talk to each other first instead of seeing a third person. To try to talk to each other, to find a solution; if they don't happen to find a solution, to find another person for mediation. (Female, MFF participant, P52)

If we learn that [the young couples from church that we influence] are not applying our advice [in their relationship] and we have the opportunity to meet with them, we try to approach them and talk [with them]; and if the problem [in their relationship] persists, since we are part of a Christian community, we can [seek the advice] of the pastor... (Male, MFF participant, P56)

Few relationship interviewees gave relationship advice to others specifically related to gender roles. As detailed above, much of the advice given by respondents indirectly emphasized collaboration and equality (such as financial transparency and collaborative approaches to conflict resolution) even if gender equality was not specifically mentioned. However, a few respondents, most of whom were from comparison congregations, suggested that in difficult relationships, women have little choice but to endure in uncomfortable or even dangerous situations.

I influence her by telling her to keep calm because she is a person who likes to make [quick] decisions. She can say, 'I don't want to stay in this house anymore.' ...I tell her to keep calm, and if you go, who will take care of your children? Take your children into account... She tells me about her husband, how he behaves. He has a lot of mistresses, all this. I only tell her: you must not care, you are already in your household. What he does outside, do not care, [just] take care of your children. (Female, comparison congregation, P91)

Another young woman from a comparison congregation advised her female cousin to pray for her husband to stop drinking, suggesting that it was not possible for her cousin to seek help or take tangible action to ensure her safety and happiness:

If they have a problem in their relationship, I tell them to entrust everything to God because he gives the solution to everything; sometimes she says that her husband still does not change and I tell her: he will change in his time, you must have faith. (Female, comparison congregation, P92)

While not representative of the majority of views on women's rights within relationships shared by respondents, these narratives suggest that inequitable power dynamics detrimental to women continue to exist and that some young people believe these inequities in relationships are unavoidable.

4. Observed changes in couple conflict over time

All respondents were asked if they had observed changes in their relationship over time, specifically related to arguments and conflict resolution, and if they could identify any events that contributed to these changes.

More than half of young men and women from both intervention and comparison sites said that they could identify a positive change in the way they and their partner argued and resolved conflict. Specifically, respondents said they observed fewer conflicts overall in their relationships, had kinder, more mature, and less aggressive disagreements with their partner, increased dialogue with their partner, engaged in mutual listening, confronted disagreements rather than avoiding them, involved other people less frequently in their disagreements, stopped arguing in front of their children, and felt an overall sense of collaboration during conflict resolution.

Table 11. details examples of the positive changes participants identified in their relationship either individually or as a couple.

Table 11. Positive changes in arguments and resolving conflict over time

Fewer conflicts overall

Something changed because we made the effort. Because at the beginning we were like novices in that world, we didn't know that we could also argue, that we are also humans. Then we understood each other, we talked to each other. When there is a problem, you must talk to each other. On my side, I understood that in life you should not focus on all the details,

because at the beginning I used to follow up even a small detail. So, I told myself no, there are less important things that I can overlook to keep this unity [in our marriage]. Because if you follow up every problem, it will create other problems; there are problems that are less important which must be ignored so that it does not create other problems. (Male, comparison congregation, P80)

Kinder, more mature, less aggressive disagreements

For me, what has changed is first of all understanding. I now understand so much. If there is a problem, I am not in a hurry to respond. Because before, if a person asked me a question, I gave an answer right away. But now you can speak, I will say I heard and now I am going to take some time to think about how to answer...This is really something of joy and from the anger I had have stopped having, because before I had no consideration towards people...we can be in a training and you say something; if I am not satisfied with what you said, I attack you, I tell you that you are like this and that. (Male, MFF participant, P23)

It's in the sense that when she had a problem, she bore a grudge; at the beginning it took weeks and months for her to tell you [why she was angry]. Now when I do something she reacts between 1 and to 2 days but never again on the same day. And she continues to make decisions while angry but sometimes even if she makes decisions while angry, she is not radical...I let days go by and then I tell her: Wife, you should avoid making decisions while angry...she understands little by little, it is going slowly but it is not yet good. (Male, comparison congregation, P95)

Increased dialogue

Before, he was also not used to talking much; now he talks when there is a problem, he talks, he looks for all the ways to help solve it. (Female, comparison congregation, P74)

Resolving conflict within the couple without outside involvement

Yes, because now when we have problems, we try to solve it first between both of us. It used to be that we had to shout, look for people for mediation, but since we are in our household when there is a problem, we try to talk between us and then find a solution. And for me, that's something that has really improved. (Female, intervention congregation, non-MFF participant, P43)

Avoiding arguments in front of children

At the beginning, sometimes I could talk out of control. When I was angry, I could talk outside even in the presence of children, and my husband used to blame me saying that I disrespect him in the presence of children...so with all this, we would not be models. Since then, if we are angry, if someone wants to talk, the other withdraws to the bedroom so that we can discuss in the bedroom. (Female, Comparison congregation, P90)

Sense of collaboration in conflict resolution

This proves that we are now a bit mature. We are now managing to overcome a lot of things. We come to a better understanding of each one's characters. She begins to understand me better and I also understand her better. You see, we are getting through our problems now, knowing that she knows me now and I know her too. We are now evolving like that. (Male, comparison congregation, P96)

Yes, for example, I had to assist a family member who is in South Africa, but I did not inform my wife... And it is from there that I realized that to avoid conflicts in my marriage, even if it is a member of the family, I must inform my wife... What got me to avoid conflicts, it is also a schedule. We told everyone in family that every Wednesday we are away from our home and the members of the family complied with our schedule, and contact me, not to surprise me [if they want to visit], so that we are not disturbed, people follow our schedule. (Male, MFF participant, P53)

When asked to identify events they linked to positive changes in conflict resolution in their relationship, a number of respondents said they simply felt their relationship improved as they got to know their partner better and generally adjusted to married life, which was often harder than they

anticipated or were told would be. Other respondents said specific events or actions by others had an effect on how they express anger and resolve conflict with their partner including advice from other couples, the birth of children, and engaging in prayer and Bible reading as a couple.

....But there are also those couples who welcome us, who give us advice as Godparents; this helps us to be happy. (Male, MFF participant, P56)

Yes, it's really joy. We always refer to the future of the child. When you already have a child, it's no longer good to yell and argue at home. I manage to calm myself down and tell my husband to stop for a moment that our child is present or he is lying down and when he hears us arguing it won't be good. (Male, Comparison congregation, P96)

Several respondents specifically identified their participation in the MFF program as having had a positive impact on their couple interactions:

We attended the MFF project training ...what was interesting was that we were confronted with other couples. You know, the workshop was so uplifting in the sense that we thought we were the 'bad' ones, but when you learn what is happening [in other relationships] you can realize what good you have [in your own relationship]...But after learning what is happening [in other relationships]...we tell ourselves that we still have to learn to change our approach. (Male, MFF participant, P56)

It was the training we took here, the MFF project, that helped me or us change the way of solving our problems. (Male, MFF participant, P24)

5. Perceptions of community beliefs regarding intimate partner and gender-based violence

At the end of the Relationship Dynamics interview, all respondents were read five statements related to their congregation's normative beliefs about IPV (**Table 12.**). They were asked to say if they believed each statement was true (or not) for their congregation. Interviewees were not consistently probed on their responses, although some interviewees expanded on their responses on their own.

Table 12. Interview statements on religious community normative beliefs regarding Intimate Partner Violence

- 1. Most women in this parish experience violence from their partner.*
- 2. People in my parish think it is appropriate for a man to use violence against his wife*
- 3. Faith leaders in my parish think it is appropriate for a man to use violence against his wife*
- 4. Young men in my parish think it is appropriate for a man to use violence against his wife*
- 5. Most people whose opinions matter to me approve of a man using violence against his wife*

In contrast to the mixed reactions FP interviewees had to the FP-related norms statements, a clear pattern emerged from Relationship Dynamics interviewees in this section of questioning. No Relationship Dynamics respondents affirmed any of the five statements related to the acceptability and prevalence of IPV in their community. Some respondents did say that violent relationships exist in the community, but that these types of relationships were not the norm or did not exist within

their own church community. A number of respondents also explicitly mentioned that their faith leaders specifically and church community in general ‘teach against’ or condemn IPV.

Interviewer: Thank you very much. The third statement, my parish faith leaders think it is appropriate for a man to use violence against his wife; what do you say about it?

Respondent: No, no, faith leaders do not think like that...because they teach us, they teach us; it is based on the way they fight it by their teaching that they give us every time; they can't say such a thing, it is wrong. (Male, intervention congregation, non-MFF participant, P15)

Interviewer: Faith leaders in my parish think it appropriate for a man to use violence against his wife.

Respondent: No. On the contrary they are against it because in their preaching they insist not to brutalize, to hit a wife. (Male, comparison congregation, P95)

MASCULINITÉ, FAMILLE ET FOI PROJECT

All respondents from intervention congregations were asked a subset of questions specific to the project’s key messages and their tangible effects on individual and couple perspectives, beliefs, and behaviors.

I. MFF key messages retained by project participants

Almost all respondents who had completed participation in the MFF project were able to recall one or more key messages they had taken away or lessons they had learned from their participation. Young men and women remembered messages related to both FP and relationships, including general advice on achieving and maintaining successful relationships and marriages, conflict resolution, decision making and planning within a couple, FP and sexual health including contraceptive methods, gender roles within couples and relationships and IPV. The detail with which MFF participants described key messages varied. For example, some respondents stated they learned about ‘family planning’ as a general topic while others went into detail about the importance of birth spacing for children and women’s health.

Table 13. lists the key messages FP and Relationship Dynamics interviewees recalled from the MFF project. Many of these messages were similar to advice respondents said they received from influential people in their lives.

A number of respondents recalled MFF messages related to gender norms and roles within relationships. The majority of these respondents framed relationships as equitable endeavors between men and women, even if they defined marriage using some gendered roles. For example, some respondents said that men were indeed the head of the household but also affirmed that women had equally important roles to play in the couple and that marriage was an equal collaboration between spouses. One young man mentioned that he learned about positive masculinity in particular, though he did not define the term in detail. Gender equality was also often highlighted in lessons learned regarding transparent and collaborative decision making generally, and household finances specifically, as well as conflict resolution. Many participants emphasized the importance of couple dialogue to resolve conflict.

A minority of respondents, however, relayed key messages from MFF that insinuated an unequal division of power between men and women. For example, that women should assume a submissive or humble role in marriage or during arguments or that contraceptive decisions were ultimately made by men.

GBV/IPV were mentioned as key messages by some respondents but in general terms. A small number of respondents reported learning about different forms of violence while others recalled discussions on the unacceptability of violence in relationships generally.

Related to FP, the importance of whether and how to practice birth spacing and limiting a couple's number of children were frequently mentioned. Birth spacing and limiting the number of children were said to be beneficial to the health of the mother and the child. Many respondents said they learned to plan their number of children based on their household financial means. Respondents also recalled learning about specific modern contraceptive methods, both hormonal and non-hormonal. A few respondents mentioned they were given the contact numbers and locations of facilities where they could access contraceptive information and methods in the community.

Table 13. Key MFF key messages as reported by project participants

Conflict resolution
<ul style="list-style-type: none"> • Importance of dialogue within the couple
Decision making & planning in relationships
<ul style="list-style-type: none"> • How to plan for/ organize the future as a couple and family • Collaborative financial decision making between spouses • Financial transparency between spouses
FP & sexual health
<ul style="list-style-type: none"> • Importance of birth spacing • Avoid unplanned pregnancies • Limit number of sexual partners • Limit births according to your household's financial means • Specific FP/ contraceptive methods • Contact phone number for facilities providing FP information and methods • Men should 'accompany' (support) women in contraceptive decisions • Contraceptive decisions are made by men
Gender roles within couples, relationships
<ul style="list-style-type: none"> • Gender equality • Positive masculinity • Equal division of household labor, tasks • Man is the head of the household, but marriage is a collaboration • Submissive, humble role of wife in marriage, during arguments • Men's role to 'educate' women how to limit births
Intimate partner/ Gender-based violence
<ul style="list-style-type: none"> • Define and discuss different forms of violence (verbal, physical, sexual) • Unacceptability of violence in relationships
Relationship, marriage advice
<ul style="list-style-type: none"> • 'How to live as a couple' – general relationship, marriage advice • How to take care of my spouse • Grow and strengthen marriage, relationship • Reinforce unity, collaboration in relationships • Managing a household, family

2. Changes in beliefs, perspectives & behaviors linked to MFF participation

Young men and women cited a number of ways in which their participation in the MFF project changed their knowledge, perspectives and, ultimately, resulted in tangible and lasting behavior changes either individually or as a couple. **Table 14.** lists behavior changes that respondents reported were directed linked to their participation in MFF.

Young men and women reported an overall improvement in the quality of their marriages, often described as an increased sense of partnership and collaboration.

In the MFF Passage project, I can remember marital harmony that project advocated. We had a moment to understand that in the couple, it is true that the man is the head of the family, but in the Passage project they did not only mention the authoritarian aspect, but it was complementarity, a collaboration between men and women... I think on the last day when we had a moment with family planning where we tackled different axes of family planning. It was interesting; these are elements that have marked us a lot and today we know that it also brought us closer to some couples from our parish couples, because with these parish couples we try to exchange and it's okay today; we keep good memories of those moments. (Male, MFF participant, P56)

Respondents specifically reported better communication in their couple, improved conflict resolution, including using dialogue to resolve conflict, more respectful language towards and from their spouse, and a change in how they managed anger during conflict.

At couple training MFF Passage, they preached to us how a woman and a man can live together. We need dialogue, there has to be a dialogue. We talk to each other. If there is a problem, you must say it. (Male, MFF participant, p23)

These [MFF] teachings changed me because my husband and I were used to arguing so much. But after what we learned at MFF we get along very well now. Sometimes I realize that he is angry, either I am right or wrong, I always remain submissive and calm. Also, if I am angry, you will see that he too keeps calm and we always end up settling the matter. (Female, MFF participant, P1)

No one spontaneously mentioned behavior change around IPV, however interviews did not suggest that violent practices within relationships were pervasive.

Respondents reported a number of concrete shifts towards more equal gender roles in relationships following their participation in the MFF project. A number of young men and women said men had begun to help with traditionally women's tasks in the household such as doing laundry, making tea, cleaning, cooking, and childcare. Some young men specified that they helped their wives with household tasks when their wives were 'tired', while other men and women suggested household tasks were shared on a more regular basis and not only limited to times when wives needed a rest.

Today we know there is no taboo topic in a couple. ...There is no task specific to a man and there is no task specific to a woman. In a couple one must support the other. So, if the woman is exhausted, the man must help her. If she needs a rest, allow her to have it. And do not be demanding knowing that your partner is exhausted. So, there are so many elements that were mentioned, and we are working on them today. (Male, MFF participant, P56)

You know that the Passages project showed us masculinity woman...masculinity [small pause], masculinity, eh! The term escapes me now. But from the Passages project, I

completely changed the way I react to my wife. You know that before [participating in Passages] I didn't help my wife, like sweeping the house! To prepare tea. But when we came to the Passages project, they showed us that women are not instruments, they are our partners. You have to help them too. It's from that that I also changed my way of living and my way of behaving also. (Male, MFF participant, P24)

Whereas previous MFF household decisions were generally made by men without any consultation with their spouse, a number of young men and women reported that after participating in MFF they took a more collaborative and inclusive approach to household planning and decision making generally, and financial planning specifically. Some respondents said they thought they saw improvement in how they managed household finances overall, with many respondents saying they discussed important plans and decisions with their spouse together before acting on them as a couple.

This [MFF] training influenced us a lot, especially my husband because he was the type of man who used to make decisions on his own. This has changed since we attended this training. He always consults me before making any decision. ...I knew absolutely nothing about the finances of our household. He used to manage all by himself...If you ask him anything about finance, he asks you if you do not have enough food or if you do not have clothes, so, just shut up. But this training changed him to such an extent that when he even has little money, he always asks me "what can we do?" Myself, I was so surprised that I told myself "Wow, people really change!" The [MFF] Passages Project really helped us in regard to this and I even testified at the end of the project. There is also the dialogue; they told us about the dialogue during the training and it was useful to both of us; it allowed us avoid problems between us. (Female, MFF participant, P18)

Even if men, as the head of the household, ultimately made the final decision, a number of respondents said they felt their spouse considered their opinion or that they considered their spouse's opinion in that decision. Both men and women also said they were more transparent with their spouse about finances, income, and spending.

Related to FP, a number of respondents said that after participating in MFF they increased their knowledge about and began practicing birth spacing or made the decision with their spouse to limit the number of children they would have.

Well, about family planning, they told us about many methods to use...they told us about managing the number of children we have...You can go to an appropriate health center. There are many methods to use that they told us about. (Female, MFF participant, P51)

Many respondents said they had also begun to use a form of contraception after participating in MFF. Some young men and women also said they felt more informed about available FP services in their community.

Table 14. Knowledge gain, behavior changes linked to MFF participation

Conflict resolution
<ul style="list-style-type: none"> ● Improved conflict resolution ● Better communication ● Dialogue to resolve conflicts ● Respectful language ● Know how to manage anger, stay calm during conflict
Decision making & planning in relationships
<ul style="list-style-type: none"> ● Household decision making as a couple

- Husband is transparent with wife about household finances and includes wife in financial decision making
- Better management of household finances

FP & sexual health

- Practice birth spacing
- Couple decision to limit their number of children
- Informed of available FP services
- Started using contraceptives (examples of hormonal & non-hormonal)

Gender roles within couples, relationships

- Gender equality in marriage
- Men have taken on more household tasks, help their wives with domestic work
- Increased inclusion of women in household decision making, financial management

Relationship, marriage generally

- Overall quality of relationship has improved
- Sense of partnership & collaboration in marriage

3. Existence of church and community-based programming for young people in parallel with MFF

To better understand if young men and women in both intervention and comparison congregations were exposed to programming related to FP and relationships outside of the church-based MFF programming, all interviewees were asked if they knew of or had participated in church or community programs focused on similar topics to those discussed in MFF. More than half of all interviewees from both intervention and comparison congregations said they were either aware of or had participated in groups or programs within their church or community, aside from MFF, which were disseminating FP information (FP interviewees) or working with young couples (Relationship Dynamics interviewees).

Most groups or programs named by respondents were church-based and organized by different special interest groups. A number of groups and programs within church communities seem to operate in parallel, addressing similar topics. For example, church committees and groups (such as a Young Couple's Committee or a Women's Committee) which organized events specific to FP or relationships, couples-focused programs within the church, including marriage preparation courses, and one-off seminars facilitated by pastors, other church leaders or external facilitators such as health providers. Some Relationship Dynamics interviewees said they had attended events for young couples in other churches as well. Relationship Dynamics interviewees also mentioned that engaged or newly married couples had opportunities for mentorship and exchange with older, married couples.

Faith leaders and gender champions affirmed that their capacities as facilitators of these various church-based groups for young couples were positively reinforced by the training they received from MFF.

Aside from church-based groups and programs, some young men and women said they gained FP or relationship information and advice from television, radio, and social media. A small number of FP interviewees mentioned programs external to the church run by local and international organizations.

Responses from both sets of interviewees suggest that young, single people, engaged couples, and newly married couples all have a high chance of encountering FP messaging or relationship advice in their church community. While young men and women were aware of some community-based

initiatives related to FP and relationships, opportunities outside of the church community seemed more limited or not as accessible. The FP and relationship-related topics discussed, and advice given during church and community programs mirrored much of the information and advice young men and women reported receiving from influential people in their lives.

CONCLUSIONS

The aim of this research was to explore the pathways through which young men and women receive, interpret, and apply information on FP and relationships to their own lives. A major conclusion of this study is that these pathways for young men and women to belief and behavior change differ for FP and relationships. The following section compares findings from FP and relationship interviews, noting where pathways of change differ between FP and relationship beliefs and behaviors. Young men's and women's reference groups for matters related to FP and relationships, the diffusion of FP and relationship messages and young men's and women's processing, internalizing, and actualizing of FP and relationship information are comparatively discussed.

Where relevant, quantitative data from MFF intervention evaluations are also discussed to elucidate questions that arose from conclusions of that research and further contextualize qualitative findings. Finally, as noted in the Methods section, due to logistical constraints, this qualitative study took place after comparison sites had been exposed to at least some of the MFF intervention. Therefore, while notable, it is not surprising that no significant differences were observed in the qualitative study between intervention and comparison groups.

Young men and women's reference groups for FP and relationships

The reference groups from which both FP and Relationship Dynamics respondents received information and advice was an extensive and varied network of people, from friends and family members to pastors, friends at church, work colleagues, and neighbors. While there was some overlap between influential actors on FP and relationships, notable differences also exist and help contextualize quantitative findings.

Godparents and pastors emerged from the qualitative study as exerting significant influence on young people. Young men and women said that Godparents filled a unique and valued role for young, engaged, or married couples by offering advice or mentorship without the same taboos or power dynamics inherent in many parent-child or family member relationships. Godparents were not specifically studied as a reference group in quantitative findings, so their influential role could potentially have been 'hidden' in the quantitative results. Qualitative results showed that respondents thought pastors also held significant influence over FP knowledge and choices, with many respondents believing pastors derived their power and authority from God and their own life experience. However, pastors were said to offer little direct, explicit, and public advice on FP; rather, respondents received more direct mentorship and advice from pastors on relationships including during sermons. While congregants said they generally trusted pastors' advice on subjects related to 'everyday life', and advice on FP was no exception, at least half of all respondents from both intervention and comparison congregations in the qualitative study said they had never heard their pastor talk about FP.

These qualitative findings help to contextualize the decreased influence of religious leaders on young men's and women's thinking on and use of FP observed from quantitative baseline to endline; while qualitative interviewees said they trusted pastors on FP, only 5/46 FP respondents in the qualitative study mentioned pastors as the most influential people on their FP thoughts and use. Power

dynamics between pastors and young congregation members, the generally taboo nature of FP suggested by this study and potential conflicts between traditional church teachings and the use of contraception, particularly hormonal contraception, could explain why pastors, although respected and trusted, generally did not give individual advice to young men and women on FP. Therefore, respondents' stated trust of pastors' advice related to FP may stem more from their overall respect for and authority held by pastors rather than pastors' specific or tangible influence on FP knowledge and behaviors.

FP and relationship reference groups spontaneously listed by interviewees differed in that respondents considered health workers to be influential on FP but not on relationships. When asked to list the most influential individuals in their lives, interviewees said friends and husbands were influential on FP but not relationships. Parents, however, were influential on relationships but not FP.

The quantitative evaluation of MFF found a decrease in the influence of parents of young couples on FP from baseline to endline and an increase in the influence of health workers. These findings are consistent with this qualitative study's findings on influential people detailed above. Quantitative findings also confirm the important influence friends had on young men's and women's FP knowledge and use. In the quantitative endline study, friends were identified by about 14% of respondents in both intervention and comparison congregations as important reference groups for social norms related to FP, behind only partners, health workers and, for comparison congregations only, mothers.

Comparing reference groups for relationships between quantitative and qualitative data are generally difficult as the quantitative survey asked specifically about forms of IPV while the qualitative guide on relationships asked about partner communication and conflict resolution. However, as detailed above, qualitative findings showed that parents were highly influential on spousal relationships and, similarly, quantitative findings identified mothers as a significant reference group for social norms related to IPV.

Diffusion of MFF messages

Generally, young people indicated that influential people in their lives offered them knowledge and advice that was consistent with MFF messaging. Related to FP, most young men and women reported that the people who had the biggest influence over them supported birth spacing and limiting a couple's number of children according to financial means. Some young people said that influential people in their lives openly shared their own positive experiences with hormonal contraceptives and encouraged young men and women to use these FP methods as well. Some qualitative respondents, however, did receive mixed advice on contraceptive methods, with some influential people encouraging high parity, short birth intervals, or strongly advising against the use of hormonal contraceptives and endorsing natural methods. Related to spousal relationships, respondents most often said they received relationship advice rooted in spousal equality, often defined as distinct but equally important roles for men and women in relationships, and collaboration in household and couple decision making. Some influential people in participants' lives did, however, endorse women's submissiveness in relationships and relationship norms which could be detrimental to women's empowerment. These findings illustrate general socio-cultural trends away from high parity towards the acceptance of FP and increased gender equity in relationships, but still against the backdrop of and in conversation with deeply entrenched high-fertility and patriarchal norms.

Young men's and women's relationships with influential people in their lives represented a mentor-mentee model with young people showing a great amount of respect for those from whom they sought and received advice and information. Influential people also passed on messages related to

FP and relationships by discussing their own personal experiences and young people looked to follow the examples set by influential people through their own lives, relationships, and choices. Relationship interviewees also said that influential people offered them prayer, Bible readings, and reflections on the role of faith and religion in relationships. However, discussions about prayer, faith, and connections with contraception, birth spacing or limiting were mostly absent from discussions regarding FP.

Young people also believed that they, in turn, had an influence on others' perceptions, knowledge, and choices related to FP and relationships through the mentor-like relationship they shared with influential people in their own lives. Young men and women most often felt they influenced their friends. They also felt they influenced work colleagues' relationships, but not their FP knowledge or behaviors. The advice and knowledge regarding FP and relationships that qualitative respondents reported passing onto their social circles were also largely consistent with both the advice they received from others and the key messages respondents from intervention congregations recalled from their participation in MFF. Only a few respondents from comparison congregations said they discussed the submissive role of women in relationships with people that they themselves influenced.

Processing, internalization, and actualization of MFF messaging

Many qualitative respondents who had already participated in the MFF project at the time of the interviews identified MFF as playing a significant and influential role in changing their knowledge, perceptions, and behaviors related to both FP and relationships with their spouse. As reported in the Findings section above, most of the key MFF messages for both FP and relationships recalled by young men and women were consistent with MFF project aims, demonstrating that most MFF participants processed, or interpreted, MFF messages as they were intended by the MFF intervention design. There were, however, some exceptions where individuals interpreted MFF messages to endorse unequal distributions of power between men and women. The potential impacts of these interpretations on behavior change are explored in the Implications section below.

Generally, young men and women positively internalized MFF messages, meaning they felt that the FP and relationship information and advice communicated by MFF were relevant and acceptable. Even when MFF messages pushed against strong cultural norms such as high parity, strict gender roles, or unequal distribution of power between spouses, most interviewees found these messages were applicable to their own lives, within their socio-cultural context. For example, FP messages such as birth spacing and limiting the number of children to a household's financial means were widely accepted by MFF participants with many respondents citing socio-cultural changes linked to economic realities faced by their generation. Most interviewees also felt that gender equity and improved partner collaboration were positive and feasible goals to work towards in their relationships and which did not go against religious teachings.

While qualitative results show young people generally processed and internalized MFF messages in ways consistent with the program's theory of change, the actualization of MFF messaging, or tangible belief and behavior change in the lives of MFF participants, was more nuanced for both FP and relationship outcomes.

Related to FP, a number of qualitative respondents shared concrete examples of putting FP messages they learned through their participation in MFF into practice in their own lives. These behaviors included practicing birth spacing, limiting their number of children often based on financial means, and choosing to use contraceptives. However, the use of hormonal contraception in particular was not universally accepted. While this qualitative study did not specifically ask respondents about their current or future intentions to use contraception, qualitative findings related to attitudes towards contraception contextualize and support comparable quantitative findings. Qualitative respondents' generally positive attitudes towards the benefits of birth spacing and limiting the number of children

are consistent with endline quantitative findings that showed more 80% of intervention respondents intended to use any modern contraception in future.

While some qualitative participants spontaneously shared that they were currently using hormonal methods successfully, both qualitative and quantitative findings also suggest a general hesitation to use hormonal methods of contraception, especially long-acting reversible methods. Quantitative and qualitative results revealed a general preference for and current practice of fertility awareness methods. Many qualitative respondents who did not use hormonal contraception said their fear of side effects, usually informed by experiences shared by influential people in their lives, in turn influenced their own non-use. Some of these respondents specified that they feared infertility as a side effect of hormonal contraception. This is consistent with the 5-10% of quantitative participants who cited fear of side effects as their reason for not using modern contraception at endline, while up to 27.1% and 16.4% of comparison and intervention participants respectively said their desire to have a child kept them from using modern contraception. Results illustrate that while high parity may be a shifting socio-cultural norm, fertility generally continues to hold significant socio-cultural value and importance for young couples. Therefore, the perception that hormonal contraception could cause infertility could prevent some young couples from using these methods.

Related to relationship dynamics, respondents also reported adopting a number of MFF messages that led to overall higher quality relationships. In practice, qualitative respondents generally interpreted gender equality as more equal division of household labor and tasks between spouses, financial transparency, and the inclusion of women in household decision making. Quantitative findings triangulate improvements in attitudes towards gender equality in intervention congregations from baseline to endline. At baseline 49.2% of intervention respondents agreed that *'Men and women are created equal'*, increasing to 67.1% agreeing at endline. Improvements related to social norms pertaining to gender equity were also observed in intervention respondents from baseline to endline. At endline, 19.9% (up from 6.9% at baseline) of intervention respondents perceived that *'Many'* or *'Most'* husbands shared in household chores and 50.3% (up from 35% at baseline) perceiving that *'Many'* or *'Most'* husbands in the congregation share childcare responsibilities.

MFF participants in the qualitative study universally perceived physical violence as unacceptable and did not believe that *'Most women in [their] parish experienced violence from their partner.'* This qualitative study did not explicitly ask, nor did respondents spontaneously offer if violence decreased within their relationship after participation in MFF, but respondents did report behavior changes such as better couple communication, dialogue, and conflict resolution as well as improved anger management, less aggressive verbal arguments, and more financial transparency. These shifts within couples could be interpreted as decreasing the likelihood of or tendency towards verbal, emotional, and economic violence. Quantitative findings show a reduction from baseline to endline in the percentage of individuals from both intervention and comparison congregations who believed it was appropriate or justified to use violence in certain situations, but little difference from baseline to endline of men reporting the perpetration of emotional, physical, and sexual violence and women reporting experiences of violence.

While these indications of tangible behavior changes in relationships are promising, some qualitative respondents interpreted MFF messages to endorse unequal gender power dynamics within relationships which could, in practice, be detrimental to women's empowerment and autonomy. Some specific examples included men's unquestioned status as head of the household, women's obligations to remain submissive in marriage, and a husband's right to make contraceptive decisions for the couple. Quantitative findings showed a slightly higher proportion of newly married couples in particular from intervention congregations reporting experience of all forms of IPV (except emotional IPV) compared to comparison congregations, though these differences were not statistically significant. The nuanced picture of relationship dynamics illustrated by qualitative findings is consistent with varying quantitative trends. While both qualitative and quantitative

findings show some trends towards reduced perpetration or experience of IPV, other mixed methods findings demonstrate that some inequitable gender norms and normative violent behaviors remain despite respondents' categorical rejection of violence in relationships as acceptable.

One potential influence on MFF target outcomes could be existing programming for young people outside of the MFF program. Qualitative respondents from both intervention and comparison congregations affirmed that the MFF project was only one intervention within an existing, seemingly extensive network of church-based programming aimed at young people, young people of marrying age, and young married couples. Existing programming within churches seemed to cover a wide age range and demographics, discussing overarching themes similar to those addressed by MFF such as general relationship advice, communication and dialogue for conflict resolution, gender equity and collaboration within relationships, and FP. Qualitative results indicate faith leaders and gender champions trained in MFF facilitation and themes were also involved in facilitation and teaching in these church-wide groups for young couples. Through these existing avenues individuals, especially those very active in the church community, could have extensive exposure to FP, relationship and gender norms messaging outside of the MFF approach. However, given that most, if not all, faith leaders and gender champions who completed MFF training also occupied leadership and facilitation roles in other, church-wide programming aimed at young couples, findings suggest that MFF themes, frameworks, and approaches to talking about relationships, gender norms, and FP diffused, at least to some extent, into existing church-based programming.

These findings are consistent with quantitative findings which found high percentages of respondents in both intervention and comparison congregations who, for example, personally approved of married couples using FP, disapproved of men beating their wives, and believed others in their congregation also disapproved. Quantitative surveys also show that intervention and comparison respondents reported more discussion with their partner about FP, IPV, and gender roles.

Perceptions of church community norms

Mixed methods results show differing perceptions of social norms for FP and IPV. A number of qualitative respondents from both intervention and comparison congregations expressed uncertainty about their religious community's FP beliefs, approval, and use, including the perspectives of their pastors. This finding contextualizes the quantitative endline result that found only about a quarter of intervention respondents and just under a fifth of comparison respondents believed newly married couples in their congregations typically used FP. While quantitative findings also showed that about 72% of respondents felt their faith leaders would approve of their use of modern contraception, this still leaves about 28% of quantitative intervention respondents who are uncertain or do not think their faith leaders would approve of their contraceptive use. These findings and the uncertainty expressed by qualitative respondents regarding pastors' support of FP are especially notable in intervention congregations where pastors were trained in the MFF project and meant to be implicated in passing on MFF FP messaging.

In contrast to this uncertainty surrounding others' approval or use of FP, young men and women in the qualitative study from both intervention and comparison congregations categorically deemed IPV unacceptable and perceived that their church communities, especially faith leaders, did not endorse the use of violence in relationships. This decisive perception that IPV is unacceptable to important reference groups is consistent with quantitative findings that showed the vast majority of intervention respondents said faith leaders and husbands would not approve of the use of violence to correct a wife's behavior.

While some qualitative respondents acknowledged that IPV existed within some relationships in the wider community, they were adamant that IPV was not a normative practice in their religious or

social circles. This qualitative finding differs from quantitative endline results that show at least 65% of respondents from both intervention and comparison congregations affirmed that ‘Some’, ‘Many’ or ‘Most’ women in their congregation had experienced IPV.

IMPLICATIONS FOR FUTURE RESEARCH & PROGRAMMING

Conclusions drawn from FP and Relationship Dynamics interviews, especially when viewed in parallel with quantitative findings, offer insight into pathways to behavior change and outcomes associated with each programmatic and research theme. Findings confirm the nuanced nature of social and behavior norms change, especially as it relates to fundamental socio-cultural beliefs and practices such as fertility, FP, gender roles, and gendered power dynamics. In addition, quantitative or qualitative results viewed in isolation offer a rather incomplete narrative, demonstrating the importance of using mixed methods research to explore complex social norms and gender transformative programming. These findings can inform future iterations of MFF program development, implementation and evaluation research in this and similar contexts.

Know the networks: Differing reference groups for FP and relationships

FP and relationship intervention curricula, target audiences, and messaging should each reflect the important reference groups for FP and relationships identified by young people. Increasing the direct involvement of actors who were considered influential for *both* FP and relationships such as Godparents, parents, and friends of MFF participants in MFF activities could increase the wider diffusion and impact of messaging on all target outcomes. One significant takeaway from this qualitative study is the importance of exploring the particular role of Godparents as reference groups for young couples in future research. Godparents have the potential to be highly influential as part of future interventions to influence relationship norms, including attitudes towards and prevalence of IPV. Given the particular socio-cultural and influential space occupied by Godparents – easier to talk to than parents, but more respected and wiser than friends – dialogues and trainings specifically for Godparents of MFF-participating couples or making activities such as Godparent selection, for example, a part of MFF activities could be another avenue to MFF information, norms, and behavior change diffusion.

While Godparents stood out as highly influential for many young couples on both FP and relationships in qualitative results, other influential actors on FP and relationships differed. These different influences by theme and outcomes should be explored in more depth and reflected in future intervention iterations as well. For example, pastors are already centrally implicated in MFF activities. However, given young people’s general trust in pastors but their reported lack of direct interaction with pastors on FP, it could be important to unpack the actual and potential increased role of pastors in passing on FP knowledge and advice to increase young people’s FP uptake.

Future programming could also further integrate and formalize the mentor-mentee relationship young people described with influential people in their lives. Influential people, such as Godparent figures or other young people of similar socio-demographics as MFF participants, who make choices consistent with MFF messaging could have a more central and visible role in MFF activities by sharing their personal experiences and acting as mentors, trendsetters, and champions to entire cohorts of program participants.

Actualizing gender equality: engaging in an iterative, cultural relativist process

While overall outcomes related to gender norms were positive, mixed methods findings demonstrate how interpretations and actualization of gender equality may differ from Western definitions in different contexts. In the qualitative study, some MFF participants reported a hybrid of gender norms within their relationships. For example, some men and women maintained that men were the head of the household but were obligated to include women in decision making, or that men and women fill separate but equally important roles in marriages. These interpretations, especially combined with culturally embedded social norms that privilege men's power in marriages, could be empowering for women in this socio-cultural context; or, alternatively, these dynamics could reinforce unequal gender relations and further disempower women.

Although a minority, some MFF participants perceived that MFF endorsed female submissiveness in marriage generally, and in conflict resolution and FP decisions specifically. While influential people including pastors seemed to widely endorse gender equality in relationships as framed by MFF, other influential people in young men and women's lives also emphasized wives' submissive roles in relation to their husbands. Mixed results and varying trends in quantitative studies also point to significant nuance when it comes to interpretation, internalization, and actualization of gender equity messages in this context.

Findings suggest that MFF project pathways, curricula, and evaluations should explicitly address these potential nuances so that the definition, practical implementations, and outcomes measuring men's and women's equality in relationships consider, discuss and respond to local women's – and men's – ideal iterations of gender equality, with the understanding that these may not necessarily conform to Western standards.

Integrating more facilitated participant dialogue on theoretical conceptualizations and practical manifestations of gender equality from the beginning and throughout the MFF program cycle could help facilitators tailor gender messaging in response to specific participant beliefs and particular socio-economic dynamics. These dialogues could also help refine outcome measures and define program 'success' to reflect what is feasible and desired in context. Participant dialogue early on in programming could offer participants a unique opportunity to explore, compare, and contrast different notions of gender equality and define an organic model of equality that is context-, even couple-, specific.

Emphasizing open dialogue related to norms throughout the program cycle could also reveal subtle yet significant socio-economic and cultural trends relevant to FP and relationship choices as participants' process, internalize, and prepare to actualize MFF messages. For example, qualitative participants in this study indicated that current economic uncertainties made birth spacing and limiting very compelling models of FP to pursue. Or, some participants interpreted some messages as endorsing women's submissiveness in relationships. If known from the beginning, these culturally relevant justifications or potentially counterproductive interpretations could be emphasized or addressed in MFF messaging. More dialogue to inform a more iterative and dynamic intervention design could also give participants a sense of local ownership over, and therefore heightened investment in, the MFF process itself and decrease any perceptions of MFF as an outside or colonial project. Finally, MFF as an intervention could be more responsive to local context and, therefore, easier to replicate in different geographic and socio-cultural spaces.

Consequences of emerging norms: IPV is deemed unacceptable, FP remains taboo

While seemingly positive, young men's and women's widespread condemnation of IPV could inadvertently 'hide' ongoing occurrences of violence and stigmatize those who experience violence. For example, in the midst of widespread community condemnation of IPV, individuals who experience violence could internalize stigma which may prevent them from reporting their experiences of violence and seeking help.

Conversely, increased education and discussion about IPV could explain observed increases in the reporting of experience of IPV in quantitative studies. As individuals become more aware of the definition of IPV and normative principles of gender equity, they could recognize and, therefore, report the occurrence of IPV more readily and frequently in their own lives. MFF projects should consider these potential unintended effects of open discussion about IPV on research data, including participant responses stemming from social desirability bias or internalized stigma. MFF could, therefore, have a further role to play in recognizing and discussing the ongoing prevalence of IPV, de-stigmatizing experiences of violence and offering safe spaces for survivors to access assistance and services.

Specifically regarding FP, mixed methods analysis illustrates that while practices such as birth spacing and limiting a couple's number of children are generally accepted and practiced by many young couples, the use of contraception remains a relatively taboo and private issue. Qualitative findings that show the generally taboo and private nature of FP use could also explain the lack of statistically significant differences in descriptive FP norms ('what I perceive others do related to FP') observed between intervention and comparison groups in quantitative studies. Mixed methods analysis suggests that information on FP use is simply not readily shared between individuals or couples who do not know each other well.

Destigmatizing and reducing taboos around discussing and adopting FP and contraceptive use in particular could, therefore, inspire young people to go to more informed individuals, such as pastors and other faith leaders trained in RH and FP or health workers. In addition, young couples trust their pastors and a number of young men and women expressed interest in receiving more life advice from church leaders. Therefore, pastors in particular could be encouraged to take a more active and public role in the normalization and promotion of FP in particular, including specific contraceptive methods. In parallel, continuing focused efforts to increase young peoples' knowledge of RH and FP directly could also have an important impact on accurate knowledge shared within social and friend groups.

The private nature of FP might also explain why young men and women tend to discuss and seek FP advice and information from friends rather than parents or faith leaders, and supports implications detailed above on integrating specific reference groups into MFF programming. While qualitative and quantitative respondents indicated health workers were trusted sources of information for FP, health workers were not listed as the most influential people on FP knowledge and practices in qualitative studies. If friends are well informed about contraception, their influential role on young people does not necessarily pose a problem. However, young people's current rates of contraceptive knowledge and use in this and other similar contexts suggests otherwise.

In addition, concerns about side effects of hormonal contraception were raised in both the quantitative and qualitative studies and were cited as a reason why couples chose not to use hormonal contraception. Some qualitative interviewees also reported that negative experiences with one hormonal contraceptive method resulted in their abandonment of hormonal contraception all together. Explicitly acknowledging, discussing, and addressing these concerns through the MFF project could encourage more couples to use hormonal contraceptives and reduce the number of

couples who abandon hormonal contraceptives entirely after a negative experience with one method. Given young couples' overall trust in both health workers and pastors, there could be opportunities for increased involvement and integration of these influential actors into MFF pathways, including more visible partnerships between health workers and religious leaders, aiming to increase contraceptive use.

Exposure to church-based and other programming in parallel with MFF

Mixed methods results indicate that young people have seemingly high exposure to other church-based programming addressing FP and relationships in both intervention and comparison congregations. In addition, most young people reported receiving knowledge and advice on FP and relationships from influential people in their lives such as Godparents and others that was consistent with MFF messaging. This suggests that general trends towards social norms change are present in the community outside of the MFF intervention. However, it is not known where exactly influential people receive the information, perspectives, or advice they pass on to young people. Nor is it known what exact messages are being communicated through non-MFF related church- or community-based programming.

While it seems likely that MFF-trained pastors integrated their training and MFF project approaches and messages into their work with young people in contexts outside of MFF, there was evidence from the qualitative study of, for example, one female pastor who encouraged female submissiveness in marriage. A deeper dive into the curricula and messaging of existing church- and community-based programming, especially the sources of information informing people who influence young people, would be helpful to unpack this diffusion chain. Future MFF programming could also increase diffusion and impact by working with all pastors, leaders, and facilitators of church-based groups and marriage preparation courses and seminars to ensure consistent pathways to behavior change between MFF and already-existing church programming.

FURTHER READING

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