Unpacking change to inform intimate partner violence prevention:

Exploring couples' processes of change and the influence of intervention and social network factors in Uganda

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Abstract

Background and aims:

Intimate partner violence (IPV) prevention ultimately hinges on change at the level of the household where relationships are conducted. There is little research examining the process of relational change among couples with a history of IPV following exposure to a community level IPV prevention intervention, particularly in low-income settings. This thesis aims to fill this gap by examining how relational change occurred (or did not) among couples in Uganda exposed to SASA!, a community mobilization intervention aimed to prevent IPV and HIV. The study first explores relationship change processes among couples exposed to the intervention. Secondly, it examines the key aspects of the intervention and social network factors that influenced these changes, illuminating the pathways through which the intervention diffused.

Methods:

This thesis comprises: i) a methodological examination of qualitative dyadic (couple) data collection and analysis; ii) a qualitative study of couples exposed to the SASA! intervention using in-depth interviews to examine processes of relationship change; iii) a mixed methods analysis of the influence of intervention and social network factors in the diffusion of new ideas and behaviour around intimate relationships and IPV.

Findings & Conclusions:

Through examining relationship trajectories from both partner's perspectives the sphere in which IPV occurs comes through clearly, revealing the common challenges couples faced, how they were shaped by gender roles and, also, how they were able to change, preventing IPV. Change is possible through key community-level interventions working with both men and women that generate hope and belief in an alternative way of achieving fulfilling relationships and family life. This includes providing simple tools to improve relationships and local change agents to support change, all within the context of a wider community that is changing together, generating new norms in the process. Thus, the IPV prevention field may benefit from the inclusion of relationship education/skills and support for both men and women at the community level.

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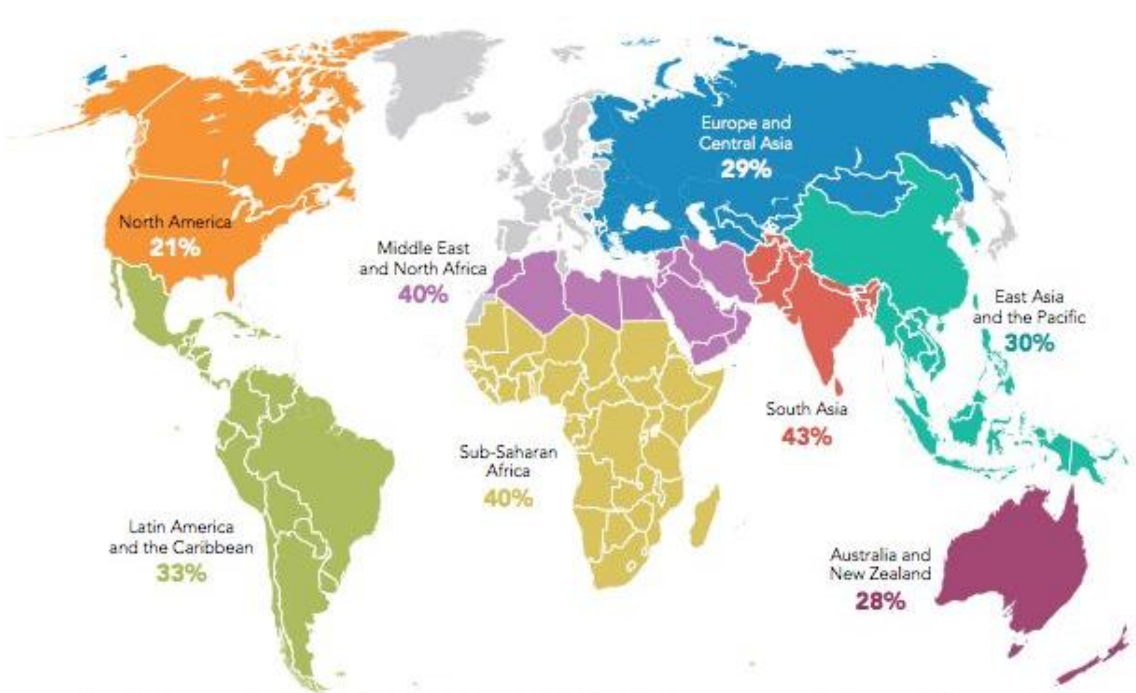
Acronyms

aOR	Adjusted Odds Ratio
CA	Community Activist
CEDOVIP	Center for Domestic Violence Prevention
CI	Confidence Interval
DHS	Demographic Health Survey
EA	Enumeration Area
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
LRT	Likelihood Ratio Test
LSHTM	London School of Hygiene and Tropical Medicine
MASVAW	Men's Action to Stop Violence Against Women
OR	Odds Ratio
PCA	Principle Component Analysis
RCT	Randomised Control Trial
RE	Relationship Education
SES	Socio-Economic Status
TTM	Trans-Theoretical Model
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Chapter 1: Introduction

Intimate partner violence (IPV) is the most common form of violence against women, with recent estimates indicating 30% of women globally will experience it during their lifetime (Devries et al., 2013b). IPV includes "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim." (Council of Europe, 2001). As Figure 1 illustrates, while rates vary across regions, partner violence is widespread and cuts across both low and high income contexts (Horton and Johnson, 1993).

Figure 1: Percentage of ever partnered women who have experienced physical or sexual intimate partner violence during their lifetime



Source: Preliminary analysis of WHO global prevalence database 2013 using World Bank regions (World Bank, 2014b).

Partner violence is linked to a range of negative health and economic outcomes. For women, health consequences include chronic pain, acute injuries, substance abuse, gynaecological problems and depression (Campbell et al., 2002, Ellsberg et al., 2008, Devries et al., 2013a, Silverman et al., 2007). Children growing up in families with partner violence have been shown

to be at higher risk for diarrheal disease, acute malnutrition and excess mortality (Rico et al., 2011, Karamagi et al., 2007, Asling-Monemi et al., 2003). Economic costs include loss of work due to injury, costs for medical care, transport, justice system costs and service provision (World Bank, 2014b).

Partner violence is particularly destructive as it takes place within the sphere of the home, where the negative impact of violence often reaches beyond the couple, causing short and long term emotional trauma and developmental problems in children who witness it (Agarwal and Panda, 2007). There is also increasing evidence suggesting factors such as antisocial behaviour, which develop during childhood and adolescence—often as a result of witnessing family violence and/or parental conflict—are strong predictors of perpetration of partner violence in adulthood (O'Leary and Slep, 2012, Ehrensaft et al., 2003, Capaldi et al., 2012). The evidence indicates that a cluster of such experiences and behaviours emerging in childhood can set individuals on a 'violence-prone' developmental trajectory increasing the likelihood they will be involved in experiencing and/or perpetrating partner violence (Langhinrichsen-Rohling and Capaldi, 2012). Thus, preventing partner violence can have far reaching impacts beyond the couple, affecting their children, the men and women they grow up to be, the partner they select and the experiences they have in their own relationships over the lifecycle.

Given the significant health and economic consequences and costs to individual wellbeing, we need to better understand how partner violence can be prevented, ideally before it starts. There is growing evidence that a multitude of factors influence partner violence beyond the individual level (Capaldi et al., 2012, Heise, 2012). Prevention programming has expanded to include interventions targeting factors at the relational, community and institutional levels of the social ecology (Heise, 2011, Horton and Johnson, 1993). IPV prevention ultimately hinges on change at the level of the household where relationships are conducted. However, there is little research examining the process of relational change among couples with a history of IPV following exposure to an IPV prevention intervention (Walker et al., 2013). This may be in part because so few IPV interventions target both men and women (Dworkin et al., 2011) precluding the study of relational change through the perspective of both partners. This thesis aims to address this gap, examining relational change among couples exposed to a community-level intimate partner violence prevention programme.

The intervention

SASA! is a community mobilisation intervention that seeks to change community attitudes, norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women (Michau, 2008). It was designed by Raising Voices and was first implemented in Kampala by the Center for Domestic Violence Prevention (CEDOVIP). SASA! was designed using the ecological model of violence noted above (Heise, 1998), acknowledging IPV results from the complex interplay of factors which operate at the individual, relationship, community and societal levels. SASA! was recently evaluated using a cluster randomized control trial (RCT) design and found 50% reductions in women's experiences of physical IPV in the previous 12 months in the intervention compared to the control communities (Abramsky et al., 2014). The SASA! RCT offered important findings on the impact of the intervention.

This study in turn aims to illuminate the 'how' by exploring the processes of change in couples exposed to a prevention intervention and the way the intervention diffused to influence this. I will do this by, 1) exploring couples' processes of change in the context of the SASA! IPV prevention intervention, and, 2) examining the role of the different communication channels in diffusing SASA! and influencing the change processes among couples. The overall intention is to use the findings to inform the design of intimate partner violence prevention programming.

As Chapter 2 details there are a number of key gaps in the partner violence literature:

- There is very little research on partner violence derived from data collected from both members of a couple.
- The process of desistence or cessation from partner violence in couples remains relatively unexamined, particularly within the context of a community level IPV prevention intervention such as SASA!.
- Researchers have begun to examine the role of relationship dynamics and interactions in the aetiology of partner violence, but this has mainly been conducted in high-income contexts. More research into this area is needed in low-income contexts to understand how these factors may play a role in different settings.

This thesis seeks to contribute to these gaps through: 1) collecting and analysing data from both partners in couples exposed to an IPV prevention intervention, 2) conducting dyad data analysis to understand couples' relationship trajectories and the interaction patterns that contributed to conflict and partner violence, as well as the subsequent change processes that led to improved relationships and cessation of partner violence, and 3) examine how broader intervention and social network factors influenced relationship changes.

1.1 Structure of thesis

The thesis chapters are as follows:

Chapter 2 explores the literature central to understanding how partner violence starts and how it can stop, by outlining the theories which seek to explain the aetiology of IPV, the state of prevention and relevant theories which illuminate relational change processes and influencing factors.

Chapter 3 details the demographic, health and socio-cultural context of the study site and the SASA! intervention.

Chapter 4 provides an overview of the research process of this study, detailing not only the study design and methods, but also the underlying factors involved and my reflexive process along the way.

Chapter 5 zooms in to examine couples' relationship trajectories and processes of change in the context of the SASA! intervention, reporting findings from the qualitative couple's study.

Chapter 6 zooms out to examine intervention and social network factors, using mixed methods to examine how SASA! diffused within intervention communities and the factors that influenced or prevented the uptake of new ideas and behaviours.

Chapter 7 steps back to examine the added value of collecting individual partner data for couple analysis within IPV research and reports findings from a separate analysis of the couple study data.

Chapter 8 discusses the main insights emerging from the overall findings and reflects on their various contributions to programming, policy and research.

Chapter 2: Literature review

Examining how intimate partner relationships can change within the context of a community IPV prevention programme presents a number of challenges. This chapter explores the literature central to understanding how partner violence starts and how it can stop. I begin by briefly reviewing the theories that seek to explain the aetiology of partner violence. I will then discuss how prevention interventions have developed alongside our evolving understandings of partner violence and what the best practice models currently are. From there I will examine the different theoretical contributions available which help elucidate and tease out both how couples with a history of partner violence change and how interventions and other factors may influence these changes. Overall, this chapter is intended as starting point to engage broadly with the literature which forms the foundation of this thesis. I will then delve further into more specific aspects of the literature in each results chapter.

The vast majority of the research and literature available on partner violence and theories of behaviour and relationship change emerged from research in high income, 'Western' contexts. When available I have included research from other contexts and in each case note the specific country/region for research cited. All other citations are from research conducted in North American, Europe, Australia or New Zealand.

2.1 Overview of the 'causes' of IPV

A clear understanding of the existing knowledge on the aetiology of IPV is fundamental to understanding how couples can change to stop ongoing partner violence and how new cases can be prevented. In this section I will describe briefly the different theories which emerged over time to explain partner violence and then touch on the most current understandings of the causes and determinants of IPV.

The vast majority of research on partner violence has focused on the determinants of IPV, the factors that make experiencing or perpetrating partner violence more likely. Since the 1970s research on partner violence has emerged using a range of perspectives including sociological (Goode, 1971, Gelles, 1983, Michalski, 2004), feminist (Dobash and Dobash, 1979), economic (Pollak, 1994), psychological (Straus, 1979, Ehrensaft et al., 2003, Dutton, 1995, Johnson, 2008) (Capaldi and Kim, 2007, Holtzworth-Munroe et al., 1997) and criminal justice (Moffitt, 2001) (Holtzworth-Munroe et al., 1997) contributions. Each examined partner violence as it related to their specific field and there was, and remains to some degree, very little cross-fertilisation.

In addition, each discipline has tended to link the causes of violence to a specific level of analysis.

Individual level models generally focus on biological or psychological characteristics. Biological theorists have sought to explain partner violence through examining genetics and 'organic' factors such as neurotransmitters and hormonal imbalances (McKenry et al., 1995). Psychological theorists in turn look at the how different individual characteristics influence perpetrating or experiencing partner violence. For example, the role of developmental disability, psychopathology, substance abuse, low self-esteem, stress and anger/hostility among perpetrators and victims (Ali and Naylor, 2013a). Developmental psychologists for their part have sought to understand how behaviours originating in childhood such as attachment issues and deviant or antisocial behaviour (often resulting from traumatic experiences such as witnessing family violence or coercive or abusive parenting), can lead to aggression and partner violence in adulthood (Ehrensaft et al., 2003). For example, psychologists have used adult attachment theory to study the developmental roots of partner violence and found men with less secure attachment styles (e.g. anxiety about abandonment and discomfort with closeness) tend to experience heightened levels of frustration, anxiety and anger in their relationships (Mahalik et al., 2005). Men who use physical or emotional violence during relationship conflicts have been found to have more insecure attachment styles than those who do not use violence (Babcock et al., 2000, Mahalik et al., 2005, Holtzworth-Munroe et al., 1997).

Sociologists and social psychologists in turn have examined partner violence focusing on factors related to the broader social context as well as the domestic sphere where violence takes place. Resource theory was first applied by sociologists to explain partner violence in the 1970s and since a range of different resource theories have evolved (Goode, 1971, Heise, 2012). Resource theory views the family as system in which the member with the greatest access to outside resources (including material resources such as income as well as kinship and political alliances) dominates and controls the decision making. Goode suggested men who had less access to outside resources would be more likely to use partner violence (Goode, 1971). Later, 'relative resource theory' evolved from this which focused on the imbalance of access to resources between men and women. It suggests that when the woman has greater access to resources or 'status' than her male partner, he is more likely to use violence to reassert his dominant status. Gendered resource theorists in turn expanded the focus to incorporate the influence of each partner's understanding of gender (Atkinson et al., 2005). They argue this impacts how each partner interprets and responds to status inconsistencies.

Thus, applied to partner violence it suggests men with fewer resources, but more gender equitable views, will be less likely to use partner violence to reassert their dominant status.

Researchers have also used resource theories to explain the links between partner violence and poverty. For example, in the United States Campbell foundmen who are economically and socially disadvantaged are more likely to use violence because the distress and frustration from the lack of resources leads them to use violence (Campbell, 1992). Research in East Africa (Silberschmidt, 2001) and South Africa (Jewkes, 2002) furthered that stress associated with the inability to fulfil culturally defined gender roles can result in partner violence. This occurs when men attempt to compensate for the powerlessness they feel when they lack the resources to fulfil their gender role as provider.

Exchange theory is another prominent sociological theory used to explain partner violence. This perspective views individual behaviour as motivated by a cost-benefit analysis and suggests that partner violence is used when the costs (i.e. punitive or other undesirable consequences) to the perpetrator do not outweigh the benefits (i.e. releasing frustration, stress, anger, etc.) (Gelles, 1983). For example, in contexts where partner violence is considered acceptable perpetrators use violence because they will not be sanctioned or pay any costs. Studies analysing partner violence across a multitude of high and low income countries found in contexts where partner violence is considered acceptable there are stronger associations between partner violence and norms favouring violence (Counts and Brown, 1992, Levinson, 1989). This suggests there are lower levels of IPV in contexts with more sanctions against violence.

Violence researchers have also drawn important insights from social learning theory. The theory was first developed in social psychology by Bandura in the late 1970s and is based on the premise that humans learn new behaviour by observing others, imitating their behaviour and having the behaviour reinforced when it results in positive outcomes (Bandura, 1977). O'Leary first applied it to partner violence suggesting that when children witness violence perpetrated at home and see it modelled as an effective strategy without negative consequences, they in turn model and use this behaviour themselves (O'Leary, 1988). From this perspective the perpetration and acceptance of partner violence is a conditioned and learned behaviour. This conceptualisation went on to form the foundation of the intergenerational transmission of violence theory which, in accordance with developmental psychologists, contends children who experience or witness domestic violence are more likely

go on to repeat this behaviour themselves as adults, continuing the cycle of violence within families (Straus, 1991, Markowitz, 2001).

A range of societal-level theories have also been applied to partner violence, with feminist theory being perhaps the most well developed application. Over time a variety of perspectives have emerged from the different influences of feminist thought (liberal, radical, social/Marxist, post-structuralism). Dobash and Dobash offer perhaps the most comprehensive application (Dobash and Dobash, 1979). They contend men's use of IPV is a form of systematic domination and social control of women. They further it is more common among men with more patriarchal attitudes and in societies where it is acceptable for men to use violence to maintain their dominance and where customs and laws reinforce men's power over women. While there is considerable variation in the ways feminist theory has been applied to partner violence most explanations centre around gendered inequalities around control and power which are reinforced by social and economic structures, including the family structure (Michalski, 2004).

As the various theories above evolved there was a gradual shift away from single-factor theories towards broader recognition of the complex interplay of factors that converge to increase risk (Burgess and Crowell, 1996). This led to the development of the ecological framework which conceptualizes how factors at the different levels of the social ecology impact risk (Heise, 1998, Dutton, 1995). As Heise (2011) describes it:

> Women bring to their relationships a genetic endowment, certain personality traits and a host of experiences from their childhood and adolescence. They partner with men who likewise bring personal histories and inborn proclivities to their union. The couple is in a relationship that has its own dynamics, some of which may increase or decrease the risk of abuse and the relationship is embedded in a household and neighbourhood context that affects the potential for violence. In many low income settings this includes the influence of extended family members who interact with the couple in ways that may increase or lessen the chances of abuse. In turn, both partners engage with various different 'communities' including those related to work, friendship networks, faith communities, and governance structures...Finally, the entire system is embedded in a macrosystem which refers to the cultural, economic and political systems that inform and structure the organisation of behaviour at lower levels of the social ecology. (p.6)

Conceptualising IPV using an ecological framework encourages the examination of the individual and socio-ecological roots of IPV which in turn also fosters greater cross-fertilization from different fields. For example, in an attempt to understand not only the predictors of IPV

perpetration, but also the mechanisms Mahalik examined the relationship between individual attachment style (a psychological factor linked to development) and gender role stress (a social psychological factor linked to social and economic structures) among a sample of men in the U.S. This led to the finding that gender role stress served as a 'generative mechanism' such that, "fearful attachment [style] resulted in higher levels of controlling female partners by contributing to men's stress when they failed to live up to masculine ideals." (2005 p.625).

Over the last 15 years different versions of the ecological model have been proposed in relation to IPV (Ali and Naylor, 2013b) and were mainly based on empirical evidence from high income contexts. In response to this Heise's most recent version of the ecological model (Figure 2) synthesises the current evidence available on risk factors empirically linked to IPV at the different levels of the social ecology in low and middle income countries (2011). The far right column lists risk factors for women experiencing male partner violence and the remaining columns to the left are risk factors for men's perpetration of violence against their female partner. While Heise acknowledges there is evidence of women's perpetration of partner violence, it is not sufficient to ascertain whether the risk factors are the same as for men's perpetration (Heise, 2012).

Figure 2: Conceptual framework for partner violence summarising current evidence base on IPV risk factors in low and middle income countries

Macrosocial
Community
Male partner
Relationship
Conflict arena
IPV
Woman

Gender order
Lack of economic rights & entitlements for women
Discriminatory family law
Ease of divorce for women
Composite measures of gender inequality

Cultural factors
Collectivist versus individual cultural orientation
Emphasis on women's purity & family honour

Economic factors
Level of development
Women's access to formal wage employment

Norms
Acceptance of wife beating
Male right to discipline/ control female behaviour
Tolerance of harsh physical punishment of children
Stigma for divorced or single women
Norms linking male honour to female purity
Family privacy

Lack of sanctions
Lack of legal or moral sanction for violence
Others do not intervene

Neighbourhood
Community violence
High unemployment
Low social capital
Poverty

Violence in childhood
Harsh physical punishment
Witnessing parental violence
Other childhood traumas
Psychological dysfunction
Antisocial behavior
Adult attachment issues

Attitudes
Accepting of violence as a means to resolve conflict
Acceptance of partner violence
Gender hierarchical or transitional attitudes

Alcohol abuse

Gender role conflict

Delinquent peers

Sociodemographic
Young
Low educational level

Interaction
Non-equalitarian decision making
Poor communication
High relationship conflict

Conflict arena
Situational triggers
Sex/ infidelity
Money/distribution of family resources
Children or in-laws
Division of labor
Male drinking
Patriarchal triggers
Female challenge to male authority
Failure to meet gender role expectations
Assertions of female autonomy

Childhood violence
Child sexual abuse
Other childhood traumas
Witnessing mother being beaten

Attitudes
Tolerance of wife beating

Socio-demographic
Young age (for current violence)
High educational attainment (protective)

Low social support

Factors that operate differently in different settings:
Women's employment
Participation in credit schemes or other development programs
Asset ownership

Source: Heise (2012)

While most researchers and theorists currently support a multi-factor understanding of partner violence there remains fervent debate over the most salient risk factors which prevention and policy should aim to impact (Langhinrichsen-Rohling, 2010, Ehrensaft, 2008, Johnson, 2010, Capaldi et al., 2012, Heise, 2012). Perhaps the most contentious issue has been related to the role of gender and patriarchy in the conceptualisation of partner violence. This has been an ongoing debate over the last 20 years as different studies conducted in North America, the United Kingdom, Australia and New Zealand found similar rates of men and women reporting perpetration of partner violence—termed 'gender symmetry'. Researchers such as Dutton, Ehrensaft and Langhinrichsen-Rohling argued that given this empirical evidence, most prevention and policy was incorrectly based on feminist theories which place patriarchy as the primary cause of partner violence (Dutton, 2010, Ehrensaft, 2008,

Langhinrichsen-Rohling, 2010, Dixon and Graham-Kevan, 2011). They contend 'gendered perspectives' of partner violence perpetration built around the assumption that the man is the perpetrator and the female is the victim, fail to examine the role both men and women can play in partner violence and also fail to incorporate findings on other salient factors.

Other researchers and theorists (as well as Langhinrichsen-Rohling) argue these findings are only relevant for contexts similar to where the studies were conducted that have greater gender equality and gender norms and attitudes that are not supportive of partner violence (Heise, 2012, Langhinrichsen-Rohling, 2010). They contend evidence indicates gender remains a key factor in many settings (e.g. Papua New Guinea, India, Nigeria) where, for example, men's use of violence against female partners is normatively accepted as a form of discipline and women do not have access to income and options for leaving abusive partners (Archer, 2006, Heise, 2012). Archer analysed data from countries across North and South America, Africa, Europe and Asia Pacific and found women's victimisation was associated with gender inequality, sexist attitudes and relative approval of wife beating (Archer, 2006). Therefore, in such settings gender remains a central factor in the aetiology of partner violence (Johnson, 2010, Archer, 2006).

Johnson and others (2010) further that gender is still an important factor even in contexts where there is greater gender equality. Wolfe et al. (2009) and Smith et al.'s (2009) research on adolescent dating violence in the United States found teens' perceptions of gender appropriate behaviour in their cultural context were a key determinant and they conclude reducing gender norm rigidity could help reduce dating violence (Zurbriggen, 2009). According to Johnson (2010): "Because the role of gender in intimate partner violence is pervasive and involves much more than gender differences in perpetration or consequences, gender theory is an essential theoretical perspective in this area." (p.213). Furthermore, while rigid gender norms and inequality can be social drivers of intimate partner violence, the relationship is not fixed; combined with varied social and cultural factors in a given context it can have differential impact. Thus, on a theoretical level, the application of gender theory can offer insight into how the complex interaction between gender and social and contextual factors impacts intimate relationships and partner violence. While different conceptualizations of gender exist, a relational approach is perhaps best suited to partner violence. Relational theory acknowledges the multidimensional nature of gender that operates at all eco-social levels and incorporates economic, power, symbolic and affective relations (Connell, 2012). As I will

discuss in the next section, this approach is particularly relevant to prevention interventions as ultimately they aim to affect change among couples at the relational level.

The 'gender symmetry' debate also fuelled an extensive body of research examining the different 'typologies' of partner violence using data from North America (Holtzworth-Munroe et al., 2000, Babcock et al., 2003, Kelly and Johnson, 2008, Johnson, 2008, Waltz et al., 2000, Capaldi and Kim, 2007, Frye et al., 2006). This was led by researchers such as Johnson (2010) who questioned the validity of the gender symmetry claims:

> In the studies that find so-called gender symmetry, what "symmetry" means is that roughly the same number of men and women acknowledge that at least once in some specified time period they have engaged in at least one of the violent behaviors listed in whatever survey instrument is used. It is clear, however, that even in these general sample, so-called gender-symmetric studies, men's violence produces more physical injuries, more negative psychological consequences, and more fear (Archer 2000; Kimmel 2002). (p.213)

These debates around sampling and measurement led Johnson and other researchers to study and develop different typologies of partner violence and perpetrators. For example, Johnson proposes three control-based typologies of partner violence: intimate terrorism (i.e. a perpetrator that seeks to control their partner using physical violence and coercive control-based tactics), violent resistance (i.e. violence perpetrated in response to experiencing intimate terrorism), and situational couple violence (i.e. arguments that escalate to verbal and then physical aggression, but without coercive control patterns) (Johnson, 2008, Langhinrichsen-Rohling, 2010). This body of research on the different types and severity of partner violence is beyond the scope of this review, but it does offer important insights into the spectrum of partner violence. It signifies a shift in the field away from focusing only on physical violence to recognition of the multiple forms partner violence can take (Ellsberg et al., 2008). This ranges from controlling behaviour, economic violence, and emotional and psychological abuse, to physical violence and sexual violence (Howard et al., 2013, Fawole, 2008). Recognising this in 2000 the WHO multi-country study on women's health and domestic violence collected data on all forms of partner violence in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand and Tanzania) (Ellsberg et al., 2008). These distinctions are particularly important as studies from the U.K. and U.S. report the profound impact psychological and emotional abuse has on both male and female victims (Howard et al., 2013), with some women reporting it is more painful than the physical violence experienced (Follingstad et al., 1990).

Researchers supportive of the gender symmetry argument further that approaching prevention and treatment from a mainly 'gendered perspective' ignores increasing empirical evidence supporting developmental and interaction based factors (in high income contexts) (Capaldi and Langhinrichsen-Rohling, 2012, Ehrensaft, 2008, Langhinrichsen-Rohling and Capaldi, 2012). First, they cite increasing evidence that a cluster of experiences and behaviours (i.e. family violence, antisocial behaviour, attachment styles) emerging in childhood can set individuals on a 'violence-prone' developmental trajectory increasing the likelihood they will be involved in partner violence (Langhinrichsen-Rohling and Capaldi, 2012). Second, the evidence indicating both men and women use partner violence, led to increased focus on understanding how partner violence develops in different ways between couples to different effect (Johnson, 2010, Bartholomew and Cobb, 2010, Langhinrichsen-Rohling and Capaldi, 2012). In addition, new longitudinal data have shown that over time men used violence in some relationships, but not in others suggesting it is the combined characteristics of both partners that influenced partner violence (Shortt et al., 2012). Given this growing evidence base around the developmental and couple interaction factors researchers have argued prevention and policy should move away from gendered perspectives and shift towards more 'dynamic developmental-systemic' models (Capaldi and Langhinrichsen-Rohling, 2012, Langhinrichsen-Rohling and Capaldi, 2012, Pepler, 2012, Capaldi and Kim, 2007). In light of this some researchers have argued analysis of partner violence should move away from the perpetrator/victim binary and focus instead on the dyad (couple) as the unit of analysis (Capaldi and Kim, 2007, Langhinrichsen-Rohling, 2010). Despite this, there remains a dearth of research which includes data collected from both partners (Langhinrichsen-Rohling, 2005); a gap I address with this thesis and detail in Chapter 7.

Unfortunately, there is a lack of research on the role of developmental and relationship interaction factors in partner violence in low-income settings. It seems that different factors have shaped research on partner violence in high-income versus low-income settings. In both settings it was initially driven by sociological and feminist perspectives. Then in high-income contexts the focus shifted as, 1) the gender symmetry debate fuelled research into typologies and subsequently dyad interaction factors, and, 2) findings emerged from longitudinal cohort studies which began in the 1970s, providing stronger evidence on the developmental risk factors for partner violence. In low-income settings however the research agenda has remained mainly driven by sociological and feminist perspectives. This is likely a result of a

multitude of factors including: 1) less funding overall for research in low-income contexts and less capacity to do in-depth longitudinal psychological research as it has not been seen as a priority given the burden of other urgent health issues; 2) much of the research was funded, and therefore driven by, development structures such as UN agencies and uni- and multi-lateral donors which applied the early sociological and feminist understandings of partner violence from high-income, Western contexts (Heise, 1998, Dobash and Dobash, 1979, Heise, 2012); and, 3) gender inequality (Archer, 2006) and socioeconomic factors (Vyas and Watts, 2009) are indeed evidenced to be key factors in the aetiology of partner violence in low- and middle income countries in Africa, Asia Pacific and Latin America .

2.2 Overview of prevention approaches

The evolving conceptualisations of intimate partner violence highlighted in the previous section in turn shaped prevention efforts over the years. Initially programmes focused on service provision to women experiencing partner violence and law and policy efforts aimed to improve the response and criminalise perpetration. As understandings of partner violence expanded to embrace multiple factors across the social ecology, policy and programming within the development context began to recognise the linkages between gender, social norms and partner violence (Heise, 2011). At the global policy level this is evidenced in the Cairo ICPD Programme of Action, the Beijing Platform for Action and The Millennium Development Goals which drew attention to the negative impact of gender inequalities and rigid gender norms (Greene and Levack, 2010). On the programming side, over the last twenty years partner violence as well as HIV and sexual reproductive health programmes in developing contexts began to increasingly embrace gender sensitive approaches. This included broader efforts in low-income contexts (e.g. South Africa, Zimbabwe) (Dworkin et al., 2011) to empower women socially and economically such as micro finance and cash transfer initiatives, some with gender equality and partner violence content (Vyas and Watts, 2009, Dworkin et al., 2011). Later, work evolved to engage boys and men in prevention recognising the prevailing gender norms around masculinity and femininity are harmful to both men and women (IPPF, 2010, World Health Organization, 2009, Dworkin et al., 2011). Programming aimed to engage men in reflection and social action to challenge rigid gender norms that perpetuate violence and poor health in their families and communities (WHO, 2007).

However, while some policies and programmes attempted to address social norms and gender inequality, a closer look suggests the understanding and application of gender is inadequate. There is still a strong tendency to apply a categorical understanding of gender, targeting

women and men as groups distinct and separate from each other (Connell, 2012). This is evidenced by the predominance of interventions which target only women or men. Such single gender approaches run in the face of relational and social constructionist understandings of gender which indicate gender norms are created and reinforced within a community by both sexes. Applying a relational approach is important in programming because it takes into account that there are many dimensions of gender and they can be operating in different directions at the same time. For example, women's micro-credit programmes may empower women economically in one direction, shifting the gendered power dynamics in their relationship while also destabilizing the man's culturally constructed notions of masculinity. Studies in Bangladesh (Koenig et al., 2003c, Schuler et al., 1996) found the unintended outcome in some cases was an increase in IPV as men tried to reassert their power. On the other side, programmes to engage men in changing norms around gender equality can shift the man's view of his masculine gender role in one direction while upsetting his female partner's cultural constructions of gender roles. For example, research on a men's programme in India found women sometimes rejected their male partner's attempts to share more of the domestic work out of fear of losing their traditional place of power in the home and/or being judged by others as not a "good" woman for not having a "real" man (Sahayog, 2007). Relational theory accounts for this, placing a central focus on the dynamic relations between women and men at the intrapersonal level and how this interaction shapes and is shaped by the larger gender structure and social and cultural factors (Connell, 2012). Applying this understanding in the design phase of interventions can help practitioners to fully consider the multiple dimensions of gender at play in the programme context and take appropriate measures to avoid unintended consequences that hinder the effectiveness of the intervention.

In the last five years, support has grown in development contexts for relational approaches fuelled by voices from the field and practitioners engaged in IPV, gender-based violence (GBV), HIV and other forms of health promotion (Dworkin et al., 2011, Heise, 2011). In 2010, Green and Levack (2010) were asked by the Interagency Gender Working Group to explore approaches that work with both genders. They introduced the concept of gender-synchronized approaches:

> Gender-synchronized approaches are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being. (p.5)

Green and Levack argue that only through reaching out to both men and women can mutual understanding be reached and power balanced, allowing space for the reconstruction of more fluid gender roles and shared values. This has also been reflected at the research and policy level (Pulerwitz et al., 2010). For example, recommendations from the World Health Organization (WHO) review of 58 evaluation studies from around the world of interventions engaging men, concluded, "How can programmes take a more relational perspective, integrating engaging men and boys with efforts to empower women and girls? What is the evidence on the impact of such relational perspectives?" (WHO, 2007 p.30). However, there are still only a handful of interventions that apply a gender relational or synchronised approach (Dworkin et al., 2011). Among the interventions listed, SASA! represents a rare example of a gender synchronised IPV prevention intervention that uses a community mobilisation approach.

2.3 Theories of change

As the previous section illustrated, IPV research has tended to focus on categorizing different forms of IPV and associated risk factors. This was aimed at informing prevention interventions to more effectively tackle the different forms of IPV. Yet, while we may now have more evidence—particularly from high-income countries and some from low- and middle-income countries—on what causes conflict and IPV, as well as interventions that seek to address this, there is limited research on how people actually change within relationships as a result of IPV prevention interventions. This is essential to both end ongoing IPV as well as potentially prevent new cases. Walker et al. recently conducted a review of the literature on desistance from intimate partner violence (2013). Desistance refers to a dynamic process that supports and brings about the cessation of intimate partner violence perpetration. Their review of the literature yielded only 15 eligible studies (all from Western countries) from 1980-2011 and no single theory explaining desistence was identified. Among the studies found, most focused on whether or not desistence occurs, but not on how or why it happens (Walker et al., 2013). They concluded future research is needed to understand behaviour change in the process of desistance from partner violence and the role interventions play in this. This thesis aims to contribute to filling this gap by exploring both individual and relational change around IPV within the context of a prevention intervention and how broader intervention and social factors converge to influence (or prevent) the change process.

An important first step in any research endeavour is identifying theories relevant to the research topic to inform and guide both intervention and research design. No existing theories

or models fully capture relationship change processes within the context of an IPV prevention intervention. Hence, I explored concepts and constructs from different theories and will now discuss those which best elucidate my phenomena of interest and form the theoretical underpinnings of my study.

There are a plethora of different theories within the public health field which aim to explain how people change their behaviour (DiClemente et al., 2011, Hornik and Yanovitzky, 2003, Rejeski et al., 2000, Glanz et al., 2008). While beyond the scope of this review, the theories/models generally fall into three categories based on the level of the social ecology they operate at: individual (e.g. transtheoretical and health belief models), interpersonal (e.g. social cognitive theory) and community level models (e.g. diffusion of innovations theory and community mobilisation theory) (Diclemente et al., 2011, Glanz and Bishop, 2010). They are widely used to inform health interventions globally, including IPV interventions, as increasing evidence indicates interventions grounded in social and behavioural theories are more effective (Glanz and Bishop, 2010). For example, the SASA! intervention methodology drew in part on community mobilisation theory, social learning theory and Procaska's stages of change model. Using aspects of the different models they built a societal-level adaptation of the transtheoretical model (TTM), with four community level phases akin to the individual stages of change in Prochaska's model (Prochaska et al., 1992).

Broad behaviour change models, however, have limitations when applied to researching couples' processes of change around partner violence. For example, a number of studies in North America have applied the transtheoretical model to different aspects of change around IPV (Burke et al., 2004, Brown, 1997, Chang et al., 2006). Brown and Chang et al. examined the application of the transtheoretical model to women's experiences in leaving an abusive partner. As TTM was developed for individual change in a single behaviour it has some relevance in studies examining only the individual victim's behaviour (i.e. leaving their abusive partner) or perpetrator's behaviour (i.e. desistance from using IPV). Yet, as Brown (1997) observed, applying TTM to examine changes at the relational level presents challenges because,

> IPV differs from other problems to which the TTM has been applied...The potential for change in IPV situations...is not solely in the control of the individual woman but must occur within the context of a relationship with another individual who may respond to such changes with a counter-reaction or response... Secondly, whereas when applied to other problems such as substance use and smoking, the TTM identified a clear desired target behaviour for change (e.g., discontinuation of drug, alcohol or tobacco use), there

> is no agreed upon single desirable action for which to strive when dealing [for example] with women experiencing IPV. Although earlier studies had focused on leaving the abusive relationship as the desired behavior, more recent literature indicates that leaving may not be a desirable option for many women...(p.18)

Thus, applying individual behaviour change models to partner violence presents limitations because IPV occurs within dyad interactions and as such there is individual change in each partner, plus change in the relationship to contend with (Mitchell and Anglin, 2009). There is also no universal 'change' or behavioural outcome to measure as it varies depending on the specifics of each relationship context.

Turning to the partner violence literature reveals surprisingly few relevant theories especially from low- and middle-income countries. Despite the vast number of explanatory theories on partner violence noted earlier, researchers appear to have paid less attention to examining the processes of change in couples that lead to cessation of IPV. This is evidenced in Walker et al.'s review which only identified two studies offering explanatory theories on the process of desistance from partner violence, each with limitations (Walker et al., 2013). In the first study, Fagan proposed a model of desistance which like many general behaviour change models, breaks the process into stages: 1) developing resolve or finding motivation to stop; 2) making the decision to stop and publically disclosing this; and, 3) integration within new social networks and new behaviour maintenance (Fagan, 1989). The model's strengths are that it is empirically supported using data from the U.S., but it fails to explain how the processes work as well as the underlying mechanisms (Walker et al., 2013). The second study was a qualitative exploration of behaviour change among male perpetrators in Canada following a 'feminist-oriented' treatment programme (Scott and Wolfe, 2000). The study identified four key factors in the process of desistance: empathy, taking responsibility for past behaviour, reduced dependency and communication. While this is an example of an examination of the process of desistance following an intervention, the small sample size and lack of empirical support were noted weaknesses (Walker et al., 2013). Both examples focus only on the process of change in the perpetrator and fail to take into account contextual factors such as the dynamics of the relationship as well as broader social influences which influence both partner violence and desistance (Walker et al., 2013, Shortt et al., 2012, Langhinrichsen-Rohling and Capaldi, 2012, Bartholomew and Cobb, 2010). Indeed, while there are a range of studies from Western countries examining change among perpetrators using violence and victims leaving abusive partners, no studies examine relationship change processes (Scott, 2004, Silvergleid and Mankowski, 2006).

Beyond the health and IPV literature, research and theory on gender and power (Rabin, 1994, Knudson-Martin, 2013), sociology (Benjamin and Sullivan, 1999, Sullivan, 2004, Michalski, 2004, Zurbriggen, 2009), relationship education (Wadsworth and Markman, 2012, Halford and Bodenmann, 2013, Halford et al., 2008, Bennett and McAvity, 1985, Huinink et al., 2010), family process (Huinink et al., 2010, Fincham et al., 2007, Bennett and McAvity, 1985) and couple's therapy (Davis et al., 2012) examine different aspects of change in relationships. They offer important insight into relationship dynamics and key relational concepts such as equality (Steil, 1997), balancing power (Knudson-Martin, 2013, Rabin, 1994, Steil, 1997), communication (Overall et al., 2009, Wadsworth and Markman, 2012, Fincham et al., 2007), self-regulation (Hira and Overall, 2011, Fincham et al., 2007), shared investment, emotional attunement (Cornelius et al., 2010), and forgiveness and commitment (Fincham et al., 2007). However, this body of research fails to go beyond the relational level to include important factors at the different levels of the social ecology (Huston, 2000) and also emerged from mainly high-income contexts.

Acknowledging this, Benjamin and Sullivan constructed a model which stands out as perhaps the most comprehensive conceptualisation of change in intimate relationships (1999). It was designed to encapsulate "the complexity of the different levels of analysis that are involved...stressing throughout the interconnectedness of the relationships between resources, intimacy, power and their material expression..." (p. 816). The model is based on the hypothesis that personal and professional exposure to 'therapeutic discourse' (i.e. through individual/group counselling, self-enhancement/skill building workshops, related media messaging, etc.) can result in enhanced 'gender consciousness' and interpersonal skills which in turn aid negotiation and change in boundaries within relationships that influence communication and the division of domestic work. As such their model conceptualises relationship change is centred on the interplay of relational resources, gender consciousness and structural resources. Relational resources are defined as a combination of emotional and interpersonal resources and skills partners bring into relationships. Gender consciousness is conceptualized as a continuum ranging from general awareness of gender, to knowledge of gender specific rights awarded in a given system, to recognition of how one reproduces these rights in social interactions, to challenging that system to change it (Gerson and Peiss, 1985). Structural resources refer mainly to access to material resources such as the income of each partner and financial situation of an individual's family of origin. They developed an empirical model (Figure 3) of these theoretical concepts and operationalised them using variables

measuring interpersonal skills, material circumstances, relationship communication and division of domestic labour (shown below in italics).

Figure 3: Benjamin and Sullivan's working model of relationships (1999)

'gender consciousness'

relational resources (= *interpersonal skills*)

structural resources (= *material circumstances*)

negotiation in marital relationships: possibility of boundary shifting (= *communication/domestic division of labour*)

In their study Benjamin and Sullivan apply the model to a sample of women in the U.S. to examine change in women's ability to challenge gender normative scripts in how they communicated with their partner and divided household labour (a key source of conflict). They found that the development of interpersonal skills and increased gender consciousness aided women to negotiate changes in relationship communication and division of household work. The authors acknowledge that while they did not include women's partners in their study, future applications should ideally include both partners. Moreover, they note the concepts in their model are applicable to a range of issues within relationships. Indeed in regards to partner violence, relational resources, gender consciousness and structural resources have all been identified in both high- and low- income countries as central factors at different levels of the social ecology in which IPV occurs (Vyas and Watts, 2009, Heise, 2011, Archer, 2006, Smith et al., 2009).

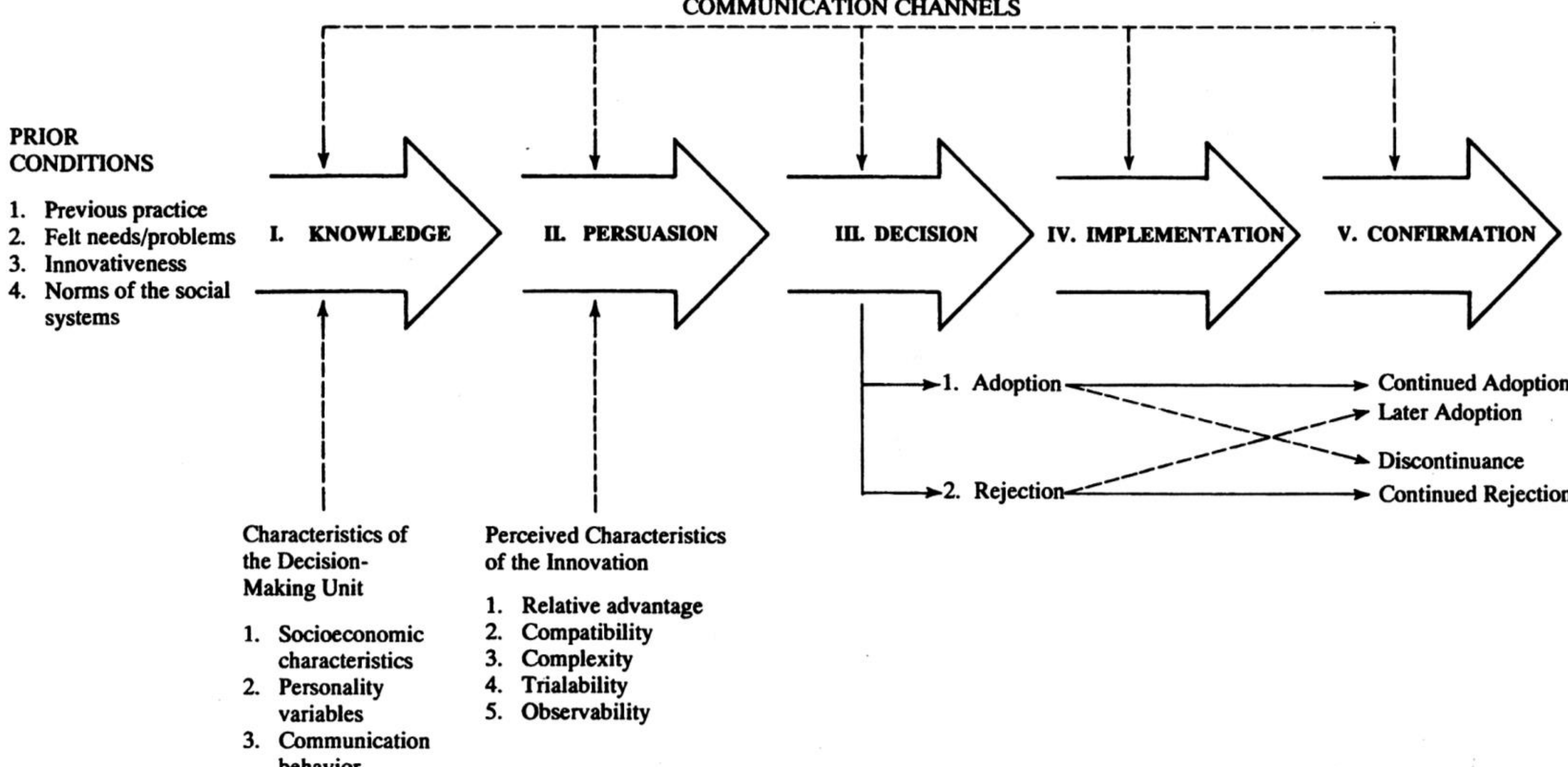
While Benjamin and Sullivan's model offers important insights into key factors at the individual and relationship levels, it does not adequately capture the pathways through which individuals obtain the relational resources and increased gender consciousness that facilitated change. This requires broader examination at the community level to unpack the influence of intervention and social network factors on these changes at the relationship level. This aspect is particularly important for our understanding of how such change processes are supported and influenced by prevention interventions. In this regard the health behaviour change theories used in intervention research and design noted earlier are helpful. Though inadequate for examining relationship change, health behaviour change models and theories can help

unpack the influence of different intervention exposures on processes of change. Among the different theories, diffusion of innovations theory uniquely includes the influence of social networks and change agents whereas others only incorporate individual and/or social influences (Glanz and Bishop, 2010). This aspect is particularly important when researching community mobilisation interventions like SASA! which are designed to diffuse through community social networks and change agents. In my view, diffusion of innovations theory provides the most useful framework available to understand intervention influences on change processes because it takes into account the influence of intervention attributes, change agent factors, interpersonal communication and characteristics of the individual and social system.

Diffusion is defined by Rogers (2003) as a process through which new ideas are communicated over time through certain communication channels among members of a social system. Diffusion is viewed as a type of social change as when new ideas are created, diffused, adopted or rejected this leads to changes in the structure or function of a social system. Diffusion of innovations theory offers a framework for exploring how an innovation's attributes (e.g. aspects of an intervention) and the attributes of the individual and the social system and environment converge to allow the spread or flow from a source (implementing organisation) to an adopter (community members) via different communication channels and influence. Diffusion of innovations theory focuses on the role different communication channels play in facilitating individuals' 'exposure'—both 'direct and 'indirect'—to new ideas and their subsequent movement through the 'innovation-decision process' (Figure 4).

Rogers's innovation-decision process is a five stage process similar to Procraska's (1992) stages-of-change and as Figure 5 illustrates. During the innovation-decision process individuals move from initial knowledge of an innovation or idea, to developing an attitude towards it, to the decision to either adopt or reject it, to implementing the new idea and finally confirming their decision. Adoption is defined as the uptake of the innovation, ideas or programme by the targeted audience (Glanz et al., 2008). Rejection is the decision not to adopt and there are two types: (1) active rejection which involves considering adopting and then choosing actively not to adopt; and, 2) passive rejection when it is not given any consideration (i.e. simply forgetting about an idea after becoming aware of it).

Figure 4: Model of five stages in the innovation decision process in diffusion of innovations theory



Source: (Rogers, 2003)

Figure 5: Illustration of correspondence between different stage-based models of behaviour change

Stages in the Innovation-Decision Process	*Porchaska's Stages-of-Change*
I. *Knowledge Stage*	I. Precontemplation
1. Recall of information	
2. Comprehension of messages	
3. Knowledge or skill for effective adoption of the innovation	
II. *Persuasion Stage*	II. Contemplation
4. Liking the innovation	
5. Discussion of the new behavior with others	
6. Acceptance of the message about the innovation	
7. Formation of a positive image of the message and the innovation	
8. Support for the innovative behavior from the system	
III. *Decision Stage*	III. Preparation
9. Intention to seek additional information about the innovation	
10. Intention to try the innovation	
IV. *Implementation Stage*	IV. Action
11. Acquisition of additional information about the innovation	
12. Use of the innovation on a regular basis	
13. Continued use of the innovation	
V. *Confirmation Stage*	V. Maintenance
14. Recognition of the benefits of using the innovation	
15. Integration of the innovation into one's ongoing routine	
16. Promotion of the innovation to others	

Source: (Rogers, 2003)p.199

There are four main elements central to the diffusion process: the innovation, communication channels, time (i.e. the speed of adoption or rejection) and the social system (Rogers, 2003). First, the characteristics of an innovation are central to whether it diffuses successfully. An innovation is defined as a practice, idea or object that is at least perceived as 'new' or different by an individual. While they may have been previously aware of the idea or practice, it is still 'new' if they have not given it any consideration, developed an attitude about it and/or adopted or rejected it. Diffusion theorists have identified a range of key attributes of interventions or innovations which influence adoption (DiClemente et al., 2011). However, Rogers determined certain attributes account for most of the variation in diffusion rates (Rogers, 2003). First, individuals need a sense there is a 'relative advantage' to the new ideas or behaviours; a perceived personal, physical, social, or economic benefit. Second, research has found people often carry out a

small trial first to test out the relative advantages of a new behaviour or smaller change towards it before deciding to adopt (‘trialability’). Third, it needs to be compatible with their existing sociocultural values and beliefs and needs (‘compatibility’). Fourth, the perceived ‘complexity’ of applying new ideas and behaviours can influence how willing individuals are to try it. This relates to self-efficacy; how confident they are they can successfully apply the new ideas or behaviours in their life (DiClemente et al., 2011). And, finally, new behaviours are more likely to be diffused if they are easily observed by others (‘observability’). Observing the positive experience and changes in others encourages individuals to try new behaviours/innovations themselves. Thus, innovations that lack observability are more difficult to diffuse.

Second, communication channels play a key role as at diffusion at its most basic involves: an innovation/idea/practice; an individual that has experience using or has knowledge of the innovation; another individual that does not yet have experience with or knowledge of the innovation; and a communication channel connecting the two (Rogers, 2003). The channel through which information about the innovation is shared can be a mass media channel (i.e. via posters, radio or television) or interpersonal communication channel (i.e. two individuals talking). The ideal scenario for adoption is through interpersonal communication channels when the two individuals are ‘homophilious’ or similar in all ways (i.e. socioeconomic status, education, gender) and only ‘heterophilious’ or different in their knowledge of the innovation/new idea. Diffusion research has found mass media channels can be effective at the knowledge stage in the innovation-decision process and interpersonal communication channels are the most influential at the persuasion and decision stages (Southwell and Yzer, 2007). Thus, interpersonal communication among social network members plays an important role in diffusion.

Third, the element of time, as in the time it takes for an innovation to be adopted or rejected, is an important factor in diffusion. Its inclusion in diffusion of innovations theory sets it apart from many other behavioural theories. Diffusion of innovations theory examines time in the diffusion process by studying the speed at which individuals move through the innovation-decision process and the factors that influence this. For example, one body of diffusion research looks at the influence of individual characteristics such as people’s degree of ‘innovativeness’ which measures whether they tend to be ‘early adopters’ of new innovations or ‘late adopters.’

And, the fourth element central to the diffusion process is the social system. The influential aspects within a social system that impact diffusion include the social structure, norms, and the role of opinion leaders and change agents. Social structures include formal and informal communication structures (e.g. interpersonal communication networks) which are used to spread information among members and also have a role in upholding the social norms within the system. Diffusion researchers examine these variables to understand how information flows among social network members influencing adoption. Opinion leaders are members of social system who have the ability to influence others' attitudes and behaviour with relative frequency. Their leadership is upheld informally by their social accessibility, technical competence and some degree of adherence to the system's norms. Change agents are usually members of an external agency which seeks to effect a certain change in a given system or community. Sometimes change agents are also members of the community with ties to an outside agency. Again, the important balance of heterophily and homophily between clients and change agents and opinion leaders is a crucial factor in diffusion. For example, while change agents are typically different from clients in many ways, they tend to have the most frequent contact with clients who are more like themselves. Rogers (2003) suggests their higher degree of homophily means communication is easier and more effective. "The selection of change agent...according to gender, formal education, and personal acquaintance with the client system minimizes the social distance between the change agent system and the client system."(p.384).

Diffusion of innovations theory was originally developed by Rogers to examine the diffusion of agricultural innovations in the U.S., but since has been applied globally and researched across a range of disciplines including agriculture, economics, communication, sociology, education, anthropology, marketing and management and public health (Wejnert, 2002, Rogers, 2003). Given the broad and comprehensive nature of diffusion of innovations theory, a number of diffusion research traditions have emerged which examine different elements of diffusion. The majority of the research has looked at the 'innovativeness' of members of a social system with the rest looking at communication channels, diffusion networks and rates of adoption of innovations in different settings by members of a social system. Given its extensive application there is considerable empirical support for different aspects of the theory, with each field focusing on different factors, often in isolation of other research (2002).

In the area of public health, diffusion research has been most frequently applied to family planning (particularly in Africa, Asia and Latin American) (Vaughan and Rogers, 2000, Mohammed, 2001), HIV prevention (Dolcini et al., 2010) and health systems research (Glanz et al., 2005, Harting et al., 2009, Ploeg et al., 2010, Glanz and Bishop, 2010). One of the most prominent studies in family planning is the evaluation of a mass communication edutainment intervention in Tanzania promoting family planning through the Twende na Wakati radio soap opera. The main experimental evaluation showed the soap opera produced strong behavioural effects on the adoption of family planning (Rogers et al., 1999). However, in order to explore the processes by which the intervention had effect, Vaughan and Everetts' developed a multi-staged model of communication effects based on the transtheoretical model, social learning theory, diffusion of innovations theory and the hierarchy-of-effects model (Vaughan and Rogers, 2000). They combined these models as they each provide different perspectives on either staged processes of change or the effects of exposure to mass communication. From diffusion of innovations theory the model operationalised mainly the construct of interpersonal communication channels, highlighting the vital role of peer networks as a mechanism to motivate individuals to adopt new ideas, especially among networks linking 'homophilous' or similar members. They proposed a six-staged model and hypothesized certain cognitive and affective processes and interpersonal communication processes defined each stage. For example, as interpersonal communication among couples is a key determinant of family planning adoption, they classify Stage 4, Validation, as when individuals have spoken with their partner about family planning at least once, but have not yet started using a method or discussed it with a service provider. Their study results found empirical support for the proposed model and indicated the intervention supported individuals through the different stages of family planning adoption.

There are few studies which have examined the diffusion of partner violence prevention or even broader GBV interventions. One rare example is a recent mixed methods cross-sectional evaluation of the Stepping Stones intervention in Karnataka, India (Bradley et al., 2011a). Stepping Stones is a behavioural HIV prevention intervention which includes gender, relationship education and IPV content. The study sought to explore the general diffusion of the intervention messages to participants' social network and the wider community. Qualitative and quantitative methods were used to triangulate data from participants, their social networks and the surrounding community on knowledge, attitudes and behaviour promoted by Stepping Stones. Unlike the previous example, the study did

not include the development and application of a theoretical framework based on diffusion of innovations theory. Instead diffusion of the intervention content was explored through, 1) in-depth interviews with 20 friends of Stepping Stones participants and 20 members of the wider community, and 2) in quantitative polling booth surveys with members of the general population in both intervention and control sites. Results showed that there was diffusion of intervention messaging to friends of SS participants, but not the wider community.

The majority of diffusion studies focus on the analysis of variance models using survey data like the Twende na Wakati study did above. However, when it comes to understanding the innovation-decision process Roger's acknowledges there remains a dearth of process research which is also important for developing our understanding of diffusion (Rogers, 2003). While survey research is limited to measuring behaviour at a set point in time, process research, particularly qualitative process research, can provide important information looking backward on the sequence of events that influenced individuals innovation-decision process. There are few qualitative studies in the public health diffusion literature examining the innovation-decision process. A rare example is a qualitative study applying diffusion of innovations theory to yield an in-depth understanding of the determinants of guideline adherence among physical therapists (Harting et al., 2009). The study used diffusion of innovations theory to develop theoretical framework of the innovation-decision process tailored to the guideline adoption process. The topic guide then was framed around the key constructs from diffusion theory and topics and probes designed to enable interviewers to gather information that the theoretical framework predicted to be important. While the topic of application differs, it provides a useful example of how the innovation-decision process can be unpacked qualitatively and diffusion constructs can be operationalised.

2.4 Evolving conceptual framework

The overall aim of this study is to inform the design of intimate partner violence prevention programming by exploring the processes of change in couples exposed to a prevention intervention and the way the intervention diffused to influence this. The initial review of the literature informed my specific objectives:

- Objective 1: Examine couples' processes of change in the context of the SASA! IPV prevention intervention.

- Objective 2: Explore the role of different communication channels in diffusing SASA! and influencing change processes among couples.

The development of my conceptual framework was based mainly on behaviour change concepts from diffusion of innovations theory and the transtheoretical model (Annex 2). This informed the qualitative data collection tools and the qualitative analysis to some degree. During the initial qualitative data analysis the theoretical constructs in the framework were put aside to allow the data to speak for themselves (as I detail in the next chapter). New concepts/themes emerged which were not included in my initial literature review and framework; namely around relationship dynamics and change processes. Therefore, concepts from the wider relationship education, psychology and family process literature noted earlier were engaged during analysis to unpack the processes observed in the couple data. As this literature was central to my analysis and findings, I have included it in the literature review here and return to it in greater detail in the results chapters. Diffusion of innovations theory informed the design of the survey questions and guided the analyses.

2.5 Gaps addressed by this thesis

As this chapter has highlighted there are a number of key gaps in the partner violence literature:

- There is very little research on partner violence derived from data collected from both members of a couple.
- The process of desistence or cessation from partner violence in couples remains relatively unexamined, particularly within the context of a community level IPV prevention intervention such as SASA!.
- Researchers have begun to examine the role of relationship dynamics and interactions in the aetiology of partner violence, but this (and partner violence research in general) has mainly been conducted in high-income contexts. More research is needed in low- and middle-income countries to understand how these factors may play a role in different settings.

This thesis seeks to contribute to these gaps through, 1) collecting and analysing data from both partners in couples exposed to an IPV prevention intervention, 2) conducting dyad data analysis in a low-income setting to understand couples' relationship trajectories and the interaction patterns that contributed to conflict and partner violence, as well as the subsequent change processes that led to improved relationships and cessation of partner

violence, and, 3) examine how broader intervention and social network factors influenced relationship changes.

Specifically, Chapter 5 zooms in to explore relational change among couples exposed to the SASA! intervention and examines the factors that influenced their process of change. The findings cover gender role expectations, relationship trajectories, the processes of change experienced after SASA! exposure and conclude with the facilitators of and barriers to change observed. The discussion introduces specific concepts from theory and findings from the wider evidence base that offer insight and aid understanding.

Chapter 6 then zooms out to focus on intervention and social network factors at the community level. Using mixed methods this chapter examines how SASA! diffused within intervention communities and the factors that influenced or prevented the uptake of new ideas and behaviours around intimate partner relationships and violence. Specifically, the qualitative analysis explores the influence of different communication channel exposures to SASA! on participants' processes of change. The quantitative analysis in turn provides a broader view of intervention exposure and social network communication in intervention communities and examines their relationship with the main outcomes the intervention is designed to impact.

Chapter 7 then steps back to examine the process of collecting individual partner data from both partners for dyad (couple) analysis within the field of IPV research. I present results from an analysis which examined the dyad data to see how the findings would differ if only one partner had been interviewed. This highlights the critical contributions dyadic analysis offered in my couples study towards understanding IPV prevention and cessation, and I conclude with suggestions on future priorities for dyadic research on IPV.

Chapter 3: Study setting & intervention overview

3.1 Study setting

3.1.1 Demographic and health context

The study site is in Kampala, Uganda. Uganda's current population stands at 37.5 million, with a population of 1,954,860 in Kampala (Uganda Bureau of Statistics and ICF International, 2012). The majority of Uganda's economy depends on subsistence farming and light agro-based industries, with coffee the chief earner of foreign currency for the country (Uganda Bureau of Statistics and ICF International, 2012). Civil and military unrest through the 1980s resulted not only in a decline of the economy, but in the devastation of the socio-economic infrastructure in the country. The government put in place various economic policies to reverse this (Uganda Bureau of Statistics and ICF International, 2012). However, despite ambitious economic programmes, the poverty headcount ratio at the national poverty line was 22% in the most recent Demographic and Health Survey (DHS) figures (Uganda Bureau of Statistics and ICF International, 2012).

Nearly 1 million of Kampala's population (1.95 million in total) are thought to be living in informal settlements or slum areas (Dimanin, 2012). The neighbourhoods where the study is taking place are in an economically disadvantaged section of the city and comprised mostly of people who have migrated to Kampala for employment. As such it has a culturally diverse population from the many different tribes across the country. The seat of the

Buganda Kingdom sits in Rubaga Division, thus the main tribe is the Ganda and Luganda is the most common language spoken. Uganda's religious heritage is mainly divided between indigenous religions, Christianity and Islam. About 10% of the population is Muslim and 80% Christian (mainly Catholics, followed by Protestants and Born Again Christians) (Kokole, 2013). However, despite being a relatively mobile population, in many parts, local leadership is strong and responsive to community concerns. In terms of education, primary school attendance and participation is 81.3% for males and 81.1% for females; however, this drops to 16.2% and 18.7% respectively at the secondary level (UNICEF, 2013). While the rates are somewhat low for the region, they reflect continued gender equality in primary and secondary school enrolment that was first achieved in 2010 (World Bank, 2014a).

Communicable diseases such as malaria, HIV and tuberculosis constitute over half of the cases of illness and mortality reported in the country (Uganda Bureau of Statistics, 2010). While Uganda was hailed as a success story in achieving reductions in HIV incidence, a recent increase in incidence has been reported (Biraro et al., 2009, Shafer et al., 2008). In Kampala HIV prevalence is high and women are disproportionally affected with 9.5% of women and 4.1% of men aged 15-49 estimated to be HIV positive (Uganda Ministry of Health and ICF International, 2012).

The levels of IPV in Uganda are high, with the 2011 DHS finding 45% of ever-married women aged 15-49 reported having experienced physical and/or sexual violence by their current or most recent intimate partner at some point in their lives (Uganda Bureau of Statistics and ICF International, 2012) and 27% experienced past-year physical violence. In the study communities at baseline, 27% of women reported having experienced past year physical and/or sexual violence by an intimate partner (Abramsky et al., 2010). Major reasons for physical violence according to women interviewed for the 2011 DHS are 'neglected children' (48%), 'going out without telling the partner' (41%), 'arguing with the partner' (31%), 'refusing to have sex with the partner' (24%) or burnt food (15%) (Kwagala et al., 2013).

3.1.2 Socio-cultural context

Norms and expectations around gender and relationships in Uganda have been shaped by the combined influence of existing tribal customs and British colonial authorities and Christian missionaries over the last century (Kyomuhendo and McIntosh, 2006). British

colonialism and the political struggles after independence contributed to the vast socioeconomic changes and urbanisation noted earlier, as well as the introduction of Christian and 'Western' value systems. Kyomuhendo and McIntosh (2006) found these influences resulted in the emergence of what they term a 'model of Domestic Virtue' in the early twentieth century which outlined women's role in public and private spheres. This was a set of expectations which define what a 'good woman' is in Ugandan society and was derived from a combination of tribal, British and Christian values. In this model women are valued for their role in the home as mothers and wives, growing and preparing food and looking after the home. They are able to weigh in on decisions, but not make them in the home or in public life and must always defer to male authority. They can use resources, but are not allowed to own resources including property, and cannot work to earn their own income or leave the domestic sphere. Wyrod's (2008) examination of local conceptions of masculinity and women's rights found for men the masculine ideal has consistently been that of provider. This role formed the foundation for men's authority over their wives and children. As such, financial decisions and property ownership were under their control.

Considerable political, cultural and economic changes over the last 100 years in Uganda meant men often could not provide sufficiently, forcing many women to take on part or all of the provider role in order to survive (Kyomuhendo and McIntosh, 2006). While actual roles shifted, gender norms and expectations remained intact. A 'good woman' could work, but only in specific industries close to home--and all the while must continue to attend to domestic responsibilities and defer to male authority (Kyomuhendo and McIntosh, 2006). As poverty pushed women into the work force, it destabilised men's role as provider and subsequently their authority in the household (Wyrod, 2008). Kyomuhendo and McIntosh (2006) argue the model of Domestic Virtue for women remains largely intact in modern times, resulting in hostility between genders as well as domestic violence. Thus, even though men are often not able to live up to their role as provider and women work, traditional gender norms prevail in Uganda, with men's power over women a key element of family life (Wyrod, 2008).

In Kigandan culture relationships and marriage are heavily influenced by the tradition of *ssengas* or paternal aunts providing education and guidance around marriage and relationships (Nyanzi et al., 2005). Ssengas prepare girls for marriage, teaching them about the expectations and responsibilities of their role as a wife. Typically this includes instruction on sex; how to defer to their husband's authority over sexual and household

decisions; and, techniques to maintain marriages through avoiding marital conflict by 'keeping quiet' and suppressing disagreement or anger and enduring hardships and infidelity in order to ‘keep’ their husbands and ensure the children are looked after (Nyanzi et al., 2005). While ssengas remain an important reference point on expected behaviour in relationships (Nyanzi et al., 2005), the role of traditional ssengas has declined due to migration from rural to urban areas (Sekirime et al., 2001). To fill this gap a new phenomenon of 'commercial ssengas' has emerged in Kampala,

> whereby women avail themselves for hire by young women or their parents to perform the traditional roles of Ssenga. In addition, the print, electronic and broadcast media have adopted Ssenga columns and call-in programmes. Ssenga booklets are also readily available for sale on the streets of Kampala. The institution is thus being transformed by “modernisation” and urbanisation, as well as capitalist economic practices within the liberalised market economy of Uganda. (Tamale, 2006, p.9-10)

Tamale (2006) contends these shifts in the ssenga institution have opened up a space for more 'liberal' and 'modern' ssengas who, "encourage women to use sex to undermine patriarchal power from behind a façade of subservience." (p.24). Such ssengas also incorporate teaching around women's sexual pleasure (and not just men's) and support women to leave abusive relationships, instead of instructing them that a woman's role is to endure. In addition, Tamale found men were also eager to benefit financially from the market identified by commercial ssengas and male sssengas—referred to as ‘kojjas’—have recently emerged.

Among the Baganda marriage can be a formal or informal religious, customary or civic arrangement (Agol et al., 2014). Civic ceremonies are held in government registry offices and religious ceremonies performed in churches or mosques. Customary marriages are traditionally legitimized through a parental consent process and introduction (Mukiza-Gapere and Ntozi, 1995). Partners are identified by parents/relatives and a brideprice is negotiated. After this is paid to the woman's family she goes to live with the husband's family.

While 'official' marriage or 'introduction' remain the ideal for many (Kaye et al., 2007, Mukiza-Gapere and Ntozi, 1995), the realities and expectations around marriage have changed in the last 50 years due to socio-economic development monetisation, formal education and urbanisation (Parikh, 2007, Mukiza-Gapere and Ntozi, 1995). The tradition of bridewealth in customary marriage is changing as are perceptions of it. Research conducted

with men and women in the district surrounding Kampala found that bridewealth was perceived to limit woman's decisions within relationships and therefore was linked to age differentials between partners and partner violence (Kaye et al., 2007). This was particularly the case when people felt that paying a bride price meant a man 'bought' a woman and therefore had control over her, including sexual decision making. Brideprice was also perceived to influence women's ability to make decisions about their health and contraception, and contribute to unwanted pregnancy and low contraception use. Women's lack of economic empowerment within relationships was also perceived to play a role. Another study looking at women's empowerment and decision making power in relationships found while women's access to paid work did allow them more control over household financial decisions, it did not always impact their ability to influence sexual decision making (Nyanzi et al., 2005).

The tradition of bridewealth is also changing as a result of poverty: men's parents frequently are not able to provide their sons with bridewealth as was tradition and men do not have the means to do so themselves (Wallman and Bantebya-Kyomuhendo, 1996, Higgins et al., 2014, Mukiza-Gapere and Ntozi, 1995). This may explain noted shifts in the age of first sex and marriage among men and women. Comparative analysis of DHS and cohort study data indicates women in Uganda tend to marry soon after becoming sexually active while men typically remain single for several years before marrying (Marston et al., 2009). Men delay marriage because of lack of bridewealth, while women are encouraged to marry as soon as possible to ensure economic security (Parikh, 2007).

How people define marriage appears to have shifted in response to these changing realities, with marriage becoming indistinguishable from cohabitation (Marston et al., 2009, Wallman and Bantebya-Kyomuhendo, 1996). Ethnographic research in Kampala (Wallman and Bantebya-Kyomuhendo, 1996) and other parts of Uganda (Agol et al., 2014) found partners were referred to as 'husbands' and 'wives' even when the union was not formalised (Wallman and Bantebya-Kyomuhendo, 1996). Being married is now characterised not by a formal ceremony, but by cohabitation and other factors such as having children, joint investments, commitment to each other (Agol et al., 2014) and the man providing food, housing and school fees (Wallman and Bantebya-Kyomuhendo, 1996).

Competing messages from mass media, schools, and religious institutions have also influenced current social norms around relationships and marriage (Nyanzi et al., 2005, Parikh, 2007). As a result of HIV prevention efforts and evangelical movements, popular

culture in Uganda is now laden with messages around trust, love, concurrent partner reduction and monogamy (Parikh, 2007). Research on HIV and marital risk found such messaging around HIV, extramarital sex and morality may have increased stigma around extramarital relationships and inadvertently encouraged more secrecy and denial, putting married women at increased risk (Parikh, 2007).

Intimate partner violence in Uganda is closely linked to the changing gender roles and expectations around relationships and marriage noted above, as well as alcohol use, multiple sexual partners and other norms linked to hegemonic masculinity (Karamagi et al., 2006b, Koenig et al., 2003a). In settings of economic hardship with high rates of unemployment and lack of access to income, men's role as a provider for the family is under threat and some suggest partner violence may be a response of men to maintain control over women (Silberschmidt, 2011). Research in Kampala indicates that people have responded to shifts in gender rights and roles within relationships by trying to accommodate some aspects of women's rights while upholding certain hegemonic notions of masculinity, particularly around male authority (Wyrod, 2008). For example, aspects of increased gender equity (e.g. women's participation in the workforce) have had little impact on male authority within the home. Another study in rural Rakai investigating perceptions of gender equality, found widespread disagreement among men and men around the meanings of gender equality and participants reported difficulties integrating the concepts of gender equality into their interpersonal relationships (Mullinax, et al., 2013). Furthermore, they perceived that equality, with the resulting shift in gender norms, could expose women to adverse consequences such as violence, infidelity and increased sexual health risks, as well as potential adverse effects on education.

Thus, my study takes place in a dynamic context, with ongoing shifts in a range of factors which influence partner violence including gender roles, conceptions of marriage, poverty and unemployment. In addition, there are influences at play which may impact changes in relationships and partner violence in the study context. This includes the role of ssengas and media messaging and programming from HIV prevention campaigns, religious groups and other partner violence initiatives. While there have been other mass media campaigns and individual, session based interventions on partner violence in Kampala, SASA! is the first community mobilization IPV prevention intervention which operates at the community level via local community activists while also engaging ssengas, local leaders, police and healthcare workers.

3.2 SASA! intervention

The SASA! Activist Kit for Preventing Violence against Women and HIV (Michau, 2008) is a community mobilisation intervention that seeks to change community attitudes, norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women. SASA! was designed by Raising Voices and was piloted in Kampala by the Center for Domestic Violence Prevention (CEDOVIP) and has now been adapted and used in other countries in East Africa, and in Mongolia and Haiti.

SASA! was designed using the ecological model of violence (Heise, 1998) and, therefore, systematically involves a broad range of stakeholders within the community including community activists, local governmental and cultural leaders, professionals such as police officers and health care providers, and institutional leaders. The central focus of the intervention is to promote a critical analysis and discussion of power and power inequalities - not only of the ways in which men and women may misuse power and the consequences of this for their intimate relationships and communities, but also on how people can use their power positively to affect and sustain change at an individual and community level.

SASA!, which means 'now' in Kiswahili, is also an acronym for the phases of the approach: Start, Awareness, Support, Action which structure and systematize the community mobilisation efforts (Figure 6).

Figure 6: Four phases of the SASA! approach

In the Start phase, Community Activists (CAs) (regular women and men in the community) interested in issues of violence, power and rights are selected and trained, along with staff from selected institutions (i.e. police, health care, etc.). CAs were identified in conjunction with local council leaders in their community using the following criteria:

- Respected in the community
- Friendly and positive in approach
- Enthusiastic about creating change
- Commitment to promoting balanced power between women and men
- Passionate about preventing violence and HIV
- Working to join their power with others' to create a supportive environment
- Well-known to other community members
- Articulate and creative

Efforts are also made to ensure CAs represent the diversity of their communities (e.g. ethnic and religious backgrounds, socio-economic levels, interests and skills, life experiences).

The CAs and staff from selected institutions then work through the Awareness, Support and Action phases of SASA!, introducing new concepts of power and encouraging an analysis of

the imbalance of power through four strategies: Local Activism, Media and Advocacy, Communication Materials, and Training. The CAs conduct informal activities within their own social networks, fostering involvement and activism among their families, friends, neighbours and colleagues. The specifics of intervention activities are not rigidly proscribed but rather develop and evolve in direct response to community priorities, needs and characteristics. Each phase builds on the other, with an increasing number of individuals and groups involved, strengthening a critical mass committed and able to create social norm change. Due to the requirements of the RCT design, the media and advocacy activities which form part of the SASA! approach were restricted to local media channels (e.g. posters displayed in community spaces) in an attempt to avoid exposing control communities to SASA! materials and ideas.

What sets SASA! apart is it uniquely: 1) intervenes at multiple levels, 2) utilises a community mobilisation approach, and 3) engages both men and women to 4) change the underlying attitudes and norms. Globally, no other intervention combines all these elements. Raising Voices designed SASA! based on learning from years of trial and error working with communities on violence prevention in East Africa. After developing and implementing a resource guide they returned to the drawing board to improve it. As part of this process the authors drew from extensive consultation with a range of practitioners and theoretical and practical literature on violence against women, social change and behaviour change. Theories of community mobilisation, diffusion and stages-of-change informed the design. This culminated in a positive and inspired approach to preventing violence against women and HIV. A look inside the toolkit (Michau, 2008) illustrates this:

> SASA! is a box bursting with ideas—ideas for sparking new energy and activism in your violence or HIV prevention work, ideas for creating a new comprehensive approach to addressing the connection between violence and HIV/AIDS in your community. SASA! is not business as usual. It moves beyond program implementation toward fostering social movements for change. It is meant to stir things up, to make us a bit uncomfortable—because only when we feel some unease will we consider how things could be different.

The unique energy of the SASA! approach is evident in the materials and an exert from the SASA! toolkit is provided in Annex 1. In addition, a short video can be viewed at: https://www.youtube.com/watch?v=CNzwJ9QvVfs

Chapter 4: Methodology

4.1 Introduction

In this chapter I provide an overview of my research process detailing not only my study design and methods, but also the underlying factors involved and my reflexive process along the way. My intention in doing so is to make visible my role in shaping the research, recognising that a researcher's values (and thus mine) are inherent in all aspects of the research process (Hammersley, 1992). I begin by discussing the personal and practical factors underpinning my choice of study aims and design. I describe the SASA! Study that my research is embedded in, noting my role in different aspects of the follow-up survey. I then describe my study design, situating it within the literature on mixed methods research, and outline my epistemological stance. From there I provide a detailed overview of the qualitative and quantitative methods used in this PhD and then discuss how they were integrated in the study. I conclude with a summary of my ethics procedures which I touch on throughout the chapter.

4.2 Research choices and position

My study aims and design choices were shaped by a range of personal and situational factors. In being thoughtful and explicit about this I aim to enhance the trustworthiness and integrity of the findings (Ritchie et al., 2003). This also reflects my 'subtle-realist' approach to knowledge, which acknowledges that a researcher's values and experiences influence the research process and cannot be separated out (Hammersley, 1992). To start, my professional experience strongly influenced all stages of the research including my topic, the intervention methodology I chose to examine (i.e. SASA!) and the study setting. Prior to starting my PhD, I worked in East Africa and Asia in different capacities on issues related to the intersection of gender, HIV and GBV, mainly from a policy and programming perspective. Initially my work focused on approaches targeting women, then, as a result of that experience—including requests from the women I worked with—I widened my lens to focus on engaging men and boys on these topics, before eventually developing a conviction that the most effective approach is to engage both men and women either together or separately but simultaneously. Thus, I started my PhD with the desire to generate a stronger evidence base on mixed gender or gender relational approaches to support what I'd observed in my practical experience in the field. I was interested in the SASA! methodology as, based on my experience, I felt it was the best design and approach

compared with the other mixed gender GBV and HIV prevention methodologies. During this period LSHTM was conducting the multi-disciplinary SASA! Study in Kampala, Uganda. I considered approaching the SASA! team about potentially aligning my PhD research within the larger study. Fortunately, they needed assistance with refining the survey instruments and asked if I'd be interested in working on the RCT follow-up survey. My interest in exploring processes of relational change and diffusion were of interest to the SASA! team and fit well with their broader research objectives.

Thus, it is within the context of these personal and situational factors that I came to work on the follow-up survey and negotiated to embed my PhD research within the larger SASA! Study. This, in turn, helped shape my final research aims and objectives:

Aim: To inform the design of intimate partner violence prevention programming by exploring the processes of change in couples exposed to a prevention intervention and examining the way the intervention diffused to influence this.

Objective 1: Explore couples' processes of change in the context of the SASA! IPV prevention intervention.

Objective 2: Examine the role of different communication channels in diffusing SASA! and influencing change processes among couples.

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The SASA! Study included a cluster randomized control trial, qualitative studies, process evaluation and a costing study. The trial assessed the community-level effect of the SASA! intervention on the social acceptance of gender inequalities and IPV, the prevalence of IPV, community responses to IPV, and the prevalence of sexual risk behaviours (Abramsky et al., 2014). Baseline data was collected in 2008 and the follow-up survey was conducted in 2012 following 2.8 years of SASA! programming.[1] I joined the study in September 2011. First, my work entailed developing the follow-up survey questionnaire. This involved redesigning some items used in the baseline instrument, developing and testing new questions (including a set for my PhD research) and coordinating translation and piloting of the instrument. Second, I coordinated aspects of the survey implementation and data entry

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[1] Programming was stopped at times during the four years between baseline and follow-up due to political disruptions and elections, thus there was only 2.8 years of SASA! programming.

process. My PhD research was embedded within this process. My quantitative component comprised the analysis of the RCT follow-up survey data, using data on intervention exposure and outcomes and a set of specific diffusion questions I added to the instrument. The qualitative component comprised my own data, collected following the completion of the follow-up survey. Both are detailed in the methods overviews later in the chapter.

I was based in the Raising Voices/CEDOVIP (implementing organisations) offices in Kampala while working on the follow-up survey and during my qualitative data collection. They provided essential support and feedback during the design of the study and helped shape the quantitative and qualitative tools. This ensured the language and content were appropriate for the context, which greatly enhanced the quality and validity of the tools and subsequent data collected.

While I believe my close relationship with the implementation staff enhanced the quality of my research, it—along with my pre-existing regard for the SASA! methodology—undoubtedly introduced personal and intellectual biases, potentially influencing my objectivity during the research process. As I will demonstrate throughout the chapter, I took steps to mitigate this throughout the research process, applying a critical eye to the questions posed in the quantitative and qualitative tools and to the way I analysed and interpreted the data. For example, in my quantitative item, "Has anything changed in your relationship with your partner since you became involved in SASA!?" (yes/no), "Did the changes include...", I originally only added positive options (e.g. better communication). Upon reflection I added an additional option asking if the changes included, "more violence in the relationship." In the qualitative analysis I took care to analyse the data to discern not only how SASA! worked, but also how it did not. In addition, when reporting findings I explicitly mention deviant cases and detail the critical barriers to change observed in the data and aspects of the intervention (Mason, 2006).

4.3 Study design process and epistemology

Along with my research questions, the starting point for my study design development was my personal objectives or goals for my PhD. My first objective was to develop my skills to conduct rigorous applied qualitative health research and also gain sufficient competency in quantitative research in order to collaborate with quantitative researchers on mixed methods research. My second objective, broadly, was to contribute to the knowledge base

on mixed gender approaches to GBV prevention. Together these objectives shaped many of the decisions related to my study design and specific methods.

Given my first objective, I was intent on doing a mixed methods PhD from the start. From my professional experience, I had come to regard mixed methods research as the most effective means of impacting programming and policy. My review of the literature also supported what I'd observed practically: the importance of conducting substantive research using mixed methods is widely documented (Mason, 2006, Sayer, 1992, Pawson and Tilley, 1997, Creswell, 2003). The combination can produce supplemental information, added rigor, and increased depth (Creswell, 2003). This has been found to be particularly important when researching multi-faceted phenomena such as IPV, especially within the context of complex behaviour change interventions (Testa et al., 2011, Mechanic and Pole, 2013).

While my work prior to the PhD had reinforced the importance of mixed methods, my research experience still derived more from a monitoring and evaluation and policy-driven perspective than an academic one. This coloured the initial design of my study, but shifted over the course of the research process as I gained a more developed understanding of the nuances of more rigorous academic mixed methods research. I came to see the use of qualitative and quantitative methods, either simultaneously or sequentially, comes with its own complications and difficulties. Quantitative research often implies a positivist view: the objects and phenomena of study exist independently of the researchers, effective theories arise from a priori hypothesises, data can be measured in objective units, and these attributes can be combined to form an accurate, true model (Creswell, 2003). Qualitative research, however, tends to imply a more subjective philosophical stance; the objects and phenomena of study interact with the researchers, effective theories are often inductively derived, and many data points or perspectives are inevitably expressed in more contextualized units (Mason, 2006). Critics of mixed methods research argue that qualitative and quantitative methods approach knowledge in fundamentally different ways rendering the two methods philosophically incompatible (Ritchie et al., 2003).

Delving deeper into this challenge, I began to consider my approach to epistemology, the branch of philosophy concerned with the theory of knowledge or our 'ways of knowing' and the validity of this knowledge (Green and Thorogood, 2009, Ritchie et al., 2003). Through defining our epistemological approach as researchers we clarify our stance on how our research produces knowledge and defines 'truth.' Broadly, realism best defines my

approach to knowledge and reconciles the critiques of mixed methods noted above. Perched between relativism and positivism; it acknowledges an objective external reality exists alongside the researcher's personal influence on the research process and interpretation (Sayer, 1992). Given my study is on a complex intervention, the realist perspective is also particularly relevant as it is centred around examining the underlying mechanisms that trigger social phenomena (Roberts and Sanders, 2005). More specifically, I apply a 'subtle realist' approach in this thesis (Hammersley, 1992). Subtle realism implies that the world does exist beyond the subjective understanding of individuals, but we can only access this reality through their representations of their experiences of it. While this yields a range of perspectives, subtle realism contends this does not mean there is not an external reality; rather this external reality is indeed multidimensional, comprised of different perspectives. As such, the primary aim is to capture the most comprehensive picture of multifaceted realities, instead of one 'truth' (Hammersley, 1992). Thus, as Mays and Pope argue, "[f]rom this position it is possible to assess the different perspectives offered by different research processes against each other and against criteria of quality common to both qualitative and quantitative research, particularly those of validity and relevance." (Mays and Pope, 2000 p.51).

Mays and Pope's comment also touches on the issue of assessing quality and validity when using mixed methods. Given their different epistemological and ontological groundings, each paradigm approaches reliability and validity in different ways. As May and Pope and others have suggested, in this study I consider and discuss issues of quality using the concepts of validity and reliability which are common to both methods, applying them as relevant to each (Ritchie et al., 2003, Mays and Pope, 2000). I use the term validity as it is broadly defined: that which concerns "the integrity of the conclusions that are generated from a piece of research." (Bryman, 2008 p.32). In the qualitative component, validity refers to the 'precision' or 'correctness' of what the research claims to have observed or 'measured' (Mason, 2006, Ritchie et al., 2003). In the quantitative component, validity refers to whether the indicators used to gauge concepts do so accurately. Reliability generally refers to whether the results are replicable if the study were done again using the same methods (Bryman, 2008). In the quantitative component, I refer to this in regards to the consistency of the measurement of a concept. Whether it is stable and, in the case of scales, whether each indicator within it is consistent (Bryman, 2008). However, many argue the concept of replication conflicts with the principles of qualitative research (Ritchie et al., 2003). Instead terms such as 'consistency' and 'trustworthiness' have been used when

discussing reliability (Ritchie et al., 2003). Throughout this chapter I will highlight the ways I sought to ensure quality throughout the research process and utilise the concepts of reliability and validity as defined above.

Mixed methods studies can be designed in a variety of ways; in some equal weight is given to each method while in others one method takes 'priority' (Creswell, 2003). I opted for a mixed methods study design that is 'qualitatively driven,' with the main weight or emphasis on the qualitative component, while the quantitative component plays a smaller, complementary role (Mason, 2006). Complementarity was achieved through answering related questions using the type of data most suited to each question (Creswell, 2003). Qualitative methods are argued to generate 'better' data on behaviour (Green and Thorogood, 2009) and suited to the questions of 'how' and 'why,' in relation to change and social processes. Thus, I utilised qualitative methods to understand, 1) the processes of change experienced by couples within the context of the intervention, and, 2) how aspects of the intervention and diffusion in the wider community influenced their change process. I used quantitative methods to look at wider patterns and trends related to: 1) how communities were engaging with the intervention; 2) perceived relationship change due to the intervention; and, 3) relationships between different intervention exposures and social network communication about the intervention and the outcomes the intervention aims to impact. Thus, the mixed methods design used in this study is both exploratory (e.g. examining processes of change among couples within the context of the intervention and community) and confirmatory (e.g. testing hypotheses of associations between different exposures and outcomes to identify wider patterns in a more representative sample). In the next sections I detail the specific methods I used in the qualitative and quantitative components and then conclude with how I integrated the two in my overall study design and analysis process.

4.4 Qualitative methods overview:

In this section I provide an overview of the qualitative component and methods used. I begin with the aims of the qualitative analysis and discuss the choice of semi-structured interviews with couples for data collection. Next I describe the development of the data collection tools and interview procedures and sampling. I then conclude with an overview of the data analysis methods and process.

Given the focus on processes of change, qualitative methods were employed to study the relationship trajectories of couples in which one or both partners had been exposed to SASA!. The aim of my qualitative component was to examine individual and relational level change through the experiences of couples exposed to the intervention, and, in doing so, also shed light on the broader processes outside the relationship (i.e. aspects of the intervention and social networks) that are influencing the changes experienced within couples' relationships. Theory was used during different stages of the research process. It was first used to develop the initial conceptual framework noted in Chapter 2 and also to inform the tool design. It was then put aside to allow the data to 'speak for itself' and later returned to during the analysis process to help understand and explain the findings that emerged (Green and Thorogood, 2009).

4.4.1 Semi-structured interviews

Semi-structured interviews are particularly useful for capturing individual's lived experiences of phenomena and change processes, making them well suited to my research aims (Green and Thorogood, 2009). They allow the researcher to ask multiple participants similar questions on a range of specific themes. Unlike quantitative interviews, it is a more inductive approach with open-ended questions allowing participants to respond as they wish (Britten, 1995). It also permits the researcher to probe and follow interesting threads that may emerge during the interview, resulting in richer data (Mason, 2006).

Semi-structured interviews were conducted with each member of the couple to obtain a more comprehensive picture of the relationship from both perspectives. This practice is surprisingly uncommon in research exploring relational change across IPV, relationship education and couples research. This has been noted as a weakness in the literature (Wadsworth and Markman, 2012, Benjamin and Sullivan, 1999, Murphy-Graham, 2010, Fincham and Beach, 2010, Davis et al., 2012). As Huinink et al. note, "Each partner's attitudes and behaviours are context for the other's decisions and vice versa ("linked

lives”). In order to shed light on how partners affect each other...coupled life courses must be analyzed with appropriate dyadic data...” (2010, p.7). In the case of IPV research, often only one partner is interviewed to ensure participant’s safety when there may be ongoing IPV (Watts et al., 1999). Precautions were therefore taken to only sample couples that had not reported IPV in the last 12 months.

There are various modes of couple or dyad data collection represented in the literature, each offering different advantages and disadvantages (Taylor and de Vocht, 2011, Eisikovits and Koren, 2010, Hertz, 1995). First, there are joint interviews with both partners which offer the advantage of observing the interaction between couples and how they construct a joint narrative. This can provide insight into the nature of the relationship, such as how the couple communicates and interacts (i.e. how one dominates while the other recedes). Joint interviews may encourage partners to be more honest since their partner is present. Taylor and de Vocht (2011) argue joint interviews can enhance disclosure as one partner may prompt the other to reveal something they forgot or omitted . The disadvantage is it may also prevent partners from sharing their own views and perceptions of the relationship out of fear of upsetting their partner.

Second, there are separate interviews with each partner either at different times or simultaneously by two interviewers in separate spaces. The advantages include allowing each partner the privacy to tell their own narrative and individual perspective of the relationship. They may say things they would not in front of their partner as the risk of emotional discord is removed (Mellor et al., 2013). This includes—as Hertz (1995) found—the secrets they keep, the motivations behind their behaviour towards their partner and, importantly, how they experience their partner’s behaviour. Simultaneous interviews also offer the advantage of ensuring partners do not discuss topics between interviews and influence their partner’s response. Having both perspectives offers richer data on the relationship, but also brings the challenge of making sense of different accounts.

Finally, there is the option of conducting both joint and individual interviews with couples. This allows for the advantages both modes offer, but is also resource intensive given the challenges surrounding the collection and analysis of two individual and one joint interview per couple. Given these constraints I contend separate simultaneous interviews are the preferable mode and used this for the couples study. However, in doing so I lost the benefits of joint interviews which allow partners to prompt each other aiding disclosure and recall as noted above. To address this I developed a timeline tool for use during the interviews (Annex 4) as detailed in the next section.

4.4.2 Development of data collection tools

The interview guide development was an iterative process that took place throughout my upgrading process, consultations with local implementation staff, interviewer training and the data collection process (Annex 3). I initially designed the guide based loosely on my theoretical framework as well as my interest in mixed gender approaches (e.g. asking participants their views on how SASA! involves both men and women and their experience of this). During my upgrading process with my examiners and advisory committee, it was suggested by some that I be more explicit in how I would operationalise the theoretical constructs in the qualitative tool. Others felt I needed to take a more inductive approach to the topic guide, with less targeted questions. Initially, these suggestions seemed incongruent to me. To address the first concern I outlined the main constructs from my theoretical framework and the questions from the topic guide that could generate data on each construct (Annex 2). Then, during the data collection process, I began to understand why some view targeted questions as a departure from the more inductive approach central to qualitative research (Silverman, 1998, Green and Thorogood, 2009). Given this, I decided to put my research interests and theoretical constructs aside during my initial analysis (as I noted earlier). I open-coded the interviews first to see what 'emerged' from the data, and thereafter, built my coding framework from these open-codes. Given my subtle realist stance, I do however acknowledge it was impossible to completely remove my interests and assumptions from influencing what I 'see' in the data. In addition, I now see the suggestions during my upgrading that appeared incongruent to me reflect the different tensions within qualitative research, particularly between more applied public health versus anthropological approaches. Reflecting upon and negotiating these tensions is an important part of the research process and ultimately strengthens the quality of the data (Mason, 2006).

The interview guide was further developed and translated from English to Luganda in consultation with staff from Raising Voices and CEDOVIP and piloted and finalized with the research team during training. The guide (Annex 3) covered:

- Characteristics of the couple's relationship and their view on their role as a man/women in a relationship before and after SASA! exposure.
- Details and timeline of the couple's experience with SASA! (both from direct exposure and through discussions about SASA! with different members of their social network).
- How the couple's process of change unfolded in relation to their interaction with SASA! and the sequence of these events.

The topic guide starts with general questions about participant's relationship and any changes they have observed so as not to introduce bias by first mentioning SASA!. This allowed participants to speak freely about any changes they had noticed and mention SASA! of their own accord as well as attribute any changes in their relationship to it (or not). Then, later in the guide, there are more specific questions and probes about SASA! and how it's impacted their relationship.

Given that recalling relationship events and changes over many years can be challenging, I sought to find ways to assist participants with this during the interview. My review of the literature revealed studies applying the transtheoretical (stages of change) model (Prochaska and DiClemente, 1984) to womens' processes of change in leaving abusive partners have often failed to take recall issues into account. Chang et al found:

> In each of these studies...there was no specific examination of the order in which the women progressed through the stages of change over time. Additional information regarding the chronological sequence of these stages would provide greater insight... (2006 p.336)

To address this, Chang et al used a change mapping technique in their study *after* the interviews to reconstruct the stories women told in chronological order across the stages of change. However, they still found the technique had limitations as it was difficult to reconstruct the sequence of events from transcripts. Given this, and the importance of the sequence of events to my research aims, I decided to develop a timeline tool for use *during* the interviews (Annex 4). My intention was to help participants recall when different life and relationship events happened (including the timing of their exposure to SASA!) and also make the interview more participatory. Thus, at the start of the interviews participants were told:

> Today I would like to ask you some questions about your life, relationships and things that have happened in the last four years since mid 2008. Sometimes it can be hard to remember when everything happened exactly, especially stuff that happened a couple years back! If you don't mind I would like to make a little time line drawing together and as we talk we can mark down when different things happened. When we are finished it will look a little like this (SHOW SAMPLE TIME LINE MAP AND POINT OUT DIFFERENT ELEMENTS OF IT). Do you mind doing this with me during the interview? [IF NO, SKIP TO NEXT SECTION]
>
> 1. To start I would like to ask you if you can remember any key events in the last 4-5 years, such as when you had a baby, when you

shifted houses, maybe a death in the family or other major things that happened in your life?

2. Do you remember around what month and year this happened? [MARK EVENTS ON TIMELINE IN INDIVIDUAL'S LAYER]

3. When did you move to this community? *MARK ON TIMELINE*

Thanks, now as we talk we can stop and add different things to the time line as we talk.

The idea was that once participants had marked down events for which they were fairly certain of the dates (e.g. birth of a child), then these could serve as markers in time and be used to jog their memory at points during the interview when they couldn't remember when something happened. In these instances the interviewer could ask for example, "Was it before or after your second child was born... Ok, then did it happen after your husband lost his job or before," and so forth until they narrowed down the date to a more specific period. The tool proved popular with participants and interviewers found not only did it help with recall, it also facilitated the conversation. While filling out the map with key events, participants often started talking about their lives and relationships and touched on many of the topics in the guide. This gave the interviewer a sense of their lives and helped them to probe more effectively as the interview proceeded. In the end, this was perhaps the most valuable aspect of the tool.

4.4.3 Interview procedures & sampling

Interview procedures and the role of the interviewer require careful consideration given the multiple factors that may influence the participants' responses and the quality of the data collected (Green and Thorogood, 2009). In some cases, not identifying with an interviewer can have the effect of making the participant uncomfortable and hesitant to speak openly and honestly. In other cases, perceiving the interviewer as an 'outsider' can elicit more openness. For example, if they believe they won't have to see the interviewer again, or that as an 'outsider' the interviewer may not judge them in the way someone from their social and cultural milieu would. Unfortunately, in my study the language barrier meant I was not able to conduct the interviews myself. I thus had the choice to either conduct them through an interpreter or have researchers fluent in Luganda carry out the interviews either while I was present or without me. In consultation with local programme staff I chose to have experienced researchers from the local area conduct the interviews and not to be present myself. My reasoning was two-fold. First, my presence as 'muzungu'

(foreigner) or ‘outsider’ would likely influence participant responses as noted above. Second, given the sensitive nature of the questions having two people present and speaking to each other in another language would likely make the participant uncomfortable and impact the data collected. In addition, since interviews were conducted with partners separately, but at the same time by two interviewers I could not be present for both interviews either way.

The research team was comprised of 2 female and 2 male researchers fluent in written and spoken English and Luganda. They were selected for their bilingualism and also importantly for their biculturalism, meaning they came from the same local area as the participants and could pick up on the nuances and meaning of language and the ‘unsaid’ that is implied in certain expressions (Green and Thorogood, 2009). This was particularly important given their role in the transcription process (detailed later). They also had previous experience working with the larger SASA! Study (two had been working on the study since baseline), had attended those research team trainings and were already familiar with the intervention, communities and specific intimate partner violence research protocols. Prior to the data collection for my study I conducted an additional one-week training with them to review qualitative research techniques and pilot the interview guide and timeline tool. Given the more open nature of semi-structured interviews it was important for them to understand the conceptual underpinnings of the interview guide. Therefore, I reviewed the conceptual framework and the types of things I was attempting to understand in order to facilitate their ability to probe effectively. I then had two researchers role-play in front of the whole group, stopping along the way to discuss how the person playing the ‘interviewer’ had approached questions, probed effectively, spot missed opportunities and to pick up on important threads in responses. For the next couple days they moved back and forth between practicing in pairs (in Luganda) and role playing in front of the group with me (in English). This helped the interviewers to become accustomed to handling the types of responses they may get and learn ways to effectively probe and handle different situations that may arise during interviews. It was also an opportunity for the researchers to get a sense of the types of information I was seeking and the things I wanted them to probe around.

Tool development and data collection and analysis were ongoing, interwoven processes. Data analysis was iterative and began during debrief sessions with the research team after each couple interview. The sessions served many purposes. First, they allowed researchers to

share the challenges they faced and techniques they found helpful during interviews, improving their interviewing skills and the data collected. It also helped me to be aware of and address quality control issues with specific researchers. For example, from the debriefs I could see that one interviewer was struggling and had a Lugandan speaker listen to and translate part of his first interview. As a result we did more training with him to improve his ability to probe, to assist him to become more comfortable with the tool and with establishing rapport with participants. Second, it served as a way for me to gather information about the context of the interviews and any insights the interviewers had gleaned about the couple's relationship. For example, details of the atmosphere between the couple when the researchers arrived at the home for the interviews; how they interacted with each other and what this 'unspoken' language may have indicated about their relationship and the narrative they provided during the interview. Third, given that two interviewers went to the house together and each interviewed a partner separately, the debrief sessions were an opportunity to discuss story conflicts between the accounts and the interviewers impressions of this. For example, there were a couple of times when interviewers engaged in fervent debates, each supporting their participant's account. In other cases, one of the researchers would concede they got the impression their participant was evasive or not telling the whole story. These details were recorded in my couple summaries and aided in the overall analysis of the data, particularly later as I tried to build joint timeline maps. Fourth, the sessions helped identify emerging themes and allowed me to shape and amend the tool to reflect this. Overall, thedebriefs greatly enhanced the quality of the data and helped address potential biases and questions about whether participants actually experienced the changes reported.

The qualitative data collection was carried out following the completion of the RCT follow-up survey and my fieldwork costs were covered by the SASA! Study. Unfortunately, given the longer than expected follow-up survey period, the remaining budget could only cover 20 individual interviews (10 couples). Though I had originally intended to seek a wider, more representative sample of couples' experiences in the context of the intervention (i.e. those who reported change and those who did not), I shifted to focus specifically on couples that reported change. The aim was to understand how those who reported change had changed and how the intervention and community factors influenced this change. I felt this would ensure richer data and greater depth for my analysis given the new sample size. In the end, while I only recruited couples reporting change, each couple's relationship duration, degree of change and engagement with the intervention still varied considerably.

Thus, while my data captured a variety of experiences, this meant my sample was more 'uneven,' potentially impacting the generalizability of my findings. A larger, more even sample which included more couples in shorter relationships as well as couples with no exposure and/or no change would have provided greater insight.

Sampling is perhaps the most important stage at which researchers can build in measures to ensure ethics and safety depending on the study design and context. Participants were purposively sampled from the follow-up survey sample. This was intended to decrease the possibility of sampling couples with ongoing IPV and avoid the potential risks associated with this. In line with the ethics clearance (detailed later), at the end of the follow survey interviews participants were asked to provide consent if they agreed to be contacted again for further questions or interviews. From among those that agreed, I purposively sampled participants who, based on their survey responses, fit all the following criteria:

- In current relationship since 2010 or before
- IPV reported ***before*** the last 12 months, but ***no*** IPV reported in the last 12 months
- Exposure to SASA! (any intensity)
- Perceived positive change in relationship since becoming involved in SASA!

20 individual interviews (10 female, 10 male) were conducted with partners from ten couples (all heterosexual). Efforts were made to sample couples evenly from the different intervention sites. While sampling from the survey allowed me to identify participants fitting the stated criteria, this may have introduced some social desirability bias given the potential association of the researchers with SASA!. Despite this potential bias, sampling from the follow-up survey population allowed me to ensure greater safety of the participants as I detail below. Another limitation presented by the resource constraints was that I was only able to interview partners one time. Conducting single cross-sectional interviews meant there was no opportunity for participants to back track or contradict themselves and I am more likely to get the 'story' they may want us to hear. Having multiple interviews would have increased the reliability of the data.

The nature of IPV research necessitates careful attention to ethics and safety. Conducting interviews with couples with a history of IPV is particularly sensitive, necessitating additional steps to ensure safeguards are in place. Dyadic data collection also entails recruiting and obtaining consent from both partners so further steps are required to reduce the possibility that one partner may coerce the other into doing the interview. For example, to reduce women putting themselves at risk, Mellor et al. (2013) and Bottorff et

al. (2005) chose to contact females first in their dyad studies, allowing them to decide whether to participate before approaching their male partner. My interview procedure was as follows: I provided researchers with the contact information of same-sex participants from the pool of qualified participants; they contacted them by phone asking if they would agree to be interviewed with their partner. If they agreed, the other interviewer then contacted their partner to get their verbal consent to be interviewed. After both partners were contacted and agreed to the interview, the male and female research team went to their home and partners were interviewed simultaneously, but separately, by the same-sex researcher in a private place of their choosing in, or nearby, their home. The WHO protocol for interviewing women on violence against women was observed (Watts et al., 1999) (see Figure 11, p.90). Following the interview all participants were provided with referral information for local support services and a gift of 5,000 UGX (about $2) to thank them for their time. Interviews lasted between 1 ½ - 2 hours on average (this excludes breaks taken when for example participants had to stop and attend to a visitor, children or other domestic issue).

I had initially planned to only sample couples through first contacting female RCT participants and then if they consented, a male researcher would contact their partner to get his consent to be interviewed before arranging the interview with the couple. This proved extremely challenging for a number of reasons. To start, among the 60 cases fitting the sampling criteria only 15 were female participants giving us a very small sampling pool. Among those sampled 2 women declined to be interviewed with their partner, 2 women agreed, but their partner refused, 3 had husbands that were away for work and/or their husbands said they did not have time, 2 couples were no longer together, 1 had moved and the others could not be reached by phone or at their residence. For the most part, women agreed to have their husbands interviewed, but the men were very suspicious of why people wanted to interview them (this was also an issue during the survey). Women's partners had not been interviewed during the RCT as only one gender was sampled per household in each enumeration area (as per WHO protocol) and, as such, did not have previous experience of being interviewed. They were often evasive, for example, arranging interviews and then not being at home or saying they were too busy. Some women reported their partner thought the researchers were trying to contact them about land disputes, debts they owed or as part of a scam. We tried different techniques, such as catching the couple early before the men went to work, or even on Sunday (since arranging appointments on the phone did not work well) and drafting an official invitation that

explains the study for the woman to show her husband if he was not at home. After several weeks of concerted efforts we only managed to get two interviews and had nearly exhausted the female participants in the sample.

I therefore began exploring various alternative options in consultation with the interviewers, local programme staff and the LSHTM team. We decided to try sampling through male RCT participants, but take extra precautions to ensure the safety of women interviewed and confirm they were fully consenting and not feeling coerced or pressured to do so by their partner. At the start of the interviews female researchers also offered women an additional opportunity to opt out of the interview and let them know they would still receive the appreciation gift offered and would not tell their partner they had not done the interview. We still faced challenges in tracking down men: 3 refused, 3 were away and 15 could not be located. However, the female partners of men who agreed to be interviewed were much more open to being interviewed; they had often been around when the follow-up survey was taking place in the community (unlike men were often at work outside the community). Female researchers also reported women appeared very willing and were comfortable being interviewed.

Thus, two couples were recruited through the female and eight through the male sample. During the analysis I reflected on how this may have introduced bias and impacted the types of experiences captured, etc. There were, however, no discernible patterns or variation observed between couples sampled through the women versus the men (i.e. degree of change experienced or patterns of how they were exposed to the intervention).

Conducting separate interviews at the same time with partners on their relationship, can illicit concerns among participants around confidentiality and requires additional measures to minimise this risk (Taylor and de Vocht, 2011). For example, in Mellor et al.'s study all interviews were conducted by the same interviewer and they found participants worried their partner would overhear them during the interview or the researcher would tell their partner what they have shared after. Thus, in the couples study two interviewers went together and interviewed each partner separately in different spaces that ensured privacy and were clearly out of ear shot of the other. At the start of the interview researchers then took care to impress that nothing would be shared with their partner. On occasion during interviews participants asked if their partner was answering the same questions as well, wondering about their responses. In such cases researchers replied they were not certain

which particular questions their colleague was asking. In one case a female participant rang the researcher twice post-interview, asking what her husband had revealed. The researcher continued to impress the principle of confidentiality, explaining just as she could not tell her husband what she had said, his confidentiality also had to be respected.

4.4.4 Translation & transcription of interviews

All interviews were audio recorded and, whenever feasible, researchers transcribed and translated the recordings directly after each interview. Due to time constraints three experienced transcribers were also hired from the local area to assist with the transcription. Thus, in some cases transcribers did the initial transcription of interview recording and the researcher then reviewed and finalized the transcript to ensure it accurately reflected the interview (e.g. the 'context' of the interview, participant's unspoken expressions or disruptions were recorded in the transcript). To increase validity, all recordings were transcribed verbatim and no attempt was made to 'clean up' the text such as affirmations ('mmm'), hesitations ('hmm'), pauses or colloquial uses of terms (Seale and Silverman, 1997). The latter were translated directly and the meaning provided by the researcher in brackets. I reviewed all the transcripts as they were completed and in cases where I did not understand the language or meaning of expressions I would go back to the interviewer to discuss the meaning. In addition, for quality control the initial transcripts were checked for accuracy of language and to ensure researchers and transcribers were correctly transcribing the recordings verbatim and recording the verbal sounds and 'unspoken' context as directed. One interviewer struggled considerably with transcription and after reviewing his initial transcripts we decided to have him focus on conducting interviews only. I then had transcribers redo the transcripts he had done and they continued to do the initial transcription of all of his interviews. Throughout the data collection I continued to have spot checks conducted on the transcripts to ensure quality was maintained. Data was then inputted into NVIVO 10 software for coding and analysis.

4.4.5 Data analysis

The data was mainly analysed using a framework approach which is designed specifically for qualitative practice and policy research geared at generating findings to inform strategy (Smith and Firth, 2011). I chose to use framework analysis as it allows the researcher to systematically organise 'raw' data for each interview under a thematic framework, facilitating cross-sectional analysis of themes without losing site of the individual cases and

language used by participants (Ritchie et al., 2003). The systematic management and processing of data increases transparency and rigor, defending against the criticisms on the murky nature of qualitative evidence.

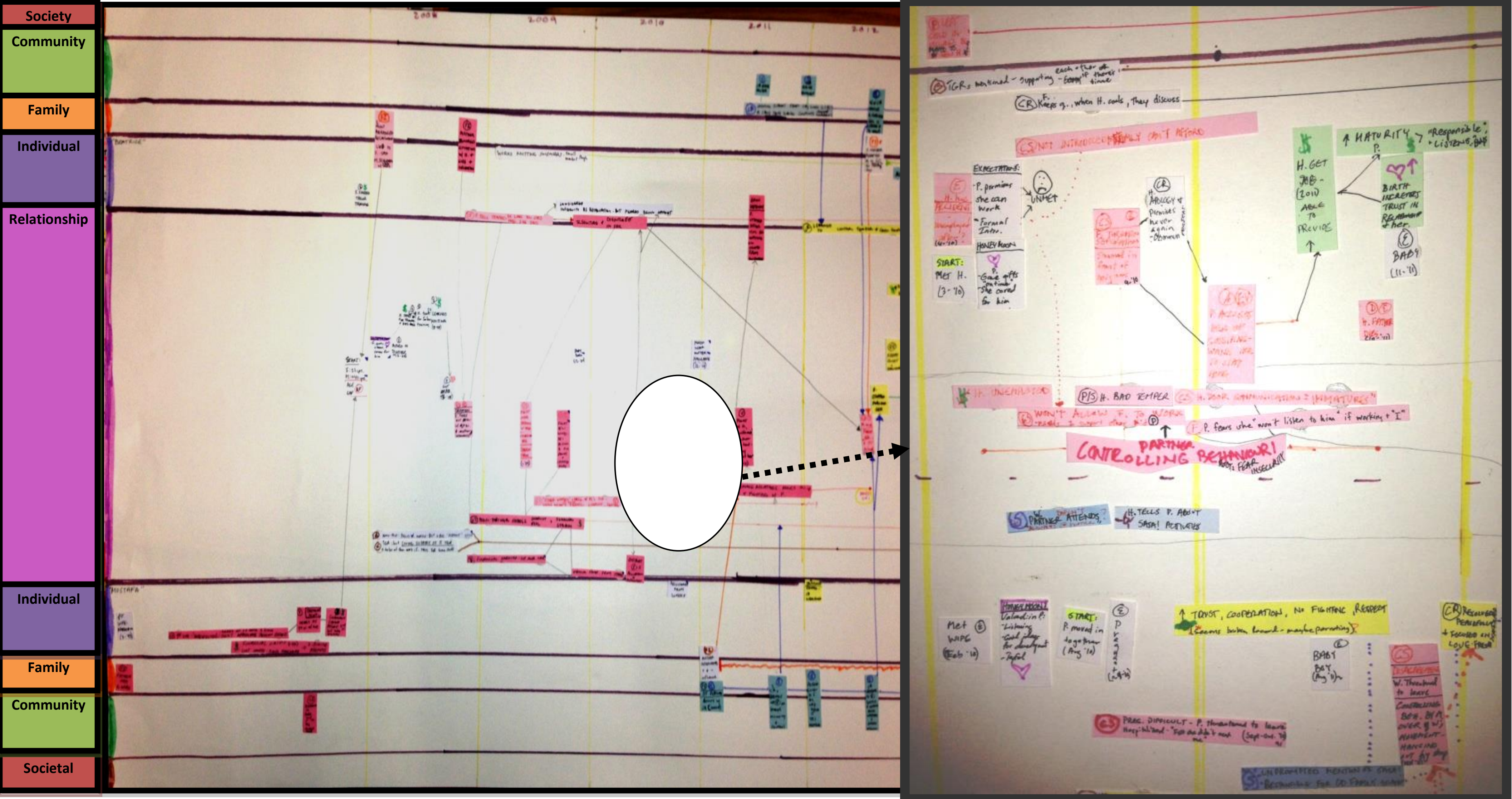
As noted earlier, data analysis was an iterative process that began during the debrief sessions with the research team after each couple interview. I then read paper copies of the final transcripts for familiarisation and open coded them to identify initial themes or concepts that emerged from the data. More abstract themes were identified by observing expressions in the transcripts and asking what they are an example of (Ryan and Bernard, 2003). I then coded it accordingly in the margins. The codes were then compiled on note cards and the most prevalent organised into a thematic framework or index with main themes and sub topics (Annex 6). Throughout this, I also developed memos for each couple which included notes from the debrief sessions (i.e. information about the context of the interview, interviewers' observations of the couple and interview process) and summaries of their relationship characteristics, their individual narratives and any significant story conflicts.

Dyadic examination requires a somewhat different analysis process than when the individual is the unit of analysis. After each interview is analysed separately, the themes from each interview are compared and contrasted. From here, researchers proceed in a variety of ways. For example, by examining overlaps and contrasts which alter existing themes and reveal new subthemes (Eisikovits and Koren, 2010), or comparing the differences in form, content and function of each partner's narrative (Boonzaier, 2008).

Given that my aim was to understand the processes of change in relationships in the context of the intervention, it was important to chart the sequence of events over time that led to changes for each couple. This required the complex task of piecing together both partner's narratives which ranged from very similar to vastly different at times. I constructed a joint timeline map of the sequence of events for each couple from the transcripts and the timeline tool used during the interviews (Figure 7). Each couple's map was divided into multiple layers representing different parts of the social ecology (relational, individual, family, community, society). This was done in order to record where different influences or events they report originated from in the social ecology. The women's account of the sequence of life and relationship events was plotted at the top (into the relevant layer: relationship, individual, family, community or society) and the

man’s at the bottom. After I completed each partner’s map at the top and bottom, I built a joint map at the centre bringing together each account as much as possible, noting ‘story conflicts’ when their versions diverged. This provided a visual map of the couple’s change process and allowed easy referencing of their case during data synthesis.

Figure 7: Example of couple's timeline map



Each partner's transcript was then coded or indexed using Nvivo10. Thematic framework matrices were generated in Nvivo and contained all data coded under each theme and sub topic organised by case. I exported the matrices to excel spreadsheets and the coded text for each case was summarized and reduced manually. This process helped ensure the data did not lose the context or content when pulled from a transcript (Gale et al., 2013). I developed a main matrix containing most of the themes and then created numerous sub-matrixes which reorganized the data to examine patterns in specific overarching themes among the cases. I frequently colour coded cells and font to help me visually observe patterns in the matrices across cases. For example, I shaded things that facilitated change in yellow and barriers to change in red. I could then zoom in to explore the patterns in more depth reviewing the summarized and raw data in each cell. For example, some matrixes were organised to illuminate patterns between degree of change in the couple and, activity exposure, age and length of relationship, change needed in relationship prior to SASA!.

I then conducted a descriptive analysis to further refine the data into categories under broader classifications. This included categorizing the health of couples' relationships prior to and after SASA! exposure and their degree of change. Next, associative analyses were performed to detect patterns between themes and across different cases. For example, to understand the linkages between types of exposure to SASA! with different types of change in individuals and relationships.

Finally, explanations for the associations were developed through moving back and forth between the matrices, transcripts and timeline maps as well as consulting the literature and theory. As I conducted the different analyses and developed each results chapter, I engaged with different literatures as relevant. This often involved going beyond the theoretical starting point outlined in my conceptual framework and delving into wider literature to explain my findings. For example, the health behaviour change theories utilised in the design phase failed to explain the dynamic processes of change observed between partners in the data. Research and theory from psychology and sociology around relational change, couple dynamics and relationship education offered more insight and was utilized during the analysis process. I describe this in more detail as relevant in each results chapter.

I took a number of steps to improve validity and trustworthiness throughout the analysis and reporting processes. First, I sought to identify and explore the meaning of any contradictions in the data or deviant cases; analysing contradictions can offer deeper insight into observed

patterns in the data (Ryan and Bernard, 2003). Second, though some qualitative researchers argue against counting in qualitative research, others contend it helps avoid claims of anecdotalism and increases validity and trustworthiness (Seale and Silverman, 1997). Thus, during analysis I frequently counted the number of instances of different themes to see how consistently they occurred in the data compared with others in order to identify the most salient themes to explore further. Also, given the potential for social desirability bias inherent in post-intervention research interviewers made efforts to develop rapport and emphasised they were only interested in understanding people's experiences good or bad, acknowledging that relationships are difficult and sometimes people struggle to change. Interviewing both members of couples also helped address this as overlaps in partner accounts increased the validity and 'trustworthiness' of the changes reported. Care was taken during analysis to not take reported changes at face value, but compare and contrast stories between partner accounts (i.e. the level of detail provided on relationship history and changes reported) along with interviewer observations discussed during post-interview debriefs. Though as noted earlier, multiple interviews would have further increased the reliability of the data and also allowed me to return to aspects of their accounts in subsequent interviews. Finally, I made efforts to increase transparency when reporting my findings. For example, in Chapter 5 when describing my sample I am upfront about the size and diverse characteristics of the sample, noting findings must be interpreted with caution. When presenting findings I at times provide counts of events or instances to allow the reader a sense of how consistent it was in the data, and clearly describe my data collection and analysis process. In the discussion my findings are linked to those in the larger SASA! Study as well as other research in similar contexts when available to situate and triangulate my findings with a broader evidence base.Quantitative methods overview

This section provides an overview of the quantitative component and methods used. I first present the aims of the quantitative analysis, followed by a description of the dataset and limitations it presented. I then provide details on the sample, followed by the variables used and their construction. I conclude with an overview of the statistical analysis conducted.

The aim of the quantitative analysis is to explore how different intervention exposures and interpersonal communication about SASA! may influence change in the outcomes the intervention is designed to impact. By definition SASA! is a multi-component intervention

that utilises mass media (posters[2]), mid-media (dramas/videos) and interpersonal two-way communication channels (discussion activities) at the community-level to diffuse the intervention. The effect is theorised to come from the combination of exposures. Diffusion theorists suggest that, 1) mid-media and two-way interpersonal communications channels are more effective in changing attitudes and behaviours than mass media channels alone; and, 2) interpersonal communication among social networks plays a central role in the adoption of new ideas and behaviours (Rogers, 2003). Thus, this analysis comprises two parts. The first part tests the hypothesis that exposure to multiple channels (mass media materials plus drama and/or discussion activities) would yield stronger association with the outcomes of interest than only mass media exposure. The second part examines the independent effects of intervention exposures as well as the contribution of communication about SASA! among different social network members.

The quantitative analysis comprised a secondary analysis of cross-sectional data from the SASA! Study RCT follow-up survey. The RCT was not designed to study diffusion, and while I was able to input a set of questions into the follow-up survey, there was only space for a small set (the questionnaire was already very long and there were concerns around participant fatigue). Thus, what I could explore quantitatively about diffusion was limited. I chose to focus my questions on measuring interpersonal communication about SASA! and relationship change following SASA! exposure (Annex 5). This, together with the existing items on intervention exposure, would allow me to explore the relationships between the outcomes and both intervention exposure and social network communication about SASA!.

4.4.6 Development of follow-up survey instrument:

The RCT survey tool was developed at the start of the trial in 2008 and first used in the baseline survey. Content and construct validity were enhanced in the initial design by using many of the same questions from the WHO Multi-country Study on Women's Health and Domestic Violence (World Health Organization, 2005), which have also been used previously in the context in the Uganda Demographic and Health Survey (Uganda Bureau of Statistics and ICF International, 2012). The attitudinal questions were adapted from the WHO study and included additional items to strengthen reliability (i.e. consistency among indicators that make up the scales) and validity (i.e. indicators accurately measure attitudes) in the study

[2] Though the SASA! methodology uses other forms of mass media such as radio, this had to be curtailed during the RCT to avoid contamination in control communities. Therefore, mass media was limited to using posters in the intervention communities.

context. Care was also taken to order questions so that the more sensitive questions came later in the survey, allowing the participant time to feel more comfortable with the interviewer and answering questions.

Prior to the follow-up survey implementation I worked with the LSHTM research team and Raising Voices/CEDOVIP staff to redesign aspects of the baseline survey instrument that were found to be too complicated for respondents or were not valid indicators. For example, the items used at baseline to measure respondent's views on the acceptability of man's use of IPV against their female partner were revised in the follow-up instrument. This was done to further strengthen measurement validity, as it was concluded that there may have been under reporting of attitudes accepting of IPV with the baseline measure. The small percentage of men reporting IPV was acceptable did not seem plausible to local staff given that men's use of IPV was normative in the context. This was measured at baseline using a composite of the question, "In your opinion, does a man have a good reason to hit his partner if..." followed by six scenarios to which they could answer yes or no. In the revised instrument we added six more items reflecting situations in which IPV is often justified in Ugandan society (Table 1, p.79). All new/revised items were drafted in consultation with staff and local research assistants that had experience working on the baseline survey and ongoing rapid assessments during the intervention implementation. The research assistants then tested the new items by interviewing community members at local markets (systematically sampling every third person wearing a specific colour). Items were then revised and tested again, as needed, based on participants' responses and ability to grasp the questions. For example, the baseline survey made use of likert response formats. Scales can be useful for measuring attitudes and perceptions since they result in greater precision than binary formats (Bowling, 2005, Carifio and Perla, 2007). However, the piloting of the new/revised attitude items indicated participants found the subtle differences between the response options too confusing and became frustrated. Given this, we opted to use binary response formats.

The development and testing of my own set of questions took place alongside the instrument revision process above. They were designed to explore the role of interpersonal communication about SASA! and perceived relationship change following exposure to the intervention. The question set formed part of the 'Exposure to SASA!' section of the survey tool (Figure 8). The set included questions on: participants' social network communication about SASA! (i.e. who they spoke to in their network, including frequency, who initiated the conversation and their gender); whether different members of their social network attended

SASA!; and, their experience of change in their relationship since becoming involved in SASA! (Annex 5). These are described in greater detail in the section on variables.

Figure 8: SASA! RCT follow-up survey instrument sections

SASA! RCT follow-up survey instrument sections:	
Section 1:	Background (socio-demographic/economic)
Section 2:	Characteristics of respondent and their partner
Section 3:	Attitudes and social norms related to gender, relationships and IPV
Section 4a:	Characteristics of relationship with partner
Section 4b:	Sexual and reproductive health
Section 5:	Intimate partner violence (experience & use of)
Section 6:	Disclosure of violence and community responses
Section 7:	Violence by others (family, acquaintance, strangers)
Section 8:	Prevention and response in the community
Section 9:	Exposure to SASA!
Section 10:	Willingness to respond to future violence in the community

4.4.7 Translation and piloting

After the new items were constructed and tested (including my question set) the translation of the existing items from the baseline survey was reviewed again by the local research assistants, then reviewed by the CEDOVIP programme staff and finally back-translated into English by an external translator. It was then piloted for a week during the last week of the follow-up survey fieldworker training. The piloting helped to identify response issues and problems with translation and skip patterns. These were amended and the final survey tool was printed.

4.4.8 Sample

Multi-staged stratified random sampling was used to sample participants from eight sites (four control and four intervention communities) for the SASA! RCT follow-up survey. Specifically:

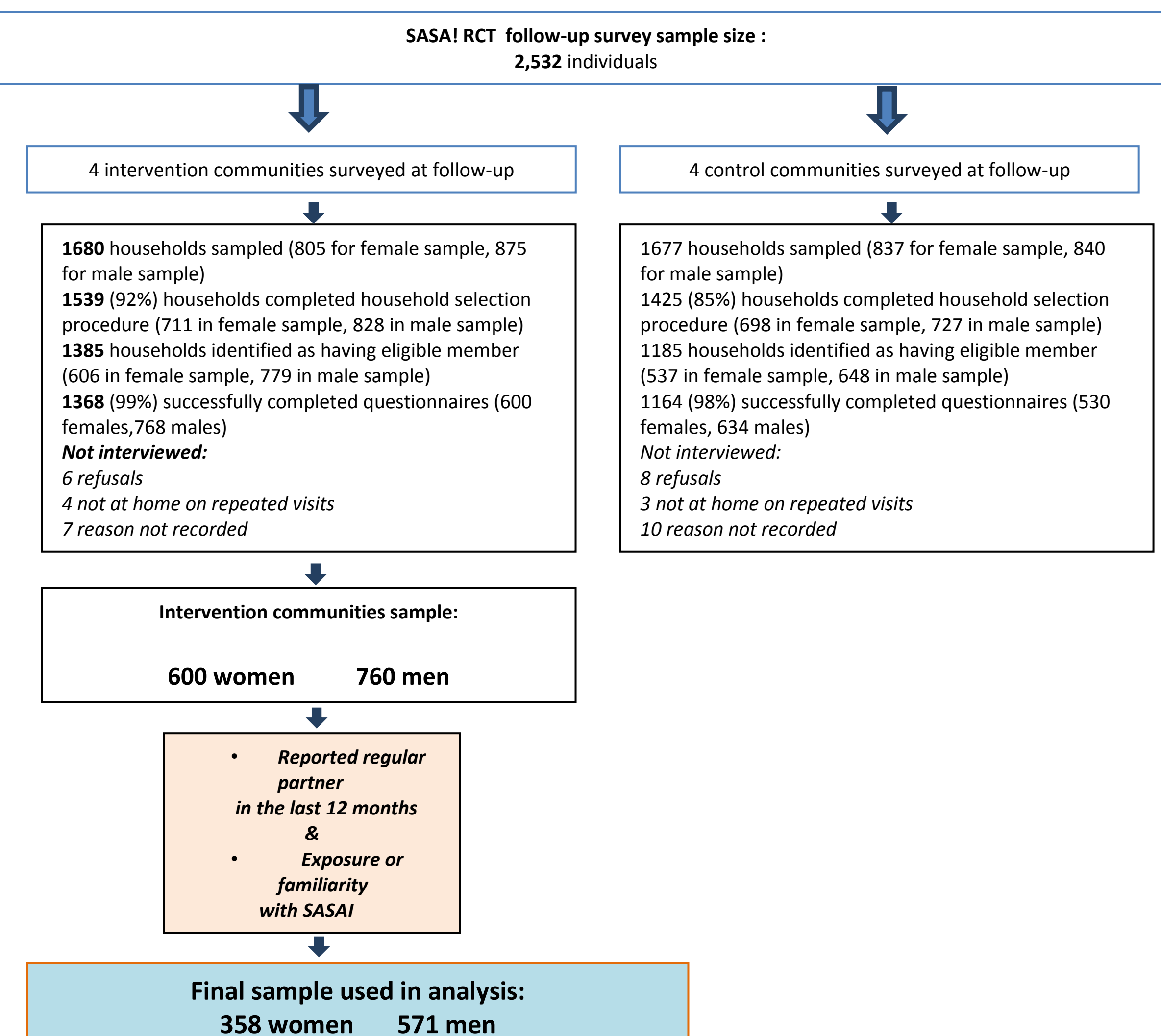
> The sampling frame for the two cross-sectional surveys was drawn up to represent the population most likely to have had repeated and extensive contact with intervention activities. Multistage stratified random sampling (described elsewhere) was used to sample community members living in close proximity to (the same Enumeration Areas (EAs) as) CAs. In control sites, ‘passive’ volunteers, recruited using an identical process as

> that used to recruit CAs in intervention sites, were used as the foci for sampling. The same sampling frame (though with updated household lists) was used at follow-up, with no sampling substitutions made where CAs had moved away, been substituted or been lost for other reasons. For reasons of safety and logistics, the sample was exclusively female around female activists and male around male activists. A person was eligible for inclusion in the survey if they usually lived in the household and shared food, had lived in the area for at least a year, and were 18-to 49-years old. A limit of one respondent per household was set out of consideration for respondent safety and confidentiality. (Abramsky et al., 2014, p.4)

The entire follow-up survey sample comprised 2532 individuals, with 600 women and 768 men from intervention communities and 530 women and 634 men from control communities.

The sample for this analysis was restricted to reflect the study's focus on change in couples exposed to the SASA! intervention. Thus, it only included participants living in intervention communities who reported having a regular partner in the last twelve months (i.e. married/cohabitating or regular partner not cohabiting) and having had exposure or familiarity with SASA!. In the full dataset, 81% of men and 84% women had a regular partner, and 91% of men and 68% of women in intervention communities reported SASA! exposure. Only cases without missing data for all outcome and exposure variables were included and the final restricted sample size is 929, with 358 women and 571 men.

Figure 9: Sampling diagram



4.4.9 Interview procedures

The interviews were conducted in adherence with WHO safety and ethics guidelines for research on violence against women listed (detailed in ethics section) (Watts et al., 1999). The interviewers received a three-week training on the methodological and ethical issues surrounding research on IPV and HIV. Interviews were conducted with either women or men in each enumeration area. This was done to ensure women who may be currently experiencing IPV were not put at increased risk of further violence (i.e. if a woman's partner was also interviewed he would be aware she may have disclosed his use of violence and could become angry, putting the woman at risk of further violence). Interviewers were conducted by same sex interviewers who came from the local area. The interviews took place in private spaces and techniques used to make participants comfortable and deal with any interruptions from partners. Following the interview all participants were provided with

referral information for local support services and a gift of 5,000 UGX (about $2) to thank them for their time.

4.4.10 Data management and cleaning

I developed and coordinated the data entry process for the follow-up survey. Data were collected using paper questionnaires and returned each day from the field in a locked box. The data from the completed questionnaires were double-entered into a Microsoft Access database by a team of data entry staff. The database was purpose built and included logic and range checks. A data entry manager checked all double-entries for discrepancies. Any questionnaires with missing data or errors were sent back to the field until all issues were resolved. The data was then transferred into STATA 13.1 for analysis. The full dataset (apart from my question set) was cleaned and prepared by the LSHTM researchers who conducted the primary analysis. After receiving this dataset from them I cleaned and prepared my question set before beginning my analysis.

4.4.11 Variables

Outcome variables

Given the aim of this analysis is to explore the relationship between different exposures the outcomes SASA! is designed to impact, I endeavoured to select outcomes that would capture this. Shifts in community-wide attitudes and positive change in intimate partner relationships are hypothesized to lead to the reductions in IPV and is the basis for the three outcomes I chose. Table 1 lists each outcome measure, including the indicator used and associated items from the follow-up survey. The first outcome is a measure of positive relationship change due to SASA! (shortened to '*changed relationship'*) and reflects the overall focus of this study on relational change. It was constructed from the items I included in the survey on participant's perceived positive change in their relationship since being exposed to SASA!:

> *a. Has anything changed in your relationship with your partner since you became involved in*
> *SASA!? (yes/no)*
>
> *Did the changes include:*
>
> *b. better communication?*
> *c. increased discussion on important decisions in the household?*
> *d. more closeness?*
> *e. more respect?*
>
> *Respondents who reported violence in the last 12 months were also asked:*
>
> *f. more violence?*
> *g. less violence?*

The descriptive analysis revealed a very similar response pattern for all items in this set. Nearly everyone who reported 'yes' to, '*Has anything changed in your relationship with your partner since you became involved in SASA!?,'* also reported 'yes' to the items indicating positive change: better communication, increased discussion on important decisions in household, more closeness and more respect. Given there was not sufficient variability in responses, the first item (a. *Has anything changed in your relationship with your partner since you became involved in SASA!? yes/no*) was used as the indicator of positive change in relationship resulting from SASA! exposure for the *changed relationship* outcome.

The other two outcomes are social acceptance of IPV and women's past year experience of intimate partner violence. They were chosen from among the RCT's primary outcomes and I used the same variable construction used in the RCT primary analysis (Abramsky et al., 2010).

Table 1: Selected outcome measures

Outcome	Indicator	Survey Items *(all are binary)*
Relationship change	Perceived positive change in relationship due to SASA!	Answers 'yes' to experiencing changes in their relationship since becoming involved in SASA!
Social acceptance of gender inequality and IPV	Acceptability of physical violence by a man against his partner	Answers 'yes' to at least one of the following scenarios: "In your opinion does a man have a good reason to hit his wife if:" • She disobeys him • She answers back to him* • She disrespects his relatives* • He suspects that she is unfaithful • He finds out she has been unfaithful • She spends time gossiping with neighbours • She neglects taking care of the children* • She doesn't complete her household work to his satisfaction • She refuses to have sexual relations with him • She accuses him of infidelity* • She tells his secrets to others in the community* • When he is angry with her*
Women's past year experience of IPV*	Past year experience of physical IPV**	Reports that in the past year her partner/most recent partner has done at least one of the following things: • Slapped her or thrown something at her that could hurt her • Pushed or shoved her or pulled her hair • Hit her with his fist or something else that could hurt her • Kicked her, dragged her or beat her up • Choked or burnt her on purpose • Threatened to use or actually used a gun, knife or other weapon against her • Threatened to use or actually used a panga (machete) against her
	Past year experience of sexual IPV**	Reports that in the past year at least one of the things below has occurred with her partner/most recent partner: • She had sexual intercourse because she was intimidated by him or afraid he would hurt her • He forced her to have sexual intercourse by physically threatening her, holding her down or hurting her in some way

**New items added to follow-up survey questionnaire*
***For variables associated with IPV, women's reports of experiencing IPV (n=358) were used to estimate male perpetration levels, because men's reporting of IPV perpetration was considered to be unreliable based on baseline survey data (Abramsky et al., 2012). This was also found in other studies on IPV conducted by the research team (Hossain et al., 2014). In addition, in intervention communities it was hypothesised that men's bias towards underreporting would be more extreme following intervention exposure. Indeed in the sample, 4% of men report using physical IPV in the last 12 months versus 9% of women who reported experiencing it; and for sexual IPV it was 2% versus 16% respectively.*

Exposure Variables

The exposure variables were selected a priori based on my conceptual framework which drew on diffusion, communication and behaviour change theory literature. They were chosen as indicators of the communication channels through which SASA! may diffuse either directly from intervention exposure or indirectly via discussion about SASA! with different social network members. The latter was derived from items I included in the survey to measure social network participation and communication about SASA!. Table 2 lists the exposure variables and associated survey items.

To measure dose-response relationships frequency of exposure was captured using 4 categories: never, once, a few times (2-3), or many times (5+). As Table 2 details, some variables were re-coded or re-categorised for statistical reasons for the regression analysis. There were also some variables with insufficient cases in a given exposure frequency category, causing a significant number of observations to be dropped from the model. For example, the *sought CA advice* variable was made binary because nearly 80% of cases reported 'never' and the other frequency categories were all below 10%. And, finally, as separate analyses were conducted for men and women, there were some cases where I had to recode a variable for one gender. Although the other gender did not require it, I recoded it as well for consistency where this was feasible.

Table 2: Exposure variables and associated follow-up survey items

Exposure Variables	Survey item	Response category in survey instrument:	Recoded variable used in analysis:
Intervention exposure			
Mass-media	*"How many times have you seen any of these materials about violence against women and relationships between men and women?"* (the interviewer showed them a card with illustrations of SASA! posters, comics, picture cards, card games, information sheets).	Categorical variable: -never -once -a few 2-5 -many >5	Categorical variable: - 0-1 -2-5 - >5
Mid-media	*How many times have you been to a SASA!/CEDOVIP film, drama or listened to an audio play in your community about violence against women and relationships between women and men?*		Categorical variable: -never -once -a few 2-5 -many >5
-Two way communication (at discussion activity w/ change agent)	*How many times have you been to an activity or quick chat in your community where you looked at one of the SASA!/CEDOVIP materials (poster, comic, or picture card, etc) and talked about violence against women and relationships between women and men?*		
-Sought CA advice	*How many times have you sought advice from a SASA! community activist?*		Binary variable -never -1 or more times
Interpersonal Communication with different social network members:			
-Talked with Elders	*I) Have you talked with your parent about SASA!? If yes: II) How many times?*	II) Categorical variable: -never -once -a few 2-5 -many >5	Categorical variable: -low (0-2 times) -medium (3-5 times) -high (>5 times)
	I) Have you talked with your in-law about SASA!? If yes: II) How many times?		
	I) Have you talked with an elder about SASA!? If yes: II) How many times?		
-Talked with Peers	*I) Have you talked with a friend about SASA!? If yes: II) How many times?*		
	I) Have you talked with a neighbour about SASA!? If yes: II) How many times?		
-Talked with Partner	*I) Have you talked with your partner about SASA!? If yes: II) How many times?*		
Multi-channel exposure	*"How many times have you seen any of these materials about violence against women and relationships between men and women?"* (the interviewer showed them a card with illustrations of SASA! materials).	Categorical variable: -never -once → -a few 2-5 -many >5	Categorical variable: -mass media exposure only -low 'multi-channel' exposure (1-4 times) -high 'multi-channel' exposure (>5 times)
	How many times have you been to a SASA!/CEDOVIP film, drama or listened to an audio play in your community about violence against women and relationships between women and men?	Categorical variable: -never -once -a few 2-5 → -many >5	
	How many times have you been to an activity or quick chat in your community where you looked at one of the SASA!/CEDOVIP materials (poster, comic, or picture card, etc) and talked about violence against women and relationships between women and men?	Categorical variable: -never -once -a few 2-5 → -many >5	

Given my focus on the influence of interpersonal communication I constructed three exposure variables using the items I added to the survey on participants' discussions about SASA! with different social network members (i.e. partner, friends, neighbours, parents, in-laws, elders, children) (Table 2). Based on the diffusion literature (Rogers, 2003) I selected the social network members theorised to be most influential and combined them into 3 relational categories: partner, peers (composite of talked to friend and neighbour items) and elders (composite of talked to parent, in-law and elder items). I took the following steps to construct the composite peer variable. 1) The items, *"how many times did you talk to your [neighbour/friend] about SASA!"* were recoded as never=0; once=1; a few=3; many=5.[3] 2) A new variable was generated by summing the number of times they reported speaking to a friend (0, 1, 3 or 5) and a neighbour (0, 1, 3 or 5) as a proxy for the total number of discussions with neighbours and peers. 3) This was then recoded into 3 categories: low (0-2 times), medium (3-5 times), high (>5 times).[4] The same steps were taken to construct the 'elder' composite variable.[5] For ease of understanding I refer to these interpersonal communication variables as *talked to partner/peers/elders*.

The exposure variables above were selected to explore the independent effect of each channel on the selected outcomes when all variables are added to a regression model. As noted earlier, the combination of exposures is theorised to be most effective. The qualitative findings also indicated exposure to multiple channels and/or frequent exposure resulted in the most change among participants. Thus, I chose to explore this quantitatively and constructed a *multi-channel exposure* variable. To measure a dose-response relationship the frequency of multi-channel exposure was captured using a low and high category constructed

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[3] The 'once,' 'a few (2-3 times)' and 'many (5+ times)' frequency categories were used in the baseline survey and we used this format again in all follow-up survey intervention exposure questions, including the items I added on frequency of talk about SASA! with different social network members. In hindsight this presented a challenge when constructing the composite talk variables. Therefore, 'a few (2-3 times) was recoded as 3 with the rationale that it's the median between 'once' and 'many (5+)' categories.

[4] Categories were selected to achieve sufficiently balanced distribution. Since the 'never' category for men was below 10% I combined 'never' with 1 and 2 times. This ensured a sufficiently large reference group for both sexes.

[5] The *talked to elders* variable was a composite of *talked to parent, in-law* and *elder* items so in theory each case could have reported a maximum of 5 discussions for each and 15 total in the composite, whereas for *talked to peers* and *partner* variables could only have a sum of 10 and 5 discussions respectively. I initially considered weighting the categories for peer and elder variables differently, but chose to keep the same categories for ease of presentation. Doing so did not have any effect when I ran the models with the different categories.

from the sum of the number of times participants report attending dramas/films and discussion activities. The final categorical variable constructed has 3 categories: mass-media exposure only, low multi-channel exposure (1-4 times) and high multi-channel exposure (5+ times). I use this variable to examine the relationship between the selected outcomes and intervention exposure through mass media channels only versus low and high exposure to various intervention channels.

Potential confounding variables

The selection of potential confounding variables was done a priori and guided by my review of literature (Kwagala et al., 2013, Heise, 2012, Bernards and Graham, 2013). The variable *age* was a continuous variable and recoded as a categorical variable with three categories: 18-24, 25-34 and 35-49 years old. These categories were selected as they offered the most even distribution across both the male and female samples. The *education level* variable was re-categorised from the eight original categories into three categories (grouping similar education levels while striving for balanced distribution): none/some primary/primary; some secondary/form 4 (O levels); form 6 (A levels)/vocational training/other tertiary institution/university. *Marital status* was constructed from the item 'What is your current relationship status?' and was binary (married/cohabitating versus not cohabitating or partnered). Though a relationship was not always observed between the confounding variables and outcomes in the bi-variate analyses, they were still included in the logistic regression models since they were selected a priori based on the literature.

Socio-economic status (SES) was also included as a possible confounder as it is commonly found to impact health outcomes and communication patterns. There are a range of ways in which SES is measured, including income, consumption expenditure, asset indices, education, occupation and participatory wealth ranking (Howe et al., 2012). While standard economic measures use consumption expenditure or income, this can require extensive resources when conducting household level surveys. As a result the Demographic Health Surveys and World Bank developed a wealth index which is an asset-based measure of SES comprised of variables such as sanitation facilities, electricity, ownership of vehicles, television, radio, etc. (Rutstein, 2008). Measuring SES with an asset-based index involves aggregating a range of different asset variables to create a uni-dimensional SES measure. Simply calculating the sum of assets in each household does not account for the fact that some items may have more weight or importance than others. Principle component analysis (PCA) was therefore used to generate SES indices. PCA is a multivariate statistical analysis which converts correlated variables (in this case the selected asset variables) into a set of uncorrelated values termed

principle components. The first component accounts for the most variation in the data possible and is often used to define the index of assets (Vyas and Kumaranayake, 2006).

Variables in the follow-up survey used in the asset-based indices to construct *SES* were: *type of household tenure status, roof, water source, sanitation facility, electricity, mobile phone, radio, television, gas/electric oven, refrigerator, bicycle, motorcycle* and *car*. In PCA categorical variables must first be re-coded into binary variables and similar variables with very low frequency are grouped together. The categorical variables for *sanitation facility, water source* and *house ownership* were recoded and some options combined ('spring water,' 'river/stream/pond/lake,' and 'rainwater' for *water source*; and 'caretaker' and 'provided by job' for *house ownership*). Two asset variables with very little variation in distribution were excluded: *type of roof* (98% had corrugated iron) and *mobile phone* (95% had one).

The STATA command 'pca' was used with the selected asset variables above. The output provides a table of eigenvalues for each principle component. Variables with positive weights are associated with higher SES and those with negative weights associated with lower SES. Using the STATA command *'predict pc1'* a dependant variable was then generated from the first principle component using the weights or factor scores for each variable. This dependant variable is the constructed socio-economic score and the *SES* variable was generated from this ('*gen ses=pc1*'), recoded into quintiles and used in the logistic regression models to control for SES.

4.4.12 Missing data

There were a small number of cases of missing data observed and each case was examined for improbable values and checked against response patterns and amended accordingly or coded as missing. For the *age* variable there were 17 cases with missing values in the sample. Given the small number cases and because age was only included as a confounding variable, those missing values were imputed for inclusion in the age category with the most number of cases (25-34 years old) (Sterne et al., 2009). There were also a few cases where the age reported was slightly above or below 18-49 years old age eligibility criteria, but the decision was made to include them in the sample by recoding the oldest and youngest age categories respectively. There were also some cases in which there was missing data observed among some of the items measuring discussion about SASA! with social network members. This included cases for example where the first item, a.*"Did you discuss SASA! with your neighbour,"* was missing data, but the subsequent questions had responses (*b. gender of discussant, c. how many times they spoke* and *c. who initiated discussion*). As these items

were skipped automatically if they replied ‘no’ to a., it was deemed an interviewer error and ‘yes’ was imputed for a. in such cases. Data was imputed in 14 cases where a logical explanation could be discerned from the pattern of responses in the section.

4.4.13 Statistical analysis

The statistical analysis was conducted using STATA version 13.1. All analyses were conducted separately for men and women given the gendered variation in response patterns. Clustering of the outcomes within the study sites was ‘small’ (<0.1) which allows conducting analyses without the need for adjusting for the sampling cluster design (Hox, 2002). I began by summarizing the characteristics of the sample using descriptive statistics. To understand the specific demographic characteristics of my sample I first tabulated household level characteristics (electricity, water and sanitation facilities, home ownership) and individual level characteristics (age, sex, relationship status, time living in community, education level, literacy, religion and number of children) as well as the prevalence of the main outcomes and potential confounding variables in the sample. I then described the frequency of exposure to SASA! through the different exposure/communication channels to understand how the sample engaged with SASA! and how it was diffusing within social networks.

Next, I examined the bi-variate associations between each outcome variable and individual exposure/communication channel variables as well as the multi-channel exposure variable. Logistic regression was used to generate the unadjusted odds ratio (OR). The 95% confidence intervals (CI) were calculated to estimate the precision of the OR. The reference group used when calculating the odds ratios among ordered categorical variables was the group with the lowest value (e.g. the ‘none’ category among categorical variables capturing frequency). P-values were generated using the likelihood ratio test (LRT) to capture the fit of the models with each outcome. Specifically, I fit two models, one with and one without the variable and then ran the LRT to look at the overall effect of the variables. While Wald test p-values were calculated for each category I have not presented them in the results tables in Chapter 7 as the significance of the pairwise difference between the coefficient of a category and the reference category is indicated by confidence intervals which do not include 1.

As noted earlier, variables that perfectly predicted outcome due to a very small number in one category were either dropped (if unassociated with exposure or outcome) or regrouped into smaller categories or binary variables. For example, I recoded the SASA! materials exposure variable (combining ‘many’ and ‘few times’ for both men and women) as 90

observations were dropped in the regression models because there were no observations of participants who saw materials ‘many times’ *and* reported no change in their relationship.

I then conducted two multivariable analyses which allows assessment of the independent relationship between multiple variables while adjusting for confounding (Hidalgo and Goodman, 2013). Each analysis and the specific steps undertaken are detailed below.

Part 1: Multi-channel exposure

I first tested the hypothesis that exposure to mass media materials plus drama and/or discussion activities (‘multi-channel exposure’) would yield stronger associations with the outcomes of interest than only mass media exposure. A model was built for each of my four outcomes using the following steps:

1. I examined the bi-variate association between the outcome (e.g. ‘changed relationship’) and the exposure variable (‘multi-channel exposure’) using logistic regression to generate the unadjusted odds ratio. The 95% confidence intervals were calculated to estimate the precision of the OR and the overall p-value generated using LRT to test for overall association.
2. I conducted multivariable analysis including the outcome (‘changed relationship’), the exposure variable (‘multi-channel exposure’) and the potential confounding variables in the model using logistic regression to generate the adjusted odds ratio (aOR). The 95% confidence intervals were calculated to estimate the precision of the aOR and the overall p-value generated using LRT to test for model fit.

Part 2: Independent effects of Intervention exposure and Social Network Communication SASA!

I then examined the independent effects of intervention exposures and talk about SASA! among different social network members on selected intervention outcomes. Models for each outcome were built using the following steps:

1. I examined the bi-variate association between the outcome (e.g. ‘changed relationship’) and the first exposure variable (‘mass-media’) using logistic regression to generate the unadjusted odds ratio. The 95% confidence intervals were calculated to estimate the precision of the OR and the overall p-value generated using LRT to test for overall association.
2. I repeated step 1 with the other six exposure variables (‘mid-media’; ‘discussion activity; ‘sought CA advice’; ’talk with partner’; ‘talk with peers’; ‘talk with elders’).
3. I conducted multivariable analysis using logistic regression to generate the adjusted odds ratio. The 95% confidence intervals were calculated to estimate the precision of the aOR and the overall p-value generated using LRT to test for model fit. I began by including the outcome (e.g. ‘changed relationship’) and confounding variables in the model and added each exposure variable one at a time to verify the model would

run, to check for collinearity problems and to examine how inclusion of each exposure variable affected the adjusted odds ratio, 95% confidence intervals and p-value. If certain variables had a strong effect on the odds ratio or did not have an expected association, further checks were conducted (removal of variables, cross tabulations) to investigate the causes in the model.

4. The final adjusted model included the outcome (‘changed relationship’), and all intervention exposures and interpersonal communication variables together (‘mass-media’; ‘mid-media’; ‘discussion activity; ‘sought CA advice’; ’talk with partner’; ‘talk with peers’; ‘talk with elders’) as well as potential confounding variables. Though some exposure and confounding variables did not show effect, they were still included in the final model as their selection was guided by my conceptual framework and factors known to be associated with IPV in the literature.

For ease of reading throughout the thesis, I use the abbreviated terms in Table 3 below when referring to the various communication channel exposures and associated variables. In addition, I use the term ‘social network’ to refer to all the people with whom individuals have social interactions and personal relationships with including their partner, family, friends, community members/neighbours and colleagues.

Table 3: Abbreviated terms used for variables in thesis

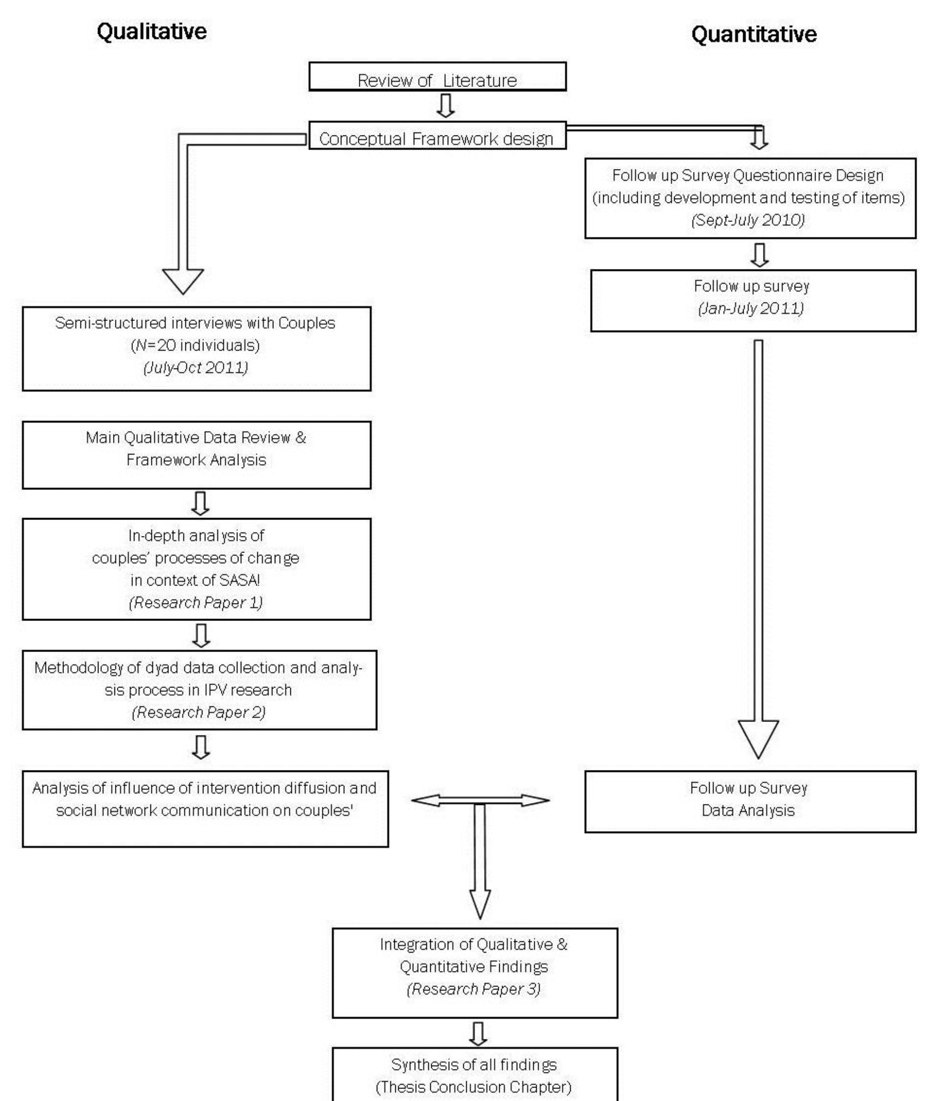
	Variable names	**Referred to in text as:**
Communication Channel Exposure:		
Mass-media	*Mass-media*	Seeing materials or posters
Mid-media	*Mid-media*	Attending dramas(/films)
Two-way communication (at discussion activity with change agent)	*Discussion activity*	Attending discussion activities
Interpersonal Communication (about SASA!*) with:		
- CA	*Talk with CA*	Seeking advice from a CA
- Partner	*Talk with partner*	Talking with partner
- Peers	*Talk with peers*	Talking with peers
- Elders	*Talk with elders*	Talking with elders
Outcomes :		
Perceived positive change in relationship due to SASA!	*Relationship change*	Change in relationship; experience of relationship change
Acceptability of physical violence by a man against his partner	*Acceptability of IPV*	Acceptability of IPV; attitudes accepting of IPV
Women’s past year experience of physical IPV	*Women’s past year experience of physical IPV*	Experiencing/reporting physical/sexual IPV
Women’s past year experience of sexual IPV	*Women’s past year experience of sexual IPV*	

** Note: For ease of reading all references to interpersonal communication or ‘talk’ exposure in thesis refer to talk or discussion about SASA! even when not explicitly stated.*

4.5 Integration of qualitative and quantitative data

By triangulating methodological approaches, combining qualitative and quantitative data can help improve the overall validity and comprehensiveness of research findings (Mason, 2006). In Figure 10 I provide an overview of the research process for each component and illustrate the points at which the qualitative and quantitative methods were integrated. Again, the study was designed to be both qualitatively driven and to achieve complementarity through answering related questions using the type of data most suited to each question. As such, Chapters 5 and 7 present different aspects of the qualitative findings while Chapter 6 draws on both quantitative and qualitative findings. The final chapter of the thesis then synthesises the overall findings, using aspects from each method to explain and expand on findings in the others. The expectation is each method will add different pieces reflecting the multiple dimensions at play, creating a more comprehensive mosaic, rather than a single 'truth.'

Figure 10: Integration of qualitative and quantitative study components



4.6 Ethics

The SASA! Study has ethical clearance from Institutional Review Boards at the London School of Hygiene and Tropical Medicine, Makerere University, and the Uganda National Council for Science and Technology. CEDOVIP and Raising Voices received approval to conduct the study and implement the intervention by the Local Council V and III Chairpersons of the study Divisions and the Uganda NGO Board. Local leaders at Parish- and Zone- level were contacted for agreement before any intervention implementation or data collection took place. I did not require separate ethics approval for my research as it was considered part of the SASA! Study and ethics approval was granted for both the survey and qualitative research.

As noted throughout this chapter, the study adhered to the WHO ethical and safety recommendations for domestic violence research (Figure 11). Participants were informed (both verbally and on the consent forms written in Luganda) about the overall aim of the study and how the data will be used and their confidentiality protected. Each then provided individual written informed consent to be interviewed and audio recorded. As detailed earlier, efforts were made to ensure participant comfort during the interviews and interviewers were trained to handle different situations that may arise given the sensitive topics nature of the questions on IPV, relationships and sexual health.

Interview data was kept confidential through assigning each survey and transcript a numeric code and separating all data with personal information (i.e. consent forms) into a locked file cabinets at the end of each day of fieldwork. All names and quotations used in reporting the findings have been anonymised to protect the identity of the participants.

Figure 11: WHO Ethical and Safety Recommendations for Domestic Violence Research (Watts et al., 1999, p.11)

a. The safety of respondents and the research team is paramount, and should guide all project decisions.
b. Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence.
c. Protecting confidentiality is essential to ensure both women's safety and data quality.
d. All research team members should be carefully selected and receive specialized training and on-going support.
e. The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
f. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
g. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
h. Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

4.7 Background summary of couples in the qualitative sample

This section provides descriptions of the couples sampled including background information on their relationship including any key issues or conflicts reported. More recent changes in their relationship will be discussed in the empirical chapters. In some cases relationship duration and participant age are approximate as some participants/couples gave varied answers or were not certain.

Couple 1

"Janice" & "Joseph"

Janice is 30 years old and does not work outside the home. Joseph is a 33 years old lorry driver, but has been out of work for the last year due to an accident. They have been together for around 12 years and have five children. The relationship began when they were both in school (in their late teens) and she would visit him at his house. After Janice became pregnant she ran away, fearing her family, and went to live with Joseph permanently. While both characterise their relationship as a marriage, they are not formally married due to the costs involved. Joseph expressed shame over “disrespecting” Janice by not formalizing the relationship with her family through a “formal introduction.”

Both indicate fighting and violence were only issues early on in their relationship, but there is evidence that controlling behaviour and verbal abuse have been ongoing issues. Joseph paints a perhaps overly positive image of their relationship: they trust each other, share openly about money and are understanding towards each other. While Janice’s narrative suggests the same, she also notes conflict and tensions, particularly around Joseph’s refusal to allow her to work and “commanding” her. She feels he is trying to prevent her from leaving the house out of worry she will get other men if she is “moving” outside the home.

Couple 2

"Stella" & "Henry"

Stella is 36 years old and comes across as a very enterprising woman. She speaks at length about how she saved her money, they bought rental properties and used her microfinance loans and money she earns selling water and collecting rent to purchase a plot and build their house. Henry is 40 years old and works in construction in addition to building and maintaining their compound and the rental units they let. They have been together for 23 years and have four children together. Henry also has a child from another partner. The couple became

involved at a young age and Stella soon became pregnant at 14. Her parents kept the child and she continued her education, but after they had a second unintended pregnancy she ran away to live with Henry at his parent's place. While both define their relationship as a marriage, they have not had a formal ceremony. Henry indicates he felt it better to first invest their money in buying and developing property. However, though they have been together for over two decades he still states he hopes that after their investments he will have the funds for a formal ceremony.

Their relationship has been characterised by frequent conflicts which sometimes resulted in Henry going away for a period. Both appear very determined and resourceful, but engaged in controlling behaviour with the other when they disagreed. Major conflict sources were around financial decision making. For example, when they did not listen to each other or agree on how to use money. Other conflict issues were around Stella's desire to start a business in town and Henry's anger at Stella's "gossiping" with their neighbours/tenants and the influence of her family. Despite the tension they share a commitment to their children's education and developing their properties.

Couple 3

"Milly" & "Andrew"

Milly is 40 years old and Andrew is 45 and they have been together for 25 years and have four children. Both view their relationship as a marriage, though it has not been formalised. Milly notes her disappointment around this, but acknowledges it is due to lack of money and not Andrew's fault. Their relationship started when Milly was 14 and Andrew would come to her house to sell clothes for her father. After becoming pregnant her father kicked her out and she then had a miscarriage, followed by another pregnancy. After giving birth they moved to Kampala from Masaka. While their relationship began well it quickly soured as responsibilities mounted and Andrew failed to provide. Milly started to work and has continued to work first doing a series of factory jobs and currently sells clothing. Andrew in turn did not work regularly for years noting he responded to his inability to provide by gambling and drinking.

Their relationship issues have centred around Andrew's failure to provide and infidelity, with accusations made by both partners. Milly notes Andrew's affairs (including with her sister that produced a child earlier in their relationship), but felt he was respectful by mostly hiding them. Andrew repeatedly accused Milly of "having other men" and exhibits controlling

behaviour around her movement. However, Milly also acknowledges during the interview that at times some women may have affairs to get support from other men to feed their children. An ongoing disagreement is over Andrew's strong desire for more children which Milly is opposed to.

Couple 4

"Patience" & "Peter"

Patience (40 years old) and Peter (45 years old) have been in a relationship for 15 years and have four children together. Patience has two children from previous partners and Peter has one. They met in the church choir and were friends for some time and discussed "being together" for some time. After becoming pregnant a year later, Patience agreed to a relationship and they had a church wedding ceremony a couple years later which included pre-marital counselling. The church was noted as a big influence on their relationship emphasising commitment, sharing roles and caring for each other.

Peter did not work throughout much of their relationship and had a serious drinking problem. Patience has held different jobs to provide for the family, but a back injury a few years ago restricted her mobility. She now runs a business at home making sponges. Peter's lack of provision created ongoing conflict in their relationship and Patience reports years ago he would use severe physical violence when drinking. While Peter did take up the domestic labour while Patience was out working, both reported being ridiculed by neighbours for going against gender norms, creating further tension in their relationship.

Couple 5

"Esther" & "Frank"

Esther (34 years old) and Frank (31 years old) have been together for 10 years and have 2 children. Previous to their relationship Esther was married for 10 years and had 5 children with her first husband. Esther is disabled, but works from home plaiting hair. Frank works in construction and builds and maintains rental properties. Both describe taking a very considered approach to their relationship: developing a friendship, supporting each other and discussing her concern that he was younger and she was disabled.

Both report that conflicts are resolved quietly and they have not had any IPV. Relationship issues include financial strain from healthcare costs, extended family conflict, infidelity suspicions on both sides and disagreement over financial decisions and use of each partner's

money. Lack of open communication has been a major underlying issue. Esther appears very insecure because of her disability and says she was raised to believe women had to “behave” by “keeping quiet” when angry, thus she does not express her wishes or concerns in an effort to “keep” Frank.

Couple 6

"Jean" & "Charles"

Jean is 18 years old and Charles is 46. They have one child together and Charles has three children from other partners. They have been together for 3 years. Their relationship started with persistent courting by Charles. He provided her with gifts and money for a year till eventually the attention and financial support won her over. An unplanned pregnancy followed and she went to live with him. They did not mention a formal ceremony, but refer to each other as husband and wife.

Their relationship issues include conflict over provision and deception around Charles’s other wife/partners and their children. After becoming pregnant Jean discovered he had another wife and child in the village and another woman with whom he had a child. Charles was frequently unable to fulfil his financial responsibilities to all his different partners and children. This led to violent fights between Jean and Charles, where both used verbal abuse and physical violence.

Couple 7

“Sarah” & "Paul"

Sarah is in her mid-30s and Paul his late-30s. Their relationship has spanned 16 years and produced 6 children. Their relationship began through a customary marriage with relatives bringing them together and negotiating the relationship. Following this they arranged a formal “introduction” to her father and Sarah went to live with Paul. Sarah earns income through frying donuts and Paul owns a shop.

There has been ongoing conflict in their relationship over financial decisions and use of each partner’s money, infidelity and domestic duties. Paul’s extended absence from home to sort out family land disputes generated considerable stress, tension and controlling behaviour. He accused of her stealing from his shop/business, being unfaithful and not taking care of the domestic duties adequately as a wife should. The first two examples resulted in physical

violence and the last one generates continuous quarrels. In addition, the burden of providing for them and his extended family in difficult economic times has created immense stress. There is an overall lack of trust between them and each feels the other is not supportive.

Couple 8

“Mary” & "Robert"

Mary and Robert are in their early 30s (exact age not recorded by interviewers) have been together for 2 ½ years and recently had their first child together. Their relationship began after meeting at an event after six months Mary moved in together with Robert. She had another child by her late husband and chose to leave the child with her mother thinking Robert would not accept him. At the start of the relationship she had the expectation that he would allow her to work so she could provide for her child and that she would be formally introduced, but this has not happened. Robert was unemployed when they met, but then found a job as a ‘boda-boda’ (motorcycle taxi driver).

The main source of conflict is Robert’s opposition to her “gossiping” with the neighbours and working. She feels that it's important to socialise with the neighbours in rental communities in case you ever need something. Robert exhibits a lot of controlling behaviour with Mary, wanting to restrict her movement and contact with others. This appears to be linked to fear and insecurity that she'll go off with other men if she's not at home or speak poorly of him with others.

Couple 9

“Betty” & “Martin”

Betty (age not recorded by interviewer) and Martin (40 years old) were together for 18 years, but are separated. They had two children together and Martin had one child before their relationship that Betty raised as her own. Martin has an unstable income as a builder and Betty works to cultivate crops on land they own. Their intimate relationship ended a couple years ago after ongoing conflict over his inadequate provision of food and school fees and returning home late at night. Betty started refusing to clean his clothes and then went to the village for six months to care for and bury her mother. During this period Martin found a second wife and when Betty returned and discovered this she ended their relationship.

Couple 10

"Fatimah" & "Mustafa"

Fatimah (27 years old) and Mustafa (42 years old) have been together for 4 ½ years and have one child. Their relationship began when Fatimah's aunt introduced her to Mustafa and encouraged the relationship and told her he had separated from his wife. Fatimah accepted him and after becoming pregnant went to live with him and found out he was still with his wife, had 3 children as well as another woman who was pregnant. She continued the relationship because she felt financially dependent on him due to her pregnancy. They did not mention a formal ceremony, but refer to each other as husband and wife. Mustafa has experienced much financial hardship over the last five years (e.g. several houses and a car were repossessed by bank), resulting in stress induced illness and two suicide attempts. Fatimah earns a small income knitting sweaters from home. While Mustafa supported her training, he was opposed to her working outside the home.

Their relationship issues are all linked to Mustafa's multiple wives/partners and deception that created a situation of distrust, fighting over limited resources, general instability and IPV. This led to verbally abusive and physically violent fights between them—as well as with his mother and other partner at times. In addition, after Fatimah lost interest in sex, Mustafa would try to force her. He also exhibits controlling behaviour around her movement and major conflicts have arisen over her "gossiping" with the neighbours.

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In this chapter I have described my research process and methods used while also being reflexive about how personal and situational factors shaped the process and how I negotiated knotty methodological issues, including my learning process alongside it. I will now present my three results chapters and in the final chapter I will discuss how the methodological choices I made in designing my study panned out, including the broader limitations and constraints that emerged during the analysis process.

Chapter 5

Exploring couples' processes of change in the context of SASA!

5.1 Introduction

Successful IPV prevention ultimately hinges on change at the level of the household where relationships are conducted. There is surprisingly little research examining the process of relational change among couples with a history of IPV following exposure to an IPV prevention intervention. While the SASA! RCT examined the broader impact of SASA! at the community level, this study aims to understand how relationship change actually happened among a small sample of couples exposed to the intervention. It uniquely examines relational change from the perspectives of both partners to understand the processes that led to change in the relationships of 10 couples exposed to SASA!. The aim is to provide a richer understanding of how change can be accomplished so that researchers and practitioners can better tailor interventions to promote positive change in relationships and prevent intimate partner violence.

Guided by an analytic focus on processes of change and drawing on theories of behaviour and relationship change, this chapter explores the relationship trajectories of couples within the context of a broader community level intervention. While the health behaviour change literature documents multiple theories and models, these conceptualizations fail to capture the dynamic change processes at the relationship level linked to IPV and desistance (dynamic process that supports and brings about the cessation of IPV) (Walker et al., 2013). In this respect, concepts and evidence from the literature on gender and power, relationship education, family process, couple's therapy and the broader psychology literature offer more insight into mechanisms of relational change. Key relational concepts evidenced to influence relationship quality, conflict and partner violence include relationship equality (Krishnan et al., 2012, Heise, 2012, Steil, 1997), balancing power (Conroy, 2014, Knudson-Martin, 2013, Rabin, 1994), communication (Wadsworth and Markman, 2012, Overall et al., 2009), self-regulation (Hira and Overall, 2011), shared investment, emotional attunement (Cornelius et al., 2010), and forgiveness and commitment (Fincham et al., 2007). For example, recent

studies in Eastern Africa found support for the benefits of promoting relationship equity and balancing power (Conroy, 2014, Higgins et al., 2014, Krishnan et al., 2012). A Tanzanian study found those who shared relationship power and sexual decision making with their partner were less likely to report partner violence (Krishnan et al., 2012). A longitudinal study in southern Uganda found key differences in relationship context among HIV-positive and -negative participants, the latter being marked by poor communication and greater distrust illustrating how relationship power dynamics and quality influence health outcomes (Higgins et al., 2014).

Thus, the evidence suggests shifts within relationships in the areas noted above may be important mechanisms of change in relationships which lead to a reduction in partner violence. Given the social ecology in which IPV occurs and the conflicting viewpoints from these different fields it is challenging to build a framework that captures change among these complexities. Benjamin and Sullivan's model of change in marital relationships (1999) stands out, addressing "the complexity of the different levels of analysis that are involved...stressing throughout the interconnectedness of the relationships between resources, intimacy, power and their material expression..." (p. 816). They found change is centred on the interplay of gender consciousness,[6] relational resources (a combination of emotional and interpersonal resources and skills partners bring to relationships) and, to a lesser degree, structural or material resources. This model and concepts from the wider relationship, psychology and family process literature noted above were utilized during analysis to unpack the processes of change observed in couples. Full details on the methods and analysis are in the qualitative methods section in Chapter 4.

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[6] Gender consciousness is conceptualized as a continuum from general awareness to knowledge of gender specific rights awarded in a given system to recognition of how one reproduces them in social interactions to challenging that system to change it GERSON, J. M. & PEISS, K. 1985. Boundaries, negotiation, consciousness: Reconceptualizing gender relations. *Social problems*, 317-331.

5.2 Findings

I will now present the findings, starting with a brief overview of the couples sampled followed by participants' perceptions of gender roles. I then report on the findings around relationship trajectories before turning to the processes of change experienced after SASA! exposure and conclude with the facilitators of and barriers to change observed.

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The majority of couples were in their 30s and 40s with relationships spanning 2 ½ -25 years (Table 4).

Table 4: Overview of couples sampled

Couple #	Name *(pseudonym)*	Relationship Duration (yrs)	# Children Together (# previous children by male (M) or female (F))
1	Janice	12	5
	Joseph		
2	Stella	23	4 (M-1)
	Henry		
3	Milly	25	4 (M-1)
	Andrew		
4	Patience	8	4 (F-2)
	Peter		
5	Esther	8	3 (F-5)
	Frank		
6	Jean	3	1 (M-multiple)
	Charles		
7	Sarah	16	6
	Paul		
8	Mary	2.5	1 (F-1)
	Robert		
9	Betty	18	2 (M-1)
	Martin	*(separated)*	
10	Fatimah	4.5	1 (M-3)
	Mustafa		

Couple one was found to be separated at the time of the interview, but the decision was made to include them as their exposure to SASA! had brought about positive changes in their relationship despite their separation. All couples had at least one child together and many had additional children from previous relationships. Couples were numbered and each participant was given a pseudonym to allow their stories to come through as they are highlighted in examples and quotations throughout.

5.2.1 Perceived gender roles

Gender roles emerged as an important theme in the data; their associated expectations and the applications of these roles underpinned nearly every aspect of couples' relationships. Participants overwhelmingly described gender roles in a uniform way. Men's role in relationships was to provide and be responsible for the overall development and security of the family. As Patience notes,

> the man…he has a responsibility… he is the overall and he is the one in charge of everything…he has a big role...To work and buy everything, to pay rent for a house ...to pay school fees, buy for them [children] clothes and to buy everything that is needed at home. (4F)

This illustrates the common perception that men's main role is as provider. It also hints at an overarching nature of men's role to be responsible and in control of all things in the relationship and family.

> Whichever condition that comes in the family hard or easy it is the man who is supposed to address it. For instance if a robber banged the door as a man you have to go out and defend your family as the other family members hide for safety. (10M)

Here Mustafa's statement highlights the perception of the overarching responsibility men hold head of household and protector echoed by many participants.

Women's role in relationships was described as being the caretaker of the children, the man and all things in the home. This included feeding, bathing and ensuring the children slept well, were healthy and went to school as well as organizing all things in the home such as cleaning, washing, sweeping and welcoming visitors. Women's role was also perceived to be to care for their partner by preparing whatever food he provided, washing and ironing his clothes and engaging in sex. As Patience explains, a woman's role is,

> To take care of a man, to see that he is healthy…By cooking on time, ironing his clothes, so that he is smart and to make sure that you give him care [sex] so that he is not forced to look for other women outside. (4F)

Here, she, like all men and women in the sample, emphasises women's primary role as caretaker. She also seems to infer that care is given to keep her partner happy and ensure his fidelity, a belief voiced by several other women in the sample.

A sense of rigidity is evident in the uniformity of their responses and limited range of perceived gender roles. Participants' expectations and hopes for intimate partner relationships appeared to be informed by these perceptions of gender roles in relationships. This is of particular relevance because when participants' relationship expectations were not met the subsequent disappointment and anger was at the root of much of the relationship conflict reported on later.

Men frequently expected their partner to closely conform to women's normative role in relationships. Paul illustrates this:

> In my view a good and rightful wife is the one who after the husband has looked for what would help them survive at home, a rightful wife will prepare what the husband avails for the family. And again a good wife would do a lot to help the children learn good manner and training them in things to do with home affairs. (7M)

His emphasis on a "good and rightful wife" illustrates how expectations for relationships frequently mirror the gender roles, i.e. culturally defined notions of what it is to be a "good" woman or man. He also indicates a conditionality whereby men also have to fulfil their role of looking "for what would help them survive at home" so the woman can assume her role to "prepare" the food his role provides. His emphasis on what a "rightful wife" does hint at the rigidity surrounding these expectations and gender roles.

Women's relationship expectations were centered on having a husband/partner that provided, a man's primary role in relationships. All women in the sample highlighted the expectation of financial/material support from the man. For many it was the main motivation for agreeing to go out with their partner from the start as was evident from how they had been courted with gifts or helping them out financially with school, rent or other needs.

> "He would buy me everything that I want, he would give me everything just like someone that you have just got, your girlfriend. You give her everything that she wants, money and everything; he would give it to me." (Milly, 3F)

The provision of gifts and financial support appeared to have multiple meanings for the women. As Milly's statement above exhibits, it symbolized how men showed their affection and was an indicator to women that a man cared for, loved and appreciated them. She also seems to hint that these gifts are an expectation for the courting period, for "someone that you have just got," and may not continue. The gifts appear to offer an indicator of whether a man would be able to provide if the relationship progressed and was viewed as essential to

ensuring the women's financial security. Jean's narrative illustrated this as she reports how she resisted insistent courting by Charles until she realised how helpful his support was and could be to her and her family. This appeared to shape her expectations for what he could provide if she agreed to a relationship:

> I had hope that we would have a perfect home, that he would build a house and I would stop renting, I thought he would be a perfect husband with children and I would be a very happy woman who would even take care of my parents... I also expected him to do for me a business. (Jean, 6F)

Expectations were also influenced by structural factors, namely poverty. For example, most women's lack of livelihood options made finding a partner that could provide essential for financial security. While men predominantly adhered to the norm around male provision and did not expect woman to provide financial resources, Frank (5M) and Mustafa (10M) deviated. They explicitly sought out women that could contribute to the family's financial security and development. In Frank's case he reports being drawn to Esther because she had her own shop, worked hard and he felt this would make her a good partner to raise a family with:

> my eyes liked her because of the way that she was working…she was innovative and industrious. ..while I was growing up, I always thought that it is good to get a woman who can also work such that even if the children are sick, she can do something instead of just staying with someone who will merely look at you [to solve the problem]. (Frank, 5M)

The genuine desire Frank displays here to have a wife that worked indicates the unusual value he places on it. Mustafa also diverted from the norm due to financial strain, seeking a "skilled wife" to assist him in educating his children: "I thought I might fail to provide them with higher education…So I needed a wife who could pass such skills to my children and indeed I got her." (Mustafa, 10M)

In both cases the men recognized structural constraints may impede their role of provider and sought women capable of helping them fulfill it. Also, other men may have sought similar qualities in their partner but did not reveal this in their interview. Interestingly, Mustafa who described seeking a 'skilled wife,' did not want Fatimah to use the skills to work and help provide for the children's education. He seemed comfortable having her provide livelihood training to his children, but, like many men, feared losing her if she worked. This was linked to the common belief detailed later that women who worked would be unfaithful.

5.2.2 Trajectories of relationships and key themes at each stage

With the perceptions of gender roles and expectations in relationships outlined, I now move to reporting on the trajectory of couples' relationships and the key themes that emerged at different stages from the start of the relationship, the challenges and conflicts that followed, the state of the relationship prior to exposure to SASA! and finally the processes of change that occurred after one or both partners were exposed to SASA!.

Start of relationship

The initial start of couples' relationships appeared to be something of a honeymoon period. As one participant explained during this time, "you tend to be overwhelmed when you are still very new in love,"(3M) and this captures how both men and women framed this period. Participants reported gestures of love and appreciation that took the form of gifts, a "watch," "clothes," "a flower," or "handkerchief." Or, as women often expressed, men showed their love during this period by simply providing, "Whatever I would ask him for" or "needed" with frequent emphasis that it was provided "on time." This hints at the manageability of requests at this stage and a common frustration that emerged when this changed and men did not respond to requests. The couple's communication was noted as being very good, "we used to talk to each other very well," and often attributed to greater understanding and a lack of problems and conflict at this stage in their relationship when "there was no problem because we loved each other." (7F) Overall, this honeymoon period at the start of the relationship appeared to be a time when couples felt they were "happy" and "there was always joy." Paul (7M) shared this about the early days of his relationship: "we used to understand each other, there were no arguments and I used to feel happy going back to my family when she was around and also that she used to take good care of me!" Like Paul's statement here, many participants' narratives of the start of their relationship tended to be prefaced by "we used to," indicating that things changed as the relationship progressed. Aspects of participants' accounts from this early period in their relationship may also be influenced by nostalgia or a desire to focus on the positive memories or cultural scripts around love and relationships. Furthermore, this may be influenced by recall particularly as 7 out of 10 couples had been together for 8-25 years.

Stressors/pressures and conflicts

The honeymoon period quickly faded for many couples as a result of several relationship factors. To start, circumstances meant 8 of the 10 couples did not have the capacity to fully

choose their relationship. In most narratives the relationship/marriage seemed to emerge from either unplanned circumstances or the actions of relatives. Six couples started cohabitating or "got together" as a result of an unplanned pregnancy. In three cases the women were only fourteen years old when they became pregnant and another woman was 17. Many described their relationships at the start as "childish." They were merely teenagers at school having their first intimate experiences when they became unexpectedly pregnant:

> I was also innocent, I did not know anything but I was young and he was also not so old then I got pregnant you see…I had menstruated once in my life and then I got pregnant eh [yes] but my father said he could not let me go like that so when I gave birth I gave the child to my parents and went back to school, when I went back to school I got another pregnancy and from that time I did not go back and here I am…I just ran to my boyfriend... to his parents ...and we started our marriage. (Stella, 2F)

Although Stella's family supported her to return to school after the first baby (unlike the other women who left home or were "chased away" by family), when she had another baby she felt she had to leave. These women perceived their pregnancy meant they had to leave their family and go stay with "him," at "his place" or with "his parents." As Janice (1F) explained, "you also know you cannot stay at home after doing that mistake... you have to leave." Leaving home and losing the support of their family appeared to amplify the women's sense of economic dependency on their partner. Yet, in many cases their partner was "also not so old" being teenagers themselves, thus neither member of the couple was economically self-sufficient. This generated significant stress and pressure in the relationships as detailed later.

For two couples the decision to marry was made by their relatives reflecting the traditional way marriages are negotiated in the context. In couple 7, the relationship was instigated by their sisters with support from community members. Paul explained, "I wasn't ready yet, but my elder sister…decided for me." She and the neighbours selected a "good girl" and "they managed to talk to her to marry me…and told me that I should take that girl!" His description indicates it was not an autonomous decision on his part, but driven by the expectations of his family. Sarah's narrative frames her role in a similar way:

> I was staying with my sister...that is where he found me and admired me. When he admired me, he talked with my sister and told her… When he told her, we went to my aunt and visited her and then we started our marriage. (7F)

Here, most of the actions are being taken by those around her—"he found me," "he admired me," "he talked with my sister and told her." And, Paul's account reveals that most of the actions Sarah attributes to him here, were actually instigated by his sister. Overall neither appeared to have much agency in choosing their partner based on 'love,' attraction, mutual interests, etc., rather it was their family that made the selection. However, given the cultural context their accounts may not necessarily indicate their role was passive. Sarah might have been quite active and strategic in ensuring that she "was found" - not necessarily by Paul, but by a man. And, cultural expectations also dictate that for a man to show respect and display his interest in a 'good way' he should not necessarily engage his interest directly.

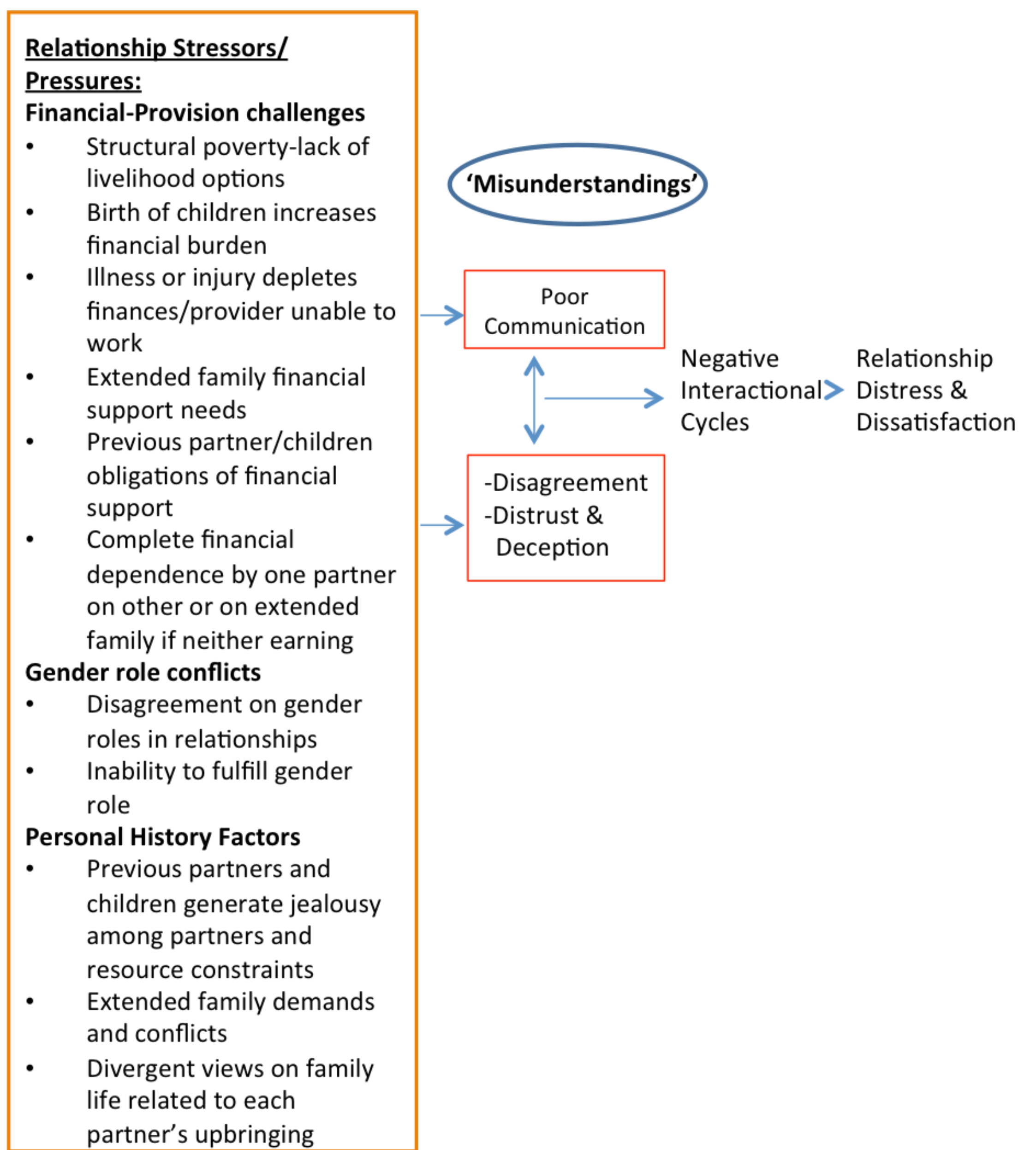
While many of relationships arose from unexpected circumstances couples 4 and 5 were notable exceptions. Both reported first developing a friendship and giving careful thought to whether they were a good match. For example, as noted earlier, Frank (5M) observed Esther's work ethic, noting how she could help support a family with him. The couples also discussed beforehand their relationship needs and potential challenges. Couple 4 met through their church choir, became friends and only started their relationship after much discussion and "studying the character of the other." Peter explained, "We communicated well and each of us gave his/her views until we decided to stay together." Their atypical start may be the result of relationship education provided by their church as both referred to their "church matrimonial lessons" at different points in their interviews.

And, finally, the age gap between partners appeared to be an important factor that influenced the trajectory of relationships and contributed to perceived power dynamics. Apart from couple 5, the men were older than the women by around 4-5 years with couples 10 and 6 having cross-generational gaps of 15 and 28 years respectively. Given the majority of these relationships started when the couples were teenagers, their age gaps of five or more years often meant they were in different peer groups, with different levels of education attainment. Though in the context young people who are 5 years apart may be more similar if they are not in school. Despite this, women's narratives indicate that—at least at the time—they perceived significant differences in life skills and knowledge about relationships and sex with their partners which appeared to shift the power dynamic in favour of the men from the start. The addition of the unplanned pregnancies noted above, meant women often had to leave school early, reducing their ability to be financially self-sufficient in the future.

These initial factors in turn generated a variety of interrelated stressors and pressures that broadly fell into three groups: personal history, financial and gender role conflict (Figure

12).To start, each individual brought their personal history along with them into the relationship. This is referred to here broadly as *baggage* and includes varied obligations to parents/siblings/extended family and previous partners and the children from these relationships. Most participants experienced pressure, stress and conflict while negotiating these complex relationships and the associated responsibilities. Couple 10 was perhaps the most severe example of the complications of baggage. Mustafa was initially dishonest with Fatimah about the number of children he had had with his first wife and another woman. Everyone was pressuring him for support while he was also experiencing business hardships. To avoid hurting them he was continually dishonest, for example lying to Fatimah when he went to visit and provide for his previous partners and their children. This led to instances of physical violence between Mustafa, Fatimah and his previous partners and family. Fatimah describes the end result was, "all chaos...with so many women...being dishonest...and also fighting, quarrelling all the time…We did not even know how to control our anger." (10F) While this was a severe case, other couples in the sample experienced similar baggage related stress and conflict, but to lesser degrees.

Figure 12: Main factors generating conflict and relationship distress among sampled couples



Financial stressors encompassed a range of provision-related challenges rooted mainly in structural poverty. The ongoing pressure to provide without sufficient livelihood opportunities was further amplified at times due to the birth of children, illness/injury and responsibilities for previous partners/children and extended family. These financial pressures both contributed to and were amplified by the gender role related tensions among couples. Despite the rigid norms noted earlier, gender roles were in flux in the context as evidenced by frequent comments such as "these days men do not want to do all this [their traditional role], they are no longer responsible" or "women no longer listen to us." Explanations for the shift

frequently pointed to the "tight conditions that we live in today" where the role of provider was not always assumed by men because they simply could not earn enough.

Men and women had varied responses to this shift. In many cases there was anger between partners for either not adhering to the rigid roles or conversely for not assuming a more flexible role to respond to realities of their situation. For women, the situation generated shame and anger towards their partner. They coped in a range of ways: trying to generate income themselves "I became strong and I said that let me start working" (3F), soliciting support from extended family and/or applying techniques to pressure the man or "trick him" into giving more money. The latter included withholding care, offering ideas, berating and shaming him privately and publically for not being 'a man,' arranging for others to 'speak to him' or reporting him to the local authority for not providing.

For many men being unable to provide appeared to generate intense pressure, shame and feelings of failure as a man for not fulfilling their perceived role. "Even when you don't have money she simply pressurizes you and you continue bearing the burden alone!" As Paul exhibits here, many men felt alone with the burden and expressed the commonly held perception that violence was a result of poverty:

> That is why you see violence coming in a family because a man feels that he is carrying the burden alone and now he sees that the wife is not helping him at all and he starts despising her...(7M)

Apart from making efforts to generate more income, some men seemed to cope with (or attempted to escape) the pressure and shame around their failure to provide by withdrawing through alcohol, gambling, infidelity or extended absences from home. It is also feasible they engaged in these activities for other reasons as well (e.g. addiction, relationship distress not related to provision, etc.). Interestingly, despite not being able to sufficiently provide for the family's needs, many men still refused when their wives wanted to start working to help generate more income for the family: "ever since he got the accident, then I wanted to work...and he refused...he wants me to be here [at home]." (Janice, 1F) This highlights how pressures and tension surrounding gender roles in relationships also amplified and contributed to financial stressors and pressures.

Men's opposition to their wives working was a major conflict source and seemed linked to various fears and insecurity over gender role adherence. Some men seemed to fear that losing control over their wife would compromise their role as head of household. For

example, Mary in couple 8 reported this was the main issue in her relationship, "He says that when I start to work, I will not listen to him anymore." There also appeared to be fears around losing their partner to another man as both men and women referred to a commonly held belief that if a woman worked away from the home it would open her up to opportunities to interact with other men and lead to infidelity. Broadly, these fears of loss of control and loss of their partner illustrate the importance men place on fulfilling the strong cultural norms noted earlier in order to maintain their value and position in the community. Both men's and women's responses seemed to be linked to not only fear for the welfare of the family, but also fear of being shamed within the community for being or having a man that did not fulfil his role. The community played a role in policing adherence and pressuring couples that deviated from the norm. Couple 4 offered the clearest example of this:

> I would go for work and I would leave him home and...these women would tell him that I was disrespecting him because he would stay home and wash clothes, cook food as I went to work… but they did not know that I was supporting our family very much. (4F)

With time her husband began to "believe what they would tell him" and started "ignoring" and "abusing" Patience. They nearly separated, illustrating the powerful role communities played in influencing many couple's relationships.

Overall, there was a great deal of complexity in how couples navigated the tension between fulfilling the rigid gender roles they felt they were judged by, with the realities of their context that often impeded this. Couple 3 best illustrates this. After the birth of their children, Andrew was unable to provide fully so Milly started working. Andrew was forthright about his response to this:

> I was working but she realised that the money I was giving her was not enough to cater for all the expenses at home so she also started working. At the time I instead got wasted and I became completely stupid moving around the village. I started gambling; playing the board games while she was busy selling blouses…I stopped bringing anything to her (sharp clap of hands). And because of that our love was reducing and we started behaving as if we did not love each other at all. (Andrew, 3M)

Andrew's account here along with other comments throughout his narrative and Milly's suggest he struggled with a loss of pride and feelings of self worth when his wife assumed his culturally prescribed gender role of provider after he failed. The drinking and gambling he mentions, appeared to be an initial escape from the pressure and shame he felt, but developed into an addiction: "whenever I had the money I would use it for gambling." From

here a downward trajectory in their relationship began and Milly took over all responsibility for caring and providing for the family for years. Anger, bitterness, blame and disappointment followed and as Andrew highlights, they "started behaving as if we did not love each other." This example illuminates the complex ways each individual in a couple coped with tensions over gender role adherence and the impact this had on relationship health.

'Misunderstandings'

The overall outcome of the various stressors and pressures was what participants referred to as 'misunderstandings.' The term 'misunderstandings' was used to indicate anything from arguments over minor disagreements to fighting that included verbal abuse and/or physical violence. There were myriad misunderstandings or conflict sources reported in relationships. Given partners were only interviewed once, the misunderstandings they chose to report may reflect recent grievances and omit others. In most cases though the misunderstandings reported appeared linked to ongoing issues in the relationship. They broadly fell under three main categories—disagreement, distrust and deception—with poor communication playing a role in each.

Disagreements between couples were linked to the personal history, financial or gender role conflict stressors and pressures reported above. Personal history related disagreements included the role of extended family members and responsibilities to previous partners/children. Financial disagreements included the allocation of family finances, children's schooling, financial planning and investment and financial support to extended family. And, lastly, gender role related disagreements centred around gender role appropriate behaviour with partners disagreeing over whether the woman should work, if both worked who was responsible for paying for different things and the number of children they should have. For example, conflicts erupted when a husband would tell his wife she "cannot take good care of the children," or look after the home the way he thinks a "good and rightful wife" should.

Misunderstandings that fell into the categories of deception and distrust were generally conflicts related to a partner's infidelity, gossiping, whereabouts, income or spending. The difference generally was when the distrust was based on actual substantiated deceptive behaviour by their partner versus (what appeared to be) unsubstantiated accusations. This was not always easy to tease out as at times partners reported different things in their separate interviews. Examples of unsubstantiated distrust included: men's accusations that their wife was or may be unfaithful during their absence from home, if she worked or "moved

around" a lot: "he quarrels a lot saying that I have men, yet I do not have them. He is very possessive."(3F). Women accused their husband's of being unfaithful or hiding money or not really trying to earn money when they were able. In many cases the unsubstantiated accusations lacked specific details and seemed based not on evidence, but suspicions linked to common normative scripts on how men and women typically behave in relationships in the context.

Regardless of the source, conflicts were frequently exacerbated by negative communication between partners. Stella in couple 2 describes here a common interactional pattern among participants: "We had disagreements…I was proposing something and he had refused to accept it and we had an argument." Negative communication indicators such as avoidance and withdrawal were commonly observed and followed by escalation when the other partner felt they were not being listened to. Stella and Henry both reported their partner's use of avoidance during conflicts and how they responded by withdrawing in an angry silence or escalating things into a fight to force engagement. This highlights the type of negative interactional patterns many couples described, leaving them bitter, dissatisfied with their partner and unmotivated to give or share in the relationship. Andrew in couple 3 best described the end result, "And because of that our love was reducing."

State of relationship prior to SASA!

The pressures and resulting conflicts took their toll on relationships and the overall health of participants' relationships prior to SASA! exposure was generally poor with some variation along a spectrum (this is expected as we purposively sampled couples reporting IPV *before* the last twelve months). Using both partner's accounts the state of each relationship prior to SASA! was categorized based on the presence of different forms and severity of violence and the degree to which the couple balanced power and communicated (Figure 13). This analysis was done to understand where couples were at prior to exposure, offering insight into the degree of change couples experienced through exposure.

Overall most couples were experiencing general relationship distress when they first encountered SASA!. They tended towards the least healthy end of the spectrum, experiencing physical and other forms of violence (i.e. emotional or psychological abuse, verbal abuse or controlling behaviour) in their relationship. Four couples (2, 4, 7, 10) reported more severe forms of physical violence occasionally and 2 couples (3 and 6) reported more rare occurrence of physical violence. The rest of the couples (1, 5, 8, 9) were in the middle of

the spectrum reporting no physical violence[7], but different combinations and degrees of other forms of IPV such as controlling behaviour and verbal abuse as well as frequent quarrelling, and poor communication and power sharing.

How participants engaged with SASA!

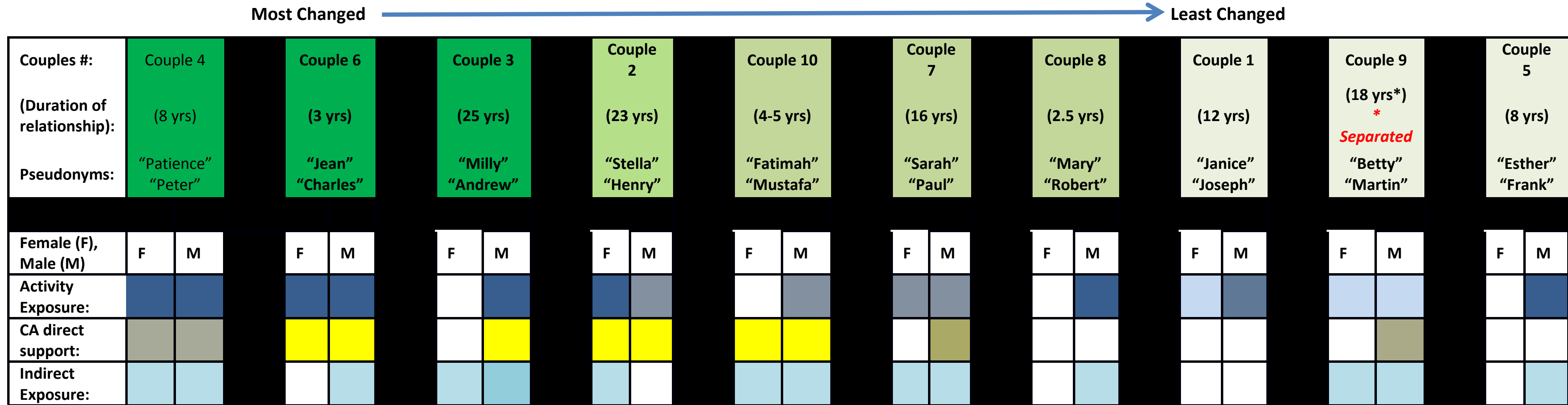
The intensity and type of exposure to SASA! varied among participants. In seven of the ten couples, both partners had been exposed to either SASA! activities or had direct support from a community activist, with only two participants reporting no exposure at all. SASA! exposure patterns were analysed for each individual and couple based on the intensity of exposure to activities (includes quick chat, discussion sessions, poster sessions, dramas, videos, lido competitions), direct relationship support from a community activist and indirect exposure (includes hearing about SASA! from member of social network, seeing a SASA! poster around or hearing something about SASA! in passing). Figure 14 offers a visual snapshot of some of the patterns that emerged from the analysis on exposure. In the table the couples are organized with the most changed (shaded dark green) on the left and move across the table to the least changed (lighter green). Activity attendance, CA support and indirect exposure is highlighted below each couple and clearly shows less exposure among couples with least change.

[7] Couples were sampled because one partner reported physical or sexual IPV at some point during their relationship in the RCT follow up survey. The qualitative tool did not ask participants about specific acts or behaviours of indicating IPV in the way the survey instrument did, thus some participants may not have mentioned it because they may not consider less severe forms of physical violence (e.g. pushing, shoving, slapping) to be violence.

Figure 13: Relationship health spectrum developed to categorise couples' relationships

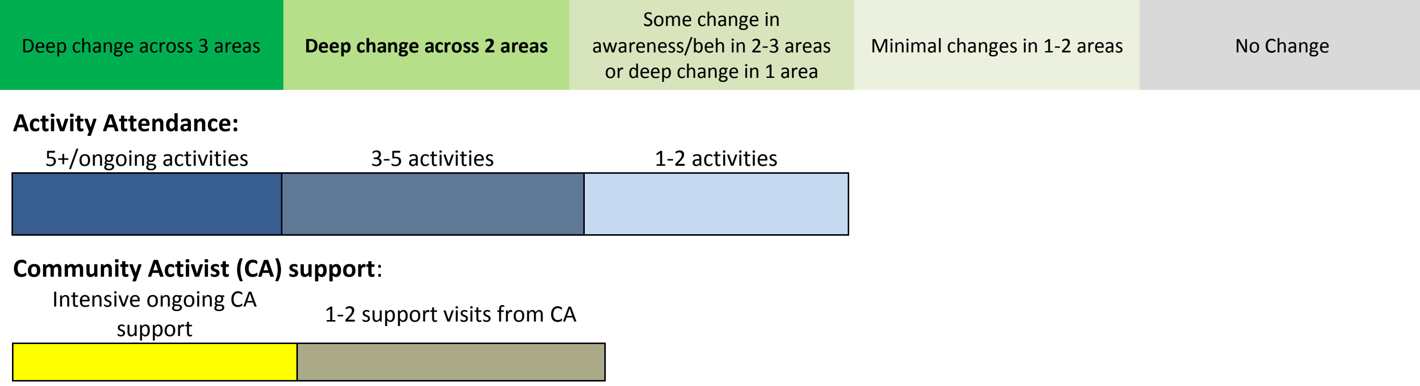
Frequent, regular physical violence and possibly other forms of violence	Occasional episodes of serious physical viol and regular fighting/quarreling, controlling behaviour and/or verbal abuse	Rare physical violence- frequent fighting/quarreling, controlling behaviour or verbal abuse.	Regular quarreling, controlling behaviour, verbal abuse + poor balancing power and communication	Occasional episodes of controlling behaviour, verbal abuse + little power sharing and communication	Occasional controlling behaviour, verbal abuse, but balancing power and communication in some areas	Rare controlling behaviour, verbal abuse and mostly balancing power and communication	Mostly balancing power and good communication with some minor ongoing issues still	Balancing power and good communication

Figure 14 Exposure and change patterns



KEY:

Degree of Change Categories:



5.2.3 Processes of change

Engagement with SASA! by one or both members of couples resulted in a range of change processes at the individual and relational levels. To start, SASA! appeared to offer some participants new ideas about what constitutes a healthy relationship including the possibility of more flexible roles between partners. Many noted they never learned how to be in a healthy relationship: “for me I entered marriage without any form of counseling from anyone so by attending these activities I have learnt a lot.” Through greater awareness around gender roles some participants began reflecting on their own and their partner’s role, as well as how more flexibility and mutual support around this could result in better outcomes for their family. Shifts around this were mainly expressed as a “softening” of their or their partner’s expectations around the traditional gender roles noted earlier. For example, “more understanding” around their husband’s struggle to provide and becoming more open to their wife working. Despite expanded awareness around healthy relationships in some, shifts around gender roles still proved difficult for many participants, particularly around the issue of women working.

For some this new awareness and knowledge was challenging and emotionally painful, because their partner was unwilling to change. For example, Janice in couple 1 had an HIV test after seeing a SASA! drama and asked her husband to get tested too. He refused repeatedly and, though she feared for her health and was deeply hurt, she felt unable to push him: “I gave up, and I dropped the issue...so we moved on...because I did not want us to get disorganised [experience distress/conflict].” Thus, while most participants experienced hope and motivation to change from their new awareness around healthy relationships, for some it brought challenges. Notably, this was mostly among couples where one or both partners had minimal exposure to SASA! as detailed later. However, this only reflects a few couples given the small sample.

Next, conflict resolution and communication skills learned from SASA! activities or CA support led to more positive interaction patterns for many couples. Self-regulation techniques featured prominently, particularly learning to “keep quiet” during heated exchanges by leaving the room or home till they “calmed down” and could discuss things. This was also the most common example participants gave of how they or their partner had changed. For example, Fatimah in couple 10 shared, “you realise that it [SASA!] changes people, like a person who is hot tempered like me, I learned how to control this temper.” Her husband likewise noted, “the biggest change I got was to learn to keep quiet when there are problems

instead of fight...I learnt to give things some time. For instance if it happened during the day, I will move around town and by the time I come back, I have a better approach." These changes around self-regulation were valued by participants because they prevented fights from escalating, curbing verbal abuse and/or physical violence.

For some, there was a new awareness that if they changed their behaviour, their partner would as well: "when you keep quiet and you calm yourself down, you will realize that she will also calm down, she will speak to herself and change." (2M) This illustrates how partners influenced changes in each other that impacted the relationship as a whole, sometimes even when one partner had little to no exposure to SASA!. Couple 2 here exemplifies this as Stella had extensive exposure to activities and CA support while Henry had minimal exposure. Henry explained, "she has actually changed...That's why I want for her to come to town to start working so that we can start planning for our children...You know when you start working together...things get better." Changes in Stella appeared to influence changes in Henry and spurring movement in their longstanding relationship conflict over Stella working in town. However, Henry may have been compelled to report this change in order to present a certain image to the interviewer as he had not yet told Stella about his change. That said he also reports adopting another key learning from Stella, but does not appear to know she learned this from SASA! (as she noted in her interview):

> she also proposed that I should stop arguing with her in the presence of our children. What used to happen was that some days whenever I had a bad day at work, I would just go and start with arguing with her right from the time I could get home. So she told me not to do that in the presence of the children and gradually I am also changing and as a result when we have something to argue about, I take her to the bedroom [to discuss]. (2M)

This new awareness about the impact of fighting on children was highlighted by several couples and proved a motivating factor in their change process.

Some incomplete or misguided applications of the suggested conflict resolution techniques were observed. The most common example concerned "keeping quiet" during a heated moment, but not following through to discuss the issue when calm as SASA! messages encourage. Those who reported this tended to display unresolved anger and feelings of resentment towards their partner and increased relationship distress. This may also be linked to degree of exposure as it was only noted in participants with lesser exposure such as Janice (1F) and Betty (9F) who had only attended a couple activities. Women's accounts around

‘keeping quiet’ may also be related not to incomplete applications of learning from SASA!, but by the common cultural messages taught to women around ‘keeping quiet’ to appease their husband and avoid conflict and IPV. Lastly, some participants such as Mustafa (10M) were inconsistent in the way they kept quiet, at times returning to discuss the issue when calm and other times not. As noted above, Mustafa shared how he now uses “keeping quiet” as suggested, but he also gave another example: "I can decide to keep quiet for more than three days until she feels concerned...I don’t respond to whatever she says and I never ask for anything. It has been my very strong weapon.” (10M). This reflects the way some participants used “keeping quiet” as a coercive way to control their partner or withdraw to avoid the issue.

The benefits of only “keeping quiet” (and not discussing later) were often not clear cut as it prevented verbal and physical violence from erupting, but left the core issue unresolved (i.e. major disagreements, infidelity, controlling behaviour). Couple 9 illustrates this complexity. They separated five years before due to ongoing conflict and Martin’s decision to take another wife. Each continued to feel disrespected by the other after the separation. Betty eventually chose to put aside her pain to focus on ensuring Martin provides for her and her children. She reported learning from SASA! to “keep quiet” to avoid fighting and now accepts what he provides without argument and does his laundry (a longstanding conflict source). Betty views this as a positive change that has brought her peace and their relationship “is good” now. She negotiates her needs using the laundry as leverage, “every day, he must report here in the morning…since his clothes are here, he has to bring us money for food, he comes in the morning and brings it, he takes tea and goes away.” From Martin’s perspective Betty has changed in the last year,

> now you can converse and laugh with her…she is now calm… before this time she couldn’t even wash your clothes but now things have changed. I have even decided to put more effort on the house in the village [where Betty lives]…I would like her to get what she wants because she is now changed. Now whether there is money or not, whichever amount you give her she accepts it without questioning. (9M)

Thus, while participants did not always apply SASA! learning as intended or have ideal relationships, in some cases it still reduced fighting and generated better family outcomes.

Improved communication through listening and responding and sharing more was another key mechanism of change. Participants reported sharing more on topics they previously avoided such as their income, spending, struggles, and feelings, “I now can tell my husband

all my secrets and I do not hide anything.” (4F). These efforts to communicate were successful and influenced change in the relationship when their partner in turn listened and was responsive, “whatever you tell her you will just be ignored then there is no reason for you to tell her. But if you see her calming down, you also start getting moved to start talking to her." (7M). Couple 6 best demonstrates this change process. Charles explains, "she listens to me, and I also listen to her.... The communication is also good, she can tell me that this is not good and I also tell her that I have not liked this. You solve the issue peacefully without a tug of war." (6M). This is a significant change from their previous interaction pattern where Jean would request money, Charles would withdraw, she would “not listen to him at all even if he did not have money,” putting him “on pistol (pressure)” till she lost her temper over his lack of response, and the situation would escalate to fighting with both using physical violence at times.

As noted earlier, participants narratives of their relationships conflicts suggested not feeling heard or listened to was perceived as a sign that their partner did not value them, their ideas, views or needs and was very hurtful. Thus, listening and responding and increased sharing appeared to be a particularly meaningful change for many, as partners perceived they had influence or power in the relationship and felt valued as a person. “I have just started talking about it [my issues] with my partner...It has taken me about one year...whenever I am not so stressed and I manage to talk about my issues it makes me feel the ability to do other things.” (7M). These more positive interaction cycles in turn contributed to greater intimacy and love, “we started smiling, we started talking and discussing issues well together.” (3M). Both men and women were described as shifting from being “hardcore” or “tough” to “softening” and being “more understanding,” “calm” and “caring.” “What I am most happy about is the agreeing and understanding each other...it shows love in relationship.” (4M).

Better communication and conflict resolution then fuelled an increase in trust and respect between many partners. This was a key or “the most important” relationship change for many participants perhaps because, similar to being heard by their partner, being trusted and respected indicated they mattered. Increased trust and respect in turn facilitated change in key conflict areas. For example, some partners that were previously controlling, due to fears their partner would be unfaithful and leave them, seemed to feel more secure. Improved communication and intimacy with their partner gave them more confidence to trust and also show respect in turn by trusting their partner. Participants reported they (or their partner) no longer “have a problem” with their partner’s whereabouts (“I may not ask at all”) or who was calling them (“he gave up that thing [fight] about the phone"). Men were also doing

more to earn their partner's trust through communicating their earnings and struggles to provide: "Now she can even believe me when I tell her that I don't have money." (3M) Apart from showing more understanding, women in couples 2, 3 and 4 were in turn more willing to contribute their own money where they used to "hide it." These examples illustrate the growing trust many couples experienced around money issues.

Improved communication and self-regulation were also mechanisms for change in managing the complicated 'baggage' individuals brought into their relationships. While many still had deeply complicated relationships with former partners/children, things improved after attending activities and receiving support from CAs. The changes in couple 10 offer the best illustration. Through the support of a CA Mustafa stopped trying to avoid upsetting Fatimah through lying about his previous partners and began to communicate openly with her about his financial obligations and visits to see them in the village. Fatimah describes they both learned to "control our anger" and now "everyone is responsible." Mustafa now "meets his obligations," and she adds, "Even if he does not have the money, he uses the little he has and he provides for us and he does it peacefully." Here she exhibits a new understanding, noted by many women, that sometimes men cannot fully provide. His willingness to be honest with her was meaningful, particularly as it addressed her previous grievance around his continual dishonesty. Thus, through more openness and honesty about their responsibilities and interaction with previous partners and children, more trust and understanding emerged within couples leading to a decrease in IPV and greater peace within families.

More trust and respect contributed to improved coping and alliance among couples to pursue shared goals and investment. Both men and women reported as they were more open around money they began "planning together" and working towards the "development of the family." For example, as noted earlier, Andrew and Peter in couples 3 and 4 had not been working regularly for years; their narratives suggest they felt trapped in a hopeless state, drinking and gambling to escape, while their wives provided for the family. Financial pressures incited anger, distrust, verbal abuse and, at times, physically violent fights. SASA! appeared to offer these men a sense of hope that things could be different at home and CA support gave them the push they needed to stop drinking/gambling, work together with their wife and actively seek work. Due to SASA! exposure Patience had the confidence and skills to speak up and approach situations differently:

> You know for me when I learnt about how people should treat each other in the home I looked at my husband and realized that the only way to make him listen was not to

> accuse him of not wanting to work but to talk to him in a very calm way...because my husband was not working every small thing would annoy him but I learnt how to approach him with respect and this has helped so much. He had a feeling that I was disrespecting him because he was poor but I told him that it was not true and I also changed tactics on how to encourage him to work by giving him examples of how other people were behaving…this really worked so much because he got a job and he is now respected in the community and people even invite him for functions unlike before. (4F)

This illustrates the process of change by which many participants experienced individual level change that led to a gradual upward or positive trajectory in their relationship. Increased healthy relationship awareness and learning ("I learnt about how people should treat each other in the home") led to greater understanding of their partner's situation/feelings ("He had a feeling that I was disrespecting him"). They changed their behaviour ("I changed tactics") applying new communication and relational skills ("I learnt how to approach him with respect") which resulted in positive relationship and family outcomes ("he got a job and he is now respected in the community"). Also, after Peter starting providing she was more honest about her own income, "now I tell him what I have and we plan together on how to use that money." This demonstrates the finding that many couples' change processes were nudged along by one partner making a small change (Patience changing tactics for example) that gave the other the courage to also make some changes in their own behaviour without fear of losing their perceived power or position in the relationship, generating intimacy.

These findings point to an unanticipated impact that SASA! appears to have had on the financial situation of many families. Through increased partnership and communication couples' family economic situation improved to varying degrees, with only couple 1 reporting no change in this area. The changes reported ranged from now being able to cover school fees to developing financially through "planning together" in a way they were not able to prior to their exposure to SASA!. Though the structural challenges noted earlier were still present, these changes allowed couples to better cope with them and thrive through increased partnership.

> As for me the most important thing is preventing violence...because if you have a violence free home you can improve your livelihood and you can communicate well, you can survive on the little that you have....it is not only the rich families that are having good relationships. (Fatimah, 10F)

This highlights a growing understanding among some participants that working together improves the family's economic situation, illustrating the shift away from the common belief in the context that poverty is the cause of violence.

5.2.4 Facilitators of and barriers to change

The experiences and depth of change varied among partners and across the couples sampled. Some appeared to experience profound change, while other couples reported little or uneven changes. Certain factors may facilitate or be a barrier to change. While reported on separately below, it was frequently a combination of different factors that converged to influence or prevent change.

To start, couples' perceived need to change appeared to influence their engagement with SASA! and application of learning, facilitating change. Those on the least healthy end of relationship spectrum prior to exposure (reporting the more severe forms of physical and other forms violence) experienced the most change. The motivation to change came from being at a rock bottom within their relationship, desperate and willing to try anything to improve things. Andrew in couple 3 illustrates this, describing a breaking point in their relationship: "by the time this violence reached this level, she had sworn to quit the relationship and go back to her parents' home...my earnings were too little." (4M) As a result, though these couples' started in the worst place, they had the most stable and fulfilling relationships among the sample at the time of the interviews post-intervention.

Couples that fell in the middle of the spectrum (experiencing controlling behaviour, verbal abuse, quarrelling, and poor communication and power sharing) reported less relationship change. Despite their relationship dissatisfaction and distress, they did not have the same desperation to change noted above. The clearest example of this is Janice and Joseph in couple 1. They had not experienced physical violence since the early days of their twelve year relationship and both reported love, respect, open communication about money, understanding and shared decision making on some things: "I told you that the issue regarding fighting…those ones ended a long time ago...[now] We are not in a straight line [without relationship issues] but we are there [doing ok]." Yet, as noted earlier, Joseph is controlling, prevents Janice from working and refuses to test for HIV. Still, neither appeared desperate enough to change. Joseph felt SASA! did not apply to him because he viewed it as something for couple's experiencing physical violence which did not pertain to him. Thus, in some cases a lower perceived need to change was a barrier for couples as it meant they were

less likely to perceive SASA! activities and messages as relevant to their lives and less motivated to take steps to change.

SASA! exposure was the predominant factor influencing the degree of change in couples. This is unsurprising given the purposive sampling of exposed couples reporting change. Yet the specificities of the types of exposure and degree of change offers insight into how change can occur (or not). The combination of both partners being exposed to multiple activities and CA support appeared to facilitate the most change. This exposure pattern was observed in the couples that experienced deep change, but not among those with less change. Couple 6 highlighted earlier demonstrates the power of this combination. Their conflict over Charles not providing led Jean to report him to the Local Council leader (LC). They received relationship support from the LC and CA and through their encouragement both started attending SASA! activities. Their narratives demonstrate a growing awareness around healthy relationships from activity attendance. They came to see their part in conflicts and each noted they now "listen to each other" and "try as much as possible not to argue." A key turning point came about through the suggestion and support of their CA who encouraged Charles to reconsider his opposition to Jean working. This eased the economic burden for both and was empowering for Jean, who perceived it gave her more control, making her less dependent on Charles. While this example reflects the benefits and changes commonly observed in couples with this exposure combination, there were only a few couples with such exposure so it is difficult to extrapolate beyond the sample.

Couple 3 deviated notably from the above pattern, experiencing profound change when only Andrew was exposed to SASA!. In this case change needed to come mainly from one partner as Andrew had been unemployed, drinking and gambling for over 10 years while Milly supported the family. Andrew also had the most intensive exposure over the longest duration among the entire sample. He clearly articulates how this nurtured a significant change process in him improving their relationship. Milly's supportive response and willingness to work together with Andrew despite his past behaviour was also an important factor. This along with Andrew's intensive engagement with SASA! and individual change transformed their relationship and family.

CA support appeared to act as an important helping relationship, bolstering individual behaviour change processes and facilitating change among couples. CAs supported participants such as couple 10 above with their specific challenges, offering tailored

suggestions to address them as well as ongoing encouragement. Mustafa describes this process, detailing how the CA in his community supported couples to make changes:

> [F]or instance for all the challenges you present to him he will show you that there is a solution and he tries to show you that it is a simple thing. The following day he will approach both of you starting with the most stubborn and then after that he combines the whole couple together. (Mustafa, 10M)

This illustrates how through a casual and balanced approach CAs were able to support both partners to discuss difficult, contentious issues and slowly make positive changes. Though, as the CA became a friend and trusted advisor, his statement may have been influenced by a desire to frame his friend in a flattering light. CAs also appeared to help provide a degree of accountability for the changes partners commit to. Mustafa's wife Fatimah shared how their CA and his wife influenced changes in Mustafa after she reported him to the LC for using violence. The LC and CA made it clear he would be held accountable for his behaviour going forward: "they warned him, I think they all scared him...he realised that he had to change." But, the CAs also offered their support to Mustafa during this change process such that he felt comfortable reaching out to them: "Whenever we would experience violence, he [Mustafa] is the one who would call them." This also reflects how participants valued the close and immediate relationship resource CAs provided, noting how CAs "live nearby" and would come over "that very night" when they were experiencing distress.

Ongoing CA support appeared particularly impactful with behaviours that proved more difficult to change which were largely linked to traditional gender roles. For example, both Charles and Robert in couples 6 and 8 had a history of controlling behaviour, preventing their wives from working despite being unable to fully provide themselves. Both men had similar exposure to SASA! activities, but only couple 6 had direct support from a CA. As mentioned above, Charles changed and started a business for Jean due to the support of their CA. Robert had no CA support (and his wife had no exposure at all) and he remained unwilling to allow Mary to work. When questioned about his responsibility in a relationship he explained:

> My responsibility, I have to take care of my wife and child, making sure they are well. We do not have to disagree but to agree in everything whether good or bad...What I mean is that if there is a job to get money, if the wife gets a job you have to [both] agree that she goes to work." (Robert, 8M)

Interestingly, Robert appears to use SASA!'s message around shared decision making to justify why Mary cannot work, since they have not reached agreement on the issue. Mary's

narrative reveals a different picture as she reports this is a major source of conflict in their relationship. This example indicates how absorbing new ideas around healthy relationships and learning to correctly apply new communication and conflict resolution techniques can take time and benefit from CA support and having both partners engaged in SASA!.

5.3 Discussion

This chapter has demonstrated engagement with SASA! by one or both members of couples contributed to varied experiences and degrees of change at the individual and relationship levels. I will now summarise the findings and discuss them more broadly, drawing on existing research and theory.

Relationship changes were not universal or rapid for the most part, but often uneven and slow. Couple's relationships were defined and inhibited by established beliefs and obligations related to gender roles and family life. While people endeavoured to maintain these roles to avoid community shaming, the underlying reason for adherence may have been the pursuit of validation and feelings of self-worth. Research indicates self-esteem (defined here as feelings of self-worth) (Major et al., 1999) is linked to a person's ability to adhere to the norms of their sociocultural context and is developed within their particular cultural context and influenced by their gender, class, race and ethnicity (Josephs et al., 1992). How well an individual fits the image what a 'good' woman or man is in their context is thought to form the basis for their self-esteem (Josephs et al., 1992). Thus, for participants, gender role adherence may have been motivated by a desire for a sense of self-worth that comes through the validation and respect accorded by their community when they fulfil their role as a 'good' man or woman. This may in part explain why the findings revealed, 1) participants valued and fought to adhere to their gender role (and have a partner that adhered to theirs); 2) when they were unable to adhere to their role they would attempt to maintain at least the façade of adherence in public; and 3) they adhered or forced their partner to adhere to their role even when it had negative consequences for themselves or their family. For example, why some men barred their partners from working even though they were unable to provide, causing even greater financial hardship for their family.

Shifts in power dynamics were experienced by some couples through their exposure to SASA!. This was not reflected in the language participants chose when discussing SASA! (surprising given SASA!'s emphasis on exploring power), but rather was indicated by the types of changes observed in couples. Some research has suggested power imbalances are indicated by a lack of trust, responsiveness, shared investment and communal focus (Knudson-Martin, 2013, Higgins et al., 2014). These were all issues for couples pre-exposure, but this changed for the majority of couples after exposure to SASA!. Power shifts appeared evident among the study participants even though the couples did not identify them as such. Instead they spoke about valued changes related to communication, conflict resolution, trust

and respect, and shared goals -- all indicators of more balanced power (Wadsworth and Markman, 2012). Similar changes were also reported in Kyegombe et al.'s (2014a, 2014b) qualitative study on the lived experience of SASA!. These shifts in power suggest prevention interventions can cultivate changes in relationship power dynamics, an important finding given the well documented evidence that power imbalances increase risk of partner violence (Hindin et al., 2008, Conroy, 2014, Heise, 2012).

More intensive and direct SASA! exposure appeared most effective in influencing power shifts. For example, CA support coupled with dramas and activities was particularly instrumental in facilitating difficult changes linked to gender roles such as conflicts over women working. This appeared to offer men a direct frame of reference for a new or expanded image of what a "good man" could be along with personal support to help him change. Within this expanded view he could support his wife to work *and* maintain (or in some cases regain) a feeling of worth or value as a man in his community. This was reinforced when individuals undertook even small steps to change their behaviour, pushed the boundaries of their perceived role and were met with the positive outcomes reported such as reduced stress over trying to provide alone, appreciation for their partner's support and improved financial security for their children. As the benefits grew, gender role adherence became less important. Thus, SASA! may have ultimately offered some individuals a new framework or means to obtain love, intimacy, security and validation, previously sought without success through the traditional avenues dictated by their cultural context. This may explain the renegotiation of power balances observed in some couples, with partners sometimes ceding traditional forms of power granted to their gender.

The data also suggested working with both members of couples can be effective in facilitating positive change in relationships and reduction in IPV. As I have shown, there was a pattern in which these couples' joint involvement nurtured a reciprocal change process between them. However, though 7 of the 10 couples had both partners exposed, there was variation in their degree of exposure and change. Their experiences cannot be generalised, but it is still worth noting that there were striking differences between these couples' change processes and those where only one partner was involved. This is not to say that couples with only one partner exposed did not experience positive changes, rather these couples seemed to encounter more hurdles (such as feared or actual partner resistance) and resulted in less change overall relative to their prior relationship dynamics. While most couples did not attend together in my qualitative sample (apart from those who received CA support), engaging partners together as well as separately may be an effective approach to consider

incorporating into broader IPV prevention interventions and echoes support in the literature for such approaches (Wadsworth et al., 2011, Heise, 2011, Higgins et al., 2014).While changes were uneven with none of the couples exhibiting full equality and balanced power in their relationship at the time of the interview, many still reported greater relationship satisfaction even after small changes. This may be because couples felt compelled to report this due to social desirability bias. It may also be linked to their perception versus the actual reality of their relationship. For example, Rabin (1994) found that marital satisfaction is based on the perception of equality more than actual equality. This may explain why despite continued inequality in some areas, many reported greater relationship satisfaction after perceiving an increase in power in only certain aspects of the relationship. In another study that examined the link between equality and marital well-being, equality was defined as partner's perceptions of their ability to influence the other (Steil, 1997). Many of the changes highlighted by participants around listening and responding and increased sharing may have been related to this concept of influence. These changes appeared particularly meaningful to participants as they signified their ability to influence their partner, making them feel more valued and respected and reflect other findings on power in relationships (Knudson-Martin, 2013). Thus, a growing sense of influence in the relationship may have generated a perception of greater equality increasing relationship satisfaction.

For some, the concept of hope appeared to initiate a process of change and facilitate the gradual shifts in power noted above, particularly among those with more distressed relationships. SASA! seemed to offer them a new vision of how things could be in their relationship and family, motivating them to begin taking small steps towards change. Sociologists have suggested that hope is the combination of "waypower"—the pathway towards a goal—and "willpower"—the motivation (agency) to move along the pathway towards the desired goal (Snyder, 1994, Snyder et al., 2000). SASA! seems to have offered individuals a pathway towards a better relationship/family life with specific small actions they could try along with direct support through a CA in some cases. This is evidenced in the findings by the use of the suggested conflict resolution skills and growing flexibility around gender roles among some participants. The willpower to try these new actions was generated, in part, by observing the positive change in community members engaged with SASA! as Chapter 6 will further demonstrate.

Overall the findings suggest the relational changes observed among couples were influenced by an interplay of gender consciousness, relational resources and structural or material resources. This broadly reflects Benjamin and Sullivan's (1999) proposed model of change in

marital relationships outlined in Chapter 2. My data suggest the relationship education aspects of the SASA! intervention played a central role in facilitating relational change through enhancing intrapersonal skills (e.g. communication and conflict management skills) of both men and women. Similarly, Benjamin and Sullivan's study in the US and another application in a low-income community in Honduras (Murphy-Graham, 2010) (both included only women) found the development of interpersonal skills and increased gender consciousness in women aided negotiation around change in communication and division of household work in marital relationships. Increased gender consciousness, however, was not observed as consistently across my sample and similar findings were reported in the Honduran study (Murphy-Graham, 2010). This is perhaps because gender consciousness is a continuum and couples were only at the stage of awareness with some knowledge of gender specific rights and will continue to change over time. Thus, it is not surprising that gender roles did not fully change, particularly as other research in Uganda found individuals had difficulties integrating new concepts of gender equality into their interpersonal relationships (Mullinax, et al., 2013). However, my data does suggest rigidity around gender roles softened in some couples, with greater willingness to support each other observed. Murphy-Graham's study (2010) also found couples "were beginning to break with traditional gender norms in their communities in subtle yet significant ways. They used interpersonal skills, including everyday talk, expressing feelings, and using change-directed negotiating skills, to encourage their partners to share household responsibilities more equitably." (p. 329).

Other changes that indicated shifts away from gender normative behaviour in my findings included men discussing their problems more and accepting support from their partner as well as other men (often male CAs). Earlier research in Kampala (Wyrod, 2008) also found shifts away from gender normative behaviour (e.g. acceptability of men cooking and cleaning and joint decision making in the home) among a minority of men in Kampala who had exposure to gender consciousness training or messaging through work or community organisations (including CEDOVIP). Others without such exposure were less progressive, entertaining ideas of gender equality while maintaining male authority. Similar tensions were observed in my data among couples, particularly those with less exposure. Together these findings indicate a shift in gender consciousness is underway with individuals at different places on the spectrum and suggest awareness raising and ongoing support can influence deeper shifts in gender equality within intimate relationships and the domestic sphere.

5.4 Limitations

The couples study presented in this chapter has various strengths and limitations. The small, uneven sample was clearly a major limitation. For example, the relationship duration of couples was uneven with 8 of the 10 couples being in long relationships (8-25 years) and as such not a representation of the wider population. This may have introduced bias as research on IPV suggests that IPV often peaks in the beginning of relationships and reduces over time. Thus, while the data can offer insight into how SASA! influenced couples in longer term relationships, it is limited in what it can say about couples in relationships of less than 5 years. A larger and more even sample which included couples with a broader range of experiences or stages in their relationship and no exposure and/or no change would have undoubtedly provided greater insight.

Given the limitations introduced by the small sample my findings must be interpreted with caution. They are reinforced though by the findings in Kyegombe et al.'s (2014a, 2014b) study on the lived experience of SASA! noted earlier. The study included a larger sample of 40 community members (only one partner, not dyads were interviewed), 20 community activists and 12 local leaders. While it was not an in depth examination of relationship change processes, similar relationship changes were attributed to SASA! in this larger sample including: shifts in gender role expectations, increased mutual support and improved communication, joint decision-making, disagreement management and financial stability. The reoccurrence of themes across multiple data sets does reinforce my findings and suggests some of the changes observed in the couple's study may be found beyond my small sample.

Social desirability bias may have also impacted my data—as well as all the data collected in the SASA! Study—raising questions about whether participants actually experienced the changes reported. Qualitative interviews entail 'identity work' whereby the participant portrays a story and a particular image they wish to project to the interviewer (Silverman, 2006). Participants may have falsely reported or exaggerated SASA! induced change due to their perception of the interviewer's affiliation with SASA!. To address this limitation, interviewers made efforts to develop rapport and emphasised they were only interested in understanding people's experiences in their relationships and whether they had any changes or not, acknowledging that relationships are difficult and sometimes people struggle to change. As Chapter 7 will demonstrate, interviewing both members of couples also helped address this as overlaps in partner accounts increased the validity and 'trustworthiness' of the changes reported. Also, care was taken during analysis to not take reported changes at

face value, but compare and contrast stories between partner accounts (i.e. the level of detail provided on relationship history and changes reported) along with interviewer observations discussed during post-interview debriefs. Having separate interviews with each partner offered a much fuller view of the change process and greatly enhanced the results. It may have encouraged participants to be more honest since they knew their partner was being interviewed at the same time. Conversely, it may have influenced and altered their responses in other ways. It also brought the challenge of trying to piece together different narratives of the same relationship and it was often difficult to have certainty of what happened. Furthermore, while not always explicit in the data, changes reported may also have been mediated by other influences in the context. For example, the competing messages from mass media, schools, and religious institutions—noted in Chapter 3—which influence current social norms around relationships and marriage (Nyanzi et al., 2005, Parikh, 2007).

Due to the challenges during sampling noted in Chapter 4, two couples were recruited through females interviewed in the follow up survey and eight through males. It is possible couples sampled through the male versus the female—and who agreed to participate—differed in key ways (e.g. attitudes towards IPV, experiences of change) from those who declined. During analysis no discernible differences were found however between couples sampled through the woman versus the man (e.g. degree of change experienced or patterns of how they were exposed to the intervention).

Another potential limitation was the single interview format, as participant's ability to recall relationship changes over many years likely impacted the quality of the data. Collecting data at multiple time points through longitudinal or pre/post interviews places less reliance on recall and allows the researcher to observe the consistency in participants accounts of their relationship and changes experienced. Thus, having multiple interviews with each partner may have provided richer and more reliable data. However, the timeline tool was a strength and did improve recall issues, helping participants piece together the sequence of events—though some still struggled at times. Overall, future research may benefit from the inclusion of a larger, more diverse sample—with couples who experienced change and those who did not—as well as conducting interviews at multi time points—ideally before, during and after the intervention.

Chapter 6

The role of social network and intervention factors in diffusing SASA! and influencing relationship change

6.1 Introduction

This chapter uses mixed methods to explore how SASA! diffused within intervention communities and the factors that influenced or prevented the uptake of new ideas and behaviours around intimate partner relationships and violence. Increasingly IPV prevention interventions which seek to influence behaviour change and reduce IPV are expanding be yond individual-level approaches and single channel mass media campaigns towards more complex designs (Heise, 2011). Multi-component approaches intervene at different levels of the social ecology (relationship, community and societal) and combine mass media messaging with community mobilisation efforts, peer education and community-based change agents (Noar et al., 2009, Wakefield et al., 2010, Southwell and Yzer, 2007, Heise, 2011). While research evaluating interventions often examines the effect of direct intervention exposure on the intended outcomes, this analysis also examined the role of social network participation and communication about the intervention. The latter is particularly important when researching interventions like SASA! which are designed to diffuse through community social networks and change agents.

Diffusion of innovations theory in turn provides a useful framework for exploring how attributes of an innovation (the SASA! intervention in this case) and the attributes of the individual, social system and environment converge to allow the spread or flow from a source (SASA! team) to an individual (community members) via different communication channels and influence. ‘Adoption’ is defined as the uptake of the innovation, ideas or programme by the targeted audience (Glanz et al., 2008). By including the influence of social networks and change agents, diffusion of innovations theory distinguishes itself from most health behaviour change theories which only incorporate individual and/or social influences (Glanz and Bishop, 2010). Examining these influences can offer a deeper understanding of how community mobilisation interventions work, as well as why they may not. While diffusion of innovations theory has not—to my knowledge—been applied specifically to IPV

interventions, aspects of the theory are supported empirically in the broader health literature (Svenkerud and Singhal, 1998, Dolcini et al., 2010, Ploeg et al., 2010, Rogers, 2003, Wejnert, 2002).

As Chapter 2 outlined, diffusion of innovations theory focuses more broadly on the role different communication channels play in facilitating individuals' 'exposure' (both 'direct' and 'indirect') to new ideas and their movement through the five-stage 'innovation-decision process' (knowledge, persuasion, decision, implementation, confirmation) which is akin to the Prochaska's stages of change (Rogers, 2003, Prochaska et al., 1992). Researchers have identified a range of different variables which influence how quickly new ideas or innovations are adopted or rejected. Most relevant to my research aims are communication channels, perceived attributes of the intervention and change agent factors, which are therefore the main aspects of diffusion examined in this study.

Communication channels are the means through which messages and new ideas are spread from one individual to another (Rogers, 2003). With SASA!, new ideas and behaviours are introduced to community members directly through, 1) mass media channels: posters displayed in shops, on gates, at local authority offices, health centres and in the market; 2) mid-media channels: videos or dramas performed in public spaces in the community; and, 3) two-way communication with change agents: quick chats, community conversations and card games facilitated by community activists. Community members are also expected to be indirectly exposed to SASA! as it diffuses within intervention communities via interpersonal communication among social network members.

Mass and mid-media channels are theorised to be effective in generating awareness and knowledge about new ideas and behaviours. This is particularly so when messages generate identification among audience members with the characters in radio plays, videos or dramas (Rogers et al., 1995). Thus, mass and mid-media can facilitate identification and interpersonal communication about the content, and these discussions are the most influential in persuading individuals to adopt new behaviours (Rogers, 2003, Vaughan and Rogers, 2000). The concept of 'homophily' suggests that interpersonal communication among those who are more similar, such as the closest members of an individual's social network, is most influential in an individual's decision to accept new ideas/behaviours (Rogers, 2003). Therefore, communication and diffusion researchers have suggested that it is the interplay between mass media and interpersonal communication that leads to behaviour change. Termed 'intermedia processes', this framework suggests that mass media messages translate

into individual behaviour change via interpersonal communication within social networks (Mohammed, 2001, Gumpert and Cathcart, 1979). Thus, examining communication channels, and particularly the role of interpersonal communication, can offer important insights into how interventions generate behaviour change which are aspects often overlooked in intervention research.

Change agents can play an influential role in facilitating adoption, particularly when an innovation lacks some of the five characteristics noted above. Rogers outlines seven roles a change agent ideally plays in introducing new ideas and behaviours within communities and facilitating adoption: develop a need for change; establish an information exchange relationship; diagnose problems; create an intent to change in individuals; translate intent into action; stabilise adoption and prevent discontinuation; and, achieve a terminal relationship by developing community members' capacity to be their own change agents (Rogers, 2003). Through these roles a change agent can circumvent any challenging characteristics that may be inherent in a given intervention.

Together the communication channels, intervention attributes, change agent roles and other key variables noted above can serve as a guide or starting point when evaluating interventions, and help illuminate what facilitated or prevented the intervention's intended outcomes. As such, it has been applied in a variety of ways across public health, particularly in family planning, HIV prevention (Margaret Dolcini et al., 2010) and health systems research (Glanz and Bishop, 2010). Overall, studies which analyse variance using survey data, dominate the diffusion literature, and there remains a dearth of process research (Rogers, 2003). Process research, particularly qualitative process research, can provide important information looking backward on the sequence of events that influenced individuals' change processes. Combined with quantitative variance research it can offer a fuller picture of how and why interventions work.

Thus, in this chapter utilises both methods to extend the breadth and depth of understanding of the interwoven processes of change and diffusion within the context of the intervention. First, I present findings from the qualitative analysis which explored the influence of different communication channel exposures to SASA! on participants' processes of change. Next, I present the quantitative results which provide a broader view of intervention exposure and social network communication in intervention communities and their relationship with the main outcomes the intervention is designed to impact (e.g. whether the interplay between mass media and interpersonal communication has a stronger effect).

The different methods were then integrated in a way that was both exploratory (i.e. examining processes of change linked to intervention exposure to study the role of communication channels in diffusion) and confirmatory (i.e. testing hypotheses of associations between different communication channel exposure and key outcomes). The discussion section then presents the combined findings using the qualitative findings to explain aspects of the quantitative results and vice versa as well as theory and other research findings. I conclude with a discussion of the limitations specific to the analysis presented in this chapter.

The full details on the methods used for each analysis are found in the qualitative and quantitative methods sections in Chapter 4.

6.2 Qualitative Results

Participants' accounts of their varied journeys from becoming aware of SASA! and engaging with it through different communication channels (or not in some cases), to applying some of the tools in their relationship and experiencing changes (or not), converged around a number of themes. Using a qualitative lens, this section illuminates the factors that influenced this process: 1) initial routes to exposure; 2) deeper engagement with the intervention; 3) types of knowledge gained; 4) behaviour change; and, 5) diffusion of learning and SASA! to others. The unit of analysis for the findings presented here was the individual mainly and not the couple. Their experiences offer some insight into how SASA! and other social network factors may influence change processes around IPV, but are not generalizable, particularly given the variation in exposure among the participants highlighted below.

18 of the 20 participants had been exposed through at least one route, with two women reporting no exposure at all (5F, 8F). As shown in Table 5, the intensity and type of exposure to SASA! varied among participants in the qualitative sample. There were examples of couples and individuals that had primarily direct relationship support from a CA (2M, 10F, 10M), while others had only attended activities or dramas (1F, 1M, 5M, 7F, 9M, 9F). The former case tended to be couples that had been experiencing violence and either went to the local council office for support, or sought support from a friend, neighbour or relative that was a CA. It appears that given the intensive support from the CA they did not feel compelled to attend activities. One participant explained,

> In that area [attending activities] I have been lazy, maybe it is because I was relying on [CA]...but still I cannot say that I am so informed about their activities...I get to hear about these things from [our CA]...he usually tells me that they have gone for training, things like that...but we have not been active in attending them. (10F)

Table 5: SASA! Exposure among qualitative sample

Couples #:	Couple 1		Couple 2		Couple 3		Couple 4		Couple 5		Couple 6		Couple 7		Couple 8		Couple 9		Couple 10	
Female (F) Male (M)	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Activity/Drama Exposure: *(mid- media)*																				
CA direct support: *(Interpersonal communication)*																				
Indirect Exposure (e.g. posters): *(mass media)*																				

KEY:

Activity Attendance: 5+/ongoing activities; 3-5 activities; 1-2 activities

Community Activist (CA) support: Ongoing CA support; 1-2 support visits w/ CA

6.2.1 Routes to exposure

There were several main routes through which participants first became aware of and engaged with SASA! and the new ideas around IPV and relationships. To start, over half were first exposed when a community activist invited them to join an activity or drama:

> Paul [CA] mobilised us to come and attend…it even rained on that day but we went and attended...for us we just went because we were mobilised, we did not know what we were going to learn that day. (4F)

This example illustrates the way many described that their first encounter with SASA! activities came after being "mobilised" in their home by a community activist. For others, their first exposure came through discussions with members of their social network. This included discussions with other community members who had attended, seen posters or observed activities taking place in the community. And, as noted above, in a few cases couples' first exposure came following an episode of IPV when the wife sought support at the local council or when a CA intervened.

Mass media also played an important role in raising general awareness of SASA! and promoting ongoing attendance. Participants often noted first seeing posters displayed around the community as they came to know about SASA! and they continued to have relevance over time as participants found the different relationship and family scenarios thought-provoking (detailed later). The 'loud speaker' (community public announcement system) was most influential in promoting ongoing attendance. This is evidenced by how participants frequently spoke of continuing to attend whenever they heard activities announced on the 'loud speaker,' whereas their first exposure generally came from other routes.

6.2.2 Factors influencing engagement in SASA!

Following their initial awareness of and exposure to SASA!, a range of factors emerged as key in participants' decisions to then engage with SASA! activities and new ideas.

Community engagement with SASA!

To start, there was a sense, even from participants with less exposure, that SASA! is part of the fabric of the community, illustrating the visible presence of SASA! in the community. This was evidenced by how participants noted "seeing people talking about it," referenced those "who are active in it" and "put up posters" and described how "when you come back in the evening they [neighbours/family] will tell you that the SASA! team was here."(1M). There was

a strong sense of collective engagement in SASA! illustrated in the way participants often discussed their participation as a community, rather than individual endeavour: "All the women here attended...we went together"(1F). Both the awareness of SASA! activities and talk among community members stimulated curiosity and motivated attendance, as Frank illustrates:

> I: When you heard that there was a SASA! activity, what did you think about that?
>
> Frank: I had to know the meaning of SASA!, I first got to know…there were people who would say that there are SASA! dramas there, and then I would ask myself that what is SASA!? Is it drama? That prompted me …they had even told us that Nandujja [popular traditional dancer] was coming she was the first one to come, I decided to go and watch her, when she finished then they brought a drama." (5M)

There was also the perception among many participants that SASA! was appreciated and well received by the wider community: "Many people, neighbours, those I work with like the Boda-Boda [motorcycle taxi] riders and even you can see that they like SASA! activities" (8M) (though their narratives may have been exaggerated if they perceived the interviewer was associated with SASA!). This in turn led to a reciprocal or mutually reinforcing relationship, in that communication about SASA! motivated community members like Frank above to attend and this in turn generated more discussion and debate. Network members also played a role by informing and encouraging each other to continue attending activities:

> What encourages me to go there is the hope that they would bring a new idea…especially the ideas that help us on the things we are working on. And you will find colleagues who will tell you...'SASA! sessions are going on.' Because it has helped to create better families now. (3M)

Proximity & identification

A central theme influencing exposure and engagement was SASA!'s compatibility with participants' lives and the issues they were dealing with. To begin, the close proximity of SASA! to participants' communities and daily lives had particular value and meaning for them. Several remarked that SASA! was not like other programmes that "decide to stay at the health centres, where they sensitise the people from"(8M). There was a strong appreciation that SASA! activities came right to them: "They have even reached down to the grass root people, instead of people saying that they are going to watch a drama, the drama comes down to them" (5M). This was perceived as a more effective approach: "SASA! reaches the people in the community and ...they understand better." Second, the content reflected their

daily reality, and the theme of identification featured prominently among the narratives. Participants found meaning through their identification and connection with the topics discussed at activities and observed in dramas and videos. They frequently noted activities reflected their own experiences and those around them: "the information was good and I think it was like a lesson because we were also going through the same situation"(6F). Others described identifying with the content, to the degree they felt as though CAs "have come to talk about you specifically" and were moved in seeing their own behaviour – "every action that you do" – mirrored during activities or dramas.

Third, SASA! seemed to feel personal and intimate for many because of the casual way community activists moved through the community, "greeting people" and asking how they were: "one is also helped in that way through asking about the problems that they are going through" (5M). Participants were vocal in their appreciation of this approach and how sharing and learning from each other's experiences gave them a new perspective on how to handle challenges: "It has helped some people especially for their hearts to be comforted because whatever they see as something big, eventually they see that it has been small because the solution was something small"(5M). The close proximity, practical content and small changes suggested made the ideas and messages appear both approachable and relevant.

And fourth, two perceived benefits appeared to influence participants' decision to engage with SASA!: the opportunity to learn, and the potential benefits SASA! may have for their relationship and family life. The desire "to learn" was a primary motivation highlighted throughout the narratives, especially for ongoing participation, "since you cannot know everything" and at each activity "you learn something." Patience demonstrates the value many placed on learning and the potential relationship benefits that may follow:

> I am a person who likes to learn new things. You know when you go for such activities you cannot be the same, even your marriage improves…it is like how we used to go to school, each day we would learn something new, I have learnt how to have a good relationship with my husband.(4F)

This also highlights the importance of participants' perceived need for change in their relationship and whether they felt SASA! offered them enough advantages to attend and continue to engage. For example, Charles and Jean articulated how their attendance was directly linked to a desire for change in their volatile relationship:

> I was motivated to come and attend that sensitisation activity about domestic violence...I wanted it to help me because the violence in my relationship was not ending...I thought that if the violence would reduce even in my home, even our relationship would become better. (6M)

> What motivated me is that they mobilised us and that they said that they were going to speak about violence and this is what was happening in my home…I had a problem in my home and I had to go and attend. (6F)

On the flip side it was a barrier among individuals who did not perceive they needed change in their relationships as there was no physical IPV, leaving them unmotivated to continue engaging with SASA! more actively. As Joseph explained, SASA! was for those experiencing physical violence and not applicable to him:

> Generally it would have been a good thing but...there are people like me, I personally never fight... I personally don't have problems in my relationship that would cause me to go there. Indeed if you had violence in your relationship you would. (1M)

Despite the significant conflict and controlling behaviour in his relationship with his wife (evidenced in both their interviews), his perception that SASA! was only helpful for physical IPV prevented him from deeper engagement.

Apart from a lack of perceived need, two other key barriers to exposure were a lack of proximity and incompatibility with participants' lives. To start, some reported they did not attend because there were few activities in their area: "I attended [only] one because they do not normally come to our community" (7F). Others explained that activities took place at inconvenient times when people, particularly men, were working: "I wanted to attend their activities so that I listen to what they teach but I was not able to because I am busy working. But I thought that the next time when they come, I will attend and listen" (3F). Suggestions were given that activities be held on Sunday or during times of the day when most people have finished their household chores. However, these reasons may not be the full story, but socially acceptable responses instead as participants may have wanted to portray a certain image to the interviewer to avoid, for example, showing a lack of interest in SASA!.

Second, while the loud speaker and door-to-door mobilisation were important communication channels in motivating activity attendance, some reported not hearing activities announced ever or that CAs failed to return following an initial visit and never announced when they were actually running an activity. This points to how the lack of set times and advanced notice of activities was a barrier to exposure for some: "if you just come

one morning and you walk through the community and tell people that come to the activity, you find that people already have their other programmes" (4M). Frank makes a similar observation below, highlighting how a lack of set times for activities impedes diffusion:

> It is difficult to tell somebody that you should go and participate in SASA! activities. That person will ask you 'where are they?' At that time it is difficult to answer that question...because we do not know... You just hear about it in the community that they [CAs] are coming, they [CAs] come and tell us that they are about to start... (5M)

Given these issues, one participant with extensive, ongoing exposure proposed the radio be used to announce in advance when and where activities would be. Overall, the barriers outlined here reinforce the importance of proximity, compatibility and perceived need in facilitating awareness of and exposure to SASA! and new ideas around relationships and IPV.

Mixed gender approach:

SASA!'s engagement of both men and women was valued by participants and perceived as a key aspect of the approach's effectiveness. Having both genders at activities was deemed important because they "have different issues" and it provides the opportunity to discuss these issues together, "combining ideas." As Jean explains, men and women "have different problems. When they share them, others learn from these experiences. If it was one group we would only learn from one group" (6F). Given this, a lack of participation by men was noted as a barrier to change. Though some reported gender balance at activities, more participants indicated men are not as engaged and "[m]ostly it is the women who attend." Several suggested that more efforts needed to be made to engage men: "The things that I would like to change… they should work harder and encourage our husbands to attend the activities" (7F). One male participant reported, "the men are usually very few" and, like others, suggested this is because activities are held when "the men are still at work," but he also contended, "Sometimes they are not bothered, they think that is not important to them" (5M). This also hints at the barrier mentioned earlier of a lack of perceived need and illustrates how different barriers combined to dissuade individuals from participating in SASA!.

In addition, some participants also emphasised that not only should men and women be engaged together, but couples particularly should be engaged, as "the man will teach his wife and the woman will teach her husband if they both attend" (2F). Another cautioned, "if you invite only the men and leave the wives at home, you will not get the intended results" (1M). Interestingly, two participants, Andrew and Frank, who have extensive ongoing exposure to

SASA! activities, both expressed strong views that to start women and men should be engaged separately and after some time combined. As their partners were the only women in the sample who reported no exposure to SASA! this may have influenced their responses. While this may have played a role, their broader narratives suggest these viewpoints were mainly derived from what they observed more generally during their involvement with SASA!. Frank reasons that some issues are gender-specific while others are issues that involve both members of the couple:

> [T]here are personal problems to a man and personal problems to a woman but there are problems that unite them. There should be first sensitisation sessions for men only and women only but at the end there should be sensitisation sessions for all of them. (5M)

Andrew makes a similar statement, but his reasoning stems from concern that conflicts may arise if only one partner attends:

> You know when you put these people together and train them together, with those who have just started, a man goes back and says, 'you see, these are the equality things, which they have brought. You think you will step on me because you are a woman? Don't tell me those things, just do like this,' and then violence starts there. Then the lady will also ask, 'Why did you go there? You should not have gone, they were bad things.' So my humble request is that for those who have just started should be separated...After noticing that they have some experience they can come together. (3M)

Andrew also hints here at the complications that can arise when activities are held with those with more "experience" with SASA! and "those who have just started." It can take time to absorb and consider new perspectives which challenge existing beliefs around gender roles and IPV: "even for us when we had just started things were not easy" (3M). This illustrates a challenge for SASA!'s community mobilisation approach, as participants often have different levels of awareness. Yet, as the earlier examples indicate, this can also allow participants to learn from and be inspired by others who are further along in their change process.

Interestingly, despite participants' views that couples should be engaged together, few reported doing so and nearly all participants understated their partner's engagement with SASA!. Analysis of the different narratives suggests participants may not disclose participation in SASA! out of concern their partner may object to them attending. And, like Andrew above, some participants suggested this could lead to conflict: "Some men will question where the wife has been and in the process a fight will begin from there" (1M). In other cases, it may be that individuals do not want their partner to know that their changed behaviour or the new

ideas they introduced into the relationship did not come from them. For example, there was some evidence that when sharing learning with others and using the techniques suggested participants chose to “not mention the word SASA!.” Others may have been avoiding dismissive comments or resistance from their partner. For example, when one participant brought a poster home for her husband, he rebuked them stating, “these are mere papers and not human beings” (10M). Thus, concern around a partner’s response may have inhibited couples from discussing their engagement and learning from SASA!, which may explain why there was little talk about SASA! reported by couples in the sample.

Finally, while engaging both genders was an influential aspect, there were no strong patterns across the narratives indicating having a same-sex CA was essential to participants or influential in motivating attendance, seeking support or adopting new ideas/behaviours. Some participants did indicate having a same-sex CA made seeking advice from them easier:

> it is better to have both [male and female CAs], the woman can open up more to a woman like am doing now…I’m free...the woman CA would be more approachable than the male CA, [whereas] males would easily approach them. (6F)

However, there were also examples of participants who seemed to value their CA for being the opposite gender. For example, men perceiving their female CA could offer a woman’s perspective and offer insight on their situation with their wife. Overall, both same-sex and opposite-sex interactions between community members influenced engagement with SASA! and supported change in different ways suggesting there is value in having both male and female CAs..

6.2.3 Linking knowledge to exposure

With exposure came knowledge, and, for the 18 participants who were persuaded to engage with SASA!, a pattern was observed between specific SASA! exposure and the type of knowledge they gained—awareness, how-to and principles knowledge—which I discuss in more detail below. However, it should be noted that the ways participants’ recounted their engagement with SASA—including the examples below—may have been coloured by their desire to demonstrate they have grasped and applied learning from SASA!.

First, increased awareness about the causes and consequences of certain behaviours as well as alternatives seemed most frequently absorbed through exposure to materials and dramas. This awareness knowledge was illustrated in the way participants discussed their experiences and learning from attending dramas and observing posters. For example, their narratives

frequently mention how posters, dramas or films helped them to see the cause and effect of violence in families and other issues such as HIV testing and disclosure: “The dramas depict the good and bad in something. If it is violence in the home, they even show you the outcome" (4F). For many seeing the cause and effect of scenarios that reflected their own lives generated an affective (emotional) response and fostered new understanding and awareness knowledge:

> What has affected me most are the videos because they show you the beginning and the end, that if you do this, it shows you what the end result will be. (6M)

The participant also went on to highlight how community members have gained new awareness knowledge about the consequences of IPV:

> Some of them do things out of ignorance, others out of anger; others do not even want to be corrected, but now they have learnt that if I do this, it will result into this [negative consequences]. (6M)

Another common observation made when discussing dramas, films and posters was a new awareness and understanding of the roots of violence: “SASA! first trains you, where violence in home starts from.” (3M)

Second, how-to knowledge (information on how to apply new ideas and behaviours) was linked to all types of exposure, but appeared most frequently transferred through direct CA relationship support and posters. This was evidenced in the way participants reported more specific learning around actions they could or did take in specific situations and moved beyond statements that indicate only awareness knowledge (i.e. those who only reported learning IPV is not acceptable, “you must treat people well”). For example, Jean, who reported a previous pattern of escalating disagreements into fights through shouting and verbal abuse, describes how she learned and applied the conflict resolution techniques:

> I try as much as possible not to argue with him as they taught us and he also tries as much as he can… practicing what I learn. They said that if someone abused you it is not good to abuse them back, but to be calm and talk with them later…for me this is not what I believed in, I believed that if someone starts an argument I had to argue back eh…fight for myself, but now ah…no. (6F)

The type of how-to knowledge she describes was most evident among participants who received direct support from a CA. Through discussions with their CA participants received more tailored suggestions on how to handle their specific relationship challenges. This is best

illustrated by the experience of Robert and Mary. After Robert reached out to a CA for support during a fight, the CA offered specific ideas on how they could change their behaviour to resolve their issues:

> She asked me to bring my wife along, and we had the discussion over the issues. And she advised us and that is why we have changes...She gave us an example on herself and her husband. That they also passed through such issues as ours, and 'yet at the moment you admire us. Why do you think it is so? We also had to seek advice and we were told what to do.' And she told us that 'it is important for the couple to trust each other. Whatever she/he tells or advises you to do. So that you trust him/her. So if you fail to trust each other, then you will not have a stable relationship.' (8M)

Both partners detailed how they tried the suggested techniques and "From that time we have noticed a change" (8M). This example also underlines how sharing experiences around relationship challenges and the way they were resolved was particularly effective in communicating how-to knowledge.

Third, deeper knowledge about the underlying principles behind new ideas or behaviours related to IPV was less common compared with awareness and how-to knowledge. Activities and dramas appeared to generate more critical thinking and a deeper understanding of the issues around IPV, particularly among those with more frequent attendance. For example, here a participant details how he processes dramas, demonstrating critical thinking and reflection:

> In every drama that I watch, I look at what happened to cause the man to separate with his wife...or what caused the child to be beaten or burnt. It has taught me to learn the root cause, it has helped me to know that what caused the other thing is this, then I am able to avoid it so that because of what I saw, I can easily avoid such a thing. (5M)

Another participant shared how SASA!'s approach has given community members the skills to think critically about situations and make changes to their own behaviour:

> It is because the way they explain issues, it makes one understand it better. You can be able to judge for yourself what is good and bad...They now understand the problems caused by domestic violence...They can judge between what is good or bad. The situation has really changed and one can observe that people are changing the way they conduct themselves. (8M)

Overall, awareness and deeper principles knowledge were most frequently linked to activity and drama/video exposure whereas participants with only direct CA support tended to demonstrate specific relationship how-to knowledge, but lacked the broader understanding

of the issues that was displayed by those with activity and drama/video exposure. The next section will examine how those that needed to change transferred their new awareness and knowledge around relationships and IPV into action.

6.2.4 Factors influencing change

Once exposed to SASA!, two main factors appeared to persuade participants to move from merely understanding the new ideas and behaviours to applying them to their situation: the role of the community activist and observing change in others.

Influence of community activists

Community activists played a central role in participants' decisions to consider and take onboard the new ideas and behaviours suggested by SASA!. The CA's role appeared particularly influential because they were not only part of community members' social networks, but were also often respected 'opinion leaders' within the network. Participants' narratives frequently emphasised how SASA! or community activists came to them "here at home," noting how "they move within the community," and "mobilise us for activities." Several participants, mainly men, indicated pre-existing relationships with their community activists who were "resident[s]," friends, relatives or members of their local council. For example, one participant described how he had always "strongly admired" a CA and "because of that man being part of the SASA! team I wanted to listen and get to know whatever they were discussing." As this example indicates, there was an appreciation that CAs were both part of the community – "one of us" – but also had links to outside networks as they "walk with the people from SASA!" and received training. Together this appeared to accord them value in the eyes of participants and legitimise their role and the new ideas they were sharing. Mustafa in couple 10 illustrates how CAs were able to reach people in casual and intimate ways because they were already respected members of their social network:

> I saw him [CA] approaching me with a pile of materials. He gathered us together and said to me, 'I am lucky I have met you because it is you who has married many women.'[teasing tone]...When we gathered he started asking us several questions. During the discussion I started telling him about family problems. In response he told me about the programme [SASA!] and that's how I started knowing about those programmes. (10M)

This also exemplifies how having pre-existing relationships with community members allowed CAs to make activities more personal using their knowledge of community members' lives.

There were also cases which illustrated how a previous relationship with CA or attributes of a CA can also be a barrier to change. The most notable example was a participant who reported not being able to take his CA's messages around SASA! seriously because of the nature of their long time friendship:

> Joyce [CA] didn't teach me...because we used to joke a lot and when sometimes she brought a topic [related to SASA!], I would think that she's still joking so I failed to give her time that way. (9M)

He also felt he could not go to her for support with his own relationship issues because of ongoing IPV in her relationship as well as her beliefs around witchcraft which he did not respect. For him this eroded her credibility as a source of relationship support and made him reluctant to approach her with his own problems because, "you cannot ask such a person for support because they are worse off" (9M). For others the age of the CA was an important factor determining whether they respected a CA's guidance and felt comfortable seeking support from them. For example, one participant shared, "in most cases I don't want to sit among the youths, I want to sit with old people who will give me constructive ideas...those are people who I normally inform when I have challenges" (2M). He continues, explaining he goes to his CA with his relationship problems, "because she among the...ladies I respect by their age and whatever she tells you about, she will know what she is talking about and she will keep it confidentially" (2M). These examples highlight a challenge surrounding the CA's role in the community. On one hand observing their change/good relationship facilitated change in others, but on the other hand this can be a barrier when the CA is not modelling a positive relationship or has other attributes or beliefs that are not respected by community members.

Observing changes in others

Within social networks informal conversations about and engagement with SASA! was important not only in motivating attendance, but it also enhanced the observability of changes in couples within the community who were involved in SASA! or received support from CAs. This is indicated in the way participants frequently reported observing a reduction in IPV in their communities. They may have felt compelled to report changes in their community and indeed some accounts did appear superficial with vague, blanket statements that people had changed. Others did share specific examples of couples they had seen change, as the example below highlights:

> There is one that I saw who was not 'seeing properly [not understanding],' but when she participated in these SASA! activities….it helped to change their home/relationship, to know that violence is not their solution, I saw that. (5M)

Seeing positive changes in neighbours and friends seemed to increase the perception of SASA! as an effective means of reducing IPV and improving family life. "Everyone you talk to, will always tell you that SASA! activities have changed life for the better"(8M). Interestingly, while interpersonal communication within social networks was widely reported, couple communication about SASA! appeared minimal as noted earlier. Though couples communicated about relationship issues using things they learned from SASA!, when asked specifically about discussing SASA! together (i.e. their involvement in it, etc.) only couples where both partners were highly exposed reported doing so. As the previous section illustrated, this may be linked to concerns around various adverse responses their partner may have to their engagement with SASA!. Regardless, the data suggests that talk about SASA! between partners may not be essential for change; some couples who applied the principles of SASA! to their relationship experienced change even though they did not discuss SASA! together.

6.2.5 Sharing learning & diffusing SASA!

The next step for many who engaged with SASA! and took on board the new ideas and behaviours (and for some who did not), was discussing what they had learned with others and, in some cases, becoming change agents in their own right. This was a central theme in the narratives and key factor in the diffusion process. It was not dependant on extensive exposure or change, as diffusion was reported by participants with minimal exposure as well as those who had not applied much or any of the learning in their life. Those with less exposure appeared motivated to talk about the basic things they had learned from SASA! in order to help those close to them. This included sharing messages they had picked up from posters or seeing an activity once, or referring people to SASA! after hearing about it from others in the community. Those with more exposure exhibited a deeper motivation to tell others about SASA! and their success so others may experience the benefits they enjoyed. They tended to take a more active role in spreading the message, with some reporting they diffused to wider networks outside the community such as their workplace and other groups. For example, Andrew, who experienced profound changes in his relationship due to SASA!, reported actively passing his learning on to others in the community so they can benefit and pass it on to others,

> [SASA!] has helped to create better families now...we have actively participated to the extent that if you get like five people, we help them...so that they also learn and train others and this has increased the number of peaceful homes here.” (3M)

He demonstrates the active and engaged approach to diffusion found among those with more extensive exposure to SASA! in the sample:

> Yes there are many people we talk to. For instance there are some friends...I normally tell them... ‘if you ever hear that SASA! is coming around you should go there...and listen’ and then they tell you that ‘yes we will go’...all you do is to encourage them to and you stop there and then keep reminding them and ask them if they went. (3M)

The visibility of change in couples within the community also played a factor in diffusion. As the previous section and quote below highlight, changes in couples’ relationships were apparent within communities and associated with SASA!:

> You could be in a community and all you could hear of were people quarrelling...but this is no more...even in homes you see people having good relationships, those who were fighting, like us...we no longer fight...that is a big change. (10F)

Even if such assertions are not taken completely at face value, the external visibility of change in couples appeared to make them an attraction, compelling others to come to them for support and to find out what they had learned: “someone can call you up, that you are the one who was sensitised, then you tell him about it, he asks you that ‘when will they come back?’” (6M). In some cases it was the example set by a CA that inspired diffusion. Patience vividly sums up how some participants experienced increased self-efficacy to change and help others through observing and modelling their CA:

> I learnt to speak in front of people and this is something I used not to do...I gained confidence when I saw Patrick [CA] talking during activities. This is a person I knew who was so shy but I was seeing him talk with a lot of confidence...yes this has given me a lot of courage and I have examples of people I have helped by giving them advice, something I could not do. There are people that come to me for advice and I tell them what I learn. Besides for me I entered marriage without any form of counselling from anyone so by attending these activities I have learnt a lot. (4F)

This example, as well as Andrew’s, illustrates how some more active participants began to assume a role similar to a CA within the community (and beyond in some cases). While they did not organise activities, they became a known resource in the community and were sought out for their knowledge and support. This new status held meaning and value for them and

reinforced their own changes and desire to continue engaging with SASA! and sharing their learning to help others: "what motivates me [to attend] is that I know more and I can also tell others who do not know about SASA!" (6F).

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This section has qualitatively examined how SASA! diffused and influenced the uptake of new ideas and behaviours among a small sample of people with direct or indirect exposure to the intervention. The next section takes a step back, examining the broader patterns in the larger, more representative quantitative dataset. The discussion section will follow, presenting the synthesised results of the qualitative and quantitative findings.

6.3 Quantitative results:

I begin by describing the sociodemographic characteristics of the sample. I then report participants' exposure to SASA! as well as their wider social network's participation. This is followed by the characteristics of participants' communication about SASA! with their social network (e.g. who they spoke to, how often, who initiated talks). Finally, I present the relationships observed between intervention exposures, interpersonal communication and the selected outcomes.

6.3.1 Characteristics of the sample

The characteristics of the sample are shown in Table 6. The majority of men and women lived in rented homes with access to electricity; water was from a public tap and sanitation facilities were mainly pit latrine toilets. The mean age was 28 for women and 29 for men. The largest proportion (35%) were Catholic, followed by Muslim and Protestant (25% each). The majority were literate (96% men, 89% women) and educated above the primary level (71% men, 66% women). There was greater variation between men and women in education attainment above the secondary level, with 32% of men completing secondary school or higher compared with 20% of women. 93% of men versus 61% of women were employed. 83% of women and 65% of men had children and 39% and 17% respectively had three or more.

Table 6: Socio-demographic characteristics of the sample

	Male		Female	
	(*N*=571)		(*N*=358)	
	n	**(%)**	**n**	**(%)**
Household-level:				
Electricity in home	506	(89%)	297	(83%)
Water source: outside/public tap	457	(85%)	291	(81%)
Toilet facility: ventilated/traditional pit latrine	530	(93%)	299	(84%)
Lives in rented housing	461	(81%)	268	(75%)
Individual-level:				
Age group	*mean=29*		*mean=28*	
18-24yrs	161	(28%)	128	(36%)
25-34yrs	258	(45%)	171	(48%)
35-49yrs	152	(27%)	59	(17%)
Lived in community more than 3 years	462	(81%)	221	(62%)
Religion				
Catholic	208	(36%)	123	(34%)
Muslim	148	(26%)	86	(24%)
Protestant	151	(26%)	86	(24%)
Born again	52	(9%)	58	(16%)
Other	12	(2%)	5	(1%)
Education				
None/Primary	163	(29%)	123	(34%)
Some secondary/O level	225	(39%)	162	(45%)
A level/vocational training/university	183	(32%)	73	(20%)
Able to read	546	(96%)	318	(89%)
Employed	530	(93%)	217	(61%)
Number of children				
None	199	(35%)	60	(17%)
1-2	207	(36%)	157	(44%)
3 or more	165	(29%)	141	(39%)
3 or more	165	(29%)	141	(39%)

Table 7 presents the characteristics of participants' relationships and attitudes around gender inequality and IPV. The majority of partnered people were married or had a regular partner they lived with (67% men, 79% women), and 6% of women and 30% of men report having concurrent sexual relationships with other partners during the last year. 9% of women reported experiencing physical violence in their relationship in the past year and nearly double experienced sexual violence (16%). As anticipated, men's reports of perpetration are much lower (4% physical IPV; 2% sexual IPV) and likely a result of underreporting by men due to social desirability bias.[8] Lastly, the data indicates that participants perceive their relationships are improving, with 95% of men and 60% of women reporting positive change in their relationship since becoming involved in SASA!.

In terms of attitudes, nearly all men and women report that it is acceptable for a woman to refuse sex with her husband if she doesn't feel like it (98% and 93% respectively). Whereas for physical violence, 17% of men and 29% of women believe there are circumstances when a man has good reason to hit his wife.

[8] This variation was also observed in the RCT baseline data (Abramsky et al., 2010).

Table 7: Relationship characteristics and attitudes among sample

	Male		Female	
	n/N	(%)	n/N	(%)
Relationship characteristics:				
Relationship status				
Married/cohabiting	380/571	(66%)	282/358	(79%)
Regular partner (living separate)	191/571	(34%)	76/358	(21%)
Concurrent partners				
Past year concurrent sexual partners	153/511	(30%)	23/358	(6%)
Changed relationship				
Positive change in relationship since involvement in SASA!	491/518	(95%)	213/354	(60%)
Past year sexual IPV				
Women's experience of:	-		58/354	(16%)
Men's reported use of:	8/545	(2%)	-	
Past year physical IPV				
Women's experience of:	-		32/354	(9%)
Men's reported use of:	24/546	(4%)	-	
Sexual risk behaviour				
Past year concurrent sexual partners	153/511	(30%)	23/358	(6%)
Attitudes:				
Social acceptance of gender inequality and IPV				
Believes it's acceptable for a woman to refuse sex with her husband if she doesn't feel like it	560/571	(98%)	333/358	(93%)
Believes a man has good reason to hit his wife in at least one circumstance	98/571	(17%)	105/358	(29%)

SASA! exposure

Table 8 presents participants' exposure to SASA! through the various routes and indicates a high degree of exposure to all routes among the sample, though women report less exposure to each route.[9] Nearly all participants had seen SASA! materials (e.g. posters) and 89% of men and 69% of women had been to a discussion activity at least once. Drama exposure was also high, 83% of men and 66% of women and the majority had attended a few times at least. Nearly twice as many men (39%) report seeking advice from a community activist, compared to women (20%).

[9] As noted in the methods section, the sample was restricted to those with exposure, but the full dataset indicates exposure to SASA! was very high in intervention communities, with 91% of men and 68% of women reporting having been exposed through at least one route (activities, drama/film or materials) (not shown).

The combination of different exposures is hypothesised to have the greatest impact on the diffusion of new ideas and behaviours. Among the sample, 5% of men versus 22% of women were exposed to SASA! materials only, whereas 50% of men and 39% of women had low (1-4 times) 'multi-channel' exposure (materials plus drama and/or discussion activity exposure) and 45% and 39% (respectively) had high exposure (5 or more times).

Table 8: Exposure to SASA! through different channels

	Male (*N*=571)		**Female** (*N*=358)	
	n	**(%)**	**n**	**(%)**
Materials/poster (mass media)				
Never	3	(1%)	17	(5%)
1 time	94	(17%)	57	(16%)
A few times (2-4)	301	(53%)	85	(24%)
Many times (5+)	173	(30%)	199	(56%)
Drama/film (mid-media)				
Never	99	(17%)	121	(34%)
1 time	177	(31%)	75	(21%)
A few times (2-4)	198	(35%)	99	(28%)
Many times (5+)	97	(17%)	63	(18%)
Discussion activity (Two-way communication)				
Never	60	(11%)	110	(31%)
1 time	179	(31%)	81	(23%)
A few times (2-4)	237	(42%)	114	(32%)
Many times (5+)	95	(17%)	53	(15%)
Sought CA advice (Two-way communication)				
Never	354	(62%)	286	(80%)
1 time	125	(22%)	20	(6%)
A few times (2-4)	60	(11%)	36	(10%)
Many times (5+)	32	(6%)	16	(4%)
Multi-channel exposure vs. mass media only*				
None	1	(%)	2	(1%)
Mass media only	28	(5%)	80	(22%)
Low multi-channel exposure	283	(50%)	138	(39%)
High multi-channel exposure	259	(45%)	138	(39%)

** Multi-channel exposure is defined as exposure to materials plus activities and/or films*

Social network exposure & communication about SASA!

The results strongly suggest SASA! is diffusing throughout intervention communities, with men and women reporting that significant proportions of their social network have attended activities and talked with them about SASA! (Table 9). Between 69% and 85% of men and women report their friends, neighbours and elders attended SASA! activities, whereas few report their parents and in-laws attended (9% of women and 12% of men). As for partners,

54% of men versus 14% of women report their partner attended, showing significant gendered variation. And, 54% of women and 31% of men reported their children have attended (this may include adult children); although SASA! is not targeted at children, activities are held in community spaces. Finally, 1-7% said they did not know whether certain people attended, particularly when asked about in-laws, parents and elders.

Large proportions of participants also report talking about SASA! with one or more members of their social network (83% of women and 92% of men) and the majority did so more than once. Not surprisingly, they spoke with the same members of their social network who they report attended SASA!: 70-84% spoke to friends and neighbours, 44% to elders and less than 10% to parents and in-laws. As for intimate partners, there was also a gendered variation seen with attendance, with 67% of men versus 58% of women reporting speaking to their partner about SASA!.

Data indicate diffusion of SASA! in the community beyond the sample: it is not only the exposed participants initiating discussions about SASA!, but friends, neighbours and parents as well. This makes a strong case that SASA! is diffusing through both activities and interpersonal communication among social networks. Interestingly, elders are the only group that participants report initiated the conversation the majority of the time (72% of men and 68% of women reported this). At the relationship level, among those that spoke to their partner, 93% of women report they initiated the conversation versus 73% of men.

Table 9: Social network participation and communication about SASA!

	Male		Female	
	n/N	**(%)**	**n/N**	**(%)**
Social Network Members Attending SASA! *(as reported by participants)*				
Partner	280/520	(54%)	50/348	(14%)
Friend	463/542	(85%)	248/342	(73%)
Neighbour	444/534	(83%)	282/334	(84%)
Parent	66/552	(12%)	31/342	(9%)
Elder	384/559	(69%)	245/332	(74%)
In-law	65/543	(12%)	30/335	(9%)
Children	171/550	(31%)	188/349	(54%)
Communication about SASA! with social network:		(*N*=561)	(*N*=358)	
Talked to anyone about SASA!	526	(92%)	297	(83%)
Partner				
Never	183	(33%)	151	(42%)
Once	57	(10%)	34	(10%)
A few (2-4)	159	(28%)	105	(29%)
Many (5+)	162	(29%)	68	(19%)
Friend				
Never	89	(16%)	112	(31%)
Once	116	(21%)	26	(7%)
A few (2-4)	222	(40%)	94	(26%)
Many (5+)	134	(24%)	126	(35%)
Neighbour				
Never	172	(31%)	101	(28%)
Once	82	(15%)	24	(7%)
A few (2-4)	228	(41%)	112	(31%)
Many (5+)	79	(14%)	121	(34%)
Parent				
Never	500	(89%)	326	(91%)
Once	16	(3%)	3	(1%)
A few (2-4)	33	(6%)	15	(4%)
Many (5+)	12	(2%)	14	(4%)
Elder				
Never	312	(56%)	200	(56%)
Once	40	(7%)	15	(4%)
A few (2-4)	98	(18%)	70	(20%)
Many (5+)	111	(20%)	73	(20%)
In-law				
Never	507	(90%)	321	(90%)
Once	16	(3%)	4	(1%)
A few (2-4)	25	(5%)	14	(4%)
Many (5+)	13	(2%)	19	(5%)
Children				
Never	507	(90%)	269	(75%)
Once	23	(4%)	3	(1%)
A few (2-4)	18	(3%)	25	(7%)

Many (5+)	13	(2%)	61	(17%)
Characteristics of communication with different social network members:				
Gender talked to:	(*N*=512)		(*N*=289)	
Both sexes	382	(75%)	142	(49%)
Same sex only	122	(24%)	140	(48%)
Opposite sex only	8	(2%)	7	(2%)
Who initiated talks about SASA!:				
Network member initiated all talks	117/571	(21%)	96/358	(27%)
Partner initiated	96/376	(26%)	15/204	(7%)
Friend initiated	175/470	(37%)	82/246	(33%)
Neighbour initiated	187/389	(48%)	122/257	(48%)
Parent initiated	30/61	(49%)	14/32	(44%)
Elder initiated	180/249	(72%)	108/158	(68%)
In-law initiated	15/54	(28%)	11/37	(30%)
Children initiated	4/54	(7%)	38/89	(43%)

6.3.2 Associations between selected primary outcomes and intervention exposure and communication about SASA!

Part 1: Multi-channel exposure

The first part of the regression analysis tested the hypothesis that exposure to mass media materials plus drama and/or discussion activities ('multi-channel exposure') would yield stronger associations with the outcomes of interest than only mass media exposure. The results confirm this, showing strong relationships between the selected outcomes and multi-channel exposure (Table 10).[10] The strongest effect was observed with the relationship change outcome. The results indicate that more frequent (5+) exposure to materials and dramas and/or activities is more likely to result in experiencing positive relationship change for both men and women. Men with low (1-4 times) and high (5 or more times) multi-channel exposure were respectively 6.17 and 15.72 times more likely to report relationship change following exposure to SASA! versus those with only materials exposure; and women were 3.26 and 12.3 times more likely to report this.

For women's past year sexual IPV a strong association was observed with high combined exposure (aOR 4.65, CI 1.80-12.05), whereas with physical IPV no association was found. The

[10] Interpersonal communication with social network was not included in this model as the focus is to explore the impact of direct intervention exposure only.

results seem to indicate greater exposure to various channels increases the odds of women reporting sexual IPV. However, 29% of women who had high multi-channel exposure reported sexual IPV versus less than 9% among those who had low multi-channel or materials only exposure (Table 10). This suggests SASA! is effectively targeting the women who need it most and they are actively engaging with the intervention through all the channels. As for acceptability of IPV, men with exposure to multiple channels were less likely to have attitudes supportive of men's use of IPV (low: aOR 0.35, CI 0.15-0.83 and high: aOR 0.41, CI 0.17-0.98).

Table 10: Association between selected outcomes and 'multi-channel' SASA! exposure

	n	row %	OR	95% C.I.	p-val*	aOR**	95% C.I.	p-val*
Changed relationship:		Reported change:						
Men: (*N*=518[1])					<0.01			<0.01
Mass media only	12	66.7%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	255	93.3%	7.00	(1.91-25.61)		6.17	(1.49-25.47)	
High multi-channel exposure (5+)	251	97.6%	20.4	(4.80-86.86)		15.72	(3.22-76.74)	
Women: (*N*=352)					<0.01			<0.01
Mass media only	78	30.8%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	136	56.6%	2.94	(1.63-5.29)		3.26	(1.73-6.15)	
High multi-channel exposure (5+)	138	81.2%	9.69	(5.10-18.43)		12.3	(6.09-24.85)	
Social acceptance of IPV:		Reported IPV acceptable						
Men: (*N*=570)					0.05			0.07
Mass media only	28	35.7%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	283	15.9%	0.34	(0.15-0.79)		0.35	(0.15-0.83)	
High multi-channel exposure (5+)	259	16.6%	0.36	(0.15-0.83)		0.41	(0.17-0.98)	
Women: (*N*=356)					0.01			0.02
Mass media only	80	26.3%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	138	37.7%	1.70	(0.93-3.11)		1.40	(0.74-2.67)	
High multi-channel exposure (5+)	138	21.7%	0.78	(0.41-1.48)		0.64	(0.32-1.26)	
Women's past year sexual IPV:		Reported sexual IPV						
(*N*=352)					<0.01			<0.01
Mass media only	79	7.6%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	135	8.9%	1.19	(0.43-3.30)		1.00	(0.35-2.89)	
High multi-channel exposure (5+)	138	29.0%	4.97	(2.00-12.34)		4.65	(1.80-12.05)	
Women's past year physical IPV:		Reported physical IPV						
(*N*=352)					0.99			0.91
Mass media only	79	8.9%	1.00	-		1.00	-	
Low multi-channel exposure (1-4)	135	8.9%	1.00	(0.38-2.66)		0.86	(0.30-2.42)	
High multi-channel exposure (5+)	138	9.4%	1.07	(0.41-2.80)		0.80	(0.29-2.22)	

*Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES.
[1] The sample for men is smaller because though the restricted sample included those who reported being partnered in the last year, some men replied N/A when asked questions about their partner in regards to SASA! and change in their relationship.

Part 2: Independent effects of intervention exposure and social network communication about SASA!

The second part of the analysis examined the independent effects of intervention exposures as well as talk about SASA! among different social network members. Table 9 through Table 12 detail the results from the unadjusted or bi-variate analysis and adjusted analysis which included all exposure variables to control for the effect of other exposures. The relationships observed for each outcome are reported on below in turn.

Positive Change in relationship:

95% of men and 60% of women in the sample reported positive change in their relationship since becoming involved in SASA! (Table 7). Among men, strong independent effects were observed with two exposures. Men who spoke numerous times (5+) with their partner about SASA! were 13.1 times more likely to report positive changes in their relationship due to SASA! (Table 11); and those attending discussion activities were 5.8 times more likely. There were also dose response relationships observed for both exposures, with the associations increasing between the low (1-4 times) and high frequency (5+ times) categories. Smaller effects were observed in the crude analysis for talking with peers, seeking CA advice and drama/film attendance, but no independent effect was found after controlling for the effect of other exposures.

For women, there were strong effects observed between relationship change and all exposure variables in the crude analysis, and independent effects for all apart from talking with peers, seeking CA advice and drama attendance (p-value > .05 for these variables) (Table 12). Similar to men, frequent talks (5 or more) with their partner about SASA! had the strongest independent effect on relationship change (aOR 7.08, CI 2.29-21.90). However, women differed from men in that talking with elders had the next strongest effect while among men this had no effect. Women who talked with elders about SASA! were 5.7 times more likely to report relationship change. Finally, mass media materials (aOR 4.3, CI 1.69-10.93) and discussion activities (aOR 3.53, CI 1.46-8.54) also showed strong independent effects on women reporting relationship change.

Table 11: Association between 'changed relationship' outcome and SASA! exposure and interpersonal communication (among men)

Variable (channel) (***N***=518)	***n***	**Reported change:** (row %)	**OR**	**95% C.I.**	**p-val***	**aOR****	**95% C.I.**	**p-val***
SASA! Exposure:								
Materials/posters (mass media)					0.27			0.68
0-1 times	79	91.1%	1	-		1.00	-	
Few times (2-4)	272	96.0%	2.31	(0.86-6.16)		1.14	(0.36-3.63)	
Many times (5+)	167	94.6%	1.71	(0.61-4.76)		0.68	(0.18-2.61)	
Drama/film (mid-media)					<0.01			0.41
Never	79	87.3%	1	-		1.00	-	
Once	155	92.9%	1.9	(0.77-4.68)		1.61	(0.56-4.68)	
A few (2-4 times)	191	97.9%	6.78	(2.06-22.31)		3.45	(0.76-15.66)	
Many times (5+)	93	97.8%	6.59	(1.40-31.07)		2.42	(0.37-15.76)	
Discussion activity (two-way comm.)					<0.01			0.03
Never	43	81.4%	1	-		1.00	-	
1 time	155	92.9%	2.99	(1.12-7.99)		3.47	(1.01-11.92)	
A few/many times (2+)	320	97.5%	8.91	(3.15-25.23)		5.77	(1.52-21.95)	
Sought CA advice (two-way comm.)					0.01			0.83
No	304	92.8%	1	-		1.00	-	
Yes	214	97.7%	3.26	(1.21-8.75)		1.13	(0.35-3.71)	
Interpersonal Communication about SASA!:								
Talked to partner					<0.01			0.02
never	146	89.0%	1	-		1.00	-	
medium (1-4)	212	95.3%	2.49	(1.09-5.65)		1.34	(0.47-3.84)	
high (5+)	160	99.4%	19.6	(2.56-149.53)		13.10	(1.33-128.54)	
Talked to peers					0.01			0.26
low (0-2)	142	89.4%	1	-		1.00	-	
medium (3-5)	113	96.5%	3.22	(1.04-9.99)		2.49	(0.69-8.97)	
high (6+)	263	97.0%	3.76	(1.56-9.11)		0.94	(0.30-3.01)	
Talked to elders					0.12			0.85
low (0-2)	288	93.1%	1	-		1.00	-	
medium (3-5)	185	96.8%	2.23	(0.88-5.65)		1.21	(0.37-3.89)	
high (6+)	45	97.8%	3.28	(0.43-25.09)		0.60	(0.05-6.85)	

*Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES

Table 12 Association between 'changed relationship' outcome and SASA! exposure and interpersonal communication (among women)

Variable (Channel) (*N*=354)	*n*	Reported change: (row %)	OR	95% C.I.	p-val*	aOR**	95% C.I.	p-val*
SASA! Exposure:								
Materials/posters (mass media)					<0.01			<0.01
0-1 times	72	23.6%	1	-		1	-	
Few times (2-4)	83	39.8%	2.14	(1.06-4.30)		1.15	(0.47-2.78)	
Many times (5+)	199	81.9%	14.65	(7.63-28.14)		4.3	(1.69-10.93)	
Drama/film (mid-media)					<0.01			0.49
Never	118	40.7%	1	-		1	-	
Once	74	54.1%	1.72	(0.95-3.08)		0.52	(0.21-1.25)	
A few (2-4 times)	99	68.7%	3.2	(1.82-5.61)		0.63	(0.26-1.55)	
Many times (5+)	63	90.5%	13.85	(5.53-34.69)		0.8	(0.19-3.44)	
Discussion activity (two-way comm.)					<0.01			0.02
Never	107	31.8%	1	-		1	-	
1 time	80	58.8%	3.06	(1.67-5.59)		2.16	(0.90-5.18)	
A few/many times (2+)	167	79.0%	8.1	(4.66-14.06)		3.53	(1.46-8.54)	
Sought CA advice (two-way comm.)					<0.01			0.09
No	282	52.1%	1	-		1	-	
Yes	72	91.7%	10.1	(4.24-24.06)		2.65	(0.84-8.34)	
Interpersonal Communication about SASA!:								
Talked to partner					<0.01			<0.01
never	147	31.3%	1	-		1	-	
medium (1-4)	139	75.5%	6.78	(4.03-11.41)		3.05	(1.53-6.11)	
high (5+)	68	91.2%	22.69	(9.15-56.23)		7.08	(2.29-21.90)	
Talked to peers					<0.01			0.35
low (0-2)	102	23.5%	1	-		1	-	
medium (3-5)	50	64.0%	5.78	(2.77-12.07)		1.78	(0.71-4.46)	
high (6+)	202	77.7%	11.34	(6.45-19.95)		1	(0.41-2.43)	
Talked to elders					<0.01			<0.01
low (0-2)	190	37.4%	1	-		1	-	
medium (3-5)	128	85.2%	9.62	(5.44-16.99)		4.05	(1.85-8.88)	
high (6+)	36	91.7%	18.44	(5.45-62.32)		5.7	(0.99-32.71)	

* Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES.

Women's experience of past year intimate partner violence:

Overall 16% of women reported sexual violence in their relationship in the past year. Strong associations were observed for past year sexual IPV among women, with the odds increasing above 1 across all exposures in the crude analysis, though only seeking CA advice (aOR 6.92, CI 2.65-18.07) and drama/film exposure (aOR 7.6, CI 1.69-34.20) showed an independent effect (Table 13). The direction of causality is important in interpreting results. While intervention exposure is intended to reduce IPV, the results indicate higher odds of a woman experiencing sexual IPV in the last year if they report attending dramas/films and seek advice from a community activist. As Table 6 illustrates, women who reported higher levels of activity exposure also reported IPV. However, they may already have experienced change, but the survey instrument asked about women's experience of IPV during the last 12 months; thus, at the time of the interview they may no longer have been experiencing IPV.

Overall fewer women (9%) reported physical violence in their relationship in the past year compared with sexual violence. There were no strong associations found with physical violence in the crude analysis (Table 14). However, seeking CA advice did show an independent effect in the adjusted model and, similar to the sexual violence outcome, women experiencing past year physical violence in their relationship were around 6 times more likely to seek CA advice. This is another indicator that SASA! is effectively targeting the women who need it most.

Table 13: Association between women's past year sexual violence outcome and SASA! exposure and interpersonal communication

Variable (Channel) **(*N*= 354)**	***n***	**Reported sex. IPV**	**OR**	**95% C.I.**	**p-val***	**aOR****	**95% C.I.**	**p-val***
SASA! Exposure:		(row %)						
Materials/posters (mass media)					0.07			0.36
0-1 times	71	8.5%	1	-		1	-	
Few times (2-4)	84	15.5%	1.98	(0.71-5.52)		1.77	(0.54-5.80)	
Many times (5+)	199	19.6%	2.64	(1.07-6.54)		0.91	(0.23-3.58)	
Drama/film (mid-media)					<0.01			0.04
Never	120	5.0%	1	-		1	-	
Once	72	8.3%	1.73	(0.54-5.57)		2	(0.52-7.62)	
A few (2-4 times)	99	18.2%	4.22	(1.61-11.10)		4.06	(1.15-14.30)	
Many times (5+)	63	44.4%	15.2	(5.82-39.68)		7.6	(1.69-34.20)	
Discussion activity (two-way comm.)					0.01			0.78
Never	108	8.3%	1	-		1	-	
1 time	80	15.0%	1.94	(0.78-4.86)		0.9	(0.27-3.01)	
A few/many times (2+)	166	22.3%	3.16	(1.45-6.84)		0.7	(0.22-2.22)	
Sought CA advice (two-way comm.)					<0.01			<0.01
No	282	8.9%	1	-		1	-	
Yes	72	45.8%	8.7	(4.68-16.16)		6.92	(2.65-18.07)	
Interpersonal Communication about SASA!:								
Talked to partner					<0.01			0.79
never	147	9.5%	1	-		1	-	
medium (1-4)	139	18.0%	2.08	(1.03-4.20)		1.15	(0.46-2.90)	
high (5+)	68	27.9%	3.68	(1.72-7.91)		1.46	(0.47-4.53)	
Talked to peers					<0.01			0.39
low (0-2)	101	10.9%	1	-		1	-	
medium (3-5)	51	5.9%	0.51	(0.14-1.92)		0.38	(0.09-1.66)	
high (6+)	202	21.8%	2.28	(1.12-4.63)		0.63	(0.20-2.06)	
Talked to elders					0.01			0.80
low (0-2)	190	11.1%	1	-		1	-	
medium (3-5)	128	21.1%	2.15	(1.16-4.00)		0.73	(0.27-1.97)	
high (6+)	36	27.8%	3.1	(1.31-7.31)		0.68	(0.18-2.50)	

* Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES.

Table 14: Association between women's past year physical violence outcome and SASA! exposure and interpersonal communication

Variable (Channel) **(*N*= 354)**	***n***	**Reported phy. IPV**	**OR**	**95% C.I.**	**p-val**	**aOR****	**95% C.I.**	**p-val***
SASA! Exposure:		(row %)						
Materials/posters (mass media)					0.08			0.28
0-1 times	71	12.7%	1	-		1	-	
Few times (2-4)	84	13.1%	1.04	(0.40-2.67)		1.83	(0.56-5.98)	
Many times (5+)	199	6.0%	0.44	(0.18-1.10)		0.72	(0.17-3.11)	
Drama/film (mid-media)					0.31			0.13
Never	120	10.0%	1	-		1	-	
Once	72	4.2%	0.39	(0.11-1.44)		0.32	(0.07-1.48)	
A few (2-4 times)	99	9.1%	0.9	(0.36-2.23)		1.16	(0.33-4.09)	
Many times (5+)	63	12.7%	1.31	(0.51-3.39)		2.31	(0.44-12.15)	
Discussion activity (two-way comm.)					0.67			0.42
Never	108	7.4%	1	-		1	-	
1 time	80	11.3%	1.58	(0.58-4.31)		2.39	(0.65-8.79)	
A few/many times (2+)	166	9.0%	1.24	(0.51-3.04)		1.66	(0.43-6.44)	
Sought CA advice (two-way comm.)					0.13			0.01
No	282	7.8%	1	-		1	-	
Yes	72	13.9%	1.91	(0.86-4.23)		6.41	(1.60-25.62)	
Interpersonal Communication about SASA!:								
Talked to partner					0.04			0.14
never	147	13.6%	1	-		1	-	
medium (1-4)	139	5.8%	0.39	(0.16-0.91)		0.35	(0.12-1.03)	
high (5+)	68	5.9%	0.4	(0.13-1.21)		0.41	(0.09-1.89)	
Talked to peers					0.04			0.10
low (0-2)	101	14.9%	1	-		1	-	
medium (3-5)	51	9.8%	0.62	(0.21-1.82)		0.69	(0.18-2.69)	
high (6+)	202	5.9%	0.36	(0.16-0.81)		0.21	(0.05-0.94)	
Talked to elders					0.55			0.84
low (0-2)	190	10.5%	1	-		1	-	
medium (3-5)	128	7.0%	0.64	(0.28-1.46)		0.8	(0.22-2.96)	
high (6+)	36	8.3%	0.77	(0.22-2.75)		0.59	(0.10-3.47)	

* Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES

Attitudes on acceptability of men's use of violence in relationhips:

In the sample 17% of men and 29% of women report believing that in at least one circumstance a man has good reason to hit his wife (Table 7). Among men all exposures were associated with acceptability of IPV in the crude analysis, but when controlled for the effect of other exposures, only two had an independent effect (Table 15). Both men who spoke with their partner about SASA! and those who attended discussion activities had lower odds of reporting men's use of IPV as acceptable (aOR 0.32, CI 0.14-0.73 and aOR 0.34, CI 0.15-0.75). [11] A dose response relationship in the hypothesised direction was only observed with talking with partner about SASA!.

Among women all exposures also showed strong associations in the crude analysis (apart from drama/film attendance) (Table 16). However, in the adjusted analysis the results were the exact opposite to those for men, with all exposures having an independent effect *apart from* talking with partner about SASA! and exposure to discussion activities. The strongest independent effect among women which lowered odds of IPV acceptance was talking with elders (aOR 0.27, CI 0.08-0.99), followed by seeking CA advice (aOR 0.29, CI 0.09-0.88) and talking with peers (aOR 0.36, CI 0.15-0.88). However, the results suggest women who saw SASA! materials a few times and attended a few or more dramas were *more* likely to accept men's use of IPV. While this appears counterintuitive, among women experiencing violence, the largest proportion saw materials a few times and attended dramas many times versus those with less frequent exposure. Though they attend more frequently, they are still experiencing IPV so to cope they may justify their partner's use of IPV in some circumstances.

[11] As noted in Table 7 social acceptance of IPV was indicated if participants said 'yes' a man has a reason to hit his wife in at least one of 12 scenarios.

Table 15: Association between 'acceptability of IPV' outcome and SASA! exposure and interpersonal communication (among men)

Variable (Channel) **(*N*= 561)**	***n***	Reported IPV acceptable: (row %)	**OR**	**95% C.I.**	**p-val***	**aOR****	**95% C.I.**	**p-val***
SASA! Exposure:								
Materials/posters (mass media)					0.04			0.23
0-1 times	97	18.6%	1	-		1.00	-	
Few times (2-4)	301	13.6%	0.69	(0.38-1.27)		1.04	(0.50-2.16)	
Many times (5+)	173	22.5%	1.28	(0.68-2.38)		1.73	(0.76-3.96)	
Drama/film (mid-media)					<0.01			0.15
Never	99	30.3%	1	-		1.00	-	
Once	177	15.8%	0.43	(0.24-0.78)		0.56	(0.29-1.08)	
A few (2-4 times)	198	11.1%	0.29	(0.16-0.53)		0.46	(0.22-0.96)	
Many times (5+)	97	18.6%	0.52	(0.27-1.02)		0.77	(0.31-1.89)	
Discussion activity (two-way comm.)					<0.01			0.02
Never	60	35.0%	1	-		1.00	-	
1 time	179	13.4%	0.29	(0.15-0.57)		0.34	(0.15-0.75)	
A few/many times (2+)	332	16.0%	0.35	(0.19-0.65)		0.60	(0.28-1.32)	
Sought CA advice (two-way comm.)					<0.01			0.27
No	344	20.9%	1	-		1.00	-	
Yes	217	10.6%	0.45	(0.27-0.74)		0.71	(0.39-1.31)	
Interpersonal Communication about SASA!:								
Talked to partner					<0.01			0.02
never	183	26.8%	1	-		1.00	-	
medium (1-4)	216	13.0%	0.41	(0.24-0.68)		0.57	(0.31-1.05)	
high (5+)	162	11.1%	0.34	(0.19-0.62)		0.32	(0.14-0.73)	
Talked to peers					<0.01			0.51
low (0-2)	166	22.3%	1	-		1.00	-	
medium (3-5)	125	21.6%	0.96	(0.55-1.68)		1.12	(0.59-2.10)	
high (6+)	270	11.5%	0.45	(0.27-0.76)		0.74	(0.36-1.52)	
Talked to elders					0.05			0.36
low (0-2)	327	19.9%	1	-		1.00	-	
medium (3-5)	189	11.6%	0.53	(0.32-0.89)		0.71	(0.38-1.30)	
high (6+)	45	17.8%	0.87	(0.39-1.96)		1.31	(0.48-3.56)	

* Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES

Table 16: Association between 'acceptability of IPV' outcome and SASA! exposure and interpersonal communication (among women)

Variable (Channel) (***N*= 358**)	***n***	Reported IPV acceptable: (row %)	**OR**	**95% C.I.**	**p-val***	**aOR****	**95% C.I.**	**p-val***
SASA! Exposure:								
Materials/posters (mass media)					<0.01			0.02
0-1 times	74	43.2%	1	-		1	-	
Few times (2-4)	85	45.9%	1.11	(0.59-2.08)		2.46	(1.10-5.49)	
Many times (5+)	199	17.1%	0.27	(0.15-0.49)		1.09	(0.46-2.61)	
Drama/film (mid-media)					0.09			0.02
Never	121	29.8%	1	-		1	-	
Once	75	36.0%	1.33	(0.72-2.45)		2.08	(0.96-4.55)	
A few (2-4 times)	99	31.3%	1.08	(0.60-1.92)		3.51	(1.46-8.46)	
Many times (5+)	63	17.5%	0.5	(0.23-1.07)		5.24	(1.45-18.98)	
Discussion activity (two-way comm.)					<0.01			0.09
Never	110	30.9%	1	-		1	-	
1 time	81	43.2%	1.7	(0.94-3.09)		1.77	(0.81-3.87)	
A few/many times (2+)	167	21.6%	0.61	(0.36-1.06)		0.79	(0.34-1.82)	
Sought CA advice (two-way comm.)					<0.01			0.02
No	286	34.6%	1	-		1	-	
Yes	72	8.3%	0.17	(0.07-0.41)		0.29	(0.09-0.88)	
Interpersonal Communication about SASA!:								
Talked to partner					0.01			0.53
never	151	35.1%	1	-		1	-	
medium (1-4)	139	30.2%	0.8	(0.49-1.31)		1.34	(0.69-2.61)	
high (5+)	68	14.7%	0.32	(0.15-0.67)		0.87	(0.33-2.32)	
Talked to peers					<0.01			<0.01
low (0-2)	105	41.9%	1	-		1	-	
medium (3-5)	51	51.0%	1.44	(0.74-2.82)		1.57	(0.67-3.66)	
high (6+)	202	17.3%	0.29	(0.17-0.49)		0.36	(0.15-0.88)	
Talked to elders					<0.01			<0.01
low (0-2)	194	41.8%	1	-		1	-	
medium (3-5)	128	15.6%	0.26	(0.15-0.45)		0.28	(0.13-0.58)	
high (6+)	36	11.1%	0.17	(0.06-0.51)		0.27	(0.08-0.99)	

* Overall p-value estimation based on likelihood ratio test **Controlled for age, marital status, education level and SES

6.4 Discussion

The combined qualitative and quantitative findings presented offer a deeper understanding of how SASA! diffused within communities and the different factors that facilitated or were barriers to change.

The foundation or starting point for all that followed was the widespread presence of SASA! circulating within communities through a variety of channels. This is evidenced in both datasets by the degree of discussion and engagement with SASA! among individuals and their social networks. For example, the data indicated that 91% of men and 68% of women in intervention communities were exposed to SASA!. Among those exposed, between 69% and 85% of men and women (in the restricted sample for this analysis) report that their friends, neighbours and elders attended SASA! activities. Large proportions of participants also report talking about SASA! with one or more members of their social network (83% of women and 92% of men). This is further supported by the qualitative data on the observability of change linked to SASA! and on sharing knowledge and experience. Thus, within intervention communities people are clearly attending activities, viewing dramas, seeing materials displayed and talking about SASA!. Then, within this environment, the combination of different aspects of each channel of exposure and characteristics of the individual relationships often resulted in one of two outcomes. Either the messages were processed, generating cognitive and/or affective responses in the individual which encouraged deeper engagement with SASA!, leading in some cases to behaviour change. Or, they were rejected or ignored when the individual perceived SASA! as irrelevant for the situation or incompatible with their existing views. Below I discuss the specific factors that appeared to emerge and converge to different effects in each stage of the process.

To start, social network participation and communication about SASA! appeared to stimulate curiosity and open people's minds enough for them to at least contemplate SASA! and the messages and ideas it promoted. It is clear from both datasets that there was considerable interpersonal communication about SASA! taking place in communities, particularly among peers and with elders. In agreement with other studies (Southwell and Yzer, 2007, Hornik and Yanovitzky, 2003, Yanovitzky and Stryker, 2001, Rogers, 2003), my findings suggest interpersonal communication functioned as an 'exposure bridge' (Southwell and Yzer, 2007), with information from mass- and mid-media channels flowing to those initially exposed and through them on to other community members they interacted with. The qualitative data suggests interpersonal communication with friends

and neighbours was most influential in raising awareness about SASA! and this social diffusion further served to motivate both initial and sustained attendance. This was also facilitated by aspects of the intervention. For example, mass media channels were found to be influential in promoting ongoing attendance through the 'loud speaker' and raising general awareness about SASA! through posters displayed throughout intervention communities. And, as the qualitative findings on proximity showed, having activities and community activists located within the community facilitated easy access to activities and communication materials.

Relationship characteristics also appeared to be influential at this stage. The qualitative analysis indicated that perceived need for relationship change facilitated attendance among those experiencing ongoing IPV and relationship distress. And, it was a barrier to change among some individuals who did not have physical violence in their relationship: they perceived they did not need SASA! despite ongoing conflict, controlling behaviour and/or distress in their relationship. This is also reflected in the quantitative data which indicates women who reported higher levels of activity exposure also reported IPV in the last year. These findings are likely due to reverse causality as women who are experiencing IPV may be more likely to attend dramas/films (and to attend more often) and seek out CAs for support with their situation compared with women who are not experiencing IPV. This suggests SASA! is reaching and supporting the women who need it most, but may still not have been able to alter their circumstances. Thus, both datasets suggest those experiencing physical IPV may have a greater perceived need for SASA!, and attend and/or seek support more frequently than those who do not (even when they may be experiencing other types of relationship distress). This finding reflects diffusion of innovations theory which has found empirical support that perceived need for an innovation or new idea is a key factor in encouraging or preventing uptake (Rogers, 2003).

Following initial awareness and exposure to SASA! a range of factors seemed to encourage both deeper engagement with SASA! and the cognitive and affective processing of the messages which spurred change. It is here that different aspects of the intervention and exposure channels played the most influential role. Broadly, the findings indicate it was the combination of exposure to different intervention components that facilitated change. Those with low and high 'multi-channel' SASA! exposure had much higher odds of experiencing relationship change than those who only had exposure to mass media materials. In addition, the dose-response relationship observed suggests those with more

‘multi-channel’ intervention exposure were more likely to experience relationship change. This reflects recent intervention reviews which found programmes which combine mass media messaging and community mobilisation with more interpersonal engagement (i.e. interactive group activities and individual counselling) are more effective in generating behaviour change (WHO, 2007, Heise, 2011, Noar et al., 2009).

More specifically, the findings indicate that dramas and videos (mid-media channels) generated identification among participants and understanding of the causes and effects of IPV. This is evidenced in the qualitative finding that the realistic storylines facilitated identification while also modelling alternative perspectives and behaviours, a finding that was also reflected in Kyegombe et al.’s (2014a, 2014b) study on the lived experience of SASA. Similar findings have also been observed in edutainment studies, which found realistic messages and characters that were similar to the audience resulted in greater identification, making messages more meaningful to participants (Hinyard and Kreuter, 2006, Vaughan and Rogers, 2000). For example, Rogers and colleagues’ study on how prosocial television series promoted gender equality in India found identification with characters to be particularly important. They contend that identification is key to complex ‘social innovations’ such as shifting gender equality because it requires changes to relationships which are based on socially constructed interaction patterns and rules (Rogers et al., 1995).

Like Southwell and colleagues, my findings suggest that mass media can:

> spur persons to learn more, empower them with information they feel compelled to share with others, loosen normative constraints on talking about taboo subjects, or even affect their perception that they can engage in conversation (2007 p.436).

It was then the concurrent influences of interpersonal communication with CAs and community members that appeared to give the media messages credibility, facilitating favourable attitudes towards them and encouraging behaviour change. Consistent with many diffusion studies (Abroms and Maibach, 2008, Valente and Pumpuang, 2007, Rogers, 2003, Mohammed, 2001), interpersonal communication with change agents and social network members were observed to be the most influential factor in the uptake of new ideas and behaviours. This is first broadly evidenced in the analysis examining the independent effects of all the exposure channels. Only interpersonal communication channel exposures (i.e. discussion activities with a CA, seeking CA advice, and talk about

SASA! with partner, peers and elders) were associated with relationship change and IPV acceptability after controlling for the effect of all exposures, whereas mid and mass media exposure were not.

More specifically, interpersonal communication with CAs and with social network members was influential in different ways. First starting with the influence of the CA, the intervention's use of community members as change agents was particularly impactful. As noted above, attending discussion activities facilitated by CAs and seeking CA support was strongly associated with reporting relationship change after engagement with SASA!. The qualitative data in turn indicates that CAs' influence stemmed from the multiple roles they embodied within the community's social network as community member, opinion leader and change agent. To start their role as community members made them trusted insiders ("one of us") which was particularly valued by participants. This was also observed among in the Kyegombe et al. study (2014b). CAs also served as role models and examples of change within the community. And their role as change agents afforded them new links to outside networks (through the training and support they received from the implementing organisation). This may have increased their social capital and the perceived credibility of the new ideas they introduced within the community. CAs also served as role models and examples of change within the community. There was also, by contrast, one clear example of where CAs' relationships did not provide a positive example, but acted as a barrier. CAs' door-to-door mobilisation efforts further motivated community members' initial and ongoing activity attendance. The two-way interpersonal communication between CAs and participants during discussion activities influenced awareness and knowledge as well as critical thinking. Direct one-on-one relationship support was influential in facilitating how-to knowledge as well as the adoption and maintenance of new behaviours. These findings are in agreement with diffusion theory and with studies which found identifying opinion leaders and using them as change agents can increase diffusion of health promotion interventions at the community level (Valente and Pumpuang, 2007, Rogers, 2003, Palinkas et al., 2011).

Second, my findings also suggest that communication about SASA! among different social network members influenced change in different ways. Both talking with elders (among women) and one's partner about SASA! showed independent effects with relationship change, whereas talking with peers did not. Again, the concept of homophily suggests that those who are more similar to an individual are more influential in persuading them to

adopt new ideas and behaviours (Rogers, 2003). Thus, it is interesting that talk with peers about SASA! did not have an independent effect, while talk with elders, who are in theory less similar, did. The latter is likely related to the respected role elders have in Ugandan society regarding relationship guidance. Thus, if a woman's elders are involved in SASA! and talking with them about it, this may have enhanced the credibility of the new ideas and encouraged her to apply them in her relationship, explaining the effect observed. In addition, this finding may also be attributed to 'ssengas' or paternal aunts who traditionally provide Mugandan women guidance on relationships as well as 'commercial ssengas' who have emerged in Kampala in recent years (Tamale, 2006). Also, some ssengas were sensitised as part of the intervention. Thus, when asked whether they spoke with elders about SASA! women may have been referring to conversations with a ssenga as they are considered 'elders.'

The finding that peer communication did not show an independent effect at the 'adoption' stage may be explained by the qualitative findings, which indicate that discussion with peers broadly influenced social diffusion about SASA! and motivated attendance, while it may be less central in the decision to adopt compared to other factors. Thus, while talk about SASA! among peers may raise awareness, influence attitudes and motivate attendance, discussions with elders may be more influential in changing their behaviour in their relationships.

Discussion about SASA! between partners was also strongly associated with relationship change. Despite this, compared to peers and elders, fewer participants overall reported talking to their partner about SASA! in both the qualitative interviews and survey (54% of men and 14% of women). The qualitative data indicates that those who reported talking with their partner about SASA! were mainly those exposed at the same time (i.e. through direct relationship support from a CA) or cases where one partner had intensive exposure and had begun to make changes in their relationship. Conversely, those in earlier stages of change seemed hesitant to talk about it with their partner, some citing concerns around their partner's response to their participation in SASA!. Given the diversity of experiences here among a small sample, this qualitative finding is somewhat tenuous. However, coupled with the quantitative data it may indicate that talk about SASA! among partners occurred at later stages of the change process. Moreover, individuals may have been able to negotiate change through adopting some of the principles in their lives without discussing with their partner what prompted this (i.e. activity attendance, CA support, etc.).

Finally, both experiencing change as a result of SASA! engagement and observing this in others motivated individuals to diffuse SASA! in different ways. For those with more direct exposure to SASA! who experienced change, this took the form of more active diffusing through continually encouraging others to attend, with some becoming change agents in their own right. The latter represents the ideal culmination of the diffusion process, whereby a change agent aims to "put himself or herself out of business by developing the clients' ability to be their own change agents" (Rogers, 2003). Less engaged participants diffused SASA! through talking casually with others about it and/or referring those with relationship challenges to attend or seek out a CA for support. Together both groups appeared to contribute to the circulation of SASA! within communities, facilitating change in different ways.

Thus, as other studies have found, it was the combination of different exposure and communication channels that changed the desired behaviours (Wakefield et al., 2010, Rogers, 2003). Mass media, mid-media and interpersonal communication channels played important roles at different stages of the diffusion process. While mid- and mass media channels were evidenced to generate awareness and knowledge, it was the concurrent influence from interpersonal communication with CAs and different social network members that more frequently facilitated action.

6.5 Limitations

The part of the study presented in this chapter included a number of strengths and limitations. First, the cross-sectional design was a limitation: since the study did not follow the same cohort over time, it is not possible to know, for example, whether people changed as a result of the intervention or for other reasons. As the study takes place in a dynamic context there are other influences which may also influence changes in relationships such as: ssengas not sensitized by SASA! (Nyanzi et al., 2005, Sekirime et al., 2001, Tamale, 2006); media messaging and programming from HIV prevention campaigns, religious groups on trust, love, morality and monogamy (Nyanzi et al., 2005, Parikh, 2007); and, other partner violence mass media campaigns. However, even if the same cohort was followed it would still not be possible to know whether all change is attributable to SASA! or to what extent they have been influenced by any other concurrent interventions or factors in the context.

Second, as noted in Chapter 5, using data collected post-intervention introduces the potential for increased social desirability bias, especially when we rely on self-reported attitudes and behaviours that have specifically been promoted by the intervention and other influences in the context—such as those noted above—may also impact responses particularly around sensitive issues such as IPV and concurrent partners. For example, Parikh's research on HIV and marital risk in Uganda found messaging around HIV, extramarital sex and morality may have increased stigma around extramarital relationships and inadvertently encouraged more secrecy and denial (Parikh, 2007). Hence, it is impossible to know how much of the self-reported relationship change around love, trust, fidelity and IPV actually occurred, and how much is attributable to increased desirability bias among those most exposed.

Third, the cross sectional single interview design meant we could only collect quantitative data on, for example, participants attitudes at the time of the survey and could not measure whether there had been a change in attitudes since exposure to SASA!. Study designs which collect data at multiple time points would have been preferable for both the quantitative and qualitative studies. Another potential limitation was the single interview format, as participant's ability to recall the ways they engaged with the intervention changes over sometimes several years likely impacted the data. For example, participants accounts around SASA! may have been influenced by their more recent interaction with it and omit details of influential factors that occurred earlier in the intervention. It might also be difficult for a respondent to distinguish between SASA! and other GBV interventions, particularly when recalling things further back in time. And, as Chapter 5 noted, conducting multiple interviews also allows the researcher to observe the consistency in participants accounts of their relationship and changes experienced—particularly with qualitative interviews. Unfortunately, it was not deemed feasible due to the mobile characteristics of the study communities, resource constraints in the qualitative study and other factors related to the RCT design.

However, the qualitative study helped offset this some as it was designed to capture the sequence of events over time and relationship changes ascribed to SASA!. This helped bring to light the process of diffusion and also addressed the acknowledged gap regarding process research within diffusion research (Rogers, 2003). Most diffusion research is quantitative and examines correlations between sets of variables. As such it cannot, "probe backward in time to understand what happened first, next, and so on, and how each of

these events influenced the next event in an individual's innovation-decision process." (Rogers, 2003, p.196). In addition, the participatory timeline tool was used to assist participants with recalling the sequence of events. And, though many still struggled with dates, having separate interviews with each partner helped fill in gaps. While causality cannot be claimed given the study design and small sample, this did result in a more nuanced understanding of how relationships and changes unfolded in the context of the intervention.

Third, the quantitative component both benefited from and was limited by the RCT. It was clearly a strength to be able to embed specific questions about diffusion into the follow-up survey instrument and collect quantitative data from a large sample, along with the RCT outcomes. However, there were limitations as the RCT was not designed to study diffusion and I was limited to describing exposure among the sample and examining associations between the primary outcomes and different intervention and interpersonal communication exposure variables. Fourth, research examining diffusion and staged processes of change typically measures change in a single behaviour to indicate 'adoption.' SASA!, however, is a complex intervention that aims to impact a range of behaviours, some of which involve relational change between partners. This meant it was not feasible to add a measure of 'adoption' as diffusion studies frequently do (i.e. using a family planning method). Fifth, it should be acknowledged the measures of interpersonal communication about SASA! only captured whether participants talked with different members of their social network and did not capture the content of the conversation. Communication researchers have noted that often in evaluations any talk about a given communication campaign or intervention is assumed to be supportive, when people may talk about it in ways not intended (Southwell and Yzer, 2007). Thus, participants that reported talking about SASA! could have spoken about it negatively and prevented diffusion instead of facilitating it. Unfortunately, while adding additional items to measure the content of the conversations would have been preferable, it was not feasible in the study given the already lengthy survey tool.

Despite the limitations noted, the use of a mixed methods design helped provide a more comprehensive understanding of the diffusion of SASA!. The qualitative study—while limited by a small sample size—did help to illuminate how relationship change processes unfolded for some couples and how they were influenced by intervention and social network factors through interviewing both partners separately. The quantitative analysis in

turn offered a broader picture from the larger survey sample (e.g. testing hypotheses of associations between different communication channel exposures and key outcomes) and also helped confirm themes observed in the qualitative findings (e.g. community members' exposure to SASA! and frequency of interpersonal communication about it).

Chapter 7

Examining the opportunities and challenges of couple data collection and analysis

7.1 Introduction

This chapter steps back to examine the value of collecting individual partner data for couple analysis within IPV research. I present results from an analysis which examined the couple study data to determine the value it added to understanding relationship change processes and see how the findings would differ if only one partner had been interviewed. The findings illustrate both the challenges and critical contributions dyadic analysis offered in my couples study towards understanding IPV prevention and cessation.

Despite the clear value of dyadic examination, there is a dearth of IPV research based on data collected from both partners, with most research focused solely on either the perpetrator or victim (Bartholomew and Cobb, 2010). This is surprising given the evidence base increasingly indicates relationship dynamics and interaction patterns between partners play a central role in IPV along with a range of individual and external factors (Davis et al., 2012, Ehrensaft et al., 2003, Capaldi and Langhinrichsen-Rohling, 2012, Langhinrichsen-Rohling, 2010, Hindin et al., 2008, Capaldi et al., 2012). There have been a relatively small number of quantitative studies using dyad data in the last 15 years mainly in high-income contexts (Shortt et al., 2012, Jones et al., 2010, Gordis et al., 2005) and some in low- and middle- income contexts such as Uganda (Saile et al., 2013), Tanzania (Krishnan et al., 2012), Malawi (Conroy, 2014), Cote d'Ivoire (Hossain et al., 2014) as well as a 10 country study (Hindin et al., 2008). More recently researchers have begun to call for more quantitative dyadic analysis (Langhinrichsen-Rohling, 2010, Capaldi and Kim, 2007, Capaldi and Langhinrichsen-Rohling, 2012). Others have furthered that the crucial interpersonal dynamics associated with IPV requires qualitative, and not just quantitative, research (Johnson, 2010, Krishnan et al., 2012, Stith et al., 2011). Johnson (2010) argues:

> Models that look at statistical associations among variables can give us clues about what is going on in relationships, but they involve abstractions that are far from the realities that we must understand in order to be able to intervene effectively. (p.216)

While this push for more dyadic analysis is mainly situated in research on the causes, risk factors and typologies of IPV, the arguments also ring true for research on prevention and desistance (a dynamic process that supports and brings about the cessation of perpetration). Just as we need to routinely include both partners in research to understand IPV, this is also essential for understanding how interventions influence relationships, facilitate desistance and prevent violence. Yet, the practice of interviewing both members of couples is surprisingly uncommon in research exploring relational change and is a noted weakness within IPV literature as well as psychology literature on relationship education and couples research (Wadsworth and Markman, 2012, Benjamin and Sullivan, 1999, Murphy-Graham, 2010, Fincham and Beach, 2010, Davis et al., 2012). As Huinink et al. (2010) note:

> Each partner's attitudes and behaviours are context for the other's decisions and vice versa ('linked lives'). In order to shed light on how partners affect each other...coupled life courses must be analyzed with appropriate dyadic data... (p.7)

Yet, there are very few quantitative or qualitative studies using dyad data to examine relationship dynamics and, particularly, relational change among couples exposed to an IPV intervention. And, again they are mainly from high income countries (Walker et al., 2013, Bonham and Vetere, 2012) as I was only able to find one low- or middle- income study from South Africa (Boonzaier, 2008).

The lack of dyadic analysis within IPV research is in part a result of legitimate concerns around ensuring participant's safety when there may be ongoing IPV. The WHO ethical and safety guidelines for research on domestic violence against women were designed to address this (Watts et al., 1999). They recommend only interviewing one woman per household on violence and if both men and women are sampled in a study, then only one gender should be interviewed in each study cluster to avoid alerting potential abusers that their partner may have disclosed their use of IPV. Though the guidelines were originally developed for large epidemiological studies on IPV prevalence (i.e. the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women (World Health Organization, 2005)), they have been applied in the vast majority of IPV studies, regardless of study design. Though the WHO guidelines have been instrumental in promoting rigorous ethical and safety standards within violence research, some researchers have found new ways to collect dyad data while still ensuring safety. For example, couple data was collected in a recent cluster randomized control trial in Cote d'Ivoire evaluating the

addition of a men's intervention to a community prevention programme (Hossain et al., 2014). While the authors noted it is normally not recommended to collect data from both partners on IPV, they had a team experienced in IPV research procedures and worked closely with intervention staff and community leaders to ensure the safety of participants and staff. They established a 'multi-staged information and inquiry process' prior to, during and after data collection. Multiple discussions were held with heads of households and male partners (who had all attended the men's group or were aware of community intervention) before the research began in order to increase transparency and garner community support; reducing individuals' concerns around being interviewed. Ongoing monitoring took place during the data collection and referrals provided as needed and followed up by supervisors to ensure no harm resulted from the research. As this example illustrates, with careful consideration, there are contexts and study designs in which researchers can collect couple data around IPV while also maintaining safety and confidentiality of participants—especially in cases where good rapport has been established with the community.

Unique challenges emerge in qualitative data analysis when the couple is the unit of analysis and not the individual. Interviews are at their essence performances as participants construct the reality they want the interviewer to see and it's the researcher's role to interpret the meaning of this performance (Goffman, 1959). The choice to interview partners separately and conduct dyadic analysis from the individual narratives introduces the challenge of interpreting two constructed realities (Goffman, 1959). If we understand truth as not just fact, but attribute it to one's lived experience, then truth is that person's perception of their lived experience (Hammersley, 1992). In the context of an intimate relationship partners may present different perceptions of their joint couple experience. Thus, neither partner's perspective can be discerned by the researcher to be more 'true.' While this may appear to place the researcher in a quandary, Hertz (1995) argues in most cases the difficult challenges of interpreting two realities are balanced by the advantages of having a richer data set which enhances interpretation. Thus, the analysis presented in this chapter aimed to see how in the couples study collecting and analysing dyad data generated a deeper understanding of the nature of relationships and IPV cessation.

7.2 Findings

7.2.1 Overlaps: Triangulation & Validity

Overlaps in partner's stories increases the validity of individual narratives and builds a more compelling case, particularly when examining relational change. Thus overlaps in narratives and perspectives can be viewed as increasing the 'trustworthiness' of couple's accounts.

Important overlaps included partners reporting the same improvements in their relationship around communication, sharing on financial decisions, partnership in developing financially as a family, male provision, infidelity and unity in goals for the family. Having each partner corroborate changes using specific details and highlighting the same events in the relationship strengthened the findings by reducing the likelihood that their responses were influenced by bias. This is particularly important since data was collected post-intervention making the potential for social desirability bias high. In addition, overlaps not only served to triangulate findings, but also offered more insight into relationship dynamics indicating important aspects of relationship quality (i.e. closeness, unity, poor communication, lack of partnership, etc).

For example, in two couples aspects of each partner's narrative revealed and substantiated important changes around sex and intimacy. While their relationship narratives and changes reported could have been influenced by desirability bias, efforts were made during analysis to examine the 'trustworthiness' of their accounts. For example, observing whether their stories overlapped enough to corroborate the account, but also differed enough in the details shared to suggest they had not orchestrated a joint narrative before the interview. In couple 10, both reported previous conflicts over the female refusing sex and each corroborated how this had changed due to support from a community activist and their local counsel leader. In the case of couple 3, the individual narratives together not only corroborate changes in intimacy, but convey the meaning it had for them. Interestingly, both mention these changes early in the interview when asked about the roles of men and women in relationships. Andrew shared:

> I try so much to see that my people [family members] eat well; I try so much to see to it that the children go to school! And maybe now another thing is that my wife no longer turns her back on me [denies me sex] like she used to do before. I am very responsible for those three things. (3M)

Since Andrew started the interview by passionately interjecting that SASA! has changed his life and his family's, the above statement could suggest response bias given his familiarity with the programme messages and how he mentions this change in a somewhat offhanded way. However, Milly's interview confirms she gives sex freely with love:

> Milly: I give my husband happiness [sex] as he needs it, the second thing, I wash for him, iron for him and take good care of him, even cooking for him.
>
> I: Those are some of them. How do you give him happiness?
>
> Milly: (Laughter) I cannot explain it more, but as you know, you can show him happiness...He might want to make love to you, there are some women who refuse, and she says that 'aaaah, aaaah' [no] so it is by force. But for us we do not have that.
>
> I: It is not by force. Why is it not by force?
>
> Milly: It is because we love each other."(3F)

At other points in their interviews both indicate this was not always the case in their relationship and has changed in the last couple years. Milly's description above also indicates intimacy and love in the relationship and her pride in this ("for us we do not have that") shows the value and meaning it has for her and offers more insight into the nature of their relationship. Also, while Andrew's narrative may have been biased by his exposure to the intervention, Milly reported no exposure, increasing the validity of the changes both reported. These examples illustrate how dyadic analysis can increase validity through triangulating findings among partners and is particularly useful within the context of an intervention where concerns of response and social desirability bias are at play.

7.2.2 Meaning in Contrasts

While conducting dyadic analysis of separate interviews offers opportunities for triangulation, it also presents the challenge of piecing together and making sense of the different stories and perspectives each partner shares. On a descriptive level partners may both discuss the same theme/issue in their relationship, but tell completely opposite versions or accounts of what occurred or different parts of the same story.

Infidelity and communication were two key themes where partners told contrasting stories. In the case of infidelity, when analysed alone, partner's individual narratives around this theme seemed plausible. But, dyadic examination often revealed profound contrasts in

accounts, making it extremely difficult or impossible to discern what really happened. Couple 7 best illustrates this challenge. Paul spoke at length about Sarah's infidelity while he was away resolving a property inheritance dispute following his mother's death:

> Paul: I left my wife here in the business, but the business failed to work out and it collapsed. After I heard that, whenever I left to go the village, she started cheating. That hurt me so much in my life...during the same time I also fell sick of something I don't know. I even when I went to the hospital they told me that it is stress. That infidelity thing affected my life so much...immediately when all those things happened I returned home from the village, and that's when we fought and eventually we separated.
>
> I: Now let me try to understand this, when you heard about them is when you returned! You had a fight, and you fought a little bit.
>
> Paul: Yes, I think she also knew about her mistakes because when I tried to confront her she just ran away and went back home...We spent some time apart and that took us about four months. But because we already had children with her, people told me that I should bring back the lady! At first I felt in my life that I couldn't accept it. (7M)

Sarah offers a different account when discussing events in their relationship:

> [H]e thought that I have other men. He used to have people to spy on me and they would tell him that I have other men...There was one day that he came back late at night then he knocked. When he knocked I was already asleep then he came and started strangling me. I shouted and pushed him and I passed by him and went away. It was all because of rumours…they had told him that I had other men that I was in love with. (7F)

When asked about the impact of this she shared:

> Sarah: All the time there were quarrels at home, that I love other men and such things. That made me restless.
>
> I: How did that change your relationship?
>
> Sarah: Our relationship… He started not to trust me...We would quarrel all the time, he was angry all the time, such things. (7F)

As these extracts illustrate, each partner seems adamant their account is true, and seems to be telling the truth as they experienced it. This may appear to present a challenge given

the analytic value in building a joint story. However, the purpose of dyadic examination is not to construct the most accurate joint account per se. Instead, the existence of contrasts in stories can be an opportunity, signalling the researcher to step back from the contrast and look across the whole of each narrative for insight into the meaning behind the contrast (Hertz, 1995). Asking questions such as, why did they tell this story or this version of the story in the way they did? What does this indicate about the phenomena I am studying (i.e. relationship dynamics and change processes)?

For example, looking out from couple 7's accounts of the infidelity to their wider narratives, we learn more about what motivated their behaviour and other factors at play, gaining insight into couple's relationship and the processes of change needed. Both narratives reveal Paul's controlling behaviour is prevalent in other aspects of his life. From his interview we are able to interpret a strong sense of drama from the way he tells his story which appears linked to feeling a loss of control over everything in his life. For example, he details his struggles to provide for his family, several orphans and extended family members; manage a family inheritance fight in the village; and deal with his wife's failure to keep the business going in his absence and her rumoured infidelity (according to neighbours). He expresses being deeply hurt by Sarah's lack of support stating, "you will be with a person [his wife] and tell her some important things about your life and about the two of you yet in her she is thinking of other things," and then goes on to describe this issue as the "hardest thing God planned for us," indicating how it deeply affected him. Sarah's interview however indicates he seems to push away her efforts to help out. His narrative also offers clues indicating normative scripts around men's and women's behaviour in the context may have influenced his belief that Sarah is unfaithful:

> And with the existence of poverty it is hard for the poor families to have peace. Because you can't keep denying your partner all she need for long and keep the peace even though you talk nicely with them it means that when she finds someone else who can provide it she will give in, which would be the origin of violence!... That is why I tell you that with women if you cannot provide all she need she will go out to work and you will never be able to see the money she earns. That's where she gets challenges from because there she gets people who welcome her and after they start calling on her phone. After then you realize that a person who used to come back early at 8:00pm, she comes back at 10:00pm, because you let her go to work. (7M)

Sarah also mentions the phone is a source of conflict: "whenever he would see me receive a call, he would ask me that who was that? When you would tell him, he would think that

you are lying to him." (7F) Both, also, report changes around these issues. Paul acknowledges they have moved on since the incident, "now, we have tried to forget all the past mistakes, even if they still are on our hearts, we know them! But we have no fights anymore." When asked about her current relationship Sarah replied, "We relate well. I can tell him that I want this and he gives it to me. I tell him that I am going here and he doesn't have a problem with that, yet he used to have a problem with that." (7F)

Through this analysis the focus becomes not who was or was not unfaithful, but rather what the meaning behind the accusations is and what this reveals about the nature of the relationship and how these underlying issues were addressed (or not) by the IPV intervention. What emerged in the case of couple 7 was an enhanced understanding of: 1) how a deep lack of trust is at the root of their conflicts (including the infidelity accusations) and linked to Paul's controlling behaviour, 2) how Paul's deep need to control has roots in feelings of being overwhelmed by responsibility and problems and is a barrier to change, and 3) While SASA! sparked a process of change in their relationship, generating some initial relationship improvements, Paul's narrative also indicated controlling behaviour and bitterness remained a barrier impeding change at the time of the interview.

The second theme with extensive contrasts between partner accounts was communication. Poor communication was a recurrent issue among participants that led to anger and conflict, with partners frequently blaming each other for this during their separate interviews. Unlike the infidelity theme, here accounts were not completely different, rather the contrasts were more around their perception of their role and their partner's in the communication issues. Dyadic analysis offered more understanding around the meaning of their different perceptions. The contrasts were found to stem largely from individuals feeling they were not being heard or listened to by their partner who often refused to discuss certain issues or ignored them altogether. Couple 2 offers the clearest example of this. Henry shared, "for instance at times we will be talking about the house and you propose something and she will also propose another thing but she will not even [listen] for you to explain to her what your proposal is."(2m) Stella similarly reported:

> you tell him something and he does not listen and he gets annoyed, accepts to do something to please me, then he changes…that is why I say we get misunderstandings...he blames me for not listening to him…I also tell him that I do not listen if I know that he is doing the wrong thing…I also tell him that if only we could agree on issues it would be a very good thing. (2F)

Looking out to their wider narratives offers greater understanding of this contrast. For example, both come across as very stubborn and proud, demonstrating a deep unwillingness to yield to the other and compromise. Altogether, a clearer picture of the relationship dynamics emerges, as well as the role they are each playing in impeding change in their relationship.

7.2.3 Additional Effort, Additional Gain?

As evidenced in the previous sections, it is clear that dyad data from separate interviews offers greater insight into the nature of relationships, with each partner's interview adding different dimensions for a more comprehensive story. The challenges of collecting and analysing dyad data are also evident as well as the significant increases in time and financial resources this necessitates. This raises the question of whether dyad data offers enough compelling new information or insight to justify the additional effort and resources required? To explore this, the data was analysed to identify gaps in each partner's narrative to see what key details were missing that the other provided and assess how the absence of this information would have influenced the study's findings on relationship trajectories and processes of change.

Enhanced understanding of interaction patterns

Perhaps the greatest value of interviewing couples separately and conducting dyadic analysis was the insight it offered into couple's interaction patterns and how this enhanced understanding of the processes of relational change in the context of IPV. Being interviewed separately allowed partners to share more openly in ways they may not have had their partner been present. It revealed key information on the motivations for their own behaviour (i.e. frustrations, disappointments, expectations and fears), their perspective on their partner's behaviour and how they experienced it and how this influenced the relationship.

As the previous section illustrated, overlaps in couples' stories as well as the different aspects each reported around relationship changes revealed key reciprocal change processes at work. In other instances the interaction patterns that emerged from dyadic examination revealed barriers to change helping illuminate why some couples appeared to experience great change, while others did not. For example with Couple 5, each narrative revealed individual factors influencing their behaviour and aspects of their interaction patterns that were a barrier to change in the relationship. They also indicated ongoing

conflicts were related to differences in gender role expectations. In her interview Esther expresses anger and frustration that following a period where she provided for the household needs while Frank was ill, he resumed working, but still expects her to use her income to cover the household expenses while he invests his income in building. She feels strongly that providing for the household expenses is his traditional gender role and he's shirking it now that he's earning again:

> Ah…(wonders) these men of today…a man is supposed to look after his wife and children by buying for them clothes, food and he is also supposed to look after the children…these days men do not want to do all this, they are no longer responsible… this is because when a man sees that you are also earning some money, he will tell you to buy all those things. Besides, when he knows that you are working he cannot provide anything because he will know that you can support yourself. The men do not realize that when a woman is working, it can be so helpful because she can dress the children, contribute or even pay all the school fees when the man is not home… and when the woman wants to go to her village she can use her money and go…Because [my husband] knows that I earn money he does not provide. (5F)

Esther's narrative also indicates her disability, age (she's older than Frank) and upbringing were influential factors shaping her adherence to traditional norms in the context around how women should behave in relationships. She appears deeply insecure about her disability and fears younger women will take Frank away from her. She explains she was raised to believe a clever woman must keep hold of her man by keeping quiet and appeasing him. So, while she is upset with Frank, she does not communicate this to him and appears to take pride in how she has managed to be strong and keep her anger and feelings to herself:

> I was taught like that, and even if a man married other women he cannot get this kind of care I give him so he will come back to me because for me I know how to give him care… I think a woman should treat her husband very well; a relationship can only last if you are well behaved…you have to serve him things on time, and to be calm when he shouts at you even when you are hurt at least you pretend that you are not hurt… (5F)

As a result, Frank appears to be unaware of many of her grievances, stating she agrees with him on everything. He reports the same division of income as Esther complained about above, but presents it as an example of how they share roles and are developing as a family:

> What my wife helps me with are most of the things…and you know men's money is always planned for, we use it for different things like building, sometimes she helps me at home, she says that let me buy food and dress the children, the money that I make, helps us to develop and her money helps us to run the home. (5M)

From Esther's interview we know she was not engaged in the intervention and does not share her husband's new understanding around more flexible gender roles. In her view he is not sharing the financial decisions with her and not fulfilling his role:

> [H]e hides it…when am cleaning I find that money…I do not say a word I just keep silent about it… I think he does not even like me because I take care of myself, he does not even buy clothes for my children…tell me would you say that this man loves you if it were you… I do not see any love here. (5F)

Thus, through dyadic examination I am able to see how individual factors in each partner influenced interaction patterns and, combined with lack of exposure to intervention in one partner, was a barrier to overall change in a relationship.

Intervention exposure and influence

The findings around intervention exposure and influence were markedly enriched through the combined narratives. Dyadic analysis revealed essential information about intervention exposure and how this influenced couples' change processes. There were striking variations in what individuals reported their partner's exposure to be and what the individual reported themselves, with 18 out of 20 participants incorrectly reporting their partner's exposure to SASA!. Most commonly, one partner, unaware of other's involvement with the intervention, would report changes, but equated this to other things, whereas the other partner reveals the changes came from SASA! exposure. Couple 3 offers perhaps the most extreme example. Andrew had extensive exposure, spoke passionately and at length about SASA!'s impact on him and his relationship. His wife however reported he was not involved, but she'd like him to be. Yet, she corroborates the changes Andrew reported, but believes this is a result of "maturity." While this is a more extreme example, it is not surprising that individuals cannot always pinpoint what made their partner change within the context of an intimate relationship. As one participant noted:

> Now, there are things which would happen when the time has come for that person to change. So you can't know what really changed her...there are people who advised her, there was a church and these things and at the end you can't say that this is what changed her, all you see is the change.(9M)

It is here the combined narratives revealed a great deal more than the individual interviews, resulting in an enhanced understanding of how exposure influenced change.

The different details and parts of the story each partner revealed in their narrative around exposure were particularly critical in understanding how SASA! influenced change. Below are three examples of the types of information one partner offered that filled in a key part of the story that would have been lost without both partners interviews: 1) In couple 7, Paul reported the key impact a neighbour had on supporting change in their relationship, but did not indicate or did not know it was a community activist. From Sally's interview I learn this neighbour is a community activist, allowing us to link the changes Paul reports to exposure to a community activist/the intervention. 2) In couple 6, from Charles I learn how the value he placed on his previous relationship with a community activist impacted his openness to his support; how the community activist convinced him to give his wife capital for a business to ease the economic pressure which was a turning point in their relationship; and how Charles now wants to be home more given the changes in their relationship. Jean's narrative confirms these changes in Charles, but she is not able to know—and therefore report—what motivated this. 3) In couple 2, both inaccurately report the other hasn't been exposed, yet report important changes in their partner. Henry believes Stella has not been exposed to SASA!, but that she has changed offering this example:

> For instance there is something she also proposed that I should stop arguing with her in the presence of our children. What used to happen was that some days whenever I had a bad day at work, I would just go and start with arguing with her right from the time I could get home. So she told me not to do that in the presence of the children and gradually am also changing and as a result when we have something to argue about, I take her to the bedroom...when I heard her tell me the same thing I realized she was maturing as a woman. (2M)

Stella's narrative reveals she has engaged with a community activist in discussions, dramas, and seen posters. She feels she has changed herself: "as a person I learnt something and I changed…you know when you attend you know how best to handle your family issues..."(2F). She gives examples that she keeps quiet till a calmer moment, ceased fighting in front of the children and counsels couples and encourages others to attend. As they are unaware of each other's exposure they are also not aware of the influence SASA! has had on the changes they report in their partner or them (i.e. how Henry no longer fights in front of the children due to something Stella learned from SASA!).

It was not clear always why partners did not reveal their engagement with SASA! to their partners. This may be resulting from: 1) lack of communication between partner, 2) pride and not wanting to reveal where they got new ideas or why they were changing their behaviour; or, 3) fear their partner will react in an undesired way if they learned of their involvement. In some cases, such as the first example of couple 7, participants appeared to be unaware that their neighbour was a community activist. This is not surprising given SASA!'s is designed not as a branded intervention, but to diffuse first through casual conversations guided by community activists who are members of the community themselves and spread via community members. Overall the fuller picture of exposure that resulted from dyadic examination offered essential information in understanding how the intervention may have influenced change in couples that would not have been possible had only one partner been interviewed.

7.3 Discussion

This chapter has demonstrated dyadic analysis involves unique challenges and opportunities, as well as important added value to IPV research. While it requires increased time and financial resources, the findings illustrate it can increase the validity or 'trustworthiness' of data and provide a more comprehensive understanding of relationships and change processes. For example, being interviewed separately allowed partners to share more openly in ways they may not have had their partner been present, particularly around sensitive relationship issues. This revealed key information on the motivations for their own behaviour (i.e. frustrations, disappointments, expectations and fears), their perspective on their partner's behaviour and how they experienced it, and how this influenced the relationship. Conversely, by not interviewing couples together I lost the benefits of joint interviews which allow partners to prompt each other aiding disclosure and recall (Hertz, 1995).

The challenges of collecting and analysing dyad data were also evident in this study and others (Taylor and de Vocht, 2011, Eisikovits and Koren, 2010, Hertz, 1995), raising the question of whether the benefits offer enough compelling new information or insight to justify the additional effort required. Analysing the gaps in each partner's narrative revealed that having only one partner's interview would have given me a different understanding of the issues and the insights which emerged on relationship trajectories and processes of change. For example, the different details each partner revealed in their narrative around their relationship challenges and intervention exposure were particularly

critical in understanding the complex issues in couples' relationships and how SASA! influenced change.

As noted earlier, the lack of dyad research in the IPV field is in part due to concerns around participant safety, though additional reasons have been put forward. For example, Langhinrichsen-Rohling (2005) suggests:

> Perhaps because of fear of [appearing to] blam[e] the victim or increasing a victim's danger, both personal and institutional reluctance has been shown toward studying intimate partner violence dyadically. Reluctance has also been shown toward accepting theoretical models that imply that modifying dyadic exchanges (e.g., by teaching nonviolent conflict resolution processes) might reduce the occurrence of intimate violence. (p. 110)

This study and Cote d'Ivoire study (Hossain et al., 2014) discussed in the introduction, both illustrate how some study designs in the right context, combined with additional safeguards, can allow for safe and ethical dyadic data collection. While the concerns around ethics and safety should be carefully considered, dyadic analysis on IPV should not be broadly dismissed as an option. In the reflections on methodology section in Chapter 8, I will discuss this further and suggest, in light of the findings presented here, that prevention, intervention and desistance research should be priority areas for increased dyadic examination.

Chapter 8: Discussion & key insights

In this final chapter I will discuss the main insights which emerged from posing the question: What can we learn about how to prevent partner violence through exploring how couples actually changed through interaction with a prevention intervention in their community? I begin by touching briefly on the insights into the aetiology of partner violence provided by the analysis of couples' relationship trajectories. I then cover key insights into change processes at the relationship and community levels. Next, I reflect on the theories I engaged to guide the overall research process, noting different contributions and limitations. I then discuss key points of learning and insights to inform programming, policy and research. And, finally, I discuss advances in methodology generated from this thesis around dyad data collection and analysis and end with a few final reflections.

8.1 Insights into the aetiology of partner violence

While change processes are the focus of this thesis, the qualitative analysis revealed important insights into the nature of partner violence in a low-income context with high gender inequality. This offers an important addition to the debate—introduced in Chapter 2—over the relative contribution of gender versus relationship dynamics and other factors in the aetiology of partner violence.

The findings from couples' relationship trajectories demonstrate a constellation of factors related to gender, poverty *and* relationship dynamics contributed to conflict escalation and partner violence. Conflict and different forms of abuse arose from a variety of interrelated stressors and pressures linked to personal history, socioeconomic challenges and gender role conflicts. Personal history related disagreements included the role of extended family members and responsibilities to previous partners/children. Financial disagreements included the allocation of family finances, children's schooling and financial support to extended family. Gender role related disagreements centred around gender role appropriate behaviour with partners disagreeing, for example, over whether the woman should work and who was responsible for paying for different things. These conflicts were significantly amplified by both poverty and rigid gender norms as couples tried to navigate the tension between fulfilling the gender roles they felt they were judged by, with the difficult financial realities of their context.

Other studies which link 'gender role stress' to partner violence are in line with my findings (Silberschmidt, 2001, Mahalik et al., 2005, Jewkes, 2002). For example, Mahalik et al. found men's stress associated with not being able to fulfil masculine gender ideals contributed to their abuse of female partners via controlling behaviour. My data demonstrate relationships were defined by established gender norms which structured family and partner obligations. Research indicates self-esteem is linked to a person's ability to adhere to the norms of their sociocultural context and is developed within their particular cultural context and influenced by their gender, class, race and ethnicity (Josephs et al., 1992). Given this individuals may have continued to adhere to their gender role even when it was impossible, because their self worth and the validation of the community was dependent on them doing so. Thus, an individual's sense of self worth in many ways was tied up in their own ability, and their partner's ability, to fulfil their culturally defined gendered roles.

However, as other studies in the region have found (Karamagi et al., 2006a, Conroy, 2014) gender and poverty were not the only factors in partner violence: regardless of the source, conflicts were exacerbated by poor communication between partners. Negative communication indicators such as avoidance and withdrawal were commonly observed and often followed by escalation to verbal abuse and/or physical violence when the other partner felt they were not being listened to. Consequently, many couples got trapped in negative interaction patterns, leaving them bitter, dissatisfied with their partner and unmotivated to give or share in the relationship.

In short, my research clearly demonstrates relationship interactions—along with structural causes related to gender and poverty—are important for understanding the causes of partner violence *as well* as the solution. Context specific research is essential, because, as Mahalik et al. (2005) argue,

> what constitutes 'failure to live up to gender role ideals' for one cultural group may be different than what constitutes this failure for another cultural group. By examining how different cultural groups emphasize unique masculine [and feminine] ideals, the culturally relevant aspects of gender role stress for cultural groups could be examined in relation to partner abuse. Such an approach may help ...[practitioners] tailor interventions to specific cultural and gendered scripts that seem to precede abusive behaviors, thus making treatment culturally relevant and reflective of the lived experience of men and women in different communities. (p.627)

To advance the prevention field, relationship interaction, gender role and socioeconomic stress along with developmental factors warrant further study in diverse contexts so that interventions can be tailored to how each operates in the given context (Zurbriggen, 2009, White, 2009, Heise, 2012).

8.2 Insights into change processes

Factors operating at the relationship and community levels influenced positive relationship changes and desistance from partner violence. I will begin by discussing the change processes at the relationship level and then move on to cover intervention and other factors at the community level that influenced these changes.

8.2.1 Relationship level

Engagement with SASA! by one or both members of couples resulted in a range of change processes at the individual and relationship levels. For some the concept of hope appeared to kick start the process of change, particularly those in more distressed relationships. SASA! offered them a new vision of how things could be in their relationship and family which was a powerful motivator to take steps to change. Expanded conceptions of relationships led individuals to reflect on their own and their partner's role in conflicts, as well as how more flexibility and mutual support could result in better outcomes for their family.

Conflict resolution and communication skills learned from SASA! activities or CA support led to more positive interaction patterns for many couples. Applied, simple self-regulation techniques prevented fights from escalating to verbal abuse and/or physical violence. Improved communication through listening and sharing more openly was another key mechanism of change. This gave partners a sense they had influence or power in the relationship making them feel valued as a person. Small shifts in these areas nurtured a growing trust and respect between many partners. For many this was "the most important" relationship change perhaps because, similar to being heard by one's partner, being trusted and respected is an indicator one matters, affirming self worth (Knudson-Martin, 2013). Increased trust and respect in turn brought about change in longstanding conflicts. For example, some partners that were previously controlling due to fears their partner would be unfaithful and leave them, seemed to feel more secure.

These more positive interaction cycles in turn contributed to greater intimacy and love as well as improved coping and alliance among couples to pursue shared goals and investment. These changes indicate important shifts in power in relationships. As Chapter 5 revealed, power shifts were observed in couples though they did not identify them as such. This was evidenced by the valued changes they noted in communication, conflict resolution, trust and respect, and shared goals, all indicators of more balanced power (Wadsworth and Markman, 2012). Furthermore, research on renegotiating gender roles and power dynamics in relationships has likewise shown intimacy and love can play a powerful role in bringing about change (Deutsch, 2007). For example, in her research on in Honduras education, women's empowerment and marital change in couples, Murphy-Graham concluded, "these findings hint at the power of love as a transformative force," and highlights how, "[t]he role of love and care in relationships supports feminist theories of power as capacity rather than domination" (2010, p.326). This points to the untapped potential of promoting love and intimacy as a mechanism to achieve more balanced power in relationships.

Overall, the findings indicate couple's change came about through enhanced emotional and interpersonal resources and skills—the 'relational resources' highlighted in Benjamin and Sullivan's marital change model (Benjamin and Sullivan, 1999). These findings also reinforce the need for greater focus on relationship dynamics in partner violence (Bartholomew and Cobb, 2010, Langhinrichsen-Rohling, 2010, Johnson, 2010). While many of the stressors and pressures that led to conflict were still present, changes in how dyads negotiated them within the relationship meant they no longer escalated to violence. For example, improved communication was a mechanism for change in managing deeply complicated situations with former partners and children. Through more openness and honesty about their responsibilities and interaction with them, more trust and understanding emerged between partners leading to a decrease in IPV and greater peace within families. These findings are consistent with other studies which found key factors halting aggression included couples developing effective conflict negotiation skills and interaction patterns that encourage relationship growth and prevent intense, escalating emotional conflict (Lloyd and Emery, 1994, Cahn, 1990, Infante, Sabourin, Rudd, & Shannon, 1990). Furthermore, a recent study of couples in Malawi offers empirical support that individuals with increased levels of couple communication and collaboration in their relationships are less likely to experience physical and sexual partner violence (Conroy, 2014).

The same held true for other factors which remained constant such as broader structural challenges at the socioeconomic level. While the difficult economic conditions remained, couples' financial situation improved to varying degrees due to increased communication and partnership. These relationship level changes allowed couples to better cope with poverty—and sometimes even thrive despite it. Moreover, there was a growing understanding among some participants that working together improves the family's economic situation. This represents an important shift away from the common belief that poverty itself causes violence.

Overall, individual and relationship change processes were deeply intertwined and mutually reinforcing. Many couples' change processes were nudged along by one partner making a small change that gave the other the courage to also make changes in their own behaviour without fear of losing their perceived power or position in the relationship, generating intimacy and more positive interaction patterns. Partners also influenced changes in each other that impacted the relationship as a whole, sometimes even when one partner had little or no exposure to SASA!. Thus, while having both partners involved in SASA! appeared to generate the deepest changes in the sample, change was still possible when only one partner was involved. In other studies similar change processes have been observed when couples worked together to end the violence in their relationships. For example, a study in the US found the abusive partner's efforts and changes generated hope in the other partner and, "[t]heir positive outlook on and feelings toward their partners reflected an atmosphere of caring, mutual commitment to the relationship, and belief in the change process." (Horton and Johnson, 1993, p.488). They found these qualities distinguished couples who succeeded in achieving non-violence. In a similar vein, a study in Mexico found, "the commitment of both the man and woman in the relationship, the affection they have for each other, and the extent of communication are the most important components of the mutual interaction that distinguish couples who are involved in frequent conflicts and couples who are not." (Contreras Urbina, 2005, p.226). This underscores the importance of looking beyond the causes of partner violence as the solution may lie in nurturing these positive relationship processes.

Gender was among the key underlying factors in couple's violence and subtle shifts in understanding were important in couples' processes of change. Through greater awareness around gender roles some participants began reflecting on their own and their partner's role, as well as how more flexibility and mutual support around this could result in better

outcomes for their family. However, increased ‘gender consciousness’—as conceptualised in Benjamin and Sullivan’s model (1999)—was not observed consistently across the sample and shifts around gender roles still proved difficult for some participants, particularly around the issue of women working. In addition, for some men and women their new awareness and knowledge around gender equality was emotionally painful when their partner was unwilling to change or support their efforts to change. This was most notable among couples where one or both partners had minimal exposure to SASA!. While gender roles did not fully change, the rigidity around them softened with greater insight and willingness to support each other. Other shifts away from gender normative behaviour included men discussing their problems more openly and accepting support from their partner as well as other men (often male CAs). Thus, changes around gender came about in subtle and more indirect ways, indicating movement along the gender continuum that was not necessarily in a very conscious manner, but nevertheless in the right direction.

The findings suggest SASA! may have alleviated some of the gender role stress noted earlier by offering men and women an expanded image of what a “good” man or women can be along with personal support to adopt more flexible roles. For example, within this expanded view a man could support his wife to work *and* maintain, or in some cases regain, a feeling of worth and value as a man in his community. This was reinforced when individuals took steps—however small—towards change, nudging the boundaries of their perceived role and being ‘rewarded’ with the positive outcomes of reduced stress from trying to provide alone, greater partnership with their spouse and improved financial security for their children. SASA! may have ultimately offered some individuals a new framework or means to obtain love, intimacy, security and validation from their relationship and community, which they had previously sought without success through the traditional avenues dictated by their cultural context.

8.2.2 Community level

SASA! diffused within communities and different aspects of the intervention combined with social network and community factors to facilitate or impede change in couple’s relationships.

Intervention factors

Broadly, my findings indicate it was the combination of exposure to different intervention components that facilitated change. Indeed ‘what works’ reviews of intervention evidence

have found programmes which combine mass media messaging and community mobilisation with more interpersonal engagement (i.e. interactive group activities and individual counselling) are more effective in generating behaviour change (WHO, 2007, Heise, 2011). Each intervention channel worked to support change in different ways. Mass media channels promoted ongoing attendance and awareness about SASA! through public announcements and posters. Mid-media channels generated deeper understanding of the causes and effects of partner violence in families as realistic narratives in dramas and videos generated identification among participants. My research, in line with others (Singhal et al., 2003), indicates individuals are motivated to apply suggestions for ways of improving their social conditions when they observe them being applied by characters they identify with and this process can have an empowering effect. This underscores the importance of tailoring programme content to reflect the realities of the target audience in order to facilitate identification, affective responses and deeper engagement which are important in behaviour change (Vaughan and Rogers, 2000). Proximity also played a central role as having activities and community activists located within the community facilitated easy access to activities and communication materials.

SASA!'s community activists had by far the most profound influence on changing couples' relationships. Their influence was linked to the multiple roles they embodied in their community's social structure being community members, opinion leaders and change agents simultaneously. As such they were both trusted insiders and had links to outside networks through their SASA! training and support, enhancing their credibility. Over time they became a valued community-based relationship resource. In addition, while the characters in the dramas created identification and modelled behaviour, CAs often provided more intimate and tangible examples of change within the community. Conversely, CAs who did not appear to credibly model the behaviour they promoted were less influential. These findings are in agreement with diffusion theory and studies which found identifying opinion leaders and using them as change agents can increase diffusion of health promotion interventions at the community-level (Valente and Pumpuang, 2007, Rogers, 2003, Palinkas et al., 2011). Moreover, ongoing CA support acted as an important 'helping relationship,' and was particularly important with behaviours that proved more difficult to change (e.g. controlling behaviour around women working) which were largely linked to traditional gender roles.

Social network factors

Change at the relational level was influenced by the relational resources (e.g. conflict management tools, relationship support) couples acquired through SASA! exposure. However, social network communication about and participation in SASA! played an integral role too. In a reciprocal way, each depended upon and nurtured the other, contributing to the widespread presence and circulation of SASA! within communities via different channels. Similar to other studies, social networks functioned as an "exposure bridge," with information from mass- and mid- media channels flowing to those initially exposed and through them onto other community members they interacted with (Southwell and Yzer, 2007, Hornik and Yanovitzky, 2003, Yanovitzky and Stryker, 2001, Rogers, 2003). It also served to motivate both initial and sustained attendance as, for example, talk about SASA! in the community generated curiosity and interest. Moreover, observing positive changes in community members' relationships due to SASA! generated hope and encouraged individuals to take action. Furthermore, different groups were influential in different ways: talk about SASA! among peers may raise awareness and motivate attendance, but discussions with elders appeared to be more influential in changing behaviour. And finally, experiencing change as a result of SASA! engagement and observing this in others in turn motivated individuals to diffuse SASA! to others.

8.3 Reflections on theories of change

As I outlined in the literature review, there are no working theoretical models which adequately conceptualise the processes of change leading to cessation of IPV in couples. Moreover, no models adequately capture how intervention and social factors influenced relational change. Therefore, I explored concepts or constructs from different theories to elucidate different aspects of the relationship change.

Relational models

Overall my findings broadly reflect Sullivan and Benjamin's model of change in marital relationships in which change is centred on the interplay of gender consciousness, relational resources and structural/material resources (Benjamin and Sullivan, 1999). In their study they applied the model to examine change in women's ability to challenge gender normative scripts in how they communicated with their partner and divided household labour (a key source of conflict in this context). They found that the development of interpersonal skills and increased gender consciousness aided women to

negotiate these changes. My results similarly indicate the attainment of relational resources from SASA! played a central role in facilitating relational change through enhancing relational resources of both men and women, though not necessarily both partners in a couple. Increased gender consciousness, on the other hand, was more subtle, though still moved in the right direction along the gender continuum. In their quantitative analysis Benjamin and Sullivan found the combination of material and relational resources together increased the likelihood of improved communication and balanced power in relationships. My findings further suggest increased relational resources and, in some cases, gender consciousness, can result in more balanced power which then leads to improved material resources overall for the couple. For example, through engagement with SASA! some men overcame their resistance to their wife working after attending activities, CA encouragement and/or seeing in others the benefits of working together to support the family. For others, improved communication, alliance and shared goals resulted in increased material resources as they worked together more.

While the strength of the Benjamin and Sullivan's model is that it includes important factors (e.g. relational resources, material resources and gender consciousness) at the different levels of the social ecology which impact relationships, it did not capture the more detailed dynamic interaction processes observed in the dyadic analysis of the qualitative interviews with couples. Concepts from the wider relationship education, psychology and family process literature offer more insight into relationship dynamics and key relational concepts such as equality (Steil, 1997), balancing power (Knudson-Martin, 2013, Rabin, 1994), communication (Overall et al., 2009, Wadsworth and Markman, 2012), self-regulation (Hira and Overall, 2011), shared investment, emotional attunement (Cornelius et al., 2010), and forgiveness and commitment (Fincham et al., 2007). This lends support to the arguments introduced in Chapter 2 calling for more focus on the dyadic interaction processes in partner violence research. The growing evidence around interaction factors (Hindin et al., 2008, Ehrensaft et al., 2003, Capaldi et al., 2012, Langhinrichsen-Rohling, 2010) and how to affect change (including this thesis) suggests that solutions cannot be found at the individual level soley, rather we must also look at factors within the dyad and family system. Therefore, I contend aspects of the more systems-based models may be better suited than other models (including Benjamin and Sullivans') to capture both the aetiology of partner violence and desistence. Systems theories focus more on relationship patterns than individual characteristics and recognises how changes in one part of the system (e.g. one partner obtaining new relational resources) can lead to changes in the

whole system or relationship (Daly, 2004). Capaldi et al. (2005) have put forth a dynamic developmental systems approach, which

> emphasizes the importance of considering first the characteristics of both partners as they enter and then move through the relationship, including personality, psychopathology, ongoing social influences (e.g., peer associations), and individual developmental stage. The second emphasis is on the nature of the relationship itself, primarily the interaction patterns within the dyad as they are initially established and as they change over time, as well as factors affecting the context of the relationship. (p.153)

However, while the model importantly captures dynamic interaction factors it falls short of incorporating change process factors as well as factors at the other levels of the social ecology. In my view our ability to move the prevention field forward is hampered by our current reliance on risk factor research to inform prevention interventions. Our efforts could be strengthened by conducting more research on desistence processes in diverse contexts and developing expanded models which include both factors salient in the aetiology of partner violence *and* the desistance process.

Diffusion of innovations theory

Diffusion of innovations theory was then used to examine the broader influence of intervention and social network factors on the relationship level change processes. Intervention research often examines the effect of exposure to different aspects of the intervention on the intended outcomes, but stops there. Guided by diffusion theory framework, however, I incorporated the influence of interpersonal communication as well as the mass media and mid-media channels which SASA! was designed to engage to diffuse the intervention. The findings reported above and in Chapter 6 demonstrate the vital role played by CAs and social networks. These insights made an important contribution to our understanding of *how* the intervention worked to influence behaviour change and may have been missed if the study was guided by an individual behaviour change model (e.g., transtheoretical model (Prochaska et al., 1992)) as they do not account for community level intervention and social network factors. The study on the Stepping Stones noted in Chapter 2 illuminates this point: through examining diffusion the study found the messages were not spreading to the wider community, illuminating an important weakness that can be used to inform future interventions (Bradley et al., 2011a). Unfortunately, my review of the literature found no other examples of diffusion of innovations theory in the IPV or broader gender-based violence prevention fields.

As Kippax contends we must design research to elucidate the ways individuals engage with relationship education interventions/messages and capture the mechanisms of change in order to find out what worked to improve interventions (Kippax and Stephenson, 2005). To date, most authors have tended to apply individual change theories to examine change processes (Burke et al., 2004, Chang et al., 2006, Eckhardt and Utschig, 2007) and/or IPV intervention effectiveness (Stith et al., 2004, Todahl et al., 2013); a few have explored relationship change (Boonzaier, 2008, Bonham and Vetere, 2012). In light of this, I argue for more research in this vein to advance the prevention field. In particular, diffusion of innovations theory should be given strong consideration when researching community mobilisation interventions like SASA! which are designed to diffuse through community social networks and change agents.

8.4 Theoretical contribution of thesis

The previous sections in this chapter have detailed and reflected on the findings on the aetiology of IPV, relationship change processes, community level factors and theories of change. I now step back to outline the specific contributions this thesis makes to theory. To make a theoretical contribution research must be, 1) original, making either revelatory or incremental contributions to our understanding of a phenomena in general or in a specific context, and 2) have utility by being practically or scientifically useful to advancing knowledge in a field or guiding research towards new critical questions (Corley and Gioia, 2011).

Altogether this thesis supports the social ecological model of IPV (Heise, 2012) as it clearly illuminates how factors at the individual, relationship and community levels influenced partner violence in the context. My research goes further suggesting theories and models of IPV should encompass not only risk factors in the aetiology of IPV, but also factors in the process of desistence and relational change. This sheds light on a critical omission in how the field has—for the most part—examined IPV to date and suggests future directions for research. Examining desistence may have more practical utility for guiding prevention. This dissertation also contributed to our knowledge of prevention in a low-income, urban East African context by using diffusion of innovations theory to examine the influence of social network and intervention factors. This highlighted the importance of the social/community context and the power of using respected community members as change agents along with programme content that reflects the lives of community members.

Like previous research this thesis addresses how gender and poverty influence partner violence in a low-income urban context in the region (Koenig et al., 2003b, Kwagala et al., 2013, Mullinax et al., 2013, Wyrod, 2008, Silberschmidt, 2001). Unlike previous research I examine a third factor, relationship dynamics, using a different theoretical lens (relational change models and concepts) to examine the process of desistance from IPV. While there has been growing evidence and debate in high-income contexts on the role of relationship dynamics in partner violence (Capaldi et al., 2012, Ehrensaft et al., 2003), I seem the first one to have studied it in an East African setting. This not only illuminates how tensions between traditional conceptions of relationships/roles and the lived reality in the setting contributed to IPV, but also how this may change—albeit in a slow and uneven way—through community level interventions around relationships and ongoing support to embrace more flexible gender roles and partnership.

8.5 Learning for IPV prevention programming, policy & research

A number of conclusions can be drawn from this research to inform IPV prevention interventions, research and policy.

- ***Programme experience and voices from the field underscore the value of engaging men and women together to address partner violence; both require engagement to facilitate changes around gender roles and inequalities***

IPV prevention ultimately aims to effect change in relationships and my findings illustrate the value and importance of engaging both men and women to achieve this. Study participants pointed to the relevance and value of this approach; they felt strongly having both genders involved was essential for addressing men's and women's "different issues" and bringing them together to debate, share experiences and learn from each other. This echoes findings from other studies on IPV, HIV prevention, and sexual and reproductive health (IPPF, 2010, Heise, 2011, Bradley et al., 2011a, World Health Organization, 2010, WHO, 2007, Greene and Levack, 2010). Many of the early examples of mixed gender approaches in low-income settings were driven by feedback from participants and programme learning; interventions which originally targeted only men or women expanded to incorporate both genders (Greene and Levack, 2010, Heise, 2011). In the case of programmes targeting women, participants requested men to be engaged as well because their resistance was a key barrier to change (Leu, 2003, World Health Organization, 2009). Similarly, programmes engaging men found women were sometimes resistant to men's efforts to change. Research on Men's Action to Stop Violence Against Women (MASVAW)

in India found some women rejected their male partner's attempts to share more of the domestic work (Sahayog, 2007). This was linked to fear of losing their traditional place of power within the home and being shamed by others for not being a 'good woman' and having a partner that was not behaving like a 'real man.' Thus, in contexts with lower gender equality where patriarchal gender norms play a central role in partner violence, programme experience indicates both men and women require engagement to facilitate changes around gender roles and inequalities (IPPF, 2010). For example, a review of ten years of research on programme's that mainly target men in low-income countries Pulerwitz et al. (2010) concluded, "Integrating both women and men as active partners in future interventions is likely to be a useful strategy for improving communication, collaboration, and mutual support between male and female participants." (p.290). My findings on couples' change processes support this assertion.

- ***Engaging men and women together increases the perception that partner violence and the intervention are relevant to both genders and generates discussion about it within social networks and between genders.***

The qualitative data indicated working with both genders increased the perception that the intervention was not biased towards women or men. This was important for buy-in and increased community members' willingness to consider SASA! and its messages as something of potential value, enhancing diffusion. For example, among those who reported talking to others about SASA!, 75% of men and 49% of women spoke to both men and women. Perceiving SASA!, and the topics it raised around relationships, as relevant for both men and women may have facilitated these discussions. Communication research has found exposure to media messages (i.e. through dramas, films, posters) can increase an individual's self-efficacy or confidence in their ability to grasp and discuss a certain topic and this in turn makes them more likely to engage in discussion about it with their social network (Southwell and Yzer, 2007). The informal discussion activities and dramas in the community both created the opportunity for more interaction and demonstrated that IPV is a topic that can be discussed among men and women in the public arena as well as within relationships. Thus, the activities also served to simultaneously enhance individuals' 'conversational competency' (Miller et al., 1986) as well as introducing new ideas to consider and discuss with their social network. Altogether, each aspect above contributed to the dynamic environment noted earlier in which SASA! circulated continuously within communities through different communication channels; a key factor that facilitated change. Thus, to capitalise on these benefits when feasible community-level IPV prevention

interventions should strive to actively engage both genders and offer plenty of opportunities for interaction.

- ***Working with both partners together to achieve non-violence may be more effective in facilitating positive change in relationships and reduction in IPV.***

The results offer convincing evidence that working with both members of couples is more effective in facilitating positive change in relationships and reduction in IPV. As illustrated in Chapter 5 there was a pattern in which couples' joint involvement nurtured a reciprocal change process between them. This is not to say that couples with only one partner exposed did not experience positive changes, rather these couples seemed to encounter more hurdles (such as feared or actual partner resistance) and resulted in less change overall relative to their prior relationship dynamics. Within the broader IPV field there has historically been hesitation to engage both partners together when they are experiencing violence in their relationship. This stems from concerns around safety as well as the common view among researchers and practitioners that violence in intimate relationships can only be stopped through separation. This latter point has been challenged as, 1) literature emerged emphasising many victims wish to end the violence *and* remain in their relationship (Daly, 2004); and, 2) studies on treatment for couples experiencing IPV and behavioural HIV prevention found engaging couples together can be more effective than single gender approaches (El-Bassel and Wechsberg, 2012, Stith et al., 2004). For example, Stith and colleagues found multi-couple groups to be significantly more effective in reducing acceptability of IPV, aggression and male IPV recidivism, and increasing relationship satisfaction (Stith et al., 2004). In light of this and the fact that the majority of partner violence tends to be the less severe 'situational couple violence' (as discussed in Chapter 2) (Johnson, 2008, Langhinrichsen-Rohling, 2010), I argue programmes should consider supporting couples to achieve non-violence together if both partner desire this.

On a broader canvas, this research makes an important contribution to the debate around the gender binary which pits approaches targeting women exclusively against those targeting only men and responds to the growing call from practitioners and policy makers asking, "How can programmes take a more relational perspective, integrating engaging men and boys with efforts to empower women and girls? What is the evidence on the impact of such relational perspectives?" (WHO, 2007). The findings demonstrate the value of designing IPV prevention programmes from a relational perspective that takes into account the dynamic relations between women and men at the relationship level and how

this shapes and is shaped by the larger gender structure and social and cultural factors (Connell, 2012).

- ***Centering programming on fostering positive intimate relationships and families may be a more effective entry point than IPV perpetration given the somewhat universal appeal of the topic.***

As stated in Chapter 4, my research started with a focus on examining the value of working with both men and women to prevent partner violence. While this has undoubtedly been supported by the data, what emerged even more strongly is the value of focusing on relationship dynamics. First, the processes of change findings demonstrate learning and applying relationship and communication skills generates interaction patterns which encourage relationship growth and prevent conflicts from escalating to violence—even when other factors contributing to IPV remain constant (e.g. socioeconomic constraints, rigid gender norms). Second, focusing prevention efforts on intimate relationships may be a more useful and approachable entry point given the topic's somewhat universal appeal: most people are interested in and grappling with their own—and others'—intimate relationships in some form throughout their lives. And, third, the data suggests by nurturing positive relationship dynamics, more balanced power and equality can be achieved in relationships without necessarily addressing gender roles and equality head on. This may be a softer and more effective way to achieve shifts in these areas without requiring individuals to overtly reject existing norms. Social norms research indicates in order to change existing norms, new ones need to replace them:

> A successfully weakened norm will rebound if a new one does not replace it. Norms exist for a reason: they provide the rules for how to belong to a group. Given that people feel a need for belonging, weakening a norm leaves a void that should be filled by a newer positive norm. Many domestic abuse interventions, for example, use skills training and relationship modelling to provide couples with a model of healthy relationship strategies following programming that seeks to disrupt dysfunctional ideas about what is typical or desirable in a relationship. (Paluck and Ball, 2010, p.17)

Thus, offering individuals new skills and conceptualisations of relationships as SASA! does, may both prevent partner violence in exposed individuals and generate new norms around relationships which may help prevent future partner violence. The latter increasing the likelihood of behaviour change as it limits the social costs involved when adopting more flexible gender roles in relationships.

Using relationships as an entry point may also address a challenge for community-level IPV prevention interventions: community members not experiencing physical violence may perceive IPV interventions as not relevant to their relationship and disengage when they may have benefited from the broader learning around other forms of IPV, conflict resolution, communication and partnership. For example, though the SASA! methodology does address the different forms of IPV beyond physical violence, the qualitative data indicates some still perceive SASA! is mainly about physical violence. The tendency of individuals to ignore messages they perceive they don't need is a common challenge when introducing new ideas (Rogers, 2003). Rogers and colleagues have found change agents can circumvent this by drawing attention to the existence of 'desirable new ideas.' Thus, at least to start it may be beneficial to centre broader programme messages around issues that would be perceived as useful and 'desirable' to both those experiencing physical IPV as well as others with ongoing conflict and unequal power dynamics in their relationship. However, this remains a knotty issue in that successfully challenging partner violence requires ongoing messaging centred around the unacceptability of physical IPV. One idea might be to consider addressing them separately in different intervention components. For example, in this study context it could take the form of having one programming component that focuses content and messages around building families and relationships that are happy, peaceful and more financially secure which were key benefits valued by participants in the qualitative data. And, then simultaneously having second component with media messaging tackling norms supportive of partner violence that is branded differently (e.g. different design style, logos) to delink it from the relationship/family focused programming component. Striking the balance between these challenges is not clear cut, but when designing IPV prevention interventions it may be helpful to reflect on these issues based on the context and consider what's feasible and appropriate.

- ***Prevention interventions should incorporate relationship skills components suitable for both those in and out of relationships and ideally targeting youth before they start having intimate relationships***

In my view, the findings on impact of improved relationship skills have value not only for tertiary prevention, but for primary prevention as well. For example, offering opportunities for those not in relationships to learn relationship and communication skills so they are better equipped *before* they enter relationships can help prevent violence in new or future relationships. This could support individuals to make more informed choices during partner selection and, once in relationships, better negotiate and deal with conflict peacefully. As

noted in Chapter 5, a key factor in overall relationship distress emerged because relationships started, not out of considered partner selection or 'love,' but due to family pressure or an unplanned teenage pregnancy. Such factors around partner selection have been linked to experiencing relationship distress, conflict and partner violence (Capaldi et al., 2005). For example, research in Mexico found that:

> those who married due to pressure of society and not because they felt strong affection to the partner are less likely to develop a strong commitment in the relationship than those who married for 'love'. (Contreras Urbina, 2005, p.227)

And, Contreras Urbina, adds, that lack of commitment increases risk of IPV. Thus, prevention efforts need to ideally include components targeting youth *before* they start having intimate relationships (Zurbriggen, 2009, Pepler, 2012, Pulerwitz et al., 2010). The impact relationship education can have in reducing IPV—when combined with community- and institutional-level intervention components—has unfortunately been largely overlooked and warrants serious consideration. This is evidenced by the lack of interventions with a strong relationship skills component. SASA!'s focus on healthy relationships at the community level remains a rare example in the field of IPV prevention in both high and low income settings.

- ***More cross-fertilisation is needed between the partner violence and relationship education research fields to capitalise on learning from their respective evidence bases.***

A broader relationship education field—completely delinked from the IPV field—has developed over the last 15 years in high income settings, along with a somewhat robust evidence base supporting its effectiveness (e.g. in improving relationship quality, preventing relationship distress and conflict and teaching communication skills) (Wadsworth and Markman, 2012). While relationship education programmes are generally not specifically designed to address partner violence, similar to SASA! they work to improve couple communication and conflict resolution in order to prevent conflict. This lack of overlap between the IPV prevention and relationship education fields represents a missed opportunity as the latter offers a wealth of rich empirical evidence on specificities of relationship dynamics and change processes, the very sphere that IPV prevention aims to affect change in (Halford and Bodenmann, 2013, Halford et al., 2008, Wadsworth et al., 2011).

In the last five years some researchers and practitioners have begun to look into different issues related to relationship education and partner violence. Initially concerns were raised about whether couples experiencing ongoing partner violence may be at risk for increased partner violence as difficult relationship issues are addressed during relationship education sessions (Bradford et al., 2011). However, several recent studies have discounted this, some reporting that on the contrary it improved couples' relationships and reduced conflict (Bradford et al., 2011, Bradley et al., 2011b, Rhoades and Stanley, 2011, Wilde and Doherty, 2011). In addition, there has also been increasing interest in applications targeting couples struggling with economic stress, as evidence indicates they are at higher risk for partner violence. For example, a recent study evaluated a relationship education programme designed to reduce conflict and stress among low-income families. They compared women-only, men-only and couples-only groups and found: "The results suggest that a combined couples group is likely optimal for many outcomes, but that simultaneous but separate men's and women's groups may also be effective." (Wadsworth et al., 2011). This lends further support to the argument that engaging partners together as well as separately may be an effective approach to consider incorporating into broader IPV prevention interventions (Wadsworth et al., 2011, Heise, 2011). Overall, given the potential empirical continuity between the IPV and relationship education literatures, I argue that more cross-fertilisation is needed to capitalise on the valuable relationship education evidence base and the important contributions it can make to partner violence research and prevention programming.

- ***Combining community mobilisation components and direct support through local change agents can facilitate powerful collective change processes in communities***

The findings indicate change is not a one-off event, but rather a process of small steps nurtured by the intervention as well as a collective change process taking place within the community. The latter offered living examples of how things could be different, fostering hope and confidence. Overall, there is a strong sense from the data that people change together and value this communal process. My study, similar to others (Stith et al., 2004, Todahl et al., 2013), found that participants particularly appreciated group process factors such as hearing stories of others struggling with the same issues, learning from each other's experiences of change and the care and support they received and gave through their involvement in the intervention. The power of this collective change process illustrates the value of using a community mobilisation approach. In particular one that, like SASA!, includes community-level activities in public spaces—to generate curiosity, discussion and

wider diffusion of messages among social networks—along with more direct support through local change agents. In my view, these are the critical 'ingredients' that distinguish SASA! from other strong mixed-gender behavioural interventions which are session-based. The evaluation of the Stepping Stones intervention found that while participants attending the 12-15 group sessions were deeply impacted, the intervention messages did not diffuse to the wider community (Bradley et al., 2011a). This lack of broader community engagement following the sessions was also highlighted as a weakness in a global review of Stepping Stones' evaluation data (Hox, 2002). Individual-level session-based approaches fail to capitalise on the important community mobilisation factors observed in my data.

- ***While engaging men and women together is essential, some sessions with single-gender groups may be beneficial—at least initially—for certain topics.***

The Stepping Stones model has some key strengths that I contend would be useful to incorporate into community mobilisation models. For example, some participants in my study felt that certain sensitive issues should be discussed in single-gender groups, at least to start. The Stepping Stones method of 'fission and fusion' is useful in this regard: first topics are discussed in same-sex peer groups (e.g. youth, singles, married/partnered), allowing them to discuss issues more openly without fear of embarrassment or ridicule, followed by sessions with the whole community group. As Devroes and colleagues observed, "The combination of these two processes, challenging gender and age norms together, lends a particular strength to the effectiveness of this work."(Devries et al., 2011, p.2). This is particularly helpful in contexts where men and women do not openly discuss intimate issues together. However, a key strength of SASA! is the organic, casual way CAs conduct activities in communities, and it may be challenging to maintain this and have some single-gender sessions. Nevertheless, practitioners may want to consider suggesting that CAs gather community members in peer groups for some sessions when feasible, particularly for topics that are sensitive in the context.

- ***Leveraging local change agents can increase sustainability after interventions end***

The findings suggest that prevention interventions should strive to make use of social networks and the powerful change agent/opinion leader/community member combination observed in CAs. Beyond the key influences detailed earlier, this has the additional benefit of promoting sustainability. As Valente and Pumpuang (2007) observed,

> Behavior change programmes often need to be sustainable to have long-lasting effects on community members. Often, however, when programme funding ends, so does the programme. Opinion leader development and training is often one tangible benefit left by the programme. These leaders can continue to influence community members long after a specific programme is dismantled. Knowing specifically how these leaders were identified and recruited will greatly benefit planning for the long-term benefits that opinion leaders can provide to behavior change programmes. (p.14)

- ***Actively promoting community members' role as 'exposure bridges' may further enhance diffusion.***

Community members played an important role in supporting ongoing diffusion as 'exposure bridges.' While the findings indicate these things were taking place, more systematic efforts could result in even greater effect. For example, interventions may want to consider, 1) actively and consistently encouraging community members to bring friends, neighbours and their partner to activities and refer those experiencing partner violence to a CA for support; and, 2) pointing out the power community members have to help others through sharing their own experiences of change and learning from SASA!.

- ***IPV prevention should ideally be multigenerational, engaging not only youth before they start having relationships, singles and couples, but also those who influence and advise on relationships in a given context.***

The findings demonstrate the value of engaging all generations within communities to prevent partner violence. This runs counter to a growing call within IPV prevention to focus efforts on younger populations (Capaldi and Langhinrichsen-Rohling, 2012). The reasons for this call are two-fold. First, the evidence has indicated that many attitudes and gender norms associated with an increased risk of IPV are established very early in life (Pulerwitz et al., 2010, Pepler, 2012, Heise, 2011). Second, there is evidence that younger couples in dating relationships have higher rates of violence than older couples who are married, and that physical aggression against one's partner reduces with age (Kim et al., 2008, Shortt et al., 2012, Capaldi and Langhinrichsen-Rohling, 2012). My findings support providing relationship education to young people before they start having intimate relationships. They also suggest attention must be given to simultaneously engaging the older generations in contexts where elders traditionally provide influential relationship guidance. Doing so could generate change in their relationships as well as influence the type of advice they give when younger generations come to them with relationship problems. However, this may not be the case in all contexts, thus during formative research and intervention design it may be helpful to consider who weighs in on, advises and influences relationships

in the given context. Depending on the context it could be peers, elders, religious leaders, local leaders, schools or some combination.

- ***IPV prevention approaches which foster positive relationships may lead to improved family and financial stability and have broader development applications.***

One of the more striking findings was the impact SASA! had on the financial situation of many families. The improved financial and family outcomes reported in the qualitative data indicate that while SASA! is designed to impact IPV and HIV prevention, there are other valuable outcomes. This raises questions about how fostering healthy relationships could have broader social benefits. Interestingly, the growth in relationship education programming in the US initially emerged from policy initiatives targeting poverty reduction (Fincham and Beach, 2010). While the contexts are very different, my findings are consistent with recent studies on relationship education (RE) programmes in the US targeting low income couples (Halford and Bodenmann, 2013). Researchers suggest,

> well structured RE programs can assist some socially disadvantaged couples even though social disadvantage is associated with stresses that potentially undermine couple relationship satisfaction and stability (Halford and Bodenmann, 2013, p.635),

which is felt by the community in Uganda. My data suggests that while socioeconomic stress remained, engagement with SASA! spurred increased communication, honesty and understanding around money in couples, which resulted in greater partnership and an overall improved financial situation. Thus, practitioners and policy-makers in low income contexts may want to consider how interventions such as SASA! which generate positive relationship outcomes could be used more broadly, particularly through linkages with development work focused on poverty reduction.

8.6 Advances in methodology

If we are going to move beyond merely examining the causes and typologies of IPV to preventing it, we need greater clarity on how change happens in actual relationships within the context of interventions. As this thesis demonstrates, dyadic examination of both partners' accounts reveals how individual factors in each partner influence interaction patterns and change in a relationship. Despite the obvious added value there are very few quantitative or qualitative studies using dyad data to examine relationship dynamics and, more specifically, relational change among couples exposed to an IPV intervention (Walker et al., 2013, Bonham and Vetere, 2012, Boonzaier, 2008). This is a major oversight given the

shifts in our conceptualisation of IPV towards a more dynamic systems-based perspective which acknowledges the whole of the dyad/system is influenced by each partner, alongside gender. Our current reliance on research derived from data on either the perpetrator or victim solely—and not the dyad (Bartholomew and Cobb, 2010)—limits our ability to fully understand the aetiology of partner violence *and* the process of desistance. As the examples in Chapter 7 illustrated, the sum of both partner interviews is greater than the parts. Having both partner's perspectives offers an essential, more nuanced understanding of critical interaction patterns and how interventions and other factors influence change in relationships.

While the concerns around ethics and safety should be carefully considered, dyadic analysis on IPV should not be broadly dismissed as an option. This study and the Cote d'Ivoire study (Hossain et al., 2014) discussed in Chapter 7 both illustrate how some study designs in certain contexts, combined with additional safeguards, can allow for safe and ethical dyadic data collection. These safeguards may, however, introduce important limitations on the data produced and require careful consideration to balance safety with research interests. For example, in order to ensure the safety of participants during partner violence research, often only one partner is interviewed to ensure participant's safety when there may be ongoing IPV (Watts et al., 1999). Therefore, in my study precautions were taken to only sample couples that had reported previous IPV with their current partner, but *not in the last 12 months*. While this increased safety, it restricted my data set to only include couples that had changed; thus, for example, I could not learn why other couples may not have experienced change. While this was a notable limitation, I chose to focus my research on examining what we can learn from observing how people have changed, offering insight into the mechanisms at play in order to learn how prevention interventions may be able to nurture similar processes in others. In the case of the Cote d'Ivoire study, a multi-staged information and inquiry process between their experienced IPV research team and intervention staff was used to ensure the safety of participants and field staff (Hossain et al., 2014). This illustrates how in some contexts dyad data collection can be done safely with the right combination of experienced IPV staff and intensive community engagement or sampling from survey data. In my view, the more comprehensive findings from these studies and others (Hindin et al., 2008, Bonham and Vetere, 2012, Boonzaier, 2008) demonstrate the value of dyad data collection and analysis despite the limitations they introduce.

Thus, partner violence prevention and desistance research should be priority areas for increased dyadic examination. This requires 1) data from each partner on the relationship and their personal characteristics, history and behaviour within the relationship; and 2) dyadic analysis of this data for a more comprehensive understanding of the interaction patterns and change processes within relationships. Efforts should be made on a case-by-case basis to see if strategies could be developed to respond to the challenges of ensuring safety based on the specific context of each study.

8.7 Final reflections

I began this journey with a desire to garner more evidence around the value of working with both men and women together to prevent partner violence. Through examining relationship trajectories from both partners' perspectives, the sphere in which IPV occurs came through clearly. What struck me throughout the analysis process was the very human relationship challenges couples faced (often reflecting those experienced by my own social network spread across a range of cultural contexts), how they were shaped by gender roles, and also how they can change. This drives home the point that partner violence prevention is ultimately about nurturing individual and social change amidst the challenges of complex human relationships, with a multitude of contextual factors from across the social ecology fanning the flames. The resounding message that shines through the data is: it takes couples and communities to change relationships and end partner violence. This is possible through key interventions that generate hope and belief in an alternative way to achieve fulfilling relationships and family life—an alternative that is co-constructed by the community—focussing on what can be improved, rather than only on what is wrong. This includes providing simple tools to build healthy relationships and support to change, all within the context of a wider community that is changing together, generating new norms in the process. Looking forward, the IPV prevention field would benefit from the inclusion of relationship education/skills programming and community based support for both men and women in tandem with interventions with local governance and service providers to achieve social norm change and a reduction in IPV. And, finally, while this study was focused on violence between intimate partners, the findings can also inform the design of interventions aiming to impact a range of issues rooted within relationships and families such as family violence, HIV prevention and sexual and reproductive health.

Annexes

Annex 1: Extract from the SASA! Activist Kit for Preventing Violence against Women and HIV (Michau, 2008)

Violence against women is both a cause and consequence of HIV infection. For many women, the violence they experience leads to HIV infection. For others, their HIV positive status brings violence. The root cause of this problem is the imbalance of power in relationships between women and men, girls and boys. There is an urgent need for individuals and communities to start working toward a balance of power between women and men.

SASA! is about rethinking power—your power, my power, the power we can have together. We have the power to learn and become aware, to support others, to create change for safer, healthier relationships and communities. We have the power to prevent violence against women and HIV infection.

Sasa is a Kiswahili word that means *now*. Now is the time to prevent violence against women and its connection to HIV/AIDS. We chose the name *SASA!* as a reminder of the urgency to act. *SASA!* offers tools, guidance and encouragement for individual activists and activist organizations ready to start a process of change! *SASA!*

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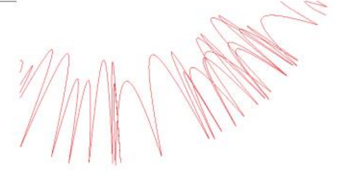
SASA! is about power, violence and HIV/AIDS

SASA! is an exploration of power—what it is, who has it, how it is used, how it is abused and how power dynamics between women and men can change for the better. SASA! demonstrates how understanding power and its effects can help us prevent violence against women and HIV infection.

Until now we have allowed community norms to portray men as more valuable than women and more powerful than women. SASA! is about mobilizing the community to change these norms, because they lead to violence and HIV/AIDS. SASA! recognizes that all people are equal in worth and value. SASA! shows us how a balance of power between women and men means healthier lives for everyone.

Power can be positive or negative. Positive power means feeling the power within ourselves, the power of joining with others, the power to create change. Negative power means wealthy people having power over poor people, the educated over the less educated, one ethnic group over another, and, in most communities, men having power over women. Negative power is so common that it often goes unquestioned.

Many times, power is thought of as limited. We think that some people can and should have power while others cannot. Many men fear that they will lose power if women gain power. This is faulty thinking. Women and men can and should be able to have and use their power—which means holding their own beliefs, making their own decisions, expressing themselves as they prefer, becoming what they want to become—as long as this does not include using their power over someone else. By changing the imbalance of power between women and men, we can prevent violence against women and its connection to HIV/AIDS.



SASA! is about human rights

SASA! is based on human rights—particularly women's human rights. All parts of SASA! work toward ensuring women's right to safety and health.

Human rights are about justice. They are based on the belief that all people are equal in worth and value—no matter who they are, where they were born, their color, economic status, sex, religion, age, education level or preferences. SASA! approaches the protection and promotion of human rights not only as the responsibility of governments but also as the responsibility of every community member.

SASA! takes a proactive approach to addressing human rights. It aims to change the imbalance of power between women and men as it relates to two specific human rights abuses: (1) violence against women and (2) women contracting HIV as a consequence of that violence.

Not all men use their power over women, but some do. They do this because our silence as a community says it is okay. We rarely ask: Is this violence acceptable? Should men be using their power over women? SASA! encourages communities to start asking these questions.

SASA! is about ending the silence

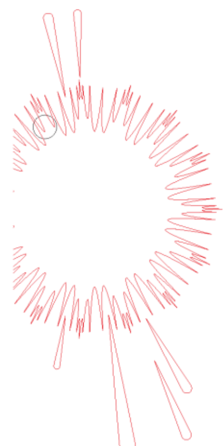
In our work and in our communities we sometimes talk about physical, emotional, sexual and economic violence against women. We sometimes talk about the consequential injuries, depression, ill health and HIV/AIDS. However we rarely ask: Why? Why is this happening?

Violence against women and increased rates of HIV/AIDS among women are happening because of our communities' silence about the imbalance of power between women and men.

Why are we silent? Are we afraid of what might happen if we start talking about power? Are we afraid of finding an imbalance of power in our own relationships? Are we not sure how to talk about power? Do the power relationships in our community feel too difficult to change? Does the work seem too radical—too far from the comfortable list of topics we can raise in the community? In our organizations? In our relationships?

All of these are normal and legitimate fears—but we cannot use them as excuses for inaction. The task is challenging. SASA! was created to make this challenging task more achievable.

SASA! is a point of inspiration



SASA! is a box bursting with ideas—ideas for sparking new energy and activism in your violence or HIV prevention work, ideas for creating a new comprehensive approach to addressing the connection between violence and HIV/AIDS in your community. SASA! is not business as usual. It moves beyond program implementation toward fostering social movements for change. It is meant to stir things up, to make us a bit uncomfortable—because only when we feel some unease will we consider how things could be different. It is provocative, challenging and inspiring, and encourages you to be and do the same.

Just by reading this introduction, you have proven yourself a person of action. SASA! will help you see all the power and assets you already have for creating change—things that could never come from a box. The ideas in SASA! show you how you could put this power and these assets to good use. The ideas are flexible and adaptable to your work and your community. SASA! can be a point of inspiration, a tool for your own activism.

SASA! responds to an unfortunate truth

The statistics are alarming. The situation in communities all over Africa is dire. We now know that women are experiencing violence and contracting HIV in vast numbers. Violence against women is both cause and consequence of HIV/AIDS (see the SASA! Knowledge Builder, Start phase for more information). In many countries, for the last few decades, there have been HIV prevention programs, and in the last few years more violence prevention programs. Yet the rates of violence are not declining and the rates of HIV infection among women are ever increasing. We must ask ourselves, why?

In truth, many of our previous "solutions" have avoided the root cause of violence against women and women's increased risk for HIV infection: the power imbalance between women and men. Also, we have usually chosen an area of expertise—addressing either violence against women or HIV/AIDS, but rarely the important connection between them. There is no quick fix to this problem, but there are untapped opportunities for change in our communities. We can all become experts in both issues and how they are connected. We can all start talking about power.

Taking this approach requires filling gaps in our knowledge and programs. That's where SASA! can help. SASA! can help you move beyond your usual thinking to begin working with new issues and perspectives. We hope that SASA! will equip you with some ideas and tools for transformative work.

SASA! is for activists

SASA! encourages everyone to discover the activist within. An activist is someone who feels deeply connected to an issue—who understands it, analyzes it and feels compelled to do something about it. An activist is a person who is "active," someone who is out and about to create change. An activist sees the work of preventing violence against women and HIV not as a nine-to-five job, but as a personal mission.

Activists see the big picture. They know they will have to work for a long time to witness the ultimate change they seek. They recognize that they cannot do it alone, so they connect with other activists and activist organizations. Together they create a movement. Together they feel part of something larger than themselves, each taking small steps toward a broader shared goal.

Everyone—and we really mean EVERYONE—can and must be an activist! We cannot stand by when there is wide-scale injustice against women, when women are unable to enjoy their most basic human rights to safety and health. Activists challenge the status quo. They refuse to accept injustice. They energize people around them to act!

Not sure about activism?

Activism doesn't require special training, knowledge or skills. It requires courage and commitment to become aware, give support and take action. There are as many ways to be an activist as there are people. Each person will be an activist in her/his own way. And you don't have to do it alone. Bring the spirit of activism into your organization — be an "activist organization." Activism isn't about being radical or rebellious. It's simply about raising your voice and the voices of others in calling for a better community. It's about taking a stand against injustice and living your beliefs. Try it out. Try it out by using SASA!

SASA! is personal and proactive

When working on violence against women and HIV/AIDS, we often talk about "those" people. SASA! takes a different approach. In SASA! we start with ourselves.

SASA! is not about preaching to people; it's about inspiring social change. Therefore, we each need to model and lead the change we are encouraging in others. We need to show courage and address the power imbalance in our own relationships. Only then can we credibly encourage others to do the same.

This may be difficult. When one person is using her/his power over someone else, it is an injustice. Facing any injustice in our personal lives provokes emotions. This is good. Emotions are an essential part of connecting to an issue, and are essential for change. Change requires that we feel injustice, and connect with it beyond knowledge or thought.

SASA! may also be provocative for others. It might at times cause tension, controversy or discomfort for those you are working with. It might challenge and stretch all of us to think in new and different ways, to reanalyze old problems and consider alternative responses. By being provocative, SASA! makes people take notice.

SASA! is about changing community norms

The attitudes and behaviors a community considers normal and expected make up the "community norms." SASA! aims to create a community where living non-violently with balanced power is the expected ('normal') way to live. These kinds of community norms would prevent violence against women and its connection to HIV/AIDS. Changing community norms takes a long time, but it is possible and has been achieved over and over again throughout history. The biggest changes that have improved the world were changes in community norms.

SASA! is about community mobilization

You cannot change community norms unless the majority of community members are either participating in or reached by the SASA! movement. Engaging an entire community is called "community mobilization." Community mobilization can mean many things. What does it mean in SASA!? By "communities" we mean individuals, groups and institutions living near each other and directly or indirectly relying on each other. By "mobilize" we mean to energize or make ready for action. By "community mobilization" we mean working with individuals, groups and institutions . . . over time . . . in many different ways . . . to inspire, encourage and support them in making positive changes in their lives . . . ultimately causing a change in community norms! It all starts now. SASA!

How Community Norms Affect Change

The community mobilization approach recognizes that even if an individual makes or tries to make a change, it is very difficult for that individual to maintain that change unless supported by the people and environment that surround her/him. For example, imagine that you decided to change the kind of food you eat. Let's say you decided to stop eating meat. If your whole family and all your neighbors ate meat at every meal and insulted you for not eating meat, would it be easy to maintain that change? If the shops around you only sold meat, and if you could not get vegetables and other foods, would it be easy to maintain that change?

A community mobilization approach recognizes that for change to happen at both an individual and community level, norms need to change. In the example above, this would mean that other people would also be choosing not to eat meat, and even when others decided to continue eating meat, they would still respect your decision to stop. They would support you and not laugh at you. Farmers might start growing more vegetables and grains, and shops would sell them. Restaurants would offer meals without meat. Doctors would talk about the benefits of not eating meat. Basically, it would become very "normal" not to eat meat.

Addressing Community Norms with SASA!

In SASA! we aim to normalize women and men having balanced power, which in turn would normalize non-violence and break the connection between violence against women and HIV/AIDS. SASA! aims to have women and men, families and neighbors, hair dressers and business owners, counselors and health care providers, religious and cultural leaders, police and local government officials all feeling that violence against women and its connection to HIV/AIDS is unacceptable, all taking big and small actions to create more equal, safe and happy relationships.

Here are some examples of existing norms and alternative community norms[1]:

	Existing Negative Norms	Alternative Beneficial Norms
Gender Roles	Women are expected to be weak and submissive and men are expected to be tough and in control.	Women and men are able to express themselves fully. The whole range of human emotions and roles are available for all people, regardless of sex.
Power	Men can use their power over women.	Women and men both have power. Neither sex has power over the other. Power is balanced in relationships, families and the community.
Silence	Individuals and the community are usually silent about men's use of power over women.	Silence about men's use of power and violence is broken. Violence in a relationship between a woman and man is no longer seen as private.
Violence	Abuse and aggression is tolerated and the victim is blamed.	Violence is unacceptable and those who choose to use violence are held accountable.

Changing Norms about Power

If we are to prevent violence, we have to change norms that allow for the abuse of power. We have to replace norms that are hurtful, damaging, oppressive or unjust with norms that are healthy, helpful, liberating and just. This is not only for the benefit of women but for the benefit of men, girls and boys, families and the community. Whenever one group, in this case women, are oppressed and lacking the power to live up to their potential, it hurts us all. Similarly, when men feel bound to the role of always being in control and powerful, they cannot live to their full potential. Imbalance of power creates tension, resentment, fear, intimidation and violence.

SASA! seeks to challenge and expand people's perceptions of power.[2] We all have experienced a lack of power in our own lives— it could be in our families, in the community, at places of work, during conflict or civil unrest. SASA! demonstrates the different types of power, how we all have the ability and the responsibility to use power with justice and fairness.

What about Gender?

In SASA! you won't see the word "gender" very often but the concept of gender runs throughout SASA!

Gender, as it was originally intended, highlights the imbalance of power between women and men. It recognizes that due to socialization and the roles and value given to women and men, that women are discriminated against. It was hoped that the term "gender" would help activists and practitioners remember not just to include women in programming but to address the inequality—the power imbalance—between women and men.

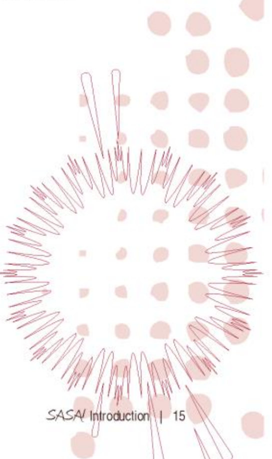
Unfortunately, in practice today in the development context, the term "gender" is widely misunderstood and misused. The original transformative intention of gender has been largely lost. Gender, to many today, means simply "women and men." For this reason, the term gender and gender-based violence will seldom be used in SASA! Instead, we will use the language of power to emphasize and bring us back to the original intention of "gender" language—to inspire the transformative work of creating equality and justice between women and men.

We know that people rarely change when they feel forced or threatened. Change happens when people see the benefits of that change—otherwise what is the motivation or incentive to do something differently?

SASA! avoids blaming and shaming men who are using violence or women who are living with violence, HIV or AIDS. A blaming and shaming approach only makes our work harder. Instead, SASA! tries to reframe the controversial issue of power and men's power over women within the positive context of the benefits of change. For example, instead of only telling a woman or man all the bad things about violence and its connection to HIV/AIDS, with SASA! you can surprise them and also talk about all the positive effects of non-violence and balanced power.

For people to understand the benefits of change, we need to be specific. We need to provide examples of the types of benefits people would experience in their own lives. Through your work, you can help community members see the practical, everyday benefits of living violence-free and breaking the connection between violence and HIV/AIDS. See the next page for some specific examples of this.

Violence and power imbalance creates …	Non-violence and balanced power bring …
Low self-esteem	Self-confidence
Injuries and poor health	Healthier bodies and minds
Fear and avoidance	Security and comfort
Stress	Relaxation
Depression and hopelessness	Happiness and hope
Loss of opportunity	Many possibilities
Isolation from family	Togetherness
Divided families	United families
Fear in children	Trust and connection with children
Poor school performance in children	Improved academic performance in children
Emotional disconnection between partners	Intimacy between partners
Forced and unpleasant sex	Enjoyable sex
Disrespect	Respect
Hatred and resentment	Love and appreciation
Isolation from community	Participation in community life
Families who avoid each other	Families who enjoy being together
Destruction of family property	Preserving and accumulating family property
Financial burden on family resources	Development at home
Strain on community and social services	Community progress and development
Family breakages/separation	Togetherness and lasting relationships
Poor role models	Positive role models
Violence in next generation	Healthy conflict resolution skills
Rejection by community	Acceptance by community
Suspicion and fear in community	Trust and respect in community
More violence and fear	More peace and security
Potential for HIV and AIDS	More protection from HIV and AIDS



SASA! and Facilitating Change

Changing as Individuals

Change takes time and commitment. It isn't until we identify a problem that we start to sense a need to change something in our lives. First we seek out information and then we find support, and only when we feel ready do we make a change and try to sustain it. In SASA! we need to understand how *individuals* change, so that we can facilitate a process of *community-wide* change.[3] The Stages of Change Model explains how individuals experience change.[4]

The Stages of Change

Stage	Description
1. Pre-Contemplation	A person has not yet identified an issue as a problem
2. Contemplation	A person begins to identify an issue as a problem
3. Preparation for Action	A person seeks out information, support and alternatives for making a change
4. Action	A person begins making the changes in her/his life
5. Maintenance	A person sustains the change

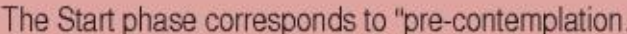
While this process is not always linear, with individuals moving neatly from one stage to the next, we have found this model to describe the process of individual change for people from many backgrounds and cultures. Think about some of the changes you have made in your own life. Do these stages reflect what you experienced?

Changing as a Community

In SASA!, we start by influencing individual change, but we can't stop there. We need individuals to begin making changes in their own lives and then collectively change their community's norms. Therefore, SASA! is organized into four phases based on the Stages of Change Model and scaled up to the community level into the phases of community mobilization. These four phases ensure that community members are effectively guided through a process of change.

The word "sasa" is not only the Kiswahili word for "now." It is also an acronym for the four SASA! phases: Start, Awareness, Support, Action.

SASA! Phases



Start

The Start phase corresponds to "pre-contemplation."

→ The SASA! Team starts to foster *power within* themselves to address the connection between violence against women and HIV/AIDS—engaging only a small selection of additional community members in this phase.

Awareness

The Awareness phase corresponds to "contemplation."

→ The SASA! Team engages the community to become aware of men's *power over* women and how the community's silence about this power imbalance perpetuates violence against women and its connection to HIV/AIDS.

Support

The Support phase corresponds to "preparation for action."

→ The SASA! Team engages the community in offering support to one another—joining their *power with* others to confront the dual pandemics of violence against women and HIV/AIDS.

Action

The Action phase corresponds to "action" and "maintenance."

→ The SASA! Team engages the community in using their *power to* take action, with an aim to normalize shared power and non-violence, demonstrate its benefits, and as a result prevent violence against women and HIV.

Be patient working through these phases. Resist the temptation to rush or skip or mix any of them. By following these phases one by one, you can facilitate a process that allows real and long-lasting change to happen. Your work will not be a temporary interest in the lives of community members; it will shape their lives. But remember, it will take patience!

SASA! Power Concepts[2]

Each SASA! phase introduces a new power concept

START

The Start phase is about "fostering the *Power Within* ourselves." *Power within* is the strength that arises from within ourselves when we recognize abuses of power and our own power to start a positive process of change. This understanding compels us to demonstrate the benefits of change and facilitate community-wide support for change.

AWARENESS

The Awareness phase is about "understanding men's use of *Power Over* women." *Power over* is the power that one person or group uses to control another person or group. This control might be used directly in forms of violence, such as physical violence or intimidation. It could also be used indirectly, such as through the social beliefs and practices that position men as superior to women. Using one's *power over* another is an injustice. Fostering a balance of power between women and men benefits everyone.

SUPPORT

The Support phase is about "joining *Power With* others to give support." *Power with* is the power felt when two or more people join together to do something that they could not have done alone. *Power with* includes supporting those in need, those trying to change and those speaking out. It means offering to join *power with* anyone for positive ends and for creating a sense of support in the community. *Power with* also includes asking for help and support.

ACTION

The Action phase is about "using our *Power To* create positive change." *Power to* is the belief, energy and actions that individuals and groups use to create change. It is the power felt when individuals are able to enjoy the full spectrum of human rights. *Power to* is the freedom experienced by women and men when free to achieve their full potential, no longer bound by norms that accept men's power over women.

Important

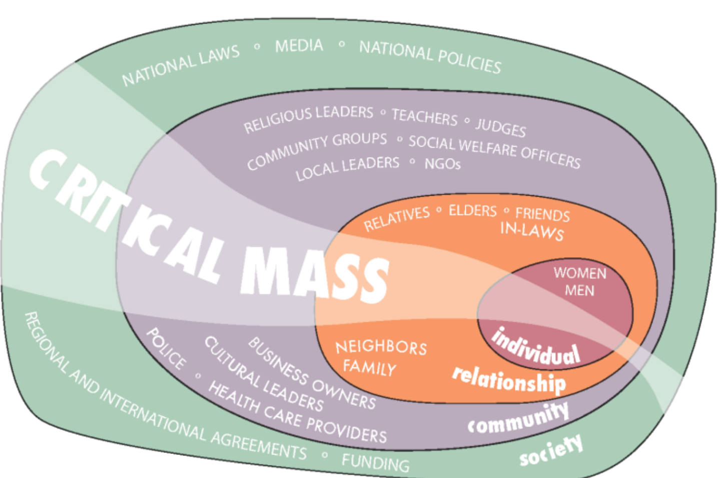
When using SASA!, it may at times seem like you are not talking so much about violence against women and HIV/AIDS, but instead about power and use of power. That's okay! That's good! It means you are working on the root issues. Influencing community norms about power is the basis of SASA!

Involving Everyone

No one is excluded from SASA! Your success depends on reaching and engaging a broad and varied group of people. Community-wide engagement is required because our use and experience of violence is influenced by far more than our personal backgrounds and intimate relationships. Everyone, from a neighbor to a shop keeper to a doctor to a local journalist, influences our use or experience of violence.

The Ecological Model organizes the influences on someone's use or experience of violence into four concentric circles.[5] It recognizes that each of these circles influences a person's experience and beliefs about violence.

Circles of Influence



The Ecological Model's Circles of Influence

INDIVIDUAL Our individual backgrounds and experiences influence whether we use or experience violence. For example, if we witnessed or experienced violence as a child, we may believe violence is acceptable.

→ For SASA!, this means we need to create spaces for ourselves and others to reflect on our own experiences and backgrounds.

RELATIONSHIP Our close relationships with our partner, family and friends influence whether we use or experience violence. For example, if our family and friends tell us or demonstrate that violence is normal, we may use or tolerate violence as part of our everyday lives.

→ For SASA!, this means we need to engage community members within their roles as parents, partners, neighbors and relatives.

COMMUNITY Our experiences in the community influence whether we use or experience violence. For example, if health care providers do not ask why a woman is hurt and police refuse to take violence seriously, then violence is seen as "normal" and will go unchallenged.

→ For SASA!, this means we need to engage community members within their roles as service providers, small business owners (barbers, shop keepers, etc.), professionals and community leaders.

SOCIETY The rules and structures of society influence whether we use or experience violence. For example, if the media encourages violence as a way to resolve marital conflict and if policies and laws do not protect women's human rights, then violence will continue in relationships between women and men.

→ For SASA!, this means we need to engage journalists, policy makers, institutional and government leaders.

Therefore, we must involve all circles of influence in our work—if we do not engage a broad variety of people, young and old, rich and poor, male and female—we will not succeed in changing the community norms that sustain violence against women and its connection to HIV/AIDS.

We have to work with all of these circles of influence to create a supportive environment for new norms.

Community Members in *SASA!*

In *SASA!* we use the term "community member" to mean ALL people in a community. A community to us is a group of people living close to each other and who rely on each other both directly and indirectly. When we say "community member" in *SASA!* we mean women and men, young people, service providers such as police or health care providers, religious and cultural leaders, local government officials, teachers, NGO staff, business owners, and whoever else walks your streets and lives in your neighborhoods. Everyone in your community has a role to play in *SASA!*

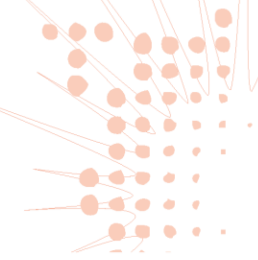
Involving Men

Men are not on the sidelines in *SASA!* They are front and center—standing side by side with women. In *SASA!* we do not specifically talk about "male involvement," because we see men as integrally involved with women throughout the entire process. Just as for many years many violence prevention efforts focused mainly on women, today some efforts focus only on men. In *SASA!* we believe that community mobilization requires everyone in the community. While we may suggest at times having single sex activities, we believe we have to reach out to everyone in order to change norms. *SASA!* seeks to engage women and men—together, naturally. Therefore, *SASA!* won't make special mention of men; they are included everywhere—every step of the way.

Remember that some men might be quite resistant and unwilling to consider or accept the benefits of balancing power in their relationships. While some of these men might truly be unreachable, others may just require perseverance and creative approaches.

Involving Youth

In *SASA!*, when we say "women and men" we mean women and men of all ages as well as girls and boys—whether married or not, in school or not. *SASA!* is just as much for youth as it is for adults. Young people are equally and sometimes more affected by violence against women and HIV/AIDS. They are looking to adults as role models. They need to learn, support, take action and change alongside the adults of their communities. Engage youth through school programs. Talk to adults about how their choices affect their children.



Creating a Critical Mass

Using the Ecological Model for prevention helps us identify and remember that there are many influences affecting our beliefs and behaviors as individuals. Understanding the Circles of Influence allows us to see that engaging only some parts of the community would not be enough to change existing norms and sustain individual change.

Think back to the example on page 12 of wanting to stop eating meat. Remember the supportive environment you would need to make and sustain that change. We need large numbers of people, groups and institutions from diverse areas of the community to create change. Only then will we have enough people thinking about, supporting and taking action for new norms. What we refer to as "enough" people is called a "critical mass."

For *SASA!*, a *critical mass* is the involvement of such numerous and diverse individuals from all circles of influence that together they are able to create lasting change in community norms.

Engaging a critical mass means that, by the final phase of *SASA!*, for any one community member you have engaged you have also reached many others influencing her/his life—such as her/his family and friends, social groups, public institutions, professional services and ultimately the far-reaching influences of things like media and policy. But again, you will reach this final goal gradually, one phase at a time:

START	In the **Start** phase you will identify key individuals from all circles of influence to engage in your early planning and first steps of *SASA!*
AWARENESS	In the **Awareness** phase you will begin building awareness among all circles of influence, inspiring talk about power in every corner of the community.
SUPPORT	In the **Support** phase you will engage yet more people from all circles of influence and begin strengthening their skills for supporting one another. You will witness how all these individuals, groups and institutions are connecting with each other and creating a powerful whole.
ACTION	In the **Action** phase you will engage even more people from all circles of influence and reach a CRITICAL MASS for changing community norms.

Annex 2: Constructs from conceptual framework and associated questions in qualitative interview guide

(Transtheoretical model constructs = red font, Diffusion of Innovations constructs = green font)

Constructs/Concepts	Interview Guide Questions
Situational Factors/Individual/Couple Characteristics	
Power dynamics of relationship before SASA!	- How would you describe your relationship when you first met?
Felt needs/problems:	-What did you not enjoy about your relationship when you first met? What were your fears/worries when you first met your husband/wife? - Is there anything that you would like to change about your relationship? The way you interact? The way s/he treats you?
Social system factors	-Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship?
Socioeconomic factors	Are there any events (for example births, deaths, business issues, financial issues etc) that have affected your relationship?
STAGES OF CHANGE/INNOVATION-DECISION PROCESS	
Communication Channels: the means by which messages are spread from one individual to another. The nature of the relationship between the individuals determines whether the innovation from the source will be transmitted and whether this will result in adoption or rejection. There are different types of communication channels:	
Mass media communication channels (effective at the knowledge stage)	-What types of SASA! activities have you attended?
Interpersonal communication channels: (proven the most influential during the persuasion and decision stages):	-How did you come to know about SASA!? When did you first hear about SASA!? Who first told you about SASA!? -What types of SASA! activities have you attended?
Cosmopolite- between change agent (CA, ssenga, LC and LAC) and community members	-Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship? Was anyone supportive or tried to help you with challenges in your relationship? How? - When did you first meet <CA>? - Have you met any community activists in your community or around your work? - How did you find having both men and women involved? Did you find it good/useful? Why? Did you find it uncomfortable? Why? Do you think it would have been better to only have men or women involved? Do you think there are some activities that it would have been better to have only men or women?
Localite- between community members and within families/relationships	-Do you have any friends or family that live in this community? Who do you go to in your community for advice? -Has your partner attended SASA! activities? Did they tell you after they went? Who attended first? Did one of you encourage the other to go? How often did he/she attend? What types of activities? Did you discuss the activities you each attended? - Have you told anyone else about SASA? Why? Who did you tell? What did you tell them? -Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship? Was anyone supportive or tried to help you with challenges in your relationship? How?
STAGE 1-2 /SASA! PHASE 2:	
Consciousness raising/Awareness Knowledge: increased awareness about the causes and consequences of certain behaviours/knowledge that a new idea/ innovation exists	-What do you think your role is as a woman/man in a relationship? Has your view on this changed at all in the last few years of your relationship? Did anything specific happen to change or influence this? - What did you think about SASA! when you first came to know of it? Do you remember the first SASA! activity that you attended? What did you think about it? What did you think about the discussion during that session? Were any of the things or topics discussed new for you? Can you give me an example? - Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? -Have you told anyone else about SASA? Why? Who did you tell? What did you tell them? -Has your partner attended SASA! activities? How often did he/she attend? What types of activities? Did you discuss the activities you each attended?
How-to knowledge: information necessary to know how to properly apply new ideas	-What motivated you to go to other SASA! activities after that first one? Did you learn anything new? If yes, what? - What types of SASA! activities have you attended?

	- Do you feel that you as a person have the skills to help stop violence against women? In your community?
Self-re-evaluation: cognitive and affective assessments of one's self-image with and without an unhealthy behaviour, such as one's image as person that uses violence against their partner and one that does not.	-What do you think your role is as a woman/man in a relationship? Has your view on this changed at all in the last few years of your relationship? Did anything specific happen to change or influence this? - Since you have been together, what have been the main changes that you noticed in your relationship? - What activity touched/impacted you the most or made you think differently about things? Can you explain why? - Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? -Do you feel you have changed at all as a person since becoming involved in SASA!?
Environment re-evaluation: affective and cognitive assessments of how the presence or absence of a personal behaviour affects one's social environment, such as the impact of one's violence on others. ...awareness that one can serve as a positive or negative role model for others.	-What do you think your role is as a woman/man in a relationship? Has your view on this changed at all in the last few years of your relationship? Did anything specific happen to change or influence this? - What activity touched/impacted you the most or made you think differently about things? Can you explain why? - Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind?
STAGE 3/PHASE 3:	
Relative advantage/Pros/Cons- Do people perceive SASA!'s new ideas to be better than the way things were before or are? Do they perceive making changes in their behaviour in their relationship or how they respond to violence in their community as better than the previous or current ways of doing things? Are things better? Did the perceive SASA! was a good thing/helpful?	- What activity touched/impacted you the most or made you think differently about things? Can you explain why? - Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? -Do you know anyone else in your community that attends SASA! activities? Did you start going around the same time or before or after you? -Have you told anyone else about SASA? Why? What did you tell them? - How did you find having both men and women involved? Did you find it good/useful? Why? Did you find it uncomfortable? Why? Do you think it would have been better to only have men or women involved? Do you think there are some activities that it would have been better to have only men or women? - Has your partner attended SASA! activities? IF NO: Would you like them to attend? Why? Do you think having your partner involved in SASA! was good or bad for your relationship? Can you give me an example? - Do you think SASA! has had an effect on your relationship with your husband/wife/partner? - Do you think SASA! has had an effect on your relationship with other people?
Compatibility- Innovations are more readily adopted when they are compatible with an individual's beliefs, norms, values, and perceived needs. Does SASA! fit in with people's perceived needs and does it challenge people's existing norms, beliefs, and values effectively while fitting in with other existing norms, beliefs, and values they hold?	-Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship? In a good way? Was anyone supportive or tried to help you with challenges in your relationship? How? In a bad way? -- What motivated you to go to other SASA! activities after that first one? Did you find the topics helpful? Did the ideas discussed make sense with the beliefs you already had? -Do you know anyone else in your community that attends SASA! activities? Did you start going around the same time or before or after you? - Do you think having your partner involved in SASA! was good or bad for your relationship?
Trialability- individuals are more likely to adopt if they can try out or experiment with the innovation before making the decision to adopt or reject it. Did individual's first try out small incremental new ways of being in their relationship, responding to violence in their community, etc?	-Have you or your partner ever taken any actions, big or small, to try to change any problems in your relationship? Can you give me and example and how it was after? -Do you think SASA! has had an effect on your relationship with your husband/wife/partner?
Complexity- innovations that are perceived to be easy to understand or use are adopted more rapidly than those that require new understanding or skills. Did people find the ideas too complex?	- What did you think about SASA! when you first came to know of it? What did you think about the discussion during that session? Were any of the things or topics discussed new for you? Can you give me an example? - What motivated you to go to other SASA! activities after that first one? Did you find the topics helpful? Was anything confusing to you? Did the ideas discussed make sense with the beliefs you already had?
Observability-if the results of an innovation are visible to others it can impact how quickly it diffuses. For example, visibility can stimulate discussion among peers. Preventative interventions therefore face challenges	-Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? - Do you know anyone else in your community that attends SASA! activities? Did you start going around the same time or before or after you? -How did you find having both men and women involved? Did you find it good/useful? Why? Do you think it would have been better to only have men or women involved? -Have you noticed any changes in your community or people you know since SASA! activities began? Are there changes in the way people respond to violence?
Self-efficacy: confidence people have that they can change or cope with high-risk situation without engaging in unhealthy behaviour.	-What activity touched/impacted you the most or made you think differently about things? Can you explain why? -Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? -Do you feel you have changed at all as a person since becoming involved in SASA!?

	- Do you feel that you as a person have the skills to help stop violence against women? In your community?
SASA! PHASE 4: (Action + Maintenance steps) Adopt/Reject-	-How would you describe your relationship with your partner now? How does it compare to when you first met?
Action/adoption	How have things changed in your relationship/ Do you think SASA! has had an effect on your relationship with your husband/wife/partner? -Do you make decisions jointly with you partner on important issues, such as where you stay/live or what school the children attend? -Do you help each other more with the household work or caring for the children? -Do you or your partner show your appreciation more for the work you each do inside or outside the home? -Do you communicate more about intimate topics like what type of birth control, if any, you use together, HIV testing or what you/they like during sex? -Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind? - Do you feel you have changed at all as a person since becoming involved in SASA!? Do you think your partner has changed at all as a person since becoming involved in SASA!? - Do you think SASA! has had an effect on your relationship with your husband/wife/partner? Were there any key moments or things that happened that influenced these changes? - Do you feel differently about your role as a wife/husband after attending SASA!? - Do you think SASA! has had an effect on your relationship with other people? - Since attending SASA! activities have you or your partner taken any actions, big or small, when you saw or heard about a woman in your community that was experiencing violence? Can you tell me about this experience? After this experience do you think you now more or less likely to take action next time you encounter violence in your community?
Helping relationships: seeking and using social support for healthy behaviour change. Did people who reported trying to make changes in their relationships report getting support from others with this?	-Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship? Was anyone supportive or tried to help you with challenges in your relationship? How? -Do you know anyone else in your community that attends SASA! activities? Did you start going around the same time or before or after you? - Have you told anyone else about SASA? Why? Who did you tell? What did you tell them? -Do you think having your partner involved in SASA! was good or bad for your relationship?
Contingency management: Increasing the rewards for positive behaviour change.	- Has anything helped you to maintain these changes?
Stimulus control: removes cues for unhealthy behaviour and adds prompts for healthier behaviours.	-Has it been difficult to maintain these new changes? Has anything helped you to maintain these changes?

Annex 3: Semi-structured interview guide

Timeline Tool Introduction:
Today I would like to ask you some questions about your life, relationships and things that have happened in the last four years since mid 2008. Sometimes it can be hard to remember when everything happened exactly, especially stuff that happened a couple years back! If you don't mind I would like to make a little time line drawing together and as we talk we can mark down when different things happened. When we are finished it will look a little like this (SHOW SAMPLE TIME LINE MAP AND POINT OUT DIFFERENT ELEMENTS OF IT). Do you mind doing this with me during the interview? [IF NO, SKIP TO NEXT SECTION]

1. To start I would like to ask you if you can remember any key events in the last 4-5 years, such as when you had a baby, when you shifted houses, maybe a death in the family or other major things that happened in your life?
2. Do you remember around what month and year this happened? [MARK EVENTS ON TIMELINE IN INDIVIDUAL'S LAYER]
3. When did you move to this community? *MARK ON TIMELINE*

Thanks, now as we talk we can stop and add different things to the time line.

Relationships
I'd now like to ask you a little bit about your views about relationships between men and women in general and about your own relationship with your partner. All relationships have both happy times and challenging times and I would just like to learn a little bit more about how you see your relationships. I would like to assure you that your answers will be kept secret and that you do not have to answer any questions that you do not want to. Are you happy to continue?

Husband/wife/partner

1. **What do you think your role is as a woman/man in a relationship? What do you think the role of a <woman/man (the opposite sex to respondent)> is in a relationship? Has your view on this changed at all in the last few years of your relationship? Did anything specific happen to change your thoughts on this?**
2. **How did your relationship with your husband/wife begin?**
    a. How long have you and your husband/wife been together?
    b. When did you first meet? [DRAW PARTNER ON TIMELINE WITH DATE RELATIONSHIP BEGAN]
3. **How would you describe your relationship when you first met?**
    a. How did s/he treat you?
    b. How did you treat him/her?
    c. What were your fears/worries when you first met your husband/wife?
4. **How would you describe your relationship with your partner now?**
    a. How does it compare to when you first met?
    b. What do you like about it?
    c. What don't you like about it?
5. **Since you have been together, what have been the main changes that you noticed in your relationship? *MARK ON TIMELINE***
    a. What things changed for the better?
    b. What things changed or the worse?
    c. <u>Were there any key moments or things that happened that influenced these changes?</u>

6. **Is there anything that you would like to change about your relationship?**
    a. The way you interact?
    b. The way s/he treats you?

IF DIDN'T MENTION VIOLENCE IN RELATIONSHIP ASK:

7. ***Sometimes during the bad moments in relationships there is violence between couples. Have you experienced violence in your relationship with your partner? [Offer examples of different forms of violence here?]***
    a. *When did it start? Has it changed—increased or decreased—over the last four years? *MARK ON TIMELINE**
8. **Have you OR your partner ever taken any actions, big or small, to try to change any problems in your relationship? Can you give me and example and how it was after?**
9. **Are there any people (for example friends, family, neighbours, ssenga, LC, etc) that have influenced your relationship? Was there a specific thing that happened or example of this?**
    a. In a good way? **Was anyone supportive or tried to help you with challenges in your relationship?** In what way?
    b. In a bad way? How?
10. **Are there any events (for example births, deaths, business issues, financial issues etc) that have affected your relationship? Do you remember around when this was? *REFER TO TIMELINE***
    a. In a good way?
    b. In a bad way?

SASA!

11. **How did you come to know about SASA!? Do you remember around when this was? *REFER TO TIMELINE***
    a. Who first told you about SASA!?
12. **Have you met any community activists in your community or around your work?**
    a. For example, <name of CA in their community>?
13. **What did you think about SASA! when you first came to know of it? Do you remember the first SASA! activity that you attended? What did you think about it?**
    a. What did you think about the discussion during that session?
    b. Were any of the things or topics discussed new for you? Can you give me an example?
14. **What motivated you to go to your first SASA! Activity?**
15. **Have you continued to attend SASA! activities?**
16. **What motivated you to go to other SASA! activities after that first one?**
    a. Did you find the topics helpful? Which ones did you find helpful?
    b. Was anything confusing to you? Can you give me an example?
    c. Did the ideas discussed make sense with the beliefs you already had? Can you give me an example?
17. **What types of SASA! activities have you attended?** Dramas? Video? Chats with <CA> and other people in the community? Lido?
18. **What activity touched/impacted you the most or made you think differently about things? Can you explain why? Do you remember around when this was?***REFER TO TIMELINE*
19. **Have your feelings about SASA! changed since you first started going to activities? Did anything specific change your mind?**

20. **Do you know anyone else in your community that attends SASA! activities? Did you start going around the same time or before or after you?**
21. **Have you told anyone else about SASA?** Why? Do you remember around when this was? * TIMELINE*
    a. Who did you tell?
    b. What did you tell them?
22. **SASA! works with both men and women. How did you find having both men and women involved?**
    a. Did you find it good/useful? Can you give me an example? Did you find it uncomfortable? In what way?
    b. FOR MEN: <u>Did seeing other men involved in SASA! make you think differently about it?</u> Did this influence your decision to go to activities? In what way? Do you think it would have been better to only have men or women involved? Do you think there are some activities that it would have been better to have only men or women?

SASA! and your relationship

ASK QUESTIONS BELOW AS RELEVANT BASED ON INFO GIVEN IN RELATIONSHIP SECTION (E.G. IF THEY ALREADY MENTIONED THEIR RELATIONSHIP CHANGED DUE TO THEIR AND/OR PARTNER'S INVOLVEMENT IN SASA!, ETC)

23. **Has your partner attended SASA! activities?**
    a. IF NO: Would you like them to attend? Why?
    b. <u>Do you remember around when this was?</u> *REFER TO TIMELINE* Did they tell you after they went? <u>Who attended first?</u> Did one of you encourage the other to go?
    c. How often did he/she attend? What types of activities?
    d. Did you discuss the activities you each attended?
    e. Do you want them to keep attending activities?
24. **Do you feel you have changed at all as a person since becoming involved in SASA!?**
    a. In what way?
    b. <u>What influenced these changes?</u>
    c. <u>Have you maintained the changes?</u> Has it been difficult to maintain these new changes? Has anything helped you to maintain these changes?
25. **Do you think SASA! has had an effect on your relationship with your husband/wife/partner?**
    a. In what ways has SASA! had a positive effect on your relationship? Was this linked to anything specific? Do you remember around when this was? *REFER TO TIMELINE*
    b. In what ways has SASA! had a negative effect on your relationship? Was this linked to anything specific? Do you remember around when this was? *REFER TO TIMELINE
26. **Since attending SASA! activities have you or your partner taken any actions, big or small, to try to change anything in your relationship? Can you give me any examples and how it was after? Do you remember around when this was?*REFER TO TIMELINE***
    a. For example, are there any changes in how you discuss important decisions in the household?; Do you show appreciation or respect for each other more or have better communication about intimate things like sex?
    b. Are you now more or less likely to take action to make other changes?
    c. Were there any key moments or things that happened between you?

d. Has it been difficult to maintain these new changes? Has anything helped you to maintain these changes?

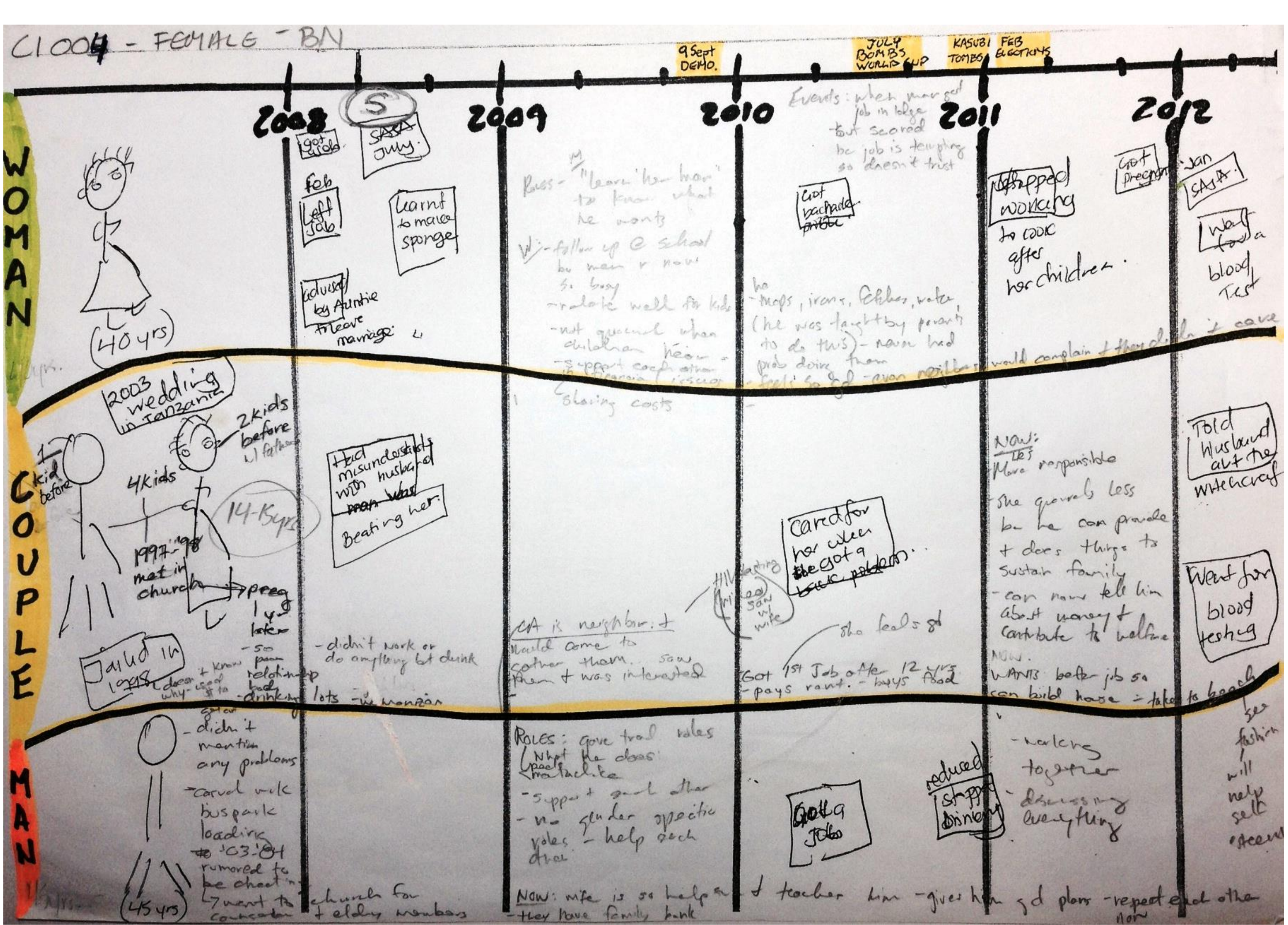
27. **Do you feel differently about your role as a wife/husband after attending SASA!?**
28. **Do you think SASA! has had an effect on your relationship with other people? Do you remember around when this was? *REFER TO TIMELINE***
    a. How has it affected those relationships? Was this linked to anything specific?

Community member activism

I would now like to ask you a little bit about your involvement with SASA! and how you see yourself in your community. As we know, violence against women can happen anywhere, in any community, I would just like to ask you a few questions about any violence in your community.

29. **Since attending SASA! activities have you taken any actions, big or small, when you saw or heard about a woman in your community that was experiencing violence or a man that was using violence? Can you tell me about this experience?**
    a. Do you think you should have done less?
    b. Do you think that you should have done more?
    c. After this experience do you think you now more or less likely to take action next time you encounter violence in your community?
30. **Have you noticed any changes in your community or people you know since SASA! activities began?**
    a. Are there changes in the way people prevent or respond to violence? (the way people link/talk about women, violence against women (eg blame) Power? relationships? Roles

Annex 4: Timeline tool example



Annex 5: Question set added to RCT follow-up survey questionnaire

	QUESTIONS	CODING CATEGORIES						SKIP TO
1.	Have the following people you know ever attended any SASA! Activities? *Ku bantu bano b'omanyi kuliko eyali yeetabyeko mu misomo/okukubaganya ebirowoozo ebikwata ku kuziyiza obutabanguko nga bitegekeddwa SASA!?*	**I) IF YES, CONTINUE WITH "II", IF NO CONTINUE WITH NEXT ITEM.**				II) Were they male or female? *Yali mukazi oba musajja?* **CIRCLE BOTH IF MENTIONED BOTH MAN AND WOMAN**		
		YES	NO	DON'T KNOW	N/A	MALE	FEMALE	
	Parents *Abazadde bo n'abomwagalwawo*	1	0	98	96	3	4	
	In-laws *Abooluganda lw'omukyala/ omwagalwa wo*	1	0	98	96	3	4	
	Neighbors *Baliraanwa*	1	0	98	96	3	4	
	Friends *Ab'emikwano*	1	0	98	96	3	4	
	Children *Abaana*	1	0	98	96	3	4	
	Elder *Abantu abakulu mu kitundu kyo*	1	0	98	96	3	4	
	Other person besides partner(specify) [_______________________________________] *Abalala omulala atali mwagalwawo (nnyonyola)*	1	0	98	96	3	4	
	Partner *Omwagalwa*	1 SKIP TO 120	0 SKIP TO 119	98 SKIP TO 119	96 SKIP TO 120	3	4	
2.	Would you like your partner to attend SASA! activities? *Wandyagadde omwagalwawo okwetaba mu misomo gya SASA?*	YES *Ye*……………………………………………………. 1 NO *Nedda*……………………………………………… 0 N/A ………………………………………………… 96						 120 120
	Would you like them to attend because it would bring about:- *Wandyagadde agyetabemu kubanga kijja/kiyinza:-*							
	Better communication between the two of you *Okwongera ku kuwuliziganya obulungi wakati wammwe*	YES *Ye*……………………………………………………. 1 NO *Nedda*……………………………………………… 0 N/A…………………………………………………….96						
	Increased discussion on important decisions in the household *Okwongera ku kubaganya ebirowoozo ku bisalwawo mu maka*	YES *Ye*……………………………………………………. 1 NO *Nedda*……………………………………………… 0 N/A…………………………………………………….96						
	More closeness *Okwongera ku kubeera obumu*	YES *Ye*……………………………………………………. 1 NO *Nedda*……………………………………………… 0 N/A…………………………………………………….96						
	More respect between you *Okwongera ku kuwaŋŋana ekitiibwa*	YES *Ye*……………………………………………………. 1 NO						

	QUESTIONS	CODING CATEGORIES	SKIP TO
		Nedda.…………………...…………………………..….... 0 N/A…………………………………………………… .96	
	IF NO VIOLENCE REPORTED IN SECTION 5 SKIP TO 116 **IF REPORTED ANY VIOLENCE IN SECTION 5 ASK:**		
	You think it could help stop the violence in your relationship *Olowooza nti kiyinza okuyamba mu kumalawo obutabanguko mu nkolagana yammwe?*	YES *Ye*……………..……...……………………………….. 1 NO *Nedda* ………………...………………………..…... 0 N/A………………………..………………………….96	

3.	Have you talked with the following people about SASA! : *Oyogeddeko nabantu bano wammanga ku bikwata ku SASA!?*	I) **IF YES, CONTINUE WITH "II". IF NO SKIP TO NEXT ITEM.**			II) Were they male or female? *Yali musajja oba mukazi?* **CIRCLE BOTH IF MENTIONS BOTH MEN AND WOMEN**		I) About how many times? *Emirundi ng'emeka?* **READ OPTIONS ALOUD**			IV) Who initiated the conversation the first time? *Ani yatandiikiriza emboozi eno?*	
		YES	NO	N/A	MALE	FEMALE	ONCE *Omulundi gumu*	A FEW (2-5) *mitono wakati 2-5*	MANY(5+) *mingi gisuuka 5*	YOU	THEM
a.	Parents? *Abazaddebo oba ab'omwamiwo*	1	0	96	3	4	1	2	3	1	2
b.	In-laws? *Ab'oluganda lw'omwagalwawo?*	1	0	96	3	4	1	2	3	1	2
c.	Neighbours? *Baliraanwa?*	1	0	96	3	4	1	2	3	1	2
d.	Friends? *Ab'emikwano?*	1	0	96	3	4	1	2	3	1	2
e.	Children? *Abaana ?*	1	0	96	3	4	1	2	3	1	2
f.	Elder? *Abantu abakulu mu kitundu kyo*	1	0	96	3	4	1	2	3	1	2
g.	Other person besides partner(specify)? *Abalala omulala atali mwagalwawo (nnyonyola)?* [________________________]	1	0	96	3	4	1	2	3	1	2
h.	Partner? *Omwami/omwagalwawo?*	1	0	96	3	4	1	2	3	1	2

BOX H

REVIEW RESPONSES FROM PREVIOUS SECTIONS AND TICK STATUS. FOLLOW SKIPS.

[ ] TALKED TO PARTNER ABOUT SASA…………..…………. ……………………..…..…………SKIP TO 121

[ ] DID NOT TALK TO PARTNER ABOUT SASA.……………. ………………….………………….SKIP TO 122

[ ] NO PARTNER………………………………………………….. ………….…………SKIP TO SECTION 10

		QUESTIONS	CODING CATEGORIES	SKIP TO
4.	a	When you talked with partner was she agreeable to talking about it or unwilling to discuss it? *Bwewayogerako n'oomwagalwa wo yakkiriza [yali mwetegefu okubyogerako] oba teyakkiriza [teyali mwetegefu kubyogerako]*	AGREEABLE *Yakkiriza*……………………….……………………. 1 DISMISSIVE *Teyakkiriza*……………….……………………………. 2	
	b	Did she become angry? *Kyamunyiiza?*	YES *Ye*……………….……………………………………… 1 NOT SURE *Takakasa*……………………………..……………. 2 NO *Nedda*………….………………………………………. 0	
	c	Were you happy you talked to them or did you regret it? *Kyakusanyusa okwogerako naye oba wakyejjusa?*	HAPPY *Yasanyuka*……………….……………………………. 1 REGRETTED IT *Yakyejjusa*……….…………………………………. 2	
5.	a.	Has anything changed in your relationship with your partner since you became involved in SASA!? *Waliwo ekintu kyonna ekikyukamu mu nkolaganayo n'omwagalwawo okuva lwe watandika okwenyigira mu oba okwetaba mu SASA!?*	YES *Ye*………..……...………………………………. 1 NO *Nedda*………….…...……………………………... 0 N/A…………………………………………………… 96	Section 10 Section 10
	b.	Did the changes include: *Ku nkyukakyuka ezo kwaliko zino:*		
	i.	Better communication *Okwongera ku kuwuliziganya obulungi?*	YES *Ye*………..……...………………………………. 1 NO *Nedda*………….…...……………………………... 0 N/A…………………………………………………… 96	
	ii.	Increased discussion on important decisions in the household *Kyayongera ku kuteeseganya ku nsonga enkulu ezikwata ku maka gammwe.*	YES *Ye*………..……...………………………………. 1 NO *Nedda*………….…...……………………………... 0 N/A…………………………………………………… 96	
	iii.	More closeness *Okwongera okubeera obumu*	YES *Ye*………..……...………………………………. 1 NO *Nedda*………….…...……………………………... 0 N/A…………………………………………………… 96	
	iv.	More respect between you *Okwongera okuwaŋŋana ekitiibwa*	YES *Ye*………..……...………………………………. 1 NO *Nedda*………….…...……………………………... 0 N/A…………………………………………………… 96	
		IF NO VIOLENCE REPORTED IN SECTION 5 SKIP TO 116 **IF REPORTED ANY VIOLENCE IN SECTION 5 ASK:**		
	v.	Reduced violence in your relationship Ky'akendeeza ku butabanguko mu nkolagana yammwe?	YES Ye…………………..……………………………… 1 NO Nedda…………………..………………………….. 0 N/A…………………………………………………… 96	Section 10
	vi.	More violence in the relationship Kyayongera butabanguko mu nkolagana yammwe?	YES Ye…………………..……………………………… 1 NO Nedda…………………..………………………….. 0 N/A…………………………………………………… 96	

Annex 6: Building coding framework from open coding

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