

TOGETHER TO END VIOLENCE AGAINST WOMEN

TECHNICAL BRIEF



Intimate Partner Violence Prevention: Results from a Cluster Randomized Control Trial

Together to End Violence Against Women (TEVAW) is an intimate partner violence prevention research and learning initiative designed using a socio-ecological lens to prevent intimate partner violence (IPV) through a set of three coordinated activities: 1) savings and lending groups, locally referred to as LIMCA; 2) male peer group workshops; and 3) community dialogues.

TEVAW was implemented in Northern Tanzania by the Bantwana Initiative of World Education, Inc. (WEI/ Bantwana) and Boston University's Center for Global Health and Development (BU). It was funded by the Sexual Violence Research Initiative of the South Africa Medical Research Council.



TEVAW's socio-ecological model

Together to End Violence Against Women (TEVAW) is funded by the Sexual Violence Research Initiative of the South African Medical Research Council and implemented by World Education/Bantwana Initiative and Boston University's Center for Global Health and Development.

For more information on the program interventions, please contact World Education/Bantwana at bantwana@worlded.org. For more information on the research results please contact Lisa Messersmith at ljmesser@bu.edu.

Unless otherwise stated, it is not implied or to be inferred that any individuals appearing in this publication have experienced or perpetrated violence.

IPV IN TANZANIA

HAVE EXPERIENCED
SPOUSAL VIOLENCE
(EVER-MARRIED WOMEN)

50% & **38%**

Throughout
the entire
lifetime

Within the
past 12
months

Source: TDHS 2015/16

BELIEVE HUSBAND IS JUSTIFIED
IN BEATING HIS WIFE IN ONE
OF FIVE CIRCUMSTANCES

58% & **40%**

Women

Men

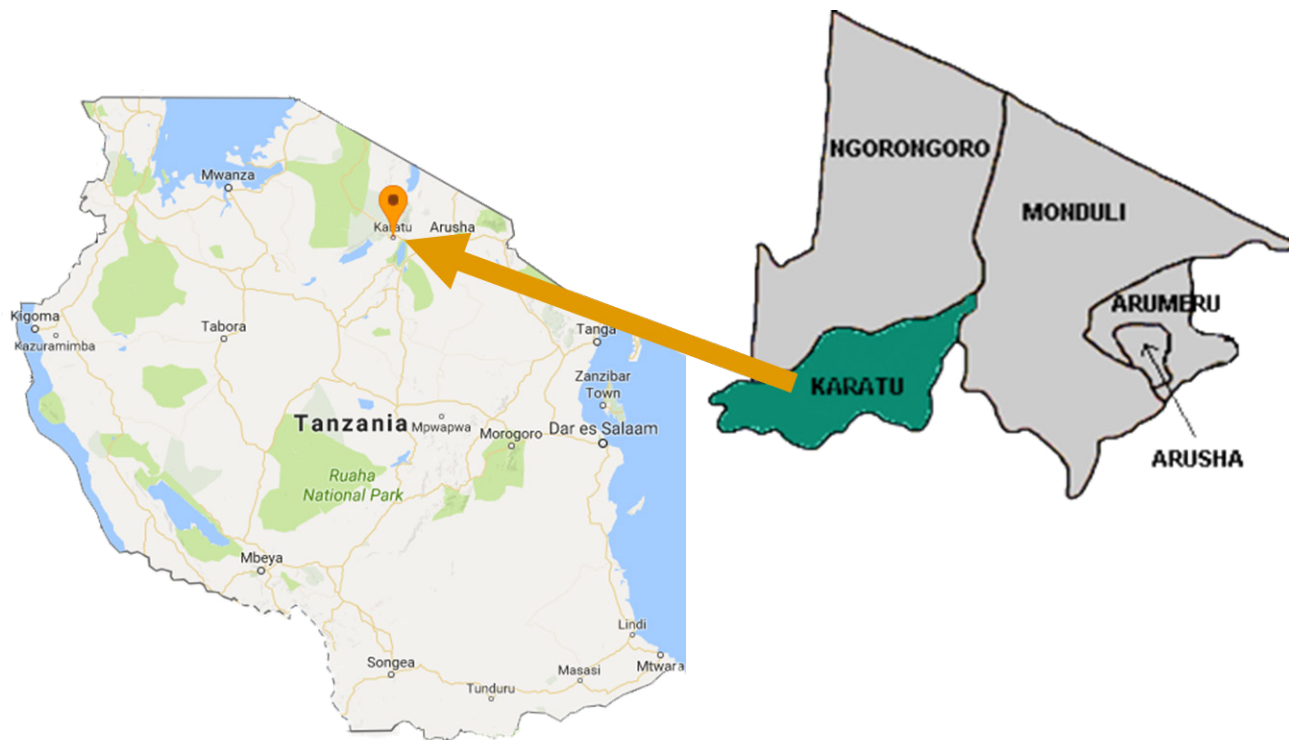
Source: TDHS 2015/16

Experience of spousal violence varies by geographic region in Tanzania.

It ranges from 78% in both Mara and Shinyanga Region to only 8% in Kaskazini Pemba (TDHS, 2016).

NEGATIVE IMPACTS OF IPV

IPV is associated with serious detrimental physical, mental, and emotional consequences for women. It can also negatively impact their sexual and reproductive health, including unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including HIV, and poor pregnancy outcomes. Furthermore, IPV adversely affects children, and evidence indicates that exposure to IPV against the mother is one of the most common factors associated with male perpetration and female experience of IPV later in life.



THE INTERVENTIONS

SAVINGS AND LENDING GROUPS

WEI/Bantwana implements a savings and lending group model called LIMCA, which stands for Livelihoods Improvement for Mothers, Caregivers, and Adolescents. LIMCA empowers women through regular savings, lending, and goal setting activities. LIMCA group members self-select, and each group has between 15 to 30 members. Groups develop their own set of rules that regulate their meeting times and location, attendance policies, interest rates, minimum and maximum savings deposits, minimum and maximum loan amounts, and repayment schedules.

LIMCA groups meet weekly, and during the meetings, they collect savings contributions, make and monitor loan repayments and issue new loans. For the majority of the groups, the minimum savings deposit is 1,000 Tsh (around \$0.50) and the maximum allowable deposit is 5,000 Tsh (around \$2.50). Most groups set their interest rates at 10% for ease of calculation. Groups use lockable cash boxes to keep surplus cash and records. Records are kept using a streamlined central ledger, and each member has their own “passbook,” which records their deposits, loans, and loan repayments.

During the meetings, women also discuss personal, family, health, and business issues amongst themselves, to support each other and collectively problem-solve. Groups are supported on a weekly basis by a



A LIMCA savings and lending group meeting in Karatu, Tanzania. Photo credit: WEI/Bantwana



LIMCA group members recording contributions. Photo credit: WEI/Bantwana

trained community volunteer and also receive a monthly monitoring visit from a salaried economic strengthening officer from a local NGO partner. The trained community volunteer and the economic strengthening officer provide training and coaching in financial literacy and basic business skills using the LIMCA curriculum materials. In addition, the economic strengthening officer organizes for an outside speaker to come visit the group. Outside speakers are typically local government functionaries, such as nurses, community health workers, para-social workers, social workers, or agricultural extension officers. They meet with the members and provide basic information related to their area of expertise, such as HIV prevention, childhood immunizations, early childhood development, child protection, GBV prevention, or modern agriculture techniques. These extra sessions by outside speakers generally last about 30 minutes to 1 hour and take place just after the savings and lending activities.

After a period of around twelve months of regular savings, the groups hold a “share out” meeting. During the “share out” meeting, all outstanding loans are repaid in full, no new loans are made, and the sum of all the group’s accumulated capital (savings plus interest earned on loans) is divided among the members. Each member receives a lump sum that included their original savings contribution plus their portion of the interest earned from the rotating loans. Members undertake a goal setting exercise as part of the “share out” meeting. Each member sets a financial or personal goal for how they want to use the lump sum, and they present their goals to the larger group. After two weeks, the group comes together again and members report back on their progress towards achieving their “share out” goals. At this time, the group restarts the savings cycle again from the beginning.

Participation in LIMCA groups enhances economic resilience by increasing savings and goal-setting behaviors, boosting self-confidence, expanding social networks, contributing to increased household food security, and promoting productive behaviors and positive coping mechanisms in the face of unforeseen economic shocks.

MALE PEER GROUPS

Male peer groups bring together the spouses of the LIMCA members to reinforce positive masculine ideals and reject negative stereotypes. Male peer groups are facilitated by a trained gender specialist who uses the WEI/Bantwana Male Peer Group Facilitator manual. The WEI/Bantwana-developed curriculum was designed to: 1) improve participant knowledge about the negative consequences of gender-based violence on children, women, and men and 2) decrease attitudes of acceptability of gender-based violence.

WEI/Bantwana developed the male peer group curriculum by compiling existing evidence-based curricula and ensuring contextual relevance. WEI/Bantwana first conducted an extensive literature review to identify existing materials and curricula that address and challenge gender norms. Only materials that were externally evaluated and found to be effective at changing attitudes or reducing intimate partner violence and/or GBV were included. Second, these materials were reviewed and sessions/modules that used participatory methodologies and addressed one of the priority topic areas identified by WEI/Bantwana were short-listed. The priority topic areas were identified based on in-country experience and published literature and included: 1) concepts of masculinity; 2) gender norms; 3) concepts of fatherhood and caring; 4) intimate partner violence prevention; 5) sexuality and reproductive health; and 6) preventing and living with HIV. Third, using the selected materials from the short-list, WEI/Bantwana selected relevant sections and modules from the material, piloted and adapted them to the Tanzania context, as necessary, and sequenced them to create a series of 25 workshop sessions.

Session titles and learning objectives from each session are listed in the following table.

SESSION TITLE	SESSION TOPICS
1: Gender	The difference between the terms 'sex' and 'gender'; the terms gender, sex, gender equity, gender equality
2: Act like a man	The difference between rules of behavior for men and for women; how these gender rules affect the lives of women and men
3: The spaces between us	How power has shaped our lives and experiences; the importance of gender equality and gender equity
4: Men, gender, & health	The links between how men are raised and the health risks they face; how gender norms influence the most common men's health problems and review basic hygiene practices
5: Relationship self-evaluation	The power dynamics in intimate relationships
6: Men & caregiving	Routine household duties and the gender stereotypes often associated with them; the benefits of men sharing responsibility in the home
7: Concepts of fatherhood	Values and opinions about the role of a father; current concepts of family and the importance of different caring figures in our lives
8: New planet	Impact of power in a relationship and the effects on the individual and the relationship; characteristics of gender-equitable men and women relationships
9: Intimate partner violence	What violence is and the different forms of violence; relationship between intimate partner violence and power and control

SESSION TITLE	SESSION TOPICS
10: Healthy & unhealthy relationships	Healthy and unhealthy behaviors that exist within relationships
11: Expressing anger	Emotions and how to express them in constructive ways
12: Our bodies	Male and female reproductive systems and genitalia
13: Understanding sexuality	Human sexuality discussions in a holistic and comprehensive way
14: Sexuality and gender norms	Different messages that men and women receive about sex and sexuality; how do these messages influence personal values and behaviors?
15: Men's sexuality concerns	Discussions around men's common concerns about sexuality
16: Want... don't want	Reasons why individuals choose to have or not to have sex; challenges and strategies related to negotiating abstinence or sex in intimate relationships
17: Sexual consent	Situations in which consent for sexual activity is not given
18: HIV and AIDS	Basic facts about HIV and AIDS
19: Positive or negative	Factors that make men and women vulnerable to HIV and AIDS
20: HIV-related rights and responsibilities	Discussion about HIV-related rights and responsibilities and how they are important in the prevention of sexual coercion and abuse and HIV/STI infection
21: Alphabet of prevention	Different HIV and AIDS prevention options
22: Getting tested for HIV	The importance of HIV and AIDS counseling and testing and its related benefits and challenges
23: Positive life	The personal impacts of HIV and AIDS; roles that men can play in reducing the impact of HIV and AIDS; challenges faced by men living with HIV and how to identify ways to support them
24: Circles of influence	How thoughts, beliefs, and actions of others can influence our own
25: Men taking action	Key roles that men can play in promoting health; ways men can hold each other accountable in being gender equitable

Content and materials for the male peer group guide have been adapted from the following sources: EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual, EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level Manual, Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund; RaisingVoices/CEDOVIP's SASA! Activist Toolkit; Stepping Stones Training Manual.



A male peer group facilitator leading a meeting in Karatu, Tanzania. Photo credit: WEI/Bantwana



A male peer group workshop in Karatu, Tanzania. Photo credit: Boston University



Action planning during a community dialogue in Karatu, Tanzania. Photo credit: Boston University

COMMUNITY DIALOGUES

Community dialogues were designed to: 1) improve participant knowledge about the negative consequences of gender-based violence on children, women, and men; and 2) decrease attitudes of acceptability of gender-based violence.

The curriculum covers similar topics to those used in the male peer groups, and includes an action planning session for preventing intimate partner violence as well as other types of violence at the community levels.

Local community leaders included local government authorities (i.e. village executive officer, village chairperson, head of village health committee), religious leaders, traditional leaders, local entrepreneurs,

heads of cooperatives, and opinion leaders. In some cases the local community leaders also included women who participated in LIMCA or men who participated in male peer groups, if those individuals held positions of influence of elevated social standing.

See the following table for a summary of the topics covered in the two-day community dialogues.

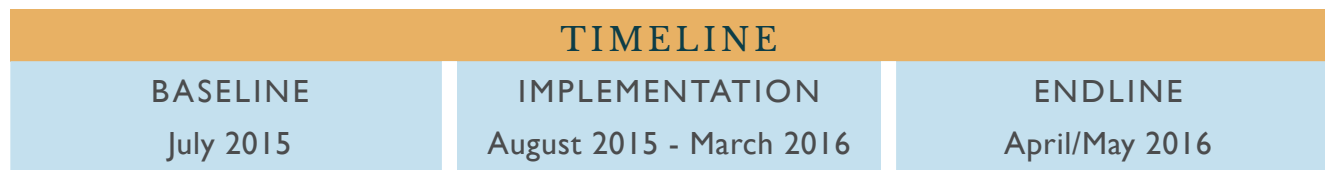
SESSION TITLE	DIALOGUE TOPICS
1: Inequitable gender norms related to gender-based violence	Difference between “sex” and “gender;” inequitable gender norms and their consequences with regard to GBV, risk for HIV, and other adverse reproductive health outcomes; how men can be allies for gender equity
2: Power dynamics in the community: power walkabout	Power dynamics within the community; who has power over whom; diversity of power relationships within the community; consequences of power imbalances between men and women in the community
3: Power imbalances and violence: new planet	Examples of power imbalances between men and women; the effects of power imbalances between men and women; reflection
4: Power imbalance and violence	Identifying the root cause of GBV; identifying factors contributing to GBV in their communities; reflection
5: Gender-based violence fishbowl	Differential life experiences between men and women; how not conforming to society’s idea of how a man or a woman should act can put one at risk for GBV; discuss how all can be allies for gender equity thus alleviating the burden of GBV and HIV risk in their communities
6: Gender-based violence using print, audio, and audiovisual materials	Forms of violence in the community, as depicted in visual and hearing aids to convey GBV-related messages; everyone has a responsibility to promote gender equitable norms & speak out against GBV
7: Promoting community members to become active bystanders	Importance of becoming active bystanders and opposing violence in the community; identifying support that will help people, especially men, to take on identified roles as active bystanders
8: Creating GBV prevention messages	Developing key GBV prevention messages
9: Creating action plans for GBV prevention plans	Participants develop an action plan for the dissemination of GBV prevention messages

Content and materials for the community dialogues guide have been adapted from the following sources: EngenderHealth/CHAMPION Project’s Community Engagement Facilitator’s Manual; EngenderHealth/ACQUIRE Project and Promundo’s Engaging Men at the Community Level Manual; Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund; RaisingVoices/CEDOVIP’s SASA! Activist Toolkit; Stepping Stones Training Manual; WEI/Bantwana’s Protecting Ourselves and Each Other Booklet, Guidance and Tools on Conducting Community Dialogues for GBV - Zimbabwe & Swaziland; and the GBV Prevention Network’s Community Dialogues Guide: 16 Days of Activism.

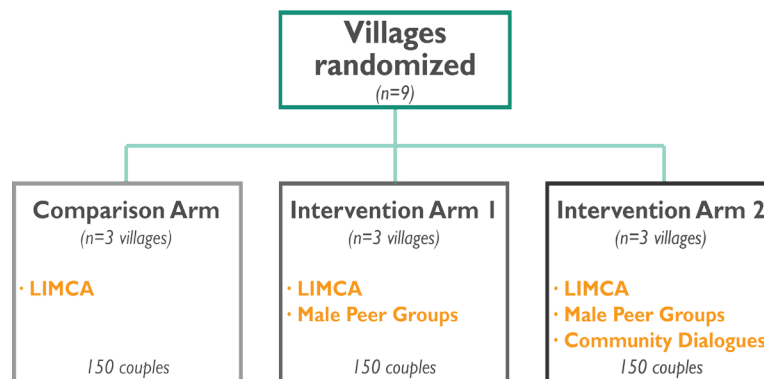
STUDY DESIGN

The aims of the study were to: 1) test the feasibility, acceptability, and proof of concept of the combination of LIMCA (individual-level intervention), male peer groups (interpersonal-level intervention), and community dialogues (community-level intervention) and 2) contribute to a better understanding of the attitudes, behaviors, and social factors related to IPV in Karatu District. Primary outcomes of the study were men's attitudes regarding IPV and their attitudes towards gender equality.

Ethical approval was obtained from BU and the National Institute of Medical Research Institutional Review Boards. Local and international researchers were trained in human subjects through a training program provided by Boston University investigators.



Nine villages in Karatu District were randomly assigned into one of three study arms, each comprised of 150 couples (150 women and their co-resident male partners) for a total sample size of 900. Participants were recruited through WEI/Bantwana's list of LIMCA members from another ongoing project, *Pamoja Tuwalee*. This pilot study had 40% power to detect a 50% reduction in men's perpetration of IPV.



Women in all study arms participated in **LIMCA** savings and lending groups. **LIMCA** empowers participants through savings and credit activities to increase their economic independence and strengthen social support networks. **LIMCA** members also received training in business skills and financial literacy as well as key messaging on HIV and IPV prevention to improve women's knowledge about the physical and emotional consequences of IPV on women, men and children.

In the comparison arm, women participated in **LIMCA** while their male partners received no intervention.

In Intervention Arm 1, women participated in **LIMCA** and their male partners participated in **male peer group workshops** that explored gender norms, power dynamics, intimate partner violence prevention, and HIV prevention using a 24-hour curriculum WEI/Bantwana developed by adapting existing evidence-based curricula. Sessions led by a trained facilitator used participatory methodologies and covered concepts of masculinity; gender norms; fatherhood and caring; IPV prevention; sexuality and reproductive health; and preventing and living with HIV.

In Intervention Arm 2, women participated in **LIMCA**, men participated in **male peer groups**, and community leaders participated in **community dialogues** that explored similar topics as the male peer groups. Community dialogues brought together local government authorities (i.e. village executive officer, village chairperson, head of village health committee), religious leaders, traditional leaders, local entrepreneurs, heads of cooperatives, and opinion leaders. In some cases women who participated in **LIMCA** or men who participated in male peer groups also participated if they held leadership positions. The dialogues also included action planning designed to prevent IPV and other types of violence.

MIXED METHODS

Data collection occurred at baseline and endline through survey questionnaires administered to both men and women. The pretested and translated surveys were facilitated by native Tanzanians in the national language of Swahili. Surveys included:

- Socio-demographic characteristics
- Men's and women's health behavior characteristics (condom use; alcohol/drug use; multiple sex partners)
- Men's experience of childhood trauma (Childhood Trauma Scale: 13-52).
- Men's attitudes on justification of IPV;
- Men's and women's attitudes on gender norms (Gender Equitable Men (GEM) scale: 17-68);
- Men's and women's experience of IPV by type (WHO Multi-country Study)

After surveys were administered, key informant interviews were conducted with community leaders and randomly selected couples answered open-ended questions on endline survey.

STUDY LIMITATIONS

Study limitations include:

- Too small a sample size to measure full effect
- Too short to measure sustained effect
- Possible social desirability bias in men's and women's responses at endline
- Possibility that men influenced responses of women at endline
- Lack of resources to follow-up and support community action plans that resulted from community dialogues

IPV MEASURES

IPV measures included physical, sexual, emotional, and economic violence against an intimate partner in last three months, twelve months, ever in the relationship and during pregnancy.

Definitions of each are as follows:

PHYSICAL VIOLENCE

- Slapped a partner or thrown something at her that could hurt her
- Pushed or shoved a partner
- Hit a partner with a fist or with something else that could hurt her
- Kicked, dragged, beaten, choked or burned a partner
- Threatened to use or actually used a gun, knife or other weapon against a partner

EMOTIONAL VIOLENCE

- Insulted a partner or deliberately made her feel bad about herself
- Belittled or humiliated a partner in front of other people
- Done things to scare or intimidate a partner on purpose
- Threatened to hurt a partner
- Hurt people your partner cares about as a way of hurting her, or damaged things that are important to her

ECONOMIC VIOLENCE

- Prohibited a partner from getting a job, going to work, trading or earning money
- Taken a partner's earnings against her will
- Thrown a partner out of her house
- Kept money from a partner's earnings for alcohol, tobacco or other things knowing that a partner was finding it hard to afford household expenses

SEXUAL VIOLENCE

- Forced a partner to have sexual intercourse when she did not want to
- Forced a partner to do something sexual that she found degrading or humiliating

WHAT WE LEARNED

A total of 363 of the 450 couples interviewed at baseline completed the endline survey (80.7% retention). The endline bivariate, multivariate, and qualitative analysis of the endline data indicates positive changes in attitudes and lower reporting of violence in the last 3 months by both men and women in the intervention groups compared to those in the comparison group.

Men in the intervention groups had lower odds of justifying use of IPV than in the comparison group.

Men in the intervention groups had lower odds of perpetrating IPV compared to men in the comparison group.

Women in the intervention groups reported lower levels of violence than women in the comparison group.

There was no change in the attitudes on gender norms and relations as measured by the GEM scale.

QUALITATIVE RESULTS

Less reported intimate partner violence within relationships



“Our relationship has changed because there is more love and there is no act of violence that he does on me now.”

“Abuse has reduced because education mostly targeted men.”

“Most men changed after the discussions we had and realized their wives are not to be abused or harassed.”

“The education that they got has helped them change because those to whom they used to do acts of abuse they have stopped completely.”

“I have understood that without harassment and abuse many people would have progressed.”

“Abuse is not right and has reduced after the discussions.”

Increased freedom to participate in economic activities



"He does not hinder or prohibit participation in groups."

"His behavior has changed because my husband no longer beats me or insults me and he permits/allows me to perform activities that help me earn money."

"His perspective has changed a lot because he now allows me to take part in micro finance groups and to do activities that earn money."

Greater sharing of household chores

"His habits have changed because he helps me with a lot of things, particularly basic household needs."



"He helps with the household activities; for example, bringing grass for the cows."

"I now get involved in activities that before I thought were only for my wife - for instance fetching water, looking for firewood, and sometimes cooking."

"I have been performing some of the duties of my wife, for example cooking, and washing clothes as one of the ways of working together to fulfill the family/household duties equally."

Positive changes in communication and decision making



"His perspective has changed because in the past/previously he would not involve in me in making decisions, but now he involves me in business deals and family decisions."

"Our relationship has changed because previously he would not listen to me, and would not take my advice but now he listens to me and we advise each other about planning/improving matters about our family."

"We have been doing things together equally and in agreement."

"Truly there is visible change because I and my partner we share the same ideas that are effective and have contributed to us starting to construct a house of corrugated sheet iron."

Positive changes in the relationship



"Our relationship has changed because we are now closer than we were before."

"Truly my relationship with my husband for now has changed, for love has increased and there is joy in the house."

"I have increased my love towards my wife, and I will try to listen to her for advice without ignoring her, which is different from the past."

"We have been loving each other more because we involve each other in our issues and make decisions together."

TOGETHER TO END VIOLENCE AGAINST WOMEN

