Engaging Communities in Sexual and Gender-Based Violence (SGBV) Prevention and Response: The Experience with the Men as Partners (MAP®) Approach in Burundi

INTRODUCTION

Gender norms—formed and perpetuated by families, communities, schools, workplaces, institutions, and the media—contribute to and shape an individual's attitudes, behaviors, experiences, and opportunities and can negatively affect health outcomes (Weber et al. 2019). Inequitable gender norms and harmful cultural practices prevent girls and women from achieving social and economic empowerment, reduce their ability to control their sexual and reproductive lives, and increase their risk of sexual and gender-based violence (SGBV). This reality also prevails in Burundi where SGBV is a major public health threat. Increased risk of unintended pregnancies and acquisition of HIV and other sexually transmitted infections (STIs) are among the many sexual and reproductive health (SRH) consequences of SGBV. Women and girls experience SGBV at higher rates than boys and men. Nearly a quarter (23%) of Burundian women aged 15 to 49 reported having experienced sexual violence throughout their lives and 13% experienced it within the past 12 months. For men, these percentages are 6% and 2% respectively (MPBGP et al. 2018). SGBV reporting is generally low, partly due to stigma and norms around SGBV (e.g., viewing SGBV as a private matter). More than half of women (62%) and over a third of men (35%) believe that wife beating is "justified" under certain circumstances, according to the 2016–17 Burundi Demographic and Health Survey (MPBGP et al. 2018).

To create an environment that challenges and seeks to transform harmful gender norms, and to promote awareness of and access to services, EngenderHealth implemented the USAID/PEPFAR-funded Burundians Responding Against Violence and Inequality (BRAVI) project from 2014 to 2019. One of BRAVI's key strategies at the community level involved promoting equitable gender norms in Ngozi province, the target area of intervention, using EngenderHealth's Men as Partners® (MAP®) approach. The project collaborated with the Ministry of Public Health and the Fight against AIDS (MSPLS) and the Ministry of Human Rights, Social Affairs, and Gender to raise men's awareness about SRH, to encourage men to support their partners' SRH choices, and to increase men's access to comprehensive SRH services. In March 2019, after three years of implementing MAP®, the project identified key lessons learned that can inform future programming in Burundi.

Reverien Karyango, taxi-motor conductor in Marangara commune, holding a newborn baby for the first time in his marital life after three prior births

MEN AS PARTNERS® (MAP®)

EngenderHealth established the MAP® program in 1996, pioneering efforts to engage men and boys in order to promote gender equality and uptake of SRH services for themselves and their partners. Building on lessons learned from EngenderHealth's work in Kayanza and Muyinga provinces from 2011 to 2013 through the USAID-funded RESPOND project,[1] BRAVI adopted the MAP® approach to engage married and unmarried men between the ages of 25 and 49 in the fight against SGBV in Ngozi province. The project trained groups of male champions identified by communities from certain professional categories (including bar managers, bicycle and motorcycle-taxi drivers, hairdressers, miners, restaurant workers, and small sellers). BRAVI also trained 12 facilitators from local non-governmental organizations using a French-translated version of the MAP® curriculum[2] who in turn trained 425 men between 2016 and 2019 in Ngozi. Each training included a maximum of 25 participants. The

[1] Learnings that emerged from the final study conducted by RESPOND included the following: (1) Further progress concerning equitable gender attitudes, especially regarding sexual consent, is needed; (2) RESPOND could not confirm the sustainability of identified behavior changes as it was not possible to administer a posttest to the men at the conclusion of the project; and (3) Changing social norms is a slow process requiring sustained efforts.

[2] To learn more, visit https://www.engenderhealth.org/our-work/gender/men-as-partners/.

first session occurred over a two-day period, followed by a subsequent two-day session one month later. As part of the training, participants examined gender norms, power dynamics, sexuality, and violence—incorporating context-specific elements, such as local proverbs and commonly used harmful language. Participants discussed actions that they could take to (1) foster positive gender norms; (2) promote positive masculinity, which is essentially "qualities of traditional masculine roles that are more positive, strength-based, and potentially used to improve the lives of men and those around them" (Englar-Carlson and Kiselica 2013); and (3) prevent instances of SGBV in their own lives and communities. BRAVI strategically incorporated a participatory, skills-building approach for the MAP® trainings, as this is an effective method for adult learning.[3]

Following completion of the MAP® trainings, BRAVI selected 180 peer educators (20 per commune) and organized refresher trainings using a simplified guide and a tool focused on communication skills to enhance the relay of key messages from the MAP® trainings to participants' associations and broader communities. Peer education efforts focused on transforming gender norms related to SGBV prevention, power dynamics, joint decision-making, shared housework, family relationships, and healthy sexual relations (including sexual consent). BRAVI provided ongoing support to the men's initiatives, continuing to accompany and coach the peer educators through follow-up visits and monitoring progress toward full ownership of outreach activities, exemplified by integration of key messages into routine activities.

PROGRAM REACH AND RESULTS

The project captured results through 10 focus group discussions (FGDs) organized in 2018 and a documentation exercise in March 2019. A total of 80 MAP® participants in the Kiremba, Marangara, and Nyamurenza communes took part in the FGDs within a six- to nine-month posttraining period. The FGDs aimed to capture the effects of the MAP® trainings on gender norms and SGBV as revealed through facilitated conversations around individual attitudes and behaviors and couples' dialogues about healthy sexual relations, joint management of family resources and income, freedom of expression, women's participation in decision-making, family relations, shared household responsibilities, and health outcomes. The following participant testimonies illustrate the program's impact on SGBV and social norms.

[3] Adult learners are more interested and stimulated if information is provided via examples or illustrations related to their context or real life; this method also builds on the learner's existing knowledge base so that they can easily grasp new concepts and information.

One participant from Masanganzira spoke about his behavioral change related to sexual activity and managing conflict in the household:

> *Before the training, I was running after sex and this always put me in conflict with my wife. With the training, I gave up the behavior and I let my wife manage our restaurant, which now makes more profit than my shop. There is joy and happiness in my family and neighbors consider me as an example of change. They even seek my advice when in difficulties and I help them.*

Another participant from Nyamurenza shared his perceptions about improved relations and joint-decision making in his family:

> *I used to hide my income, take big loans, and buy valuable goods like motorcycles and plots of land without informing my wife. After the training, I understood the importance of joint and transparent management. I restored dialogue in the family and my wife and I make joint decisions on important questions now.*

BRAVI's documentation exercise involved an analysis of the training documents and individual interviews completed with project stakeholders, namely the men who participated in the training, trainers, and project staff. BRAVI focused on the impact of the MAP® approach on issues similar to those covered in the FGDs, including the impact on interpersonal relationships with family members (particularly with wives), and on the community. The exercise highlighted the benefits of the approach, revealing improved attitudes and positive behavioral change as evidenced through increases in joint decision-making, improvements in the division of household and child-rearing tasks, and increases in healthy and loving relationship dynamics with open communication about key issues including sex, sexual desire, and consent. At the individual level, the men claimed that the training allowed them to understand that they were perpetuating violence and several men committed to changing their behaviors. For example, one participant shared:

> *I used to beat my wife so much and she frequently went back to her parents. With the trainings, I understood that no fault can justify hitting my wife… Before the training, when I came home and I wanted to do sex, I jumped on my wife. Thanks to the trainings, I understood that this is called rape…Now I seek for consent.*

These testimonies demonstrate an acknowledgement and questioning of past behavior and the use of violence appears to have become less accepted. Comparisons of pre- and posttest scores between 2016 and 2017 revealed a shift in attitudes and reported behaviors related to SGBV following the MAP® trainings. For example, a question related to equal rights

and similar treatment for men and women reflected a 35.2% increase (from 41.6% to 76.8%).

Interpersonal relationships also changed within the families of MAP® participants, in particular with their wives. For example, as proudly shared by one man in Marangara during a BRAVI FGD:

> *Before the training, I felt that talking to my wife was a waste of time. Now, I made the decision to go back home very early in the evening and spend time with my family. I also accompanied my wife for the third antenatal consultation. I no longer feel ashamed to accompany her. On the day of delivery, I accompanied her as well.*

Manariyo Pascal, 29, a married man with two children in Marangara

Shared testimonies also conveyed how peer educators relayed training messages to peers and became role models in their communities. For example, one man from Marangara explained:

> *Now, I know the benefits of joint decisions between spouses. I sensitize the members of the association of the taxi-bikers of Marangara commune on the importance of a dialogue between spouses for sustainable development in the family and on adopting good behavior by avoiding sexual vagrancy. Some peers have changed and they are now models in the community.*

MAP® trainings and group outreach activities conducted by the peer educators also contributed to critical health benefits, for example, those related to increasing HIV testing and/or contraceptive uptake. In total, 554 men voluntarily sought HIV testing (30% more than the initial project goal of 425 men), which contributed to Burundi's commitment to achieving the UNAIDS' 90-90-90 by 2020 HIV treatment target. There were also indications of reductions of risky behaviors. As one participant shared:

> *I used to find it normal to have extramarital sex, a tolerated behavior especially for a man like me with economic power. With the training, I realized that I was at risk of contamination of STIs/HIV/AIDS and I stopped.*

Peer educators also worked to improve gender norms related to SGBV prevention. A total of 3,024 men were sensitized through outreach activities, mainly focused on balanced power dynamics, joint decision-making, shared housework responsibilities, improved family relations, and healthy sexual relations. Many MAP® participants considered themselves "change makers," demonstrating a psychological benefit, as described by a man from Kiremba, "*Change brings peace and benefits to you and the people around you.*"

During follow-up activities and the MAP® documentation process, most men interviewed acknowledged the benefits of the MAP® trainings. However, they also noted that women must also be involved in changing social norms.

FUTURE CONSIDERATIONS FOR EXPANDING MAP® IN BURUNDI

Challenges and Related Recommendations

BRAVI identified several key challenges with the MAP® approach that require further consideration before expanding this work to other provinces.

1. According to some testimonies, not all women welcomed the changes observed in their spouses. These changes were not well understood and were perceived by some as scandalous and a violation of cultural norms. MAP® will therefore be more effective if coupled with gender-synchronized approaches that recognize the intentional intersection of gender-transformative work and engage both sexes simultaneously to challenge harmful constructions of masculinity and femininity. Gender-synchronized approaches seek to transform social norms that lead to gender-related vulnerabilities, such as those related to SRH outcomes and SGBV. (Note: BRAVI began piloting gender-synchronized trainings in 2018 and has since reached 196 couples in Ngozi.[4])
2. Some pre- and posttest results revealed minimal levels of attitude change. For example, the percentage of participants who disagreed with five statements[5] asserting justifications for physically abusing one's wife was 52.6% during the

[4] BRAVI adapted a manual from the Couples Connect curriculum, which EngenderHealth developed through the USAID-funded CHAMPION 2 project, which sought to increase men's positive involvement in preventing the spread of HIV in Tanzania.

[5] These five statements asserted that a husband is justified in beating his wife if: (1) she goes out without telling him; (2) she burns food; (3) she neglects the children; (4) she refuses sex; (5) she argues with him.

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pretest and only increased 6.5% (to 59.2%) during the posttest. This confirms EngenderHealth's lessons learned from prior programming (e.g., the RESPOND project), which indicated that changing established norms takes time. Additional formative research exploring the reasons behind this resistance to change is necessary to informing a more responsive strategy.

3. One limitation of the MAP® assessment is that it did not include perspectives from anyone besides the male participants. Therefore, the perceptions of wives and family members were not considered and harmful behaviors may have continued, hidden and unaddressed by the program.
4. BRAVI conducted pre- and posttests with all participants, including some who were not comfortable with reading and writing. The project provided some support in these areas which was time consuming and moreover might have biased responses. This demonstrates a need to find a strategy to engage low-literacy participants in testing without introducing any biases.

Successes for Scale-Up

There are a number of success that can be sustained in Ngozi and brought to scale in other provinces. For example, some of the men trained on the MAP® approach now consider themselves change makers for more equitable gender norms but there is a need to create space for these men to speak in public in order to share their messages and to serve as role models for other men. As one man in Kiremba declared, *"The other men come to ask me how they can change, and the women come to ask me if I can talk to their husbands. I helped three couples who have changed completely."* However, as noted above, it is also important to organize meetings for couples so that wives can understand the MAP® approach and the changes observed in their partners in order not to become barriers to the adoption of more gender equitable behaviors themselves.

Male peer educators have integrated sensitization efforts with their peers into routine activities, for example, within the workplace. During meetings, peer educators deliver messages on health and gender issues, which help to reinforce learning more specifically about SGBV. And, the more regularly they meet, the easier it becomes to continue to support one another. The project has disseminated a simplified guide containing the main themes and messages to the peer educators to facilitate this work. In order to sustain this work, these educators require support from their respective communities to have the time and space to continue relaying messages for SGBV prevention to their peers.

Finally, building upon successes to date, there is an opportunity to advocate with the Ministry of Human Rights, Social Affairs, and Gender to adopt the MAP® module for national use and to train a pool of national trainers who can cascade the training to additional SGBV stakeholders. The MAP® approach can also be disseminated to other organizations—including community-based organizations such as the Burundian Association for Family Welfare (or ABUBEF, the local International Planned Parenthood Federation member association), Nturengaho, the Red Cross of Burundi, and the Society for Women and AIDS in Africa-Burundi—that can expand and sustain the gains that have been achieved thus far.

BIBLIOGRAPHY

- Englar-Carlson, M. and Kiselica, M.S. 2013. "Affirming the Strengths in Men: A Positive Masculinity Approach to Assisting Male Clients." *Journal of Counseling & Development* 91 no. 4: 399-409.

- Ministère à la Présidence chargé de la Bonne Gouvernance et du Plan (MPBGP), Ministère de la Santé Publique et de la Lutte contre le Sida (MSPLS), Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), and ICF. 2018. *Enquête Démographique et de Santé au Burundi 2016–2017: Rapport de Synthèse*. Bujumbura: MSPLS and ISTEEBU and Rockville, MD: ICF.

- Weber, A.M., Cislaghi, B., Meausoone, V., Abdalla, S., Mejía-Guevara, I., Loftus, P., Hallgren, E., Seff, I., Stark, L., Victora, C.G., Buffarini, R., Barros, A.J.D., Domingue, B.W., Bhushan, D., Gupta, R., Nagata, J.M., Shakya, H.B., Richter, L.M., Norris, S.A., Ngo, T.D., Chae, S., Haberland, N., McCarthy, K., Cullen, M.R., and Darmstadt, G.L. 2019. "Gender Norms and Health: Insights from Global Survey Data." *The Lancet* 393, no. 10189 (June): 2455–2468.

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