

APRIL 2019

# Transforming Masculinities and Promoting Family Planning in Faith-based Communities

## MIDLINE ETHNOGRAPHY REPORT



**USAID**  
FROM THE AMERICAN PEOPLE

**Passages**

Transforming Social Norms for  
Sexual & Reproductive Health

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**Recommended Citation:**

Transforming Masculinities and Promoting Family Planning in Faith-based Communities: Midline Ethnography Report. April, 2019. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

This research report was prepared by the Institute for Reproductive Health (IRH) under the Passages Project. This report and the Passages Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-15-00042. The contents are the responsibility of IRH and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.

**Passages Project**

Institute for Reproductive Health | Georgetown University  
1825 Connecticut Avenue, N.W., Suite 699  
Washington, D.C. 20009 USA

[info@passagesproject.org](mailto:info@passagesproject.org)

[www.PassagesProject.org](http://www.PassagesProject.org)

Twitter: [@Passages\\_Proj](https://twitter.com/Passages_Proj), [#PassagesProject](https://twitter.com/PassagesProject)

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## LIST OF ACRONYMS

ASF	Association de Santé Familial
DRC	Democratic Republic of Congo
ECC	Église du Christ au Congo
FBO	Faith-based Organization
FHI 360	Family Health International 360
FP	Family Planning
FTP	First Time Parents
GBV	Gender-based Violence
HTSP	Healthy Timing and Spacing of Pregnancies
IPV	Intimate Partner Violence
IRB	Institutional Review Board
IRH	Institute for Reproductive Health, Georgetown University
MFF	Masculinité, Famille, et Foi
NMC	Newly Married Couples
PSI	Population Services International
SRH	Sexual and Reproductive Health
TFR	Total Fertility Rate
MFF	Masculinité, Famille, et Foi
USAID	United States Agency on International Development
VYA	Very Young Adolescents

# Executive Summary

Between May and September 2017, Georgetown University's Institute for Reproductive Health (IRH) conducted a midline, ethnographic assessment of the Masculinité, Famille, et Foi (MFF) intervention being implemented in eight Protestant congregations in Kinshasa, Democratic Republic of Congo (DRC). MFF is seeking to reduce gender-based and intimate partner violence (GBV/IPV) and improve modern family planning (FP) use by working through faith communities. The evaluation of MFF consists of an experimental, two-group, pretest/post-test design within 17 Protestant congregations randomly assigned to a comparison or intervention group (eight intervention and nine comparison sites). The ethnographic assessment took place in four intervention and two comparison sites to explore quality of implementation, community acceptance of the MFF intervention, diffusion of MFF messages, and expression of gender-related attitudes among faith leaders, gender champions, newly married couples (NMC), first-time parents (FTP), and the community, as a whole. Findings are being used to refine the intervention, help interpret evaluation results, adjust and plan for scale-up, and contribute to the body of knowledge on community-based social norms transformation interventions.

## ***How are gender, violence, and FP represented within the intervention and understood by young couples?***

Ethnographers noted that faith leaders and gender champions in intervention congregations frequently promoted positive messages supporting gender equality and positive masculinity, condemning GBV/IPV, and supporting FP use, especially compared to comparison congregations; and variation was observed depending on a subjective appraisal of faith leader engagement with MFF with higher levels of promotion seen in congregations with “highly engaged” faith leaders. Numerous anecdotes were collected testifying to attitude, norm, and behavior change, particularly from young women. Overall, however, gender equality was frequently conceived as men and women having “complementary roles” with roles shaped by masculine norms. Even in intervention congregations, women were still regarded as primarily responsible for childcare and household work, and while progress has been made, many still endorse men as the final decision-makers. There do not appear to be strong social norms against use of modern FP, and ethnographers frequently reported hearing that modern FP was acceptable, particularly given challenging political and economic contexts. In both sites, social norms seem to strongly disfavor violence in relationships, but many congregation members still held attitudes that violence against a wife was sometimes justified, including if she uses a method of FP without her husband's knowledge or consent. There were a number of cases reported by ethnographers of husbands or other congregation members acting as individual barriers to modern FP use.

## ***How are other people beyond the target populations interpreting the MFF themes?***

The assessment findings demonstrate that the intervention is generally accepted by the communities and that most congregants in intervention areas have been exposed to MFF themes. However, there were limited opportunities for ethnographers to discuss and observe diffusion of MFF themes. Some respondents mentioned discussing with family members, in particular siblings and friends, in addition to their partners. A few men suggested that they had discussed MFF themes with other men. However, the content of these discussions and full range of people and groups within congregations that MFF themes were discussed with is unclear. Additional research is needed to shed additional light on the processes of diffusion of MFF themes.

## ***So, what does this tell us?***

Overall, ethnographers observed that the MFF intervention is working as designed, but feasibility and acceptability by men and within the wider community could be enhanced by harmonizing and strengthening key messages and further engaging men, gender champions, and religious leaders to achieve deeper normative transformation. Results show that the norms, attitudes, and beliefs

promoted in faith communities are intimately related to the outcomes of interest – gender equality, GBV/IPV and FP use, often in negative ways. Moreover, they confirm that gender equality, GBV/IPV and attitudes which prevent healthy timing and spacing of pregnancy (HTSP) are serious and prevalent concerns in these communities. This intervention is addressing existing problems but these are deeply-rooted; and it is unclear from these ethnographic findings, whether it is enough—whether MFF themes are being discussed and reinforced in the wider community through diffusion and bringing about normative change and whether it is effectively addressing male power. It appears that at midline, while the intervention appeared to be mitigating or addressing many outcomes (more equal gender roles, gender-based violence, FP use), it was unclear whether it was successfully influencing underlying issues of patriarchy, and men’s power as a root cause of these outcomes. While some shifts are seen, likely as a result of MFF, it is clear that transforming these deeply rooted attitudes and beliefs is a difficult, long-term endeavor and this intervention may represent the first step in a long journey.

# Background

Masculinite, Famille et Foi (MFF) is a pilot and scale-up research initiative based on the Tearfund-developed intervention: Transforming Masculinities. MFF is a research initiative of the Passages Project, funded by the United States Agency for International Development (USAID). The overall aim of Passages is to improve family planning (FP) and reproductive health (RH) among youth, in particular very young adolescents (VYA), newly married couples (NMC), and first-time parents (FTP) by transforming the underlying social norms that may impede health and wellbeing. Furthermore, Passages is scaling up promising interventions to build a body of evidence to determine under what conditions norms shift and what the mechanisms of normative change might be.

MFF is being implemented, monitored, and evaluated in Kinshasa, through Protestant faith communities over two (2) phases in four (4) years: *phase one*, a two-year pilot in 17 Protestant congregations in Kinshasa (2017-2018); and *phase two*, a two-year scale-up in sites to be determined (2019-2020). The MFF pilot was implemented in Kinshasa, Democratic Republic of Congo (DRC) by Tearfund DRC, in partnership with Eglise de Christ au Congo (ECC), Georgetown University's Institute for Reproductive Health (IRH) Association de Santé Familial (ASF), and supported by FHI 360.

The original 'Transforming Masculinities' (TM) intervention, implemented in the Great Lakes region of Africa, is a gender-transformative approach for faith communities seeking to promote positive masculinities and gender equality, and in doing so reduce gender-based violence (GBV). The TM addresses gender inequalities that are embedded in constructed roles of men and women, boys and girls, and enforced through social structures, in this case, religiously derived perceptions found in (interpretations of) religious scriptures.<sup>i</sup> TM uses a process of participatory scriptural reflection and dialogue with faith leaders and congregants to identify, create and embrace new, positive masculine identities, and to take action. In Kinshasa, MFF has built on the original TM model, to include components on FP/RH education and include linkages to FP services/clinics.

The goal of MFF is community-wide normative and behavior change towards greater gender equality with positive masculine identities that support non-violence and shared decision-making, leading to the healthy timing and spacing of pregnancies among NMC and FTP. In understanding the MFF experience in shifting norms, an evaluation is being conducted with two broad objectives:

**Objective 1:** Determine the extent to which MFF, a gender normative-focused FP intervention with religious leaders and faith communities, increases FP use, reduces IPV and promotes positive masculinities in participating congregations within eight (8) intervention congregations in Kinshasa, DRC; and,

**Objective 2:** Assess the scalability and cost of the MFF intervention.

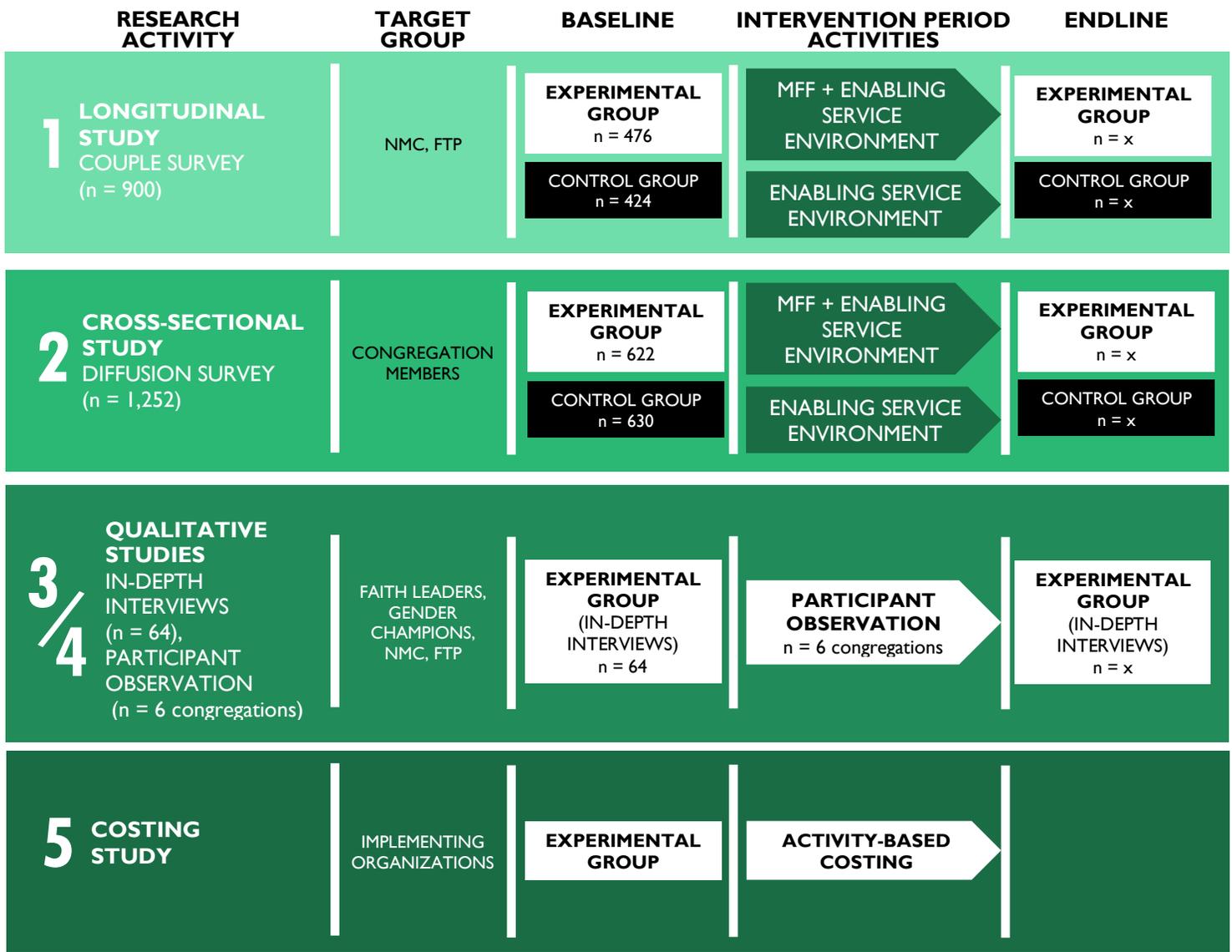
The overall MFF research study consists of an experimental, two-group, pretest/post-test design with 17 Protestant congregations randomly assigned to a comparison or intervention group (eight intervention and nine comparison sites). The intervention group receives the MFF intervention with added FP and RH components and an enabling service environment, whereas the comparison group only receives the enabling service environment. The MFF research evaluation activities are as follows (see **Figure 1**):

- **Research activity 1:** Orally-administered attitudes, behaviors, and social norms **couple surveys** at baseline, and end line among young adult couples (male or female members that are newly married (NMC) or first-time parents (FTP) in the eight intervention and nine comparison Protestant congregations to

enable assessment of individual and community level changes in attitudes, behaviors, and the social norms on intervention themes.

- **Research activity 2:** Orally-administered **diffusion survey** among members of the eight intervention and nine comparison congregations at baseline and end line to measure the extent of diffusion of intervention messages.
- **Research activity 3:** Orally-administered **in-depth interviews** (IDI) in eight intervention Protestant congregations with selected faith leaders, gender champions, and community dialogue participants, at baseline, to explore attitudes, behaviors, and social norms regarding IPV, FP, and positive masculinities. IDI will be conducted in phase 2: scale up to document the experience of scaling up.

**Figure 1.** MFF Research Design



- **Research activity 4: Embedded ethnographers at midline** in 4 intervention and 2 comparison congregations to undertake participant observation to document pilot intervention processes and successes, the diffusion of ideation, and the feasibility and acceptability of the intervention.
- **Research activity 5: Activity-based costing analysis** to determine the costs of implementing the MFF intervention.

Findings from research activity 1,<sup>ii</sup> research activity 2,<sup>iii</sup> and research activity 3<sup>iv</sup> have been reported elsewhere. ***This report includes the findings from the midline ethnographic research activity 4 conducted from May to September, 2017.***

## Context

High levels of economic insecurity, psychological stress, and violence make parts of DRC some of the most difficult places in the world to live regardless of gender.<sup>v</sup> The rates of IPV perpetrated by men against their female partners in DRC are amongst the highest in the world.<sup>vi</sup> Men as well as women report high levels of exposure to, or experience of, sexual and physical violence throughout their lifetimes both related and unrelated to conflict.<sup>vii</sup> In a country of almost 70 million, over 1.7 million women report being raped in their lifetime and over 3 million report IPV.<sup>viii</sup> Other indicators of gender inequality include a high child marriage rate, high maternal mortality, and low contraceptive prevalence rate (CPR).<sup>ix</sup> Multiple negative health and wellbeing outcomes are associated with GBV, including declines in overall reproductive health,<sup>x,xii</sup> increased risk for HIV-positive status,<sup>xiii</sup> stress, depression, miscarriage, pre-term delivery, induced abortion, and stillbirth.<sup>xiiii,xiv,xv</sup> Infants of women exposed to GBV have an increased risk for low birth weight, illness, undernutrition, and mortality.<sup>xvi,xvii</sup> Further, childbearing from a young age with a high lifetime fertility rate negatively impacts women’s health, education opportunities, and economic outlook.<sup>xviii</sup> While many factors contribute to DRC’s poor SRH outcomes, including long-term conflict and poor access to costly health services, socially constructed and enforced gender norms also play a significant role.

**Gender-based Violence (GBV)** is the result of normative role expectations associated with each gender and unequal balance of power between the two genders. GBV is not specific to a husband and wife.

**Intimate Partner Violence (IPV)** refers to physical or sexual violence and/or psychological aggression by a current or former intimate partner.

Gender norms are “expectations of appropriate roles and behaviors for men and women.”<sup>xix</sup> In the DRC, physical violence is an accepted male behavior and a way of asserting control as head of the household.<sup>xx</sup> A woman’s role is to support her husband and bear and raise many children. High fertility commands social status and the total fertility rate (TFR) in DRC is 6.0.<sup>xxi</sup> Men make key decisions, including FP. IPV commonly results if women transgress these gender roles, including seeking FP without her husband’s consent.<sup>xxii,xxiii</sup> In this manner, socially ascribed gender roles endorse early marriage, high fertility and the threat of IPV prevents women from seeking health and FP services.<sup>xxiv</sup> Individuals, the community at large, and key institutions within communities, such as religion and religious leaders, together define and reinforce gender roles through daily interaction and behaviors.<sup>xxv,xxvi,xxvii</sup> In spite of culturally engrained gender inequities, positive traits of masculinity also exist. For example, men in eastern DRC reported significant participation in child caregiving, which in turn is associated with other equitable behaviors, including reduced IPV.<sup>xxviii</sup> Interventions can capitalize on these positive masculine identities.<sup>xxix</sup>

Changing harmful, socially sanctioned gender norms that underpin poor RH outcomes is an emerging intervention area in global health programming.<sup>xxx</sup> Mounting evidence suggests that to develop normative environments supportive of FP, interventions should simultaneously target men, women, and the community structures that produce and enforce gender norms.<sup>xxxi</sup> These *gender*

*transformative*<sup>1</sup> interventions show the greatest promise in generating positive changes in attitudes and behaviors related to RH, especially when they reach beyond the individual level to the social context.<sup>xxxii</sup>

In DRC, religion is a community structure that creates and reinforces gender norms through biblical interpretations of Creation, and guidance on marital relationships.<sup>xxxiii</sup> Church leaders, men and women, boys and girls, use scriptures to justify, defend, and perpetuate gender norms that are associated with poor SRH outcomes.<sup>xxxiv</sup> The MFF intervention targets the use of scriptures to uphold GBV, IPV, and gender inequality. Together with religious leaders, MFF works with the community to develop new, positive definitions of masculinity that support gender equity. Preliminary evidence suggests that the MFF approach may be a promising approach to reduce acceptance of GBV and GBV-related behaviors and lead to the promotion of gender equitable relationships and practices, capturing outcomes related to changes in harmful practices deriving from negative normative stereotypes.<sup>xxxv</sup> The MFF intervention presents a unique approach to increasing FP use and improving healthy timing and spacing of pregnancies (HTSP) by working through established faith-based organizations (FBO) to change gender norms that condone violence and prevent women from accessing FP services. Under Passages, MFF is receiving further, more rigorous, evaluation and for the first time, include a focus on FP/RH.

## The Innovation: MFF

MFF is currently the only normative intervention taking place within church congregations to reduce IPV, increase FP use and improve SRH outcomes by addressing the social norms that shape inequitable gender relations and prevent the use of modern methods of FP. **As an innovation, MFF addresses existing social and gender normative barriers to family planning use and healthy timing and spacing of pregnancies through gender transformative programming.** MFF consists of the following components, core to its approach:

1. **Mobilizing faith leaders:** Transforming leaders to create a supportive normative environment for positive change and diffusion of gender-transformative self-reflective ideals through workshops and diffusion activities. Faith leaders are positioned in existing community structures to be highly influential, shaping normative environments that in turn influence outcome behaviors and intentions. By working within existing structures with individuals of high influence, MFF's focus on self-reflection is intended to lead to the transformation of leaders that will reverberate through their communities.
2. Transforming Masculinities with **gender champions:** Training pre-identified and respected youth gender champions at the congregational level to be transformative members in their communities, Gender champions act as peer mentors and change agents and facilitate 'community dialogues' with couple members.
3. Transforming Masculinities with **young couples:** Community dialogues with ten couples over the course of eight weeks to discuss topics ranging from roots of SGBV to FP and male involvement. This community dialogue process is intended to lead couples to identify, create, embrace and disseminate new, positive identities and gender-equitable attitudes and norms, and to then take action within their community. We hypothesize that being an NMC or FTP is a moment of transition for individuals, during which enculturation into new roles and social norms can occur/s.

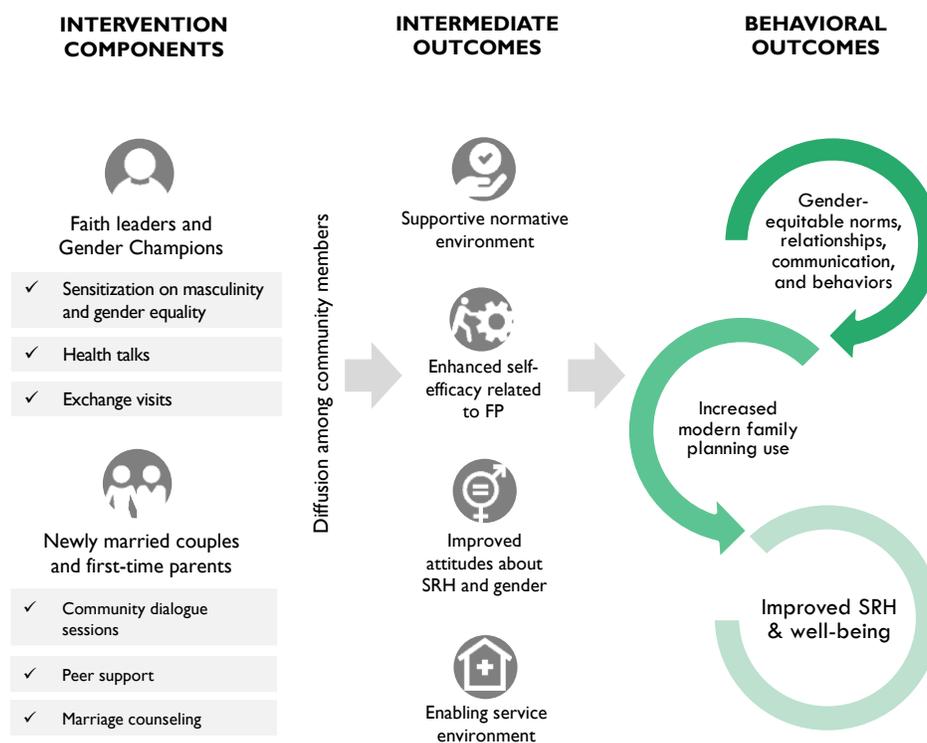
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<sup>1</sup> Gender Transformative approaches seek to build equitable social norms and structures in addition to individual gender equitable behavior.

4. Transforming Masculinities with broader **congregation members**: Diffusion activities to communicate gender equity through faith leader sermons, couple testimonies, congregation mobilizing events, mentoring by gender champions, and group discussions.
5. We hypothesize that a faith-based approach provides a specific community and homogenous group within which norm change can be effective and efficient in the diffusion of new gender transformative attitudes and norms, due to social connections, the influence of the scriptures in informing behaviors, and the role of influencers. Across all of the above, the promotion of gender equality/equity and positive, non-violent male roles, the reduction of violence between intimate partners, and healthy timing and spacing of pregnancies through FP/SRH service delivery are the core topics explored.
6. An **enabling service environment**, including youth-friendly health services and GBV response protocol (clinics, pharmacies, hotline), reflecting the multi-level approach within MFF.

As seen in the program’s theory of change (**Figure 2**), the premise of the intervention is that these components work together to diffuse new ideas that change the underlying social norms and ultimately impact sexual and reproductive health and well-being in Kinshasa.

**Figure 2.** MFF Theory of Change



# Research Objectives & Methodology

## Research Objectives & Questions

This ethnographic study was nested within the overall research study to assess the effectiveness, diffusion, experience of implementation, and gain insights to the scalability of the MFF intervention. The ethnographic study was intended to explore and document the process of pilot intervention implementation at midline, especially feasibility and acceptability of the intervention and intervention components. The specific research questions included:

1. **How are gender, violence, and FP represented within the intervention?**
  - By faith leaders?
  - By gender champions?
  - During the community dialogues?
2. **How do newly married couples and first time parents express gender-related attitudes?**
  - Where is there agreement and disagreement on gender roles?
  - What perspectives do they hold regarding decision-making and on roles of men and women in FP?
  - Do they discuss FP use and its effects on couple communication and decision-making?
3. **How are other people beyond the newly married couples and first time parents integrating the MFF themes?**
4. **What is attendance like at MFF/Intervention events?**
5. **How do people respond to what they are hearing? How do they describe the events?**

The objective of this study was to contribute to intervention refinements, help interpret evaluation results, adjust and plan for scale-up, and contribute to the body of knowledge on community-based social norms transformation interventions.

## Methodology

The ethnographic study took place in the province of Kinshasa, DRC from **May – September, 2017**, which was months 5-10 of implementation (midline) of the intervention. Of the 17 congregations involved in the overall evaluation, four congregations were selected based on size (small, large) and leader engagement (low or high engagement) and two comparison congregations were selected, in consultation with the Tearfund and ECC staff. For leader engagement, the ECC Passages team categorized faith leaders with low or high engagement based on whether the primary faith leader from each congregation attended the meetings or sent a deputy, their engagement in the workshops, and their interest in the community dialogues. Ethnographers were assigned the following congregations (see **Table 1**).

**Table 1.** Experimental and Comparison Congregations with Characteristics

Congregation	Characteristics
<i>Experimental</i>	
Paroisse Bumbu 1 de la Communauté Ouest	Large congregation, high leader engagement
Paroisse Saint Pierre de l'Eglise Anglicane du Congo	Small congregation, high leader engagement

Paroisse de Kimvula de la Communauté Baptiste Congo Ouest	Large congregation, low leader engagement
Paroisse de l'Ozone de la Communauté Evangélique de l'Alliance au Congo	Small congregation, low leader engagement
<i>Comparison</i>	
Paroisse de la Communauté des Eglises en Mission	Small congregation
Paroisse N'Djili de la Communauté Evangélique au Congo	Large congregation

Church members within the six congregations served as the study population. While the exact size of membership for each church is unknown, the six congregations represent a mix of urban and peri-urban; large and small membership; socioeconomic status; ideological leanings from conservative to progressive; age distributions; and various denominations including Anglican and Baptist.

Ethnographers conducted semi-structured participant observation and informal unstructured key informant interviews during and after sermons and MFF and other public gatherings at the six sites with faith leaders, gender champions or other congregants as relevant. Ethnographers spent approximately three weeks at each site. The ethnographic study followed a phased approach with time factored in for reviewing field notes and extensive discussions of significant findings and next steps for the following phases.

Prior to participant observation the ethnographers were trained on the ethnographic methods including observation and interviewing techniques, writing memos and notes, and ethics, oriented to MFF and research questions over the course of three days, and spent one day of field practice pre-testing the research protocol in one MFF intervention site (not involved in the ethnography).

Participant observation data was organized and processed using semi-structured guides/matrices developed during training of ethnographers and revised throughout each phase, as needed. Ethnographers were asked to note observations on the following:

- Description of the environment
- Atmosphere of event/activity
- Actors/people involved
- Demographics
- Behaviors/actions
- Concepts/themes discussed, focusing on:
  - Gender, IPV/violence, RH/FP, Bible verses
  - Linkages between the above concepts
  - Anything else emerging/mentioned in relation to the MFF intervention

Using an iterative, modified grounded theory approach, the ethnographers reviewed the data for recurring themes and patterns and developed the themes for inquiry and guides for the next phase. Analyses were fed into other rich qualitative and quantitative data already being collected during the study.

IRH (two Senior Research Officers and the DRC-based Country Coordinator/Passages Coordinator) led this research activity/study in collaboration with one ethnographic manager and seven ethnographers (independent consultants), working closely with Tearfund and ECC teams. IRH took the lead on the technical aspect and Tearfund managed the financial and administrative components of engaging the ethnographers. Study activities obtained approval from Georgetown University's Institutional Review Board (IRB) under a modification to the original study protocol and the Ethical Committee of the Public Health School of the University of Kinshasa has also been informed and

required only a submission of the Georgetown University Institutional Review Board (IRB) approval letter and materials.

## Results

Through the analysis process, excerpts from the memos were organized into three broad thematic categories, speaking to the intervention objectives, which were formulated through a combination of inductive and deductive analysis. These categories include gender equality, GBV/IPV, and FP. The key results and corresponding quotations for each theme are described below.

### Gender Equality & Masculinities

Within intervention areas, ethnographers noted that most faith leaders and gender champions endorsed and communicated messages consistent with MFF messaging. Some highlighted “*complete equality of husbands and wives in all things*” as stated by one highly engaged faith leader. Others discussed the “complementarity” of roles between men and women/husbands and wives, for example:

*"The facilitator [gender champion during community dialogue] remarked: 'God, in creating Eve, instructed Adam to live with her as a partner and to love him. God created man and woman in his image. So, they are similar and equal, but with different skills and roles to complement each other.'" (Intervention, High Leader Engagement)*

However, ethnographers also noted examples from sermons and MFF activities in intervention areas less consistent with MFF messaging, often with low faith leader engagement. For example, one gender champion from a low leader engagement congregation remarked that “*women are not yet ready to play the same role as men, despite international speech*.” In another instance, a faith leader used scripture to argue against the worst excesses of gender inequality such as a husband treating his wife as a “slave,” but continued to reinforce the subordinate status of wives to their husbands.

*"In his comments, the Pastor said: 'God himself saw that it is not good for men to be alone. He finds women as helpers. So women are not slaves nor objects, but rather aids to men by the fact that both are created in the image of God and his likeness. Women are companions. She accompanies her husband for all their lives, and she is not a slave or an instrument. Despite this, God asks the woman to be subject to her husband, and in turn the husband must love his wife so that there is harmony.'" (Intervention, Low Leader Engagement)*

In comparison congregations, by contrast, ethnographers rarely heard messages promoting gender equality during sermons. What messages they heard pertaining to gender often reinforced the subordinate status of wives to their husbands.

*"In his sermon, the Pastor said: '[I]n the church as in life, each person must occupy his position and avoid overlap. Like the church, the family needs a leader for proper development. The father is the only one with the authority and power to make a decision. A woman who makes decisions in the family stifles his fulfillment because she encroaches on her husband's power. This home is not blessed by God and will live on daily tensions. The papa is the head of the family; he rules over his wife. God told Adam to reign over Eve.'" (Comparison)*

As can be seen from the above examples, ethnographers cited numerous examples of scripture and religion being used by faith leaders to endorse messages in favor of gender equality, particularly in those with highly engaged faith leaders, to inconsistently endorse both gender equality and inequality, often in the same sermon or community dialogue, in intervention congregations with low

faith leader engagement, and to largely legitimize gender inequality in comparison interventions. A distinct difference in the frequency of mention of positive ideals was noted between intervention and comparison sites on gender equality.

In intervention sites, ethnographers frequently noted differing views of participants on gender equality and roles. They documented considerable discussion of those views as well as Biblical justifications for their beliefs. For example, in one community dialogue among men (early in the intervention cycle):

*"The theme [of the community dialogue] was 'Faith and Sexual Violence Based on Gender,' referring to Genesis 1: 26-28. In the discussion, some men emphasized the dominating power endowed to man by God. This Biblical message is clear and for them, society cannot change these words. They did not want to change from this stance, despite discussing with the gender champion and other men."* (Intervention, Low Leader Engagement)

And in one instance in community dialogues among women (early in the intervention cycle), ethnographers noted considerable reluctance to even discuss the topic of gender equality among participants due to multiple Biblical proscriptions.

*"A gender champion conveyed: 'following the announcement of the subtheme of gender equality, there was a strong reaction from the [community dialogue] participants. It is perceived as negative to speak of equality between men and women. It is against the Bible because in the writings of counting the children of Israel, women were not counted. Additionally, the Apostle Paul forbade women to preach in public before men.'" (Intervention, High Leader Engagement)*

As well, an interesting reflection was noted by ethnographers surrounding deeply-rooted perceptions of women's roles between what the ethnographer characterized as "traditionalist" women and others and around the perception of importance around childbirth:

*"In community dialogues several 'traditionalist' participants kept saying: 'the most important role for a woman is to enlarge the lineage for her husband.' According to these participants, society should not value woman as important until they gave birth."* (Intervention, High Leader Engagement)

However, in intervention communities, and particularly those with highly engaged faith leaders, it was often noted that testimonies by community dialogue participants that gender champions and community dialogues helped them to reflect upon and reassess their beliefs toward gender equality and their relationships.

*"A man [community dialogue participant] stated: '[B]efore, I believed that women are objects, but after this training, it made me love my wife as much as I love myself. I do not mean to say or speak in the place of my wife. She speaks for herself.'" (Intervention, High Leader Engagement)*

*"A man [community dialogue participant] testified to the benefit of the project. In his words: 'I believed all women were objects just to satisfy a sexual need before and their value was small before. Now, through my marriage, through these discussions, I see I was ignorant.' He made a commitment to consider his wife as his equal as a life partner."* (Intervention, High Leader Engagement)

Several women also affirmed men's statements of their transformations in their perspectives of gender equality, stating that their husbands did not treat them as equals before the MFF intervention activities, but their behavior had changed positively since their participation:

*"There was the testimony of a married woman who said that since their participation in the first session, her married life has changed. Her husband now*

*considers her as his equal, which was not the case before. Her husband lived as a leader according to the Bible. 'While living like this, he saw it normal to not to pay attention to me, nor to take into account my opinions. I did not speak at all, it was him that spoke, the chief of the household. But this tendency has changed today, thanks to the benefit of the project.'* (Intervention, High Leader Engagement)

## Gender, Childcare, & Housework

Looking more specifically at gender roles related to childcare and household chores, ethnographers noted few instances of faith leaders directly addressing the role of men. It's important to note that most ethnographers' discussion of these specific roles and activities is inferred from their observation of interactions between children and parents at church services and informal discussions. Across congregations, ethnographers heard that it was unmanly to perform certain elements of domestic work, to be disobeyed by their children or wives, to admit to being wrong in domestic or financial issues, and to watch after children in public. During church services men nearly always passed their children off to their mothers or other women when they cried or misbehaved across sites. In one intervention congregation, the ethnographer relates:

*"During the sermon, the child that the mother was carrying started crying after her candy was finished. The tears and agitations of this child in his mother's hands caused noises in the church to the point of attracting public attention. The Pastor, the congregation, they were all very upset with the mother. Nobody seemed upset with the father. In fact, by a furious glance from the husband to his wife, the mother, unhappy and embarrassed, went out with her child to calm her down. Nobody expected the father to act to help the mother or child."* (Intervention, Low Leader Engagement)

In addition, ethnographers observing community dialogues reflecting on husband's roles in childcare and household work did not find many participants to be advocating for husbands to contribute more to these activities. However, it is likely that participants had not been fully exposed to MFF childcare roles messaging prior to the ethnographer's presence in the congregation. One ethnographer noting that:

*"Community dialogue participants did not move understandings beyond traditional categories of the feminine and the masculine: the father is linked to work and to the career, and his professional position is priority, whereas the mother is more concentrated on the family and home."* (Intervention, High Leader Engagement)

Although, similar to the transformation of their perception of gender equality that some men describe, certain participants stated that the MFF intervention caused them to rethink their perspective of traditionally masculine behaviors, such as abusing their "authority as a man" in decision-making in the home. However, ethnographers noted that few male community dialogue participants seemed unchanged in their attitudes that household work and childcare are "unmanly."

*"A man [community dialogue participant] said this: 'Before these lessons I used my authority as a man. That is, I was the one who decided everything. It is only now that we find that there is equality of power between men and women at home. But let's know that certain tasks are reserved for women. For example, cooking and cleaning are the tasks of women.'" (Intervention, High Leader Engagement)*

In women's community dialogues, however, participants often discussed that partners could be overbearing and that these women were overwhelmed with their unfair burden in domestic duties and childcare.

*"The woman [community dialogue participant] stated: 'I am overworked and I carry almost alone the burden of our household. I get up early in the morning at 4:30 to go to bed after almost 23h. Every day I have to work without rest to get the*

*money for my family's survival. I sell spices, and next door, I have a small makeshift restaurant (Malewa). After the market, on the way back, I go to the bakery to get the bread that my 12-year-old daughter sells in the morning in front of the plot. When I get home, I have to start preparing food for my family."* (Intervention, High Leader Engagement)

## Gender-based Violence & Intimate Partner Violence

Within ethnographers' notes, there were vivid accounts of several forms of GBV/IPV committed by men, including physical abuse (e.g. beating/hitting women or inducing abortion in pregnant women), sexual abuse (e.g. fondling of minors, rape, selling women for prostitution), and psychological abuse (e.g. neglecting wives and children, providing insufficient money for wives and children to eat, committing infidelity, bringing concubines home, lying about extramarital affairs and money, publicly insulting wives). Ethnographers also described mothers committing acts of violence against their children by hitting or harshly scolding as a form of discipline. Acts of violence by men were stated to be a cause of divorce, psychological distress, illness, sexually transmitted diseases, and undesired pregnancies:

*"During a community dialogue a woman spoke of the deception she experienced from a boy who she loved; she was the victim of strikes, insults – sometimes in public, sometimes sexual exploitation, and several acts of humiliation, infidelity, and rivalry. She decided to leave her lying fiancé because he forced her to abort the pregnancy of which he was the father."* (Intervention, Low Leader Engagement)

Gender champions and faith leaders were reported to acknowledge the prevalence of GBV/IPV within Congolese society. In intervention congregations, during the key informant interviews, they often offered several explanations for the roots of these behaviors. Certain causes were linked to the actions of both partners, such as a "lack of harmony" in the home, incomprehension between partners, marriages that were not based on love, and a collective lack of faith in God. Other causes were linked to men's actions, such as irresponsibility or neglect of their responsibilities to the family.

A few gender champions and faith leaders also seemingly blamed women on acts of violence committed by their partners. Ethnographers noted instances where gender champions and faith leaders seemed to rationalize IPV or shift blame to wives earning more money than their husbands or not adequately caring for their husbands. However, this was mostly observed in congregations with low leader engagement. Still others shifted blame from husbands to external forces, stating "destruction of homes by evil" to lead to GBV/IPV:

*"The Pastor gave a prayer on the topic 'Recovery of your husband because your home is destroyed by evil. That is why your husband is no longer taking care of you or children.'" (Intervention, High Leader Engagement)*

In addition, gender champions and faith leaders in low leader engagement congregations often emphasized forgiveness in alleviating damage done by GBV/IPV, stating that wives should pardon their husbands' actions to preserve their marriages:

*"A gender champion stated that 'one can draw from the Pastor's message the call to live in harmony in the home to await the return of Christ. He emphasized that men should not act violently toward their wives because of badly cooked food, and the woman should not insult her husband for being slapped.'" (Intervention, Low Leader Engagement)*

In intervention congregations, gender champions and faith leaders often emphasized the importance of both partners making an effort to create "harmony in the home" to reduce GBV/IPV. They often prayed for women who had been abused and included non-violence in their prayers within sermons. In their prayers, they asked couples to live like Christ and place their faith in God, who they said would destroy all evil.

*"The Pastors asked the married couples to have confidence in love to not to live with violence in their homes. With intolerance and incomprehension, we witness all kinds of violence in the home. They may be small [acts of violence], but when we do these things, the damage becomes difficult to repair. That's why couples must learn to forgive, to love, to protect, and to help each other. They are one flesh. It's really important to know it and put it into practice." (Intervention, High Leader Engagement)*

*"During his preaching, the Pastor said, the name of Jesus is very powerful to heal all kinds of sickness and even solve all the problems in your home. The Pastor even invoked this in his sermon, saying 'even if in your home you are mistreated and violated and you no can no longer go on, do not seek divorce but rather invoke the name of Jesus Christ. He is able to change impossible situations because the Bible tells us whoever will invoke the name of the Lord Jesus Christ will be saved.' And there was the massive participation of the churchgoers in prayer." (Intervention, Low Leader Engagement)*

Some community members stigmatized GBV/IPV that occurred within Congolese society. Yet gender norms also led the use of men's authority over his family members to be permissible in many cases. As head of the household, the father was expected to discipline his children and his wife, which at times manifested in physical, psychological, and sexual violence as noted in the following comparison congregation:

*"The Pastor stated that 'social norms for women say that the father is the head of the family. There is the notion his position as 'boss' pushes him to give orders to the mother and to make her severely work.'" (Comparison)*

For some community members, women's behavior was perceived to motivate men to engage in GBV/IPV. For example, when a woman had sexual relations outside of marriage (whether voluntary or forced) or questioned her husband about him having extramarital affairs, she was seen by some as dishonored and worthy of discipline, disowning, and/or divorce. In one case, a woman who was raped was stated to dishonor and lead to disease in all of her family, although this incident took place outside the congregation:

*"A woman gave a testimony saying 'We the Luba. My sister was married to a 'Muluba,' so one day she came out at night to relieve herself. She ran into bandits and they raped her. It brought all members of both family's concentration, and the family of the man decided to apply the custom of 'tshibau.' That is to say the woman had to walk naked to the market. My sister and our family were refused because my sister had not done this quickly enough. So after a while my sister was dead and all the people who supported my sister suffer from the same cancer disease and two already died.'" (Intervention, Low Leader Engagement)*

As was the case for perceptions of gender equality, men's perspectives on GBV/IPV varied. Some men said that violence was not an immediate issue in their lives and that they had never mistreated their wives such as the following from a community dialogue:

*"As far as power is concerned, I have never mistreated my wife. Even in the church, I make the effort not to discriminate against my female colleagues. On this subject, I do not have experience, but I have heard the testimonies of the brothers and sisters of service." (Intervention, High Leader Engagement)*

Other men stated that they had realized from the MFF intervention that violence was a widespread problem. These men either acknowledged that they had witnessed other men acting violently toward women, or they confessed that their own actions had been violent toward their partners. Men who participated in the project predicted improved harmony both in their homes and in the community:

*"For me, I did not know that my acts were violent, but this training has transformed us, especially to understand inequalities. We thank our supervisors [gender champions and Pastor] for asking that we form a commission within the church." (Intervention, High Leader Engagement)*

*"Another community dialogue respondent said he was the sole ruler in his family and did not allow his wife to make decisions in the house. He was all-powerful and imposed his will on his wife and children. He abused his wife so badly that she suffered from gastric issues. Through community dialogue, the father understood his misbehavior, repented, and promised to consider his wife as a partner." (Intervention, High Leader Engagement)*

Ethnographers wrote vivid accounts of several women who spoke vividly, candidly, and regrettably during the community dialogues and testimony about physical, psychological, and/or sexual violence that they had experienced:

*"There was another boy with whom I was living, and he reassured me that he was going to marry me. The weird thing was that he was married with three children, and I was not aware of any of it. With him, it was very unfortunate, he hit me, insulted me even in the presence of people. I became pregnant, and when I gave him the news, he was really angry and even chased me. Since that day, he did not want me anymore. So he was someone who had a certain interest and when he was no longer interested, he did not need me anymore. And I had to survive with this pregnancy, and my parents had kicked me out of the house. I had to stay at my paternal aunt, who also suffered." (Intervention, High Leader Engagement)*

*"The Pastor asked the faithful to worship God in all circumstances. A lady cried while the congregation prayed for this message. In our interview at the end of the sermon, this lady said that the recommendation of the Pastor reminded her of the suffering that her husband had caused. She accuses her husband of being a sexual vagabond because he spends a few nights outside the house. Her husband often comes back late at night to the house. He beats his wife if she has any protests. Her tears, she says, express her supplication to God for the conversion of her husband. The lady does not want a divorce to save the life of her four children." (Intervention, Low Leader Engagement)*

These acts of violence were generally committed by their husband/partner, and they were sometimes mentioned in association with the husband's infidelity, alcoholism, or unemployment or fertility challenges for the couple. Women generally attributed GBV/IPV on a lack of communication between. Yet, several confirmed their partners' sentiments on improvements made in GBV/IPV since the MFF intervention:

*"This mother, without children, was abused by her husband. He hit her and insulted her publicly and daily. Her husband returned very late (after 23h) and sometimes brought concubines home. The lady confided in the Pastor who recommended her of the mothers' prayer group. After many prayers, her husband changed his behavior; he loves and respects her well before she has given him a child. They live in coordination and in harmony." (Intervention, Low Leader Engagement)*

*"Following the testimony of a mother: She experienced tension in her home. There was always the imposition of her husband especially in decision-making. There was only her husband, she did not feel responsible in her home. Her husband made decisions without asking her opinion. She was there to suffer. Her status was inferior to that of her husband. There were threats of divorce because her home was filled with tension, trouble, incomprehension, lack of dialogue. But following the training, there was a change, although it is a process. She continues the dialogue. She feels responsible because she now participates in some decision-making, her*

*point of view is taken into account. She declares "Thanks to this project, my marriage is viable, I became happy, the dialogue took the place of the violence that was our way of life, I am flourishing as a married woman."* (Intervention, High Leader Engagement)

## Family Planning

FP was a frequent concern for couples in both intervention and comparison congregations as they often had a stated preference for number, spacing, and sex of children desired. Yet, the use of specific types of contraceptive methods was not often directly discussed in venues observable by ethnographers. Ethnographers often alluded to issues with FP through their descriptions of mothers over-stretched to care for the many young children who accompanied them to church services.

Men in general were not noted as playing a large role in encouraging contraceptive use in either intervention or comparison congregations. However, men were sometimes involved in counterproductive ways, most often in comparison and low leader engagement congregations, such as in one case where a woman stated that her husband forbade her from using contraceptives while another said that her husband encouraged her to seek an abortion against her wishes. However, men often displayed strong opinions and ultimate decision-making power on the number, spacing, birth month, and gender of children:

*"During the community dialogue, a woman gave a testimony to show why she opted to participate in the dialogue; 'I married my husband 2 years ago. I have a son of a year and a month, but now I am again 7 months pregnant. My husband does not like using contraceptive methods, whether modern or traditional. He says as a servant of God, he cannot kill his children.'" (Intervention, Low Leader Engagement)*

*"An ethnographer noted an observed incident in which a woman suspected her husband of being unfaithful because he wants to limit births. This family has six children and the mother wants to have more. On the other hand, her husband finds this sufficient, and thinks that they should stop the births." (Comparison)*

Although women expected their partners to express his desires for number, sex, and spacing of children, some women showed frustration when their expectations did not match, including when their partners restricted contraceptive use, encouraged abortions, or brought home children to raise from a relationship with another partner. Moreover, some women suspected their husbands of engaging in infidelity if he expressed a desire to stop having children, an observation that seemed to be common in comparison congregations:

*"There was one woman who came to ask the Pastor about her problem with husband who was starting to display bizarre behaviors – behaviors that prove that her husband does not love her anymore. And this woman adds that she thinks that her husband must have other wives or concubines outside of the home. All this is because this woman is always threatening her husband to continue to have babies, but they already have six. And when the gentleman tries to explain to his wife the reality of things in the sense that, 'we already have six children, why not try to supervise the six instead of add others to this situation that we risk to be unable to leave', the woman does not want to be told about all this. For her, it is necessary that her husband continues to have children with her to make her see that he loves her." (Comparison)*

Faith leaders presented mixed viewpoints on FP and men's roles in the matter. Some, particularly in comparison congregations, noted views that couples should "fill the earth" with children, equating offspring with both societal wealth and solution to economic crises in the country such as in the following comparison congregation:

*"During his sermon, the Pastor referred to his children, saying, for example, that children are a wealth that the Lord grants us. 'When the Lord gives to us, we must not create a problem.' He adds by saying, for example, 'I regret the fact that there are parents who refuse to have many children and especially that when we are in the will of the Lord, from where we must give birth. When the Lord concedes it to you, it is a blessing from the Lord, and he himself will take control.'" (Comparison)*

In many intervention congregations, by contrast, faith leaders often viewed excess births as a financial impediment to families and society. Many leaders holding this perspective agreed with their more traditional counterparts that couples should continue to serve God through reproduction – yet they should only have as many children as they are financially able to care for such:

*"The sermon of the Pastor during the worship on Sunday has addressed the same subject [FP]. For him, 'Although the Bible authorizes us to fill the earth, we all live in the Democratic Republic of Congo. Can't we use wisdom? You will fill the earth of course, but with what salary? If someone happens to neglect his own children, it's a sin; because the births were not asked for by the parents.'" (Intervention, Low Leader Engagement)*

Regardless of their opinions of how many children couples should aspire to reproduce, many faith leaders stated that in general, Congolese families often had more children than they could provide for:

*"The Pastor, introducing the children to the assembly, proceeded with a few jokes, saying this: 'We want to pray for these children, a sign that proves that in our parish, population growth is in style. Children are born as if it were a competition.' He adds the following: 'The Congolese are complicated. On the one hand, they complain that there is a crisis, and on the other hand, they know how to do nothing but make babies. It's really a paradox.'" (Comparison)*

Reasons stated for their inability to limit births included the presence of evil spirits or “darkness in the homes,” women’s acceptance of deception by a lover, men’s infidelity, collective loss of faith in God, couples’ acquiescence to sexual desires, and other “shameful practices” of couples such as observed in both comparison and intervention congregations with low faith leader engagement:

*"Tuesday's Pastor spoke of couples giving birth, regardless of their resources, without planning for their future. Some end up abandoning them and delivering them to the street... The Pastor explains this irresponsibility of parents by the presence of darkness in the home." (Comparison)*

*"The facilitator [gender champion] touched on many aspects of FP, saying, for example, that many women are now with many children, and many men are also today with so many children and fail to adequately care for them because they accept to be deceived by a boy or to be provoked by a girl, and the consequences are now bitter." (Intervention, Low Leader Engagement)*

In contrast to their frequent discussion of the overall context and perceived/believed causes of undesired births, the ethnographers did not find faith leaders to stating opinions on more details of FP decisions, such as on particular types of FP that couples should consider.

Ethnographers noted discrepancies between faith leaders’ perspectives of FP compared to the general perspective of community members, particularly in intervention congregations. In contrast to faith leaders’ and gender champions’ views which were mostly noted as supportive of use of FP, community members often did not see lack of use of FP to be caused by their victimization to “darkness,” or by a lack of faith. Rather, community members placed autonomy in FP in couples’ hands. Men were frequently seen to hold the ultimate decision-making power in number, spacing, and sex of children. However, women were often held responsible in the eyes of community

members if the conditions set by their partner did not occur as desired. Ethnographers stated that community members equated a woman's worth with her ability to bear children:

*"At the presentation of the gifts, the faithful of the church recommend that they produce as many children as God wills. Some tell the woman to prove her motherhood by the birth of several children."* (Intervention, High Leader Engagement)

Thus, community members often placed the blame on women for couple issues with infertility, which was stated to be a cause of divorce, women's sale for prostitution and/or men committing various forms of violence toward their partners. Women who had more children than she could care for or who became pregnant as minors were also stigmatized by community members, even in intervention congregations, as evidenced by the following ethnographers' observations:

*"In our country of Congo, girls experience pregnancy younger compared to girls in other countries. For example, we see girls under 15 years giving birth and yet they are minors, children."* (Intervention, High Leader Engagement)

*"The group of brothers began to murmur about the death of the lady's baby, saying the following: 'This mother knows nothing but how to have children in disorder. She has seven children and her husband does not work. Even when her baby died, they had difficulty organizing the funeral.'" (Intervention, Low Leader Engagement)*

In line with the general community perspective, women often perceived FP to be a useful means to prevent unwanted pregnancy, but continued to see use of FP methods as the mother's responsibility, and that this planning should be led by the husband's desires. Women often held both other women and themselves responsible for infertility and/or failure to give birth to a son, unintended pregnancies, or other FP issues:

*"An ethnographer observed that there is a churchgoing mother who told a young mother, 'You shame Bumbu commune by giving birth without planning, without thinking of the future, no worries for the future.' All the mothers supported this advice given to this young mother. She, in turn, was confused and calm."* (Intervention, High Leader Engagement)

As noted in observation of community dialogues, some men held a traditional view of FP, as their reported preference was to have "as many children as God allowed":

*"Awaiting the birth of a boy, the father refuses to observe FP methods and will have as many children as God will give him."* (Intervention, High Leader Engagement)

On the other hand, many in intervention congregations noted preferences to space and/or limit their child-bearing, especially when resources were limited. Men frequently desired to control various aspects of FP, including number, spacing, and sex of births as well as FP method even in intervention congregations. Indeed, some said that women within their community had too much autonomy over their bodies, making it difficult for their partners or community members unable to influence their fertility:

*"There is no problem, it's a common practice. It's always like that here. You'll get tired of advising these girls who do not listen to anyone, they often say: 'it's my life, how does it concern you, is it you who will raise these children? It's my body ...'" (statement from a man in church). (Intervention, High Leader Engagement)*

Nonetheless, men reported their knowledge and involvement in FP to have improved through the MFF intervention. Although few stated a preference for types of FP, men who participated in the project said that they and their partners had gained information on contraception methods available at local health centers.

## Conclusions

In general, ethnographers noted that sermons (in both intervention and comparison congregations) and MFF activities including community dialogues and mobilization activities (in intervention congregations) were well attended over the period of study. Ethnographers stressed, however, that women were typically overrepresented as well as more engaged compared to men in church services, especially among 18-35 year olds, and in MFF activities and at times, during the community dialogues. Ethnographers observed that women often attended church services and MFF activities without their husbands and frequently with their children in tow. In order to be more effective, additional ways to convey the importance of couple attendance and engagement could be considered within MFF activities.

Ethnographers noted that faith leaders and gender champions in intervention congregations frequently promoted positive messages supporting gender equality and positive masculinities, condemning GBV/IPV, and supporting FP use, especially compared to comparison congregations. Within intervention congregations, ethnographers reported that most participants were receptive to messages on gender equality, but this was often conceived as men and women having “complementary roles.” Participants believed GBV/IPV to be common in congregations and communities, but few approved of violence, in general, though many did hold attitudes that violence against a partner or child were sometimes justified. Generally, most participants were supportive of FP use, especially in relation to socioeconomic conditions that made it difficult to support many children.

Several testimonies of improved couple communication and decision-making around FP use were documented. However, ethnographers did highlight opportunities for improvement. For example, they noted that messages and scripture used to support the messaging was not always consistent between faith leaders and gender champions in intervention congregations; faith leaders in “low engagement” intervention congregations still appeared to reinforce the subordinate status of women to their partners in their sermons; scripture was used both to promote gender equality and positive masculinity as understood by MFF as well as to reinforce gender inequality and “traditional” masculinity across congregations. The ethnographers also observed that key intervention messages such as male participation in childcare and household work were rarely addressed in sermons or community dialogues, and most of their observations suggest that participants continue to consider these tasks to be “unmanly” or “women’s work.” In addition, several women shared examples with the ethnographers of incidents in which their partners were not receptive to communication about or use of FP and continued to hold decision-making power. In order to enhance effectiveness of the MFF intervention, strategies to reinforce trainings with more consistent support of gender champions and faith leaders to achieve deeper transformation as well as to address the inconsistencies noted by this study in understanding MFF messaging by gender champions and faith leaders should be considered.

From their observations and informal interviews, ethnographers elicited multiple quotes on the impact of the MFF intervention to date on social norms and behaviors related to gender equality, FP, and GBV/IPV. These quotes suggest that the MFF intervention is generally accepted by faith leaders, gender champions, couples, and the wider congregation. In particular, male couple members often suggested that the MFF intervention caused them to re-evaluate their beliefs about gender and masculinity, perpetration of violence, and use of FP, and, consequently, modify their views. Young women also suggested that their lives and opportunities have improved since the intervention. However, it is not clear from the ethnographic study how widely the messaging and improvements are diffusing through the intervention congregations, and additional research is needed to determine the process of diffusion of MFF messaging. Overall, ethnographers concluded that the MFF intervention is working as designed, but feasibility and acceptability by men and within the wider

community could be enhanced by harmonizing and strengthening key messages and further engaging men, gender champions, and religious leaders to achieve deeper normative transformation.

Results show that the norms, attitudes, and beliefs promoted in faith communities are intimately related to the MFF outcomes of interest – gender equality, GBV/IPV and FP use, in predominately negative ways. Moreover, they confirm that gender equality, GBV/IPV and attitudes which prevent HTSP are serious and prevalent concerns in these communities. This intervention is addressing existing problems, but they are deeply-rooted and it is unclear from these results, whether it is enough, and whether it is addressing patriarchal power structures. For example, the results suggest that Pastors and gender champions may be putting a strong emphasis on harmony in the household, blaming women for violence and discouraging divorce. As such, these results suggest concerns about negative unexpected consequences of the intervention (for example domestic violence), or at minimum the ethical imperative for Tearfund to maintain response mechanisms and systems to address ongoing violence, such as strong links to violence response services. Within the MFF intervention design, GBV response referrals were provided but it was unclear at midline whether those were widely used. Several quotes from intervention communities suggest that some leaders encourage women to tolerate violence for the sake of family unity. Based on this ethnography, it appears that while the intervention may be mitigating or addressing some intervention outcomes (more equal gender roles, gender-based violence, FP use), at midline it may not be addressing underlying issues of patriarchy, and men’s power as a root cause of these outcomes. While some shifts are seen, likely as a result of MFF, it is clear that shifting these deeply rooted attitudes and beliefs is a difficult, long-term endeavor and this intervention may represent the first step in a long journey.

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