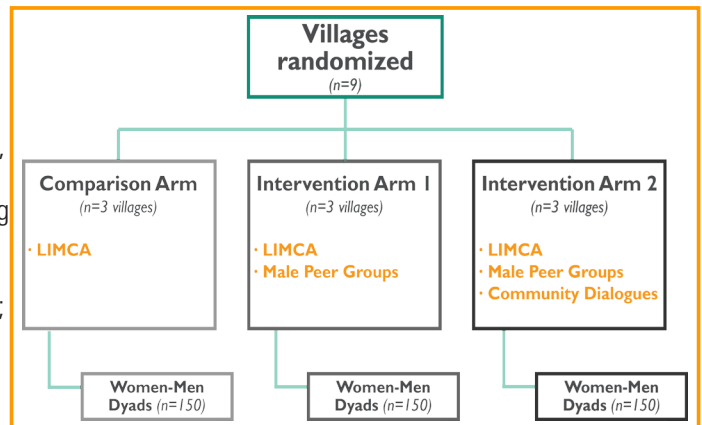


What can be done to prevent intimate partner violence?

Women in Tanzania suffer alarming rates of gender-based violence (GBV) that have detrimental effects on mental and physical health. In Tanzania, intimate partner violence (IPV) is one of the most pervasive forms of GBV, with 44% of ever-married women experiencing physical and/or sexual violence from partners. The **Together to End Violence Against Women** (TEVAW) program implemented by World Education, Inc./Bantwana (WEI/Bantwana) in Karatu District in Northern Tanzania aims to address IPV through individual, interpersonal, and community level interventions. To date, research on IPV has been limited, especially regarding the effectiveness of prevention efforts that target structural drivers of IPV in low- and middle-income countries.

With funding from the Sexual Violence Research Initiative of the South African Medical Research Council, researchers and staff from Boston University's Center for Global Health and Development and WEI/Bantwana conducted a cluster randomized control trial to test the preliminary effectiveness of TEVAW in addressing IPV. 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). 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, male partners of LIMCA members 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, 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.



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BASELINE RESULTS: Women at baseline reported high levels of intimate partner violence in the last 3 months, 12 months, ever in their relationships, and during their pregnancies. Rates of any kind of violence were fairly consistent over time. The majority of the women in our study (77.8%) had ever experienced some form of violence, 73.6% had experienced violence in the last 12 months, and an alarming 69% had experienced some kind of violence in the last 3 months. Nearly one in five women (18.9%) had experienced some form of violence during pregnancy. In comparison to women, men were significantly less likely to report any type of violence against their partners. Using the Gender Equitable Men Scale, we found that women were significantly more likely to report gender inequitable attitudes than men in the areas of women's roles, responsibility for contraceptive use, tolerance of intimate partner violence, feelings about partner request to use a condom, and men's help with household chores. Yet, women were much more likely than men to believe that women and men should be treated the same, less likely to believe that a woman cannot refuse to have sex with her husband, and less likely to believe a man has the right to punish his wife if she does something wrong.

Using a multivariate logistic regression model, we examined the associations of men's inequitable gender attitudes, experience of trauma during childhood, and three types of risky health behaviors (i.e., not using condoms; concurrent multiple sexual partners; and alcohol or drug use) with men's self-report of IPV perpetration and women's self-report of experience of IPV in the last 3 months. Men who had gender inequitable attitudes, experienced childhood trauma, had multiple sexual partners, and used alcohol or drugs were significantly more likely than men who did not to report perpetrating any form of violence against their partners in the last 3 months.

ENDLINE RESULTS: 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.

Gender inequitable attitudes and justification for wife beating: We detected no changes in either men's or women's gender inequitable attitudes as measured by the GEM scale. However, we found that changes in men's attitudes were much larger in the intervention groups than the comparison group on all justifications for a husband to beat his wife. Men in Intervention Groups were significantly less likely to report at endline that a husband is justified in beating his wife.

Men's and women's reporting of violence in the last 3 months: Men in Intervention Group 2 were significantly less likely than men in the Comparison Arm to report that they had perpetrated physical violence against their partners in the last 3 months. Women in Intervention Groups 1 and 2 were significantly less likely to report physical and sexual violence in the last 3 months. Women in the Comparison Group reported no significant reductions in any type of violence in the last 3 months. In fact, greater proportions of women in the Comparison Group reported higher levels of physical, emotional and economic violence in the last 3 months at endline. Logistic regression results indicate that men in Intervention Group 1 and 2 were more likely to report perpetrating economic violence against their wives in the last 3 months compared to men in the Comparison Group. Compared to women in the Comparison Group, women in Intervention Group 1 were 46% less likely to report any form of violence and women in Intervention Group 2 were 41% less likely to report emotional abuse in the last 3 months.

QUALITATIVE RESULTS: 53 women and 53 men in Intervention Groups 1 and 2 completed open-ended questions in the endline survey regarding their perceptions of the interventions. Their responses reveal meaningful changes in their relationships with partners.

Women reported a change in their husbands' attitudes regarding their wives' participation in LIMCA:
"His perspective has changed a lot because he now allows me to take part in microfinance groups and to do activities that earn money." – Woman

Importantly, the majority of women reported a reduction in abuse perpetrated by their partners:
"Our relationship has changed because there is more love and there is no act of violence that he does on me now." – Woman

Women reported a change in their husband's behavior stating that now their husbands will listen to their advice and involve them in making decisions about their families:

"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." – Woman

Women reported increased love, understanding, and listening between partners:
"Truly my relationship with my husband for now has changed, for love has increased and there is joy in the house." – Woman

Men said they learned to involve their wives in all decisions and to work together on responsibilities at home:
"I got to know that all the responsibilities at home are to be shared and not to place them all upon my partner." – Man

Some men reported a realization that abuse is wrong and has negative consequences:
"Violence or abuse on women is not right/good and has no benefit or meaning." – Man

Men reported a new understanding of household chores, indicating both the men and their wives should do them:
"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." – Man

Men mentioned increased respect between partners, an ability to make decisions together by listening to each other, and increased love in the household:

"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." – Man

CONCLUSIONS: This research aims to inform Tanzania's effort to address the pervasive problem of IPV, and comes at a strategic moment when the Government of Tanzania is working on a new five-year multi-sector comprehensive National Plan of Action to End Violence Against Women and Children. Male peer groups and community dialogues appear promising in reducing men's physical, sexual, and emotional violence against women by targeting attitudes, behaviors, and social norms and increasing awareness among men and the communities about the negative consequences of intimate partner violence. While this pilot study demonstrated trends in a positive direction, we recommend that a fully powered study (80%) with adequate sample size be implemented in order to detect statistically significant changes in attitudes and behavior.

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.