Learning to Change:

The Influence of Men's Learning on their Change Experiences

From Participating in an IPV Prevention Intervention in Côte d'Ivoire

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I, Tammy MacLean, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Abstract

Background: Interventions to reduce intimate partner violence (IPV) in Low-and-Middle-Income Countries (LMICs) have recently shifted to primary prevention, with a focus on engaging men to transform harmful masculine ideals and behaviours. A range of intervention formats have emerged over the last decade that target men alone or both men and women. While rigorous evaluations of some IPV interventions have had a significant effect at reducing men's IPV perpetration, others have had little effect. There is little theoretical understanding of why some men experience healthy change from participating in IPV prevention interventions while others do not.

Aims and objectives: This thesis aimed to examine the connections between men's experiences with learning about their harmful behaviours and practicing healthy change following a 16-week, men-only group-based training intervention to prevent men's IPV (the 'GDH Intervention') in rural Côte d'Ivoire. The objectives: to examine the connections between the processes and pathways involved with men's learning and behaviour change experiences; and to consider how men's socio-demographic characteristics, prior IPV perpetration, and their motivation to join and attend GDH Intervention meetings influenced these experiences.

Methods: A qualitative design 'nested' within a CRT of the GDH Intervention was used. In-depth, semi-structured interviews were undertaken one-year post-intervention with 36 men selected using stratified purposive sampling (dosage and criterion techniques). Interviews were undertaken primarily in French, digitally recorded, then transcribed and translated into English. Data analysis involved a multi-stage Framework Analysis approach, and Prochaska's (1997) Transtheoretical Model and Illeris' (2017) Constructivist Learning Theory Framework were used as lenses through which to view the data.

Results: Men's change capacity was primarily determined by their learning experiences. Either one of two forms of learning and healthy change were demonstrated, or one of several forms of learning and change failure. Each behaviour pathway involved distinct processes toward: 1) conscious, internally motivated learning and change practice; 2) unconscious, externally motivated learning and change practice; 3) incomplete and/or resisted learning and change failure; or 4) distorted and/or prevented learning and change failure. Recommendations are provided for future research and practice on engaging men to prevent IPV.

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Chapter 1. Introduction

1.1 Background

Intimate Partner Violence (IPV) is a global human rights violation and public health problem (Heise and Ellsberg, 1999; Heise and Garcia-Moreno, 2002) that affects an estimated 30% of women and girls globally (K M Devries *et al.*, 2013). The World Health Organization (WHO) defines IPV as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (Heise and Garcia-Moreno, 2002, p. 89).

1.1.1 Evidence on Engaging Men to Prevent Intimate Partner Violence in LMICs

Early interventions to address IPV involved meeting the immediate health and social needs of survivors in High Income Countries (HICs). However, there is little evidence to suggest that these interventions have been effective at reducing women's revictimisation (Ellsberg *et al.*, 2014). More recently, interventions in Low and Middle Income Countries (LMICs) have placed increasing emphasis on preventing IPV, and prominent anti-violence advocates have argued for the need to involve men and boys in these efforts (Barker, C. C. C. Ricardo, *et al.*, 2007; Peacock and Barker, 2012). Indeed, there is growing recognition that progress toward eliminating IPV cannot be made without including male perpetrators, and that engaging men and boys as allies can transform the harmful masculinities that sustain gender inequality and violence (Jewkes, Flood and Lang, 2014).

IPV prevention interventions have engaged both women and men in a range of strategies and approaches. These intervention are generally organised as multi-component community mobilisation interventions or else as stand-alone group-based training interventions (Jewkes, Flood and Lang, 2014). Community mobilisation has become a common approach to reducing population-level violence through changes in public discourse, practices and social norms interventions (Ellsberg *et al.*, 2014). These interventions tend to be complex, incorporating multiple components (i.e. activism, advocacy, media, marketing and group-based training) and engaging various different stakeholders, including men, women, community leaders, law enforcement and educators. While rigorous impact evaluations of these IPV prevention interventions have demonstrated substantial (if not significant) reductions in women's reported IPV experiences, no significant reductions have been found in men's

reported IPV perpetration (Abramsky *et al.*, 2014; Wagman *et al.*, 2015; Abramsky, Karen M. Devries, *et al.*, 2016; Alangea *et al.*, 2020). Moreover, other rigorous studies of community mobilisation interventions have shown limited to zero effect both on IPV experience among women and/or perpetration by men (Pettifor *et al.*, 2018; Chatterji *et al.*, 2020; Christofides *et al.*, 2020; Clark *et al.*, 2020).

Group-based training interventions, for their part, involve educational meetings with targeted groups of individuals, and utilise participatory training methods to encourage critical reflection, discussion and practice (Ellsberg *et al.*, 2014). These interventions generally address gender expectations, attitudes and behaviours at the individual-level while supporting the development of new skills for communication and conflict resolution. Whether as part of multi-component community mobilisation approaches or as stand-alone initiatives, group-based training interventions tend to comprise the majority of IPV preventions interventions engaging men in LMICs (Ellsberg *et al.*, 2014). When evaluated as stand-alone initiatives, group-based training interventions have demonstrated the greatest impact at reducing IPV when undertaken with both men and women in separate but complementary (or 'synchronised')[1] processes (Jewkes *et al.*, 2008, 2014; K. L. Falb *et al.*, 2014; Dunkle, Stern, Chatterji, *et al.*, 2019). Conversely, studies on the impact of male-only group-based training interventions on IPV perpetration have shown mixed findings (Verma Dr. *et al.*, 2008; Pulerwitz *et al.*, 2010; Das *et al.*, 2012; Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014; Namy *et al.*, 2014; Vaillant *et al.*, 2020).

The results of rigorously produced evaluation studies have raised questions around why some IPV prevention interventions that engage men have produced significant reduction in men's IPV perpetration while others have not. A growing body of qualitative research has sought to answer these questions, but this research faces important methodological and theoretical limitations. First, study designs and methods of inquiry are not driven by social science theory, thereby providing little theoretical understanding of how behaviour change occurs and/or fails to occur among participating men (Verma Dr. *et al.*, 2008; Pulerwitz *et al.*, 2010; Kyegombe, Abramsky, *et al.*, 2014; Kyegombe, Starmann, *et al.*, 2014; Miller *et al.*, 2014; Stern and Heise, 2018; Stern and Niyibizi, 2018; Dunkle, Stern, Heise, *et al.*, 2019; McGhee *et al.*, 2019; Treves-Kagan *et al.*, 2020). Second, studies that have explored behaviour change processes among male participants have limited their selections to those who experienced a reduction in IPV perpetration (Kyegombe, Abramsky, *et al.*, 2014; Kyegombe, Starmann, *et al.*, 2014; Starmann *et al.*, 2016), which does not contribute to our understanding of how

[1] While group-training approaches seek to transform gender norms, attitudes and behaviours, gender synchronized approaches do so by reaching both men and women to challenge harmful and restrictive constructions of masculinity and femininity (Greene and Levack, 2010).

and why behaviour change is *not* experienced by some men, nor how change may have occurred among those with no history of IPV perpetration but who achieved other healthy changes that are supportive of gender equality (such as shared decision-making) (Starmann *et al.*, 2016). Third, studies that explore how intervention-level factors (e.g. curriculum or process evaluation studies) influenced participants' change experiences assume that men are a homogeneous group, for example, by overlooking how their individual-level characteristics influenced their change experiences (Gibbs, Willan, *et al.*, 2015; Namy *et al.*, 2015; Hatcher *et al.*, 2020). As a result, these designs do little to explain why men either experienced a reduction in IPV perpetration or a failure to change. Improving our understanding of how a reduction in men's IPV perpetration is both experienced and not experienced by participants of IPV prevention interventions is necessary to inform the development of future interventions.

1.1.2 The Influence of Context and Intervention Factors on IPV Prevention Outcomes

Understanding the change experiences of male participants of IPV prevention interventions necessarily involves paying attention to social context and intervention factors. The social context in which IPV prevention interventions are implemented is understood to influence participants' experiences (Ellsberg *et al.*, 2014; Jewkes, Flood and Lang, 2014). Specifically, evidence suggests that it is important to consider the socio-demographics of the surrounding community (e.g. education and unemployment/poverty levels, social marginalisation), levels of community violence and poor mental health, as well as the social influence of participants' families and peer groups (Jewkes, Flood and Lang, 2014; Gibbs, Jewkes, *et al.*, 2015; Gibbs, Jewkes and Sikweyiya, 2018; Hatcher *et al.*, 2020; Jewkes *et al.*, 2020).

More broadly, it is established that local notions of masculinities in Sub-Saharan Africa are influenced by national political violence and the world gender order[2], both of which are inherently and historically arenas of gender politics that stem from colonisation (R. Connell, 2003). In conflict contexts in particular, the 'undoing' of pre-existing gender relations can occur alongside the establishment of new masculine norms, which could idealize the use of violence (Kirby and Henry, 2012). Socio-economic factors should also be considered, as civilian men can experience a sense of failure and reduced self-esteem if unable to fulfil the masculine ideal of bread winner and household head due to unemployment or economic collapse – factors that can lead to men's IPV perpetration and

[2] The world gender order can be defined as the structure of relationships that interconnect the gender regimes of institutions, and the gender orders of local societies, on a world scale (Connell, 2013).

subsequently their experiences of inter-generational conflict and alienation (Silberschmidt, 2001; Lwambo, 2013). For these reasons, any shifts in masculinities that result from IPV prevention interventions should be located within a broader gendered understanding of society that reflects historical, race, and class-based realities (Morrell, Jewkes and Lindegger, 2012).

Intervention factors are also believed to influence participants' experiences with behaviour change. Such factors include the intensity of the intervention (i.e. duration and contact with delivery actors), whether prior testing and intervention refinements are undertaken, preparedness of facilitators, underlying theory of change, and the curriculum content and focus (Barker, C. C. C. Ricardo, *et al.*, 2007; Barker *et al.*, 2010; Michau *et al.*, 2014; Gibbs, Willan, *et al.*, 2015; Namy *et al.*, 2015; Gibbs *et al.*, 2020; Hatcher *et al.*, 2020). While these are important factors in male participants' experiences with IPV prevention intervention, social context and intervention factors are out of the scope of this thesis and are were not addressed as part of this research.

1.1.3 The GDH Intervention and Improving Our Understanding of Men's Change Experiences

This thesis will use data collected from participants of a male-only group-based training intervention to prevent IPV in post-conflict Côte d'Ivoire. Referred to as *le Groupe de Discussion des Hommes* (or GDH), this intervention sought to prevent participants' use of IPV in a setting affected by prolonged armed conflict. The 16-week curriculum was delivered by trained facilitators. It was designed to promote healthy ideals of masculinity by challenging men's attitudes, expectations and behaviours associated with inequality and violence in their intimate relationships, and to encourage men to be accountable for their actions. Using participatory training approaches and through group dialogue, participants were asked to reflect on their own experiences with violence and inequality in order to recognise harmful effects, rethink belief systems, and learn to practice healthier relationship behaviours. The GDH Intervention was developed based on Prochaska's Stages of Change Construct (Prochaska, Redding and Evers, 2008), and was implemented in rural Côte d'Ivoire in 2010.

A prospective cluster randomised trial (CRT) design was used to evaluated the GDH Intervention (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). Twelve study sites (communities) were identified in six administrative districts that were already receiving community Gender-based Violence (GBV) prevention and response programming. These communities spanned government-controlled, United Nations (UN) buffer, and rebel-controlled zones. Within each district, two communities were pair matched based on population size, socio-demographic factors, and the presence of a natural

geographic buffer to avoid the potential for contamination with control communities. Within each matched pair, one community was randomly designated as the intervention site. During the intervention, both treatment and control communities continued to receive standard community GBV programming. This programming involved training in women's rights, the provision of support for survivors, and awareness raising activities. This study demonstrated no significant reductions in men's IPV perpetration one year following the intervention (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). However, there was a statistically significant increase in participants' reported use of conflict management skills, and the observed changes for all outcomes were in the hypothesised direction, which suggests that these changes were unlikely to be due to chance alone. Further research is necessary to understand how these men experienced healthy change with respect to some relationship behaviours, and to explore how and at which points along the change pathway breakdowns may have occurred with other behaviours.

1.1.4 Theoretical Limitations of TTM in Understanding Men's Experiences with Change

Prochaska's (Prochaska and Velicer, 1997) Transtheoretical Model (TTM) has experienced widespread appeal in the development and evaluation of public health interventions that aim to change the behaviour of individuals (Painter *et al.*, 2008). Yet, there seems to be little evidence to support its use. A systematic review evaluating the effectiveness of TTM-based interventions in facilitating individual health-related behaviours found limited evidence for its effectiveness as a basis for behaviour change (Bridle *et al.*, 2005). The authors of the review suggested this may be explained by the model's lack of theoretical specification regarding the change processes and the specific stages to which they relate, and regarding the processes' characteristics such as how they are initiated. This means that TTM is unable to identify any barriers to individuals experiencing the change processes or stage progression, and is therefore unable to explain why behaviour change does not occur.

However, these theoretical limitations of TTM can be overcome by looking to other relevant theories to supplement and bolster TTM's theoretical capacity. Since TTM's *experiential* processes involve cognitive, affective and evaluative processes – which collectively relate to learning – learning theory can provide the theoretical underpinning that these processes are missing. Illeris' Framework on Constructivist Learning Theory (CLT) (2017) sets out different types of learning as well as several barriers to learning, each involving their own set of processes. Combining these elements of Illeris' CLT Framework with the behavioural processes and stages of Prochaska's TTM has the potential to

address the theoretical limitations of TTM and, ultimately, help to explain the spectrum of behaviour change experience for men who participate in IPV prevention interventions.

Current research has failed to improve our understanding of how men experience behaviour change following their involvement in IPV prevention interventions. Exploring the relationships between learning about harmful behaviours and healthier alternatives on one hand, and practicing healthy change on the other, is necessary to identify and address the barriers to eliminating men's IPV and to facilitate healthy change for male participants of IPV prevention interventions.

1.2 Thesis Aim and Research Objectives

The research aims to examine the connections between men's experiences with learning and behaviour change following their participation in the GDH Intervention in rural Côte d'Ivoire, while considering how various individual-level factors influenced those connections. The specific objectives are as follows:

1. To examine the connections between and processes and pathways involved with men's experiences with learning about their harmful relationship behaviours and healthier alternatives, and practicing less violent, more equitable relationship behaviours; and
2. To consider how men's socio-demographic characteristics, prior IPV perpetration, and their motivation to join and attend weekly GDH Intervention meetings may have influenced their learning and behaviour change experiences.

1.3 Thesis Structure

In **Chapter 2,** I set out the relevant literature, beginning with the prevalence, health consequences and risk factors for IPV. I then make the case for engaging men in IPV prevention in LMICs, present findings from IPV prevention interventions that have engaged men, and outline the limitations to current methods and approaches for understanding men's experiences with behaviour change. A conceptual framework to improve understanding of the spectrum of individual-level experience with behaviour change is then presented.

Chapter 3 presents information about the study setting and the *Groupe de Discussion des Hommes* (GDH) intervention in rural Côte d'Ivoire. This includes the political, economic, socio-cultural, demographic and health context, as well as the context related to men's IPV perpetration. An overview of the GDH Intervention is then set out, including its origins, recruitment strategy, curriculum focus, and implementation process.

Chapter 4 sets out the research methods used for this thesis, including the design, macro-theoretical approaches, data collection and analysis methods, considerations to researcher reflexivity, and limitations to the chosen methods.

In **Chapter 5,** I present the experiences of a sample of men who demonstrated behaviour change toward a reduction in IPV. This chapter establishes the common individual-level characteristics that these men shared prior to the GDH Intervention. The processes and pathway toward a relatively complex form of learning and behaviour change are then set out, which are characterised by a conscious and internally motivated practice of learning and change.

Chapter 6 sets out the experiences of a second sample of men who also demonstrated behaviour change toward a reduction in IPV. However, these men experienced a simpler form of learning and change, one which is both unconscious and externally motivated. Together, these men shared common individual-level characteristics prior to joining the GDH Intervention, which are presented, followed by the processes and pathway involved with their learning and behaviour change.

In **Chapter 7,** I present a third sample of men who demonstrated a failure to both learn about and change their harmful relationship behaviours. Some of the men illustrated a simpler form of learning and change on some harmful behaviours, while demonstrating a failure to both learn about and change other behaviours. Other men demonstrated a failure to learn about and change all of their harmful behaviours. As with the previous two chapters, these men shared common individual-level characteristics prior to the GDH Intervention that are presented. The multiple processes and pathways involved with men's learning and behaviour change and with their failure to learn and change are then set out.

Chapter 8 presents the key findings from this thesis along with a revised conceptual framework on the spectrum of individual-level experience with behaviour change. A discussion is then presented to place these findings within the relevant literature, and recommendations are provided for future IPV prevention research and practice.

Chapter 2. Literature Review

Introduction

This chapter critically examines the current knowledge and existing gaps in understanding the impact of interventions that engage men to prevent intimate partner violence in low-and-middle-income countries (LMICs), and sets out a conceptual framework to address some of these gaps. The chapter begins by presenting intimate partner violence (IPV) as a global public health and human rights issue, including by outlining its global prevalence, the health consequences to women, and the associated risk factors for men's IPV perpetration in LMICs.

The second section of the chapter examines the knowledge base on the interventions engaging men to prevent IPV in LMICs. It begins by introducing the global shift in addressing IPV towards working with men in primary prevention interventions in LMICs, and sets out the theoretical case for engaging men. This argument draws on R.W. Connell's gender order theory (commonly referred to as hegemonic masculinity), together with recognition by the World Health Organization (WHO) Commission on the Social Determinants of Health that gender is an important health determinant requiring action at multiple levels to improve the health of women and girls globally. The section then examines the different intervention formats that are used to engage men to prevent IPV, and presents the evidence of their impact on men's IPV perpetration. It highlights that, while certain formats demonstrate greater impact than others, few overall have produced significant reductions in men's IPV perpetration. With questions remaining about how IPV prevention is experienced by men, the section shifts to critique the studies that have attempted to fill this knowledge gap. The limitations in the methods and theoretical approaches that have been utilised to understand how men experience behaviour change are then set out.

The third section proposes a conceptual framework to address the theoretical limitations in understanding men's experiences with behaviour change. It begins by presenting Prochaska's (1997) Transtheoretical Model (TTM) as the most popular theory used to develop and evaluate behaviour change interventions in the field of public health. It then critiques the lack of theoretical specification concerning TTM, including as it relates to the change stages and processes, and highlights how this weakness limits our understanding of the spectrum of experience with behaviour change (from no behaviour change to sustained change). Elements of Illeris' (2017) Constructivist Learning Theory (CLT)

Framework are then introduced, critiqued, and set out as ways to address TTM's theoretical limitations. This section ends by presenting a conceptual framework that brings together constructs and concepts from Prochaska's TTM and Illeris' (2017) CLT Framework to improve our understanding of the spectrum of change experience among men who participated in the *Groupe de Discussion des Hommes* (GDH) Intervention in Côte d'Ivoire.

2.1 Intimate Partner Violence: Prevalence, Health Consequences, Risk Factors

IPV is recognised as a widespread global human rights and public health problem, and the most common form of Violence against Women (Heise and Ellsberg, 1999; Heise and Garcia-Moreno, 2002). The WHO defines IPV as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship," and includes the following behaviours:

> Acts of physical aggression, such as slapping, hitting, kicking and beating. Psychological abuse, such as intimidation, constant belittling and humiliating. Forced intercourse and other forms of sexual coercion. (And) various controlling behaviours, such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. (Heise and Garcia-Moreno, 2002).

A systematic review of IPV prevalence studies from 81 countries found an estimated 30.0% of ever-partnered women and girls aged 15 years and older had experienced physical or sexual IPV (or both) in their lifetime (K M Devries *et al.*, 2013). The study also found significant variation in IPV rates across global regions, ranging from 16.3% in East Asia to 65.6% in Central Sub-Saharan Africa. While early prevalence studies focused on women's experiences with IPV, research conducted over the last decade with men on IPV perpetration has confirmed its widespread nature. Results from a study with men in five countries across Asia and the Pacific, for example, found that between 25.4% and 80% of men aged 15-49 years had perpetrated physical or sexual partner violence (or both) in their lifetime (Fulu *et al.*, 2013). Another study with men from eight LMICs representing various global regions found that 31% of men aged 18-59 years reported having perpetrated physical IPV in their lifetime (Fleming *et al.*, 2015).

The documented potential health consequences of IPV are wide-ranging and significant. Women's experiences of physical or sexual IPV are associated with self-reported poor health, poor quality of life, physical injury and/or trauma (Campbell *et al.*, 2002; Ellsberg *et al.*, 2008), and alcohol

consumption (Karen M. Devries *et al.*, 2013). Women's physical or sexual IPV is also significantly associated with a reduction in (or absence of) contraceptive use (Stockman, Lucea and Campbell, 2013; Maxwell *et al.*, 2015) and infection with HIV and/or STIs (Stockman, Lucea and Campbell, 2013; Li *et al.*, 2014). It is further associated with depressive symptoms (Karen M Devries *et al.*, 2013; Lagdon, Armour and Stringer, 2014; White and Satyen, 2015; Bacchus *et al.*, 2018), Post-Traumatic Stress Disorder and anxiety (Lagdon, Armour and Stringer, 2014), incident suicide attempts (Karen M Devries *et al.*, 2013), and death by homicide (Stöckl *et al.*, 2013). While much less evidence is available on the health consequences of psychological IPV specifically[3] (Dokkedahl *et al.*, 2019), there is evidence to suggest that such violence is a significant predictor of distress and can result in lower mental health and social functioning, depression and somatic symptoms (e.g. pain, weight changes and dizziness) (Dillon *et al.*, 2013; Soleimani, Ahmadi and Yosefnezhad, 2017). Similar mental health impacts have also been documented among women who experience IPV during pregnancy and postpartum (Halim *et al.*, 2018). Moreover, significant associations have been found between women who experience IPV during pregnancy and poor indicators for their children's health, including pre-term birth, newborns with low birth-weight and being small-for-gestational-age (Donovan *et al.*, 2016). The health impact on young women is particularly concerning, with IPV documented as the second most common risk factor for disability-adjusted life years in women aged 20–24 years (Mokdad *et al.*, 2016).

The body of knowledge on causes of IPV has expanded and evolved over the last few decades. Early theoretical work to explain men's violence was largely siloed by academic discipline, focusing narrowly on matters only visible through each respective social science lens (Heise, 1998). More recently, however, the field of public health has united behind a broader approach to understanding violence that takes multiple perspectives and theories into account. The socio-ecological model[4] considers risk (and protective) factors for IPV, and the complex ways in which they interact across four levels of the social 'ecology' (Heise, 1998; Heise L, 2012). At the *individual* level, factors related to biological development and personal histories are set out that shape an individual's subsequent responses to life stressors (Heise, 1998; Heise and Garcia-Moreno, 2002). Additionally, *relational* factors deal with how individuals interact within their intimate and familial relationships, while c*ommunity* and *societal* factors consider broader social norms and structures, both formal and informal, that can influence the individual and relational factors. The socio-ecological model is considered a broad approach to analyse

[3] This is, in part, due the inconsistent ways that psychological partner violence has been defined and measured in public health research (Dokkedahl *et al.*, 2019).

[4] The socio-ecological model was first developed in the field of child development in the 1970s by Harvard scientist Dr. Urie Bronfenbrenner (Bronfenbrenner, 1979).

IPV risk, one which is not definitive for all settings but rather should be adapted to the cultural context within which it is used (Heise, 1998).

Globally, the body of knowledge that has emerged on IPV risk factors has largely addressed those related to victimisation (Decker *et al.*, 2013). More specifically, this work has centred around risk factors for experiencing IPV among women and girls, with the aim of providing insight into relevant health and social support services for survivors. However, recent calls to involve male perpetrators in IPV research have resulted in an emerging body of work on risk factors for men's perpetration of IPV. This focus on perpetrator risk factors tends to be greater in LMICs, where mortality rates for all forms of violence tend to be higher than in High-Income Countries (EG Krug et al., 2002).

Research undertaken in LMICs on men's IPV perpetration has focused primarily on risk factors at the individual and relational levels of the social ecology. At the individual level, among the most widely researched risk factors involve men's early lifetime exposures to violence or trauma. Studies have shown that perpetrating physical and/or sexual IPV during adulthood is associated with multiple adverse childhood experiences. These include childhood experiences with physical violence (Maman *et al.*, 2010; Fulu *et al.*, 2013; Alangea *et al.*, 2018), sexual abuse, emotional abuse and/or neglect (Fulu *et al.*, 2013; VanderEnde *et al.*, 2016; Alangea *et al.*, 2018), witnessing their mother being abused by their father or mother's partner (Abrahams and Naeemah, 2005; Fulu *et al.*, 2013; Roman *et al.*, 2013; VanderEnde *et al.*, 2016; Alangea *et al.*, 2018; Kimber *et al.*, 2018), and witnessing an armed attack in their community (VanderEnde *et al.*, 2016). One of these studies also found a dose-effect relationship between the two, whereby as the number of different adverse childhood experiences increased, so did the risk for IPV perpetration (VanderEnde et al., 2016).

Other well-researched individual risk factors for men's physical and/or sexual IPV perpetration in LMICs include attitudes that are permissive of violence against women (Sambisa *et al.*, 2010; Roman *et al.*, 2013; Yoshikawa *et al.*, 2014), and gender inequity (Gomez, Speizer and Moracco, 2011; Shannon and et al., 2012; Jewkes *et al.*, 2013; Alangea *et al.*, 2018). Conversely, it has also been shown that holding gender equitable attitudes can protect against men's risk of IPV perpetration (Gomez, Speizer and Moracco, 2011; Alangea *et al.*, 2018). Similarly, risky sexual practices can increase men's risk of perpetrating physical and/or sexual IPV. These include having multiple sexual partners (Dunkle *et al.*, 2006; Maman *et al.*, 2010; Fulu *et al.*, 2013; Alangea *et al.*, 2018), engaging in transactional sex with a casual partner or sex worker (Dunkle *et al.*, 2006; Fulu *et al.*, 2013; Alangea *et al.*, 2018), and sexual violence against someone other than a partner (Dunkle *et al.*, 2006; Jewkes *et al.*, 2012; Alangea *et al.*, 2018). Men's substance use and mental health have also been linked to their IPV perpetration risk. Both routine alcohol and/or drug use (Sambisa *et al.*, 2010; Gomez, Speizer and Moracco, 2011;

Alangea *et al.*, 2018; Gibbs *et al.*, 2018) and their misuse (Fulu *et al.*, 2013) have been associated with men's physical and/or sexual IPV perpetration, as have reports of experiencing depression, depressive symptoms or otherwise poor mental health (Sambisa *et al.*, 2010; Fulu *et al.*, 2013; Fleming *et al.*, 2015; Alangea *et al.*, 2018).

With respect to the relational level of the social ecology, certain behaviours within men's intimate relationships have been associated with an increased risk of IPV perpetration. Among the most widely documented associations is that between men's use of controlling behaviours or control over decision-making and their increased risk for IPV perpetration (Sambisa *et al.*, 2010; Fulu *et al.*, 2013; Alangea *et al.*, 2018). One of these studies, which interviewed 10,178 men across six LMICs, also found quarrelling with an intimate partner to increase their risk of IPV perpetration (Fulu *et al.*, 2013). A recently published systematic review also found romantic jealousy and infidelity (real or suspected) as risk factors for men's IPV perpetration (Pichon *et al.*, 2020). Conversely, fathers' involvement in their children's lives was found to have a protective effect on their risk of perpetrating IPV (Chan *et al.*, 2017). There is also evidence to suggest that low socio-economic status and/or poverty (Sambisa *et al.*, 2010; Fulu *et al.*, 2013) and food insecurity are associated with men's IPV perpetration (Hatcher *et al.*, 2019). Indeed, cash transfers have been found to reduce women's experiences of IPV by decreasing day-to-day conflict and financial stress between couples and improving household well-being and happiness (Buller *et al.*, 2016). This finding suggests that relationship conflict and financial stress is a key pathway through which poverty and food insecurity can increase men's risk of IPV perpetration.

While much less research has been done on risk factors for IPV at the community or societal levels, particularly related to men's perpetration, several studies have found measures of low socio-economic status to play a role. Research from urban areas in the United States, for example, has demonstrated that measures of concentrated disadvantage (e.g. residential instability, poverty and female headed households) (Vanderende *et al.*, 2012) and community-level poverty (Edwards *et al.*, 2014) to be positively associated with IPV perpetration and/or victimisation. Moreover, based on numerous studies on men and violence in South Africa, researchers have found poverty to be a key driver of men's IPV perpetration (Gibbs *et al.*, 2020). Conversely, higher levels of social cohesion within communities (i.e. mutual trust and solidarity) has been associated with a lower risk of IPV perpetration and/or victimisation (Vanderende *et al.*, 2012; Edwards *et al.*, 2014).

Cultural beliefs on the use of violence and social norms around masculinity – including notions of manhood that demonstrate strength and power as well as dominance and control over women – are also believed to be important societal-level risk factors for men's IPV perpetration (Jewkes, 2002;

Jewkes, Flood and Lang, 2014). Research in countries spanning all income levels has demonstrated that men's involvement with gangs (Reed *et al.*, 2009; Fulu *et al.*, 2013) and fights using a weapon (Reed *et al.*, 2009; Fulu *et al.*, 2013; Fleming *et al.*, 2015) are associated with higher risk of IPV perpetration. Moreover, men's struggle to fulfil societal expectations of how to 'be a man' play a role in men's violence against women. A study from South Africa found that factors associated with IPV perpetration were strongly associated with economic provision (whether through work or stealing), possibly resulting from a sense of sexual entitlement and control over their partners (Gibbs *et al.*, 2018). Another study from South Africa found that men who struggled most to live up to societal expectations of masculinity (based on conflict tactic scale measures) demonstrated increased risk factors for IPV perpetration, including increased relationship control, having two or more sexual partners, and engaging in transactional sex (Closson *et al.*, 2020). Similarly, in the United States, researchers found that young men who reported more traditional ideologies of manhood – reflecting normative beliefs that support gender inequality – were significantly more likely to perpetrate IPV in the past year (Santana *et al.*, 2006).

There is also evidence to suggest that men's exposure to political and/or conflict-related violence is a risk factor for IPV perpetration. A study on immigrant men living in an urban setting in the United States found that those with pre-immigration exposure to political violence were significantly more likely to report past year physical and/or sexual IPV perpetration (Gupta *et al.*, 2009). Furthermore, among a sample of men in South Africa, significant associations were found between experiencing human rights violations, victimisation of close friends/immediate family, and lifetime perpetration of physical IPV (Gupta *et al.*, 2012). Also, among a nationally representative sample in the occupied Palestinian territory, men's exposure to political violence was significantly related to higher odds of physical, sexual and psychological IPV perpetration (Clark *et al.*, 2010). This study also illustrated that women whose households were financially affected by the occupation had increased odds of reporting all three types of IPV, pointing to financial stress as a pathway to IPV.

Other studies have found that the relationship between men's exposure to community- or societal-level violence and IPV perpetration occurred through the pathway of poor mental health. A study on men in Timor-Leste, for example, found that exposure to torture – defined as intentional physical violence by political actors or during the civil war for political reasons – led to mental disturbance among men, which was directly associated with men's prior year physical and/or psychological IPV perpetration (Rees *et al.*, 2018). Additionally, in a study undertaken in informal settlements in urban South Africa, researchers found that men's exposure to trauma – defined as witnessing the murder or rape of a stranger, experiencing excessive pain or having been kidnapped – directly increased their

risk factors for IPV perpetration, such as transactional sex and past year sexual partners. This latter study also found that men's risk for IPV perpetration occurred through gender inequitable attitudes and practices (Gibbs *et al.*, 2019).

The body of work on risk factors for men's IPV perpetration has numerous implications for programming aimed at reducing violence. Researchers have called for investment in efforts to: develop and implement interventions to change men's attitudes around violence (Yoshikawa *et al.*, 2014); address how boys and men are socialised, including through power relations and dominant ideals of masculinity (Dunkle *et al.*, 2006; Maman *et al.*, 2010; Jewkes *et al.*, 2012; Fulu *et al.*, 2013; Fleming *et al.*, 2015); and promote gender equality and healthy relationships (Gomez, Speizer and Moracco, 2011). Furthermore, calls have been made to better understand what works to prevent IPV (Fleming *et al.*, 2015), while ensuring interventions are tailored to both the patterns of violence in a given setting (Fulu *et al.*, 2013) and the sociocultural and political contexts within which interventions are implemented (Sambisa *et al.*, 2010; Gomez, Speizer and Moracco, 2011).

2.2 Engaging Men to Prevent Intimate Partner Violence in LMICs

Interventions to address IPV have been around for many decades, but their objectives, approaches and evidence of impact have evolved and expanded with the growing body of knowledge on IPV. Early approaches were largely driven by feminist groups in High Income Countries (HICs), and focused on responding to the immediate physical and mental health needs of survivors through targeted health and social services. While such efforts resulted in increased use of services and improved health outcomes for survivors, there is little evidence of their effectiveness at reducing revictimisation (Ellsberg *et al.*, 2014). More recently, IPV interventions in LMICs have placed increasing emphasis on prevention. This focus was prompted by the HIV epidemic and a growing recognition that gender inequality and different forms of violence against women (VAW) underscored women's vulnerabilities to HIV (Ellsberg *et al.*, 2014). The initial objectives of IPV prevention in LMICs tended to focus on providing economic and financial support to empower women and mobilise communities to challenge harmful gendered norms. However, prominent anti-violence advocates in LMICs have increasingly argued for the need to involve men and boys in efforts to prevent IPV (Barker, C. C. C. Ricardo, *et al.*, 2007; Peacock and Barker, 2012).

2.2.1 Multiple Masculinities and the Case for Engaging Men

Sociologist R.W. Connell was an early proponent of engaging men in IPV prevention – and of promoting gender inequality more broadly – in LMICs (R. W. Connell, 2003). At a United Nations meeting on the subject in 2003, Connell argued that, as gatekeepers for gender equality, men have "an ethical responsibility" to use their power and resources to address gender-based violence and gender inequality (R. W. Connell, 2003, pp. 3–4). Connell posited that in order to achieve this, men and boys needed to "think and act in new ways, to reconsider traditional images of manhood, and to reshape their relationships with women and girls" (R. W. Connell, 2003, pp. 3–4). Connell's position in this regard was informed by her ground-breaking work on gender relations and masculinities, which she pioneered in the 1980-90s.

Connell views gender relations as a multidimensional, historically changing structure of patterned social relations, both between women and men, and among women and among men (Connell, 1985, 1987). Connell argues that conceptualising gender as social relations enables the analysis of how gender practices both shape and are shaped by the structure of patterned social relations, while using an analysis of power as the starting point. In her later work on masculinities, Connell sets out a three-fold model to analyse the structure of gender relations within societies (Connell, 2005). First, examining *power relations* reveals the overall subordination of women and dominance of men, despite many local reversals (i.e. women heads of households and states). Second, considering *production relations* exposes a gendered division of labour, including gender inequitable task allocation and wage rates. Third, analysing emotional relations (or 'cathexis') considers the nature of desire and emotional attachment, including whether relationships are consensual (or coercive) and pleasure is reciprocated. The particular structure of gender relations that exist in a given society at a given time is referred to by Connell as the *gender order* (Connell, 2012).

Among Connell's most recognised work is her gender order theory *among* men, which recognises multiple masculinities, including hegemonic masculinity, which is positioned at the top of the gender order (Connell, 2005).[5] In accepting gender as a way of structuring social practice, Connell points out the unavoidable involvement (and interaction) between gender and other social structures, "and the need to unpack the milieux of class and race and scrutinise the gender relations operating within them" (Connell and Messerschmidt, 2005). The culmination of this work – along with early critiques

[5] While hegemonic masculinity is only one component of Connell's gender order theory, its position of power relative to other forms of masculinity has rendered it the most cited component and the key target of behaviour change interventions that aim to reduce men's violence toward women.

to it[6] – influenced the articulation of three main patterns of masculinity and how they relate to one another.[7] At the top is *hegemonic masculinity,* which is considered the successful claim to authority over other men (and women) in terms of cultural dominance. Connell adds that this gender pattern is changeable, always contestable, and that not many men actually meet or rigorously practice the normative standards of hegemony because of the inherent tensions and risks involved (Connell, 2005).

For Connell, beneath hegemony is *complicity*, which refers to the pattern among most men who do not consistently practice the normative standards of hegemony, yet are complicit as they benefit from what Connell refers to as the 'patriarchal dividend' – the advantage gained from the overall subordination of women (Connell, 2005). This dividend is realised in terms of honour, prestige, the right to command, and the material benefits in terms of income. Finally, *protest masculinity* is the subordinate pattern, often constructed in local working-class settings and/or among ethnically marginalised men, which embodies the claim to power typical of hegemonic masculinity but which lacks the economic resources and institutional authority (Connell and Messerschmidt, 2005). For Connell, while these three patterns of masculinity primarily articulate their relationship to one another, they are also "socially defined in contradistinction from […] femininity"[8] (Connell and Messerschmidt, 2005, p. 848).

Connell's work has not only shed important light on structural gender relations between men and over women, but it has also raised the possibility that masculinity can be recreated to abolish power differentials in the gender order (Connell and Messerschmidt, 2005). More specifically, Connell argues that hegemonic masculinity can be reformulated to "a version of masculinity [that is] open to equality with women" (Connell and Messerschmidt, 2005, p. 853). Some years later, in 2008, the WHO formally recognised gender[9] as a Social Determinant of Health (SDH), and IPV, specifically, as "an extreme, though common, manifestation of gender inequality […] with serious consequences for health and well-being […] [that remain] widely ignored in policies and services" (Commission of the Social Determinants of Health, 2008, p. 145). In its 2010 Conceptual Framework for Action on the SDH, the WHO stated that, "strategies will be required to deal with the damage done to women's health by

[6] In 2005, Connell and Messerschmidt made several modifications to Connell's initial conceptualisation of hegemonic masculinity and its relationship to other forms of masculinity (Connell and Messerschmidt, 2005).
[7] While the conceptualisation of multiple masculinities was developed based on research in advanced western countries, it has since been widely accepted and applied in public health research in LMIC contexts (Sen *et al.*, 2007; Connell, 2012; Jewkes, Flood and Lang, 2014).
[8] The Cambridge Dictionary defines *Contradistinction* as "the difference between two or more things that is made clear by comparing them (Cambridge University, 2020).
[9] The WHO Commission on the Social Determinants of Health defines gender as: "those characteristics of women and men which are socially constructed […] and (involve) culture-bound conventions, roles, and behaviours that shape relations between and among women and men and boys and girls […] (and) in many societies, gender constitutes a fundamental basis for discrimination" (Sen and Ostlin, 2008).

men [and] masculinities and […] that policies are needed which will enable people to shape their own identities and actions in healthier ways" (Solar and Irwin, 2010, p. 34). Following these developments, there has been substantial growth in global violence prevention initiatives that engage men (Barker, C. C. C. Ricardo, *et al.*, 2007; Casey *et al.*, 2013; Jewkes, Flood and Lang, 2014), many with the goal of creating more positive forms of masculinity (Jewkes, Flood and Lang, 2014).

2.2.2 The Impact of IPV Prevention Interventions That Engage Men in LMICs

Interventions to prevent IPV have engaged both women and men in a range of strategies and approaches. These interventions are generally organised as multi-component community mobilisation interventions or as stand-alone group-based training interventions (Jewkes, Flood and Lang, 2014). Community mobilisation has become a common approach to reduce population-level violence through changes in public discourse, practices and social norms (Ellsberg *et al.*, 2014). These interventions tend to be complex, incorporating multiple components (e.g. activism, advocacy, media, marketing and group-based training) and engaging multiple stakeholders (e.g. men, women, community leaders, law enforcement and educators). Rigorous assessments undertaken on three separate interventions with both women and men – two in Uganda and one in Ghana – suggest that community mobilisation can produce substantial (if not significant) reductions in women's reported experiences of physical and/or sexual IPV (Abramsky *et al.*, 2014; Wagman *et al.*, 2015; Abramsky, Karen M Devries, *et al.*, 2016; Alangea *et al.*, 2020). One of the studies also demonstrated significant effects on risk factors for IPV perpetration commonly associated with hegemonic masculinity, including increases in condom use and reductions in concurrent sexual partners (Kyegombe, Abramsky, *et al.*, 2014).

Yet, among community mobilisation studies that demonstrated positive significant reductions in women's reports of experiencing IPV, no significant reductions were found in men's reported IPV perpetration (Abramsky *et al.*, 2014; Wagman *et al.*, 2015; Alangea *et al.*, 2020). Moreover, other rigorous studies of community mobilisation interventions in Nepal, South Africa and Rwanda have shown limited to zero effect both on IPV experience among women and perpetration by men (Pettifor *et al.*, 2018; Chatterji *et al.*, 2020; Christofides *et al.*, 2020; Clark *et al.*, 2020). Mixed findings from studies on community mobilisation could be the result of the complex and multi-component nature of these interventions. This is particularly the case where interventions are evaluated as a whole unit rather than as individual components, since certain components have the potential to produce greater effects on IPV perpetration than others. On the other hand, a recent evaluation (*Indashyikirwa* study)

of a community mobilisation intervention in Rwanda comprised two separate studies to examine the respective impacts of community-mobilisation and group-based training components on IPV. While *Indashyikirwa's* community mobilisation evaluation found no significant effect on IPV (Chatterji *et al.*, 2020), the group-based training study found significant reductions in both women's reports of experiencing physical, sexual, emotional and economic partner violence and men's reporting of physical and sexual IPV perpetration (Dunkle, Stern, Heise, *et al.*, 2019).

While group-based training approaches have been incorporated into some community mobilisation interventions, they have also been used as stand-alone initiatives. Whether as part of multi-component community mobilisation approaches or as stand-alone initiatives, group-based training interventions tend to comprise the majority of IPV preventions interventions engaging men in LMICs (Ellsberg *et al.*, 2014). These interventions typically involve educational meetings or workshops with targeted groups of individuals, and use participatory training and learning methods to encourage critical reflection, discussion and practice. They generally aim to shift gender expectations, attitudes and behaviours at the individual-level while supporting the development of new skills for communication and conflict resolution. Some interventions have included both men and women in separate but complementary or "synchronised" processes (such as *Indashyikirwa*), while others have focused on men (and boys) alone. While both seek to transform gender, gender synchronised approaches do so by reaching both men and women (and/or boys and girls) of all gender identities to challenge harmful and restrictive constructions of masculinity and femininity (Greene and Levack, 2010).

Studies on the impact of gender synchronised group-training interventions with both men and women have shown the greatest effects at reducing IPV. One study in rural South Africa, for example, demonstrated significant reductions in both IPV perpetration and associated risk factors, including transactional sex and problematic drinking (Jewkes *et al.*, 2008). Three other studies examined the incremental impact on IPV when a group-training program was paired with a group-economic empowerment program. One of the studies, carried out in urban South Africa, found a significant reduction in women's experiences of physical and/or sexual IPV (Jewkes *et al.*, 2014). Another study, undertaken in conflict-affected Côte d'Ivoire, found a significant reduction in past-year physical IPV among women who participated in more than 75% of the program with their male partner (K. L. Falb *et al.*, 2014). The *Indashyikirwa* study in Rwanda found dramatic effects, including a 55% reduction in the odds of women reporting physical and/or sexual IPV, and a 47% reduction in the odds of men reporting perpetrating such violence (Dunkle, Stern, Chatterji, *et al.*, 2019).

Studies on the impact of male-only group-training intervention on IPV perpetration, on the other hand, have shown mixed findings (Kerr-wilson *et al.*, 2020). A rigorous evaluation of a group-training and social communication program for young men in two settings in India showed that participants in intervention sites were about five times and two times less likely to report physical and/or sexual IPV in the previous three months (Verma Dr. *et al.*, 2008). This intervention was based on Promundo's Program H which was designed in Brazil for young men to encourage critical reflection and transform gender norms and roles related to masculinity (Pulerwitz, Julie; Barker, Gary; Segundo, Marcio; Nascimento, 2006). However, rigorous evaluations of similar programs implemented elsewhere – including in Ethiopia (Pulerwitz *et al.*, 2010), in five Balkan countries (Namy *et al.*, 2014), and in urban India (Das *et al.*, 2012) – demonstrated positive shifts in young men's attitudes toward gender equality, but did not report significant changes in their use of violence. A CRT study that evaluated the GDH Intervention in Côte d'Ivoire – within which this thesis research is nested – aimed to understand the benefit of adding a group-training intervention to an ongoing community gender-based violence (GBV) prevention and response programming in post-conflict Côte d'Ivoire (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). The study found a decrease in men's physical and/or sexual IPV perpetration (though not significant), and significant increases in men's use of conflict management skills and involvement in household roles when compared to control communities. Similarly, the study of a male-only group-training intervention in Democratic Republic of Congo found significant reductions in men's intention to commit physical and sexual IPV, but no significant reductions in women's reported experiences of IPV (Vaillant *et al.*, 2020).

Given the rigorously produced findings presented previously, questions have arisen concerning why some interventions engaging men have produced significant changes in IPV perpetration while others have not. A mixed-methods process evaluation of the community mobilisation intervention in peri-urban South Africa, demonstrating no significant effect on men's IPV perpetration, found that the men-only group training component was constrained by poverty, poor infrastructure and the precarious and unsafe context within which it was implemented (Hatcher *et al.*, 2020). Moreover, Ellsberg et al. (2014) have suggested that a lack of significant effects on men's behaviours in some studies could be related to the differences in intensity and duration of the various interventions. Others have called for more research to better understand which aspects of interventions, more broadly, are key to achieving behaviour change (Richardo, Eads and Barker, 2011) and to better understand the pathways to behaviour change. There are also studies that have looked at research design and speculated that the lack of significant effect on men's violence was the result of too few clusters (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014; Christofides *et al.*, 2019), which can reduce the statistical power of a study's findings . Meanwhile, a growing body of qualitative, exploratory

research has been undertaken alongside of the impact studies outlined previously, to try and understand men's experiences with IPV prevention interventions and behaviour change. These studies, their findings and the limitations of this body of work are presented below.

2.2.3 Limitations to the Methods and Approaches in Understanding Men's Change

A range of qualitative studies and approaches have sought to understand men's experiences with IPV prevention intervention in LMICs to elucidate the requirements for behaviour change. Some of this work explores the influence of intervention curricula on male participants' knowledge, attitudes and behaviours, often including the perspectives of partners, family members and/or intervention facilitators in addition to participants. These studies tend to supplement the results of experimental research by exploring similar outcomes, and in some instances provide rich and detailed accounts of relevant changes to men's attitudes around gender norms and their abusive behaviours (Verma Dr. *et al.*, 2008; Pulerwitz *et al.*, 2010; Kyegombe, Abramsky, *et al.*, 2014; Kyegombe, Starmann, *et al.*, 2014; Miller *et al.*, 2014; Stern and Niyibizi, 2018; Dunkle, Stern, Heise, *et al.*, 2019; McGhee *et al.*, 2019; Treves-Kagan *et al.*, 2020). However, most of these study designs and their methods of inquiry are not driven by social science theory, even though the interventions they evaluate may be informed by theory. While some lessons may be drawn from such studies, overall they do not permit a theoretical understanding of how behaviour change occurred or failed to occur among participating men.

One qualitative study incorporated relevant theory to explain how change was experienced among intervention participants of SASA!, a multi-component community mobilisation intervention in Kampala, Uganda (Starmann *et al.*, 2016). Couples (men and women) were purposefully selected based on a lifetime history with IPV and positive changes in their relationships (including no IPV in the last twelve months) since participating in the intervention. By drawing on Prochaska's (Prochaska and Velicer, 1997) Stages of Change Construct, the study developed a conceptual framework to explain how behaviour change was experienced by couples, and that could be applied and adapted for other interventions or settings (Abramsky *et al.*, 2014; Kyegombe *et al.*, 2015). Despite this important contribution toward our theoretical understanding of behaviour change among participants of a violence prevention intervention, Starmann's (2016) focus on couples who experienced a reduction in IPV did not contribute to our understanding of how and why behaviour change did *not* occur. Moreover, the study did not consider how behaviour change might have occurred among couples with no lifetime history of IPV but who achieved positive changes on other behaviours supportive of gender equality, such as shared decision-making.

Other qualitative studies have explored how certain aspects of interventions, including the curricula and processes involved with implementation, have influenced participant experiences. A study on a young men's group-training in the Balkans, for example, used focus groups and in-depth interviews with participants and implementation actors to explore perceptions on a range of issues, including: how the program worked; memorable aspects; participant motivation, receptiveness and engagement; challenges and innovations in delivery; enabling social environments processes; and participant experiences (Namy *et al.*, 2014). While findings from this study provide nuanced insights into intervention aspects perceived to be salient – such as the support of school administration and teachers, the immersive environment and in-depth-discussions, and that facilitators were seen as positive role models – the trial findings for this study demonstrated no significant reduction in IPV among men (Namy *et al.*, 2015). Similarly, while a trial study found a significant decrease in IPV experiences among young women who participated in a gender synchronised HIV prevention and economic empowerment program in South Africa (Stepping Stones and Creating Futures) (Jewkes *et al.*, 2014), an accompanying qualitative study explored facilitator experiences and found various challenges with group management that may have undermined dialogue and critical thinking at the group-level (Gibbs, Jewkes, *et al.*, 2015). While these qualitative studies produced important findings to inform future interventions, they do little to explain why behaviour change toward a reduction in IPV was not significant in trial studies, nor why it was experienced inconsistently when compared with intervention peers.

Other studies used longitudinal qualitative data from implementing actors and/or participants of community mobilisation interventions to prevent IPV in South Africa and Rwanda to explore men's behaviour change and influencing factors. Findings from the Stepping Stones and Creating Futures study that was implemented in South Africa highlighted the perceived extent to which intervention processes and change outcomes were met, but lacked a critical analysis and theoretical understanding of how behaviour change was experienced (Treves-Kagan *et al.*, 2020). While a study from Rwanda presented men's experiences with behaviour change and linked those experiences to respective intervention lessons that men perceived had influenced their changes (Mclean *et al.*, 2019). However, the study made no mention of the corresponding elements of the change theory underpinning the intervention, which could have helped to explain how men experienced change and why these changes fell short of transforming beliefs and norms around gender roles and male authority over economic resources. Another study on couples who participated in the Rwanda intervention explored how norms and ideas about sex in intimate partnerships shifted over the course of the intervention, but also made no links to change theory or to understanding the process of those shifts (Stern and Heise, 2018).

Another qualitative study looking at the South African Stepping Stones and Creating Futures intervention, however, made strides toward recognising male participants as heterogeneous and understanding the differences in their experiences with behaviour change. Using a longitudinal cohort design with men and their partners at baseline and six and twelve months later, the study explored how men reconstructed healthier versions of masculinity – a key objective of the intervention (Gibbs, Jewkes, *et al.*, 2015). The findings highlighted important factors that facilitated and undermined men's positive change. For example, while men's uptake of healthier relationship behaviours was facilitated by acquiring new skills and a supportive space to discuss new ideas, men were undermined post-intervention by members of their social networks who opposed their new behaviours. The findings also suggest that men who were already inclined to change may have demonstrated greater acceptance and validation of alternative masculinities by other men in their intervention groups. Finally, men's reduction in IPV and adoption of healthier behaviours was tied up with their increasing participation in the economy (a result of the economic empowerment component of the intervention) and their ability to fulfil their ideals of manhood as the provider. Given that most IPV prevention interventions do not include an economic component for men, and that economic interventions alone would not result in transforming masculinities, these results point to the importance of pairing economic and gender transformative components in IPV prevention interventions for men.

2.3 Improving our Understanding of Men's Change Experiences: A Conceptual Framework

Given the gaps identified in how IPV interventions that engage men have been evaluated, the following section proposes a conceptual framework to analyse the spectrum of change experiences by exploring the relationships between learning and behaviour change. Knowledge, theories and constructs from public health and social psychology disciplines will be presented that can create new understanding on how participants of the GDH Intervention in Côte d'Ivoire experienced behaviour change. The theoretical approaches adopted throughout this research are then set out, beginning with Prochaska's (1997) Transtheoretical Model (TTM) along with a critique of TTM's capacity to understand the spectrum of change experience among men who participate in IPV prevention interventions. A Framework of Constructivist Learning Theory (Illeris, 2017) is then introduced as a way to address TTM's limitations. Finally, concepts and constructs from these two theories are

presented together within a conceptual framework to enable the exploration of the multiple ways in which men can experience behaviour change and change failure.

2.3.1 Theories and Constructs: An Interdisciplinary Perspective

This thesis adopts an interdisciplinary perspective by integrating knowledge from different disciplinary backgrounds to achieve new understanding on behaviour change (Choi, B, Pak, 2006). Interdisciplinary research permits the ability to analyse, synthesise and harmonise "links between disciplines into a coordinated and coherent whole" (Choi, B, Pak, 2006, p. 359). The knowledge, theories, constructs and concepts incorporated into this thesis are drawn from the fields of public health (concepts, knowledge and evidence on IPV and prevention approaches), social psychology (theories, constructs and concepts on learning and behaviour change), and sociology (knowledge, theory and concepts and on gender relations, masculinities and intersectionality). These are collectively illustrated throughout *Chapter 4: Research Methods*. As a result, this research permits a blurring of disciplinary boundaries in the interaction and application of different perspectives from these disciplines to create new ways of understanding behaviour change and the ways in which it is achieved and not achieved. Recognising that real-world problems are rarely confined to the artificial boundaries of academic disciplines, interdisciplinary work can better meet the demands of complex public health problems, for example, by providing the necessary cross-fertilisation to explain how a complex IPV prevention intervention with men can prevent – and fail to prevent – men's IPV perpetration (Choi, B, Pak, 2006).

2.3.2 Prochaska's Transtheoretical Model of Behaviour Change and its Limitations

Behaviour change theories point to various experiences that are necessary to achieve change. Among the most commonly used behaviour change theories in the field of public health is Prochaska's Transtheoretical Model (TTM) (Painter *et al.*, 2008). From the field of social psychology, TTM was developed to understand and predict how individuals experience behaviour change (Prochaska and Velicer, 1997). TTM was initially created by converging leading psychotherapy approaches from the 1970s into an integrative model of change (Prochaska and Clemente, 1982). The early model later incorporated research on smoking cessation, thereby extending and revising it to apply to other harmful behaviours (Prochaska and Diclemente, 1983; Prochaska, Wright and Velicer, 2008; Prochaska, Redding and Evers, 2015). Prochaska's model has since been applied to prevention programs addressing a broad range of health problems, including alcohol and substance abuse,

HIV/AIDS, unplanned pregnancy, and bullying (Prochaska, Redding and Evers, 2015), as well as intimate partner violence (Burke, Jessica *et al.*, 2004; Kyegombe *et al.*, 2015).

TTM comprises various constructs into a cohesive model. The Stages of Change construct is the central organising framework whereby individuals are classified into one of six stages based on their 'readiness' to make healthy behaviour change (Prochaska, Wright and Velicer, 2008). What distinguishes TTM from other change theories is that it posits behaviour change as unfolding over time, and in particular, as an individual progresses through TTM's six stages (Prochaska, Redding and Evers, 2015). Table 1 outlines the stages of change, along with their associated characteristics, including readiness for behaviour change and for participating in traditional action-oriented health promotion interventions to facilitate change.

Table 1: TTM Stages of Change and Stage Characteristics (adapted from Prochaska et al., 2008)

TTM Stages of Change		TTM Stage Characteristics		
		Change Intention/ Action	**Awareness of Need to Change, Commitment to Change**	**Readiness for Change, Intervention**
1	Precontemp-lation	No intent to change	Likely unaware of consequences of problem behaviour. May be pressured by others to change. May wish to change (or have tried unsuccessfully) but believe they are unable.	Does not consider problem behaviour. Characterized as not ready for a behaviour change intervention.
2	Contemplation	Intends to change in distant future	More aware of their problem behaviour. Seriously considering changing but have not yet committed to change. May be weighing the pros and cons of the problem behaviour and of changing.	Ambivalent about change. Not ready for an action-oriented behaviour change intervention.
3	Preparation	Intends to change in near future	Has a plan of action to change (e.g. discussed with others or joined a behaviour change intervention).	Ready for change and for an action-oriented behaviour change intervention.
4	Action	Practicing change, preventing relapse	Has made specific overt behaviour modifications toward change. Investing considerable commitment and effort to prevent relapse of prior harmful behaviours.	--
5	Maintenance	Consolidating change	Is consolidating their behaviour change efforts. Less tempted to relapse and increasingly more confident that they can continue their behaviour change.	--
6	Termination	Confident with change	Confident with ability and have no temptation to relapse.	--

The first two stages of change include *Precontemplation* and *Contemplation,* whereby an individual has no intent to change and then considers changing but remains ambivalent about doing so

(Prochaska, 2008). Stage three, *Preparation,* is where an individual is committed and planning to change. Individuals in stages one and two are not ready for action-oriented change interventions, while those in stage three are best placed for such interventions (Prochaska, 2008). In stage four, *Action*, an individual has made behaviour modifications toward change and is committed to preventing relapse of their harmful behaviours, while *Maintenance* is where an individual consolidates their behaviour change and is less tempted to relapse. Finally, *Termination* is where an individual's change has become automatic and they are confident with their change ability (Prochaska, 2008).

Within the Stages of Change, it is possible for an individual to progress and regress from one stage to another. As the requirements for the change stages (i.e. action, maintenance and termination) tend to be behaviour specific, individuals must attain a criterion that relevant scientists and professionals agree is sufficient to reduce the risk of a particular behaviour in order to achieve *maintenance* (Prochaska, 2008; Prochaska, Redding and Evers, 2015). Based on research on intimate partner violence (IPV), experience or perpetration within the prior year is used to determine the future risk of experiencing or perpetrating IPV (WHO, 2001; Fulu *et al.*, 2013; K M Devries *et al.*, 2013).

Beyond the Stages of Change, TTM involves three additional constructs that are presented in Table 2. First, the *Processes of Change* are the means through which an individual progresses through the change stages. These involve both experiential (or psychological) and behavioural processes (Prochaska, Redding and Evers, 2015). Those which are experiential tend to involve cognitive, affective (emotional) and evaluative processes. Behavioural processes, on the other hand, are more action-oriented and include making commitments and contingencies, conditioning, using environmental controls, and seeking support. Moreover, there is a relationship between the stages and processes of change. In the early stages (precontemplation, contemplation and preparation), individuals tend to rely more on the experiential processes to progress through each stage, while in the action-oriented stages (action, maintenance and termination), they draw more on the behavioural processes (Prochaska, Redding and Evers, 2015).

Table 2: TTM Constructs and their Descriptions (adapted from Prochaska et al., 2015)

Constructs	Description
Processes of Change	
Consciousness Raising	Learning about the causes, consequences and cures for a problem behaviour (e.g. education)
Dramatic Relief	Increasing negative or positive emotions to motivate taking appropriate action (e.g. personal testimonials)
Self-reevaluation	Cognitive and affective reassessment of one's self-image, with or without an unhealthy behaviour (e.g. value clarification)
Environmental Reevaluation	Cognitive and affective assessment of how the presence or absence of a harmful behaviour affects others (e.g. empathy training)
Self-Liberation	Belief that one can change and the commitment and recommitment to act on that belief.
Helping Relationships	Caring, trust, openness and acceptance as well as support from others for healthy behaviour change (e.g. positive social network)
Social Liberation	Increase in healthy social opportunities or alternatives
Counterconditioning	Learning healthier behaviours that can substitute for problem behaviours
Stimulus Control	Removing cues for unhealthy habits and adding prompts for healthier alternatives
Reinforcement Management	Rewarding oneself or being rewarded by others for making progress (e.g. incentives)
Decisional Balance	
Pros	Benefits of Changing
Cons	Costs of Changing
Self Efficacy	
Confidence	Confidence that one can engage in the healthy behaviours across different challenging situations
Temptation	A strong urge or desire to engage in the unhealthy behaviour across different challenging situations

Decisional Balance is the second TTM construct outlined in Table 2, which reflects an individual's weighing of the pros and cons of changing. These can involve the perceived gains for or approval from oneself and others, along with the instrumental costs to and disapproval from the self and others involved with changing (Prochaska, Redding and Evers, 2015). The cons of changing tend to be higher than the pros for individuals in precontemplation, but the pros of changing should outweigh the cons in the contemplation stage, then continue to increase as individuals progress through the change stages. It is suggested that the pros of changing must increase about twice as much as the cons decrease for a person to move from one stage to the next stage. As a result, Prochaska et al. outline that, "twice as much emphasis should be placed on raising benefits as on reducing costs or barriers to

enact recommended behaviours" (2015, p. 224). The Third construct is *Self-Efficacy*, which is the situation-specific confidence that one can cope with high-risk situations (i.e. temptations) without relapsing into their former behaviour when in difficult situations, such as when experiencing negative affect or emotional distress (Prochaska, Redding and Evers, 2015). The relationships between the stages of change and the change constructs, which are outlined in Table 3, can inform behaviour change interventions so that they facilitate the various constructs among participants at the appropriate stages.

Table 3: The Relationships between TTM Change Stages and Constructs (adapted from Prochaska et al., 2008)

Change Constructs	Stages of Change				
	Precontemp-lation	Contemp-lation	Preparation	Action	Maintenance
Change Processes	Consciousness Raising Dramatic Relief Environmental Reevaluation	Self-reevaluation		Self Liberation	Counter-conditioning Helping Relationships Reinforcement Management Stimulus Control
Decisional Balance	Cons	Pros →			
Self Efficacy				Temptation	Confidence

2.3.2.1 The Limitation of TTM to Understanding Behaviour Change

TTM has experienced widespread appeal in the development and evaluation of public health interventions (Painter *et al.*, 2008). This is likely due to the ease of its use in facilitating the transition from concepts and constructs to intervention strategies (Glanz, Rimer and Viswanath, 2015). Yet,

there appears to be little evidence to support its use. A systematic review evaluating the effectiveness of TTM-based interventions in facilitating health-related behaviours found limited evidence for its effectiveness as a basis for behaviour change or for facilitating stage progression (Bridle *et al.*, 2005). The authors of the review provide two possible explanations for their findings. The first explanation suggests poor application of the model to behaviour change interventions, while the second points to a lack of model specification regarding both the change processes and the precise stages to which they relate. With respect to the latter explanation, the authors argue that despite TTM's assumption that the processes of change relate to specific stages, they found that baseline measures of change processes failed to predict subsequent stage progression (Bridle *et al.*, 2005). Moreover, the authors argue, there is a lack of theoretical specificity regarding the change processes themselves, particularly related to their characteristics such as how they are initiated.

> The theoretical specification underlying the TTM not only fails to make precise predictions about the processes involved in overcoming the barriers to stage progression, but also the nature of the barriers themselves. For example, although 'consciousness raising' is an experiential process of change that should inform intervention design, there is no [social] theory-driven specification concerning the target of this consciousness raising, which could include the health risk, normative actions, precaution options, family responsibility, self-efficacy, or any other potentially important targets. (Bridle et al., 2005, p. 296).

The authors of the review concluded that the lack of theoretical specification may have contributed to the design of inappropriate interventions, which could explain the lack of evidence to support the use of TTM in behaviour change interventions. Indeed, many of the studies that were included in the review used only the *stage* variable in the design, delivery and assessment of TTM interventions, thereby reducing the theory to a single variable (Bridle *et al.*, 2005). This assertion that intervention developers have been overly reliant on TTM's stages at the expense of the change processes has also been made elsewhere (Armitage, 2009).

Given that TTM cannot identify barriers to the respective change processes, it is unable to explain why behaviour change *does not* occur. With respect to the research findings set out within this thesis, for example, TTM was unhelpful as a theoretical model to understand which factors may have prevented a number of participants of the GDH Intervention in Côte d'Ivoire from experiencing behaviour change with respect to certain behaviours (but not others), nor could it explain why other men reported experiencing no change at all. It was unclear why these men – which I will term 'the unchangers' – had not experienced the change processes and subsequently progressed through the change stages accordingly (see Chapter 4: Research Methods; and Chapter 7: Multiple Pathways Toward Learning and Change Failure). Moreover, TTM's strength was limited to explaining how only *some* participants

of the GDH Intervention in Côte d'Ivoire experienced behaviour change. Other participants – whom I will refer to as the 'unexplained changers' – demonstrated having experienced behaviour change in ways that were not predicted by TTM.

However, the limitations of TTM may be overcome by looking at other relevant theory to supplement and bolster TTM's theoretical capacity, thereby permitting it to explain a spectrum of change experience among GDH Intervention participants. Since TTM's *experiential* processes involve cognitive, affective and evaluative processes – which collectively relate to learning – learning theory can provide the theoretical underpinning which these processes are missing. A Framework on Constructivist Learning Theory (Illeris, 2017) – which sets out different types of learning as well as barriers to learning – has the potential to address the theoretical limitations of TTM and, ultimately, explain a spectrum of change experience among GDH Intervention participants.

2.3.3 Illeris' Framework on Constructivist Learning Theory

Constructivist Learning Theory (referred to henceforth as 'CLT') assumes that an individual learner actively develops or construes their own learning, then 'stores' this learning as mental structures within the brain (Illeris, 2009; Schunk, 2012). For constructivists, reality does not get captured like an image by someone waiting to view it. Rather, one perceives reality through the acts of conception and interpretation. In this way, reality "is less what happens to us and more what we make of what happens to us" (Illeris, 2009, p. 44). Constructivists recognise that learning happens through two simultaneous processes: 1) an external interaction process between the learner and their social world; and 2) an internal psychological process between incentive to learn and content (i.e. what is learned). Developed within the field of psychology, CLT is a significant departure from previous learning theories, which focused solely on either the internal or external process. For example, traditional behaviourists saw learning as a purely biological response to external stimuli, while cognitive learning theory places the locus of learning entirely within the mind and pays little attention to the context within which learning occurs (Fosnot, 1996; Schunk, 2012). Constructivist thought has had a considerable influence in the fields of education and professional development over the last decades, shifting the focus away from teaching or 'delivering instruction' and toward a learner-centred curriculum that is rooted in social interaction and problem solving (Schunk, 2012).

How different theorists conceptualise learning varies to some extent within the constructivist tradition (Illeris, 2009). The framework outlined by Illeris (2017) incorporates the views of multiple contemporary constructivist theorists into a single model. Illeris defines learning as "any process that

in living organisms leads to permanent capacity change and which is not solely due to biological maturation or ageing" (Illeris, 2017, p. 17). This definition presents learning as a much broader and more complicated activity than has been traditionally understood, that is 'the acquisition of knowledge and skills'. Instead, Illeris recognises that what is learned (i.e. the content) can be anything from knowledge and skills to insights, meaning, attitudes, values, opinions, strategies, and ways of behaving (Illeris, 2009). Moreover, this understanding of learning implies that change is permanent unless it is overlaid by new learning, or else gradually forgotten because the learning is no longer used.

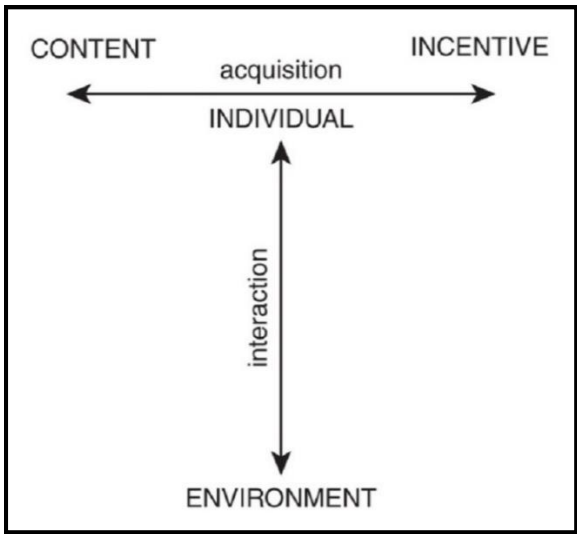
There are three reasons why Illeris' CLT Framework is both unique and useful for this thesis. First, Illeris outlines four types of learning, including *cumulative*, *assimilative*, *accommodative* and *transformative* (Illeris, 2009). Two of these learning types are relevant to this research for their common occurrence during adulthood, namely assimilative and accommodative learning (Illeris, 2009). The details of each and how they differ are outlined in the following sub-section. Second, Illeris' model is useful for its ability to explain the obstacles to learning. That is, what happens when one fails to learn material or messages as they were intended. Illeris outlines four ways that learning can be prevented, namely *mislearning*, *distortion, identity defence* and *resistance,* the details of which are also presented below. Third, Illeris describes several ways in which learning changes across the lifespan, both with respect to the *content* that one tends to acquire as they age but also because of changes to *social and societal* situations (i.e. environment) and *motivation* that have important influences on learning throughout the course of one's life. (Illeris, 2017). Excluding *Childhood*, Illeris describes three life stages that are of relevance to this research: *Youth*; *Adulthood*; and *Mature Adulthood*. Collectively, Illeris' definition and typology of learning, as well as the obstacles to learning and the learning influences by life stages, are useful to frame and provide conceptual and theoretical clarity to the learning processes outlined in Prochaska's Transtheoretical Model of behaviour change.

2.3.3.1 The Three Dimensions of Learning

As was described previously, Illeris sets out that learning comprises two processes that occur simultaneously. First, *interaction* happens when an individual experiences some 'impulses' from their environment through their senses (i.e. hearing, seeing, feeling etc.). The second involves *acquisition,* which is the psychological processing and storing of those impulses as mental structures within the mind. Acquisition tends to involve linking new impulses to relevant, previously-stored impulses (i.e. mental structures), thereby highlighting prior learning as an important influencing factor for learning (Illeris, 2017). Acquisition, which takes place within an individual's mind, can be broken down into two

parts, *content* and *incentive.* Content refers to what is learned – including knowledge, skills, opinions, understanding, insight, meaning, attitudes, ways of behaving, patterns of emotion, and skills or competencies. Incentive, for its part, involves the mental energy required to set the acquisition process in motion and refers to motivation, emotion, and will (Illeris, 2017). Together, the content and incentive dimensions (which together initiate the acquisition process), along with the interaction process, comprise the three dimensions of learning.[10] Below, Figure 1 outlines these learning processes and dimensions and how they relate to one another. The vertical double arrow shows how the individual and their environment form the interactive process, while the horizontal double arrow between content and incentive represents the acquisition process**.** As it relates to learning, the environment is both social (i.e. referring to the immediate social situation or learning environment) and societal (i.e. referring to the underlying societal framework conditions), meaning that all learning is 'situated' within a given environment (Illeris, 2017).

Figure 1: Illeris' Learning Processes and Dimensions (Illeris, 2017)



2.3.3.2 Two Common Types of Learning in Adulthood

Learning can take place in different ways. Illeris presents a typology of four types of learning that are fundamentally different in nature, activated under different circumstances, and lead to learning results with different application potentials. Two of the learning types are relevant to this research

[10] For Illeris (2017), *interaction* is both a process and dimension of learning, with the term 'dimension' referring to the fundamental elements involved with learning.

because they commonly occur in adulthood (versus common in childhood or less common in adulthood). These are 'assimilative' learning and 'accommodative' learning. The two differ in many respects, including the *content* learned (i.e. what is learned), the *incentive* required to learn (i.e. mental energy), the *interaction* processes (i.e. nature of engagement with the environment), and *acquisition* processes (i.e. how learning is stored within the brain). The two types of learning also vary with respect to the ability to recall the learning outside of the situation in which it was acquired (Illeris, 2009). Toward this end, the processes and dimensions outlined in Figure 1 underpin both learning types. Table 4 was created for this thesis by drawing on Illeris' framework to outline the differences between assimilative and accommodative learning.

Table 4: Characteristics of Two Common Learning Types in Adulthood (MacLean, 2020)

	Assimilative	Accommodative
Activation	In many situations in everyday life (or as a barrier to learning). The most common type of learning in adulthood.	Occurs frequently in adulthood when faced with an unrelatable situation, but also one that is interesting (i.e. a problem needs to be overcome).
Content	Oriented to subject application (i.e. skills, experiences)	Oriented toward understanding or interpretation.
Incentive	No emotion or motivation required, is primarily an unconscious dynamic requiring little mental energy.	A conscious dynamic requiring strong motivation and mental energy. Experienced as demanding and painful, characterized by anxiety, bewilderment and confusion.
Acquisition	No internal processes involved.	**Critical reflection**: to consciously challenge the presuppositions upon which one's beliefs have been built. Involves reassessment of one's prior actions, and the reasons for and consequences of those actions. **Reflexivity:** putting what one learns in relation to oneself and considering the influence on their self image.
Interaction	Involves more passive forms of interaction with social environment.	Involves active and engaged forms of interaction with social environment.
Mental Structures	New structures are added and differentiated from existing mental structures. This tends to be a short process.	Wholly or partially existing mental structures are broken down and restructured. This can be short and sudden or a lengthy process.
Accessing Learning	Accessible only in situations related to learning context, even if learning content is relevant elsewhere.	Can be flexibly accessed in a broad range of relevant situations, including those unrelated to learning context.

Assimilative learning is the most common type of learning in adulthood and is routinely activated in daily life, with the *content* typically oriented toward the application of skills and experiences (Illeris, 2017). While the processes involved with assimilation can also be activated as a barrier to learning, those details are set out in the following section (see below: 2.3.3.3 Four Barriers to Learning). The second type of learning, accommodation, is also common in adulthood, but tends to occur in situations that are viewed as incomprehensible or unrelatable to the learner but also perceived as important or interesting, with the *content* typically more complex and oriented toward understanding or interpretation. Assimilative and accommodative learning also diverge with respect to the *incentive* dimension, with the former involving no emotion or motivation and therefore requiring little mental energy, while the latter implicates strong motivation and mental energy (often experienced as demanding and painful). The *acquisition* processes involved also vary substantially between the two learning types. While there are no conscious internal processes involved with assimilative learning, accommodative learning involves complex conscious processes such as critical reflection and reflexivity. *Critical reflection* involves consciously challenging the presuppositions behind one's beliefs, and assessing the reasons for and consequences of one's prior actions (Mezirow, 1990), while *reflexivity* involves putting what one has learned in relation to oneself by considering its influence on their self-image (Illeris, 2017).

Interaction, the last dimension of learning, tends to be passive for assimilative learning, and active and engaged for accommodative learning (Illeris, 2017). Beyond the three dimensions, analysing the two learning types also involves considering how learning is stored in the brain. Assimilative learning involves *adding* and *differentiating* new mental structures from those already existing and is a short process. For its part, accommodative learning involves breaking down and rebuilding whole or partially existing mental structures so they are consistent with the new learning, which can be a lengthy process. Collectively, these differences between the two learning types have implications for the ability to recall the *content* learned. For assimilative learning, content is accessible only in situations relevant to the context wherein learning occurred, while that of accommodative learning can be flexibly applied in a broad range of relevant situations (Illeris, 2017). Considering the various difference between the two, assimilative is a far less complex form of learning in every respect when compared to accommodative learning.

2.3.3.3 Four Barriers to Learning

Illeris acknowledges that while we, as humans, are both created to learn and unable to avoid learning, "we do not always learn exactly what we ourselves or others have intended." (Illeris, 2017, p. 14). Illeris' Framework is not only helpful to discern different types of learning, but also to understand what happens when somebody does not learn something in situations that could give rise to important learning, or when learning does not happen as was intended. Barriers to learning can arise in any of the three learning dimensions (i.e. content, incentive, interaction). There are four learning barriers outlined by Illeris (2017) that that are of particular relevance to this thesis. Table 5 was developed to present the four learning barriers, including the relevant learning dimension implicated, the reason or context within which the barriers occur, and the subsequent impact on learning. As with the two common types of learning in adulthood, the three learning dimensions outlined previously in Figure 1 also underpin the four learning barriers (or forms of learning failure).

Table 5: Four Learning Barriers (or Forms of Learning Failure) (MacLean, 2020)

Related Learning Dimension	Reason, Relevant Context	Impact on Learning, Learning Barrier
Content	Results from inadequate prior understanding or qualification, a lack of concentration, misunderstanding, or inappropriate communication. In most cases, this is insignificant and can usually be corrected if necessary.	Learning does not correspond to intended content because of errors in understanding (i.e. misunderstandings). ➡ **Mislearning**
Incentive	Occurs with *prejudice,* which involves mistaken understandings that are built up over time on a given subject. Accommodating these impulses would require significantly more mental energy. *Overcoming this defence requires important undesired changes in the life situation of the individual.*	**Distortion:** New impulses are subconsciously distorted, so they fit with previously established mental structures (i.e. what a learner already knows). ➡ **Defence Against Learning**
	Occurs when unconscious mental mechanisms view new impulses as threatening or limiting to one's sense of identity. *Overcoming this defence requires important undesired changes in the life situation of the individual.*	**Identity Defence:** New impulses are rejected so no learning takes place. This can become automatic and unconscious over time, taking the nature of *blocking*.
Interaction	Occurs in contexts and situations where one is faced with something that they find unacceptable. Involves a protest in favour of something else and typically results in a departure from the learning program.	Intended learning is resisted. ➡ **Resistance**

The first learning barrier relates to the content dimension (i.e. what is learned). This can occur from a lack of concentration or misunderstanding, resulting in learning that does not correspond to what was intended, or *mislearning* (Illeris, 2017). The second and third barriers occur in the incentive dimension (i.e. the mental energy required for learning) and results from activating one of two kinds of 'mental defences' against learning,[11] or automatic and mechanised ways of coping with everyday societal influences (Illeris, 2017). The first involves *prejudice,* which is the mistaken understandings built up over time within the learner on a given subject (i.e. related to race or gender), wherein any new related impulses are subconsciously distorted so they are consistent with what the learner already knows.[12] The second mental defence occurs when new impulses are perceived as threatening to one's sense of identity and result in no new learning, a barrier known as *identity defence*. Both distortion and identity defence happen because it is significantly easier for the leaner to distort or reject new impulses than to accommodate them, which requires considerable mental energy to deconstruct and rebuild existing mental structures. Finally, *resistance* relates to the interaction dimension and occurs when the learner is faced with something about the learning experience that they find unacceptable. In the context of education programming for adults, resistance tends to result in the learner quitting the program (Illeris, 2017).

2.3.3.4 How Learning Changes Across the Lifespan

Illeris also describes several ways in which learning changes across the lifespan. Not only is there a certain degree of maturation with respect to content as one ages, but also there are changes in social and societal situations (i.e. environment) and motivation that have important influences on learning throughout the course of one's life. (Illeris, 2017). Excluding childhood, Illeris describes three life stages that are of relevance to this research, namely *Youth, Adulthood* and *Mature Adulthood*.[13] Table 6 (see below) was developed for this thesis to present these three life stages and how they influence learning.

First, *Youth* begins with puberty and lasts until the preconditions for *Stable Adulthood* are established, which is outlined below as the development of relatively permanent relationships with an intimate partner and work (Illeris, 2017). The end of youth will often be incomplete, with a degree of

[11] Mental defences are also referred to in certain applied fields and common parlance as defence mechanisms.
[12] Distortion is known as *defensive assimilation* for its involvement of assimilative processes (i.e. addition and differentiation).
[13] In lifespan psychology, the focus in not on the individual person as such, but on the identification and demarcation of various life stages and their characteristics (Illeris, 2017).

connection to the youth phase being carried over into adulthood. Learning during the youth phase centres on the need for socially necessary learning and personal development. All learning during this period is very much influenced by the formation of identity, and can only be understood in this light. The identity process is far more immediately important and urgent than other foci of learning (such as academic learning), and is also a central precondition for, or else part of the choice of further education and career. Youth is also the period in which to learn how to deal with gender and sexual relations, which is closely linked with the personal identity process, and it is the formation of identity that is given priority (Illeris, 2017). Learning involves understanding family affiliation, gender roles, class attachment, attachment to a particular profession, and to various given values and norms that a young person is expected to take on.[14] Learning tends to be internally driven with respect to identity formation, and externally driven by compulsory education.

Second, *Adulthood* begins with the establishment of relatively permanent relationships with partner and work (Illeris, 2017). Learning in this stage is typically oriented to pursuing life goals relating to family, children and employment interests. Learning therefore has a sense of purposefulness, with goals that are existential in nature and that tend to be based on gender and class affiliation. Learning in adulthood is often predominantly assimilative in nature, which involves applying or drawing on learning already acquired. Another characteristic of adulthood is the development of defence mechanisms, some of which were outlined in the previous section. What is notable is that learning in adulthood is nearly always voluntary in nature and is characteristically driven by what is desired and meaningful to achieving one's life goals (and with little inclination to learn otherwise). Adults take as much responsibility for their learning as they wish to, if permitted. Collectively, this means that adults tend to have more coherent learning strategies to achieve their goals, which are often clear and known to the individual. Motivation to learn is less personal and more externally driven by one's social environment (i.e. family, work).

The third relevant stage of life is *Mature Adulthood,* which begins when the end of life is perceived on the distant horizon, often occurring when one's children leave home or with the loss of a loved one, and it lasts until death or the deterioration of cognitive functioning (Illeris, 2017). This stage is not dominated by the same form of purposefulness as Adulthood*,* but rather, where possible, one tends to spend their time learning that which they perceive as important for themselves or others. It could also be that one needs to prove to themselves and to others what they are capable of but have not had the opportunity to do so previously. Learning in this stage is typically oriented toward bringing about meaning and harmony in one's life, thereby exceeding the here and now, and rather focused

[14] This learning strategy is primarily the case in pre-industrialised societies, such as Côte d'Ivoire.

on creating an overall picture or a holistic understanding of one's life's experiences. In this way, the orientation to learning tends to be toward the development of the individual self in order to meet personal needs and interests. Thus, the motivation to learn in this stage is largely personal and internally driven.

Table 6: Variations in Learning Across the Lifespan (MacLean, 2020)

	Youth	Adulthood	Mature Adulthood
Preconditions	Begins with puberty.	The establishment of permanent relationships with a partner and work.	A major event wherein the end of life is brought into focus on the distant horizon. (e.g. when children leave home, with retirement and/or death of a loved one)
Endpoint	The establishment of preconditions for a (more or less) stable adulthood. The end will often be incomplete, with a degree of connection to youth being carried over into adulthood.	The establishment of preconditions for mature adulthood.	Ends with death or when cognitive deterioration beings to take hold.
Orientation	Learning is oriented to socially necessary learning and personal development.	Learning is oriented toward the management of the life course and its challenges, typically centering on family and work, with some focus on personal needs and attitudes (i.e. some individuation).	Learning is largely oriented to the development of the individual person (i.e. self actualization), which is determined by their personal needs and interests (i.e. individuation)
Focus	Learning is focused on how to manage gender, sexual relations, socio-economic status, employment, and an understanding of the values and social norms one is expected to take on.	Learning is marked by ambition and focused on what is perceived as meaningful or interesting to one's life goals relating to family, work and interests. There is little desire to learn anything else. Involves drawing on resources acquired during prior learning.	Learning is focused around is perceived as important and desirable for themselves or others. Could also be that the person needs to prove to themselves and others that there are things they are capable of but haven't had the opportunity to do.
Strategy	Learning in this stage is very much influenced by the formation of identify and can only be considered in this light.	Learning is purposeful and has an existential nature. Involves coherent strategies focused only on their life goals (i.e. goals are fairly clear and known), with little desire to learn anything else.	Learning is concerned with bringing about meaning and harmony by creating a holistic understanding of one's life experience (i.e. 'life wisdom').
Drive	Learning is largely externally driven (i.e. chosen by social environment).	Learning is primarily externally driven (i.e. chosen by social environment) but may also be internally driven (i.e. chosen by learner).	Learning is largely internally driven (i.e. chosen by learner).

2.3.3.5 A Critique of Constructivist Learning Theory

The past few decades have seen constructivist discourse emerge as a powerful model for explaining how knowledge is produced and how individuals learn (Gordon, 2009). Critiques of CLT tend not to take aim at the theory itself, but rather at how the theory is applied in practice. Among the key criticisms is that CLT promotes a teaching style with unguided or minimally guided instructions for students (Tuovinen and Sweller, 1999). As a result, critics have claimed that learners of constructivist teaching methods become "lost and frustrated" (Kirschner, Sweller and Clark, 2006, p. 79). Critics have also argued that constructivist-based teaching promotes group thinking and ignores the individuality of students, enabling those who are more dominant to control classroom discussions and learning outcomes while potentially leaving average students behind (Gupta, 2011). Yet, advocates of CLT contend that their critics have misunderstood how constructivist teaching approaches work (Hmelo-silver, Duncan and Chinn, 2007). Constructivist learning proponents argue that they do not place the responsibility for learning on students, but rather the teachers provide expert guidance during activities to encourage students to become active learners who are driven by their curiosity rather than passive recipients being led by instruction (Ackermann, 2001; Hmelo-silver, Duncan and Chinn, 2007). Constructivists believe that providing support through instruction while still allowing students to drive the process is more effective than 'feeding' large amounts of information to be 'digested' by learners. Moreover, constructivist-based teaching methods have been commended for their ability to foster students' ability to explain their thinking and identify limitations, develop problem-solving skills, promote social and communication skills (Hmelo-silver, Duncan and Chinn, 2007), and build social relationships among learners (Thomas and Brown, 2011).

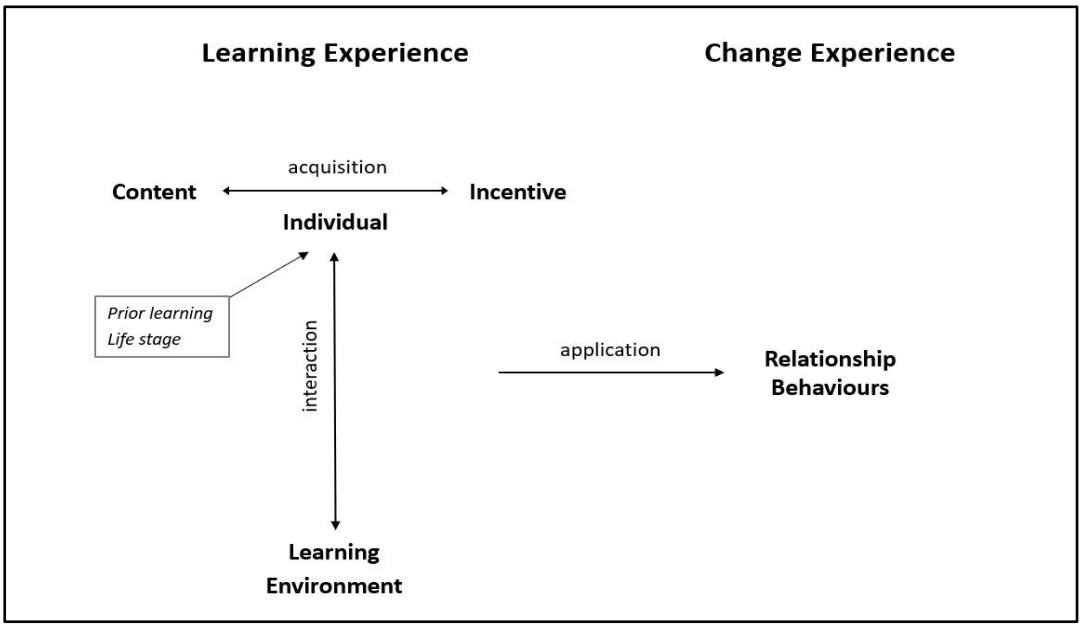
2.3.4 Conceptual Framework of Individual-level Experience with Behaviour Change

This thesis borrows Maxwell's notion of a conceptual framework as a "system of concepts, assumptions, expectations, beliefs and theories that supports and informs your research" (Maxwell, 2011, p. 39). More specifically, Maxwell views a conceptual framework as a tentative theory of a phenomena under investigation, one which is constructed from pieces or "modules" borrowed from elsewhere and developed for the purpose of a given study. The components of the conceptual framework developed for this thesis are comprised of existing theories and research – the details of which were introduced and described in the prior section of this chapter – and are presented together herein within a conceptual framework.

Maxwell (2011) explains that a major function of theory is to provide an explanation about what is happening with a phenomena of interest and how it works. In his view, a useful theory is one that gives new insights and broadens one's understanding of that phenomena. For example, he describes how theory can act like a spotlight by illuminating and drawing attention to particular events, thereby "shed[ing] light on relationships that might otherwise go unnoticed or misunderstood" (Maxwell, 2011, p. 49). While borrowing existing theory to develop a conceptual framework can provide advantages, Maxwell warns that it can also pose risks. As no theory can illuminate everything, "trying to fit [one's] insights into an established framework can deform [one's] argument, weakening its logic and making it harder to see what a new way of framing the phenomenon might contribute" (Maxwell, 2011, p. 51). Maxwell urges researchers to avoid this trap by being aware of the following: 1) the insights and limitations (or distortions) of a given theory; and 2) alternative concepts and theories about the phenomena under study.

Figure 2 sets out the conceptual framework developed for this thesis. The framework comprises the theoretical and conceptual components that were introduced in this chapter and used to fulfil the aim of this thesis. Namely, to examine the connections between men's experiences with learning and behaviour change following their participation with the GDH Intervention in rural Côte d'Ivoire, while considering how various individual-level factors influenced those connections. The conceptual framework is broken down into two constructs – *Learning Experience* and *Change Experience*.

Figure 2: The Spectrum of Experience with Behaviour Change: A Conceptual Framework (MacLean, 2020)



The *Learning Experience* construct within the conceptual framework incorporates a slightly modified version of Illeris' (2017) Figure 1 (Learning Processes and Dimensions), setting out the different learning dimensions and processes and how they relate to one another. These include the *Content* and *Incentive* dimensions that together form the *acquisition* process which takes place within the *Individual* (i.e. learner). The *interaction* process (which is also a dimension) takes place between the Individual and their *Environment*. The environment concept has been modified for this thesis to *Learning Environment*, and refers specifically to the GDH Intervention discussion groups.[15] Embedded within the Learning Experience construct are the various learning constructs and processes from Illeris' (2017) CLT Framework, including those related to assimilative and accommodative learning, as well as four learning barriers (i.e. mislearning, distortion, identity defence, and resistance). Two constructs that Illeris outlined as important learning influences have also been added to the conceptual framework, namely *prior learning* and *life stage*, and their relationship toward learning (or where the process of interaction and acquisition intersect) is represented by a one-way arrow. Together, these various learning components represent a spectrum of *Learning Experience* for men who participated in the GDH Intervention in Côte d'Ivoire. Given the previously-outlined theoretical limitations to Prochaska's (1997) TTM, the *Learning Experience* construct was created to replace Prochaska's (1997) TTM stages and processes that specifically relate to learning.[16]

The *Change Experience* construct includes the single concept *Relationship Behaviours*. Given the limitations of Prochaska's (1997) TTM in presenting only a single pathway toward behaviour change, the Relationship Behaviours construct was intentionally left broad such that its nature and relationships with men's Learning Experience can be explored. As will be outlined in Chapter 4 (Research Methods), Prochaska's (1997) TTM *Behaviour Processes*, along with the constructs of *Decisional Balance* and *Self Efficacy*,[17] were used as lenses through which to view GDH Intervention participants' change experiences, while also permitting additional change processes, pathways and experiences to emerge from the data. The relationships between the Learning Experience and Change Experience constructs is represented by a single process, *application,* which refers to the range of men's experiences with applying their learning (or the results of their learning failure) into practice. Since Learning Experience can represent one of two types of learning or four learning barriers (or

[15] Recall from Chapter 1 (Introduction), the broader social context wherein men participate in IPV prevention interventions are considered important influences on men's experiences with behaviour change. However, the social and societal level influences on these experiences are beyond of the scope of this thesis.

[16] Constructs from Illeris' CLT Framework have replaced TTM's learning-related stages (i.e. *Precontemplation*, *Contemplation, and Preparation*) and all four experiential processes (*consciousness raising*, *dramatic relief, self-reevaluation,* and *environmental reevaluation*) (Prochaska and Velicer, 1997).

[17] Recall from earlier in the chapter that Prochaska's (1997) TTM presents six behavioural change processes that involve making commitments and contingencies, conditioning, using environmental controls, and seeking support.

forms of leaning failure), the application process represents whether and how men acted upon Learning Experience within the context of their intimate relationships, and can include a range of change experiences.

Exploring men's Learning Experiences and Change Experiences and the relationships between the two constructs can provide useful insights into understanding the multiple ways in which men experienced learning and learning failure, and how these experiences related to their experiences with behaviour change and change failure in their intimate relationships.

As Maxwell outlined, any single theory has limitations and therefore cannot account for the full experience of the phenomenon of interest. Therefore, bringing together components of Illeris' (2017) CLT Framework and Prochaska's (1997) TTM can help to address some of the limitations of using TTM alone. The various constructs presented in the conceptual framework presented previously represent the experiences of and interrelationships between learning and behaviour change, and can therefore provide greater understanding about the spectrum of experience with individual-level behaviour change.

Conclusion

This chapter began by setting out the relevant literature on engaging men to prevent IPV in LMICs. The first section provided data on the high global prevalence of IPV and adverse health consequences to women, followed by evidence of risk factors for men's perpetration across the social ecology. Gender inequitable social norms and behaviours at the relationship-level were highlighted as among the most problematic risk factors for men's perpetration. The second section of the chapter presented an overview of the evidence for and impact of engaging men in IPV prevention. The section began by making the case for working with men to transform masculinities, including by presenting R.W. Connell's gender order theory (recognising multiple masculinities) and highlighting the multidimensional, historically changing and patterned nature of relations both between men and women and among men, and the ability to recreate more equitable gender relations. The focus of the WHO Commission for the Social Determinants of Health on masculinity was also presented, including its stated commitments to improving the health of women by facilitating the establishment of healthier versions of masculinity.

Evidence on the impact of IPV prevention interventions engaging men in LMICs was then presented. While some positive effects of reducing men's IPV perpetration have resulted from different intervention formats, synchronised group-based training interventions with both men and women were set out as having demonstrated the most significant effect. Despite this, questions persist around why specific interventions and certain formats have produced significant changes in IPV prevention in some settings but not others. While a large body of qualitative work undertaken alongside trial intervention studies have attempted to answer this question, many of these studies had limitations regarding transferring findings to other settings. Specifically, there has been no qualitative research on IPV prevention interventions engaging men in LMICs that present a theoretical understanding of the spectrum of change experience, from the multiple ways that behaviour change can occur and also fail to occur.

The last section of this chapter introduced a conceptual framework for understanding the spectrum of individual-level experience with behaviour change. Using an interdisciplinary perspective, multiple theories and constructs were presented as a way to understand the spectrum of behaviour change experience among men who participated in the GDH Intervention in Côte d'Ivoire. Prochaska's Transtheoretical Model was described, along with a critique of the model, highlighting its lack of theoretical underpinning, and, consequently, its inability to explain behaviour change beyond a singular pathway of change experience. Finally, Illeris' Framework on Constructivist Learning Theory was illustrated, including different forms of learning and learning failure, and proposed as a strategy to replace the TTM stages and processes that relate specifically to learning. Combining CLT with TTM can enable the consideration of a range of learning experiences, including learning failure, as part of a spectrum of experience with behaviour change.

The following chapter (Chapter 3: Study Setting and Overview of GDH Intervention) presents contextual information about the setting in which this research was undertaken, and provides a descriptive overview of the GDH Intervention and how it was implemented in Côte d'Ivoire.

Chapter 3. Study Setting and Overview of the GDH Intervention

Introduction

This chapter outlines the context within which the *Groupe de Discussion des Hommes* (GDH) Intervention was implemented, and provides a detailed overview of the intervention itself. The chapter sets out the relevant political, economic, socio-cultural, demographic and health conditions in Côte d'Ivoire that influence women's vulnerability to – and men's risk of perpetrating – Intimate Partner Violence (IPV). This context is primarily relevant to the time-period from when the civil war broke out in 2002 through to 2011, when the period of insecurity resulting from the 2010 post-election crisis was resolved and the implementation of the GDH Intervention was completed. This timeframe helps to provide a sense of both the impact of the decade-long civil war and the resulting socio-political climate. The unique regional circumstances wherein this study was situated are also highlighted. The chapter provides an overview of the GDH Intervention, including its approach to reducing IPV and a description of its origins and the actors involved with its development. The chapter concludes by highlighting the processes and local context involved with the GDH Intervention's implementation.

3.1 Study Setting

Côte d'Ivoire is situated in West Africa and covers an area of 322,462 km² (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). The country borders the Gulf of Guinea to the South, Ghana to the East, Liberia and Guinea to the West, and Mali and Burkina Faso to the North. The six rural villages involved in this research are located within the central-west region of the country, an area spanning 250 km that begins with the capital city of Yamoussoukro in the east and the district capital of Man (near the border with Liberia) in the west (see Figure 3). Apart from the coastal region and forests in the northwest, the country's terrain primarily consists of flat to undulating plains that are used as agricultural land (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). Most inhabitants live along the coastal region and in urban areas (Central

Intelligence Agency, no date; Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013), while the interior is sparsely populated (Central Intelligence Agency, no date).

Figure 3: Map Côte d'Ivoire and Six Participating Communities

3.1.1 Political and Economic Context

Côte d'Ivoire is a lower-middle income country with a population of 22.7 million (The World Bank, 2016). In the decades following independence from France in 1960, President Félix Houphouët-Boigny adopted an aggressive economic policy of modernisation and development, with a focus on agriculture for export (Vogel, 1991; Akindès, 2004). Major infrastructure projects were undertaken throughout the 1960s and 1970s to construct schools and training centres within the cities. This development attracted significant foreign investment and earned Côte d'Ivoire its status as a key economic power in West Africa (Gaber and Patel, 2013). At the time, residents enjoyed a much higher standard of living on average than elsewhere in the region (Vogel, 1991). More recently, the agricultural sector is the primary source of income for two-thirds of the population, and comprises 22% of GDP, leading cocoa and coffee production and exports globally (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013).

Since 2012, the country has been rebuilding after over a decade of civil war. The causes of the conflict were centred around immigration and citizenship rights, and their subsequent impacts on land ownership (Akindès, 2004), access to education (United States Institute of Peace, 2010), and household income (Cogneau and Mesple-Somps, 2008). Between the 1960s and 1990s, massive waves of immigrants arrived in Côte d'Ivoire from the neighbouring countries of Mali, Burkina Faso, Niger and Senegal (Vogel, 1991). However, the government's openness to immigration changed when President Houphouët-Boigny died in 1993 and his successor took office. The subsequent economic crisis that hit the country in the early 1990s, after a significant fall in global coffee and cocoa prices, caused widespread xenophobia (Human Rights Council, 2015). The violence that followed resulted from political polarisation around the concept of *"ivoirité"*, a nationalist discourse that redefined citizenship and who would have the right to access land, vote and run for political office.

Instability accelerated in 1999, with a military coup, followed by the onset of armed conflict in September 2002. In 2003, a cease-fire was signed that left the country divided in half, with a rebel group (*les forces nouvelles*) holding the north, the government's armed forces controlling the south, and UN peacekeepers monitoring a buffer zone between the two (Central Intelligence Agency, no date). The war officially ended in March 2007, with the signing of the Ouagadougou Political Agreement and establishment of a transition government (BBC, 2015). Nonetheless, prospects for peace stalled and a new wave of violence occurred in 2010 (Human Rights Watch, 2011; UN Human Rights Council, 2011). A political and military crisis erupted after the incumbent president of the transition government, Laurent Gbagbo, refused to step down after losing to Alassane Ouattara in the

December 2010 election. Widespread violence occurred that lasted six months and ended with the forcible removal of Gbagbo.

The decade of conflict decimated national infrastructure and exposed local populations to significant violence (Human Rights Watch, 2010). Estimated figures indicate that 3,000 civilians were killed and 1.7 million were forcibly displaced from their homes during the 2010-2011 post-election crisis alone (UN Human Rights Council, 2011; UNHCR, 2011; Human Rights Watch, 2016). A UN Human Rights commission of inquiry on the post-election crisis concluded that serious violations of human rights and humanitarian law were committed against civilians (UN Human Rights Council, 2011). During the post-election crisis, violence was perpetrated in the far west of the country, within or near communities that participated in this study. Pro-government and rebel forces committed atrocities against civilians, and both men and women were targeted (Human Rights Watch, 2011). Anti-government troops stopped and harassed men at checkpoints, then beat and/or killed them based on their identity (Human Rights Watch, 2007; Amnesty International, 2011). Entire towns were also attacked, forcing civilians to flee. Rape and sexual violence against women and girls were widespread and used as weapons of war. An Amnesty International report described women's experiences with individual and gang rape, sexual slavery, forced incest and egregious sexual assault, and claimed that both government controlled troops and armed opposition groups were responsible for the violence (Amnesty International, 2007). There is also evidence to suggest that, while sexual violence has continued since the end of the conflict, these recent forms are more likely to be perpetrated by non-combat forces (Human Rights Council, 2014a), an issue that is set out in further detail below (see section 3.1.4 Intimate Partner Violence).

Côte d'Ivoire's conflict also left a significant toll on economic development throughout the country (Regional Bereau for Africa, 2011). The national poverty level rose from 38.4% (2002) to 48.9% (2008), while annual GDP growth fell from 1.2% (2001) to -4.4% (2011) (The World Bank, 2016). Similarly, the unemployment rate rose throughout the war, beginning at low of 4.1% (1998) and increasing until it reached a peak of 7.3% (2012) in the aftermath of the post-election crisis (*Ivory Coast Unemployment Rate, 1991-2019*, 2020). Part of this impact was due to inflated global cocoa prices after the outbreak of the 2002 war, and subsequently by Gbagbo's efforts to nationalise cocoa production to raise militia funds after losing the 2010 election (Cowell, 2002; Anderson, 2011). UNDP's 2014 Human Development Index (HDI) ranked Côte d'Ivoire in the lowest quintile of human development, at 172 out of 188 countries and territories (UNDP, 2015). At the time, socio-economic disparity accounted for a significant part of the country's development challenges. Its 'loss' in human development as a

result of inequality was greater than the averages for both Sub-Saharan Africa (33%) and all countries classified by UNDP as low on the HDI at the time (32%).

UNDP's 2014 HDI also demonstrated that Côte d'Ivoire fared poorly with respect to gender inequality (UNDP, 2015). However, there is no evidence to suggest that these measures changed during the war or in the post-election crisis. In 2014, Côte d'Ivoire ranked near the bottom of the Gender Inequality Index (GII), at 151 out of 155 countries. In 2014, its proportion of parliamentary seats held by women, for example, was only 9.3%, compared with 22.5% for Sub-Saharan Africa and 20.5% for low-HDI countries. Similarly, Ivoirien women comprised only 52.4% of the labour force, compared with 81.4% of men, demonstrating greater gender disparity at the time than in Sub-Saharan Africa overall (65.4% of women; 76.6% of men) and of Low-HDI countries (57.2 of women; 79.1% of men).

Socio-cultural ideals, rules and norms are reinforced throughout the country by a combination of modern and customary authorities. Côte d'Ivoire has a strong central government with over 500 appointed representative positions at multiple sub-national levels of society (UNHCR *et al.*, 2015). At the community level, a democratic representative exists in the form of an elected mayor. There is also a group of customary leaders who hold a great deal of influence on reinforcing traditional ways of community life. Family lineages are generally grouped within communities and united as chiefdoms. The elders within each lineage often meet to settle disputes, prescribe or enforce rules of etiquette and marriage, and discuss lineage concerns more broadly. They also pressure nonconformists to adhere to group mores. Justice issues, including domestic disputes and minor land issues, are administered by traditional chieftaincies in accordance with customary law, and led by an elected chief.

3.1.2 Socio-cultural Context

Post-independence, Ivoirien government policy sought rapid cultural development (Vogel, 1991). Over 60 different ethnic groups had been drawn into Côte d'Ivoire's national borders during colonisation, each with its own dialect and customs (Lawler, Cormhaire and Mundt, 2016). A new national culture was encouraged to achieve a common way of life, one which was believed would create modernity, growth and prosperity. The government also discouraged traditional customs and religions. A new legal code was established in 1964 based on French law that emphasised western values (Vogel, 1991). The national media consistently presented a cultural ideal focused on 'modern' ways of life, including the importance of education. Cultural assimilation was to be achieved through formal education, which essentially transformed local ethnic groups into 'modern' Ivoiriens. The education system has

been a significant policy priority for this purpose, accounting for a third of the national budget since independence (Vogel, 1991). French is both the national language and the language taught in elementary schools, while African languages are taught only at university. Moreover, modern religions were promoted over animist traditions, with significant investments made into constructing churches and mosques throughout the country during the 1960-70s. Although the government is secular, recognising separation of the church and state, modern religions were promoted during this time through national media programming.

The family unit forms the bedrock of modern Ivoirien culture. Ivoiriens have for the most part adopted the French notion of "la petite famille", emphasising the smaller or 'nuclear' version of family (including mother, father and their children) (MacLean, 2010). Children come first in these families, and are prioritised over extended family (Vogel, 1991). The tightknit nuclear family is largely self-reliant, drawing on its own resources in times of need. This represents a significant departure from the past, which emphasised a village life that was centred around multiple extended family units, with each unit bound together by obligations to one another. The modern family may also 'adopt' close friends as family members, but allegiance to pseudo 'brothers' and 'sisters' are based on reciprocity over obligation (Vogel, 1991).

The Ivoirien legal code recognises only civil marriages, and requires couples who want a traditional or religious ceremony to also be legally married (Vogel, 1991). The large majority of couples in rural areas only have customary ceremonies and are therefore not legally registered (McCallin and Montemurro, 2009). According to the law, early and forced marriages are prohibited (legal age to marry is 18 for women and 20 for men), as is polygamy and the payment of dowry (CEDAW, 2011a). However, enforcement of these laws by government officials is not routine practice. As of 2012, 12% of women were married by the time they were 15, and 36% married by 18 years, while 28% of women lived in a polygamous union (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). Moreover, many families continue to engage in traditional wedding rituals, including dowry payment (UNHCR *et al.*, 2015). Divorce, although not common, is socially acceptable among most ethnic groups. When it comes to land ownership, Ivoirian women and men have equal rights to own land (CEDAW, 2011b). In practice, however, women often lack awareness about their rights, and most customary practices regarding family land inheritance favour sons over daughters (UNHCR *et al.*, 2015). As a result, many women lack the land title required by most banks to borrow money (Bureau of Democracy Human Rights and Labor, 2013).

In support of the nuclear family, modern practice recognises that a newly married couple should move into a house of their own after marriage. However, some ethnic groups still honour customary practice

that requires a bride to move into the house of her husband's family after marrying (UNHCR *et al.*, 2015). Modern couples tend to begin a new life after marriage that is separate from each of their families. Post-independence, cultural policy transformed rural housing from large compounds into small dwellings, separated along straight, wide streets, weakening ties with extended family and community. Customary practice recognises men as head of the household and having the authority to manage marital assets (Food and Agriculture Organization of the United Nations, 2016). In 2016, when national legislation recognised both spouses as joint heads of the family, religious and traditional leaders came out against the law, arguing that it contravened both religious scripture and Ivoirien civilisation (which is built upon chiefdoms) (IRIN, 2016). Similarly, while new laws recognise women's greater control over the couple's property after marriage, there is little evidence to suggest this is respected in practice. Custom dictates that a woman's main role is to manage the domestic sphere and care for the children (UNHCR *et al.*, 2015). Gendered social roles are learned and reinforced during childhood, as girls are reared by their mothers and boys by their fathers.

In practice, women comprise a substantial proportion of the rural work force, and overall, women are more likely to work and contribute to their household income if they reside in rural areas (72.1% rural; 62.3% urban) (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). Moreover, most of these women have a say in how their income will be spent, either together with their partner or alone (82.3%), while only 15.3% report that their partners make this decision alone. However, the proportion whose partners decide alone how women's income is spent is nearly double in one of the sub-regions where this study is situated (36.3%). When it comes to making specific expenditure decisions, however, most rural women reported that it is their husbands who make these decisions alone. These include decisions regarding important household purchases (64.7%), healthcare for female partners (69.2%) and whether female partners can visit family members, including their parents (57.4%).

3.1.3 Demographic and Health Context

Despite Côte d'Ivoire's unprecedented growth after independence, income disparities – particularly between urban and rural zones – have continued to plague the country's economic prospects. Around the time the GDH Intervention was implemented, the urban population was better off than those in rural areas, with 77% of urbanites falling into the rich and richest quintiles of economic well-being (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). Conversely, the majority of the rural population falls into the lowest

quintiles of well-being, with 64% of rural peoples in the central-west region within the poorest quintile. As of 2012, the majority of the country's rural population still did not have access to electricity (71%), compared to only 12% of the urban population. Nationally, 20% of Ivoiriens continue to live in dwellings with dirt (or dung) flooring, with the greatest disparity in rural regions (34%), particularly in the central-west (42%). While 78% of the nation's households obtain their drinking water from an improved source, far fewer of these households are in rural areas (67%) compared with urban areas (92%). Similarly, improved sanitation facilities, such as flush toilets or latrines with slab, are less common in rural (11.8%) versus urban (35.8%) areas (UNICEF, 2016).

Most individuals in rural settings earn a living through agricultural activities (74.3% of men; 55.3% of women) (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). While men tend to be the primary breadwinners in the home, the majority of those earning a living in agriculture tend to be uneducated men (54.9%). However, there is evidence to suggest that income disparity among Ivoiriens is greatest among the non-agricultural sectors, and is a direct result of disparities in the distribution of educational resources across the country (Cogneau, Bossuroy and Vreyer, 2006). While the northern regions had relatively poorer education access and resources in the years leading up to the 2002 conflict (United States Institute of Peace, 2010), these disparities worsened during the war. In particular, the education system in the western, central and northern regions experienced severe problems, with an estimated 1900 schools destroyed or closed due to insecurity and displacement (Republique de Côte d'Ivoire, 2014). While non-government organisations (NGOs) have attempted to fill the education gap (United States Institute of Peace, 2010), the impact of their work has not been documented.

In 2014, Côte d'Ivoire's education system had been providing free primary education, with families required to pay a small annual free for books and supplies (6,000 CFA or $10 USD) (Lovett, 2014). However, the education system was severely disrupted during 2002 the war, particularly in anti-government controlled areas in the west and northern regions of the country (United States Institute of Peace, 2010). In 2012, national primary school completion rates were lower for girls (48%) than for boys (63%) (Education Policy and Data Centre, 2013). Regional disparities are also reflected in primary education access, for both boys and girls, with lower primary school net attendance rates in rural (60% girls; 68% boys) compared to urban (70% girls; 77% boys) areas. Overall, net attendance rates drop significantly in secondary schools, and with much lower net attendance rates in both rural (5% girls; 12% boys) and urban areas (38% girls; 53% boys). Secondary education is less accessible than primary school, costing families approximately $7,000 USD per year (Lovett, 2014). These numbers are

reflected in the relatively low literacy rates among youth aged 15-24 years, with lower literacy rates for girls (47%, 2014) compared with boys (59%, 2014) (FHI360, 2020).

Geographical disparities also exist across health outcomes. Part of creating a modern Ivoirien society involved significant government spending in health. Post-independence, priority in health spending was given to building large-scale infrastructure in Abidjan, including tertiary care facilities, rather than to improving overall population health (Gaber and Patel, 2013). The World Health Organization (WHO) became increasingly involved in delivering public health programming across the country in the 1970s in an attempt to address regional inequities in service provision. Despite corrective efforts by both the WHO and government over the following decades, health inequities persisted and by the early 1990s, national health indicators were worse than those of countries with lower average per capita income. The years of conflict only worsened national health, as doctors and nurses fled insecurity and health structures were looted and damaged. By the end of the post-election crisis, more than 70% of Ivoiriens lacked access to basic health services (Gaber and Patel, 2013). Moreover, given the near universal lack of health insurance, any services available required out-of-pocket payment for more than three-quarters of the total health bill (77%) (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013).

The conflict's impact has resulted in a relatively young national population. As of 2014, life expectancy at birth was 46 years (WHO Regional Office for Africa, 2014), significantly lower than the 66 year average for countries similarly categorised by the World Bank (WHO, 2012). Half of Ivoiriens are under 15 years (53%), while only a fraction have reached age 60 (5.1%) (WHO Regional Office for Africa, 2014). Annual population growth remains low at only 1.7% (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). The leading causes of death are due to infectious diseases and neonatal causes, characteristic of conflict-affected, resource poor settings (Ezard and Lewis, 2012). Deaths due to non-communicable disease, including stroke (5%) and ischaemic heart disease (3.6%), are also among the leading causes, suggesting that part of the population had better base-line income and health prior to the conflict (Howard *et al.*, 2012). Above all, however, HIV/AIDS is the leading cause of death (12.7%) in Côte d'Ivoire (WHO Regional Office for Africa, 2014).

In 2013, an average Ivoirien household had 5.1 people, representing a nuclear family, with two parents and an average of three children (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013). This is consistent with family size in the study setting in the centre-west region of the country, where most couples have between 1 and 3 children (45.2%), with another quarter between 4 and 6 children (25%). Nationally, women without

any education have more children (an average of 3.2) than those who completed secondary education or higher. Access to maternal healthcare is much lower in rural areas, where only 44.5% of births have a skilled attendant present, compared with 84.4% of births in urban areas (UNICEF, 2016). Côte d'Ivoire has a higher maternal mortality ratio than low-HDI countries (720 compared to 461 deaths per 100,000 live births), and a higher adolescent birth rate compared with low-HDI countries (130.3 compared to 92.1 births per 1,000 women aged 15-19 years). Similarly, the 2014 national under five mortality rate was 100 deaths (per 1,000 life births), nearly twice as high as Côte d'Ivoire's Millennium Development Goal (MDG) target objective of 51 deaths (WHO Regional Office for Africa, 2014).

After having a child, the large majority of women in the centre-west and west regions wait at least 2 years before having a subsequent child (84.3%) (Desgre and Brou, 2005). For all women, the prevalence of modern contraceptive use (including condoms) remains low at only 12.5%, and is even lower among women who are partnered (7%) (WHO Regional Office for Africa, 2014). This may be explained by research from sub-Saharan Africa suggesting that low condom use among women is related to low self-efficacy to negotiate condom use with their partner (Exavery *et al.*, 2012). Moreover, while young women are more likely to use condoms, condom use declines sharply with increasing age. Instead of condoms, most Ivoirien women practice a prolonged period of sexual abstinence following childbirth, which is justified by traditional breastfeeding taboo (semen and breastmilk should not mix) and for health reasons for both mother and child (WHO Regional Office for Africa, 2014). While birth spacing is considered a women's responsibility, it has been documented that men in monogamous relationships seek extra-marital sex during their partner's period of sexual abstinence (Desgre and Brou, 2005). Fearing the risk of HIV associated with their partners' infidelity, some women feel pressured to resume sex post-partum.[18] Once a couple resumes sex, the most common method of birth control is period abstinence (during fertile period of menstrual cycle) (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013).

3.1.4 Intimate Partner Violence: Prevalence, Risk factors and Legal Framework

There is evidence to suggest that IPV is relatively widespread in Côte d'Ivoire. DHS information from 2012 indicates that nearly one in three Ivoirien women (31%) reported experiencing physical, sexual and/or emotional IPV in their lifetime (Ministère de la Santé et de la Lutte Contre le Sida (MSLS),

[18] In Côte d'Ivoire, the HIV epidemic is heterosexually transmitted, with HIV rates more than twice as high for women (5.6%) than men (2.4%) (Ministère de la Santé et de la Lutte Contre le Sida (MSLS), l'Institut National de la Statistique (INS) and ICF International, 2013).

l'Institut National de la Statistique (INS) and ICF International, 2013). However, research undertaken throughout the country suggests that IPV prevalence is found to be substantially higher in regions most affected by armed conflict. For example, a 2010 study undertaken in the north-west region of the country looked at IPV rates among a cross-section of 981 women for the baseline survey of a CRT on a village savings and loans program. The results indicate that half (49.8%) of all women reported experiencing physical and/or sexual IPV at some point in their lifetime (Kathryn L. Falb *et al.*, 2014). Moreover, women who experienced such violence had a 3.7 increase in odds of reporting reproductive coercion compared to women who did not experience IPV.[19]

A 2012 study undertaken in the central and western regions of the country – areas considered to be the epicentre of the ten year conflict – found that more than half of all women (57.1%) reported lifetime prevalence of physical and/or sexual partner violence, with 29% of those women reporting such IPV within the previous year (Hossain, Zimmerman, Kiss, Kone, *et al.*, 2014). The study also found high exposure to traumatic conflict-related events from the sample population. For example, most women and men reported at least one lifetime experience where they feared for their life (90% of women; 83% of men), and 19% of women and men reported experiencing five or more traumatic events.[20] Moreover, IPV was found to be more prevalent than acts of non-partner violence against women. Only 27.7% of women reported lifetime experience of physical and/or sexual violence by someone other than a partner, and only 3.5% reported such violence in the prior year (Hossain, Zimmerman, Kiss, Kone, *et al.*, 2014). However, this finding could be related to low reporting rates. There is some evidence to suggest that the blaming and shaming of rape survivors in post-conflict Côte d'Ivoire was pervasive and discouraged women from reporting (Medie, 2017).

High rates of partner violence were similarly found in the city of Abidjan after the 2010-11 post-election crisis. Among a systematic and randomly sampled group of 80 women from households in the most severely affected neighbourhood of Abobo, nearly one in three women (29.0%) reported experiencing past year physical and/or sexual IPV (Shuman *et al.*, 2016). The study also reported how focus group discussions among both women and men revealed a lack of financial resources and unemployment – common problems among crisis-affected populations – as underlying factors to IPV. In another study that involved ten focus group discussions with men and women across three Abidjan

[19] Reproductive coercion was assessed through nine items to assess pregnancy pressure and birth control sabotage.

[20] Participants were asked whether they had experienced specific events, including: feared for your life; village attacked; witnessed family members seriously hurt/killed; forced to work for someone who attacked your village; forced to have sex with someone who attacked your village; forced to flee your village; family members threatened, seriously hurt by an act of violence; forced to use a weapon against someone; seriously hurt someone; or forced to kill someone in defence (Hossain, Zimmerman, Kiss, Kone, *et al.*, 2014).

neighbourhoods, the same researchers identified how men's violence was influenced by the intersection of masculinity with economic stress and exposure to armed conflict (Cardoso *et al.*, 2016). Among their sample, economic prosperity and the ability to provide for one's family were found to be defining aspects of manhood in Côte d'Ivoire. Moreover, their study suggests that the post-election crisis produced financial insecurity by reducing men's access to income generating opportunities and inflating the prices for household goods. Together, these factors impacted men's ability to fulfil their duty as provider and created stressors in their intimate relationships, which influenced men's risk for IPV perpetration, with the potential risk believed to be most salient among those with the lowest socio-economic status (Cardoso *et al.*, 2016). Another study undertaken in the select Abidjan neighbourhoods found that severe food insecurity was a risk factor for IPV. Women who experienced severe food insecurity were eight times more likely to have experienced IPV in the previous year compared with women who had greater food security (Fong *et al.*, 2016).

Despite the widespread nature of IPV, as of 2014, Côte d'Ivoire had no legislation to address violence against women (OECD Development Centre, 2014). The government's approach to address the problem has been largely piecemeal. Beginning in 2006, training sessions for justice and security sectors were mandated to cover concepts related to gender and care of survivors of violence (Côte d'Ivoire, 2006). Later, in 2008, further efforts were adopted after a survey was conducted in Abidjan on violence against women (Côted d'Ivoire, 2007). These efforts included the creation of an integrated health service delivery model for survivors of violence and awareness-raising campaigns (Côte d'Ivoire, 2008d), the provision of legal aid for survivors (Côte d'Ivoire, 2008c), the establishment of thee integrated victim support service centres in different regions of the country (Côte d'Ivoire, 2008b), the inclusion of gender equality issues in school curricula (Côte d'Ivoire, 2008a), the adoption and implementation of a national policy document to address gender equality (Côte d'Ivoire, 2009), and the adoption of institutional mechanisms to improve access to justice for survivors of violence experienced during the post-election crisis (Côte d'Ivoire, 2012, 2013a). It was not until 2013 – after the data was collected for this thesis – that the Ivoirien government created a national strategy to address violence against women (Côte d'Ivoire, 2013b) and developed a National Committee to Combat Gender-Based Violence (Côte d'Ivoire, 2014).

Nonetheless, UN institutions that oversee member-country actions to address gender-based violence have been somewhat critical of the Ivoirien government's response. For example, in a November 2011 report on Côte d'Ivoire, the UN Committee on the Elimination of Discrimination Against Women (CEDAW) expressed concern with the country's absence of legislation prohibiting all forms of violence

and discrimination against women, and recommended the government take the following immediate actions:

- Adopt amendments to the Constitution to include a clear definition and prohibition of all forms of discrimination against women.
- Enact a comprehensive law on violence against women and prioritize the review and repeal of discriminatory provisions in existing laws – including those related to marriage, divorce, inheritance, and granting of decision-making power to men within the family – to enable equality for women.
- Develop a comprehensive policy aimed at strengthening the judicial system and finalize the reform of the judicial system, and provide systematic training to judges, lawyers and NGOs on the application of legislation prohibiting discrimination.
- Ensure effective access by women to courts and tribunals, including by providing free legal aid to women without sufficient means, and prioritize victims of violence suffered during the post-election crisis.

(CEDAW, 2011b)

Some of the Ivoirien government's limitations in addressing violence against women were still apparent in 2014. For example, The Human Rights Council of the UN General Assembly acknowledged the efforts of the government of Côte d'Ivoire to adopt laws and structures to bring its legal provisions in line with international standards. These included instituting laws on marriage intended to create equality in Ivoirien households, operational structures such as the Commission against Gender-Based Violence and the National Commission for the Family, and adopting the UN Human Rights Optional Protocol on the Elimination of All Forms of Discrimination against Women (Human Rights Council, 2014b, p. 4). Nonetheless, several UN member states expressed concern with the Ivoirien government's insufficient efforts to combat violence against women. These concerns centred around the ongoing lack of comprehensive legislation to address both violence and discrimination against women (Human Rights Council, 2014b, p. 7 and 9) and the lack of protection for women's rights (Human Rights Council, 2014b, p. 8).

3.2 The groupe de discussion des hommes (GDH) Intervention

The following section sets out details related to the GDH Intervention and its implementation. After introducing the organisation that developed the intervention and the relevant expertise that went into its creation, the section presents an overview of the GDH Intervention's aims and objectives, target group and recruitment strategy. This is followed by details of the GDH curriculum's focus and approach, along with relevant contextual factors related to its implementation.

3.2.1 The Origins of the GDH Intervention

The GDH Intervention was developed in 2009-2010 by the International Rescue Committee (IRC)'s Women's Protection and Empowerment (WPE) Technical Unit. IRC is a global humanitarian aid, relief and development organisation. The IRC WPE aims to address all forms of Violence against Women and Girls (VAWG) by working to understand how violence relates to women's social and economic disadvantage and discrimination (Gender Based Violence Technical Unit, 2009). The GDH Intervention is part of a broader, holistic organisational strategy to prevent VAWG in West Africa (Wier, 2007) and to ensure that women and girls can equally contribute to and access the benefits of post-conflict reconstruction. The GDH Intervention falls into the first of six pillars of the strategy, with an aim to "prevent and mobilise for change".

The GDH Intervention is an individual-level behaviour change programme that aims to prevent participants' use of IPV in settings affected by prolonged armed conflict. It is guided by WPE's expertise on addressing VAWG in conflict settings, and incorporates best practices from the field. Previously-established educational programmes informed the development of the GDH Intervention. Such programmes include toolkits such as SASA! (Raising Voices) in Uganda and Programme H (Instituto Promundo) in India. Through rigorous scientific evaluations, these programmes have shown promising (although not significant) results at reducing men's physical and sexual partner violence in Uganda (Abramsky *et al.*, 2014; Wagman *et al.*, 2015), and significant reductions in men's physical or sexual partner violence in India (Verma Dr. *et al.*, 2008). Experts at Sonke Gender Justice Network[21] and Raising Voices[22] were also consulted to directly feed into the GDH curriculum.

[21] Sonke is a leading South African based non-profit organisation that works with men to reduce violence and promote gender equality.

[22] Raising Voices is a Ugandan non-profit organisation working toward the prevention of violence against women and children. Their work strives to influence the power dynamics shaping relationships, particularly between women and men, girls and boys, and adults and children.

Additionally, IRC brought their own experiences and lessons learnt from working with survivors of VAWG and from engaging men to prevent such violence in other countries in West Africa (Gender Based Violence Technical Unit, 2009). Throughout this work, IRC came to understand the importance of working with men to end VAWG, while ensuring that women remained at the centre of their efforts. This approach would ensure that the benefits were realised by women first and foremost, including a reduction in violence and an increase in gender inequality. The GDH Intervention was developed on the assumption that men are most likely to perpetrate VAWG, and that they are in a unique position to influence gender norms, attitudes, roles and expectations that support such violence (Gender Based Violence Technical Unit, 2009). Its design recognised that to stop IPV, men needed to transform how they perceive themselves vis-à-vis their partners and equalise the balance of power that exists in their favour (Gender Based Violence Technical Unit, 2009). IRC's engagement differed markedly from other approaches taken by male engagement experts, who were primarily guided by the benefits that gender equality and a reduction in violence could bring to men's own health and wellbeing (Sahaj, Sahayog and Tathapi, 2005; Sonke Gender Justice Network, 2008; North American MenEngage Network, 2018).

The global political context surrounding the GDH Intervention has also influenced and altered its focus. Efforts to address IPV in countries affected by armed conflict have not been a priority for most donors. Instead, governments, intergovernmental organisations and humanitarian actors have dedicated significant time and resources to funding projects that address non-partner sexual violence, or rape – a pressing concern facing many women and girls in emergency settings. The GDH Intervention was borne out of a desire to move some international attention away from the problem of rape and toward IPV. IRC justifies this shift on the assumption that VAWG occurs not only during humanitarian emergencies but also throughout post-conflict reconstruction, and that perpetrators also include intimate partners. Subsequent to the roll-out of the pilot GDH Intervention in Côte d'Ivoire, it was adapted and delivered in other conflict-affected regions, including Sierra Leone and eastern Democratic Republic of Congo, though these adaptations have not been rigorously evaluated.

3.2.2 The GDH Intervention Aims and Objectives

The development of the GDH Intervention is based on Prochaska's (Prochaska and Velicer, 1997) Stages of Change construct[23] (International Rescue Committee, 2010a), as was outlined in Chapter 2

[23] Prochaska's Stages of Change construct is one elements of the Transtheoretical Model (Prochaska and Velicer, 1997).

(Literature Review). As a result, the GDH Intervention acknowledged behaviour change as a long-term process that unfolds over time as participants become aware of their harmful behaviours and become motivated to replace those behaviours with healthier alternatives. The specific objectives of the GDH Intervention were:

1. Increase participants' knowledge about the impact of [intimate partner violence] on women, men and children
2. Shift participants' roles and behaviours toward gender equality
3. Increase use of anger management skills by participants
4. Increase use of gender equitable behaviours in participants' households
5. Increase in women reporting feeling safe to disclose violence
6. Reduce [intimate partner violence] perpetrated by participants

(International Rescue Committee, 2010a, p. 2)

3.2.2.2 Target Group and Recruitment Strategy

The target group for the GDH Intervention involved men aged 15 and older and willing to make the following three commitments for the duration of the intervention: 1) attend 16 weekly, three-hour meetings; 2) be open to changing their attitudes and behaviours toward women; and 3) avoid excessive alcohol consumption and using violence during the intervention. As the intervention sought to prevent future IPV use among men with no history of abuse and to encourage desistence among those with a perpetration history (International Rescue Committee, 2010a), men both with and without a history of IPV were included in the target group. However, men were excluded from joining if they were known by community leaders to be perpetrators of severe forms of violence or excessive alcohol users.

The recruitment process was undertaken over a two-week period, and involved a five-step process in each of the six communities. This had the aim of obtaining broad community support, which was deemed essential for the intervention's success. First, village leaders were consulted and their support for and participation as members of the GDH Intervention were highly encouraged because of their position of authority and potential to influence men in their communities. Second, community-wide meetings were held to present the GDH Intervention and eligibility criteria, and men interested in learning more could provide their contact details. Third, in-depth meetings about the GDH Intervention were held with men who provided contact details. Fourth, door-to-door sensitisation was undertaken with men who attended the in-depth meetings. These in-home sessions provided men the opportunity to ask additional questions about the GDH Intervention and gave each of the six facilitators – who delivered the GDH Intervention in each community – the chance to verify that men's

intimate partners (and household heads if relevant) were supportive of their involvement. Finally, a pre-selection meeting was held among facilitators to verify men's eligibility criteria, followed by home-visits to notify men who were selected. Each facilitator could select a maximum of 30 men for their group, and a lottery was used when the number of eligible men exceeded this number.

3.2.2.3 Curriculum Focus, Approach and Intended Messages

The GDH Intervention sought to promote healthy ideals of masculinity by challenging men's attitudes, expectations and behaviours associated with inequality and violence in their intimate relationships, and by encouraging men to be accountable for their actions (International Rescue Committee, 2010b, 2010a). The GDH Intervention curriculum was delivered through sixteen weekly three-hour sessions. Using participatory training approaches and through group dialogue, participants were asked to reflect on their experiences with violence and inequality and to recognise the harmful effects of violence, rethink belief systems, and learn to practice healthier, alternative behaviours.

Throughout, facilitators worked to establish and reinforce an environment wherein men could feel comfortable to share difficult personal experiences. They did so, for example, by promoting certain rules, such as confidentiality to ensure that individuals' accounts remained within the group, and by emphasising that all voices and contributions were equally valued and respected. The facilitators also used aspirational language to encourage and inform men of the important roles they can play in reducing VAWG in their communities. The specific topics and the intended messages for learning related to each topic are outlined below in Tables 7 and 8. Table 7 sets out the topics and intended messages related to GDH Intervention activities that sought to encourage the construction of new knowledge among participants, while Table 8 presents those related to the development of new skills. The CRT evaluating the impact of the GDH Intervention found that weekly sessions had attendance levels of 50% or higher for most individual sessions, and that 52% of participating men across the six communities attended 13 or more of the 16 weekly sessions (Hossain, Zimmerman, Kiss, Abramsky, et al., 2014).

Table 7: Discussion Topics and Associated Messages as Intended from the Construction of New Knowledge, Change in Attitudes (MacLean, 2020)

Topics	Intended Messages
Construct New Knowledge, Change Attitudes	
1. Men as Role Models	It is difficult to identify male role models who are responsible, respectful, compassionate, caring and dependable. Men are associated with being strong, dominant, successful, independent and tough. Yet society values the former qualities and adopting these can enable men to serve as role models for others.
2. Sex and Gender	Gender roles are created and maintained by culture, tradition and religion. Sex is biological and the only real difference between men and women.
3. Man in a Box	Social roles for men and women are valued differently. Men have more privilege and status than women.
4. Gender Roles	Gender roles are determined by expectations and opportunities and can change between generations (e.g. in schools, home and the law) and further change is possible.
5. Equity	Equity = is the different values societies place on men and women, which impacts gender roles (expectations and opportunities). Gender equality = equal rights, responsibilities and opportunities of women, men, girls and boys. Implies that the interests, needs and priorities of both men and women are considered.
6. Privileges, Restrictions	Men also face restrictions imposed by gender, but are fewer than the privileges they enjoy, and fewer than those imposed on women. These restrictions prevent one from attaining their full human potential, including in relationships.
7. Rights	All humans are born with inalienable rights that come with responsibilities (right to live free of violence and responsibility to respect others' right to safety). Not fulfilling your responsibilities will result in giving up your rights. Fighting for rights involves demanding what is deserved, not requesting welfare, kindness or pity.
8. Power and Gender	Feeling powerful is different than deriving power from a group, which is privileged based on sex, race, class, ethnicity or religion. Powerful groups stay in power because of ideas about their superiority and they use violence to maintain control. Abusing women isn't about losing control, it's about maintaining power.
9. VAWG 1	VAWG is the use of force that results in physical, emotional, psychological (threats/intimidation), sexual or economic (restrict access to resources with the intent to control) harm. Consent is mutual agreement. VAWG lacks consent (choice) on the part of the survivor, only the perpetrator has made a choice.
10. VAWG 2	VAWG impacts women's health and well-being and has serious repercussions for families (limits men's ability to express himself and his potential for healthy relationships with women, children and other men), communities and society. Children also impacted (can prevent them from forming long-lasting healthy relationships). Violence is not recognized as a problem but rather accepted as a normal part of life.
11. Consent, Coercion	Gender inequality makes women more vulnerable to HIV as it grants men power to initiate, dictate terms of sex, and makes it difficult for women to protect themselves. Women are affected by sexual violence everyday, including mothers, sisters, aunts, daughters, cousins. It is socially accepted. Men may not realize extent of problem since they don't have to live with it.

Table 8: Discussion Topics and Associated Messages as Intended from the Development of New Skills (MacLean, 2020)

Topics	Intended Messages
Develop New Skills	
12. Support for Survivors of SV	Believe survivors and support their choice to either talk about their experience or remain silent. Permit survivors to make their own decisions and never judge or blame them for the violence they experience.
13. Breaking the Silence	It may be difficult for survivors to seek help, don't force someone to report violence against her wishes.
14. Healthy Relationships	How we behave and the relationships we build with women determine who we are in our community. We learned to relate to women through power inherited through gender roles. Creating more respectful and just relationships with women can change our own lives. Healthy relationships are based on communication, mutual respect and joint decision-making. Unhealthy relationships puts both partners at risk for HIV/STIs.
15. Anger Management	Anger management involves controlling our emotions not our partners. Challenge gender norms that make it difficult for men to show and discuss emotions. Anger is a normal emotion, but violence is an unhealthy way to express anger. Recognizing when we become agitated and taking a time-out can help to avoid becoming violent. Communicating respectfully builds trust and confidence.
16. Making Powerful Choices	Men can set a positive example for others by treating women and girls with respect and challenging other men's harmful attitudes and behaviours.
17. Taking Personal Action	A bystander is someone who acts to help stop violence. Since men are the ones who commit violence, it is important that they act to build safer communities and empower those targeted, even once the GDH Intervention has finished.

3.2.2.4 GDH Implementation and Context

The GDH Intervention team that delivered the intervention included six group facilitators and a Capacity Building Officer/Community Mobilisation Supervisor (CBO/CMS) who was responsible for coordinating the facilitator training and overseeing their work. Hiring local men as group facilitators was viewed as important, as they could act as role models for participants. They were selected based on their leadership qualities and level of specialisation with addressing VAWG. Most facilitators had university degrees, some at the Master's level, and had attended various IRC professional development courses on facilitation, activity management and community mobilisation.

In preparation for the training, the GDH Intervention curriculum, which was developed in English, was subsequently translated into Ivoirien French by the CBO-CMS. Using a training of trainers approach, a representative from Sonke (who was in charge of leading the facilitator training program and building the CBO-CMS's capacity) then led an intensive 5-week training program for the facilitators that involved six stages: 1) experiencing the curriculum as participants; 2) learning participatory training techniques and skills; 3) teaching-back the curriculum; 4) running a condensed one-week 'test' Men's

Dialogue Group with local volunteers; 5) reviewing curriculum delivery instructions; and 6) receiving on-site coaching during intervention recruitment and throughout the first weeks of curriculum delivery. Facilitators participated in debriefing sessions and received feedback on their performance throughout. The WPE Technical Unit representative who led the GDH Intervention development worked with the facilitators and CBO-CMS throughout the training to revise and adjust the curriculum to ensure it was coherent, contextually relevant and culturally appropriate for a rural Ivoirien population.

Several issues arose during the 'test' Men's Dialogue Group with local volunteers that prompted modifications to the final GDH Intervention curriculum. First, several curriculum activities were either modified or removed for their lack of relevance to rural Côte d'Ivoire. For example, one activity that attempted to engage men in a meditative visualisation practice was removed because its relevance was seen to be unclear and difficult to convey to participating men.[24] Second, the use of formal teaching supplies (e.g. flip-charts and markers) by facilitators was eliminated, as they were viewed as inaccessible to participants with low education (illiterate) and contrary to the informal, discussion- and experience-based approach to learning. Third, modifications were made to facilitate the use of local languages during discussions. While French was the designated language for the discussion groups, this was found to pose constraints for men with low education, as French is learned in school in Côte d'Ivoire. Therefore, it was decided that each facilitator would designate one participant in their GDH Intervention group to translate as needed between the dominant local language for their community and French.

The GDH Intervention was scheduled to begin in September 2010 and run for 16 weeks, until December 2010. However, the delivery timeline was disrupted by the 2010 post-election crisis, and significant delays resulted. All six Men's Dialogue Groups were halted in late October and throughout November 2010 due to anticipated security risks associated with the election. Delays then continued into December as election results were announced and widespread insecurity broke out, which also forced IRC to stop all relief and development programming throughout the country. Roads became unsafe, the country's banking system collapsed, and IRC staff members were forced to prioritise their own safety. By early January 2011, daily life had resumed in four of the six intervention communities, permitting the GDH Intervention to recommence weekly meetings. However, insecurity continued for another month in the remaining two communities, as homes were burned to the ground and villagers forced to flee in search of safety. All six groups eventually resumed, with facilitators picking up the

[24] This activity was borrowed from an English language community mobilisation curriculum developed in Uganda (SASA!); it is possible that either this activity did not translate well from English into French and/or that cultural differences between Anglophone and Francophone African countries may have played a role.

curriculum where they had left off in October. The last of the six groups had completed their 16th session by early March 2011, some three months later than scheduled. In order to address any potential gaps in learning that potentially resulted from the break, all groups discussed and decided to schedule four review sessions between March and April 2011. Attendance at these sessions was not mandatory (and not recorded) and participants were instructed to select activities they found most challenging. While the review sessions continued as planned, generalised insecurity continued throughout this time, with facilitators often struggling to return home from the communities each week in time to meet the government-imposed security curfew.

Conclusion

This chapter presented relevant information about the context within which the GDH Intervention was implemented and provided a detailed overview of the intervention itself. The chapter set out relevant political, economic, socio-cultural, demographic and health conditions in Côte d'Ivoire that influence women's vulnerability to IPV and men's risk of perpetration. This information helps to provide a sense of the impact of the civil war and the socio-political climate that has resulted. The unique regional circumstances wherein this study is situated are also highlighted. The chapter then provided an overview of the GDH Intervention, including its approach to reducing IPV and a description of its origins and the actors involved with its development. The chapter concluded by highlighting the processes and local context involved with the GDH Intervention's implementation.

The next chapter, Chapter 4, sets out the research methods used for this thesis, and the following three chapters (Chapters 5-7) present the key findings from this research.

Chapter 4. Research Methods

"Research is what I'm doing when I don't know what I'm doing". Werner von Braun

Introduction

This chapter presents the research design, macro-theoretical approaches and methods used throughout the course of the research. The chapter first sets out the qualitative research design used, and secondly presents the macro-theoretical approaches adopted in the study. The third section focuses on the research methods used, including details on data collection and analysis procedures. The fourth section includes critical reflections on the socio-political context in which this research was undertaken and how the role of the researchers, including myself, may have influenced the research process. The fifth and final section of this chapter sets out the limitations of the various methods chosen.

4.1 Research Design

This research used a qualitative design that was 'nested' within a Cluster Randomised Trial (CRT) of a pilot intervention called '*Groupe de Discussion des Hommes*' (GDH) in Côte d'Ivoire. Qualitative methods were adopted because of their ability to explore social phenomena such as behaviour change, and to delineate such phenomena from the context within which they occur (Green and Thorogood, 2009). Specifically, qualitative research helped to illuminate 'how things work' (Patton, 2015). As such, its strength in this instance lay in the ability to understand participants' experiences with learning and behaviour change following their involvement with the GDH Intervention, and how the associated processes unfolded over time. Moreover, qualitative methods were useful in capturing people's perspectives and experiences, and in illuminating the meanings they constructed and attached to those experiences (Patton, 2015). Understanding participants' experiences was particularly useful to discern the most salient aspects of and factors likely to have influenced men's behaviours related to IPV.

More broadly, there is increasing recognition regarding the benefits of qualitative research in helping to understand how complex public health interventions work (Green and Thorogood, 2009; Lewin, Glenton and Oxman, 2009; Bonell *et al.*, 2012; O'Cathain *et al.*, 2014). For example, qualitative methods are particularly useful in exploring social and behaviour processes (Campbell *et al.*, 2000), and they can help to theorise and empirically examine the underlying mechanisms of change that such interventions seek to achieve, for whom, and in which contexts (Bonell *et al.*, 2012). This acknowledges that the influences of interventions on participants can vary, and that interventions can alter individual participants' patterns of change so that they result in different outcomes. Despite these known benefits, however, qualitative methods are often seen as merely an "add on" to robust quantitative intervention evaluations. Such a perspective, however, undermines the potential of qualitative research to improve understanding of the successes and failures of interventions evaluated using quantitative methods (Mannell and Davis, 2019).

The qualitative approach used in this study adopts an explanatory focus to understand the processes, patterns and connections between men's individual experiences with learning and behaviour change following their involvement with the GDH Intervention in Côte d'Ivoire. This approach can help to explain the results of the CRT study that evaluated the GDH Intervention, which found no significant reductions in men's IPV Perpetration (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). 'Explanation' in research has generally been understood as causal explanation, and its pursuit has been traditionally limited to experimental methods (Mazwell and Mittapalli, 2012). However, this view of explanation as causation is derived from David Hume's outdated understanding of causality, namely that one cannot directly perceive and therefore "know" causal relationships beyond the observed regularities in the association of events (Bell, 2008). More recently, this view has been challenged by actors within the social sciences. For example, Wesley Salmon and Hilary Putnam put forth an alternative view of causality as referring to the 'mechanisms' and 'processes' that are involved in observable, real life events (Mazwell and Mittapalli, 2012). This view of causality is particularly suited to qualitative research, as it emphasises the meaning derived from the actors involved in events of interest and the unique contextual circumstances that surround such events. Adopting a critical realist view of causal relationships permitted this thesis to qualitatively examine the connections between the processes and pathways to learning and behaviour change among male participants of the GDH Intervention in Côte d'Ivoire, while considering how various individual-level factors influenced those connections.

4.2 Macro-Theoretical Approaches

Theory is central in undertaking research because whether we are aware of it or not, theories hold assumptions about how things work, helping to frame the kinds of questions that are considered important and how we choose to answer them (Green and Thorogood, 2009). This section outlines the macro-level theoretical approaches that were adopted and how they were used to guide the research process. First, I set out how a Postpositivist world view on the 'approximated' production of knowledge framed my entire research process. Then, I outline how adopting Gender Relations (Connell, 2012) and Intersectionality approaches (Hankivsky, 2012) have informed this research.

4.2.1 Postpositivism: 'Approximating' Reality through Subjective Experience

This thesis adopts a Postpositivist research paradigm or 'world view' to understand behaviour change. Embedded within this world view are philosophical assumptions about the nature of reality (ontology), and what counts as knowledge and how knowledge claims are justified (epistemology) (Creswell, 2013). These philosophical assumptions are important to outline, as they form the beginning point of the research process, and have implications for the lines of inquiry and theories and methods selected to carry out a study (Denzin and Lincoln, 2011). Postpositivism arose from a critique of the dominant paradigm within the natural sciences, namely Positivism, for its inability to appropriately study and understand human behaviour (Green and Thorogood, 2009; Denzin and Lincoln, 2011; Creswell, 2013). Like Positivism, Postpositivism adopted a realist assumption of reality – that a single reality exists somewhere 'out there' – but it differs with respect to its critical realist view that researchers are unable to fully understand or 'reach' this reality due its limitless nature (Denzin and Lincoln, 2011). For Postpositivists, reality can only be approximated, and, therefore, research should not focus on reality itself but rather on people's interpretations of it (Green and Thorogood, 2009). Therefore, knowledge is constructed through the subjective experiences of people and the meaning they attach to those experiences.

Following from this idea of 'approximated' reality, Postpositivists hold assumptions about the research process itself and the methodologies considered appropriate for constructing new knowledge (Creswell, 2013). In particular, creating knowledge requires one to adopt the rigour and discipline that is characteristic of scientific methods, while employing a social science theoretical lens to understand people's experiences and meaning making (Green and Thorogood, 2009; Creswell, 2013). Unlike Positivists, who rely on deductive modes of reasoning to 'test' hypotheses, Postpositivists recognise

that both inductive and deductive modes are necessary for qualitative research (Green and Thorogood, 2009; Denzin and Lincoln, 2011; Creswell, 2013).

In collecting and analysing the data for this study, I used deductive reasoning – primarily informed by Prochaska's (1997) Stages of Change Construct – to shape the ways in which I collected, read and interpreted the data. I then employed inductive reasoning while discovering new themes and concepts within the data. This was particularly helpful in instances where Prochaska's Stages of Change construct and other aspects of the Transtheoretical Model (TTM) did not seem to apply based on my knowledge of the data and 'hunches' about how it might best be understood. I then returned to deductive reasoning to read and interpret the new themes and concepts through the lens of Illeris' (2017) Framework on Constructivist Learning Theory. More details about these and other methods used for this research are outlined throughout this chapter.

4.2.2 Gender Relations Approach

Throughout this research, I adopted a relational theory of gender. This stands in contrast to the approach that has been widely adopted in health research over the last several decades, which recognises gender as categorical. A categorical notion of gender views 'men' and 'women' as fixed, dichotomous classifications that stem from biology (Connell, 2012). The problem with this approach is two-fold: 1) it incorrectly assumes that biological differences between men and women create psychological and behaviour differences; and 2) it fails to recognise diversity within the two categories (i.e. between men and between women). This categorical approach fails to address the *dynamics* of gender. Accepting gender as relational, on the other hand, acknowledges the patterned relations both between and among men and women, which constitute gender as a social structure. It recognises that social practices are shaped by, address, and modify this structure (Connell, 2012). Viewing gender in this light not only allows the exploration of the ways in which gender patterns are created, but also the ways in which they are challenged and recreated (Connell, 2012).

A gender relations approach was particularly useful for this research as it enabled exploration of the diversity of men's experiences with the GDH Intervention. Specifically, it illuminated the differences in gender patterns with respect to the following: men's ideals of masculinity prior to the intervention; how these ideals were challenged and reconstructed because of the GDH Intervention; and the subsequent influence of these new ideals on men's practices within their intimate relationships. A gender relations approach also recognised that gender operates at multiple levels simultaneously, including the intrapersonal (within the mind), interpersonal (between individuals), institutional

(within families, workplaces), and societal levels (Connell and Pearse, 2015). Recall from Chapter 3 (Study Setting and Intervention Overview) that the GDH Intervention sought to target risk factors for male IPV perpetration at the individual (i.e. attitudes) and relationship (i.e. behaviours) levels. Considering this focus, this research drew attention to the intrapersonal and interpersonal levels to explore whether and how men's ideals of being a father and husband were contested and recreated because of the intervention. The research then returned to the interpersonal level to explore how these new ideals were subsequently enacted through men's relationship behaviours.

4.2.3 Intersectionality Approach

An Intersectionality approach considers how social differences simultaneously interact with one another to influence health (Hankivsky, 2012). Through important work undertaken by the World Health Organization (WHO), social differences such as ethnicity, class, income, education and age are recognised as important determinants of health (Commission of the Social Determinants of Health, 2008). Like gender, as was outlined in Chapter 2 (Literature Review), these social differences are socially constructed, fluid, flexible, and shaped by the contexts within which they occur. Intersectionality has been recognised as a valuable approach in the field of health out of a growing need to account for and respond to health differences between and among men and women (Hankivsky, 2012). At the heart of intersectionality is the assumption that human experiences cannot be accurately understood by prioritising any single factor or arrangement of factors. In this way, intersectionality is not an 'additive' approach that seeks to understand the 'collective' influence of gender, income and education, for example. Instead, it involves consideration of the relationship among these characteristics and the processes by which they are constructed. Intersectionality involves multi-level analysis to incorporate attention to power and social processes at both micro and macro levels. The promise of intersectionality is that it offers the potential to understand how gender intersects with other dimensions of inequality to create unique experiences of health (Hankivsky, 2012).

An intersectionality perspective was useful for this research, as it enabled consideration of how important social differences among participants interacted with gender to influence their experiences with learning and behaviour change. Recall from Chapter 3 (Study Setting and Overview of the GDH Intervention) that social differences in Côte d'Ivoire such as education and religion were key targets of post-independence government policy with the intent to create a unified, 'modern' and prosperous nation. Subsequently, other social differences, such as ethnicity (related to citizenship and identity)

and socio-economic status worked to create socio-political fissures within the country, which, when exploited by politicians, gave rise to a long, protracted armed conflict. Given this context, to sufficiently understand the factors that influenced behaviour change among intervention participants, it is important to consider the dynamic between these social differences and gender. For the purposes of this research, an intersectionality perspective was applied to consider the interaction of contextually relevant social differences at the micro level (i.e. within and between participants) – including ethnicity, employment, education, religion and age – and how these differences interacted with men's changing notions of themselves as men through the processes and patterns of behaviour change.

4.3 Research Methods

This section presents the various methodological approaches used throughout the course of this research. Below, the details on data collection are set out, including those related to interview format, training and ethical procedures, sampling strategy, development of data collection tools, interview conduct, and the transcription of interviews. Following this are details regarding how the data analysis was undertaken, including several stages of Framework Analysis and how the adopted theories, constructs and approaches were used throughout the analysis process.

4.3.1 Data Collection

Data for this thesis were collected from six study sites (communities) in rural Côte d'Ivoire that were randomly assigned to receive the GDH Intervention as part of a CRT to evaluate its impact (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). The sites were selected for the CRT based on their varied geographical representation across government controlled, UN buffered, and rebel-controlled zones. Each site was located in a different administrative district that was already receiving ongoing International Rescue Committee (IRC) Gender Based Violence (GBV) prevention and response programming. This GBV programming involved training in women's rights, the provision of support for survivors, and awareness-raising activities (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). This section outlines the data collection methods used for this thesis.

4.3.1.1 Semi-Structured Interviews

Semi-structured interviews were conducted with intervention participants following the GDH Intervention. Widely used in qualitative health research (Green and Thorogood, 2009), semi-structured interviews are considered invaluable when a study requires specific information (Bowling, 2009) and the objective is to construct people's subjective experiences of reality (Creswell, 2013). This approach contrasts with in-depth, unstructured interviews, which are akin to 'guided conversations' that permit interviewees to delve deeply while narrating their 'stories' using their own words (Bowling, 2009). While unstructured interviews have the advantage of a more relaxed interview style to enable the exploration of sensitive subjects (such as IPV) and complex issues (such as behaviour change), they are limited to small sample sizes (because of their detailed and time consuming approach) and provide little opportunity to make cross comparisons due to a lack of discrete themes. Since the aim of this research was to explore a spectrum of participant experiences (i.e. from some men who experienced change to others who experienced a failure to change) while addressing various themes (i.e. experiences with learning and relationship behaviours), a trade-off was made to achieve breadth over depth by using semi-structured interviews.

Interviews with GDH Intervention participants were undertaken over a three week period in 2012, one year following the intervention and simultaneous to the GDH Intervention CRT study's end-line survey. The short duration of the data collection time-frame was due to the ongoing insecurity in the country and uncertainty regarding future access to the study sites following the 2010-2011 post-election crisis. For this reason, the data collection process was expedited through a period of intensive data collection. Collecting data at one point in time and concurrent with the CRT's end-line survey had strategic and practical benefits. Given the ongoing insecurity and the long travel distances to access the remote study sites, there was significantly less risk posed to both researchers and study subjects by completing the data collection in one trip of three months duration, rather than over multiple trips. Moreover, having the quantitative and qualitative research teams collect data at the same time in each study site meant they could collaborate on and expedite the process of selecting, identifying and tracking down interviewees.

4.3.1.2 Training and Ethical Procedures for Data Collection and Processing

In collaboration with the investigators of the GDH Intervention CRT end-line survey team, I contributed to the processes of interviewing, hiring and training the data collection team. In part, this team was comprised of twelve professionals to undertake semi-structured interviews, including one man and

one woman for each of the six study sites that received the GDH Intervention and who were matched with interviewees of the same sex. This thesis draws from the interviews conducted by male interviewers with male GDH Intervention participants. These members of the qualitative data collection team were hired based on the following language qualifications, education, and professional experience: proficiency in both French and one of the four local dialects spoken in the study sites; university degree or diploma in the social sciences; and professional experience undertaking qualitative research and/or as a service provider in the non-government organisation (NGO), health or social service sectors. Using local researchers to conduct interviews holds significant benefits. In addition to shared language, locally-based interviewers tend to be aware of the culturally appropriate 'rules' for social interaction, and are viewed with less suspicion compared to researchers from the Global North. Respecting such rules throughout the interview process can help to establish rapport, thereby enabling the interviewee to feel more comfortable to share their perspectives and experiences (Green and Thorogood, 2009).

An intensive three week training programme for the data collection team was undertaken in January 2012, prior to the previously mentioned data collection period. A large part of the training programme covered themes and activities relating to the entire CRT data collection team, including: sensitivity and awareness sessions on gender relations and violence in Côte d'Ivoire; overview of GBV programming offered by IRC; and details of the GDH Intervention and the CRT study. I led the last three days of the training, which was tailored specially for the twelve member qualitative data collection team and addressed the following themes: overview of the qualitative sampling strategy and field-work schedule; familiarisation with the qualitative interview guide and editing for locally relevant terminology; in-depth review of best practices for qualitative interview strategies and techniques, including for trauma-exposed populations; and practice interviewing techniques and troubleshooting problems with peers, including role play of sensitive scenarios along with group discussion and peer feedback.

This research received ethical clearance from the London School of Hygiene & Tropical Medicine and the Ministry of Family and Ministry of Women and Social Affairs in Côte d'Ivoire. Continuous monitoring of interview procedures and progress was also conducted by the CRT research team (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014). Strict ethical and safety procedures were developed to respond to risks associated with political instability and renewed violence related to the conflict (Ford *et al.*, 2009), and to ensure the safety of both the men interviewed for the study and their female partners (Watts *et al.*, 2001). Procedures were developed to prioritise the security and well-being of interviewees and the research team, minimise and respond to psychological distress,

ensure available referral for appropriate health and psychosocial support provided by local organisations, and follow-up on safety inquiries during and after fieldwork (Ford *et al.*, 2009). A group of local health NGOs (that routinely collaborate with IRC and are experienced in GBV research) worked closely with the qualitative research team to identify any men who either reported perpetrating recent violence toward their partners during their interviews, or who reported experiencing any non-partner violence at any point in their lifetime. Supervisors in the research team followed up with men who reported experiencing any violence in their lifetime, and with the partners of men who reported perpetrating recent violence. These men and their partners were then offered referrals to health and psychosocial support services close to their communities.

Verbal consent was obtained from each participant after being provided with information regarding the objectives of the study, including that their participation was voluntary and anonymous. All participants gave their consent to be interviewed, audio-recorded, and to have excerpts of their interviews included anonymously in any reports or papers resulting from the study. For further details about obtaining participant consent, see section 4.2.1.5 Conducting Interviews. Ethical considerations were also made to ensure the confidentiality and anonymity of participants with respect to the storage and processing of data. Digital files of interview recordings and their associated transcripts were stored in a password encrypted folder on my computer. To prevent participants from being identified within the transcripts, both their names and communities were replaced with ID codes. Similarly, quotations from participants that are used throughout the results chapters of this thesis include limited characteristics to prevent them from being identified.

4.3.1.3 Sampling Strategy

Purposive sampling was used to identify and select GDH Intervention participants most likely to generate appropriate and useful data given the aim of the study (Green and Thorogood, 2009). In particular, stratified purposive sampling was used for its ability to combine different sampling approaches to capture the widest variation in scope across the data (Patton, 2015). First, *complete target population* was used to include all GDH Intervention participants across the six communities that received the intervention (n=174). Second, because intervention exposure is considered a variable in the impact of IPV prevention interventions on male participants (Ellsberg *et al.*, 2014), this thesis sought to explore the relationship between men's attendance at GDH Intervention sessions and their experiences with learning and behaviour change. Therefore, *dosage sampling* was used to stratify the complete target population based on participants' attendance to the 16 weekly GDH

Intervention meetings, which were recorded by group facilitators on an attendance sheet. Since the average attendance rate in each community varied considerably (from 59% to 97%), attendance stratification was undertaken at the community level rather than across the entire population. Men within each community were divided into three equal attendance groups (low, medium and high) based on the number of weekly sessions they attended out of a total of 16 sessions. Those in the lowest third of the total attendance score for their community were assigned to the low-attendance group, men in the middle third were assigned to medium attendance group, and those in the highest third were assigned to the high attendance group. Finally, given the study's aim to explore the links between men's experiences with learning and behaviour change following their involvement in the GDH Intervention, c*riterion sampling* was used to select participants who were *not* also involved in IRC's ongoing community based GBV programming.

Based on the sampling approach noted previously, a copy of the GDH Intervention participant registry was adapted to identify and select participants. The registry of participant names, which was already divided by community, was edited to include the assigned attendance group for each participant, and to cross out participants who were not eligible due to their involvement in ongoing community GBV programming and/or those who were known to have died or otherwise not returned to the community following the post-election crisis. Within each of the six GDH Intervention communities, the qualitative research team used the edited participants registry to sample the first two men from each of the three attendance groups (i.e. low, medium and high), making a total of n=6 per community. When selected participants could not be located after three attempts to contact them, the next person on the registry for that community's attendance group was selected. The total sample size for GDH Intervention participants was n=36 (six men – two from each low-, medium- and high- attendance group – from each of the six communities) There were no known cases of participants refusing to be interviewed.

In qualitative research, there is a common misconception that sampling size is considered unimportant to ensuring the adequacy of sampling strategy (Sandelowski, 1995). In fact, there are guidelines for sampling in the qualitative tradition. For example, sample size should be large enough to achieve redundancy or data 'saturation' but not so large that extracting rich data becomes a difficult task (Onwuegbuzie and Leech, 2007). According to Green et al. (2009), 15 interviews often meets the point of saturation in a relatively homogeneous group of participants (Green and Thorogood, 2009). However, when subgroups are involved in the sampling design, as was the case with this study, Onwuegbuzie and Leech (2007) recommend at least 3 participants per subgroup. Given that multiple subgroups were created for participants (based on community, attendance, and no prior involvement

with IRC GBV programming), and due to time and resource constraints, it was established that two participants would be sampled from each of the three attendance strata within each community, and that participants with previous involvement in IRC GBV programming were to be excluded from the study.

4.3.1.4 Data Collection Tool Development

In order to collect data for the study, I developed an interview guide for the GDH Intervention Participants (see Appendix 2). The development of this guide was informed by an in-depth review of the relevant literature, by Prochaska's Stages of Change construct, and by discussions with both the IRC official that oversaw the GDH Intervention's implementation and the Principal Investigator for the CRT study.

To inform the interview guide, I undertook a review of the literature on the following broad subjects: relationship behaviours; intimate partner violence; gender inequality within intimate relationships; health programming in response to violence; and the gendered nature of armed conflict and humanitarian and post-conflict reconstruction programming. This review brought up the following topics that were considered most relevant to this study: determinants of healthy relationship behaviours; risk factors for IPV perpetration and experience; domains of gender relations and equality within intimate relationships; and armed conflict as a risk factor for IPV perpetration and experience and as a constraint to implementing humanitarian-health programming. In designing the interview guides, I drew on this knowledge to assess the determinants of participants' relationship behaviours, as well as their behaviour change experiences and potential influencing factors. Moreover, since Prochaska's (2008) Stages of Change construct comprised the theoretical underpinning for the GDH Intervention, this research and the interview guide drew on this construct from the outset.

Discussions undertaken with the IRC official who oversaw the GDH Intervention's implementation in Côte d'Ivoire helped to illuminate some of the key factors that came up during the implementation process that were likely to have influenced men's experiences with the intervention and behaviour change. Specific themes that were reflected in the interview guides from these conversations included: individual/group factors such as men's participation and attendance; contextual factors such as the community's responses to the intervention and ongoing insecurity; and factors related to the facilitators, such as how they were perceived personally and professionally by GDH Intervention participants.

Finally, discussions with the Principal Investigator of the CRT study also informed the development of the interview guides. In part, the nature of a nested study design tends to involve collecting data on similar concepts and themes to those examined in the larger experimental design (Creswell, 2014). This nested study used qualitative methods to obtain an in-depth understanding of participants' behaviour change after participating in the GDH Intervention, while also trying to capture their experiences with learning behaviour change and individual and intervention-related factors that may have influenced these experiences. In order to ensure the behaviours of interest and their determinants were understood in the same way, specific concepts and themes from the CRT (and how they were characterised) were included in the qualitative interview guides, including: demographics/family structure; perpetration of intimate partner violence and non-intimate partner violence (physical, sexual and psychological); social norms around IPV (physical and sexual); gender norms in intimate relationships; and other intimate relationship behaviours (communication, decision-making, household roles). Table 9 outlines the themes, subthemes and rationale for inquiry that informed the development of the interview guide for intervention participants. The interview themes and questions designed to address those themes, along with the interview guide itself, are included in Appendices at the end of this thesis.

The interview guide for participants was structured to include open-ended questions about men's individual experiences with the intervention and with practicing behaviour change, followed by more focused questions on both determinants of partner violence and relationship behaviours prior to and since the intervention. Structuring the interview in this way gave interviewees the opportunity to introduce their own experiences with learning and behaviour change, before being asked about their understanding of topics and specific relationship behaviours and how these had changed since the intervention. Moreover, beginning the interview with general questions about intervention experiences provided interviewers the chance to develop a relationship with interviewees before addressing more sensitive subjects around their intimate relationships and violence. The interview guides were drafted in English, then translated into French by an Ivoirien translator and back-translated by myself to check for accuracy. The local research team then tested the interview guides for coherence and flow, and made necessary revisions to incorporate culturally appropriate terms and phrases where necessary.

Table 9: Interview Themes, Sub-Themes and Rationale for Inquiry (MacLean, 2020)

Themes, Sub-themes		Rationale for Inquiry
Intervention Experiences		
Individual Experiences within Group, Meaning		
Participation	Patterns, practices and factors influencing participation	Assess direct influence of individual- and intervention-level factors
Group dynamics	Support, conflict, relationship development	
Engagement with topics	Memorable/useful topics, understanding of key themes	
Responses to difficult ideas	Difficult topics, response to lack of understanding, help seeking	
Overall views	Perception of intervention and its purpose	
Factors influencing Individual Experience within Group		
Attendance	Availability, convenience of location	Assess for indirect influence of intervention- and community-level factors
Unanticipated factors	Impact of intervention involvement on family; group-level problems; considered quitting	
Facilitator	Perception as individual, role model	
Enabling environment	Influence of friends, family, community members; how relationships may have changed	
Engagement with family, community	Discussion of intervention topics, how others responded to ideas	
Group level change	Perception of change among group members	
Determinants of Intimate Relationship Behaviours		
Demographics, family structure	Age, education, employment, partnership status	Assess IPV perpetration risk, Intersectionality approach
	Ethnicity, religion, country/region of origin, length of time residing in community	Intersectionality approach, assess contextual factors (displacement, immigration)
	Household head and make-up, number of children	Assess IPV perpetration risk and contextual factors ('modern' arrangement)
Gender norms	Masculine, feminine ideals	Assess IPV perpetration risk
IPV perpetrated	Physical, sexual, psychological IPV; Recently/in past; current/prior partner; alcohol related; reported and treated for injuries; changes since GDH	
Non-IPV experienced, perpetrated	Physical, sexual, psychological non-IPV violence; Recently/in past; current/prior partner; alcohol related; reported and treated for injuries; changes since GDH	
Exposures to conflict violence	Witnessed, experienced, perpetrated; self, family, community	

<table>
<tr><th colspan="3">Stages of Change, Intimate Relationship Behaviours</th></tr>
<tr><td>Precontemplation: unaware of consequences of harmful behaviours</td><td>Motivations, expectations related to joining; factors influencing decision to join; involvement with other community activities; pre-intervention relationship knowledge, attitudes and behaviours</td><td>Determine pre-intervention stage of change</td></tr>
<tr><td>Contemplation: aware of consequences/no longer accepting of harmful behaviours; do not know how to change</td><td>Awareness of and attitudes toward partner violence and intimate relationship inequality; prior exposure to these ideas</td><td>Assess whether/how participants became aware of the consequences of using IPV and reinforcing intimate relationship inequality, and changed their attitudes toward these ideas</td></tr>
<tr><td>Preparation: motivated to change behaviours, open to info that will enable change</td><td>Useful techniques to stop using IPV and reinforcing intimate relationship inequality; alternate, healthier behaviours learnt</td><td>Assess whether/how participants learned to change their harmful behaviours related to IPV and intimate relationship inequality</td></tr>
<tr><td>Action: focused on practicing change, preventing relapse
Maintenance: have modified lifestyle, less tempted to use harmful behaviours
Termination: change is now subconscious, no longer tempted to use harmful behaviours</td><td>Practicing, incorporating change across four relationship behaviour domains:
1. <u>Household roles</u>: Division of household roles and responsibilities, perception of division
2. <u>Decision making:</u> Head of household, financial decision-making practices within family, perception of practices
3. <u>Experiences with partner violence</u>: Responses to relationship disagreements/conflict, perceptions of responses
4. <u>Communication and sexual practices</u>: Relationship practices r/t communication, sex, condom use, perception of practices</td><td>Assess whether/how participants avoided harmful behaviours and practiced and incorporated alternative, healthier behaviours into their lives</td></tr>
</table>

4.3.1.5 Conducting Interviews

Semi-structured, face-to-face interviews were undertaken in each of the six communities that received the GDH Intervention, with each community allotted a four-day period between February and April 2012. Prior to joining the GDH Intervention, intervention participants had been informed about the aim of the CRT study, and that there would also be an in-depth research component. After being selected for an interview and to ensure the research process was transparent, GDH Intervention participants and their household head (if someone other than the participant) were informed about the aim of the qualitative study, the procedures to safeguard their confidentiality, and consent related to their involvement. Participants were not given compensation for participating in this study. Each participant was given the opportunity to choose to conduct their interview in French or one of four local languages. The interviewee was matched with a same-sex interviewer who spoke the language of their choice.

The interviews were conducted in a private space in the homes of participants with the agreement of the participants and their household head (where necessary). Given the ongoing national political

insecurity, this type of setting helped to ensure the safety and confidentiality of interviewees and created a relaxed environment to establish rapport. If a private room was unavailable, interviewers were instructed to return when privacy could be ensured. Immediately prior to the interviews, verbal participant-informed consent was obtained, and participants were informed they could stop at any time during the interview. Of the thirty-six interviews conducted, twenty-eight men undertook their interviews in French, two conducted their interviews in a local language, and six men used both French and a local language during their interviews. Only two local languages were used during the interviews.[25] Each interview was recorded using a digital handheld device and was saved as an audio file. Interviews ranged in length from 46 minutes to almost three hours.

4.3.1.6 Translation and Transcription of Interviews

The digital audio files were transcribed verbatim into MS Word software by the local research team who conducted the interviews. Any interview text that was spoken in one of the two local languages during the GDH Intervention participant interviews was translated into French during the transcription process. Supervisors on the research team undertook random quality checks of the transcripts for accuracy and to ensure they coincided with respective sections of the audio files. There are benefits to having the same research team undertake both the transcription and translation processes. First, this helped to ensure that translation was undertaken by individuals who were both proficient in the local languages and had a shared cultural understanding with interviewees. This is an important consideration, since translation involves conveying the literal meaning of words as well as the contextual information relating to those words, which is necessary to understanding metaphors as well as local words and phrases (Green and Thorogood, 2009). Second, having the transcription carried out by the same person who undertook the interview increased the accuracy of the transcript by enabling the transcriber to recall and make sense of any breaks or disruptions that may have occurred throughout the course of the interview. Once the interview transcripts were translated and transcribed by the research team, I reviewed and checked each transcript for the following information: a) that participants who were interviewed met the sampling criteria as per the sampling procedures outlined earlier; b) that participant ID numbers matched those corresponding to their names on the master list for the GDH Intervention; and c) that transcripts were typed in French and appeared complete.

[25] These languages include Dioula and Yacouba.

The Principal Investigator for the CRT study was familiar with Ivoirien French, having lived in the country for several years, and encouraged me to analyse the transcripts as they were produced, in French. This suggestion was based on her understanding of the relatively low level of French fluency in rural Côte d'Ivoire, a direct result of low average of education attainment. This typically meant that the French spoken was beginner to intermediate level. Concerned with the loss of meaning that might result from translating the transcripts into English – particularly for those already translated into French from a local language, I initially chose not to have the transcripts translated to English prior to beginning my analysis. However, this changed after I began the first round of data coding (see below, section 4.3.2 Data Analysis). Many transcripts involved a substantial proportion of terms and phrases that are unique to Ivoirien French; as a result, I chose to have the dataset translated into English before continuing with the data analysis.

I selected and hired two translators to assist me with data translation. One was Ivoirien and resided in Abidjan and the other was a citizen and resident of Ghana, an English-speaking country bordering Côte d'Ivoire to the East which shares similar ethnic groups and cultures. Both translators were fully bilingual in English and Ivoirien French. I translated the already-coded data related to men's relationship behaviours because it was less abstract, and thus tended not to involve terms and phrases specific to Ivoirien French. The hired translators translated the coded data related to men's behaviour determinants and GDH Intervention experiences, which involved more abstract and experiential text and therefore more terms and phrases specific to Ivoirien French. I prepared the data for translation by copying the data that corresponded to each coded category within NVIVO 8.0, then pasted it into a unique MS Word document. For each portion of coded data within a given document, the English translation was inserted directly below the corresponding French text to facilitate accuracy checks of the translation. More specifically, the English text was read through carefully and checks were made of the corresponding French text in cases where: a) a response did not logically flow from the preceding question nor fit within the broader study themes; and b) where there were comprehension problems or grammatical errors with the English translation.

4.3.2 Data Analysis

Framework analysis was used to analyse and interpret the data. This approach is particularly useful to generate programming and practice-oriented findings, because the integrity of respondents' accounts are preserved throughout the analysis, rather than being 'fractured' to open up new avenues for analysis (as with grounded theory) (Ritchie, Spencer and O'Connor, 2003). As was the case with this

study, framework analysis tends to be used with applied research that is characterised by a specific research question, a limited time frame and a pre-designed sample population (Srivastava and Thomson, 2009). Framework analysis has gained increasing prominence in the field of health research because of its ability to manage and analyse qualitative data in a systematic way (Smith and Frith, 2011). As will be outlined in more detail below, the approach I adopted during framework analysis was both inductive and deductive in nature. This type of combined reasoning approach is considered appropriate when a study has specific issues to explore, but also seeks to discover unexpected aspects of the data (Gale *et al.*, 2013). The five stages of framework analysis[26] were undertaken throughout the following two key phases of analysis: 1) understanding men's relationship behaviours and change experiences; and 2) explaining men's relationship behaviours and change experiences.

4.3.2.1 Analysis Phase 1: Understanding Men's Behaviours and Change Experiences

In the first phase of data analysis, the various stages of framework analysis were carried out with the goal of creating a typology of men based on their prior relationship behaviours and experiences with practicing change.

4.3.2.1.1 Data Familiarisation, Developing a Coding Scheme, and First Round of Data Coding

Framework analysis typically begins with reading through and becoming familiar with the data, developing the coding scheme, then applying the coding scheme to the data (Srivastava and Thomson, 2009). An initial coding framework was developed deductively by drawing on the *a priori* themes and sub-themes that were included in the topic guide, which was outlined previously (see Table 9: Interview guide themes, sub-themes and rationale for inquiry) in order to 'fragment' the data. Interview transcripts were uploaded into NVIVO 8.0 software and transcripts were read through line-by-line and coded by myself. As new themes and concepts emerged from the data, additional codes were developed inductively and added to the coding framework, then subsequently coded. New codes were also created inductively to reflect data collection issues, such as when interviewees did not respond to a question or when the interview was interrupted.

[26] The five stages of Framework Analysis include familiarization, identifying a thematic framework, indexing, charting, and mapping and interpretation (Ritchie and Spencer, 1994).

4.3.2.1.2 First Round of Data Charting, Mapping and Interpretation

As per framework analysis methodology, once all the data were coded and the transcripts were translated into English (see section 4.3.1.6 Translation and Transcription of Interviews), I then started the process of 'sifting and sorting' through the text in the entire data set to group together certain codes into categories. Given that the intervention sought to reduce men's use of partner violence, I began by analysing the codes related to men's relationship behaviours. I proceeded to sort this data thematically in order to create a 'bigger picture' of what was going on. This involved 'lifting' the already coded and translated data from within each respective MS Word file (representing one code), by cutting and pasting 'entire chunks' of verbatim text into four new MS Word files, one for each of the four relationship behaviour domains outlined in the interview guide sub-themes (household roles, decision making, intimate partner violence, and communication and sexual practices) (see Table 9 above). Typically, during this 'lifting' process, the data is synthesised and summarised into a chart to make the analysis process more manageable (Ritchie and Spencer, 1994). Instead, to improve the rigour of the data, I maintained the data in its original text to enable me to recode (i.e. move around) segments as needed. I then referenced each segment of text with the interviewee's initials so I could link back to the coded text and check contextual meaning and translation in the full transcript, and to make within-case comparisons across the four behaviour domains.

A chart was then created for each behaviour domain. To do this, I used thematic-content analysis to search for, identify and describe differences and commonalities in the data within each of the four behaviour domain MS Word files. While there are many overlaps between thematic and content approaches, content analysis is unique in its practice of quantifying (or counting) outcomes of interest and interpreting their meaning (Gale *et al.*, 2013; Vaismoradi, Turunen and Bondas, 2013). Combining these two approaches enabled me to answer the following questions: What is the range of men's reported relationship behaviours across the four behaviour domains (i.e. household roles, decision making, etc.) and which types of reported behaviours are most and least common? Within which domains did men report to have practiced change and what do these reported changes involve? I undertook a cross-case analysis to consider the range of men's reported behaviours within each of the four behaviour domains, and to illuminate the most and least common behaviours reported within each domain prior to and since the intervention.

The same processes of data sifting, sorting and comparing was then applied to the remaining two sub-themes of data, namely behaviour determinants and intervention experiences. Once complete, I had developed rich, descriptive accounts of men's reported relationship behaviours, intervention experiences, and behaviour determinants. Focusing once again on men's reported relationship

behaviours, I developed a rudimentary typology of men based on their reported recent use of IPV before the GDH Intervention, and their reported experiences with behaviour change since. Men were then classified into one of four types based on their reports: 1) reported IPV history, reported behaviour changes experienced; 2) reported IPV history, no reported behaviour changes experienced; 3) no reported IPV history, reported behaviour changes experienced; and 4) no reported IPV history, no reported behaviour changes experienced. This typology was useful to provide an overall picture of men's reported experiences with IPV both prior to and since the GDH Intervention and their distribution across the typology. However, nearly all men fell into groups 1) and 3), which meant that some experienced behaviour changes that could mean a reduction in future IPV use independent of their IPV history. For example, some men with no reported history of IPV perpetration made meaningful progress on how they responded to their partner when they were angry. This meant that the range of men's reported relationship behaviours were not being captured within the existing typology. I needed to create a more meaningful typology to reflect the nuances of men's reported behaviours and the changes they experienced.

I undertook another round of thematic-content analysis, this time making in-depth within-case comparisons to understand the links between men's reported relationship behaviours across the four domains prior to and since the intervention. To do this, I created a case profile for each interviewee and included all data related to their relationship behaviours. The case profiles were then grouped together into one MS Word document according to the preliminary typology described previously. So, for example, all men with a reported IPV history before the GDH Intervention who reported behaviour changes were included in one MS Word document, and the same was done for the other three classifications within the typology. This enabled me to make within-case comparisons across the four behaviour domains and viewing distinct patterns across the various reported relationship behaviours. I continued to move back and forth across the data within each case, then within and across each of the four classifications of men as per the typology. Throughout this process, each of the four behaviour domains were reconceived to reflect the 'essence' of men's relationship behaviours, rather than the behaviours themselves. For example, 'experiences with partner violence' became the more abstract concept 'conflict resolution', while 'practices related to communication and sex' was reconceived as 'respect, commitment and trust'. Similarly, 'decision making' was changed to 'influence and decision making', and 'household roles' was reconceived as 'gender roles'. Some segments of data within each profile were recoded (i.e. moved around) during this process to both construct and reflect these changes.

In reconceptualising the four behaviour domains, I also classified each domain into three new categories (abusive, unhealthy or healthy) to reflect the range or 'spectrum' of men's reported behaviours within each domain. Table 10 outlines the newly conceived and constructed relationship behaviour domains,[27] and how they were classified across the spectrum of relationship behaviours in accordance with the data. Finally, using the reconceived behaviour domains and the spectrum classifications, I created a new multi-level typology of men based on men's reported relationship behaviours combined, before and since joining the intervention (with before and since intervention time periods separated by an arrow): 1) Abusive → healthy, unhealthy, or abusive/no change; and 2) Unhealthy → healthy or unhealthy/no change. At the end of this analysis stage, the case profiles, which included data related to men's reported relationship behaviours, were reorganised according to the new typology within each behaviour-domain file.

Table 10: Relationship Behaviour Domains and Categorisations Across the Spectrum (MacLean, 2020)

	RELATIONSHIP BEHAVIOUR SPECTRUM		
	ABUSIVE BEHAVIOURS	UNHEALTHY BEHAVIOURS	HEALTHY BEHAVIOURS
GENDER ROLES	Gender-based roles, responsibilities. Provides no assistance with household tasks.	Provides conditional assistance with household tasks	Provides unconditional assistance with household tasks
INFLUENCE, DECISION MAKING	Makes financial decisions unilaterally	May consult partner on financial matters but has more say in decision making	Makes financial decisions together with partner through compromise and negotiation
CONFLICT RESOLUTION	Resolves problems with physical violence or psychgological abuse (e.g. yelling, threats, intimidation or belittling)	Tries to resolve problems by: insisting he have his way (her passive acceptance), refusing to discuss the issue at all (withdrawal) or frequent quarrelling.	Resolves problems constructively and together with partner, either through dialogue or the engagement of a third party
RESPECT, COMMITMENT, TRUST	Uses violence or coercion to have sex. Has had sexual partners outside of current partnership. Cannot be trusted to minimize partner's risk of exposure to HIV/STIs.	Partner complies even if she does not want sex. May have sexual partners outside of current partnership but has tested for HIV and consistently uses condoms to minimize on-going partner's exposure.	Respectful of partners wishes when she does not want to have sex. Remains committed to on-going partner.

[27] These relationship behaviour categories (abusive, unhealthy and healthy) and the idea that relationship behaviours exist along a spectrum, was borrowed from a United States-based non-profit organisation that seeks to educate and empower youth about relationship abuse. http://www.loveisrespect.org/about/

The next stage of analysis involved laying the groundwork to create explanatory accounts of men's behaviour change (or lack of change). To facilitate this work, the data profiles for each case were expanded to include all remaining aspects of the data (i.e. those related to behaviour determinants and intervention experiences). However, to make the volume of data within each case profile manageable while also being able to compare data across cases, I then divided the case profiles into three separate overarching themes (i.e. intimate partner violence; gender equality; and GDH Intervention experiences) and created a new MS Word file for each of theme. Within each of the three new thematic-based MS Word files, the case profiles were organised by their *post-intervention* 'type' (i.e. → violent, unhealthy or healthy) (see Figure 4). To enable the quick location and viewing of a specific case profile, I created a separate MS Word file outlining this classification system with the interviewees' initials and arranged them using the multi-level typology (see Figure 5). Together, these nine documents outlined the 'whole' case profile thematically, enabling me to later map the linkages within cases and within and across each type within the typology (Smith and Frith, 2011).

Figure 4: Case Profiles Per Pre-Intervention Behaviour 'Type' and Overarching Themes

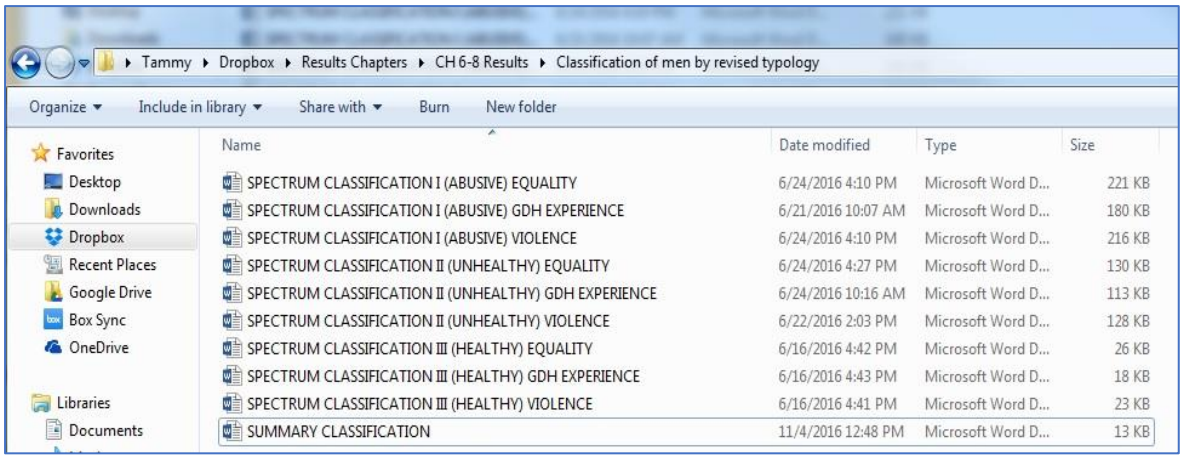


Figure 5: Relationship Behaviour Classification Based on Changes in Spectrum Category Pre and Post GDH Intervention[28]

SUMMARY: CLASSIFICATION OF MEN (n=36)
SPECTRUM CLASSIFICATION I: ABUSIVE **MEN** (n=20) HEALTHY: KBL, SGJ, GFP, DR, GAD, TL, BA, GDM, KKAC, GKG, AKT, NBDB, GDA, ZTR, MG (n=15) UNHEALTHY: NLA, IIY (n=2) UNCLASSIFIED (CHANGED BUT LIMITED DATA): BGP (n=1) ABUSIVE (no change): IBOP, ZDB (n=2)
SPECTRUM CLASSIFICATION II: UNHEALTHY **MEN** (n=16) HEALTHY: ZMB, GBE, ZBTH, TVBT, SD, KLG, SBBA, MBNB, MBBC, TBTA, ME, KGR, DC, YKD (n=14) UNCATEGORIZED: BDJ, HM (n=2)

4.3.2.1.3 Second Round of Data Coding, Charting, Mapping and Interpretation

Once the case profiles were complete, I undertook a second round of coding to organise the data around Prochaska's Stages of Change. Recall from Chapter 3 (Study Setting and Overview of GDH Intervention), the Stages of Change Construct was used to inform the development of the GDH Intervention in Côte d'Ivoire. This phase of analysis was largely deductive, involving the application of a predesigned coding framework to the dataset to 'fragment' it according to the interview guide sub-themes. Five codes were created to represent five of the six stages of change, including: 1) precontemplation; 2) contemplation; 3) preparation; and 4) action; and 5) maintenance. While Prochaska also includes a sixth stage, termination, this was not used during the analysis as it relates to the duration of time in which behaviour change is maintained, which was out of the scope of this thesis.

A new MS Word file was created for each of the five new codes (stages of change) for all text related to both the stages and their corresponding change processes. I then read through the case profile documents line-by-line across the two pre-intervention classifications of men (i.e. abusive, unhealthy) to identify data relevant to each code. Relevant text from the case profiles were then 'copied and

[28] This figure outlines men's reported pre- and post-intervention relationship behaviour classification. *Spectrum Classification I: Abusive* includes men who were abusive pre-intervention and are classified post-intervention as either *Healthy, Unhealthy and Abusive* (i.e. no change). *Spectrum Classification II: Unhealthy* includes men who were *Unhealthy* pre-intervention and are classified post-intervention as either *Healthy* or *Unhealthy*. Some men were classified as *Uncategorized due to limited data in some behaviour domains.*

pasted' into the five MS Word files representing the stages of change. Once the five stage files were complete, a chart was created for each of the coded stages of change, and data was cut and pasted verbatim within the chart according to case and change processes. I included case references within the text to be able to link back to the original text. In the end, despite not having intentionally collected data with Prochaska's (1997) change processes in mind, there were enough questions related to men's experiences with the GDH Intervention and behaviour change that there was interview text relevant to all of the change processes.

Once all the data was 'sifted and sorted' and charts were made of the change stages and processes, the next stage of analysis involved mapping and interpreting the dataset as a whole. This stage sought to understand how some men experienced behaviour change related to the four reconceived behaviour domains while others did not, and what factors accounted for the variation among the extent of changes men reported. Following the framework analysis approach, this entailed moving beyond creating descriptive accounts of men's reported behaviours, behaviour determinants, intervention experiences, and change stages and processes, to analysing the associations between these descriptive accounts (Smith and Frith, 2011). This involved undertaking within-case analysis of these associations between men's reported relationship behaviours, behaviour determinants and experiences with the intervention. The step also involved understanding the links between the relationship behaviours and the change stages and processes.

As a result of this sifting and sorting, a typology of men was created to categorise them into three types based on the relationships between: 1) their understanding of their harmful relationship behaviours; and 2) the changes they reported practicing toward their intimate partners. In the first group, which I will refer to as 'the changers', men demonstrated having developed an understanding of the causes and/or consequences of their harmful behaviours and reported practicing a range of healthier alternative behaviours toward their partners. The experiences of this first group of men mostly reflected the change stages and processes set out by Prochaska (2008).

The second group of men, 'the unexplained changers', tended to convey holding normative beliefs against their harmful behaviours (but no understanding of their causes or consequences), yet reported some healthy behaviour changes toward their partners. Men in this group seemed to have experienced behaviour change, but not in ways consistent with Prochaska's (2008) change stages and processes. In the third group, 'the unchangers', men tended to demonstrate normative beliefs supportive of their harmful relationship behaviours, and minimal healthy behaviour changes toward their partners when compared to the two other groups.

It was not clear which conditions or factors may have prevented the 'unexplained changers' and 'the unchangers' from experiencing the behaviour change stages and processes as set out by TTM. Since the experiences of the three 'types' of men first diverged with respect to their understanding of their harmful behaviours, which relates to learning, I borrowed Illeris' (2017) Framework on Constructive Learning Theory (which was introduced in Chapter 2: Literature Review) to understand the differences between the three 'types'.

4.3.2.2 Analysis Phase 2: Explaining Men's Behaviours and Change Experiences

The final stage of analysis sought to create explanatory accounts of men's experiences with behaviour change. This involved another round of charting, mapping and interpreting the existing segments of data using new constructs from Illeris' (2017) Framework on Constructivist Learning Theory and Prochaska's (1997) TTM. In part, this included two learning types common in adulthood (i.e. accommodative and assimilative) and four learning barriers (mislearning, distortion, identity defence, and resistance). I also applied Prochaska's (1997) Self-Efficacy construct (which outlines *Confidence* and *Temptation* as opposing concepts that are involved with practicing change). This construct is useful in distinguishing an individual's change progress among TTM's two action-oriented stages that are relevant to this thesis – namely Action and Maintenance. Incorporating these additional constructs and theory at this stage was useful to provide other 'lenses' through which to organise, view and interpret the data, and ultimately to explain the spectrum of men's experience with behaviour change. To do this, I created three additional charts, one for each of the following themes: learning and learning barriers; behaviour change (including all four stages, processes and constructs); and individual-level factors (e.g. demographic, attendance to intervention meetings, prior IPV perpetration, and motivation for joining). Relevant text from the case profiles were then copied and pasted verbatim into the respective charts, while including case references within the text to be able to link back to the original text.

This stage sought to understand and compare the differences and similarities between these three elements of the data across the three 'types' of men (based on their post-intervention behaviours as healthy, unhealthy or abusive). Following the framework analysis approach, this entailed moving beyond the typologies of men with respect to their behaviour change experiences. Cross-case comparisons were made within each of the thematic charts (i.e. learning and learning barriers; behaviour change; and individual-level factors) to understand the differences and similarities across the data set, while analysing the data through the lens of the new theoretical concepts and adopted.

Within-case comparisons were also made to explore the associations between an individual man's experiences with learning and behaviour change and the individual-level factors. In the end, a new typology of men's experiences with behaviour change emerged based on both how they experienced learning and behaviour change and their individual-level factors. This typology of men's experiences with behaviour change will be presented in the three results chapters of this thesis (Chapters 5, 6 and 7).

4.3.3 Additional Data Collected and Analyzed but Excluded from Thesis

I collected and analyzed additional data that was ultimately excluded from this thesis due its lack of insight into men's experiences with the GDH Intervention. In comparison, the data presented in this thesis is both more compelling and more robust because it is grounded in theory. Nonetheless, the excluded data provided rich contextual detail that informed my analysis and interpretation of the data presented herein.

First, 36 interviews were undertaken with female partners of men who participated in the GDH Intervention but who were not coupled with the men who were interviewed. This decision was made by the CRT Principal Investigator to avoid potential repercussions for women, as their male partners would otherwise learn that interviews involved questions about intimate partner violence. As a result, however, it was difficult to determine how the female partners' perspectives of the GDH intervention and their partner's experiences with change related specifically to the pathways and processes through which men themselves described having experienced.

Second, 29 stakeholder interviews were undertaken to explore the development and implementation of the GDH Intervention in Côte d'Ivoire and the contextual factors influencing those processes. These stakeholders included: International Rescue Committee (IRC) staff members at the national- (Côte d'Ivoire), regional- (Western Africa), and International-levels (United States); two international men's organizations that address men's violence were consulted to develop the GDH Intervention; international humanitarian organizations and United Nations agencies delivering Violence Against Women programming in Côte d'Ivoire; and a representative from the Ivoirien government. Unfortunately, most of this data was not rigorous enough to include due to both the insufficient time allotted to develop the data collection tools and the unwillingness of stakeholders to disclose insider information.

Finally, also excluded from this thesis was data collected and analyzed from men who participated in the GDH Intervention regarding their experiences with social cohesion (among GDH Intervention peers) and social support (from intimate partners, extended family and peers) throughout the GDH Intervention. These findings were largely homogeneous and failed to provide sufficient insight into the differences among men based on their experiences with learning and behaviour change. As a result, little critical understanding was gleaned about the relationships between social support and cohesion and learning and behaviour change.

4.3.4 Reflexivity

An essential practice to ensuring rigour in qualitative inquiry is to thoroughly subject one's own assumptions about their research practice to the same critical analysis they would apply to their research topic (Green and Thorogood, 2009). Referred to as 'reflexivity', this practice enables a researcher to directly address the subjectivities in their work. Some of the ways in which I have been rigorous in my research process is by being transparent and detailed about my research methods and paying attention to deviant cases (Mays and Pope, 2000). However, one must also be aware of how the social-political context in which the research is undertaken influences the research process (Green and Thorogood, 2009). In part, this involves reflecting critically on the researchers' role in the research process, since they are "a central figure who influences, if not actively constructs, the collection, selection and interpretation of the data" (Finlay, 2002a, p. 216). Reflexivity is not meant to extract the influence of the researcher from the research itself, but rather to address this influence specifically in order to improve the integrity and trustworthiness of the research (Finlay, 2002b).

The political context within Côte d'Ivoire inevitably shaped the nature of this research. Insecurity in a study setting not only poses health risks to local populations, but also to the researchers who seek to understand them. The data collection process was meant to begin immediately following the GDH Intervention in order to maximise stakeholder recall on the implementation process and participants' experiences with the intervention and behaviour change. However, this research was delayed for more than a year because of the 2010 post-election crisis that destabilised both Abidjan and the region within which this study was situated. While the fieldwork for this research began as soon as the security situation permitted me to travel to Abidjan, the government-issued security curfews were still in effect at this time. The insecurity that persisted in parts of the country restricted me from travelling to the study sites. This political context influenced my research focus in three ways: 1) data collection had to be undertaken and overseen by the local research team who knew the study region well and were less likely to attract the attention of armed groups; 2) as was outlined previously, the

data collection process was expedited to be completed in a period of three weeks; and 3) the focus of this thesis shifted away from looking at the processes and factors related to the development and implementation of the GDH Intervention (due to the potential for poor participant recall of these events because of the time lapse), and toward a retrospective analysis of men's experiences with the intervention and behaviour change. Nonetheless, this hindsight permitted me to distil participating men's most meaningful impressions of the intervention and its influence while also considering how any changes experienced endured one year following the intervention. Since behaviour change is a long-term process, understanding the full potential for IPV prevention interventions necessitates collecting data within a medium- to long-term timeframe.

Prior to joining the GDH Intervention, participants knew of IRC through the organisation's delivery of humanitarian and post-conflict reconstruction programming over the previous decade. During the recruitment stage of the GDH Intervention, potential recruits were informed by the facilitators (who led the recruitment process) that men who joined would be involved in a large study comprised of baseline and end-line surveys, and a detailed end-line interview in order to understand the impact and influence of the GDH Intervention. Therefore, men decided to join knowing they would be involved in the study. Thereafter, several reminders were made by the facilitators during GDH Intervention sessions that participants would be 'tested' by the study on what they learned and how they had changed, and that the study results would enable the IRC to do similar programmes in other countries. The facilitators' discussions of the study may have led participants to associate their facilitators with the study itself, which may have positively influenced how men viewed their participation in the study, particularly since most men viewed their facilitators in high regard.

Prior to data collection, the research teams presented themselves to GDH Intervention participants as working for the University of London (UK). This may have enabled the study team to establish their credibility in the eyes of interviewees. Participants had completed at least one (if not both) of the CRT surveys prior to undertaking the semi-structured interviews for this thesis. As a result, men who were sampled for this research would have already undertaken informed consent and other interview procedures and had some understanding about the interview subjects and themes. This baseline familiarity with the study and processes may have helped to establish dialogue between participants and the interviewers during the qualitative interviews. Moreover, while the qualitative interviewers were living in Abidjan at the time of the data collection, many were of similar age to participants and shared cultural ties, traditions and languages. This may have helped to reduce the potential for suspicion and mistrust among participants during the interviews. This is of particular concern in a conflict-affected setting where immigration and ethnicity were key factors in the decade-long war.

However, because the qualitative researchers also had post-secondary education and professional experiences and associations with the "London School", participants may have perceived the interviewers as situated in relative positions of power. This may have positively influenced men's perception of their involvement with the study, particularly if they felt they may derive social benefit from doing so.

My role and emotions as a researcher also influenced the research process. Having been delayed in conducting this research for over a year, I began the data collection process with a significant sense of relief. I had renewed enthusiasm and energy knowing that the uncertainty surrounding my PhD progression was resolved. After arriving in Abidjan, however, I quickly felt overwhelmed with the enormity of the task ahead given the short time frame we were permitted for data collection due to ongoing insecurity. Once the qualitative team was hired, I had very little time to draft a data collection strategy, develop the qualitative interview guides, and create and conduct the qualitative training for the data collection team. I felt particularly anxious beginning the training for the qualitative data collection team, knowing that there would be insufficient time to cover in-depth the objectives of the research, the semi-structured interview guides, the fieldwork schedule, and to practice data collection strategies. Moreover, this limited time did not permit me to reflect on how the training was working (or not) with the team so I could adjust the process accordingly. This issue is also addressed immediately below in the research limitations section.

Collectively, the challenges faced in the data collection process led to frustration when it came time to analyse the data. In the early stages of analysis, as I familiarised myself with the interview transcripts, I found myself critiquing the performance of the interviewers, and was worried they had missed opportunities to follow up on important responses. Instead of trying to make sense of the narratives emerging from the data, I often got caught up in evaluating the data collectors and reflecting on how various aspects of the data collection process, including the training for the data collectors, could have been improved. It took time to realise that these reflections were preventing me from immersing myself in the data. Later, as I became more familiar with the data, I often felt lost about being unable to make sense of what was happening with my phenomenon of interest. Throughout the analysis process, I continued to feel frustrated with the challenges faced during the data collection process. I frequently ruminated on the various shortcomings of how the data was collected. For example, that I should have been present in the communities during the interviews so I could discuss with the qualitative team any emerging or unexpected themes and adjust the interview guides to follow up on those themes. Nonetheless, I persisted and eventually came to understand men's experiences of behaviour change, as coherent themes eventually emerged from the data.

Finally, my own position as a married white woman from a High Income Country and Registered Nurse who has provided health services to women who have experienced intimate partner violence also influenced the ways in which I read and interpreted the data. Throughout, I was aware of my tendency to view the world through the eyes of a clinician and that my position was embedded in the data analysis process. As a clinician, I was conscious of my tendency to formulate a broad 'diagnosis' of the phenomenon of interest (i.e. men's change experiences) which would enable me to provide a cogent explanation. I made a concerted effort to not rush the process and permit the data to speak for itself, particularly with outlying cases. Understanding that the voices of research participants can often be lost when data is analysed, I was also conscientious in questioning my own assumptions and interpretations of participants' narratives throughout the analysis process. This was particularly the case when analysing the data on men's gendered attitudes and behaviours toward their intimate partners. It was often difficult to interpret men's comments, which were often underpinned by unspoken assumptions about how intimate relationships 'work'. I maintained a reflective journal of my thoughts, opinions and 'hunches' about the data, and logged my evolving perceptions and personal introspections. This writing enabled me to become aware of my thought patterns and how they might influence my interpretation of men's experiences with change. Throughout the analysis process, I also continually returned to the case profiles that I created for each participant to ensure men's responses were rooted in a holistic view of their experiences and to provide context to my interpretation of those experiences.

4.3.5 Limitations of Selected Methods

As with all research, this study involved several limitations related to the collection and analysis of data. The findings produced for this research relied solely on interview data and were therefore vulnerable to weaknesses inherent with that method (Patton, 2015). The limitation to collecting data through interviews is the production of individual accounts of reality rather than actual representations of reality (Green and Thorogood, 2009). Studies relying on individual self-reporting are therefore subject to several forms of response bias. First, it is possible that data collected from GDH Intervention participants were subject to social desirability bias, implying that participants had the tendency to present themselves in a more favourable light (Van de Mortel, 2008). This is particularly the case if men associated the research interviewers with the GDH Intervention facilitators, which could have influenced men's likelihood of providing the types of responses they believed were expected of them. Second, research findings related to social phenomena that are produced from self-reports are also subject to recall bias. Recalling events and experiences depends

entirely on an individual's memory, which can be imperfect and unreliable (J.Pannucci and G.Wilkins, 2010). Notably, the expected outcomes of an intervention under study (whether good or bad) can positively influence the participants' recollections of events prior to or during the intervention. This is most likely to happen among participants who are aware of the health-related behaviours being addressed by the Intervention – that is, men who are conscious of their use of partner violence and its impact on themselves and others. To address these two types of response bias, I applied the theories and concepts which were introduced in Chapter 2 (Literature Review) as a lens through which to organise, analyse and interpret the data. These theories enabled an understanding of the complex patterns and processes between and across men's experiences with learning and behaviour change, rather than simply relying on men's individual accounts of their experiences.

The potential for selection bias may also have been introduced by using purposeful sampling techniques. This could have resulted in findings that are unrepresentative of the entire population of Men's Dialogue Group intervention participants. Notably, as men who had also participated in IRC's general community GBV programming were not selected for this study, the findings from the study may demonstrate different experiences with behaviour changes than those achieved by the population of intervention participants. For example, more men in the entire GDH Intervention population may have begun the intervention further down Prochaska's stages of change construct. Instead, careful attention was paid to produce a sample that would generate findings unlikely to be confounded by other factors, such as exposure to other anti-violence programming. Overall, this study sought to achieve a sample that would produce the greatest breadth of findings (rather than those which are representative) to explain men's behaviour change.

During the interview process itself, interviewer bias may have been introduced to the study. It was noted during the data familiarisation process that interviewers ranged in their proficiency with undertaking qualitative interviews. Specifically, at least one of the six interviewers demonstrated poor technique by using leading questions in some instances, which may have prompted certain types of responses from interviewees. Attempts were made to minimise the impact of interviewer bias by recruiting multiple professionals to undertake the interviews (n=6), providing training that included qualitative interviewing techniques, carefully considering the wording of interview questions and prompts within the interview guide, and by ordering the interview guide to begin with general followed by specific questions. These types of techniques are known for being able to reduce the potential effect of interview bias (Green and Thorogood, 2009; J.Pannucci and G.Wilkins, 2010) .

The short time-frame within which the qualitative data collection team were allotted to receive training and collect data was influenced by political insecurity in Côte d'Ivoire. As a result, there was

no opportunity to assess the data collection preparations and processes as they were happening in order to make necessary adjustments and improve the quality and focus of the data. Furthermore, undertaking interviews at multiple points related to the GDH Intervention (i.e. prior to, during and/or following) and with multiple actors (i.e. men's intimate partners and facilitators) would have enabled me to provide a more accurate picture of men's experiences with behaviour change. Collecting retrospective accounts of men's experiences one year following the GDH Intervention is susceptible to greater recall bias than if data was collected during or immediately following the GDH Intervention. Collecting data at multiple time points could have also enabled the data collection team to build ongoing relationships with the interviewees in ways that enhanced trust and openness, thereby producing higher quality data (Green and Thorogood, 2009). However, given that my role in this research was established only prior to the CRT's end-line field visit, limited options were available with respect to data collection.

There are also limitations to this research resulting from data translation. While most qualitative research approaches are amenable to cross-language design, using language translation as part of a qualitative study can influence the research findings (Squires, 2009). As was outlined previously, any sections of participant interviews that were undertaken in a local language were translated from the audio files into French during the transcription process. All interview transcripts were subsequently translated from French into English. As a result, it is possible that meaning was lost from participants' responses, for example, if words were altered or the use of language structure modified somewhat during translation. Attempts were made to overcome this limitation by using experienced translators who were familiar with both French and the local languages used during the interviews, and who share the same socio-cultural traditions. This can help to ensure participants' responses and their meaning are closely captured during translation (Squires, 2009). Attempts were also made to improve the rigour of the translated data by being transparent about the translation process, including when it was undertaken in the research process and how quality checks were carried out.

Conclusion

This chapter set out the methods and approaches that were used to undertake this research. The first two sections presented the research design and macro-theoretical approaches adopted, and the third section detailed the various methods used for data collection and analysis. This chapter ended by reflecting on how both the political and socio-cultural research context and myself as a researcher

may have influenced the research process, and by setting out the various limitations to chosen methods. The following three chapters present the main findings from this research. Chapter 5 begins this task by presenting the experiences of a group of men who demonstrated a conscious and internally motivated practice of behaviour change.

Chapter 5. Conscious, Internally Motivated Learning and Change Practice

"Those who cannot change their minds cannot change anything." George Bernard Shaw

Introduction

This chapter presents the experiences of fifteen men who participated in the GDH Intervention (henceforth, the term 'men' in this chapter will be used to refer to these fifteen men). The men were selected and grouped together because they shared common individual-level characteristics prior to, during and after the GDH Intervention. The chapter sets out their processes and pathway toward a relatively complex form of learning and behaviour change.

The chapter begins by outlining men's demographic and other intervention-relevant characteristics (e.g. attendance) that were relevant to their learning and change experiences. Men's reports of recent intimate partner violence (IPV) perpetration are then set out, followed by their reasons for having joined the GDH Intervention. Demographic information related to men's stage of life and reasons for participating provided insights into their motivation to learn, while their life experiences (i.e. education, leadership roles) and recent IPV perpetration history informed their prior learning on related topics addressed by the GDH Intervention. Collectively, these elements helped to contextualise men's learning experiences.

The second section of this chapter sets out the fifteen participating men's experiences with learning about their harmful relationship behaviours and healthier alternatives. This section is divided into three parts. First, men's *interaction* vis-à-vis their group facilitator and peers concerns how men engaged with the GDH Intervention topics to make sense of new ideas (i.e. the 'effort' invested in learning). Second, a series of *acquisition* processes are then presented, demonstrating both the content of men's learning about their harmful relationship behaviours and healthier alternatives (i.e. the 'what' of learning), as well as how men's acquisition of new ideas, attitudes, insights, values, and understanding of relationship behaviours took place within their minds (i.e. the 'how' of learning).

The final section of this chapter focuses on men's experiences with putting their learning into practice by practicing healthier, alternative behaviours in their intimate relationships. The data presented in

this chapter were analysed through the lenses of Illeris' (2017) Framework on Constructivist Learning Theory and Prochaska's (1997) Transtheoretical Model.

5.1 Men's Characteristics, IPV Perpetration and GDH Intervention Motivation

Illeris' (2017) CLT Framework recognises both that new learning is built upon prior learning and that the experience of learning tends to vary somewhat according to life stage. The first section of this chapter outlines men's demographic and other intervention-relevant characteristics (e.g. attendance), recent IPV perpetration history, and motivation for joining the GDH Intervention. Collectively, the information presented herein will help to contextualise and provide insight into men's learning experiences.

5.1.1 Demographic and Intervention Relevant Characteristics

The sample of fifteen men presented in this chapter ranged in age from 33 to 59 years, with a median age of 47 years (see Table 11). Fourteen of the men were married while another man reported being divorced and not looking for a relationship at the time of data collection. Two of the married men described living in a polygamous union. The number of children that men reported ranged from 1 to 8, with a median of 5. All but one man, who reported working in the professional service sector (civil servant), described owning land and earning their primary source of income by farming agriculture. Some of the farmers also described raising livestock or working as a carpenter or contractor to supplement their agricultural income during periods of financial scarcity (which they described having occurred during periods of political insecurity). Together, these data suggest that these men were in a phase of stable adulthood, which is characterised by permanent relationships with both an intimate relationship (or the desire not to enter into such a relationship) and employment. Despite having only recently emerged from a decade of armed conflict, none of the men described experiencing any financial hardship.

Table 11: Life Stage/Experience, Intervention Attendance, Recent IPV Perpetration (MacLean, 2020)

N=15	ID Number, Community	Life Stage (age, marital status, children, employment)	Life Experience (years of education, leadership roles held)	GDH Intervention Attendance (out of 16 sessions)	Form(s) of IPV Perpetrated (before GDH Intervention)
1	M2 Community 1	43 years Married 5 children Farmer	9 years	15 sessions	Sexual: force Psychological: belittle
2	M20 Community 4	53 years Married 7 children Farmer	5 years	13 sessions	Sexual: coerce
3	M7 Community 2	47 years Married 7 children Farmer	12 years	15 sessions	Physical: slap
4	M8 Community 2	56 years Married 8 children Farmer	8 years	15 sessions	Physical: slap x 1
5	M15 Community 3	51 years Married 3 children Farmer	10 years	12 sessions	Physical: hit
6	M30 Community 5	38 years Married, polygamous 7 children Farmer	8 years Youth President, Church Pastor	9 sessions	Physical: beat w/ object
7	M11 Community 2	35 years Married 5 children Civil Servant	13+ years Civil Servant	7 sessions	Physical: hit x 1
8	M10 Community 2	33 years Married, polygamous 4 children Farmer	10 years	12 sessions	Psychological: yell
9	M33 Community 6	50y years Married 5 children Farmer, Contractor	6 years	14 sessions	Psychological: belittle
10	M28 Community 5	45 years Married 6 children Farmer	5 years	13 sessions	Psychological: belittle
11	M19 Community 4	35 years Married 1 child Farmer	10 years, Manager, Church	14 sessions	Psychological: yell
12	M31 Community 6	59 years Married 8 children Famer, Carpenter	3 years	16 sessions	Psychological: belittle
13	M27 Community 5	48 years Married 4 children Farmer	10 years	13 sessions	No IPV
14	M18 Community 3	47 years Divorced 2 children Farmer, raises Livestock	13+ years Manager, Political Party	6 sessions	No IPV
15	M22 Community 4	48 years Married 2 children Farmer	12 years Supervisor, Church	10 sessions	Psychological: yell

Together, these men reported having completed a median of ten years of formal education, ranging from 3 to 13+ years.[29] One-third of these men (n=5) reported holding leadership roles within their communities. These included positions within the government (political or bureaucratic), as a community leader (Youth President), and as religious leaders (Church Pastor, Supervisor or Manager). Overall, these men experienced high GDH Intervention exposure, having attended a median of thirteen (out of sixteen) scheduled weekly discussion group meetings (ranging from 6 to 16). While five of the men attended fewer than thirteen session (the cut-off point for the 'high attendance' sampling strata),[30] these men were also the most educated, having completed between eight and thirteen years of schooling (which is equivalent to one or more years of university). This suggests that these men required fewer meetings than the other men presented herein to experience the complex form of learning and change demonstrated throughout this chapter.

5.1.2 Recent Intimate Partner Violence Perpetration

All but two men (n=13) presented in this chapter reported perpetrating violence against their current partner before joining the GDH Intervention (see Table 11 above). Only one of the men described using more than one form of IPV, while two men indicated having never used violence toward their partner. The most common form of partner violence described by men was psychological (n=7; 47%), followed by physical violence (n=5; 34%). Only two men reported having physically forced or psychologically coerced their partner into having sex.

Some men described having only been psychologically abusive toward their partners. These men illustrated having shouted at, belittled or humiliated their partners in some way. Some of the men described their behaviour as having resulted from a tendency to lose their temper during an argument, particularly if their partner had said or done something that they found hurtful or disrespectful. This would lead to a heated exchange between the couple, and, eventually, to men's use of verbal abuse before the issue was eventually dropped. Other men illustrated their tendency to drink too much alcohol and become abusive toward their partner, which they may not have done without the

[29] Men who reported attending university were documented as having completed 13+ years of education, as 13 years is equivalent to one year of university in addition to public school. However, it is possible they completed more.

[30] Recall from Chapter 4 (Research Methods), participants were selected using stratified purposive sampling based (in part) on GDH Intervention attendance. This involved selecting two men from each of the six communities and each the three attendance strata (low, medium and high). High attendance ranged from 13-16 sessions, medium attendance ranged from 10-12 sessions, and low attendance involved anything less than 10 sessions.

influence of alcohol. These events often coincided with going to the bar at night and returning home late. Looking back to a time before the GDH Intervention, the last quote reflects one man's views on how he had behaved toward his wife when he returned home drunk.

> Before, I was short-tempered and even jealous […] when I hurled words at my wife […] she [would also] become aggressive towards me, say something hurtful to me […] I was violent, I used to shout. (M19 35y, 10y educ., Community 4)

> Sometimes men are men. They can lose their temper […] [there were] arguments, insult[s] […] if someone speaks badly to you, you, makes trouble […] then [there is] fighting. (M31 59y, 3y educ., Community 6)

> I have never hit a woman. Sometimes the moral kind, I would insult her, say some things, but that's it. (M2 43y, 9y educ., Community 1)

> Before we used to argue with one another […] I used to do things that she didn't like […] Well before, I was a drinker. One time I was drunk, and I came into the yard and it was shit […] The damage I did when I was there, when I was drunk, I came, the things I said […] I didn't know anything. (M28 45y, 5y educ., Community 5)

Other men who reported having only been psychologically abusive toward their partners demonstrated having had ongoing struggles to manage their anger before joining the GDH Intervention. Reflecting on the nature of their current relationships before the GDH Intervention began, they described themselves as having been short-tempered and easily irritated by their partners. Two of the men also implied that their relationships had been tense, fraught with frequent quarrels, and that their alcohol misuse had played a role in their relationship problems. These comments were captured after the GDH Intervention and included men's reflections on their recent relationship behaviours. The last quote illustrates one man's belief that violence is a 'natural' response to anger, implying that all men are violent.

> Well, I used to get very angry [at my wife], I would become very irritated. (M10 33y, 10y educ. Community 2)

> Before I was arguing so much. I was not aware of how to manage the anger […] I had a very nervous nature [...] If madam did something that made me angry, [I would] stay beside her, responding badly or perhaps insulting her […] Before, I used to drink a lot. But alcohol didn't suit me. When I drank a lot, I got sick. (M33 50y, 6y educ., Community 6)

> Because I am a guy, normally I'm a bit violent, very violent even […] before, there were quarrels […] there was a lot of tension in intimate relationships […] [I] used to misbehave. Being a man, well, I, sincerely, I am not slow to fall into anger […] [my wife] doesn't drink, it's me who drinks. (M22 48y, 12y educ., Community 4)

The three men whose comments are presented previously described that they had also been physically violent toward a different partner from a previous relationship, but that they had learned and changed from those experiences before joining the GDH Intervention. Recalling the events, the men reported how they had been triggered when their previous partners had challenged their authority as 'the man' in the relationship and having been motivated by a desire to punish and teach them a lesson. Emphasising the fact that the event had only occurred once, the men seemed to interpret their responses at the time as having been overreactive and perhaps disproportionate to the actions of their partner. The men also seemed to try and distance themselves from these events by emphasising how much time had since passed. One of the men even reflected on the feelings of regret and relief that he experienced immediately after the incident once he realised that his girlfriend had not been seriously injured.

> It was an old girlfriend […] It was a long time ago, in 1994. It was a problem of jealousy. She had asked where I had gone, then I asked how could she ask me this? […] It was just one time, one time […] It happened in the house, I became angry and I hit her several times. (M10 33y, 10y educ., Community 2)

> Before, yes, it happened only one time. I hit (my first wife) […] she did something that I didn't like and then she insulted me [...] She no longer wanted to work and asked me to go to the village with her. I refused and told her to go alone. She was angry and started insulting me [...] I became very angry and beat her. That was the only time. It was [long ago]. After that, I didn't touch her again. (M33 50y, 6y educ., Community 6)

> I was once carried away by anger and I hit (my girlfriend). It was in the past when we were young […] It was a problem of jealousy […] she punched my cheek and I reacted violently. I came back at her with punches and kicks everywhere. [...] She fainted [...] After, I regretted it […] since she was the first girl I hit. At a certain moment, I began to feel sorry for my partner, she is fragile […] Thank God, she was not injured. She left, and it was the next day when we met up and she had some discomfort and then it was fine […] I went to discuss the problem with one of her friends. She said that, I should reconcile the issue, it's me who is the man. So, I accepted because it was me who reacted. (M22 48y, 12y educ., Community 4)

In their accounts, some men tended to describe having perpetrated physical violence against their current partner before the GDH Intervention. The men tended to emphasise that these events had only occurred on a limited number of occasions. Like the men who discussed their previous relationships, one man described having learned from this experience and changed his behaviour before joining the GDH Intervention, after his mother had encouraged him to spend time reflecting on his violent behaviour. Recalling the incident, the man considered his act of reflection as having been beneficial to him, and implied that it had prevented him from becoming physical again with his wife. Two other men described having also hit their wives, and implied that their violence and the ways in which they had treated their partners were the reasons they joined the GDH Intervention.

> One day [...] madam was there, she wasn't doing anything, I say 'fetch me some water'. I say this one time, two times […] Well, there was no water […] She didn't go and at a certain point, I became angry. Then I got up, I took a stick and I started to hit her with it. And then, as my mother was next door, she intervened [...] she came and grabbed me, got me a chair to sit down, I sat, she took some water and gave it to me […] she told me to rest. When I tried to explain to her, she told me to stop and think a little. As I drank my water, my head started to slow down. After five or ten minutes [...] when I tried to explain, she told me to leave it. And then I saw that she had done me well. (M30 38y, 8y educ., Community 5)

> I slapped her twice in the past […] That's it. It's the only time when I was violent. Normally, I don't slap her except for this day […] As I said earlier, she is young, and I am older […] we did not get along […] For me, [the GDH Intervention] was a place where we could grow more and where we could easily change our behaviours, especially around violence. (M8 56y, 8y educ., Community 2)

> Before I hit my wife, I was so violent toward my wife. (M15 51y, 10y educ., Community 3)

Another man implied that he had been physically violent toward his current partner on multiple occasions before the GDH Intervention. He described himself as argumentative and angry, and that he would become easily triggered by his partner's behaviours during an argument. This man's comments reflect new insights acquired from the GDH Intervention about his former use of violence, and these experiences will be elaborated on and explained later in this chapter.

> It was forced before. When I got angry, I didn't control myself. If I wanted to hurt you, I would have hurt you without even realising that it could take me far away. I would have come home to find someone there, no matter who it was […] (Once) there was an argument that happened between her and I and she scratched my nose. You see this eye here? I was hit there before […] It hurt me, and it led to violence, it resulted in three or four slaps […] I was not trying to injure her. (M7 47y, 12y educ., Community 2)

There were also a couple men who reported having perpetrated sexual violence against their current partner before the GDH Intervention. While one of the men described his use of physical force to obtain sex, the other illustrated having coerced his partner into having sex by refusing to accept 'no' for an answer. Once again, the men's comments highlight their new insights and understanding about their sexual behaviour and what constitutes 'violence' since participating in the GDH Intervention. Below, the men demonstrate their newfound recognition that their partner must accept any sexual advance to ensure she has given consent, and that attempting to otherwise engage in sex (through force or coercion) amounts to violence.

> I realised that the boys are angry and that women are not consenting. In the past, we were forcing and since then we learnt something. It's something they should agree on. I realised

> that my own wife when she is sick, she feels uncomfortable, we cannot force. (M2 43y, 9y educ., Community 1)
>
> As I am married, [I thought that] I could not force her […] [because] here, the Africans, we call that an obligation. We accept it like it is […] Here we don't call that force […] It's not the same thing as saying you use force […] When you go back home, perhaps from 9pm to 5am, you will convince her, and you will [have sex]. [But] now, [I] understands that if a woman doesn't want to […] this is violence. (M20 53y, 5y educ., Community 4)

5.1.3 Motivation for Joining the GDH Intervention

The following section presents the motivations of men presented in this chapter to join the GDH Intervention. Illeris' (2017) Framework on Constructivist Learning Theory outlines motivation to learn as one of three dimensions of learning. Motivation has implications both for how learning happens and the ability to 'access' (and consequently act on) one's learning outside of the environment in which it took place. Similarly, Prochaska's Transtheoretical Model (Prochaska, Redding and Evers, 2015) asserts that having an awareness of the causes and/or consequences of one's harmful behaviours (or at least an openness to learning about such behaviours) can develop into "a readiness" (or motivation) to change those behaviours. While this section focuses on why men sought to join the GDH Intervention at the outset, their ongoing motivations to learn and practice change will be demonstrated throughout the entire chapter.

Men illustrated having joined the GDH Intervention for one of two reasons. First, most men wanted to learn more about specific GDH Intervention topics that they had been introduced to during the intervention's recruitment process.[31] Second, some men were seeking specifically to change their harmful relationship behaviours. These rationales are explored below.

5.1.3.1 To Learn About GDH Intervention Topics

Most men expressed their motivation to join the GDH Intervention as a desire to learn something new. As was outlined in Chapter 3 (Study Setting in Overview of the GDH Intervention), men were required to attend multiple recruitment meetings before they were selected to participate in the GDH Intervention. Therefore, before joining, men had received an overview of what to expect, including

[31] As part of the GDH Intervention recruitment campaign, all men in the community were invited to attend a village gathering that introduced the intervention and the various topics that would be addressed.

the objectives and a sense of the topics that would be discussed. When asked about their reason for joining, some of the men mentioned specific topics they had found interesting during the recruitment meetings and expressed having had a desire to know more. Among the subjects were 'violence against women', practicing non-violence, promoting tolerance within the home, and 'modernising' men. These men did not articulate whether the topics related to their own behaviours, nor did they express a desire to change how they behaved towards their partners. Nonetheless, the men's comments suggested that learning about violence against women, tolerance and how to live a peaceful life were goals worth pursuing. Moreover, the men intimated that better understanding these specific topics would benefit themselves and their families.

> It was out of curiosity that I went down [to the meeting] in the beginning. [But] what motivated me [to join] is the violence against women. That kind of thing interested me a lot […] so that is what motivated me […] that's why I joined the group. (M15 51y, 10y educ., Community 3)

> What made me join, it's because I like it, is to learn, it's a new world […] [The facilitator] arrived he informed another agent, our nephew, a young man there who was the chief, told us that the [GDH Intervention] is good, we must join […] I participated since it would help to modernise men. It also shows us how to educate our child and so on. (M33 50y, 6y educ., Community 6)

> The main reason which motivated me is tolerance […] I am the head of the family. It impressed me what they were talking about when they arrived here the first time, so I decided to join this group for me to be able to manage the family, to be truly independent. (M19 35y, 10y educ., Community 4)

Other men illustrated having joined the GDH Intervention with the motivation to learn so they could either provide assistance to or set an example for others in their communities. One man implied that his education achievements enable him to help others in the community better manage their families. Another man sought to learn about Ivoiriens and their ways of life, after having immigrated to the country. Notably, both men held influential roles within their communities, including as the manager of a political party and as Church Pastor and Youth President. For their own part, the men seemed not to have considered that the GDH Intervention could benefit themselves or their own families.

> Well, I think that, even in a village, with the level [of education] that I have completed, I thought it would be good to belong to this group to be able to help parents in one way or other. That's what motivated me […] Well, bringing in people to change their mentality and behaviour, to help them manage the family. (M18 47y, 13+y educ., Community 3)

> I wanted to go and see what's going on […] maybe what they have seen has not yet been seen by me, so I must go and listen to them […] It was, for example, like this when I went to church. After [this] I was able to stay here in Ivory Coast, to pray to God […] If you are at home, how

> do you get to know others, how they behave, how they accept people? That's what I was looking for. (M30 38y, 8y educ., Community 5)

There were also men who expressed their motivation to learn about addressing men's violence more generally. These men spoke broadly about violence in the context of the war in their country. Their motivation to learn was centred around putting an end to violence and the subsequent breakdown in social order that had occurred. The men were from two communities that were most affected by the 2002 war and 2010-11 post-election crisis. One man described the challenges he faced with raising children during the war and expressed his desire to live a peaceful life so that a prosperous future was possible. The other man was motivated to learn how to stop violence after a friend spoke to him about his own work to prevent violence as part of the community's peace committee. Similarly, he implied that progress for the country would only happen once the violence stops. While these men did not mention violence within the context of their intimate relationships, their reference to learning about violence more generally seems to imply an openness to knowing about their own use of violence, including within their intimate relationships and otherwise.

> We should let the group guide our life, to prevent us from bad […] to learn to live better […] After the war ended, many things happened. There was no one to teach us, life was desperate […] because the things that we underwent were very bad, and very hard. Many of our children became opinionated and stubborn. Their mentality changed, it carried them to another world. We must teach them, pull them back from there, show them the right path […] and to begin a good life so that we can be free without problems. (M31 59y, 3y educ., Community 6)

> [The facilitator] spoke to us […] it was about the way to stop violence. Where there is violence, there's no happiness. That is what attracted me. Well, in the beginning, there was my brother [who] is in the peace committee […] the way that he works with people […] if there is a problem in another yard, he comes and intervenes. Even throughout the course of the group, if there is something, he speaks about peace. This is what I know [[...]] everybody wants peace […] we want to become modern men. (M28 45y, 5y educ., Community 5)

Two other men similarly expressed interest in learning something new, but otherwise made no mention of specific themes of interest as their reason for joining. One man expressed some awareness of GDH Intervention topics by referring to the nature of his marriage, but instead illustrated his motivation as one of general interest to learn rather than improving his relationship. For his part, the other man reported having been motivated more broadly out of general curiosity about the nature of the GDH Intervention. Unlike most men presented previously, these men did not express a specific interest in learning about their harmful relationship behaviours.

> On the first day that the IRC arrived here, they called everyone who wanted to be in the IRC group. We were not aware of anything that was going on, so we decided to join and see what was going to happen… I don't argue with my wife, I don't do anything, but anyway I decided to go there… I joined because I should learn new things. (M20 53y, 5y educ., Community 4)

> Well, it is curiosity. [The facilitator], he said come, there is a discussion group. And it's like that I got to know [about it]. I wanted to see what it was going to be like. (M10 33y, 10y educ., Community 2)

5.1.3.2 To Change Harmful Relationship Behaviours

Other men described having joined the GDH Intervention to change how they behaved toward their intimate partners. What is unique among these men is their explicit acknowledgement that there were troubles in their marital relationships that they wished to address. One man, for example, described having recently separated from his wife, who had initiated the separation against his wishes. This man acknowledged very generally that he has 'problems' and expressed having joined to resolve the problems. The two other men were in more enduring marriages but described having routine misunderstandings and arguments with their partners that were causing strain on their marriages. Looking forward, the men reported wanting to address their relationship troubles by making changes themselves. One of the men mentioned his desire to change his behaviour and specifically mentioned his use of violence. While the other man described his motivation more generally as wanting to give up his 'bad habits' and seemed motivated by the expectation that, as a relatively educated man, he could also help to set an example for his community.

> Well the reason was a misunderstanding between me and my wife, and she left me. One day I met [the facilitator] who came to see me. He told me […] there is a discussion group that has come to select people. He was aware of my problems. He told me that on such and such days they were going to come, that we were going to speak, and it would be a good thing if I listen to them. That it would work on me and I could join. (M7 47y, 12y educ., Community 2)

> She is young and I am older […] we did not get along [...] Somebody invited me [to the GDH Intervention meeting] and when I went, I had a taste of things and that's why I stayed […] For me this was a place where we could grow more and where we could easily change our behaviours, especially around violence and everything. (M8 56y, 8y educ., Community 2)

> They informed us that it was to change behaviour, at home, within the community. In any case, it interested me. We must change our way of life. See what happens elsewhere. That's why I got involved. I had to change a little, at home, in the community […] those who went to school should not keep bad habits […] And there was a gentleman who encouraged me to join. He told me that I am serious and that he wanted me to enter because I could do a lot and support the community. So, I put down my name. (M2 43y, 9y educ., Community 1)

5.2 Men's Engagement and Acquisition of New Insights and Understanding

The following section sets out men's experience with learning about partner violence and inequitable relationship practices from the GDH Intervention. Men's learning is broken down into two sections. The first presents men's *interaction* with the various topics, which involves the 'external' activity of receiving new information from the GDH Intervention facilitator and the necessary work of requesting further information and seeking clarification on new ideas and concepts when they failed to understand. The second section presents men's *acquisition* of new learning outputs, which concerns men's 'internal' activity of cognition and mental processing to make sense of and put to memory the new information they received on the various GDH Intervention topics.[32]

5.2.1 Interacted Actively with GDH Intervention Topics and Perceived Peer Support

The following section presents men's experiences with interacting on the GDH Intervention topics both during weekly meetings and between meetings, and how their interactions influenced their relationships with group peers and perception of social support from those peers.

5.2.1.1 Weekly Meetings: Engagement Fostered a Sense of Belonging

Most men described how they needed to participate actively during weekly meetings in order to understand the various topics that were introduced. Men described having contributed to group discussions, answered questions that were posed by the facilitator, and, more generally, having been mentally present and involved in all group activities. Moreover, they recognised that the attentiveness and contributions they each made during their meetings is what enabled them to understand the topics. For example, if new ideas were presented that did not make sense to the men, they illustrated having sought clarification, explanation, or examples in order to reach new meaning. These bids for clarification would prompt the facilitator to repeat themselves more clearly or elicit a new activity or debate within the group. Toward this end, men's search for clarity seemed to have created opportunities for ideas to be considered in other ways or from different perspectives, enabling them to discover new insights. Men described having had the opportunity to engage on a given topic both

[32] The interaction and acquisition dimensions of learning work in a back-and-forth motion to reinforce one another (Illeris, 2017), and as a result, they tended to overlap in the data. However, the characteristics of each dimension were drawn out of the data and presented individually to highlight their unique contributions toward learning.

during the relevant group activities and at the beginning of the following meeting, when time was dedicated to summarising the previous week's key messages.

> We participated actively. We needed to participate so that we could better understand […] I was often active. There were discussions on some topics in which we participated actively. There were also questions we answered […] personally, this brought me many things, because often it was me who got involved. there are so many things we spoke about. We said to ourselves there is a solution for every problem. (M2 43y, 9y educ., Community 1)

> Since I was asking questions, I understood everything […] I was very active. I asked questions and tried to understand. Our group was really good. We communicated with each other without any problems. For example, when we were asked to gather or hold each other's hands so that we could stand up in a ring, no one refused to do it. (M10 33y, 10y educ., Community 2)

> We all participated actively […] If we don't understand, we tell him that we don't understand very well, and therefore to explain well. He explains and then it works […] I remember when he often came, if there is something we have not understood [during the previous lesson], I tell him, I don't understand this […] [and] he comes back to it. (M8 56y, 8y educ., Community 2)

Beyond individual effort, men also reported how the nature of the GDH Intervention activities had influenced their involvement during meetings. Some men, for example, reported having felt comfortable participating during meetings because they perceived that others had listened to them and respected their views, and they could relate to the experiences their peers had shared. Many men also conveyed how communication within the group was enabled by the rules and guidance, which were laid out and reinforced by the facilitators, effectively establishing a safe place for men to share their experiences and views without being interrupted or judged. There were also men who illustrated how the topics themselves and/or the ways in which the activities were conducted had drawn them into the conversations and motivated them to engage.

> We listened to each other. We established a rule, an internal regulation. When you cut someone off, you were brought in line […] We talked about everything. Most often it was past experiences, or the other experience that they have discussed, some were witnesses, they came and they talked about it […] We performed sketches and theatre plays. It was really interesting. (M11 35y, 13+y educ., Civil Servant, Community 2)

> What I liked most during the moments in the group was when the discussion was really free for each person, the examples were not taken out of the room. In some cases, it was a little personal [...] the young people, having sex with girls, and when we were talking about this, this was maybe embarrassing for them […] But the fact of discussing this, maybe that freed them and that allowed them to become aware of the fact that it was not a good thing. (M18 47y, 13+y educ., Community 3)

> There is not a single theme which is not interesting, starting from the beginning […] All was very important, everything was useful [..] There was no idea about what was difficult because

> we were given examples, we were doing the theatre, we were not given bad experiences […] They gave some examples and then among us, we gave some examples to say, this is a similar case. (M7 47y, 12y educ., Community 2)

Having persevered through some initial uncertainty on the lessons, some of the men illustrated having come to view themselves as responsible for their own learning. These men conveyed how their attentiveness and involvement during the weekly meetings was an instrumental part of establishing new meaning on the topics. For example, some described having needed to work through their confusion in order to make sense of the lessons. Through engaging in this type of interaction within the group setting over time, these men illustrated familiarity with new concepts and ways of thinking about the subjects. Ultimately, they came to share the view that their perseverance had enabled them to acquire new learning on the topics and how they relate to their own lives.

> Well, at the beginning it was not easy, clearly the first two, three months were so difficult. It was little by little that we began to understand, to be familiar and to improve, for better understanding. […] I managed to ask questions when I could not understand a point. When we don't understand, we ask questions […] there were several debates before we understood much […] It wasn't easy, it wasn't easy. […] But to be well taught we must deliberate. (M19 35y, 10y educ., Church Manager, Community 4)

> It was a first experience for us. We couldn't always answer all the questions. But there were times, when I understood a question very well, I answered it […] It was quite easy because if we didn't understand anything, the coach repeated it and explained it more clearly […] Through sharing, It gave me more intelligence to speak, to share an idea that others may also have had. (M31 59y, 3y educ., Community 6)

In general, men also demonstrated that through their engagement on topics within the group settings, they developed a sense of belonging among their group peers. For example, men conveyed how they had looked forward to attending the meetings, with some implying how the group had helped to bridge the divide that previously existed among the men. Others conveyed that the time they had spent and the nature of their bonds – including sharing a meal at the end of each session – was akin to the sense of community they found at church on Sunday. There were also men who described how the sense of relatedness they developed among their peers during weekly meetings was reinforced over time, further enabling men's engagement on the topics.

> For me personally, most of the people whom I met there, were not in my political circle. But when we all met, we were all speaking about that and finally it was very easy to meet in a place and speak about something other than politics […] it was fun, it was interesting to meet again each week. (M18 47y, 13+y educ., Community 3)

> We attended the meetings, we cooked, we worked, we sat together, we ate together. In any case, we exchange a lot. It's a day like Sundays. We liked it. (M30 38y, 8y educ., Community 5)

> We were all in the village there, we are all brothers. But our relationships really changed for the better […] we sang and danced together forming a circle and we were very happy. It encouraged us so much. We were old but took ourselves as nursery children. (M33 50y, 6y educ., Community 6)

There were also men who highlighted how learning in a group setting was beneficial because it provided them with a wide range of perspectives and insights on the challenges they experienced in their intimate relationships. These men described having taken turns to share the details of their personal experiences on a given topic. Following this, group members were free to exchange views on the problem that was raised and how it was managed. Everyone was able to share their perspectives on the matter. Some men described how this activity provided them with the opportunity to view their relationship from different perspectives. Others reported how this experience enabled the group to reach common ground on men's problematic relationship behaviours and how they could be changed. Through the processes of discussion and debate on men's lived relationship experiences, they were able to reach common ground on various intervention subjects as a group. In this way, not only did men acknowledge that their engagement on the various topics was an important part of their own learning, but also that a shared understanding was achieved among their group members. Having the ability to exchange the intimate details of their marital relationships demonstrated men's sense of trust among their group peers.

> Often during the meetings, if there is a problem that happened before we were in the discussion group, or something which happened between you and your wife throughout the course of the discussion group, I believe that although this problem happened, yes, we analyse it, talk it over with them, and then those who are responsible are led to mending their ways. I explained my problems, he explains his. (M19 35y, 10y educ., Community 4)

> There were activities that were difficult to understand […] But with the activities there, we have had enough of debates. It's the sharing of our experiences there which allows us to control ourselves, to quiet ourselves because by not sharing our experiences we remain the same. Really, it would have been difficult. We had to share our experiences to see the behaviour of one another to realise how we should handle ourselves. (M22 48y, 12y educ., Community 4)

5.2.1.2 Between Meetings: Belonging Fostered Further Engagement

Between weekly GDH Intervention meetings, some men reported having met with their group peers within their community to engage further on topics they had discussed during weekly meetings. Gathering in a less formal setting became somewhat of an extension to the groups' discussions for these men. For example, some described having met with one another because they had appreciated the lessons and wanted to revise the topics and new ideas to keep them fresh in their minds. Other men suggested they found meeting informally helpful because it provided an opportunity to revisit the material and come up with new ideas and insights on the subject matter. There were also men who illustrated how re-engaging on the intervention material enabled them to exchange perspectives on messages they had taken away from the meetings in order to clarify their own views, including on issues they may have initially disagreed with or found difficult to accept.

> Often during our off days or when we are going to the course, we form groups of two people and we discuss. We talk about what PEY has taught us. We say such and such lessons encourage us a lot… we see each other, we try to revise what we have done during the previous week, if you have new ideas you share with everybody. (M33 50y, 6y educ., Community 6)

> […] without him we gather in the little village there […] Some were saying that, "I cannot be equal with the woman, how can I?" While others say, "I am going to take charge of carrying the bags [of food from the fields], so that [my wife] is not doing anything" […] Well, there, we talk, it's everything, we discuss everything. How you should behave when you are outside and how you should behave when you are in a family. It is something that we have learned, we have learnt good things. (M8 56y, 8y educ., Community 2)

Men also illustrated how the sense of camaraderie they had developed with group peers during their formal, GDH Intervention meetings fostered further engagement with each other on the intervention subjects between meetings. Meeting informally without the facilitator to revise, clarify and improve their understanding on intervention topics helped to further the social bonds men developed within their group. As the GDH Intervention groups were comprised of men from different ages, ethnicities, religions and social positions, such meetings helped to foster social bonds across different social groups. Some men described how, since the intervention began, they were spending time with group peers from different social stratifications and who moved in different social networks. These men suggested that the intervention enabled them to 'bridge' their social bonds across different social and ethnic hierarchies, including men with whom they had not previously interacted. Some, for example, reported that they had met routinely on a social basis with group members that hold high-level leadership positions in their communities. Moreover, in one of the more ethnically diverse communities, some men reported that they were spending time, socially, with members of different

ethnicities, men whom, they suggested, that they would have avoided socialising with prior to the intervention.[33]

> We saw each other but we didn't approach the others […] Everyone believes that other people don't think like they think. It's always like that here […] You see guys that come here, they don't get along with us. For them it was the same. They were here […] they never understood us […] But after IRC came here, now on our way home, I will go by him to say hello, and he does the same. He has come by my house more than three or four times to say hello. If there is a problem, he comes and tells me. But before, we didn't understand each other. We didn't do anything bad to him but it's him in his heart. (M21 48y, 9y educ., Youth President/Muslim Advisory Committee Member, Community 4)

> As villagers, we know each other well. We mingle very well with each other. The [Youth] President is even from the village. Before we were not chatting much with him but since we became friends we are always together. (M2 43y, 9y educ., Community 1)

While men tended to meet in larger groups and fostered new relationships with intervention peers, there was one man whose engagement with intervention topics between weekly meetings was limited to those whom he knew prior to the intervention. Nonetheless, like the men presented previously, he illustrated having discussed GDH Intervention topics and sought clarification on messages he had not grasped during the weekly group meetings.

> […] the son of my elder brother […] he and his younger brother are in the same group as me. So, when we have a meal together, we try to talk to our wives about what should be done to improve our lives. We discuss the topics we learned in the group. (M27 48y, 10y educ., Community 5)

There were also two men who reported having never met with group peers between weekly GDH Intervention sessions. These men attended only six and seven GDH Intervention meetings, respectively, and their comments suggested that their professional activities occupied too much time. Notably, both men had university education and carried out professional roles, including as Manager of a Political Party and Civil Servant. As was highlighted previously, it is possible that, given the level of education among these men, they may not have needed further clarification or discussion to reach new understanding on the topics.

[33] Ethnic tensions were central throughout the war and ongoing insecurity in Côte d'Ivoire, after decades of national pro-immigration policies gave foreigners preferential access to farmland in an effort to improve national economic growth.

> Yes, [the other men] were doing that. [But] no, frankly, not me personally […] for me it was a bit complicated because of my professional activities, it was a bit complicated. (M18 47y, 13+y educ., Community 3)
>
> Well, it is difficult. That means, without the facilitator […] it is difficult because each one is occupied with their own activities. [So] it is difficult to gather. (M11 35y, 13+y educ., Community 2)

It is worth noting that the strong sense of belonging demonstrated by the men presented in this chapter is somewhat surprising, given that two in three of these men are from ethnically heterogeneous communities. Recall from Chapter 3 (Study Setting and Overview of the GDH Intervention), political polarisation over ethnicity related to immigration and citizenship rights was central to the 2002 war and 2010 post-election Crisis in Côte d'Ivoire. Moreover, of the communities that participated in this study, the three that were ethnically heterogeneous also experienced relatively more violence than the three ethnically homogeneous communities. Conversely, this strong sense of belonging is not demonstrated in the following two chapters (Chapter 6 Unconscious, Externally Motivated Learning and Change Practice and Chapter 7 Multiple Pathways towards Learning and Change Failure), wherein less than half and less than a third of male GDH Intervention participants, respectively, were from heterogeneous communities. This finding could suggest that participants in communities that experienced more violence were more motivated to address the social divisions that precipitated the country's conflict and insecurity. As was highlighted earlier in this chapter, this sentiment was shared by some men as their reason for joining the GDH Intervention.

5.2.2 Acquisition Driven by Conscious, Complex Learning Processes and Outputs

The section below presents the processes by which men engaged in a series of complex, internally motivated and conscious mental processes within their minds, as they worked to make sense of the messages that they received through their interaction with their GDH Intervention. This section is broken down into two parts. The first involves a backward-looking gaze as men critically reflected on their harmful relationship behaviours and their sense of identity as husbands, fathers and men. Following which, men then switched their gaze forward to assimilate new approaches, techniques, attitudes, ideas and behaviours to enable them to practice healthy change.

5.2.2.1 Reflected Critically on Reasons for and Consequences of Harmful Behaviours

Men demonstrated having engaged in the macro process of critical reflection. This process involved looking back to consider their prior actions or understanding about such behaviours and questioning the reasons for and consequences of how they (or other men in their community) had behaved toward their intimate partners. Men's reports of their experiences with critical reflection demonstrate several overlapping sub-processes that enabled them to reach new insights about their own harmful behaviours (or those of others). The findings outlined within this section suggest that while some of these sub-processes tended to generate new insight into certain behaviour categories (such as around household roles or decision making), other sub-processes seemed to create new meaning for different behaviour categories (such as use of violence). In both theory and reality, however, the boundaries between these sub-processes are often blurred and overlapping, and any distinctions made between them, as presented below, are merely to articulate the myriad of ways that men experienced critical reflection. What is of more importance is the common element demonstrated among these sub-processes, namely, the critical, backward-looking gaze that led to new meaning, insight and understanding about men's prior experiences and practices in intimate relationship.

5.2.2.1.1 Drew Upon their Understanding of the World

Some men demonstrated having broadly reflected upon the world around them in order to connect new messages they received from the discussion group to what they already understood to be true. This tended to be the case when making sense of the concept of gender inequality. For example, there were some men who illustrated having reached new meaning by recalling that women now carry out professional roles in society that were once only held by men. They acknowledged, for example, that women hold positions as teachers, university professors, government ministers, and even country presidents. Other men made sense of gender equality by recognising the passing of Ivoirien government legislation that codifies the human rights granted to both women and men on an equal basis. There were also those who drew on religious doctrine to understand the notion of gender inequality, for example, by recalling that men and women were both created as human beings 'in the eyes of God'. Despite the different realities that men considered to reach new meaning about gender equality, their approach was similar. Ultimately, the examples of gender equality that men had observed acted as evidence that gender equality existed, enabling them to change their attitudes about and accept the broad notion that men and women are 'equal'.

> Being African with a wife, means what? We immediately consider the woman, we say that she is under the man's domination […] [but] being Christian, the Bible says that a woman, she is a human being. So, for me, this activity accompanied me to what is good, what the bible teaches us. There is no difficulty for me, we should accept woman like that […] We are, God created us practically the same. So, for me, that's what I see. (M22 48y, 12y educ., Community 4)

> Well, prior to our participation in the sessions of the discussion group, men considered themselves as leaders and they were the ones who made decisions. But, thanks to the discussion group teachings, we learned that men and women are equal. There are human rights for men and women. The government implemented these rights and I think they should be put into practice. (M19 35y, 10y educ., Community 4)

> [One lesson] was about equality […] the facilitator explained to us so much […] and then I could see around me, I saw that what they told me is true. Women have the same rights as men. Women have the right to work, do the same jobs as men. A woman can be a village leader, a head of state […] she thinks as we do. (M15 51y, 10y educ., Community 3)

5.2.2.1.2 Challenged the Assumptions Behind Socially Accepted 'Truths'

There were also men who made sense of new concepts that were introduced into the discussion by challenging the commonly-accepted 'truths' behind the social norms and expectations within their communities and how these played out in intimate relationships. For some, this was particularly the case when trying to understand the topics of gender equality and sexual partner violence.

Regarding gender equality, for example, some men challenged the common belief that men are 'masters' of the home and free to engage in whichever roles they wish under their own roof. By reflecting on their own lives, men became conscious of the rigid social rules that guide which roles men are expected to undertake (and not undertake) within the home, including in relation to housework and caring for their children. More broadly, they acknowledged that men's behaviours are constrained by an invisible set of social regulations,[34] which are both established and reinforced through the norms, attitudes and expectations imposed on them, including by friends, family and community members. This permitted men to change their attitudes about the roles and behaviours they believe men should be able to carry out within the home, including tasks that were previously only held by women.

> There are men who think that in doing the cooking or putting the laundry on their head, their friends will come to mock them […] At this stage, […] if you say, I am a man, I cannot cook

[34] The 'Man Box' activity sought to highlight the rigid gender roles that boys and young men unknowingly ascribe to, often referred to as hegemonic masculinity, which sets expectations about how men should experience emotions and behave in different social contexts.

> even when (my wife) is sick […] we should go and call someone to cook, or you must learn to cook, you must understand that […] we are born in the box, but we don't know we are inside. (M7 47y, 12y educ., Community 2)

With respect to sexual violence, there were also men who challenged taken-for-granted 'truths' behind social norms and expectations around marital sex. For example, some men questioned the assumption that men have greater sexual desire than women, by recognising that men seek sex out of obligation and highlighting the pressures they experience to live up to societal expectations around sex. Similarly, other men challenged the common belief that not having sex when aroused could cause physical damage to a man's genital organs. One man asserted, for example, that men need to control their sexual organs rather than letting such organs control themselves. There was also one man who challenged the misperception that forcing one's wife to have sex is not considered violence because violence is determined by the infliction of harm, and a man could eliminate such harm by issuing his wife an apology. By critically reflecting on his own experience, however, he came to understand that forcing a partner to have sex constitutes violence and will result in harm regardless of his apology. As demonstrated in the following passages, the new understanding these men reached around marital sex is accompanied by a corresponding change in their attitudes, such that men should control their sexual urges, that forcing a partner to have sex is not acceptable, and that wives should not be expected to respond to the sexual whims of their husbands.

> Forcing someone to have sex, yes, now we're talking about sexual violence […] If a man forces his partner to sleep with him this is not feasible, this is violence. There is no logic to men who do this, but they do it out of obligation. Otherwise, sincerely it is not good, it is not advised. When you do that, it's like you are violating someone (M19 35y, 10y educ., Community 4)

> […] here the Africans, we call that an obligation. We accept it like it is […] we don't call that force. Because if you want to, and she says she doesn't want to, you can ask her for forgiveness. It's not the same thing as saying you use force […] Now the man understands that if a woman doesn't want to, even if you ask for forgiveness and you do it, this is violence. (M20 53y, 5y educ., Community 4)

5.2.2.1.3 Reconsidered Gender Roles and Expectations

There were also men who made sense of sexual violence and gender equality by reflecting on how they had behaved toward their partners (or toward other women in their community) vis-à-vis other group members. Through discussion, these men became conscious of the roles they had played in

reinforcing expected behaviours that result in inequality. Some men, for example, became conscious of the part they had played in sustaining the discriminatory treatment of women. One man recognised his inequitable treatment of women regarding how they should dress. In doing so, he expressed the attitude that it's unacceptable to hold women to different standards and to punish them with harmful labels for failing to comply. Men's newfound awareness of their role in perpetuating harmful gender stereotypes led to a change in their attitudes such that women be treated as equals to men.

> Regarding the question of gender equality, we are the ones who differentiate between men and women. See how some young boys now wear trousers, leaving their buttocks uncovered? Young girls may do the same. But if they do, we'll think they're prostitutes. Treating women like this isn't good. Because what really makes the difference is sex […] Gender is what the community imposes on us, sex is what makes the difference between man and woman, otherwise we are born the same. (M7 47y, 12y educ., Community 2)

Another man described having come to view gender relations in a new light around the topic of sexual partner violence. Through group discussion that involved sharing personal experiences, this man learned that not all of his discussion group peers had used force with their wives when it came to sex, raising the possibility that there were other ways to behave intimately with a partner. This man's newfound awareness led him to consider and question his own sexual behaviours and, ultimately, to change his attitudes around marital sex.

> With (our group peers), we discussed a lot. They told me that their way of living in the family is totally on the bed […] Many were adamant on their decision because for them, a woman who doesn't consent should be punished the next day. On the other hand, there were others who said that they didn't use force […] I realised that the boys are angry and that women are not consenting. Since then we learnt something […] It's something they should agree on. (M2 43y, 9y educ., Community 1)

There were also men who became aware of the role they had played in reinforcing harmful gender inequalities by reflecting on their own interactions with their partners, enabling them to see their relationships from a different perspective. Some, for example, became conscious of the inequitable way that financial decisions were taken in their homes by considering the contribution their partners made to the household income. These men acknowledged the disconnect between the amount of work their partners regularly undertook, including alongside them in the fields, and the lack of say they had in deciding how their earnings were spent. This new insight led men to consider that their partners may have useful suggestions regarding household spending and on other matters.

> What I understood (laugh), before a woman has no power over a man. When he sells his agricultural products, he puts money in his pocket. He does not care to give some to his wife. He goes to the market, does what he wants, Drinks and looks for girlfriends. When his wife complains, he says "are you the one who planted the coffee or cocoa for me? [...] when I go out to sell coffee, I get CFA 500 from the transaction, and then come back home. I should show her what I got. I saw this was a good thing to do since we worked together to get that money. It takes two to wash each other's backs. (M33 50y, 6y educ., Community 6) [35]

In recalling their experiences, other men came to acknowledge the imbalance in the volume of work their partners had undertaken vis-à-vis themselves both in the fields and at home. These men became conscious of the reality that, while they had returned from the fields in the evening to rest, their partners had continued working – by cooking the family meals, maintaining the kitchen, and preparing the children for sleeping. In the first passage below, one man reflected on the distribution of labour between he and his wife, with an eye to understanding the notion of gender equality. In doing so, he recognised that his wife had been carrying a significant burden of the family work, while reflecting the attitude that a more gender equitable division of household labour is necessary.

> I saw my behaviour towards my wife […] We give them all the work. Even when you are with your wife, even if she is pregnant, she carries the load (from the field). Then you leave to come to village and it's her who is left doing everything. You come to the village and sit, it's she who looks for water to drink, it is she who is doing everything. I saw all those things. It's not good. (M15 51y, 10y educ., Community 3)

5.2.2.1.4 Examined the Consequences of their Behaviours to Themselves

Men also considered the potential consequences of perpetrating physical partner violence to themselves and to others (to a limited extent). They reflected on their prior experiences with using (or witnessing) physical IPV to reconsider how such behaviour may have impacted men, their partners, and their families and communities. The most consistent finding among these men was their newfound awareness that hitting or beating a partner could have serious financial repercussions[36] for themselves. For example, men spoke about the immediate cost to receiving treatment in hospital, should their partners require medical care for injuries sustained. Others discussed the monetary implications that might result from transgressing formal laws or customary practices against partner

[35] CFA refers to the West African Franc, the currency of Côte d'Ivoire, and 500 CFA is equivalent to approximately 0.88 USD.

[36] The consequences of intimate partner violence to families were covered in the GDH Intervention, including financial consequences.

violence imposed by their village. For example, a violent husband could be reported to the police and required to serve a jail sentence, which, as the primary breadwinner in the family, could have serious implications for the future of his wife and children. There were others who discussed having to sit before the village chief and be required to pay a penalty for being violent to their wives, which, they suggested, since the GDH Intervention, is no longer considered acceptable in certain communities.

> If a man beat his wife, he would send her to the hospital […] he must have her treated and it's his own money he will spend. If he hits her, his money will disappear. So, in his case, he who is at fault is not saving money […] he shouldn't hit his wife because it his himself who will suffer. (M20 53y, 5y educ., Community 4)

> It can send you to the police […] If I am angry and I take a machete to hurt someone, and the police are there to arrest me when I'm trying to commit violence, they will stop me. But if they stop me, I will leave my family for how many days? For how many months will I be in prison? My family will become poor. Because it's me who works, it's me who takes care of the family. That could happen. My children will not go to school. (M27 48y, 10y educ., Community 5)

> Beating your wife is forbidden. If someone does that now, things will get ugly. It's condemned in our community. Cases must be judged in front of the chief. He will tell you to pay some fees. You will pay, you will lose money. (M8 56y, 8y educ., Community 2)

Some men also came to recognise the economic and social repercussions of physical partner violence more broadly, such as how it would impact their work schedule, and therefore, their ability to cover necessary household expenses. For example, some men acknowledged that beating and injuring a partner might cause her to question his commitment to their marriage and result in her leaving him. Subsequently, were they left to manage the couple's children alone, some wondered how they would undertake their own work while also caring for their children. Others considered the contributions their partners had made to the family income, wondering whether their work alone would cover the cost of everyday essentials for their home and children. There were also men who conceded that were their wives to become injured and in need of rest, then they would be left with more work than usual. More specifically, not only would they have to complete their wives' daily work, but also, they would need to look after their wives while they recovered from the injuries that they themselves had caused. A few men also indicated that hitting their wives is wrong because men should treat them well, an idea that is outlined in the last quote below.

> Violence is not good. It's a woman that you have married, who sits with you, and then you mistreat her, you hit her? When she sits alone like that is that good? If you're not careful, she will leave your family. If she leaves you, you will suffer. When my wife gave birth, I stayed with my children, but it was difficult. If they need to eat and I don't have money in my pocket, it's difficult. If their mother is not there, will I be tired? (M28 45y, 5y educ., Community 5)

> If you are violent toward your wife, if you beat her and she has a fractured limb, since it's her who takes care of the household, not only will she not be able to do any more housework it's you who must take care of her. (M11 35y, 13+y educ., Community 2)

> We did sketches on this subject there. You will hit your wife, you will hurt her at the time, or you will hurt her and pay for medications, you will take care of her for some time, she will not cook for you. She will not have the time to look after the children. All these consequences, they will fall on you. You see then that there is no discussion. It is not acceptable to hit your wife. (M7 47y, 12y educ., Community 2)

While men largely considered the consequences of physical partner violence to themselves, some also viewed the repercussions more broadly through the eyes of their partners and children. Specifically, men recognised some of the problematic consequences of their actions to their partners, themselves and, in turn, their intimate relationships. Men recognised that their partners could sustain physical injuries, including swelling to the face, and may lose consciousness and even die if the injuries were serious enough. Others conceded that being physical with and injuring a partner would bring trouble to their relationship and have adverse effects for children in the home. For example, the physical and mental health effects of domestic abuse could prevent parents from tending to their children and distract the children from doing well at school. Consequently, the children could lose any chance they might have at a successful life and may even follow the behaviour of their father and become violent themselves. Some men even suggested that such troubles between a couple could have lasting effects on entire families and even communities.

> If you argue with your wife and you suddenly break her arm, it's still your problem […] Your children will go to school, and instead of following what the teacher shows them, they will be wondering if I'm hitting their mother at home. If this happens, what will they retain at school? Nothing, instead you have made your children uneasy […] You hit your wife, that can bring conflict between the two villages. If she goes to her parents and they see her injuries, they will not be happy. They will come against your village and it will become a big problem… In any case, I don't see a situation where one can clear a man for hitting his wife. (M33 50y, 6y educ., Community 6)

> Yes, [addressing violence against women] is very important. The women have come from the field, tired, and she must fetch the water, prepare the meals, then you start trouble with her, and you hit her? She is doing this with injuries? That is not good. (M2 43y, 9y educ., Community 1)

5.2.2.2 Reflected Critically on their Sense of Identity

After having gained new insight into the causes and consequences of and changed their attitude toward men's harmful relationship behaviours, men then reconsidered what their learning meant for themselves as 'men'. More specifically, men reassessed their self-image as husbands and fathers in

light of their new understanding of the harmful ways they had treated their partners (or idly stood by while other men in their homes and communities committed such practices). For men, this process involved putting into perspective what they learned about partner violence and inequitable relationship practices in relation to themselves, to reconsider how they perceive themselves for having committed (or witnessed) these behaviours. This process of reflecting critically on their sense of identity led men to experience some regret for the harmful ways that they had treated their partners and to accept responsibility for their actions. Men came to acknowledge their need to change how they behaved in their relationships, and, for some men without a history of partner violence, the need to speak out against the violence they had witnessed within their homes or communities.

Men with a recent perpetration history of physical partner violence, for example, considered what their violent behaviours meant for themselves as husbands and fathers, and how their violence reflected on their roles as educator and head of the family. In doing so, these men accepted responsibility for how they had behaved by considering their actions in light of the causes and consequences of partner violence, and came to acknowledge that there was “no logic”, “no reason” or that they had “no right” to behave in such ways. For some men with no recent history of physical partner abuse, they expressed accountability for inadvertently permitting violence within their homes, for example, by not challenging their brothers, cousins and fathers for having abused their own wives. Men came to recognise their need to change how they respond to feelings of anger or when they witness violence within their homes. The desire to change came from men’s new understanding about themselves and further consideration of how they would rather be perceived given their role as the authority figure within the family.

> I was short-tempered and even jealous […] I had to learn. I’m the head of the family. I’m a father and a husband. Really, it’s not good, there’s no logic in that, it’s not good, whatever the situation is. In any case, one must extinguish the violence within oneself. (M19 35y, 10y educ., Community 4)

> I shouldn't say[...] ‘my wife is inferior to me, I'm the one who made her come to live with me, so I shall do whatever I like. […] I followed the training and I no longer have the right to act in a certain way. I was in that school to do such things and so I must follow the advice so that I can be a responsible man […] We must know the value of people. (M31 59y, 3y educ., Community 6)

> There is no reason to hit your wife. That’s being weak. We should not lose control when we are angry […] we didn’t know that certain things had led us to do wrong […], [we] are more educated now. (M8 56y, 8y educ., Community 2)

> It’s a concern, because some of us have lived in polygamous families, it’s things like this that we have [unknowingly] supported, where the parents beat their wives for saying ‘yes’ or ‘no’. But today, we must recognise that things have changed a lot. (M18 47y, 13+y educ., Community 3)

When it came to sexual partner violence, some men with a recent history of these behaviours went through the same process of reflecting critically on their self-perception as men and husbands. These men demonstrated having reconsidered how they perceived themselves vis-à-vis their newfound understanding about their own harmful sexual practices. For example, having understood that physically forcing a partner to having sex constitutes 'rape', men then reassessed their sense of identity in light of this new knowledge. In doing so, they re-evaluated what their behaviours meant for how they viewed themselves as men and husbands, and how they would rather be perceived as a partner when it comes to sex. One man, for example, articulated having considered his wife's perspective during sex, and came to realise that he did not wish to be seen as inconsiderate of his wife's need for comfort and rest. For another man, having seen his forceful behaviour around sex in a new light, he suggested that being perceived as someone who raped his wife was not worth any potential benefit derived from having sex.

> I realised that my own wife when she is sick, she feels uncomfortable, we cannot force […] In love, it's necessary to have the consent of both. (M2 43y, 9y educ., Community 1)

> I understand that there's no need to use force […] I have violated her, I see that. I said that it's not worth it, so I leave it. (M20 53y, 5y educ., Community 4)

Overall, the process of critical self-reflection seemed to be mirrored in the changing ways men came to view themselves prior to and since the GDH Intervention. In other words, as men learnt to see their behaviours differently, they likewise came to view themselves differently. Looking back, men reconsidered how they viewed themselves and the kind of men they were prior to having joined. Some men, for example, suggested that they saw their former selves as having been ignorant, uncaring, disregarding or negligent, and lacking respect for others. The particular characteristics these men described are typically associated with the most dominant form of masculinity. It is quite possible that these men experienced social pressures to conform to such idealised notions of manhood and encouraged other men to do the same. In reconsidering how their harmful relationship behaviours changed the ways in which they viewed themselves, men took ownership over and ultimately accepted responsibility for how they had behaved toward their partners.

> […] we had things that we ignored, that we were not considering […] All the things that we didn't care about, that we thought no one can do anything to us for them. Things that can cost us a lot in life. We dealt with these things in the discussion group. (M7 47y, 12y educ., Community 2)

> What particularly touched is the Man in the Box. Because in every way, the way we lived our life was not so good […] in every way, we were in the box […] A Man in the box is he […] who hits his wife, who does not respect his wife. (M15 51y, 10y educ., Community 3)

Other men similarly reassessed how they had viewed themselves prior to joining the GDH Intervention, and recognised that they had been led blindly by social rules that were passed on through their cultures, religions and families. Having learned about the causes and consequences of their harmful relationship behaviours, however, men came to recognise the limitations they faced in their day-to-day lives and suggested having been unable to be the kind of man that they preferred. Referring to the notion of a Man in a Box, several men recognised that they had been blind to the social influences that had guided their relationship behaviours. In the first quote below, one man suggests that the GDH Intervention had helped to correct some of the misperceptions that men had adopted about themselves vis-à-vis women.

> We were in darkness […] The laws were hidden, we were not aware. These laws [that] show us how to behave, how to respect women […] In our custom, before it is the man who maintained power because the woman had no power here. But with the discussion group that came here, we put everyone on the same footing, there is no one who is superior or inferior to the other. (M33 50y, 6y educ., Community 6)

> A man in the box, this is someone who is still in the colonial period,[37] where everything is closed, he does not see clearly yet […] A few of us, who had not yet gone there, we didn't know certain things that led us to do wrong. (M8 56y, 8y educ., Community 2)

> The man in the box […] that was me. It was what my parents had been doing before the discussion group. In the past, we made decisions based only on the traditions of our family, region or religion. We would say, "That's the way I saw my father and my mother doing this or that. We didn't have to think a lot […] I had to learn." (M19 35y, 10y educ., Community 4)

5.2.2.3 Assimilated Healthier Approaches and Techniques, Demonstrated Change Potential

Building on their understanding of the harmful ways they had treated their partners, men then demonstrated motivation to continue learning by switching their gaze forward to consider non-violent and more equitable practices they could adopt within their relationships. In doing so, men engaged in a simpler set of learning processes that involved adding to memory new ideas, approaches and techniques. At the same time, they learned to differentiate these from what men had previously understood about the nature of intimate relationships between married men and women and how they should function in their day-to-day lives.

[37] One man's reference to the colonial period suggests an era prior to science and reason, when people's everyday lives largely followed tradition and convention instead of rational thought.

Men with a recent history of physical and/or psychological violence acquired new attitudes, approaches and techniques to avoid becoming violent with their partners. The most common finding among these men was their adoption of a conflict management approach to preventing their use of violence. Some men illustrated having acquired new ideas and techniques to help them manage their negative emotions and avoid engaging in arguments with their partners. For example, these men described how they could take a time-out when they recognised they were becoming angry. This could involve either turning away from their partners to take a moment to breathe, or else taking a time-out by leaving the house and going for walk or talking to a friend, and then returning home only after they had calmed down. There were also men who acquired the approach that communicating with their partners can help to address problems when they arise, and can thereby prevent the resentment, disagreements and arguments that would normally lead to violence. In doing so, some men articulated that part of this communication involves listening to and respecting their partners' views and concerns, rather than focusing solely on themselves. Overall, these comments imply a different approach from what these men had known previously, which was to discipline their partners with violence when they became angry toward them.

> […] what always puts men in flames is anger. If you know how to manage anger, you are tranquil […] you cannot injure someone, and nobody can injure you. So, that lesson, it taught me a lot […] A technique is to leave where you are, or you can avoid replying […] if someone speaks badly to you, you [can] say, "I'm not interested to make trouble, so I'm going home or I'm going to my friends or I will go somewhere else." And then you [can] leave […] One cannot argue alone. (M31 59y, 3y educ., Community 6)

> […] there are behaviours that must be adopted in order to manage [your] anger. Example, when you are angry, take a deep breath and breathe out […] What I learned is that a good man should be understanding, tolerant […]. Because if you are always withdrawn, you retreat from ideas […] A woman and her partner are equals so he must love the woman in this way […] Whatever the problem is, one should always discuss it. (M11 35y, 13+y educ., Community 2)

> […] one must extinguish the violence within oneself […] The most important thing is to better understand his wife so that the household works well. He must avoid arguing when his wife talks, he should avoid arguing and he should listen and come to understand and discuss with one another so that there is a total improvement in his house. But if you don't listen to you wife, you wife will not listen and everything you do will be in vain, you must understand one another. (M19 35y, 10y educ., Community 4)

In similar ways, men learned new ways in which important household decisions should be made. In general, men acquired new approaches and attitudes toward consulting their partners before making decisions that have financial implications for their families. In doing so, men demonstrated new techniques such as engaging in positive forms of communication to reduce the risk of conflict should

they happen to hold different views. Such communication should be carried out, for example, by acknowledging and equally valuing their partners' opinions and working together to achieve consensus. Some men, for example, came to accept the idea that a 'good man' is someone who communicates with his partner, discusses problems when they arise, and recognises that couples can work as a team to find solutions. Other men suggested that working together with their partners to make important decisions is beneficial because it helps to avoid conflicts that could arise, for example, if their wives disapproved of any decisions that they had made on their own. In discussing financial matters with a partner, one man even highlighted the technique of considering and weighing all possible options before seeking outside support – including from a family member who would be sympathetic to his wife's position – should the couple be unable to reach agreement on their own. Men's views differed from their prior understanding on decision making, which acknowledged that the man or household head was the sole person qualified to decide money matters.

> The decisions that truly involve the couple's life when it comes to large scale decisions. For example, planting our crops, then we are required to sit together and discuss, weigh the pros and cons of each outcome. The man can no longer decide alone […] The problem must be resolved through communication. First between husband and wife, you must discuss. If there is no solution, you can seek the support or advice from sisters or brothers. The sister is likely to better understand your problems. Disagreements should be resolved quickly. (M22 48y, 12y educ., Community 4)

> If you must do something, you must talk to your wife. If it is to build, earn money, you say 'my wife, here is the money, what are we going to do?' Then you decide what you're going to do, she cannot get angry. You cannot make up your own mind that you're going to do this or that. To leave your wife behind and then decide yourself, that's not right […] A good man should listen to his wife. (M28 45y, 5y educ., Community 5)

> To be a good husband, you should respect your wife […] listen to you wife […] if you have money, call your wife to discuss how you should manage the money. When there are problems, you can discuss these in bed. If you have money, you have a problem with money, or if you have money but there are other problems in the house, you can manage them together. Even if you have money, you can build, or you can invest. [But] you must communicate with your wife (M15 51y, 10y educ., Community 3)

Even with regard to family roles and responsibilities, men acquired healthier approaches, techniques, ideas, and attitudes on how things should be done. Overall, men demonstrated having assimilated new approaches for managing the household that involve the equitable redistribution of existing roles and responsibilities along with valuing and respecting the roles that have been traditionally undertaken by women. Toward these ends, men illustrated having learned techniques that will enable them to achieve these approaches, for example, by helping out around the house when their partners are still working or away from home, sharing roles and responsibilities, and working to better

understand their partners' needs. Men also assimilated new ideas and techniques to enable them to make sense of this new learning. For example, men made sense of the new approaches and techniques they learned with the understanding that household roles are not only for women. Indeed, by helping their partners, men acknowledged that they could avoid future arguments, improve household functioning, reflect love for their partners, and more practically speaking, that their family will not eat while their wife is away working unless they learned to cook. One man accepted the notion that, when a father actively parents his young child, he can positively influence the person that the child will become.[38] Collectively, this new learning differed from what men had understood previously, namely that men and women have distinct household roles and responsibilities which are not valued equally.

> Our wives are not our slaves. They have many tasks to do and we, men, have more time to rest than they do. So, we must balance that. If your wife is busy with a task, you should also get up and do something. God has not said that all the tasks should be done by women only. Everybody must work […] If it is dark and she is in the kitchen preparing a meal, you should wash the kids. If she is busy and she doesn't have time to make the bed, do it yourself. You can also sweep the bedroom. (M27 48y, 10y educ., Community 5)

> If the woman is not there one day, you are there with your children, you can put some rice in the pot, put it on the fire to cook, put chili oil on it so your children can eat […] No problem, it's his own children. If it wants to [bathe them], he can do it. It's for our own good. If a child is [contributing to] the community, everyone would say, it's my brother, it's my son, it's my child. [But] if he's not good, everyone will say that is the child of that woman […] You see, if you can advise your child, find a way to oversee them, it's very good. He becomes something more. (M7 47y, 12y educ., Community 2)

> This is normal since my wife enjoys the same, almost the same rights as me, so we must share responsibilities […] There is nothing wrong with that [...] because the woman maybe tired […] if at some point the woman is tired, one can do the cooking, can wash the children [...] and if she falls sick[...] there is no servant at the house to cook. Just because you are a man, you cannot cook? Eh? If you don't cook, you don't eat! (M22 48y, 12y educ., Community 4)

Similarly, with respect to sex in intimate relationships, men with a history of sexual partner violence assimilated new approaches, ideas and attitudes toward respectful sexual engagement with their partners. Some men, for example, illustrated their new approach of trying to empathise with their partners, including by seeking to understand their wishes and desires around sex, rather than forcing themselves on their partners whenever they wished. One man made sense of his new approach to sex based on the notion that their partners are deserving of the type of treatment that they expect for themselves and that her wishes should be equally valued. This learning differed from how the men

[38] It is customary in rural Côte d'Ivoire for young children to be cared for by their mothers. Once children reach an age where they can help their parents with daily roles, boys are often sent to the fields with their fathers to learn how to farm.

had previously understood things, namely that using physical force when their partners refused was considered acceptable behaviour.

> When you live with someone, you should not oblige her to make love to you, because you don't know what's in her soul. One day if she says she is tired you should not get angry, you should not say "how are you tired, you're going out with others?" […] You should control yourself. Maybe the day when she is ready for you, you can sleep with her. This is what I understand. (M20 53y, 5y educ., Community 4)

> […] we learnt something […] it's something they should agree on […] In love, it is necessary to have the consent of both. Because forcing someone to go through with that, it's not right. I don't like being tired, so I do not want to tire another person. One must be clear. (M2 43y, 9y educ., Community 1)

5.3 Men's Internally Motivated Performance of a Conscious Practice of Change

The following section sets out the experiences of men toward developing an internally motivated and conscious practice of behaviour change. These experiences demonstrated men's ability to put into practice the learning they acquired on healthier relationship behaviours. Four change processes are set out below. Two of these processes are intricately linked and involve recognising cues to prompt change and replace harmful behaviours with healthier alternatives. The third and fourth processes, which also work together, involve reflecting on their experiences with behaviour change, and in doing so, incorporating new learning to consolidate a stable practice of change.

5.3.1 Recognised 'Cues' to Replace Harmful Behaviours with Healthier Alternatives

Across the behaviour categories, men who achieved complex learning illustrated their ability to put into practice the new learning they acquired. This involved 'turning inward' to identify and acknowledge 'cues' that signalled their need to practice healthy change. These cues seemed to be internally derived, as men worked to draw attention toward how they were feeling and/or to consider their new learning on practicing healthier relationship behaviours.

For those with a recent history of perpetrating physical or psychological partner violence, men illustrated having turned inward to become aware of their negative emotions, including anger, irritation and fear. Men then interpreted these emotions as a 'prompt' to both stop themselves from responding blindly and to recognise the need to practice change. Men demonstrated their motivation

to avoid becoming violent and abusive by making the conscious effort to practice healthier alternatives. Applying the learning they had acquired, men described having taken a time-out so they could calm down, consider how they were feeling, and recall healthier behaviours toward practicing non-violence. In doing so, men demonstrated having taken a walk, sought support from friends, or sat alone in quiet contemplation. After they had regained control of their emotions, thoughts and behaviours, men described having been able to return to their partners (or to whoever was sent on behalf of their partners) with a sense of calm, openness and motivation to discuss and resolve the problem that had arisen between the couple.

> A few weeks after [the GDH Intervention] […] I was annoyed. I wanted to [act violently], but there was something in me that said, have you forgotten? […] it really shook me, like the bible or something like that […] If you want to get angry and then you find yourself getting angry, you see this, and you control your anger […] I must know how to control myself. As of today, that's why I talk about the problem. (M7 47y, 12y educ., Community 2)

> There was a situation of this kind […] last year. It was more about fear than hurt […] we had a verbal exchange […] When she started to yell at me, I decided to leave. I saw my blood pressure start to rise so I left. I went outside to get some air […] I controlled myself, I kept my cool. It's not worth it otherwise. She talked to my brothers, one of whom was also a member of the [GDH Intervention] group who gave me some advice. In any case, it truly helped to […] control my anger. (M22 48y, 12y educ., Community 4)

With respect to money matters, men similarly illustrated having put into practice the learning they had acquired on making important family decisions. Men demonstrated their 'cue' for behaviour change in this regard as recognising the need to make a decision that has financial implications for their families. This ranged from decisions on where the couple should focus their income-earning efforts to how any income earned within the family should be spent. These men illustrated having been solely responsible for all money matters prior to the GDH Intervention. Since then, however, men reported practicing a range of healthier, alternative behaviours around financial decision-making. Some men recognised that since men and women contribute in different ways to the family, financial decisions were divided accordingly. For example, there were men who reported having broken down the household income to cover their various expenses, then they would give enough to their partners to manage the day-to-day household expenses themselves. Other men reported consulting their partners before making any financial decisions to ensure their partners' views and preferences were considered and reflected in the process. In cases where disagreements arose, most men reported how they would sit down with their partners and exchange views, and that they would eventually reach a decision. Men tended to discuss how the element of time permitted one another to reconsider and soften their stance on a given issue.

> It has changed, a lot has changed. When I want to make decisions, I call her, I tell her to come, then I explain to her. If she agrees, then I make the decision. If she doesn't agree, she tells me why […] after a couple of days, I reflect. If it's good, I tell her OK, what you said has made me doubt. One time I said I wanted to buy a TV, she said if you buy a TV, your daughter will spoil. After two nights, I told her that what she said was right, so I let go of the idea of a TV. (M15 51y, 10y educ., Community 3)

> […] with the GDH, I changed a lot. For example, after selling the coffee, I show her what we have, after taking away [money for] loans and school fees for our children, the rest is for buying salt and other things […] [If we disagree], I discuss it with her so that she understands […] If she thinks that a decision that I want is bad, I ask her to examine the decision and I will do the same thing […] If it's good, we continue. If it's not good, then we reconsider it. (M33 50y, 6y educ., Community 6)

> […] there has been a change that I bring to decision making with my wife […] All the decisions are made between the two of us. When I earn money, I make it available to my wife since she is the one who does the cooking […] and she manages it. I say, OK, you manage the food for the family, the soap, the toothpaste, the food for dinner. [If happen to disagree on something] we revisit it the next day […] each brings their opinion and we will agree in good time. We eventually find common ground. (M19 35y, 10y educ., Community 4)

When it came to helping out around the house, men similarly demonstrated having acted upon the learning they had acquired on sharing household roles and responsibilities. Specifically, men reported having taken on new tasks around the house where needed, which had previously only been carried out by their partners. These men were 'cued' for behaviour change by recognising when their partners were sick or appeared too tired or busy to complete their regular chores. This prompted men to consider and identify what tasks needed to be done, then to carry out these roles themselves. Some men, for example, illustrating pitching in on the more time-consuming and physically onerous (or more 'masculine') tasks, such as carrying wood or food home from the fields, which freed up their wives to light the fire and cook supper for the family (the more 'feminine' tasks). Other men helped out by prioritising the most pressing tasks to be completed before the end of the day, such as laundering the clothes, bathing the children, washing the dishes, and even cooking a meal so their families could eat. By paying attention to their partners' wellbeing, men became conditioned to take on new roles, and in doing so, helped to lift some of the household burden that typically fell on their partners' shoulders.

> If she is busy, if she cannot go to the field, I will transport bananas and send them home, so she can cook. If she cooks, if she doesn't have the time, if it is night, I can take the plates and wash them. I wash the plates so that she can finish quickly […] Apart from that, if she is a little ill, I wash my wife's clothes. I wash her clothes […] I help her quite normally. These are good changes. (M28 45y, 5y educ., Community 5)

> I didn't help my wife with the household chores whereas I do it now without any problem […] When returning from the field, if I see my wife is very busy, I will help her carry things back to

> the village [...] when my wife is tired, I do the cooking, I know how to make placali and everyone eats. (M33 50y, 6y educ., Community 6)
>
> Yes, I fetch the water. As there is a pump there, we have three cans of 20 litres, if she is busy, if there isn't water at the house, if I want to wash myself, if she is busy, I will go fetch my water. I will not wait for her. She is busy, I will go get my water, I wash my clothes, I bathe the children […] Up to now, that which we talked about there is what I practice at my home. (M27 48y, 10y educ., Community 5)
>
> Sometimes if I am at home, If I don't go to work, and I have something that is dirty, it's me who washes it. If she says that she is tired, I wash my things, there is no problem. I wash my things or the clothes of my children if they're dirty […] There is a change, there are many changes. (M20 53y, 5y educ., Community 4)

Additionally, men also adopted traditionally female tasks by developing new routines. In this way, their 'cue' for behaviour change developed through the repeated practice of taking on new chores at different points in the day. For example, some men described carrying out new roles when they woke up in the morning, such as lighting the fire, fetching water from the community pump or sweeping the house or courtyard. After working in the fields, other men reported collecting and carrying home wood for the fire or food from the fields to be cooked for dinner. In the evenings, there were other men who illustrated laundering the clothing, bathing the children, and, for one man, cooking dinner every night for his family. Rather than waiting until their partners were too busy, tired or sick before acknowledging the cue to help-out, these men seemed to have made taking on new tasks around the house as part of their everyday routine.

> There has been a big change, for me personally, there has been a big change. Often, I would ask my wife to sweep the yard. But now, if she doesn't get up quickly in the morning, I will go out and sweep the yard, I sweep the house, I sweep the front entrance. And if the children are not in the bush, I come and light the fire. If there is a little water at the house and I make a fire, everyone comes, and they take it for themselves to wash. (M31 59y, 3y educ., Community 6)
>
> It's the laundry and then fetching the water (that I now do). I do the washing every morning. Every morning I go to fetch water […] everything is going well. (M7 47y, 12y educ., Community 2)
>
> When I go to the field, I cut some wood, I dig up manioc [...] I load up the bananas, and then I give them to madam so that she can cook […] (then) I wash the clothes and I bathe the children. (M8 56y, 8y educ., Community 2)

5.3.2 Reflected on Change Progress, Incorporated Learning to Consolidate Practice

Men also illustrated having reflected on their change experiences to assess the progress they made since the GDH Intervention. Through this process of reflection, men illustrated having established some best practices that had led to new patterns of behaviour. In their descriptions of these patterns, men tended to convey a sense of confidence with their change progress and ability to continue these changes going forward. Overall, men illustrated having re-configured the social rules that had previously guided their behaviour in intimate relationships. With respect to sharing financial decisions, for example, men came to recognise that respectful communication was a central tenet, and that exchanging views and providing one another with the space to be heard and valued were key factors in their decision-making processes. Their sense of confidence seemed apparent in their assurance that their newly-established practice would result in a positive outcome for both parties involved.

> For myself, there aren't any subjects I should decide alone. Because if my wife is there, I will reflect on it, approach her and then make a suggestion. Together we discuss and then we will find a consensus […] I cannot decide alone […] she knows that it's like that, and I do too […] I don't impose anymore. We discuss. (M10 33y, 10y educ., Community 2)

> Before, I was very arrogant […] I made decisions that I had no control over […] Since then it has improved […] A man and his wife should make decisions together, to find common ground. Me, I don't make decisions alone. If there is something, I bring it to my wife, and we decide together. All the decisions are made between the two of us… I think that works well. If I earn money and I keep it, I think it will cause disagreements. (M19 35y, 10y educ., Community 4)

> It has improved. This year, we discuss things […] I talk to her about our life. She has changed, she has changed a lot. She tells me her problems and I tell her mine. it has improved. In the end, one must communicate with their wife, what is going well and not going well, how to meet her needs, to help one another. (M2 43y, 9y educ., Community 1)

When it came to helping out with family roles that were traditionally undertaken by their partners, men similarly described new patterns of behaviour and a sense of confidence with their change progress. Some men, for example, illustrated a sense of confidence with taking on new roles by persevering in the face of resistance from their partners (or other women in the community) when practicing roles that were perceived in their communities as relatively more 'feminine', such as laundry and fetching water. For one of these men, his sense of confidence may have been bolstered from having taken on a task that involved 'problem solving' – an approach often associated with masculinity – by trying to retrieve water from a broken community pump. For other men, their confidence seemed to stem from simply making more frequent or routine the tasks they had previously done only on occasion.

> Yes, yes, yes, there has been a change, it's going very well! […] for example, when I come with (my partner) from the field and she is tired, when there is water on the fire, I take it to wash… my girls there, it's me who bathes them […] And when I see their clothes are dirty, I put them in water, and I wash them. There was a time when she wanted to do the laundry […] right when she came, I was (already) in the middle of washing, she told me to leave but I helped her. (M10 33y, 10y educ., Community 2)

> It's the washing and then fetching the water. I do the washing every morning. Every morning I go to fetch water, therefore (the women) know me, it doesn't bother me [...] Its water that is our problem, our major problem since our water pump is a problem […] everything is going well […] are happy, we are very happy. (M7 47y, 12y educ., Community 2)

> I think it has even increased because I did those things before, too. I cooked but it wasn't regular, now I do that almost every day. I think it's good when we help each other like that. I see nothing wrong with this. Furthermore, even when my friends see me in the kitchen, I am happy. I even tell them that I am I am in the middle of cooking and to wait, after I will join you. I am happy to do this. (M2 43y, 9y educ., Community 1)

Most men also acknowledged their new patterns of behaviour when resolving conflict with their partners and recognised that they could no longer resort to violence when addressing problems in the home. Some men, for example, illustrated having developed a sense of confidence with their change practice toward resolving conflict, including by acknowledging the importance of taking time to reflect upon and consider the lessons they had learned. Following which, men demonstrated having used constructive communication approaches to resolve the problem. Through experience, these men recognised that the healthier approaches they had adopted toward their relationship had both enabled them to regain self-control while also being able to resolve any problems. Men's descriptions illustrated their belief that, going forward, there was little risk that they would return to their violent ways.

> As she's my wife, I can't do anything […] I see that when one is angry, he should at least think after all. Because when you are angry you commit blunders, so you need to think, especially with our experiences with the group […] When you have a problem, you must think, you should analyse the problem before acting […] In any case, it has changed a lot. (M15 51y, 10y educ., Community 3)

> It has changed […] I hit her. But when [the facilitator] came, we started, step by step […] to control ourselves […] Everything happens through conversation. We sit outside, we talk between us until the children come in, sometimes she even wakes me up at 4am to talk to me about a problem, or I wake her up. Now, we have changed many of our bad habits. (M8 56y, 8y educ., Community 2)

> Yes, there has been a change in my behaviour […] I used to do things that she didn't like. But that's no longer the case. I master what I say, my speech. I go in my heart from time to time and I control it. I still get angry but it's not too much, it's not too much […] When I talk, she listens well. If she doesn't agree […] she tells me that what I did is not right and that I must do

> this or that. If I offended her, I tell her that she's in the right […] And I will not do it again. (M28 45y, 5y educ., Community 5)

While other men with a history of physical or psychological partner violence similarly demonstrated progress toward non-violence, they conveyed feeling less confident in their ability to practice self-control. These men illustrated that emotional self-regulation continued to be a challenging task, one that required mental perseverance. This is despite having made concerted efforts toward this end and to resolving problems constructively with their partners. Some of these men also implied that they still felt tempted to use violence toward their partners when they become angry. However, to manage these pressures, they seemed to have developed useful strategies to avoid falling back on their harmful ways. For example, men illustrated how they would recall lessons they had learnt, including the consequences of violence, and reflect on their commitments to change. In doing so, men conveyed their ongoing efforts toward non-violence and that such efforts were a worthwhile goal. While some of these men expressed their belief that masculinity is associated with anger and aggression, tendencies to be fought against and avoided, others came to associate self-control with brevity and courage, thereby recognising that beliefs around masculinity are changeable and that non-violence can be developed through practice.

> I have changed positively in relation to my attitude. Because I am a guy, normally I'm a bit violent, very violent even. But after the GDH [Intervention], I began to control my anger. I began to hold myself back […] There are still some things that one must improve, some things in relation to mastering our anger. Because in being a man, well, I, sincerely, I am not slow to fall into anger. So, the techniques to mastering anger, one must take them all very seriously to avoid making the same mistakes. (M22 48y, 12y educ., Community 4)

> Sometimes men are men, they can lose their temper [...] but arguing endlessly achieves nothing […] [And] even if the arguments stop here, it will be difficult. But it will come back to you and you know that you can find the answer from the GDH [Intervention], so your anger will diminish, so it will leave you. (M31 59y, 3y educ., Community 6)

> Often, I am alone, and I don't talk. I reflect a lot on what I learned and my behaviour. That's how I am able to control myself. It's very useful, it works. You really need to be brave and think a lot, think about the consequences. One must remember what we have learned. With courage, one can contain oneself, control oneself and then the anger will pass. Otherwise it will not be easy. If she gets to you verbally, it's not easy. (M2 43y, 9y educ., Community 1)

Summary of Findings

This chapter presented the learning and behaviour change experiences of fifteen GDH Intervention participants. These men were relatively mature, educated and had established stable relationships both with employment and an intimate partner (or else had made the decision not to enter into an intimate relationship). Several of the men also held influential roles in their communities. While the large majority of the men described having perpetrated violence against their partners prior to joining the GDH Intervention, only one man reported having used more than one form of IPV.

Men's learning experiences from the GDH Intervention demonstrated active engagement with group peers on the GDH Intervention topics. Their learning also illustrated the acquisition process of critical reflection – both on the causes or consequences of their harmful behaviours and on their sense of identity – to achieve new understanding, insights and attitudes about their harmful behaviours and healthier alternatives. This conscious learning practice was internally driven and enabled men to break down and rebuild what they perceived as acceptable relationship behaviours. The learning subsequently motivated men to put into practice in their relationships the learning they had acquired. In doing so, men demonstrated a conscious form of change practice that involved reflection and self-evaluation, and which created a sense of confidence or self-assurance to continue practicing healthy change. Collectively, these experiences resulted in both depth and breadth of learning and behaviour change, demonstrating complex learning and behaviour change processes.

Remarkably, what was missing from men's descriptions of their learning experiences was any mention of the causes or consequences (to themselves or others) of using psychological partner violence. This finding is surprising given that almost half of the men presented in this chapter (n=7) reported having perpetrated psychological partner violence before joining the GDH Intervention. Instead, men who described a history of psychological violence against their partners illustrated learning that focused on the consequences of physical partner violence. There may be two explanations for this finding. First, it is possible that GDH Intervention facilitators (and the curriculum more generally) assumed that psychological violence may lead to physical violence, and, therefore, the lesson on physical partner violence could prevent both physical and psychological violence. Second, men's learning on gender equality, which addressed men's sense of entitlement and control over women, may have addressed psychologically abusive behaviours such as intimidation and threats in addition to helping around the house and sharing financial decisions.

The following chapter, Chapter 6, will explore the learning and change experiences of a group of eleven men who demonstrate markedly different learning and change processes and outputs from those presented in Chapter 5.

Chapter 6. Unconscious, Externally Motivated Learning and Change Practice

"The opposite of courage in our society is not cowardice, it is conformity." Rollo May

Introduction

This chapter presents the learning and behaviour change experiences of eleven men who participated in the GDH Intervention (henceforth, the term 'men' in this chapter will be used to refer for these eleven men). As with the previous chapter (Chapter 5: Conscious, Internally Motivated Learning and Change Practice), these men were selected and grouped together because they shared common individual-level characteristics prior to, during and after the GDH Intervention. The chapter sets out their processes and pathway toward a simple type of learning. While the nature of these men's experiences differs from those presented in Chapter 5, the format in which they are presented herein is similar.

The chapter begins by outlining the men's demographics and intervention-relevant characteristics (e.g. attendance), recent perpetration of intimate partner violence, and motivations for joining the GDH Intervention. While characteristics related to men's stage of life and reasons for participating can provide insights into their motivation to learn, their prior life experiences (i.e. education, leadership roles) and recent IPV perpetration history can help to inform men's prior learning on topics of concern to the GDH Intervention.

The second section of this chapter focuses on men's experiences with learning about their harmful relationship behaviours and healthier alternatives. As with Chapter 5, these experiences are divided into three sections. First, men's *interaction* vis-à-vis their group facilitator and peers concerns how men engaged with the GDH Intervention topics to make sense of new ideas (i.e. the 'effort' invested in learning). Second, two *acquisition* processes are then presented, demonstrating both the content of men's learning related to past and potential future behaviours (i.e. the 'what' of learning) and how this acquisition of new content took place within their minds (i.e. the 'how' of learning).

The final section of this chapter sets out men's experiences with putting their learning into practice by practicing healthier, alternative behaviours in their intimate relationships. The data presented in

this chapter has been analysed through the lenses of Illeris' (2017) Framework on Constructivist Learning Theory and Prochaska's (1997) Transtheoretical Model.

6.1 Men's Characteristics, IPV Perpetration and GDH Intervention Motivation

The first section of this chapter outlines men's prior life experiences that were relevant to learning and behaviour change. These included men's demographic and other intervention-relevant characteristics, prior IPV perpetration history, and motivation for joining the GDH Intervention. Given that learning in adulthood is always built upon prior learning and that learning varies across different life stages, the information presented below can help to contextualise and inform men's learning experiences.

6.1.1 Demographic and Intervention Relevant Characteristics

The sample of eleven men presented in this chapter ranged in age from 29 to 62 years, with a median age of 40 years (see Table 12). Eight of eleven men were married, while the other three men each had a girlfriend they were either living with (n=1) or not living with (n=2). Two of the men in relationships with a girlfriend also described that their wives had left them since the GDH Intervention began. The number of children that men reported ranged from zero to ten, with a median of four. Most men described owning land and earning their primary source of income by agricultural farming (n=9). However, two of these men reported struggling to earn enough income through agriculture to support their families during the protracted conflict, and only one of the men described being able to earn extra income through other activities (i.e. fishing). One man reported not earning any income and described having recently moved to the community to live with (and receive support from) his parents after the city wherein he and his wife lived was attacked by rebels. Only one man described earning an income in the trade sector (welding). Together, these data suggest that only seven (of the eleven) men presented in this chapter were in a stable phase of adulthood – characterised as having established permanent relationships with both an intimate partner and employment – while the other four men were struggling to attain these permanent relationships.

Table 12: Life Stage/Experience, Intervention Attendance, Recent IPV Perpetration (MacLean, 2020)

N = 11	Name, Community	Life Stage (age, marital status, children, employment)	Life Experience (years of education, leadership roles held)	GDH Intervention Attendance (out of 16 sessions)	Form(s) of IPV Perpetrated (before GDH Intervention)
1	M25 Community 5	39 years Married 7 children Farmer	5 years	16 sessions	No IPV
2	M1 Community 1	39 years Girlfriend, not living with 1 child Farmer, struggling financially	1 year	16 sessions	No IPV
3	M26 Community 5	51 years Married 5 children Farmer	4 years	16 sessions	No IPV
4	M3 Community 1	45 years Married 6 children Farmer	8 years Village Chief, Church Supervisor	12 sessions	No IPV
5	M9 Community 2	40 years Married 5 children Welder	10 years	11 sessions	No IPV
6	M23 Community 4	62 years Married 10 children Farmer	5 years	8 sessions	No IPV
7	M6 Community 1	40 years Married 3 children Farmer, Fisherman	5 years Youth President, Member of Village Chief's Association	7 sessions	Physical: hit Sexual: force
8	M5 Community 1	39 years Girlfriend, not living with (wife recently left) 3 children Farmer	5 years	12 sessions	Physical: beat[39] Sexual: force
9	M35 Community 6	36 years Girlfriend, living with (wife recently left) No Children Not earning, receives support from his family	7 years	12 sessions	Physical: hit (alcohol related) Psychological: yell
10	M17 Community 3	29 years Married 2 children Farmer, struggling financially	12 years	10 sessions	Physical: hit
11	M21 Community 4	48 years Married 4 children Farmer	9 years Youth President, Member of Village's Muslim Advisory Committee	11 sessions	Psychological: yell

[39] 'Beat' is a distinct term from 'hit' and involves greater physical force and multiple strikes.

With respect to education, the eleven men had completed a median of five years of formal schooling, ranging from one to twelve years. Three men also reported holding leadership roles, including as community leaders (Village Chief, Youth President), as special advisors to community leaders (Member of Village Chief's Association, Member of Village's Muslim Advisory Committee), and as religious leaders (Church Supervisor). Collectively, these men experienced medium exposure[40] to the GDH Intervention, having attended a median of 12 (out of 16) scheduled weekly discussion group meetings (ranging from seven to sixteen). All but two men attended ten or more sessions, which was the cut-off point for the medium attendance sampling strata (i.e. 10-12 sessions).

6.1.2 Recent Intimate Partner Violence Perpetration

Only five of the eleven men presented in this chapter reported having used violence against their intimate partners prior to joining the GDH Intervention (n=5; 45%) (see Table 12 above). What is notable is that three of the five men who reported partner violence either described that their wives had left them since the GDH Intervention began and/or that they were struggling financially to earn enough to support their families. Moreover, these three men were unique in having described using multiple forms of violence against their partners.

Two of the five men described having been physically and sexually violent toward their partners. One of these men referred to himself as having been short tempered and angry, and that he and his wife would argue frequently. He recalled that his adulterous behaviour was often responsible for instigating the couple's arguments, which would result in his use of physical violence, and that he had also forced his wife to have sex. With respect to the second man, while discussing the GDH Intervention topic of sexual violence, he conveyed having previously used force with his girlfriend when she did not want to have sex. The man also reported having been physically violent with her in the past.

> I haven't suffered but it was me who committed violence against my wife. [We] had some problems. I had a girlfriend, and my wife would become very angry when she saw me with her. She would come and argue with me. I just laughed […] [But] what we learned [in the GDH Intervention] is important, it has made me change. Before, I was hitting my wife, I was brutal,

[40] Recall from Chapter 4 (Research Methods), participants were selected using stratified purposive sampling based (in part) on GDH Intervention attendance. This involved selecting two men from each of the six communities and the three attendance strata (low, medium and high). High attendance ranged from 13-16 sessions, medium attendance ranged from 10-12 sessions, and low attendance involved anything less than 10 sessions.

> I was raping my wife. But when we started learning, I abandoned many things. (M6 40y, 5y educ., Community 1)
>
> The [GDH Intervention] activity that was difficult to understand, it was one of the session activities, the reactions of men and women. Sometimes if you want to touch your girlfriend and she doesn't want it […] I said I disagreed. Then we spoke about it, we discussed it […] [Later] I just spoke to my girlfriend since she didn't want it. I made the effort. Now if she wants it, she accepts. If she doesn't want it, I cannot force her. I understand this now […] In the past, I used to beat my girlfriend but now I don't beat her anymore. I'm now more relaxed at home. (M5 39y, 5y educ., Community 1)

Another man reported that he had been physically violent and verbally abusive with his current girlfriend and described how he would become easily angered and triggered by how she treated him during an argument.

> I was very violent, I wasn't able to control my anger. One day I even hit my girlfriend […] I preferred to stay put and express my anger. When she did something, I would yell at her. (M35 36y, 7y educ., Community 6)

In recalling his experiences, one man denied having used violence against his partner when asked specifically about perpetrating different forms of partner violence in the past. Yet, later in the interview, when questioned about his experiences with behaviour change since participating in the GDH Intervention, the man reported that he had previously been violent toward his wife, but that he no longer laid a hand on her. It is possible that this man had mistaken the question about partner violence to mean only the time period since the GDH Intervention began.[41]

> Interviewer: Has it happened that you wanted to sleep with [your wife] and she refused?
>
> M17: No, never.
>
> Interviewer: You have never forced her to make love with you?
>
> M17: No, never.
>
> Interviewer: Have you ever hit her?
>
> M17: No, never.
>
> Interviewer: Have you ever insulted her before?

[41] The men who participated in this research also took part in the cluster Randomised Control Trial (CRT) of the GDH Intervention. The interviews for this thesis took place during the same field visit as the follow-up survey for the CRT, which included questions that focused only on men's behaviours since participating in the GDH Intervention.

M17: No, no, no.

Interviewer: Has there ever been a problem between you two?

M17: Never.

[…]

Interviewer: How did you behave before the intervention and then how you behave now?

M17: I can tell you that the group has changed me. I had been given a lot of advice there. That's why I no longer hurt my wife. Whatever the problem may be, I'm now able to discuss it with her so that we can get along […] I can tell you that it has turned my negative habits into positive ones […] I was violent. I'm more peaceful.

(M17 29y, 12y educ., Community 3)

There was also one man who denied having been physically violent with his wife when asked about using specific forms of physical partner violence. However, later in the interview, when asked about what he would tell family and friends about his experiences with the GDH Intervention, he reported that he had previously been violent *toward* his wife and children, suggesting that he had been verbally abusive when he spoke to her. More information about the behaviour changes the man reported will be presented in the last section of this chapter.

> Before the group there were no problems between us. Even before I was not violent *with* my wife […] I would tell people that before the GDH [Intervention] I was violent *towards* my children and my wife. Since then I understand, and I am not violent anymore […] If there are problems, as I said, if I see that madam is angry, I begin to distance myself so that the problem can diminish a little between us. (M21 48y, 9y educ., Community 4)

6.1.3 Motivation for Joining the GDH Intervention

Illeris' (2017) Framework on Constructivist Learning Theory outlines motivation as one of three dimensions to learning. The other two dimensions – interaction and acquisition (Illeris, 2017) – will be introduced in the following sections of this chapter (see 6.2 Men's Interaction and Acquisition of New Norms and Ideas). Motivation has important implications for how learning happens and the ability to 'access' and act on new learning, particularly when the learner is not within the environment where the learning took place. Prochaska's Transtheoretical Model and Stages of Change (Prochaska, Redding and Evers, 2015) also implies that motivation to learn is required for learning and behaviour

change. According to Prochaska, having an openness to learn about one's harmful behaviours is necessary to experience the process of *consciousness raising*, which will develop into a "readiness" to change. Men illustrated having joined the GDH Intervention for one of three reasons: to learn about the GDH Intervention topics; to change their behaviours; and, for one man, because he was encouraged by family to participate.

6.1.3.1 To Learn About GDH Intervention Topics

Most of the men presented in this chapter expressed their motivation to join the GDH Intervention as a desire to learn something new. Two of these men describing wanting to learn more about the topics; more specifically, they sought to acquire applied knowledge which they could incorporate into their own lives. One of the two men had reported a recent history of psychological partner violence and specified wanting to learn how to lead a peaceful life within the home, and in doing so, conveyed an interest in improving his relationship with his partner. The other man, for his part, reported no recent history of IPV, yet illustrated a desire to learn about the topics so he could advise others. While this man did not hold a formal leadership role in his community, at 62 years old, he would have been viewed as an 'elder' and expected to provide guidance to family, friends and close community members.

> The Men's Discussion Group would advise us on what we should each do to live a peaceful life […] what a man must do to live with his child, how a man should live with wife, how you must live together. I joined because I was thinking of taking good ideas. (M21 48y, 9y educ., Community 4)

> I joined the group when they came here to take some advice. When you are in a group, it is good […] it is to get advice that really works, there they give advice. When there are bad things that others do, others can say, "no, do it like this". It is to understand properly. When you are in the group you expect good things. (M23 62y, 5y educ., Community 4)

Other men demonstrated having developed a general interest in the topics that were introduced during the recruitment meetings and wanted to hear more. One man, for example, expressed having only attended the recruitment meetings and joined the GDH Intervention out of curiosity, implying that he had few expectations in the beginning. However, he described how the more he heard about the topics, the more motivated he was to learn. Another man who was greatly affected during the post-election crisis expressed a similar sentiment. The man and his family had resettled at an Internally Displaced Persons (IDP) camp when their community was attacked, which occurred only a few weeks into the GDH Intervention, yet he described having travelled a long distance by foot to and from the

IDP camp every week so he could continue attending the meetings. Like the men introduced previously, they did not acknowledge having harmful behaviours, nor did they express a desire to change.

> They explained it to us that we would see it as important, so I went to understand and learn. That is why I joined. (M6 40y, 5y educ., Community 1)

> Well it is a big turning point, I met one young man with some documents. He told me that it was an NGO, there is a Dialogue Group. I said ok. The curiosity led me here to see what was happening and it made me join the group. When I came, I realised that it was making me so interested. It was I who asked so many questions. (M9 40y, 10y educ., Community 2)

> What they said on the first day was what attracted me and made me continue for six months. Every day I was there […] Every day, once a week, even when I slept in the IDP] camp, I came from there, up to three hours, four hours then I would go back. It was to hear, listen to what they had to say […] that really attracted me, I was very happy. (M25 39y, 5y educ., Community 5)

6.1.3.2 To Change Harmful Relationship Behaviours

Other men described having been motivated to join the GDH Intervention to change their behaviours. However, none of the men expressed any acknowledgement of specific harmful behaviours that they sought to change. One of the men illustrated that there had been troubles in his marriage and that his wife had recently left him. However, he was somewhat vague with his intentions for joining, implying only that he had a desire to overcome his loss and learn how to love again. Another man similarly reported having joined to change but made no mention to specific behavours he wished to target. A third man who holds several leadership roles in his community similarly illustrated having joined with the motivation to change. However, rather than illustrating a desire to improve his own relationship he expressed wanting to change so he could set an example for other men in his community.

> I wanted to join to change myself, to change […] before my behaviour, what is certain is that I was separated from my first wife and my whole heart told me "that's it, I don't want to get married again". Because I was feeling very sad, I did not want to divorce my wife like I did […] I really felt that I should not live like this, that I should change, that I should have a wife to live with together. In the beginning, it made me feel very bad. (M5 39y, 5y educ., Community 1)

> [The facilitator] told us that he sent a group, he asked us to go there because it can change you when you join, it is because of that […] It is because of the change of behaviour that I joined. (M1 39y, 1y educ., Community 1)

> Before, we'd met some IRC officers who spoke with us […] and it attracted us so there we went […] the main reason is, it changes a man, changes their behaviour, and it trains us on

> good behaviour when we are in the group […] I was expecting some good advice and I was expecting to be an example. (M3 45y, 8y educ., Community 1)

Another man joined three weeks after the GDH Intervention had already begun, when he was approached on the street by the facilitator and invited to join. The man described having explained to the facilitator that he could not afford to attend the meetings because of work commitments. Having recently moved to the village to take over his family's cocoa plantation after his father died, the man was now responsible of providing for eight family members. When the facilitator offered to pay him money (equivalent to approximately 1.80 USD) to cover the cost of his family's meal that evening, so he could attend one meeting and hear more about the group, the man agreed to go. Notably, he was one of three men presented in this chapter who described facing financial difficulties. Despite being drawn in by a financial incentive, the man illustrated having appreciated the opportunity and committed to attending the meetings, having expressed the motivation to change his behaviours. While offering a stipend to participants for signing up was not part of the recruitment strategy, this may have been a unique occurrence carried out with the aim to reach recruitment capacity in this particular community.

> I met an IRC agent who came and told me, "ah brother, I would like you to be part of our group". I asked him what kind of group it is. He explained it to me, and I told him I would think about it [because] a day lost at home is very expensive in my family, [and] I would have to go back to the bush [afterwards] to have at least something for my family to eat at night. He asked me what I needed [and] told me that for sacrificing myself today, he would give me 1,000 CFA[42] to return home with […] He gave me the money I went to give it to my wife so she could prepare something to eat. And then I went to the meeting […] Well, I said to myself, that if I am in this program, it will bring a total change in me […] That's what I thought. (M17 29y, 12y educ., Community 3)

6.1.3.3 Was Encouraged by Family

Only one man reported having joined the GDH Intervention after his father had encouraged him to participate, because he was having troubles coping after his wife had left him. The man had been living with his former wife in a major city when the war broke out in 2002 and was forced to flee his home and workplace and move to his father's village to live with family. However, his wife found living in a small village difficult, so she left him. At 36 years old, this man was not currently earning an income

[42] CFA is the acronym for the West African Franc, the official currency of Côte d'Ivoire.

and was reliant on his father and on humanitarian NGOs to meet his (and his new girlfriend's) basic needs. Like most of the men presented previously, his reason for joining did not involve the acknowledgement of any harmful relationship behaviours.

> It was with my wife who left that I had problems. We lived here and one day she asked to go and greet her parents. A month later, I left to look for her and I saw that my wife had changed. She went out when she wanted, as she wanted. […] Upon investigation, I saw that my wife had a lover. I even caught her in the act […] We went to her lover's house at 11 p.m. and knocked. When he opened the door and she saw me, she threw herself on me and hit me, insulted me, ripped my clothes and insulted my parents. I came back to my village the next day, that's how it ended, in divorce. In fact, her father who is a pastor decided to marry her to a young man from her church, this was last year […] [So] when [the facilitator] came with the GDH [Intervention] and my dad asked me to sign up, that's what I did. (M35 36y, 7y educ., Community 6)

6.2 Men's Interaction and Acquisition of New Norms and Ideas

The following section sets out men's experience with learning about partner violence and inequitable relationship practices from the GDH Intervention. Men's learning experiences are broken down into two dimensions. First, men's *interaction* involves the 'external' activity of receiving new information from the GDH Intervention facilitator and engaging with group peers on topics under discussion. More specifically, interaction involves the necessary work of requesting further information and seeking clarification on new ideas and concepts when men fail to understand. Men's perceptions of their interaction experiences are presented both within the context of the formal, weekly GDH Intervention meetings, and based on their informal gatherings with group peers between weekly sessions. The second learning dimension involves *acquisition*, which concerns men's 'internal' activity of cognition and mental processing to make sense of and put to memory the new information they received about the GDH Intervention topics.[43]

[43] The interaction and acquisition dimensions of learning work in a back-and-forth motion to reinforce one another (Illeris, 2017), and as a result, they tended to overlap in the data. However, the characteristics of each dimension have been drawn out of the data and presented individually to highlight their unique contributions toward learning.

6.2.1 Interacted Passively with GDH Intervention Topics and Perceived Peer Support

The following section outlines men's passive interactions on the GDH Intervention topics during formal weekly meeting and between these meetings. This section highlights men's experiences with participating within the group setting and how they engaged on the topics to reach new understanding. It also sets out how some men built on the relationships developed with group peers to further their learning between their weekly meetings.

6.2.1.1 Weekly Meetings: Passive Interaction Enabled a Sense of Belonging

Most men described having been interactive on the topics and engaged regularly during weekly GDH Intervention meetings. These men illustrated how their active participation within the group setting was a testament to how the facilitator had managed the group environment. Some men, for example, described having felt free to discuss their life experiences because the meetings provided a safe space within which to share their views. Others similarly demonstrated having felt comfortable sharing their ideas because they perceived that their personal views on the topics were respected, even when other members held opinions that differed from their own. There were also a few men who found that their group members had enjoyed working together to find solutions to problems that arose, and that they had a collective interest in helping each other out when it came to matters at home.

> I felt comfortable participating actively […] people were free to say what was on their mind during the meetings because we had been told that everyone was free to express themselves. We were guaranteed freedom of speech. (M6 40y, 5y educ., Community 1)

> [I was] very happy indeed […] I felt comfortable. Well, when someone raised their hand so that they could speak, everybody else kept quiet so everybody heard all they had to say. If some other person didn't agree, they also raised their hand and expressed their opinion. (M25 39y, 5y educ., Community 5)

> If you have a situation with your wife, you have had an argument, your brothers who are in the group, you can explain it to them. When one explains, they can give advice […] If there is something, you tell your brother what you don't see, you ask your brother, he will give you advice […] it helps. Because when you're angry, you tell it to someone there. He wants to cool your heart. (M23 62y, 5y educ., Community 4)

Some men also mentioned how participating during group meetings was enjoyable because they appreciated both the content of the lessons and how they were taught. One man, for example, expressed having felt motivated to engage within the group because he found the discussions provided useful insights into the relationship problems he had experienced in the past. While this man

was married, he illustrated having felt frustrated that he had been unable to manage his relationship with a former girlfriend before it had ended.

> I always wanted to answer questions. When [the facilitator] asked a question […] he will choose persons to answer. When they answer, I say, "me I want to give my own answer". He says, "go on". And then I give my own answer […] The first theme, I remember, it was about family problems, how to live in the family with your partner. It really moved me. Because early on I lived with a girlfriend […] we did not get along at all. I loved her but all the time there were arguments between her and I. […] when [the facilitator] talked about that, I said, "ah this is very interesting". Since then, that day, I respected the program. I had to. (M17 29y, 12y educ., Community 3)

Similarly, another man expressed having found the group meetings enjoyable because of how the facilitator had led the conversations and enabled them to reach new insights.

> I enjoyed participating and speaking most often […] we talked to each other, we listened to each other. When he was explaining the topic to us, he explained so well that we were all happy […] all the topics were well taught. (M35 36y, 7y educ., Community 6)

Only a couple of men illustrated having had minimal engagement during the weekly GDH Intervention meetings. One of the men acknowledged that while he may have been free to express his views, he implied having not done so because of the limited time allotted for deep engagement on the issues. Specifically, the man described how the facilitator had spent most of the meetings talking and explaining the lessons, to which men could then ask questions on what they had not understood. It is possible that the facilitators' capacity varied with respect to encouraging men to guide their own learning, for example, through sharing personal experiences and engaging in group discussions and debate. However, it may also be possible that this man chose not to expose his relationship problems within the group. As the Village Chief and figure head of his community, his lack of engagement during meeting may have resulted from a desire to keep his personal life private.

> [I was] very comfortable […] [But] no [I have never shared]. Sometimes it's due to time […] The time was more devoted to explanations by the facilitator. They gave us examples. They did not expose them to be debated, they were only examples […] we were free to ask questions. (M3 45y, 8y educ., Community 1)

The second man, for his part, reported having not spoken about his own experiences during the GDH Intervention meetings. He described that while many men had shared their problems and sought

advice from the group, he implied having few experiences to share because he had never been violent with his wife.

> I wasn't prevented from speaking. But I myself didn't speak […] I didn't speak but when [the facilitator] asked questions and I knew that I had an answer, I raised my hand and spoke […] they listened carefully. […] There are men who […] if they had a problem at the house, things weren't going well, they would come and tell [the facilitator]. [But] I have never hit my wife. I have never been angry like that. (M1 39y, 1y educ., Community 1)

Overall, men reported having found the topics introduced during the meetings difficult to understand, much like their peers who were introduced in the previous chapter. However, rather than engaging actively through dialogue and debate to make sense of the ideas and reach new meaning, some of the men conveyed having requested the facilitator to repeat his responses for the men to memorise. Moreover, most men implied having sought the 'correct' answer to the problems discussed. More specifically, rather than interpreting the new information presented to them based on their own prior understanding and experience with the topics, men conveyed the view that there was only one response to questions posed. This form of interaction on the topics stands in contrast to the men from Chapter 5, who engaged and sought clarification for the purpose of creating new meaning on the topics, motivated by a desire to reach subjective understanding that was grounded in their individual perspectives and experiences. For their part, some of the men presented in this chapter even made the comparison between the GDH Intervention and attending school as a child, implying their view that the instructor had led and guided the learning process while the men merely followed.

> I felt annoyed, I felt frustrated. Because sometimes [the facilitator] would ask questions that you have not understood well. Often, he would ask questions as we didn't understand, you are bit shy […] but then he explained to us the problems. (M6 40y, 5y educ., Community 1)

> Well I tend to ask lot of questions [and] with two or three meetings, if you have a good memory, you can [memorise] what is said. if you have a weak memory, you make effort for nothing and you put yourself in difficulties. (M9 40y, 10y educ., Community 2)

> It was difficult. For sure it was not easy, it was bit difficult. It is like being in school, we were in the midst of studying, you must listen to what he says. I accepted everything. (M1 39y, 1y educ., Community 1)

There were some men who conveyed that there had been discussion on the topics within their groups and that there had been some difference of opinion on the issues. However, the men themselves made no mention to whether such engagement and exchange had enabled them to achieve new meaning for themselves based on their own prior understanding, and independent of the messages

and advice they believed the facilitator had expected them to accept. While one of the men conveyed there had been disagreement on the topics discussed, he himself implied having accepted the facilitator's messages rather than engaging to try and create his own meaning from the ideas he heard. Another man reported that the opportunity to openly debate and discuss the topics within the group setting was limited, suggesting that the facilitator had spent more time speaking to them about the topics.

> Well, men are not the same, we can be in the same [place], studying the same thing, but each other's ideas are not the same […] you cannot refuse to say it is difficult […] really the advice they give us is good for us, they give us good advice, what everyone must do in his life, how to make women's lives, how to make children's lives, how you have to live together in harmony […] we really agree with the ideas they gave us. (M21 48y, 9y educ., Community 4)

> Yes, there were things which were difficult, but they taught us two times so we understand […] Well, what was difficult, what we found difficult is what we accepted […] It was only when the coach asked a question that we challenged each other. If anyone among us gave an answer, another one would express their own opinion if they thought that their mate's idea was wrong. (M23 62y, 5y educ., Community 4)

As a result of their participation during group meetings, the men discussed how their relationships had developed among their group peers. Some expressed having enjoyed attending group meetings as well as the general atmosphere among their peers. They described having appreciated the activities themselves as well as spending time and learning together. Most of the men also reported how they had got along very well with their peers, and some also highlighted how they had celebrated with group members by sharing a meal together after their last meeting. In the second quote below, one man illustrated how the relationships that developed between the men in his group helped to bridge the social networks that had previously divided them, likely referring to ethnic differences as he was from the community that was the most ethnically heterogeneous of the six that participated.

> There were no problems in our group. We get along […] this corner is calm until today. We have even had celebrations in this village. Well, we were training for six months, when the six months over, [the facilitator] told us good, the six months are already gone, therefore we put hands together and we had a party here. We celebrated here, we ate, and we danced. (M25 39y, 5y educ., Community 5)

> You see, [some] guys that came here, they didn't get along with us. For them it was the same […]. Thanks to [the GDH Intervention] […] we approached each other, little by little. We could explain to each other. Now on our way home, I will go by him to say hello, and he does the same. He has come by my house more than three or four times […] before, we didn't understand each other. (M21 48y, 9y educ., Community 4)

This last quote above was from a participant living in a community situated in the United Nations Buffer Zone, which tended to experience more violence during both the 2002 war and post-election crisis. The participant's community is also ethnically heterogeneous, which also meant it likely would have experienced more violence vis-à-vis communities that were ethnically homogeneous. As was alluded to in the previous chapter, participants who experienced greater exposure to conflict violence may have been more open to healing the social divisions at the root of the country's conflict.

Despite having had an overall positive group learning experience, a few men also illustrated that disagreements would sometimes arise among the members during meetings. Nonetheless, the men described how any friction that developed within the group was eventually resolved so they could carry on with their activities. Sometimes, the facilitator was required to address the issue, as was the case in one community when several members had quit the GDH Intervention together, then re-joined shortly afterwards once the facilitator had spoken with them. While other problems seemed to have either been addressed by the men themselves or resolved on their own with time.

> When we went there, we got on very well. We got on very well. But at some point, a group of members withdrew from the discussions. But when they were asked to come back, they joined the group again. […] As they got angry quickly, well, that was sometimes a problem during the meetings. […] after when [the facilitator] listened to them, they decided to join the group again. There was no problem again. (M5 39y, 5y educ., Community 1)

> we got along very well. In our group, we communicated well with each other. When there was any wrongdoing, the elders of the group talked to us explaining what to do. When we were walking together and one of us did something wrong to another one, we told the one at fault that they should not do that. (M23 62y, 5y educ., Community 4)

> well, it was difficult in the beginning. People quarreled because there were some of us who were disruptive, but you always have this kind of people. There were guys that disrupted the group. But in the end, we all got along. (M17 29y, 12y educ., Community 3)

6.2.1.2 Between Meetings: Belonging Enabled Some Further Interaction

Overall, most men illustrated how their relationships with group peers had developed as a result of the GDH Intervention and that they would visit one another between meetings. However, only some of the men reported having further discussed the GDH Intervention topics when they saw one another within the communities. For example, one of the men illustrated having sought out a group member after having missed some meetings so as to get caught up on what was discussed, while another man reported having met to either revise the topics with his group peers or revisit any material he had

forgotten. Similarly, another man described having discussed the topics with a group member, who was also a leader in their community, when he had not understood a topic that was covered and wanted clarification.

> we were mingling with each other, we were visiting each other more than we were before […] Well, when you came across a person who was present at a meeting you didn't attend yourself, they would tell you about the topics that were discussed if you asked them. For example, I had been absent for a while but when I started the lessons again, I asked my mate […] what they had done during my absence and he explained me things they had been taught but he just explained a little bit. (M21 48y, 9y educ., Community 4)

> we were all from the village, so we knew each other […] we were visiting each other more than we were before. The relationships developed […] when I often visit other [members] or when they come to visit me, we talk about [the lessons]. It is a way of doing some revision […] There was a topic that I forgot, I remembered that my brother […] and I, we spoke about it a lot. (M3 45y, 8y educ., Community 1)

> We talked to one another, we communicated with each other. The matter of rape for example, when I didn't understand, I went to [a friend]. He was a member of the group. He was a […] church preacher. I asked him and he explained to me. He told me that if I still didn't understand, I should ask on Saturday, when [the facilitator] comes, that he would explain me well. It was like that I understood, he also explained to the other members. (M35 36y, 7y educ., Community 6)

While a small number of men made no mention of specifically discussing the GDH Intervention topics with group peers between meetings, some of them conveyed having greeted and occasionally visited with other men from their groups.

> We get along, we even greet one another, sometimes we are going to someone's home, we chat well, we chat, and we get on well. (M25 39y, 5y educ., Community 5)

6.2.2 Acquisition Involved Unconscious Simple Learning Processes and Outputs

This section sets out the learning processes that men experienced and the new content (or learning outputs) they acquired based on their involvement with the GDH Intervention. Men's learning processes are characterised by the dual processes of addition and differentiation. The section is organised by type of harmful behaviour, and the related learning processes and content set out for each.

With respect to the topic of sexual violence, men who reported having a recent history of sexual partner violence illustrated having uncritically accepted the idea that forced sex in intimate relationships is considered 'violence' and/or 'rape'. Some of these men described having found the topic difficult to understand, yet nonetheless conveyed having accepted these new ideas without reflecting critically on the causes or consequences of their own harmful behaviours around sex.[44] Rather, men illustrated having added these new ideas around sexual violence to their existing beliefs on the issue of violence more generally, namely that committing violence is not a 'good thing' and therefore should be avoided. Toward this end, men also adopted the new normative belief from their GDH Intervention groups that physically forcing their partner to have sex is no longer acceptable. In doing so, men's group peers became their reference group for what is considered appropriate behaviour. These new ideas and beliefs differed from what the men had previously understood about sex between a man and his wife, namely, that it is acceptable for men to force their partners to have sex should they refuse. Moreover, men explicitly justified their acceptance of these normative beliefs by looking to the men in their groups, for example, by underscoring how these new norms were accepted as 'truths' by their peers or that the harmful behaviours to which they related were not, in fact, about demonstrating love between a married couple.

> The activity that was difficult to understand, it was one of the session activities, the reactions of men and women. Sometimes if you want to touch your wife and she doesn't want it […] I said [that] I disagreed. Then we spoke about it, we discussed it […] So, I say, if she wants it, she accepts. If she doesn't accept, I cannot force her. Now I understand that […] it is true because there were two people who said that it is true, what [the facilitator] said. Violence, in any case, it is not a good thing […] It's to rape a woman. (M5 39y, 5y educ., Community 1)

> One can talk about violence, when you do something bad, something you should not do […] when you rape a woman. Those are things that you shouldn't be doing […] You love your wife but, really, it should be clear […]. If you are arguing, you ask, and she doesn't give it to you, to force her, [love] doesn't work [like that]. (M6 40y, 5y educ., Community 1)

Similarly, men who reported a recent history of physical and/or psychological partner violence demonstrated having adopted the normative belief from their discussion groups that men should not become physical or abusive with their partners. Having drawn this belief from their group peers, men conveyed having made sense of the belief by uncritically accepting the idea that resolving conflict through the use of force will only create problems for themselves or their partners, without having reflected on the causes or consequences of their own violent behaviours. These ideas and beliefs

[44] Recall from Chapter 5 (Internally Motivated Learning and Behaviour Change), the process of *critical reflection* involves thinking back on one's harmful behaviours while considering the causes and consequences of those behaviours. This involves challenging the assumptions behind one's beliefs about their behaviours.

differed from what these men had understood previously, namely, that physical violence resolves problems between a husband and his wife, including when a man 'corrects' or disciplines his wife for acting 'out of line'. Similarly, other men made sense of the normative belief against physical partner violence by uncritically connecting it to memories of having witnessed other women being injured by their husbands. Yet, these men made no mention to any consequences resulting from their own use of force against their wives. Overall, the men also accepted the normative belief that problems between married couples must be addressed in other ways. For example, some men mentioned that conflict can be prevented or resolved through communication, understanding or the need to take a time-out. Yet, none of the men described specific techniques, principles or goals to establish respectful communication with their partners, or to resolve conflicts when they arose without the use of force.

> Violence is not a good word, it is to use force. Violence doesn't achieve anything, it does not resolve problems. On the contrary, it creates arguments and tension. We must talk, discuss and understand each other, there must be agreement between the couple […] If there is a problem with his wife, he must sit with her and discuss. If it's like this, there will be no violence. (M35 36y, 7y educ., Community 6)

> When we went, we saw that, really, the good things that we do and the bad things. You shouldn't beat your wife. And really, it's good […] I saw a man hit his wife, she fell the next day. I saw her face was swollen. What I saw was not good. If you hit your wife today, that could bring you before the law and you will spend money at the hospital for nothing […] you must leave so you are able to calm down. Then you can come back later so that what had upset you will be gone. (M6 40y, 5y educ., Community 1)

In recalling his learning, one man with a recent history of physical partner violence illustrated having adopted the normative belief from their discussion groups that men should not beat their wives, and he conveyed having justified this belief by connecting it to other learning he acquired from the GDH Intervention about gender equality. Specifically, the man suggested that since women are equal to men, they should not be treated as though they are less valuable or respectable. The new beliefs he adopted differed from what the man had understood previously, namely, that men are considered in higher regard than women. The man also expressed his normative belief that men and their partners need to get along with each other and suggested that they could do this by listening to one another so they can avoid problems before they arise. In the man's description of his new beliefs about physical partner violence, he did not suggest that he had reflected on his own violent behaviour toward his wife nor considered the causes or consequences of such behaviour to himself or others.

> Thanks to the focus group, we know men and women are equal. So, you should not beat your wife like an animal. You need to get along with her. You may succeed thanks to your wife and vice-versa. Get along with each other. The mastery of anger is the mastery of oneself […] Since

> both are equal […] they must listen to one another so there aren't any problems in the family or between her and her husband. (M17 29y, 12y educ., Community 3)

Men also learned new ideas and normative beliefs around the notion of gender equality within intimate relationships. Some men, for example, accepted the idea that 'equality' between husbands and wives means that family roles and responsibilities are not assigned based on biological sex (with some exceptions such as breast feeding), therefore, any task within the family can be carried out by a woman or a man. Similarly, other men came to accept the notion of gender equality to mean that men should respect and help their partners with the household roles and responsibilities so that women do not overwork themselves and become tired. There were also men who made sense of the idea of equality between themselves and their partners by comparing their relationships to that which is shared between a brother and sister, implying that young siblings perceive one another as equals regardless of their biological sex. For these men, these new normative beliefs differed from those which they held previously, such that men and women have distinct roles in the family that are based on different values and expectations of men and women. In their descriptions of acquiring new ideas and norms about gender equality, men's comments suggest that they had not reflected critically on the causes or consequences of their own behaviours toward their partner within the home.

> Men and women are equal. All that the man does, the woman can also do, and what the woman does, the man can also do […]. There is nothing which is priority for men, and nothing which is priority for woman. They are the same. [The woman should] breast-feed the children, but apart from that, in terms of work, here, man and woman are equal. (M5 39y, 5y educ., Community 1)

> Well, I used to say that, in fact, women aren't equal to men. […] Now, thanks to the [GDH Intervention] group, I see that women are truly equal to men. Gender equality, that means men must also do activities that used to be only women's responsibilities. My responsibilities are to respect my wife, to help her with her activities, to always watch over her so that she doesn't get too tired in the house. (M17 29y, 12y educ., Community 3)

> A husband and his wife are equals […] that is, the woman and her husband should be on equal footing. Nobody should exceed their partner [...] Women and men are the same. When you live with your wife, you should treat her like your younger sister. (M25 39y, 5y educ., Community 5)

There were a couple of men whose newly-acquired notions of gender equality reflected the idea of equal access to opportunities such as education and employment. For example, these men made sense of gender equality with the notion that men and women have the equal right to work as employed professionals within society. Specifically, both men referred to the female President of the

neighbouring country Liberia, Ellen Johnson Sirleaf, and suggested that gender equality involved the equal rights shared by men and women to hold political positions, even at the highest level of government. One man implied that this right had been granted when girls were given equal access to education vis-à-vis boys, referring to Côte d'Ivoire's recent national education policy that created free universal primary education for all children regardless of gender. Holding multiple leadership roles in his own community, the other man was already familiar with leadership at the political level. Despite these new insights, however, these new ideas of gender equality overlook the nature of intimate relationships between a husband and wife.

> Nowadays, women are equal to men because we do the same things, the same jobs. There are female Presidents, female ministers, and so on. Even in Liberia, it is a woman who is President of the Republic. So, women can do the same jobs as men. This comes through education [..] women did not go to school before, but now girls go to school, they are educated like boys. Now we say that we are in modern times. So, it's normal, it's good! (M23 62y, 5y educ., Community 4)

> The government says that women have rights just as men have. I see that everywhere in Africa, in Europe, women are presidents of countries […] What men have, women also have. We can say they are equal. (M6 40y, 5y educ., Community 1)

Beyond the concept of gender equality, men also acquired new ideas and normative beliefs from their discussion groups specifically around household roles and responsibilities. Among the key findings was that men adopted the normative belief that they can help their partners with their daily roles and responsibilities. How they made sense of and came to adopt this belief varied somewhat across men. Some, for example, suggested that they needed to help out because women are assigned more tasks than men, or that their 'pitching in' will ensure the daily work is completed in good time before the end of the day. There were other men who implied that helping out demonstrated that they are 'out of the box',[45] do not feel diminished as men for doing so, or that their partners are valued as equals in the home. These ideas differed from what men had understood in the past about the division of family labour. Namely, that men and women each have their own distinct roles and responsibilities in the family and that there is little room for nuance in how these roles are assigned. There was also one man who adopted the normative belief that his wife should be able to tell him which tasks he can and cannot help her with around their home. Overall, most men tended to attribute this learning directly

[45] As was mentioned in Chapter 6 (Unconscious, Externally Motivated Learning and Change Practice), the Man Box activity sought to highlight the rigid gender roles that boys and young men unknowingly ascribe to, often referred to as hegemonic masculinity, which sets expectations about how men should experience emotions and behave in different social contexts.

to the GDH Intervention and the messages they received, rather than through reflecting critically on their own relationship behaviours.

> [The GDH Intervention] was done to get 'out in the box'. You must help your wife […]. If nobody is chopping wood, you will chop it for her, that way you'll get out of the box, too. You will have changed […] Why in the home should the woman do the laundry, the dishes? You can take the bucket and go to the pump and while she is putting the plantains on the fire, you can also fetch the wood for her. And it's up to her to tell you to stop what you're doing. (M26 51y, 4y educ., Community 5)

> As we have learned, there is no role dedicated to men or women. We have the same tasks and we need to help each other. (sharing) It's good because if the woman is busy, one should help her so that she doesn't finish late. (M3 45y, 8y educ., Community 1)

> A woman and a man don't do the same things [...] [But] if madam is busy, I can catch the child to bathe him. If the children are not there and there is nobody to do the dishes, if they are at school and they cannot do it, she will serve me, and, if she doesn't have the time, I can wash the plates. I say it is both hands that must wash […] Will we teach the boys not to wash the plates or the clothes? Are these the things we should teach a boy? If you wash the dishes will that diminish you? (M9 40y, 10y educ., Community 2)

Men also demonstrated having adopted new normative beliefs from their group peers around how financial decisions should be made for their families. Specifically, these men demonstrated the view that they should not be making any spending decisions on their own. Rather, men accepted the notion that they should seek and consider their partner's views on financial matters before any money related decisions are made. They tended to make sense of these new normative beliefs by suggesting that working with their partners to make financial decisions will help to avoid problems between the couple, such as, for example, were men to spend their income by going out to the bar. Moreover, some men also highlighted how their wives may actually have good ideas to put forth which the men may not have considered themselves. These ideas differed from what men had thought previously, which is that the financial responsibility for the family belongs to men alone. Some of these men specifically attributed their new learning to the GDH Intervention, while none of the men suggested having reflected critically on the causes or consequences of their own financial decision-making behaviours to themselves or their partners.

> We were taught that when you want to do something, you should tell her about it. That way, she can give you her ideas as to what is better [and] you can get along with each other. If instead of that you tell her that you are the one who makes decisions, you are not acting correctly […] you are the one who is causing disorder and she won't certainly keep quiet. So […] When you intend to do something, you should tell her about it. (M23 62y, 5y educ., Community 4)

> If you have worked, if you have sold cacao, coffee, the money that you have earned […] you should not pocket everything to go out to the bar, to go and drink, to squander your money. You must save your money, call your wife, show her, share your money […]. If you continue to do this, there will be no troubles between you two […] I should call my wife […] tell her what I have earned and ask what I should do with the money. If your wife is intelligent, she can give you some ideas. (M21 48y, 9y educ., Community 4).

6.3 Men's Externally Motivated Performance of an Unconscious Change Practice

The following section presents men's experiences with putting into practice the learning they acquired from the GDH Intervention. These experiences demonstrate behaviour change as a simple process of enacting the normative beliefs about their relationship behaviours and new behaviour alternatives that men acquired from their GDH Intervention groups. The section is organised by behaviour type, with the behaviour change processes specifically outlined for each.

Most men who reported a recent history of perpetrating physical and/or psychological partner violence demonstrated having avoided having become physical or abusive with their partners since the GDH Intervention. These men illustrated that their motivation to practice healthy change in their relationships was driven by new norms around managing conflict that were established in their GDH Intervention groups. More specifically, rather than acknowledging their own role in their behaviour change, these men suggested that practicing non-violence was something they were expected, or 'ought', to do. Some men even specifically stated that their ability to avoid becoming physical with their partners was because of the advice they received from the GDH Intervention. Men tended to describe having been able to avoid becoming violent by taking some time away from their partners so they could calm down. Some men also reported having later returned to their partners to communicate why they became angry. Notably, only one man demonstrated having engaged in two-way dialogue with his partner to try and address the problem that had arisen.

> In the past, I used to beat my girlfriend but now I don't beat her anymore. […] When I get angry, sometimes when I want to do something bad, something that's not good, I know I must change myself. Before, I would have argued, but now I must control myself and leave the box […] Well, controlling your anger, it's the right thing to do […] If I see that my girlfriend is angry, I will leave the house, leave the yard […] It's a thing I do so that I can control myself. I go out. Afterwards, I tell her that I was angry. (M5 39y, 5y educ., Community 1)

> I am not violent anymore […] [the GDH Intervention] has really allowed me to change many of my behaviours. When I am angry, she knows. When she knows that I am mad, she begins

> to talk, and I stay outdoors […] I begin to distance myself so that the problem can diminish a little […] [Later] I tell her that, what you are doing I don't agree with. And it's finished. If you always think about the advice of the IRC, I think you will not lose. If you take the advice that was explained, you are not going to do something wrong. (M21 48y, 9y educ., Community 4)

Another two men similarly reported having practiced non-violence toward their partners, however, they described having relied on 'cues' from their external environment to remind them to avoid becoming violent. In one case, the man described having been verbally abusive toward his partner after returning home from work to find that dinner was not ready. While the man eventually recalled the need to practice change, his realisation came only after he had been verbally abusive to his partner, who then became angry at him for how he had treated her. The man also reported having later sought council from his GDH Intervention facilitator on how to manage the problem and illustrated having since relied on his wife's 'cues' to inform him when he becomes angry, so he knows when to practice change. The other man, for his part, demonstrated having felt tempted to become violent with his partner during an argument, but that he had been able to leave the house and seek advice from a friend on how to manage the couple's problem. After their discussion, the man described having returned to his partner to communicate to her why he had become angry. Notably, this man did not report having engaging in a back and forth exchange about the problems that had arisen, nor how it could have been better resolved.

> When I joined GDH, it reduced my tension, I changed […] One day at the house, I asked my girlfriend to bring me some water so that I could wash. She refused, cursing me because I had stayed chatting with my neighbour instead of returning quickly to eat with her. She insulted me badly, I could have hit her. […] But I left the house. I went to a friend's house […] I told him what happened. He advised me to control my anger and then we left for a walk and my anger passed […] [Later on] I let [my girlfriend] know that I was not happy with what she did. Talking down to me in front of everyone, it's humiliating for me. (M35 36y, 7y educ., Community 6)

Men also illustrated having collaborated with their partners when making financial decisions rather than managing them on their own, which is how these decisions had been made previously. Specifically, men described how they engage in discussion with their partners to obtain their views and work together to determine how financial problems or general spending should be managed. The men also reported how they work through any disagreements between themselves to reach a shared outcome. Furthermore, some of these men illustrated how they now give any income they earn to their partners to hold onto and use for household items that their partners had previously paid for themselves, such as food.

> I don’t make any decisions alone, we make all decisions together […] were taught that when you want to do something, you should tell her about it. […] Between us, we sit together and talk about the problem, what we should do, how will we address the problem […] If I disagree with her, instead of speaking out in public, I will call her into the house. We will sit together and talk. (M23 62y, 5y educ., Community 4)

> When I completed a job, I earned 20,000 CFA. After receiving that amount of money, I came back home and gave it to my wife, telling her to keep it. […] The following day, she called and asked me, “How are we going to manage to eat today?” […] I then told her to take that amount from the money I had given her the previous day. But she said, “No, no, no. That money is yours.” And I told her, “Once I give you money, you should understand that it is to be shared among us. I’d like us to exchange ideas as to how to spend it.” [Then] there was some discussion, we exchanged and then we reached an agreement. And it’s because of the discussion group. (M17 29y, 12y educ., Community 3)

Similarly, most men demonstrated having adopted new roles around the home. The frequency of the tasks that men reported having adopted varied somewhat, as did the nature of the tasks. For example, men tended to describe their new household tasks as daily occurrences or else occasional roles that depended on their weekly schedules or on how their partners were feeling. The most frequently reported tasks involved collecting and bringing home wood and/or food from the fields at the end of the day. The range of other tasks collectively reported by men included sweeping the yard, fetching water, laundering the clothes, bathing the children, cooking, and grinding grain. Only one man reported washing the dishes, while some others explicitly stated that they would not undertake any cleaning, including laundering the clothes or washing the dishes. While most men reported taking on multiple different tasks, some described only one or two and stated that they would wait for their partners to ask for help.

> I wash the children, wash their clothes […] the first thing I do when I get up, I sweep the yard. After that I take the machete, I go to the field, clear the manioc fields. If I leave, I go to the coffee fields. When I’m tired, I cut wood, kindling, and then I return to the village. Sometimes, when I leave [the fields] with my children, then I cook yams […] I washed those clothes myself [pointing to clothes]. I went to collect water and washed them. Before, I didn't do that but now I have changed. We were told that we should advise our wives and that they can ask us to do some tasks in the household. (M23 62y, 5y educ., Community 4)

> Now, when I go to the fields, I take firewood and palm seeds back to the village. Sometimes, when I harvest bananas, I carry them myself and give them to [my partner] when I'm back home. […] In the past, we didn't think that we could that but now we do. […] Before I didn’t cook. But now I help her. The days where we go to the fields, I prepare the meal. When she cooks, I wash the plates. I wouldn’t do the washing [before] but now I wash everything. I wash the children, not every day, the days where she is not feeling well […] [But] If I see that she cannot clean [the house], I will not do that. (M1 39y, 1y educ., Community 1).

> I do the sweeping if my wife doesn't get up quickly. And when she wakes up, she puts water in the bath. There is change in my life [...] Yes, between my wife and I there was a discussion. If she can't do something, it's her who will tell me. (M26 51y, 4y educ., Community 5]

There were also men who reported having helped out their partners with limited tasks even before the GDH Intervention. Some of these men illustrated having previously been called out by their partners or community members for carrying out tasks that were perceived as 'women's work'. One man, for example, described having stopped helping his partner because of the negative feedback she had given him, conveying her concern with what his friends would think about him doing women's work. Since participating in the GDH Intervention, however, this man illustrated a sense of self-assurance with undertaking roles that he had been called out for in the past. For men who had regularly helped their partners in the past, they described having since broadened their scope by taking on additional tasks around the house.

> Changes? One could say 100% because I fetch wood […] I fetch water to wash. […] Otherwise, before I was in the group, when I returned home, [my wife] would fetch the water [and] I would just wash myself. One day, it was no small thing, I was sitting with my friends. While we were talking, I said to madam, "I brought myself some water and I will put my water here and I will wash myself". At that time, I didn't know the [GDH Intervention]. [Later] she told me, "You saw that this is wrong, [saying this] in front of your friends. Now what will your friends say?" […] At that point, I decided that I will no longer go and pump my own water. And then came our [facilitator]. When I joined, it's him who changed me. (M9 40y, 10y educ., Community 2)

> Since the men's discussion group came, it pushed me to work, it brought a change in me […] It started when I got married, my wife had her [own] children. So that is how I began to help my wife […] I helped her grind rice. When I finished grinding, I'd go to the fields, I'd go to the water pump, I brought the water. [Now], as I have a bicycle, I go to the bush and cut and send back wood, then she puts them in the kitchen and uses it for the fire. (M21 48y, 9y educ., Community 4)

Similar findings on the external motivation to practice change were apparent among two men with a history of forced sexual partner violence. Both men suggested that their behaviour change practice resulted from a change in their normative beliefs and attitudes, which they adopted from the GDH Intervention, namely that forcing your wife to have sex is "bad" and something men should not do. Their illustrations of behaviour change merely implied that they no longer force sex on their partner because such behaviour change is expected of them.

> I'll say that what we learned there is important, it has made me change. Before, I was hitting my wife, I was brutal, I was raping my wife. But when we started learning, I abandoned many

> things, it has made me leave a lot of things behind, and I got out of the box […] a man who is outside the box will not do bad things anymore. (M6 40y, 5y educ., Community 1)
>
> Violence […] it is not a good thing […] It's to hit his wife […] also to rape a woman […] I say, if she wants it, she accepts. If she doesn't accept, I cannot force her. Now I understand that. It is true because there were two people who said that it is true. I just talked to my girlfriend since she didn't want it. (M5 39y, 5y educ., Community 1)

Summary of Findings

This chapter presented the learning and behaviour change experiences of eleven men who participated in the GDH Intervention. These men were relatively younger and with less formal education than those presented in Chapter 5, but several also held leadership roles in their communities. While most of the men were in a stable stage of adulthood during the GDH Intervention, four men were still struggling to establish permanent relationships with family and/or work. Collectively, their attendance to GDH Intervention meetings was only marginally lower than the men presented in Chapter 5. Over half of these men had no recent history with IPV perpetration, while several among the remaining men had recently perpetrated multiple and/or extreme forms of IPV. All but one man joined the GDH Intervention with a desire to learn more about or specifically to change their harmful relationship behaviours, while the other joined at the suggestion of his father.

Overall, men's learning experiences tended to outline a more passive form of interaction with the GDH Intervention topics and a less developed sense of belonging in comparison to the men presented in Chapter 5. Men also demonstrated a simpler form of acquisition on their harmful relationship behaviours and healthier alternatives, that involved the dual processes of addition and differentiation. Men's learning experiences resulted in adopting new normative beliefs and ideas about what is considered appropriate (and healthier) relationship behaviours, and illustrated an unconscious form of learning as men simply took in and made sense of new messages – often because they were told so by their peers or facilitators – without critically analysing the causes or consequences of their own harmful behaviours. Having adopted new normative beliefs from their GDH Intervention groups, men illustrated how their group peers became a new reference group for what they perceive as appropriate relationship behaviour. Their experiences with behaviour change similarly involved a simple practice, namely one of enacting new normative beliefs and ideas about appropriate relationship behaviours

into their own relationships, and in doing so, fulfilling the social norms and expectations established within their GDH Interventions groups.

The following chapter (Chapter 7) looks at the learning and change experiences of a group of ten men who struggled to acquire and put into practice new learning about their harmful relationship behaviours.

Chapter 7. Multiple Pathways Toward Learning and Change Failure

"Taking a new step, uttering a new word, is what people fear most." Fyodor Dostoevsky

Introduction

This chapter outlines the experiences of ten men who participated in the GDH Intervention and struggled to achieve new learning and behaviour change in their intimate relationships (the term 'men' in this chapter is subsequently used to refer to these ten men). The rationale for grouping these men together and the structure of the chapter are similar to the two previous chapters (Chapter 5: Conscious, Internally Motivated Learning and Change Practice, and Chapter 6: Unconscious, Externally Motivated Learning and Change Practice). Namely, the men shared common individual-level experiences prior to, during and since the GDH Intervention.

This chapter begins by presenting men's demographic and intervention-relevant characteristics (e.g. attendance), followed by their recent intimate partner violence (IPV) perpetration and their reported motivations for joining the GDH Intervention. Characteristics related to men's stage of life and their reasons for participating provided insights into their motivations to learn, while their prior life experiences and recent IPV perpetration history informed men's prior learning on topics addressed by the GDH Intervention.

The second section of this chapter presents men's experiences with learning about their harmful relationship behaviours and healthier alternatives. This section is divided into two parts. First, men's *interaction* vis-à-vis their group facilitator and peers influenced whether and how they engaged with the GDH Intervention topics to make sense of new ideas (i.e. the 'effort' invested in learning). Second, *acquisition* processes are presented, demonstrating the 'what' and 'how' both of men's learning and their failure to learn about their harmful relationship behaviours and healthier alternatives.

The final section of this chapter focuses on men's experiences with practicing behaviour change, which involves how men demonstrated healthier behaviours and/or a failure to practice healthy change in their intimate relationships. The experiences of these ten men were analysed through the lenses of

theoretical constructs from Illeris' (2017) Framework on Constructivist Learning Theory and Prochaska's (1997) Transtheoretical Model.

7.1 Men's Characteristics, IPV perpetration and GDH Intervention Motivation

The first section of this chapter presents men's relevant life experiences before joining the GDH Intervention. This includes demographic and other relevant characteristics, their prior IPV perpetration history, and their motivation for joining the GDH Intervention. As was outlined in the previous two chapters, prior learning and life stage are factors that can influence learning; the information presented below will help to contextualise and inform men's learning experiences.

7.1.1 Demographic and Intervention Relevant Characteristics

The sample of ten men presented in this chapter range in age from 26 to 58 years, with a median age of 37.5 years (see Table 13). Nine in ten men were married at the time of data collection, while the other man had been separated from his wife (who left him with their two small children) since the GDH Intervention began. While two married men described having been separated before joining the GDH Intervention (after their wives had left), both described having since reunited with their partners. Overall, the number of children reported by these men ranged from zero to twelve with a median of four. All ten men reported owning land and farming (agriculture) as their primary source of income, but three of the men described having struggled to earn enough income to support their families since the recent post-election crisis. One of the three men was both separated from his wife and receiving financial support from his father to make ends meet. Another man reported working in the trade sector as a mason (when work was available) to supplement his farming income. Together, these data suggest that only half of the men were in a stable stage of adulthood when the GDH Intervention began, having established permanent relationships with an intimate partner and employment. Another three men were struggling to establish themselves financially and/or with an intimate partner, while two other men had separated from their wives before joining the GDH Intervention (and later reunited after the GDH Intervention).

Table 13: Life Stage/Experience, Intervention Attendance, Recent IPV Perpetration (MacLean, 2020)

M=10	Men, Community	Life Stage (age, marital status, children, employment)	Life Experience (years of education, leadership roles held)	GDH Intervention Attendance (out of 16 sessions)	Form(s) of IPV Perpetrated (before GDH Intervention)
1	M4 Community 1	29 years Married 3 children Farmer, struggling financially	8 years	12 sessions	Physical: beat Psychological: threaten, controlling
2	M32 Community 6	32 years Married 4 children Famer	3 years	16 sessions	Physical: hit x 1 Psychological: yell
3	M29 Community 5	45 years Married 8 children Mason, Farmer	4 years	Quit after 7 sessions	Physical: hit Psychological: threaten
4	M14 Community 3	35 years Separated (wife left since GDH Intervention) 2 children Farmer, receives financial support from father	5 years	16 sessions	Physical: hit Sexual: force
5	M24 Community 4	43 years Married 4 children Farmer, struggling financially	7 years	Quit after 5 sessions	Physical: beat
6	M12 Community 2	48 years Married 9 children Farmer	9 years	4 sessions	Physical: beat
7	M13 Community 3	32 years Married (wife left before GDH Intervention, has since returned) No children Farmer	4 years	16 sessions	Physical: hit, punch
8	M36 Community 6	58 years Married 12 children Farmer	3 years (Prior) Youth President, Village Elder	7 sessions	Psychological: yell
9	M34 Community 6	26 years Married 2 children Farmer	2 years	13 sessions	Psychological: threaten
10	M16 Community 3	40 years Married (wife left before GDH Intervention, has since returned) 7 children Farmer	No school	10 sessions	Psychological: belittle

In terms of life experience, men had completed a median of four years of formal schooling – six years fewer than the men introduced in Chapter 5 – which ranged from zero to twelve years. One of the men reported holding leadership roles within his community, including his current role as Village Elder, and previously was the Youth President. Overall, the men had medium GDH Intervention exposure[46], attending a median of eleven (of 16) weekly GDH Intervention sessions. However, attendance among the men ranged significantly, with six men having attended ten or more sessions while the other four attended seven or fewer. Moreover, two men who attended less than half of the sessions reported having quit the GDH Intervention. Details about these men, including their reasons for quitting and the resultant influence on their learning experiences, will be presented later in this chapter.

7.1.2 Recent Intimate Partner Violence Perpetration

All ten men presented in this chapter described having used violence against their intimate partners before joining the GDH Intervention. Moreover, seven of the men illustrated having used multiple forms of violence, including physical violence, or extreme forms of violence such as beating or punching their partners (see Table 13 above).

A common theme among the men's descriptions of their violence involved a propensity to address daily problems that arose with their partners using violence rather than talking through their disagreements. Some men illustrated how they would become short-tempered when their partner did something that they did not like, which would initiate an argument between the couple. One man, for example, illustrated controlling behaviour with regard to how his wife should tend to the couple's baby and threatened her with violence for ignoring his instructions. He also conveyed having been physical toward her in the past. Similarly, another man described that when he became irritated with his partner, the couple would become verbally abusive toward one another. While he also reported being physical toward his partner on one occasion, immediately after the incident, he described having reflected on his behaviour and its potential consequences and suggested that he had learned from his harmful actions.

> In the past, she and I quarrelled a lot. […] she often left the baby home and went out for a walk […] the way I responded to her was quite angry […] I would tell her to go and feed the child and she wouldn't listen to me, she would be doing her things. After that, if she asked for

[46] Recall from Chapter 4 (Research Methods), participants were selected using stratified purposive sampling based (in part) on GDH Intervention attendance. This involved selecting two men from each of the six communities and the three attendance strata (low, medium and high). High attendance ranged from 13-16 sessions, medium attendance ranged from 10-12 sessions, and low attendance involved anything less than 10 sessions.

> money, I wouldn't give it to her to go to the market or buy lunch. [Instead] I would say, leave me alone, you must not talk to me, if you talk to me again, I will hit you. […] Once, when we were in bed, she told me, "What you are doing with the [GDH Intervention] group has changed you a little bit. Some of the things I do now, if I did them before, you would have beaten me immediately." (M4 29y, 8y educ., Community 1)

> I would become irritated quickly after experiencing something and I would become very angry […] If I saw madam in the middle of doing something that did not please me, I would stay at the house, bursting with anger […] we'd shout at each other from across the room […] [And] before entering the [GDH Intervention], I was [physically] violent towards madam a single time because she pushed me in the water knowing that I'm afraid of the water […] I solicited my brother in law to ask for forgiveness from my wife after I struck her […] it helped because if the case was taken to the parents it would have been serious. Since that day, I realised that [physical] violence is not good. (M32 32y, 3y educ., Community 6)

In addition to resolving their problems with violence, some men described their infidelity as a coinciding stressor and a source of persistent relationship problems. These men illustrated having had ongoing arguments and altercations between themselves and their wives, and how these problems were related to the men's infidelity. One man, for example, reported that his wife would provoke him with insults and initiate physical altercations with him to protest his behaviour, and he implied having responded to her violently in turn. Despite his adultery and physical abuse, the man seemed to both implicate his wife's behaviour as the problem and suggest that she should demonstrate respect and not question his behaviour as 'man' of the house.

> I had a girlfriend. I knew her long before [getting married] […] But what do you do? It's your girlfriend […] Do you see these clothes? I brought them here as a proof of what [my wife] has done. She is always the first to hit me. Look at these damaged clothes! If I were the one who got angry and hit her, she wouldn't be able to come and seize me by the collar […] I can go inside and bring back my clothes, you'll see that at least seven of them are torn. […] When she sees me, she says that I'm beneath her, that she is above me. That is her point. That's what she said these days […] but was I not born a man? (M29 45y, 4y educ., Community 5)

Similarly, another man reported having used extreme physical violence toward his wife, including having punched her. The man had been adulterous with multiple women since being married to his wife, and, in the quote below, he conveyed how the couple often argued over his infidelity. Specifically, he described how, prior to the GDH Intervention, his wife had initiated physical altercations out of protest to his behaviour and that she had also left him (temporarily) for how he had treated her.

> I hit madam hard, all the time […] I have even punched her […] Before [the GDH Intervention facilitator] came, I was a jerk and I argued a lot. I must tell the truth. If I saw women or young

> girls there, I would try to chat them up […] There was a lot, six or seven […] She has insulted me, she has squeezed my neck. I didn't say anything. I knew she left [on one occasion], she went far away, and then she [eventually] came back. (M13 32y, 4y educ., Community 3)

Another man who struggled with infidelity-related relationship problems illustrated having been physically and sexually violent toward his recent partner. At 35 years old, this man had already experienced the dissolution of two marriages, with his most recent partner having left since the GDH Intervention began after she discovered that he was seeing another woman. The man also described having struggled to earn enough income to feed his partner and their two small children, and that he had been receiving financial support from his father to make ends meet. The man conveyed that, before joining the GDH Intervention, he held the view that it was normal for men to lose control and become physical with their wives when they felt angry. He also illustrated having used force during sex when his partner had refused his advances.

> Well, before, if people hit their wives, the men saw it as a game. Before if you hit your wife, it's like you love her […] It was normal because we had no control, we hit our wives however [we wanted] […]
>
> If I wanted something and she didn't agree, it would cause violence […] because sometimes you go to the bedroom and you want to have sexual intercourse, she tells you she isn't in a good mood that day. Or you want to make love, but she doesn't feel like doing it. (M14, 35y, 5y educ., Community 3)

In recalling their experiences with violence, three men illustrated a history of psychological abuse toward their partners prior to joining the GDH Intervention. One man recalled having had a generally poor quality relationship with his partner. Reflecting on the couple's troubles before the GDH Intervention, the man characterised his marriage as having been marred by quarrels, verbal abuse and mistrust. He reflected on how he used to have a short temper and would easily become triggered when his partner spoke, causing him to threaten her with physical violence. He also reported how the couple would frequently argue, and implied that this was a result of an affair he had had with another woman and the child that resulted from the relationship.

> It has changed. Before when my wife spoke, I would get up to hit her […] [But] I no longer yell at her when I want to speak to her. […] Before, I was not listening to my wife […] I would wander around. I had a girlfriend […] with whom I had a child. (M34 26y, 2y educ., Community 6)

The other two men who reported a recent a history of verbal abuse both recounted that while they had never been physically violent with their wives, they had the habit of losing control when they drank alcohol. Recalling his behaviour prior to the GDH Intervention, one man suggested that his wife had left him (temporarily) for arguing with and belittling her when he drank, and he implied how he had been irresponsible for wasting his time and money at the bar.

> I used to be violent. I speak with my mouth, I've never hit her. Well, sometimes I have insulted her. The next day I pardoned her […] Thanks to [the facilitator] I can control myself. We have stayed together. Since I joined the group, there has been no problem. I don't quarrel with anybody at home […] before when I went out, I went to the bar and would return at whatever time. I even stopped doing that. But now, if I have at least 100-200 francs, I say OK, the children should take it. When I am home, I think of the house and I am responsible. (M16 40y, no educ., Community 3)

The other man, for his part, also indicated that he had never hit his wife because she always listened to him and respected what she was told. Specifically, he implied how her behaviour had never needed 'correcting' because she had taken responsibility for her actions and expressed humility for the times when his expectations were not met. Despite having reported being verbally abusive toward his wife when he drank alcohol, the man implied that he 'respected' her even prior to the GDH Intervention by providing for her material needs. Toward his end, the man seemed to suggest that being verbally abusive toward his wife when he was drunk was not a sign of disrespect.

> Before [the GDH Intervention], I was abusive, drinking a lot. But when you drink, you're not able to control anything […] Anger can push people to say things that you wouldn't say otherwise. […] [But] Never, since I was born, have I hit someone. […] Even before the discussion group happened, I respected my wife a lot. What she needs I give to her. What we have between us is an agreement […] [her] first duty is respect. Since my wife has been with me, she had not made mistakes with regard to the house […] If there's something that isn't going well, she becomes ashamed. (M36 58y, 3y educ., Community 6)

7.1.3 Motivation for Joining the GDH Intervention

The motivations of the ten men presented in this chapter to join the GDH Intervention are presented below. Despite the relatively small sample of men, they gave varied reasons for having chosen to participate. These include wanting to learn about the GDH Intervention topics, the potential for social connection, to change their harmful relationship behaviours, and because they were encouraged by a

friend. There was also one man who incorrectly perceived that he would receive material support for joining that would benefit him personally.

7.1.3.1 To Learn About GDH Intervention Topics

Some men reported having joined with a desire to learn about the GDH Intervention topics. Upon registering for the group, the men recognised they had the potential to learn something useful and could benefit from attending. Only one of the men expressed having had the motivation to learn something that would benefit his relationship, namely, how to better manage the home and become an exemplary couple.

> Well, before we started, they told us that, with the group, we would learn a lot. When we started, I realised at the beginning, I saw that this thing was interesting. I was interested [...] Well, we were told that it was about problems in the home, and how to manage the home, how to manage the family. There are ideas about how to be an exemplary couple. I saw that it was a good thing, I must see how to play this role. (M4 29y, 8y educ., Community 1)

While another man described having signed up to the GDH Intervention because he wanted to be 'better informed', he did not specify the topics about which he wanted to learn. Similarly, another man conveyed having had an open mind to hear about whatever the (GDH Intervention) facilitators had to say on the topics.

> If there was something in the village, I would participate to be better informed. Even though I haven't gone far in education, there are certain people who have gone far, as I met some with university degrees and some others with their doctorate at IRC, they can teach us best how to run the family. (M24, 43y, 7y educ., Community 4)

> Well, they came and said that they want thirty people. So, we went there to write our name [on the list] […] I said I will listen to what they have to say. (M29 45y, 4y educ., Community 5)

In describing his reason for joining, one man illustrated having been motived to learn so he could provide assistance to other young men in his community who were struggling with violence. This man held various leadership roles within his communities, including as Village Elder and Youth President, with the latter role having focused on educating youth about violence in the community. Yet, the man's comment seemed to convey that he had not considered the idea that the GDH Intervention could be helpful for himself or his own relationship.

> If there are acts of violence in the neighbourhood, public figures, like myself, will sit them down and we ask them questions. If they are wrong, then we advise them. Even before the GDH, as the village elders, we gave advice to the youth […] When (the facilitator) came, he said that he spoke with some people. I said ok, I am going to join. I never knew perhaps there would be changes in my family. That's not why I joined. (M36 58y, 3y educ., Community 6)

7.1.3.2 The Potential for Social Connection

Other men conveyed their motivation to participate as the potential to connect socially with men they viewed in a positive light. One man, for example, suggested that he joined the GDH Intervention for the potential opportunity to access new social networks, and, presumably, any social benefits that he could have derived from such networks. When asked about his reasons for joining, he spoke about the people they had met during the GDH recruitment meetings and suggested that it was the nature of the connections with those people that had driven him to join. Specifically, he reported having decided to participate after he met several influential men from his village during a routine recruitment meeting, which was held at the home of his community's Village Chief.

> I greeted [the facilitator] and asked him for some information. He told me "I came on behalf of you". So, we had a little chat. He told me, "we must meet your brothers, friends, and your colleagues and talk". We were at the village chief's house, after that we met the president of the youth. It was very interesting. And we formed the group very fast. So, that's what was done. It made me very interested, that's what made me join the group. (M14 35y, 5y educ., Community 3)

Another man suggested that he was encouraged to join by the GDH Intervention facilitator assigned to his community, whom he had perceived as persuasive and influential when they met. Notably, both this man and the one described previously resided in the same village, suggesting that they attended the same recruitment meetings. The involvement of community leaders at recruitment meetings was not unusual, as they were encouraged by facilitators to support, and even participate in, the GDH Intervention.

> Well, because of the way [the facilitator] came to our house. He knows how to deal with people, the way he speaks (…) he knows how to speak to your heart. That's why I joined. If he speaks to you, you know it's 'the man' who speaks there, and it works on you. The way he speaks puts you at ease… You know when [he] comes to the village, we greet him like the president of the republic because his very correct and kind. (M13 32y, 4y educ., Community 3)

7.1.3.3 To Change Harmful Relationship Behaviours

Only one man reported having joined the GDH Intervention to improve his relationship with his partner. The man acknowledged that he and his wife had communication problems and often argued. He expressed hope that the GDH Intervention could guide him on how to improve communication with his wife, which he believed would resolve their problems and benefit their everyday lives. While the man seemed to take some ownership of their misunderstandings, he did not explicitly acknowledge his behaviours toward his partner as problematic.

> [The facilitator] came to my home and asked me to participate in the discussion group […] He even convinced me that when you join, you change a lot and your family changes. Before there were misunderstandings between madam and me, we argued […] so I joined to change my life, I wanted to change, to have a better family, to be at ease… for me, [the group] was always a good thing which could lead us to a better life. (M32 32y, 3y educ., Community 6)

7.1.3.4 Was Encouraged by a Friend

Another man described having been encouraged to join the GDH Intervention by a close friend, who also joined. After initially expressing little interest in the GDH Intervention to his friend, he eventually decided to join after his friend insisted that they go together.

> It was my friend […] we were together, well we did everything together. It's him who came to my house, he told me, "I saw something that we should go to." I told him, if it's Church, then I'm not going because my father didn't pray […] He told me, "let's go, it's a good thing, we just have to go and see." So, on a Friday, [the facilitator] came, he called us, and registered all of us […] and [my friend] pushed me to go back there. (M16 40y, no educ., Community 3)

7.1.3.5 The Potential for Material Benefit

One man reported having registered for the GDH Intervention in order to receive material assistance from GDH Intervention program staff that would benefit him personally. The man described having joined with the expectation that he would receive help from the organisation that ran the GDH Intervention to build a house and work his crops. While financial incentives were not given to participants to join or participate in the GDH Intervention, it is possible that, during the interview, the man may have confused the GDH Intervention with another IRC program in his community, such as

one focused on economic development.[47] The man made no other mention of this issue or of economic programs during his interview.

> I heard that the group is giving lot of advice to people. It is for that reason I joined […] I wanted the group to help me and my family […] I wanted them to build my house and help me to work in the fields. (M34 26, 2y educ., Community 6)

7.2 How Men's Interaction and Acquisition of New Norms and Ideas Varied

The section below presents men's experiences with learning about partner violence and inequitable relationship practices during the GDH Intervention. Like Chapters 5 and 6, these learning experiences are broken down into *interaction* and *acquisition* dimensions, with *interaction* understood as the 'external' activity of receiving and attempting to make sense of new norms and ideas, and engaging to seek new information and clarification about those which they had not understood. Men's interaction experiences are presented both during formal, weekly GDH Intervention meetings and between meetings with group peers.

The second learning dimensions of acquisition will then be presented. This involves the 'internal' activity of mental processing to make sense of and put to memory new ideas from the GDH Intervention. The first type of acquisition is a simple form that involves the dual processes of addition and differentiation. The other forms of acquisition presented below relate to several forms of learning failure, including distortion, prevention, mislearning and rejection.

7.2.1 Interacted Passively with GDH Intervention Topics, Perceived Limited Support

The following section addresses men's passive interaction on the GDH Intervention topics during weekly group meetings, wherein they demonstrated limited effort to seek clarification on topics to create new meaning for themselves. Additionally, only two men reported having either experienced

[47] The International Rescue Committee delivers a range of humanitarian and post-emergency recovery programming to the six Ivoirien communities that received the GDH Intervention; among these are economic assistance initiatives.

a sense of belonging among their group peers or interacted further on topics in the time between their formal weekly meetings.

7.2.1.1 Weekly Meetings: Uncritically Accepted New Norms, Limited Sense of Belonging

Most men presented in this chapter demonstrated having participated during GDH Intervention meetings. A key theme to emerge from the data suggests that these men had felt comfortable sharing their own ideas and personal experiences with their peers during their weekly meetings. Some of the men reported that while they initially found it difficult to speak up, they eventually came to realise they could derive some benefit from contributing to the discussions.

> During the lessons, when questions were asked, I answered quickly […] In the beginning, it was difficult but after two or three lessons, I got enough courage as I told myself that it was something that benefited us. […] In any case, yes, it often helped me. For example, I immediately told my friends that I would become irritated quickly after experiencing something, and that I would become very angry. But now, I don't get angry quickly since I know now how to manage my anger. (M32 32y, 3y educ., Community 6)

Other men implied having felt comfortable to share their experiences because of GDH Intervention group rules on confidentiality, and they believed their peers would not share their personal stories outside of the group. Men also illustrated how they found it particularly useful to share their emotional experiences within the group. For example, some suggested that recalling the times when they had become angry and irritable was necessary to be able to process those emotions, while others implied that sharing these experiences was necessary for behaviour change.

> As we had been told that it was a focus group, we enjoyed talking. It was not difficult. It was easy because, when I was angry at the house, I went to the GDH (Intervention group) and I confessed right away, and we tried to discuss it there […] If I didn't tell anyone then I would not be at ease. It must be shared. You discuss the issue, like your anger, and it works. (M4 29y, 8y educ., Community 1)

> For me, I find that it's like a wash bucket, because when you wash, you cannot hide in the wash bucket. We are all together. If you want to change, you must say that you have lived in a way that is not good. One must declare their life, their opinions, before our brothers. It's between us, it doesn't leave the room [...] It was not difficult, for me it was not difficult. It helped me a lot. (M36, 58y, 3y educ., Community 6)

There were also some men who demonstrated that they received positive feedback from sharing their relationship experiences within their GDH Intervention groups. These men implied having felt

comfortable exposing their challenges at home within the group setting only because their peers and facilitator had enabled and positively reinforced their engagement. One man, for example, illustrated having specifically sought out opportunities to share his stories with the group, and he perceived that the action that he recalled was viewed as commendable by his peers and 'the right thing' to have done. Another man conveyed how he experienced support from his group, both in terms of receiving praise for having shared his story, and in terms of information regarding how he should perceive and respond to a situation that had made him angry.

> We spoke freely […] Before speaking, I raised my hand. I raised my hand and then I even wanted to attract attention. I raised my hand and then I spoke. […] [Once] I told the instructor, "Sir, I have something to tell you" and I talked about what I did. When I finished speaking, the others applauded. And the instructor told me, "What you said is good […] It is a very right thing." (M14, 35y, 5y educ., Community 3)

> During the meetings, when I spoke, everybody kept quiet and listened to me. When I finished talking and my ideas were good, everyone cheered me on […] it was easy to talk to them about it [...] it helped me a lot. When I talked to my friends, if they tell me 'yes' my anger diminishes. If they tell me, 'no', my anger also diminishes but not as much." (M34, 26y, 2y educ., Community 6)

Despite having felt comfortable talking within the group setting and sharing their personal experiences, men illustrated having only passively interacted with the GDH Intervention topics during group discussions. While men demonstrated having asked questions on new ideas that had not made sense to them, their bids for clarification were more passive than active in nature. Specifically, men either tended to have posed general questions about the broader subject that was under discussion or else simply waited for their facilitators to repeat themselves, rather than actively seeking further information on the specific message or idea that they had not understood. For example, some men conveyed that they had only accepted difficult ideas after their facilitators had repeated themselves several times or spoken very slowly, implying that men had sought to memorise their responses. Other men tended to attribute the ideas that they (eventually) accepted to direction from their facilitators (rather than to their own efforts at trying to make sense of the new ideas). There were also some men who specifically stated that they had merely memorised their facilitator's responses, implying that they had not actually made sense of the topics themselves.

> If it is difficult, I call him and then he takes the matter again. He goes back and then he makes me understand. Even several times. […] If you talk and if he wants you to understand, he will speak slowly to make you understand and you will be comfortable. (M14, 35y, 5y educ., Community 3)

> There was one lesson, it was very difficult. The lesson had taken so long, nearly one hour and thirty minutes [...] Finally, he told me [the answer]. As I memorised the topics we were taught, I was extremely happy. (M32 32y, 3y educ., Community 6)

> […] when the coach finished speaking, we asked him a lot of questions. I personally asked many questions. When I didn't understand anything, well, I [just] told him that I had not understood. […] It was good. I made note of [things] in my notebook there! […] the facilitator would give us things to learn and memorise. (M4 29y, 8y educ., Community 1)

Only one of the men presented in this chapter illustrated having had minimal participation during weekly GDH Intervention meetings. He even described having been asked by his peers why he had nothing to say. Like the men presented previously, who sought feedback on how they should have behaved toward their partners, this man illustrated having only sought advice or affirmation from his group peers on whether his ideas or behaviours were perceived as 'right' or 'wrong'. He made no mention of having sought clarification on new ideas or engaged further to try and reach new meaning on the topic under discussion.

> […] when [the facilitator] came, I didn't speak. I would sit there [and] when the meeting was over, I left. They would say, "what happened [to you] that you just sit there like that?" […] [But] when there were [ideas spoken that] I didn't like, I would talk about it so that the others could tell me if [my behaviours were] wrong or not. And then, if they told me that, "this should not be done", I would say, "Thank you, I just wanted to know. I won't do it in future." (M16 40y, 0y educ., Community 3)

Moreover, there seemed to be a relationship between men's interaction with the GDH Intervention topics during weekly meetings and how they got along with their group peers. Some men, for example, described having developed social bonds with other men in their groups and enjoyed the time they shared together. Whether these men had known one another beforehand or not, they implied how the weekly meetings had facilitated the development of their relationships over time. There were a few men who even conveyed that they were surprised that the various ages, life experiences, and ethnic backgrounds among group members had not constrained their ability to relate or interact with one another during weekly meetings. There were also some men who suggested that they had tried to ensure that the groups functioned well, for example, by using humour to ease difficult emotions that arose during the activities.

> In the group, we talked well. We got along quite well. We had a great time together. We were happy at the end of each session. When we go, we laugh, everybody is happy, we come, the days passed when we see each other we discuss little bit, we greet each other, you see your friend closer, you are happy, so I saw that, that's what I noticed. (M14, 35y, 5y educ., Community 3)

> There were Baoule, Yacouba, and Burkina Faso nationals among us [but] we got along quite well […] before we knew each other, but there was not much harmony between us. (M24, 43y, 7y educ., Community 4)

> It is [only] now that I know them […]. they weren't complicated people. [The] relationships between us were good, [we] listened to each other, [we] didn't quarrel. Well, they were really not complicated […] Often, when we saw that a member was a little sad, some of us tried to have fun with him, that is, [we] play-acted and then everybody laughed. That was the kind of things we did. (M4 29y, 8y educ., Community 1)

7.2.1.2 Between Meetings: Minimal Further Interaction

Only half of the men presented in this chapter reported having met with group peers between weekly GDH Intervention meetings to interact further on the lessons. However, rather than using these opportunities to seek clarity or create further meaning on the topics discussed, the men conveyed having met to review the lessons and maintain the learning they had acquired during their weekly meetings. A couple of the men who happened to be from the same discussion group also reported how they would consider how to apply their learning to practice by giving one another advice on how to behave in their own relationships. One of the men mentioned how their entire discussion group had met regularly at a local bar to revisit the topics and the messages they had been given. The community wherein these two men live happened to be the most ethnically homogeneous among the six that participated in the GDH Intervention, which could suggest that their routine informal meetings may have been enabled by a sense of social cohesion from their shared experience.

> Since we formed the group, even now after it is over, we are still visiting one another. [Even] since the end of the lessons, we met more than four times [...] we discussed the lessons we were following to have a difference between the group and the others who have not participated […] It's so we don't forget what we have learnt. (M32 32y, 3y educ., Community 6)

> Even if he is not here, we often go out. It is like revision […] we go we speak with each other. We give each other advice […] it is to put us on the right track, it is to make us good, it is to avoid us from being inside the box, so what he told us there is very important. (M14, 35y, 5y educ., Community 3)

> We speak at the [local wine bar], everybody in group […] So, what we saw in the discussion group, we had only to revise. Really it was a good thing, it was a good thing, we have to apply what was done there […] together we try to give each other advice. (M13, 32y, 4y educ., Community 3)

The remaining men demonstrated having had no further engagement on the intervention subjects between or since their weekly GDH Intervention lessons. One of the men described having only chatted with his group peers on a social basis when he happened to bump into them, denying having spoken further about their lessons. Another man – who is from the same community as those who were introduced previously and stated their group had met regularly to discuss the topics – denied having ever spoken with group peers between weekly meetings and seemed unaware that their group had regularly met one another to review the lessons. Notably, this man was the only one sampled for this study who reported having never attended school and it's possible that he may not have felt comfortable socialising with those more educated than him.

> [when we see each other] it is the same behaviour, we greet each other, there's no problem between us […] We chat, we speak. We don't chat about [the lessons]. It is our usual chat and then we leave. And that works with me. (M29 45y, 4y educ., Community 5)

> No, when [the meeting] finished […] we say, "ok, let's meet next Friday. Then we leave […] we don't speak about our groups, what we have done there, we don't speak of that. (M16 40y, 0y educ., Community 3)

7.2.2 Acquisition: A Range of Processes Toward Learning, Learning Failure

The following section outlines men's experiences with learning about their relationship behaviours. While some men demonstrated having assimilated new learning on at least one of their harmful behaviours, all ten men presented in this chapter illustrated some form of learning failure related to their behaviour. Moreover, some men experienced more than one form of learning failure, and specifically, different forms of learning failure for different behaviours. The processes through which men experienced learning and learning failure are outlined below, along with the content regarding what men learned and failed to learn.

7.2.2.1 Acquisition Involved Unconscious Simple Learning Processes and Outputs

When it came to some harmful relationship behaviours, six of the ten men presented in this chapter demonstrated having acquired new learning through the dual assimilative processes of addition and differentiation. With respect to partner violence, for example, two men illustrated having added to memory the idea that violence is hitting and mistreating one's partner or engaging in sex without their partner's expressed desire to do so. The men also accepted the new normative belief from their GDH

Intervention groups that hitting or forcing sex on their partner is not acceptable. In doing so, these men (and others introduced throughout this chapter) illustrated how their group peers became a new reference group on appropriate relationship behaviours. The new ideas and beliefs they acquired differed from what they had known previously, including that it is acceptable for a man to use physical force or the threat of force when they deemed it appropriate or to engage in sex without consideration to their partners wishes. Both men had a recent history with physical and sexual partner violence, respectively.

> Violence, there are several types of violence. The violence that I know is to hit a woman […] to mistreat a woman. That is what I know […] Before, when my wife spoke, I would get up, threatening to slap her. But now I know that if I do that it's not good […] A man should not be violent toward his wife, a good man is not violent toward his wife. (M34, 26y, 2y educ., Community 6)

> There is sexual violence (…) sometimes you go to the bedroom and you want to have sexual intercourse, she tells you she isn't in a good mood that day. Or you want to make love, but she doesn't feel like doing it. That's violence. Well, you must handle it. (M14, 35y, 5y educ., Community 3)

Some men illustrated similar learning processes around the ideas of gender equality and/or sharing household roles. One man, for example, expressed having acquired the idea that biological sex is the only difference between men and women, along with the normative beliefs that men and women should carry out the same roles and that a good couple helps one another. Notably, this man conveyed having held these views prior to the GDH Intervention, but implied that restrictive social norms around appropriate roles for men and women had prevented him from acting upon or even discussing these ideas.

> They taught us that that what makes the difference between women and men is their [biological] sex. Other than that, we are the same thing, we should do the same tasks and jobs […] We must help each other to become a good couple. If you know how to cook, you can do it without any problem. Me personally, I [already] thought like this. […] But if you get up […] and talk about this, [people] will not listen. They'll say that's what a woman does, not a man. (M4 29y, 8y educ., Community 1)

There were also men who specifically acquired new ideas and norms around undertaking household roles. For example, one of the men acquired the normative belief that men should help their partners sweep the house, cut firewood and fetch water, and to show them understanding when they are tired. The man seemed to convey having made sense of this belief by adding it to ideas that he already held, namely, that while both men and women work all day, men visit the bar or do other activities in the

evenings while their partners continue working. Similar to the previously-mentioned man, his new beliefs differed from the norms he had previously accepted, including that it is not acceptable for men to undertake women's work.

> […] you should sweep […] If you go to the field, break firewood, go find some water. [This] pleased me a lot because it is a good advice. Because sometimes, if the man departs from the field he says, "darling I'm coming", then he goes away and drinks. Or if you are hungry you say, "give me water I'm going to get a wash!" […] it is not only you who is gone to the field. Two of you have gone to the field, if you come home, help your partner. If she is tired you must show understanding. (M16 40y, 0y educ., Community 3)

There were also a couple of men who illustrated having acquired new learning around household decision-making. One of the men recalled some of the messages he heard from the GDH Intervention and demonstrated having accepted these new ideas. For example, the man illustrated having acquired the normative belief that, like men, women have good ideas to contribute to family discussions, and that a husband and wife can work collaboratively to make decisions. Similarly, the other man came to accept the normative belief that women should also contribute to financial decision making, yet he made sense of this belief by connecting it to ideas he already held. In particular, he described how women already make important decisions and act as household heads in their husbands' absence, such as when they travel or have passed away.

> There was a topic that we call 'having the power', since you have all the means, it's you who's the family head […] it's only you who gives your ideas, that's what exists. Even when your wife speaks, you don't listen. But after [the facilitator] came, really, I try to see a bit […] In a family, the man and woman complement each other as they both have ideas [...] that she too has good ideas to contribute to the family. (M36, 58y, 3y educ., Community 6)

> The woman is also the head of the family. When the man is not there, the woman becomes head of the family. When her husband dies, the woman becomes head of the family […] One should be agreeable. When I don't agree with her […] I don't think I should stand up and tell her to do something, that I should make her understand what I want us to do. She has her point of view, and together, we will make the final decision. (M32 32y, 3y educ., Community 6)

7.2.2.2 Acquisition Partially Distorted or Wholly Prevented by Subconscious Mechanisms

This section outlines the learning experiences of five men who demonstrated a failure to learn the intended messages from the GDH Intervention about some of their harmful behaviours. It is worth highlighting that these men had two factors in common with respect to their life-stage and GDH

Intervention attendance. They were relatively young, between the ages of 26 and 35 years, and three were struggling financially and/or joined the GDH Intervention after their partners had recently left them. The men also had high-to-moderate GDH Intervention attendance, with three having attended all sixteen weekly meetings while the other two attended twelve and thirteen meetings, respectively.

Some men demonstrated how they had partially distorted the intended messages from the GDH Intervention about their harmful behaviours, yet seemed unaware they had done so. One man, for example, illustrated how, prior to the GDH Intervention, he believed that men demonstrated their love to their wives through the use of control and physical force. Since then, however, the man implied having accepted the normative belief that beating his partner is unacceptable, and he justified this belief with the idea that he there would be financial implications if his partner became injured and needed treatment. The idea that he would face consequences for becoming physical toward their partners was one of the intended messages from the GDH Intervention,[48] and was demonstrated by the learning experiences outlined in Chapters 5 and 6. Despite this, however, the man seemed ambivalent about the view that men should change their behaviour because it is 'good' for them. Instead, he went on to suggest that he had no need to use physical violence to discipline his partner because a man still wields power over his wife. Toward this end, the man seemed to have unknowingly distorted the message about the consequences of violence. It is likely that his ambivalence about the argument for non-violence stems from his view that men convey their love toward their partner by demonstrating power and control.

> Before, people hit their wife, men saw it as a game […] if you hit your wife, it is like you love her. But it's him who will pay. You will hit her and if you send her to the hospital, it's your money you'll waste […] you should not hit your wife, don't hit your wife, it's not good […] your woman can't control you, it is you who is above you woman, so you should not hit women, you don't have to. (M14, 35y, 5y educ., Community 3)

Similarly, another man illustrated having accepted the normative belief that men should not be physically violent with their partners, because he recognised there may be consequences to himself for using such behaviour. Despite having acquired the belief that using physical partner violence is wrong, however, he seemed to imply that violent behaviour exists on a continuum and that only those behaviours at the extreme end of the continuum are unacceptable. More specifically, he described that men must not be "too aggressive" or "too angry" toward their partners. Distorting the normative

[48] In Chapter 3 (Study Setting and Overview of GDH Intervention), the intended messages that men were meant to acquire from each topic addressed by the sixteen GDH Intervention meetings were presented in Tables 1 and 2. In weeks 8 and 10, men were intended to acquire the ideas that that people use violence to maintain control and that there are various consequences to using violence against an intimate partner.

belief on the acceptability of physical violence against an intimate partner in this way implies that less extreme forms of partner violence may be tolerable or even acceptable. Indeed, in the following section of this chapter (see 7.2.3), data is presented to demonstrate that this man had verbally abused his partner since the GDH Intervention and justified having done so because he had stopped hitting her.

> When there is violence, the strength of a woman and a man are not the same. You commit violence against a risk hurting her and killing her. So, to prevent all violence, it is necessary to stop. You should not be too angry, you should not be too aggressive. You must not let anger control you. (M4 29y, 8y educ., Community 1)

Another two men also illustrated having accepted new ideas and beliefs about physical partner violence, yet similarly distorted these into something they found more acceptable. One man, for example, conveyed having assimilated the idea that alcohol can exacerbate angry emotions and contribute to men's use of violence and that therefore, avoiding violence required limiting one's alcohol use. The other man noted that there could be consequences to men for beating or harming their partners. Both men expressed the normative belief that men should not be violent with their partners. Despite having acquired these new ideas and beliefs, however, the men seemed to have been ambivalent about their use of physical violence specifically on the issue of adultery. Both men illustrated having distorted their views and beliefs about non-violence if their partner were to engage in adulterous behaviour or lie about doing so. In such cases, both men expressed the attitude that it would be permissible or even necessary to discipline their partners with physical force.

> Physical violence is beating your wife […] Controlling anger is to fight against violence, it is the anger that pushes you to violence. It's about addressing the roots of violence. When you drink alcohol, you should come to your limit, then stop and go home. But when you pass this, it becomes something else because you cannot control anything. If you are angry, you will become violent and go and hit your girlfriend or talk badly to or hit your wife. […] [But] when a wife commits adultery, you must hit her. (M32 32y, 3y educ., Community 6)

> **Interviewee:** if you argue like that, one day someone will harm another. And if you harm someone, you will tarnish your name, you must leave it […] If it's my wife who is injured, it's me who pays the fee. And then I have nothing. If she is hurt, it's me who will take her to the hospital […] One should not hit their wife, they should leave it.
>
> **Interviewer:** Is there any situation where it would be acceptable to hit your wife?
>
> **Interviewee:** If I'm hitting my wife, I'm doing this because I caught her with another man. Then I would catch her and send her home, and if she doesn't tell me the

truth, that is when I would hit her.

(M13, 32y, 4y educ., Community 3)

With respect to the issues of sharing the burden of household work, men also demonstrated having adopted new normative beliefs in support of sharing the daily work between the two of them. Some men, for example, adopted the normative beliefs that men should help their partners with their work and that it is possible for men and women to be able to undertake the same roles. They justified this belief with the idea that men and women are the same because they are both human. Despite having acquired these beliefs and ideas, however, men seemed to have distorted how they made sense of these beliefs, and specifically that these rules only apply to limited situations. For example, one man suggested that while he is able to share household tasks with his partner, he implied that he would not share responsibilities with her because she is uneducated, and emphasised that it is a man's responsibility to educate their partner so that they learn how to become a 'good wife'. Notably, this man, himself, had little education, having only completed two years of primary school, suggesting that his justification for maintaining power and control over his partner is based more on normative expectations than reason.

> The group says not to mistreat the woman and not to look at her working alone, but the two of you together (…) A man is a human being, a woman too is a human being. That means what a man does, a woman can also do it, and vice-versa. I can accept to share roles, but I cannot accept sharing responsibilities. Often in our village, if a woman is in school, it's good and she can give advice. [But] currently there are no good woman. It's you who will tell her what to do […] it's the man who will ensure that she becomes a good wife. (M34, 26y, 2y educ., Community 6)

While another man implied that he was willing to share household responsibilities with his wife, he also clearly indicated there were limited tasks that he was willing to do. The man expressed the normative belief that he could help his partner to bring home wood and food from the fields, and conveyed that his justification for doing so was that his facilitator had indicated that it is acceptable for men to help their partners. Yet, the man also expressed concern that undertaking certain traditionally female tasks would threaten his position of power over his partner. As a result, he seemed to have distorted the intended messaging about the justification for helping out, stating that he would only help his partner if she was sick or else unaware that he had helped her, and that there were certain tasks (such as sweeping) that he simply refused to so. It is unclear why the man thinks his wife would not know if he helped her, but the man is currently single as his wife left him since the GDH Intervention began.

> If we had the same responsibilities, that would not bother me, it would not bother me […] If she goes to the field, if I see that she is tired, I can cut wood and fetch wood, I can do that easily thanks to [the GDH Intervention]. If I wash my clothes and I know that she has a dress that is dirty, I can wash it. But I will not tell her, because if I tell her I will lose my power. It will be a secret. If she noticed it was clean and she asks me, I cannot show her that it was me who did it […] No, I cannot sweep, I cannot wash the clothes together [with her], I cannot do that. If his wife was sick, he could cook for his children. But if his wife is there, he cannot, I could not cook. (M14, 35y, 5y educ., Community 3)

This man also illustrated having distorted the intended messages from the GDH Intervention around the issue of making important decisions in the home. Similar to the quote presented previously, the man discussed the issue of power in the family and expressed the normative belief that a couple should make important family decisions together. However, he seemed to distort the idea of how exactly the decision-making processes should work. While he suggested that couples should sit together and discuss, he also implied that men must lead the conversation and that, if his wife were to express a different view, a man should lead his wife toward what he perceives is the right decision. He conveyed having justified this belief based on the idea that getting his partner to accept his view on the decision would resolve any potential disagreement between the couple, which would prevent him from becoming angry and violent toward his wife should she disagree.

> […] your woman can't control you, it is you who is above your woman. I will not lose my power in front of my wife. […] If she decides alone, if I see that it's good, [or] even if it's not good, we should talk, discuss it. I will do this so that there isn't any disorder in the family […] It will be based on what she says. We will sit and discuss. Even if it's not good, I will talk about it. We will agree. Today, thanks to [the GDH Intervention], we will do this […] because when you do this […] it is you who will lead the conversation. If she speaks, you will make her hear. It is to come together, it is to avoid anger […] to avoid the violence. (M14, 35y, 5y educ., Community 3)

While men's distortion of GDH Intervention messages was a key theme related to their learning among those presented in this sub-section, with respect to the topic of sharing household roles, one man demonstrated an outright rejection of the intended GDH Intervention messages. Similar to the findings outlined in the previous passages, this man refused to undertake traditionally female roles. However, his learning experience on this topic was somewhat different in that he expressed a wholehearted refusal to carry out any tasks that were usually undertaken by his partner. He articulated that his refusal to help out stemmed from a perceived sense of fear that his partner would leave him if he undertook roles that were typically assigned to women. This view likely suggests that men must uphold their power in their home by maintaining traditional social norms around family

roles, including that men provide for and are the heads of their families, while women maintain the home.

> If she has finished cooking, she will wash the children, it's her work […] For me to stay and wash the children? No! I cannot do that. […] Do I pump water to bring to her? No! I taught her [that] it's her who must pump water and bring it [home]. It's not me who will do it. [Do I] Cook? [Even] if my wife says [that] she is tired today, things will stay the same between us. If I have some money, I will go buy some bread and then we will eat. That's it. I will wash clothes for myself (only). [if] you do the cleaning for your wife, she will not stay at your home, she will quickly leave [you] […] If it's in the house where we sleep, I can sweep. But to do that outside, in a big yard like that, to take the broom? No, I cannot do that. (M13, 32y, 4y educ., Community 3)

7.2.2.3 Acquisition is Incomplete and, in Some Cases, Consciously Resisted

This following section presents the learning experiences of five men who similarly demonstrated a failure to learn intended GDH Intervention messages about some of their harmful relationship behaviours. Similar to the experience of the men presented previously, these men shared common features with one another related to their life stage and the GDH Intervention. In particular, these men tended to be older, between 40 and 58 years, and demonstrated low GDH Intervention attendance, having only shown up to between four and ten weekly meetings, and two of the men reported having quit the GDH Intervention. Their experiences and reasons for quitting are set out below.

Overall, the men described holding beliefs in favour of adopting healthier behaviours in their intimate relationships. At the same time, however, they illustrated having not fully grasped the reason for those beliefs nor the intended messages from the GDH Intervention to which those beliefs related. With respect to physical partner violence, for example, one man demonstrated having accepted the normative belief that men should not hit, beat or otherwise become physical with their wives. Yet, while other men who acquired new learning adopted both new beliefs and new ideas (or drew from existing norms) to support those beliefs, this man made no mention of how he had made sense of his belief to support non-violent relationships. Moreover, the man expressed his view that men can still become violent with their partners, including when they do not respect what they are told. In other words, he claimed that physical partner violence is unacceptable, while also justifying the use of such violence. Notably, the man only attended four GDH Intervention meetings and described that he

needed to focus on working his fields while his wife travelled on a religious pilgrimage. Together, these findings suggest that the man's learning on the topic was incomplete.

> I did love the discussions about household matters such as helping one's wife, not beating her. Violence is a bad thing […] It's not good to hit your wife. People should not be violent toward women. […] [But] often there are women who make you angry […] you tell a woman not to go out, you have gone to sleep, and then she comes and knock on the door. If you wake up, you will kick her. (M12, 48y, 9y educ., Community 2)

Another man demonstrated similar incomplete learning on the topic of physical partner violence. Having joined the GDH Intervention with a recent history of using verbal abuse, including yelling at his partner, the man denied having been physically violent toward her. He also expressed the belief that hitting his wife was not acceptable, and justified this belief with the idea that his partner is a grown woman, implying that she is not a child to be disciplined. Nevertheless, the man also expressed the belief that a man would be permitted or even required to become physically violent with his wife if she committed adultery. This comment conveys that while the man has never used physical force against his partner, he would have the intention of doing so were she to commit adultery. The issue of adultery as an exception to men's learning about non-violence in intimate relationships was also presented in the previous section. However, this man's comments differ from those presented previously because he demonstrated no new learning on the issue of physical partner violence. However, the men presented previously illustrated having accepted new beliefs and ideas in support of non-violence in their relationships, yet still justified the use violence should their partners engage in adulterous behaviour. It is likely that this particular man did not fully grasp the idea of non-violence because he only attended seven GDH Intervention meetings. The man reported having travelled to Abidjan during the GDH Intervention after his parents were killed in the post-election crisis.

> […] violence, it's not good. […] anger can push people to do things that you wouldn't do otherwise […] for me, hitting your wife isn't good. My wife has grown children, I cannot hit her. I'm not used to it. But there are many cases, if your wife had another man that you learned about and you don't agree, you may act violently. You would be forced to hit her, she's your wife. Or it's your wife who will leave you for him. It's not good. Then the man will come to declare that she has fled to his house [...]
>
> I missed [meetings] when I was in Abidjan when my parents died […] I was in Abidjan and when I came back, I attended again. (M36, 58y, 3y educ., Community 6)

Even on the issue of gender equality and sharing household roles, the men illustrated a sense of having not fully understood the intended messages with these topics. One man, for example, implied that he

had not understood the lesson on gender equality nor what this means for men and women, and he suggested that gender equality does not exist because men are superior to women. Similarly, while the man conveyed having appreciated the lesson on sharing household roles, he made no mention of ideas that would support the need for doing so, nor did he express the normative belief that men should share the household roles with their partners.

> This is the theme I didn't understand. It's not easy to have equality between men and women. I find it hard to understand. We, men, cannot be equal to women. Men have always been superior to women. […] I did love the discussions about household matters such as helping one's wife, not beating her, washing children, and most importantly, helping one's wife a lot, I find it interesting! (M12, 48y, 9y educ., Community 2)

On the other hand, another man implied having adopted the normative belief that men should work together with their partners to complete the daily housework. Moreover, the man justified having accepted this belief by implying that he was willing to be flexible with the household roles if this meant improving the situation for his partner. Yet, the man's sense of equality seemed to fall short when it came to the issue of sharing household responsibilities with his partner. More specifically, he reported that he alone was responsible for advising his family, and even went as far as stating that his partner had no right to carry out his roles. So, the man's notion of equality seemed to be limited to helping his partner with daily chores, but not to his partner contributing to important family responsibilities, suggesting that only men have the privilege of setting the course on family matters.

> My understanding is that gender equality means helping each other […] instead of just sitting in the armchair or hammock while she's doing all the tasks alone, you should help her. […] I do not have to think in the past. To share household tasks, for me it does not matter. I will clean for everyone to be happy. […] [But] it is my duty to advise my family, to guide them, to ensure they're on the right path. […] What I must do is what I will do, and she must do her things. […] What is in her rights, she can do. [But] that which isn't her right, she must not do, it's me who does it. (M36, 58y, 3y educ., Community 6)

While another two men illustrated similar experiences with incomplete learning, the circumstances leading to their learning failure were different. Specifically, rather than having missed weekly GDH Intervention meetings because of unanticipated circumstances, these men chose to quit the GDH Intervention because of the negative influence it had on their family lives.

One of the men, for example, described having left the GDH Intervention after attending only seven meetings because his partner had not been supportive of the new ideas and beliefs he had acquired from the group. He perceived that his partner had viewed his learning in a negative light along with

his involvement with the GDH Intervention. The man reported having reached out to her to share what he had learned, and he described how she refused to listen to him, which he took as a sign of disrespect. While he implied having appreciated the objective of the GDH Intervention, he conveyed that he could not accept that his wife would no longer hear nor trust what he told her. As a result, the man seemed concerned both with his reputation and his marriage, so he decided to quit the GDH Intervention. Notably, he implied that, because of the ideas he had learnt, his wife had come to view him as the feminine figure in their marriage instead of the strong household head that he once was.

> The teachings were good because the aim was to reconcile us. But people who were not members of the group heard [about] that. When our wives heard about that, they became somewhat rude and disrespectful toward us. You know, we, the people of Guere ethnic origin […] our wives should at least listen to us and respect us. We became their "wives", we were no longer their husbands. […] I would talk, I often talked about those topics. I talked to her. But she wouldn't listen. So, I told [the facilitator] [that] I quit because it did not help me. She does not understand me. I don't want to tarnish my name. So, I quit. (M29 45y, 4y educ., Community 5)

This finding highlights the important role that an individual's social environment plays in their learning experience, beyond men's immediate learning environment (within their GDH Intervention groups). This man's comments can also be understood in light of the fragile nature of the couple's relationship prior to the GDH Intervention. Since their recent marriage, the couple's relationship had been marred by his partner's mistrust over his infidelity, and mutual hostility and violence toward one another, which began when he failed to pay his wife's dowry. The man was married twice previously, but his first wife died, while his second marriage fell apart within only a few years.

Similarly, another man quit the GDH Intervention after attending only five sessions. The man reported having felt angry toward the organisation that implemented the GDH Intervention, and implied that they had paid little attention to those who joined and who were struggling to make ends meet after the recent post-election crisis.[49] This man is from one of the six communities that was hit hardest by insecurity, and he reported having lost his home and all his possessions when the rebels arrived in his village and burned his house to the ground. The man described having since been struggling to feed his family. In the context of his struggles, he came to understand that the International Rescue

[49] Recall from Chapter 3 (Study Setting and Overview of the GDH Intervention), the post-election crisis broke out in November 2010, only a few weeks after the GDH Intervention began, and brought the entire country to a standstill. The GDH Intervention was halted for months as a result before it eventually resumed the following year after peace and order across the country was reinforced.

Committee demanded too much time from the men, who spent several hours each week at GDH Intervention meetings, while failing to consider their basic needs.

> People sometimes came to fetch me [before a meeting] but I told them that I was sick […] because I wanted to avoid the anger […] It took too much time, from 9am until 1pm. I appreciate that it gives good advices, but I didn't appreciate it in terms of financing. They are not honest when it comes to money […] They didn't give us anything to eat. They have the money, but they keep this money to do their own business. It's because of that I left the group. […] [My family] doesn't have money right now […] Before, I lived such a good life, but I have now been deprived of everything. Rebels came to my house and took everything and burned down our house. I am obliged to go take one sack of rice, two sacks of rice in credit so that my family finds something to eat. (M24 43y, 7y educ., Community 4)

As a result of his decision to quit, the first man mentioned previously demonstrated having resisted some of the learning he had already acquired from the weekly meetings. On the topic of physical partner violence, for example, he expressed having initially acquired the normative belief that hitting a partner is unacceptable and justified the belief based on the idea that a man could face consequences to themselves for using violence. However, he also suggested that he later rejected these beliefs and ideas by stating that he would become violent toward his wife if she continued to disrespect him in public. More specifically, the man expressed concern with their relationship problems and conveyed his belief that people in their community perceived his wife as holding the power in their relationship.

> One should not hit! If you commit violence or if someone commits violence against you, it may lead to fighting. You can become injured and during this time, you have nothing. Then you will be sent to the courts, that is not good! […]
>
> If we are in public and she disrespects me, I will hit her. Because we say it's the public who shames you, right? So, in public like that, she is a woman and she can shame me. And then people talk, they say that she controls me! And that, that is not good. Even a man once came to say, "but your wife controls you!" When they leave to harvest the cocoa, in the bus there, everybody talks about me. Is that that good? (M29 45y, 4y educ., Community 5)

The other man, for his part, demonstrated having acquired the normative belief that hitting an intimate partner is wrong, and he indicated having accepted this belief from the GDH Intervention. Yet, he did not illustrate having made sense of the topic of physical partner violence, nor why the belief against using such violence is important. For example, the man made no mention of having accepted ideas that would justify adopting the belief, nor of having created new meaning on the topic to support the belief. Moreover, were his wife to commit adultery, he expressed his intention to discipline her through the use of force and to stop providing for her. In doing so, he suggested that

women were culpable for the violence used against them, and he normalised men's violence as an appropriate expression of anger.

> […] we were advised not to be angry with our wives […] In the past, we did not discuss with them, but we have beaten them […] You know women, most them, they will always make a man angry. But after joining the group, I understood that violence was wrong. One should not hit! It's abnormal.
>
> […] What would push me to hit my wife? If she committed adultery on my bed. I am the one taking care of her here. If she lets me down for another man, I won't take care of her anymore. This is how a man expresses his anger. (M24, 43y, 7y educ., Community 4)

The same man illustrated incomplete learning on the topic of sharing household roles. For example, when asked specifically about how he helped around the home, he emphasised that his primary role was to provide for and feed his family. While he also suggested that he had accepted the normative belief that he should help his wife carry out her tasks if she was ill and needed help, he made no mention of how he had justified or made sense of this new belief. He did not report adopting new ideas that would support his acceptance of helping his wife, such as, for example, that she needed to rest in order to recover. Nor did he illustrate having created new meaning on the need for helping out, for example, by indicating that doing so demonstrated his understanding and empathy for his wife. Instead, he highlighted the need for clear boundaries if he were to help out, implying that he begrudgingly accepted to do so as long as he could decide what tasks he was willing to do (rather than, for example, looking to his family's needs for direction).

> As head of the household, I should be responsible for the food, the health care, a child cannot eat if he is not healthy. If you are sick, you cannot eat. I'm in charge of paying for bags of rice, for food, everybody knows that I am in charge of doing this. […] If my wife is sick […] I should wash the children and do the cooking because my wife is sick. […] [but] if there isn't a good understanding, we will not share the household roles. (M24, 43y, 7y educ., Community 4)

Similarly, the other man conveyed having accepted the normative belief that men should respect and demonstrate attentiveness toward their partners, including by helping them with their daily roles. As with the findings highlighted in the previous paragraphs, however, this man made no mention to how he had made sense of the new belief. While he illustrated having connected the normative belief that men should help out around the home to the others beliefs (that men should respect their wives and live with them in harmony), he did not seem to suggest how these beliefs related to one another – for example, how demonstrating respect for their partners and living in harmony related to helping with their daily roles. In a culture where social norms dictate the division of the family responsibilities based

on biological sex, doing otherwise would require having accepted a meaningful reason for doing so. Rather, the man implied that he was simply given these messages during GDH Intervention meetings, without having made sense of them.

> We were told how to act toward women. You should respect your wife, take good care of her and live with her in harmony. So, if your wife is washing the dishes, you should, for example, grind something. If she is carrying a load, you should also have something to carry. If she is not with you at the fields, you can carry firewood on your head to come back to the village, to help her. (M29 45y, 4y educ., Community 5)

7.2.3 Acquisition of Alternative Behaviours through Simple Processes and Outputs

Beyond men's acquisition of new ideas and normative beliefs on their harmful relationship behaviours, six of the ten men also demonstrated having acquired new learning about healthier alternatives. Through the dual processes of addition and differentiation, these men illustrated having assimilated healthier alternative relationship behaviours to physical violence, but there was no mention of healthier alternatives to financial decision-making or traditional family roles. Notably, these men's new learning on anger management was demonstrated only by some of the men who experienced learning failure on the topic of physical partner violence.

A few men conveyed having acquired new learning on how to avoid becoming violent with their partners. Specifically, these men acquired new normative beliefs and ideas about how they should behave when they became angry. One of the key themes to emerge from the data involved men's expression of the normative belief that men should control themselves by not speaking aggressively toward their partners when they are angry. One man made sense of this belief by suggesting that a 'good man' is respectful toward with his wife, and, in turn, his wife will respect him and the advice that he gives her. Other men made sense of the healthy ideals of respect and non-violent communication with the normative belief that couples should acknowledge, discuss and address problems calmly and respectfully. One man, for example, emphasised that men should peacefully accept their partners' mistakes, and acknowledge and apologise when they themselves had made mistakes. With a history of physical or psychological partner violence, these men implied having come to accept that it is preferable to contain their negative emotions from their partners rather than venting their anger through violence or verbal abusive.

> Well, we were advised not to be angry with our wives […] They explained to us that, at the house, if she knows that her husband has already done the right thing, she will not act

> otherwise [...] it will diminish the anger of everyone […] To be a good man, one should respect his wife and all those who have accepted to live with you. If there is respect in the household, the wife will accept the advice that he gives. (M24, 43y, 7y educ., Community 4)
>
> […] one should ask for forgiveness. If I come to you and tell you, what you did to me yesterday was not good, if they say something, you must control yourself. So, if you are calmed there is no problem, it means you are controlled. Or if I was the one who is wrong, I will ask for forgiveness and it ends there. (M16 40y, 0y educ., Community 3)

There were also some men who described specific behaviours and techniques that men can adopt to control themselves when they become angry in order to avoid becoming violent. One man, for example, mentioned the idea of taking a time-out to go for a walk or visit a friend who they could talk to about the problem. This man also emphasised how communication, apologies and forgiveness can help couples overcome their differences when problems arise. There was another man who illustrated how visualisation techniques can help men control their negative emotions. The man recalled a GDH Intervention lesson where men were encouraged to consider the emotional energy created by their anger, and asked to guide the negative energy through a funnel where it is caught in a filter to prevent the emotions from spiralling out of control. Notably, this man seemed to have difficulty recalling the lesson and specifically how the exercise worked as an anger management tool. These techniques and behaviours to manage anger are different from what these men had understood in the past, including that it was reasonable to respond impulsively to their anger by beating, punching, yelling at or threatening their partners.

> You take your friends and you go out for a bit and talk. There are others who will talk to you and then you can drop it… You and your wife, it's about how you speak to one another, there should be agreement (…) Well, if you're angry with your wife, she should ask you for forgiveness and you should forgive her. That will allow you to stay together. If he sits down and talks gently, they will find agreement. (M13, 32y, 4y educ., Community 3)
>
> […] we learned how we should speak to our partners […] If you want to talk with her, you shouldn't speak violently […] one topic we talked about was on controlling ourselves. [The facilitator] gave us an example of a funnel. He spoke of a filter in the middle of the funnel. I don't know how to explain it well. On the inside, it's like there is a filter there. We say that if you let your anger go through the filter, it will descend and become catastrophic. So, it's the filter that one must control. That means you must not let your anger go down into the filter. (M4 29y, 8y educ., Community 1)

Additionally, there were other men who conveyed that while they should manage their negative emotions by taking a time-out or trying to problem solve the situation with their partners, it may also be useful to avoid their partners and seek help from a third party. The men seemed to imply there is

utility in turning to a family member or someone who can mediate the situation on behalf of the couple. Like the men presented previously, these men conveyed how their new learning differed from the previously held view that it is acceptable to hit or yell at their partners when they were angry.

> What we learned from the [GDH Intervention] is to avoid using violence when we speak. […] you must not make trouble, do not respond to someone in a hurry […] it means you should not hurt someone, you must pull yourself together. Although you may be angry at your partner, if there is arguing, you must know how to calm them. That is, if you do not, what would happen later would be your fault […] If something is wrong, you should ask your brother, your parents. (M14, 35y, 5y educ., Community 3)

> To end violence, one must control themselves. If [your partner] does something that doesn't please you, if you don't understand, you can go out. Or if you are at the house, you can turn away a little. And before coming back to the house, your anger will diminish. Or you can take your machete and go to the field. You must calm down […] it hurts but you must communicate it to someone who will fix the problem. If you get to violence, it's not good. (M36, 58y, 3y educ., Community 6)

7.3 How Men' Experiences with Practicing (and Failing to Practice) Change Varied

The following section presents men's experiences with practicing change toward heathier relationship behaviours. All of the men presented in this chapter demonstrated having replaced violent or controlling practices with some healthier behaviours, while also illustrating a failure to adopt healthier practices on other relationship behaviours.

7.3.1 Practiced Newly Acquired Ideas About Healthier Relationship Behaviours

Six in ten men described having been able to better manage their anger since the GDH Intervention and to avoid becoming physically violent or verbally abusive in the home. For example, the men illustrated how they would take a time-out when they became angry, including by going to their fields, visiting a friend, or going for walk, which had enabled the men to calm down. Some men also reported how they were able to communicate with their partners when problems arose between the couples, and to resolve any issues peacefully between themselves. One man implied that the improved communication measures that he and his partner had adopted since the GDH Intervention had prevented any major problems from arising between the couple. Some of the men also suggested

that, in addition to gaining control over their negative emotions, they had also become more responsible since participating in the GDH Intervention, including by spending more time at home in the evenings instead of going to the bar.

> When [anger] takes hold of me, I get up and go outside, or I go to the field or I go to my friend's house and my anger decreases [...] And I no longer yell at her when I want to speak to her […] My wife and I decided that, if there is a problem, she will come to me and we will discuss it together. But she shouldn't call my name from far away, that doesn't please me. And she said the same. […] Since [the GDH Intervention], I haven't encountered any more problems. When my wife speaks, I understand. (M34, 26y, 2y educ., Community 6)

> I would become irritated quickly after experiencing something and I would become very angry. But now […] I know now how to manage my anger. For example, if I see madam in the middle of doing something that doesn't please me, instead of staying at the house, bursting with anger, sometimes I will go to my friends' house and stay for 30 or 45 minutes, and when I return, it has gone. Then we come together to talk […] everything has changed. Before I got to partying […] Since joining the GDH, I no longer have the time to wander around until 23-24h. When I know it's 21-22h, I return to the house. (M32 32y, 3y educ., Community 6)

While another man reported that his wife had left him since the GDH Intervention, he described having become less violent toward his two adult sisters who rent rooms from him on the same property. The man reported that he was able to manage his anger, for example, by taking walks when he became angry, and he conveyed how this time away had enabled him to gain some perspective on how he was feeling. In particular, he implied that he was no longer bothered by how his sisters treated him and was able to remain calm, whilst previously he would become easily angered with how they spoke to him. He also conveyed his view that, among the key benefits of the GDH Intervention was how he had changed the way he viewed himself and his relationships with his sisters, including how he treated them.

> If someone makes me angry, it goes quickly. I don't talk. I leave gently. I pretend to go for a walk. […] On my return, I greet [them], and it has passed […] I used to beat my younger sisters, I used to beat them. Since the [GDH Intervention], I haven't been doing that anymore. I didn't like to be disrespected in public, but now […] when someone disrespects me, it no longer hurts me, and I don't react to that. That even makes me laugh as I don't care about that anymore […] I am no longer quick-tempered. I wasn't happy with my family members but as soon as I joined the group, my behaviour changed. I now get along with them. The bad things I had in my head have disappeared. When I speak, I don't force things, I speak softly. (M14, 35y, 5y educ., Community 3)

Notably, among the men who adopted healthier alternative behaviours to using physical violence in the home, only one had achieved the simpler form of learning on the topic of physical partner violence.

The other men had experienced learning failure, and had come away from the intervention with the misunderstanding that physical violence may be permissible or even necessary in certain circumstances to discipline their partners. Findings that indicate they had not used physical partner violence since the GDH Intervention likely suggests that the circumstances wherein these men had justified using such violence had not come to pass. However, it is also worth pointing out that all but one of the six men who demonstrated healthier alternative behaviours to physical violence had illustrated assimilating new learning on the topic of anger management.

There were also three men who described having reached out to discuss financial decision-making with their partners since participating in the GDH Intervention. Before the GDH Intervention, the men reported that they had managed all important financial decisions on their own. Some of the men described how they had informed their partners after making financial decisions, while others denied having ever discussed any major decision they made. One man conveyed that he had purchased a piece of land without informing his wife. However, the men described how they now either approached their partners to advise and seek their agreement on decisions, or else informed them so they could discuss and decide together without providing their preconceived views. The men also came to recognise benefits to consulting and seeking input from their partners. For example, one man reported that he and his wife now discussed how they could earn more money, while another man described how he sought consensus with his wife on issues where they disagree, including by seeking outside counsel. Notably, all three men assimilated new learning on financial decision-making, and attributed their healthy behaviour changes to the GDH Intervention.

> Before, if you were my wife, I'd say, "darling, this is how it is". Now I advise her. I call madam, I tell her what we should do. If she's in agreement and I agree, then we do it together. Well, it's thanks to [the facilitator] that I call my wife. Because of this, I've changed […] As we are two in the end, I talk to her how to earn money. If we have time, about having lots of money to help our children. I cannot hide anything. I tell her directly and if she agrees it's good for us. (M16 40y, 0y educ., Community 3)

> Before the GDH, I sold cacao and coffee without telling my wife or asking what we should do with the money. Instead, I would work alone and take the money to build on the lot that I have. I had a lot in Maapleu that I didn't tell her about. It's only when I joined the GDH that I told her […] Since [the facilitator] came to teach us, before doing something I tell her and then we try to see things together […] often it's her who gives me ideas and when we discuss, I see it's good […] If I don't agree with her, I will explain that to her. She often gives an idea that I will research and analyse […] I will explain to her that, if we do it, it's not good and that she must also consider my idea. She must consult elsewhere and if what I have said isn't right, then we will follow what she has said. (M36, 58y, 3y educ., Community 6)

With respect to helping out around the house, seven in ten men reported having helped their partners with new tasks since participating in the GDH Intervention. While three of the men had assimilated new learning on the topic of sharing household roles, the other four demonstrated some form of learning failure. Yet, all of them described having practiced new roles. Some men, for example, reported how they had helped with managing the children while their partner was away or busy, including by washing, dressing and cooking a meal for them. Other men reported having taken on the sweeping, bringing home food and firewood from the fields, and grinding grain. There were also men who described doing the children's laundry and fetching water. As is outlined in the second quote below, one man reported that he now did everything he could to help out (except for cooking because he did not know how), and described having told his partner to ask him whenever she needed help.

> Before I became a member of the group, I didn't crush cassava, I didn't pound rice. But as soon as I became a member of the group, things began to change […] when the children go to school and my wife goes fishing, I cook rice for the children. […] When she goes to the market, I stay with the children. If they haven't been washed, I put the water on the fire and I bath them, and they come to eat before my wife returns. (M32 32y, 3y educ., Community 6)

> I grind the rice. More than four times she has been in the middle of washing all the clothes when I told her to leave it, that I will do it, so she can go and cook […] I told her that if she is tired and there are other tasks to do, she just must let me know, and I will help her […] Together we weed the fields and fetch wood to bring to the village […] The only thing I don't do is cook the meals. I don't do it because I don't know how to cook, otherwise I do everything else. (M34, 26y, 2y educ., Community 6)

While some men described having helped their partners with certain tasks even before the GDH Intervention, they had since taken on additional roles. One man, for example, indicated that because his wife had small children when they married, she needed help with managing both them and the housework, so he would often fetch water for her.

> […] we dig manioc to send to our wives […] when I go to the field, while returning, I cut some dry wood, I put them in a sack behind my bicycle, and I send them home, often with the children, the boys. I wash the clothes, sweep the yard, I do everything except wash the dishes […] when the men's discussion group came, it pushed me to work, it brought a change in me. It started when I got married, my wife had her [own] children. So that is how I began to help my wife. […] I'd go to the water pump, I brought the water. (M12, 48y, 9y educ., Community 2)

7.3.2 Continued to Practice Abusive or Otherwise Harmful Behaviours

Some men who experienced learning failure on (some or all) of their harmful relationship behaviours also continued to practice those particular behaviours in their intimate relationships. When it came to violence, for example, while there were men who reported having been violent or abusive toward their partners since the GDH Intervention, they also described how they had been *less* violent toward their partner (or *less frequently* violent) than in the past. For example, one man illustrated that he no longer hits or beats his partner. Yet, when asked how he responded the last time he was angry, he reported that he had vented his anger by shouting at her and conveyed that this behaviour had become somewhat routine practice since he had stopped hitting her.

> Before, I responded to her a little violently. This is no longer the case! […] When I am angry, so that I don't mess things up, I leave the yard, I go out, I go to my friend's house. They ask me why I am angry, and I explain it to them. They give me some advice and then it's at least two hours later when I return to the house. When I return to the house it's all over. If I didn't tell anyone then I would not be at ease […]
>
> The last time, I was angry because I was outside, I came home, and she had been out that day, she went out to her friend's while the baby was lying there crying. I thought that the baby was sick, he was crying. I went there and asked her why she left for her friends. I was shouting, shouting at her [...] as I had stopped hitting her. When I shout at her, [and] she knows she is not in the right, she says nothing [...] I unloaded my anger by shouting at her. (M4 29y, 8y educ., Community 1)

In his description of practicing change, another man with a recent history of verbal abuse, including belittling his partner, described having been able to better manage his anger since the GDH Intervention. For example, the man described how he would take a time-out when angry and seek advice from friends on how to manage his problems. As a result of the changes, he reported that he and his partner had stopped arguing and implied that they had been able to overcome some of their differences and stay together. Despite his improvements with managing anger and demonstrating humility by acknowledging his mistakes, the man reported that there were still times when he belittled his partner and had to apologise to her afterwards.

> When we are at the house, if madam is angry, I say, OK, I will go and find my [friends]. I say, OK, this is what my wife did today. If she is right, I must ask her for forgiveness, and she will calm down tomorrow. I will go and advise her of that […] thanks to [the facilitator] I can control myself. We have stayed together. Since I joined the group, there has been no problem. I don't quarrel with anybody at home […] I speak with my mouth. Well, sometimes I have insulted her. The next day I asked to be pardoned. That's what happened last night. (M16 40y, 0y educ., Community 3)

Similarly, another man reported that, while he was still physically violent with his partner, his angry outbursts tended to occur less frequently than they had in the past. This man demonstrated having acquired the idea that there may be consequences to hitting his partner, but he also distorted his learning by suggesting that it was acceptable to become violent with his wife if she was adulterous. He conveyed that he has been both less argumentative with her and less inclined to go out and fraternise with other women since the GDH Intervention. While he reported that he had stopped yelling at her, giving the impression that their relationship had improved, he nonetheless described having hit her twice since the GDH Intervention and denied having spoken to her when problems between them arose. Despite having justified the use of force in cases of adultery, the man did not indicate that his wife had been with another man. This could suggest that he perceived fewer limitations to using physical force with his partner than he had reported.

> Before [the facilitator] came, I was a jerk and I argued a lot. I must tell the truth. If I saw women or young girls, there I would try to chat them up. But everything we spoke about at the meetings, JB spoke about, I know that it's the truth. If you continue, you are in the box. So, I have left all that […] I changed completely. It is because of [the facilitator] that things are good […] I don't yell, I go out in the courtyard there. I stay there. When I return, she is sleeping. So, I go to bed and I don't say anything […] [And] since [the facilitator] came, I have only hit her two times. (M13, 32y, 4y educ., Community 3)

With respect to making financial decisions, half of the ten men described how they were still in control of decision-making processes for their families. Most of the men implied how they now called their partners to inform them when a decision needed to be made, so as to keep them updated on financial matters, once they had already independently decided on a course of action. One of the men had separated from his wife, with whom he had two small children. While he reported how he now included her in decision-making, his comments suggest that he continued to drive both the decision-making process and the outcome. The man made no mention to having sought his partner's views on financial matters nor did he demonstrate having adopted any conflict resolution practices had she disagreed with him, likely implying that his partner had little opportunity to voice her own views. Similarly, another man reported that he now told his partner of the decisions he makes, and expressed his view that, because she did not become angry, she supported the decisions he makes. He stated that he was responsible for making spending decisions on the income he earned from farming corn, cacao and rice, while his wife could make decisions about the small vegetable garden she manages. He also implied that the vegetables she grew did not produce enough to feed the family, as he regularly provided her money to buy food at the market.

> […] it has changed. I call her, I sit down and say, 'the times have changed, how should we manage things'? […] The two of us, me and my wife, we talked, and I said, "what should we do to earn money? What should we do to feed our children? I would like us to do something, we're going to do something, well we're going to do some farming! We're going to make field of corn, which gives us the money, tomato, onions […] that which gives the money quickly. At the end of every month we know that we will earn a little bit, a little to do something." That is what I told my wife, we must do it. It's not forced. I say we will work, we will do it. (M14, 35y, 5y educ., Community 3)

> Yes, often. […] when we sell our products, often I come back from the buyer and she doesn't ask how things happened. We are always in agreement. I tell her what I have, and she doesn't get angry […] for example, I told her that this year we will plant a field of yams and cassava, and we will make a surplus […] Often she will manage her cornfield with her children, those are her decision. Regarding her garden of okra, eggplant […] it's her who makes those decisions. […] Every Saturday, on market day, I give her money to go to the market. If there is no money, I tell her, today there is none. (M12, 48y, 9y educ., Community 2)

One man reported how he had always given all the money he earned from farming cacao to his wife to manage. However, he implied having recently experienced some hesitation with doing so because of the way his wife treated him. This man described having quit the GDH Intervention because his wife did not support the ideas he was learning. Yet, the man conveyed his view that, despite having quit, the couple's problems had not been resolved. Moreover, with regard to the family spending, he implied that he routinely made all spending decisions himself, including on matters that may involve his wife's income. According to the man, only if decisions needed to be taken while he happened to be away from the house was his wife permitted to make those decisions on his behalf.

> I sell my cacao. We're going into our 7th-8th year now. [Since] she came, I've had a field that produced. The money that I make, I put directly in her hand. But when we speak, [the way] she talks to me makes me withdraw […] Well, I have children who are married. If they are in trouble, I call her and then I talk to her. If there is money in her hand, she tells me about it […] I say, good, I will go there to manage it. It's me who manages everything […] if I'm not there, she can manage it without me. (M29 45y, 4y educ., Community 5)

There were also a few men who denied having taken on any new roles around the house since the GDH Intervention. Two of the men had quit the GDH Intervention, and as was outlined in the previous section, one had described how his wife had rejected the idea of him carrying out traditionally female roles, and had perceived that he had become the 'wife' in their relationship. Overall, when men were asked about the roles they undertook around the home, some of the men implied that their job was to farm and support their families. One man, for example, despite having attended thirteen (of sixteen) weekly GDH Intervention meetings, emphasised that, as head of the household, it was his responsibility to farm and earn money to provide for his family and cover their expenses. While

another man, for his part, specifically denied carrying out any roles around the house when asked, and implied that he did not need to help with the children as they were old enough to manage themselves in the morning before school started.

> Yes, there are many things [I do]. If the rice fields need weeding, I do that, or the banana plantains, I do that. If the manioc needs planting, I do that. At our house, this is for the men, not the women. I do it because when we work in the cacao fields, the bananas are there. I clear the bananas, I clear the cacao. If I plant cassava there, I clear everything. (M29 45y, 4y educ., Community 5)

> At my house, what do I do there, I give food to my family, I clothe my family. If I have money, I give them some money, a little bit. That is what the head of the family does. He is head of the courtyard. So, at midday, you eat. In the evening, you eat. In the morning, you go to the field, with your wife, you send some food to the village for the evening, she cooks […] and it's like that […] And if there is a problem at our house, if there is an illness at our house or if someone has died, it's me who give money. (M13, 32y, 4y educ., Community 3)

> No, it's her that does this, the household tasks [...] It's in the fields where I work, I harvest the fields […] When my children are dirty, I will tell them go take a bath, go to school. On days that they don't go to school, I will say let's go to the fields. […] Even since the meetings of the group, there are roles divided between myself and my family. (M24, 43y, 7y educ., Community 4)

Summary of Findings

This chapter presented the learning and behaviour change experiences of a group of ten men who participated in the GDH Intervention. As a group, these men were both younger and attended fewer GDH Intervention meetings than the men presented in the previous two chapters. However, when considering the differences between the ten men, they tended to comprise two distinct groups. Half the men were young (in their 20-30s) and attended a large number of GDH Intervention meetings; the other half were older (40-50s) and attended a small number of weekly meetings (and two of them quit the GDH Intervention). Upon joining, half of the men presented in this chapter were struggling to establish stable relationships with either a partner and/or an income-earning opportunity. Men gave various reasons for having joined the GDH Intervention. While some joined with the intention to learn, several men reported other reasons, including the potential for social connection or material gain, or because they were encouraged by a friend.

With respect to their learning experiences, men illustrated passive interaction with the GDH Intervention topics and only a few demonstrated a sense of belonging among their group peers. Overall, men recounted a variation of experiences with learning and learning failure. Six in ten men illustrated the externally motivated form of acquisition on one of their harmful relationship behaviours through the dual assimilative processes of addition and differentiation. Moreover, all men demonstrated having experienced one or more (of four different) forms of learning failure. The acquisition experiences of learning failure demonstrated by some men involved either partially distorting or wholly preventing intended messages from the GDH Intervention on their harmful behaviours. For others, their acquisition experiences of learning failure involved incomplete learning, and, in some cases, resistance to any learning they had already acquired from the GDH Intervention. While a majority of the men acquired new ideas and normative beliefs on healthier alternative behaviours through the dual assimilative processes, the focus was entirely limited to the topic of anger management. For men who assimilated new normative beliefs on relationship behaviours, the men in their discussion group became a new reference group for how men should behave.

Men's experiences with behaviour change demonstrated a range of experiences from heathy behaviour change to a failure to adopt healthier behaviours in their relationships. Not everyone demonstrated having adopted healthier relationship practices, but all men illustrated having failed to practice healthy change on at least some relationship behaviours. In most cases, there was a direct relationship between men's experiences with learning and behaviour change. Most men who experienced a simple form of learning on certain behaviours also demonstrated practicing healthy change with respect to those behaviours. However, men who experienced some form of learning failure on their harmful relationship behaviours illustrated either having practiced healthy change or a failure to change on those particular behaviours. It seemed that entrenched harmful norms dictating appropriate behaviour for men were often to blame for men's failure to adopt healthier relationship practices. For men who experienced learning and change failure despite having attended a high number of weekly GDH Intervention meetings, their young age and struggles to establish permanent relationships with both an intimate partner and employment opportunities likely played a role. Moreover, low GDH Intervention attendance most certainly played a role in men's learning and change failure, in particular for those who attended less than ten weekly meetings. Finally, personal circumstances, including struggling to meet one's basic needs and the lack of support from an intimate partner, were important factors in the learning and change experiences of two men who chose to quit the GDH Intervention.

The following chapter (Chapter 8: Discussion) presents a discussion of the key findings from this thesis and places these within the relevant literature. Recommendations are also provided for future IPV prevention research and practice.

Chapter 8. Discussion

Introduction

This chapter highlights the key findings from this thesis and how they add to the current understanding of how men experience behaviour change following their involvement in a group-based training intervention to prevent IPV. The chapter begins by setting out the main findings on men's experiences with learning and behaviour change after participating in the GDH Intervention in Côte d'Ivoire and the influence of various individual-level factors on those experiences. Reflections are then presented on how using Illeris' Framework on Constructivist Learning Theory (CLT) alongside of Prochaska's Transtheoretical Model (TTM) enabled the development of our theoretical understanding of the multiple ways in which learning was experienced by GDH Intervention participants and how these experiences related to men's behaviour change. A revised conceptual framework is presented on the spectrum of individual-level experience with learning and behaviour change based on the findings from this thesis. Following this, the chapter considers the challenges with understanding men's experiences with behaviour change given the limitations to the chosen research methods outlined in Chapter 2 (Literature Review). Finally, a discussion is provided on how this research contributes to the knowledge base on engaging men to prevent IPV in LMICs, and recommendations are provided for further research and practice.

8.1 Main Findings in Thesis

This thesis sought to examine the connections between men's experiences with learning and behaviour change following their involvement with a group-based training intervention (the GDH Intervention) in rural Côte d'Ivoire, while considering how various individual-level factors influenced those connections. The specific objectives of this research were two-fold. First, to examine the connections between the processes involved with men's learning about their harmful relationship behaviours and healthier alternatives, and practicing less violent, more equitable relationship behaviours. Second, to consider how men's socio-demographic characteristics, prior IPV perpetration,

and their motivation to join and attend weekly GDH Intervention meetings may have influenced their learning and change experiences.

The first key finding from this research is that men's learning processes and the content they acquired from the GDH Intervention varied widely (see Table 14: Comparing Men's Experiences with Learning). The men presented in Chapter 5 (Conscious, Internally Motivated Learning and Change Practice) illustrated both depth and breadth of learning that reflected complex processes and significant content acquisition. Their active engagement and interactions with GDH Intervention topics during weekly meetings fostered a sense of belonging among their group peers, which encouraged their further interaction on the topics between meetings as they gathered informally to discuss the topics. These men also demonstrated two critically reflective backward-looking acquisition processes (critical reflection and critical reflexivity), enabling their consideration of the causes and/or consequences of their harmful behaviour to themselves (and their partners to a limited extent), and to re-evaluate their sense of identity as men, husbands and fathers. In doing so, these men accommodated new learning by breaking down and rebuilding how they understood their violent and inequitable relationship practices, which shifted their attitudes and motivated them to commit to change. Men then switched their gaze forward, and through the dual processes of assimilation, acquired healthier relationship practices. The content these men acquired involved new understanding, insights and attitudes about their harmful behaviours and sense of identity, and new approaches and techniques to adopt healthier relationship practices.

Conversely, the men presented in Chapter 6 (Unconscious, Externally Motivated Learning and Change Practice) demonstrated breadth (but little depth) of learning that reflected relatively simple processes and content. These men interacted passively with GDH Intervention topics during weekly meetings, and merely accepted the messages communicated to them, rather than having sought and created new meaning for themselves on ideas they had not understood. While these men experienced a sense of belonging among group peers during weekly meetings, only a few interacted further with the topics between meetings. The men acquired new learning on both their harmful relationship behaviours and healthier alternatives through the dual processes of assimilation. So, while men in Chapters 5 and 6 both experienced assimilative learning, the key distinction between the two relates to the form of learning they experienced on their *harmful relationship behaviours* specifically[50] (versus their learning

[50] Only learning on one's *prior* behaviours can involve the critically reflective and reflexive processes involved with complex (accommodative) learning, because the backward gaze involved with these processes necessitates that men already experienced these behaviours. Conversely, learning on healthier alternative behaviours can only involve the simpler (assimilative) form of learning because these behaviours have not yet taken place, implying that men are unable to critically reflect on experiencing such behaviours.

on healthier alternative behaviours). The learning content acquired by the men in Chapter 6 involved new normative beliefs and ideas on acceptable and unacceptable relationship behaviours for men that were established within their GDH Intervention groups.

Table 14: Comparing Men's Experiences with Learning (MacLean, 2020)

Participant Experiences			Men in Chapter 5 (n=15)	Men in Chapter 6 (n=11)	Men in Chapter 7 (n=10)
Learning	Interaction, Belonging	During Meetings	Active interaction with topics. Perceived a sense of belonging.	Passive interaction with topics. Perceived a sense of belonging.	Passive interaction with topics. Few men perceived a sense of belonging.
		Between Meetings	Belonging fostered men's further interaction on topics.	Only a few men interacted further on topics.	Minimal further interaction with topics.
	Acquisition	Processes	Conscious, complex processes of critical reflection and critical reflexivity on their harmful relationship behaviours (accomodation). Addition and differentiation of healthier alternatives approaches (assimilation).	Unconscious processes of addition and differentiation on both their harmful relationship behaviours and heathier alternatives (assimilation).	Multiple processes toward learning and learning failure: 1. Unconscious, processes of addition and differentiation on harmful behaviours and healthier alternatives (assimilation). 2. Partial distortion or complete prevention of learning on harmful behaviours by subconscious mechanisms (distortion or identity defense). 3. Incomplete and/or conscious resistance of learning on harmful behaviours (mislearning and/or resistance).
		Contents	New understanding, insights and attitudes on their harmful relationship behaviours and sense of identity, and new approaches and techniques to adopt healthier alternative behaviours.	New normative beliefs and ideas about what is considered appropriate relationship behaviours (all involving healthier behaviours).	Normative beliefs and ideas about appropriate relationship behaviours (some involving healthier behaviours while others involved harmful behaviours).

With respect to men presented in Chapter 7 (Multiple Pathways Toward Learning and Change Failure), their experiences reflected neither breadth nor depth of learning and a range of different processes and content. Men demonstrated passive involvement with GDH Intervention topics during weekly meetings, but only a few expressed a sense of belonging among group peers or having interacted further on topics between weekly meetings. Men's acquisition of new learning illustrated three pathways. First, as with the men presented in Chapter 6, some of the men acquired new ideas about (only) some of their harmful relationship behaviours and some healthier alternatives (particularly anger management) through the dual assimilative processes. The content they acquired through assimilation involved new normative beliefs and ideas about acceptable and unacceptable relationship practices established within their GDH Intervention groups (also similar to the men in

Chapter 6). However, what was unique to all men in this chapter was their failure to acquire learning as intended by the GDH Intervention with respect to other harmful behaviours (or all harmful behaviours for those who did not experience assimilative learning). This resulted in a failure to acquire new messages as intended due to both incomplete learning (and in some cases resisted learning) and partially distorted or wholly prevented learning. These processes resulted in men learning content that involved normative beliefs and ideas that either supported healthier relationship behaviours (as established by their GDH Intervention groups) or else reinforced harmful practices in their relationships.

Table 15: Comparing Men's Experiences with Behaviour Change (MacLean, 2020)

Participant Experiences		Men in Chapter 5 (n=15)	Men in Chapter 6 (n=11)	Men in Chapter 7 (n=10)
Behaviour Change	Processes	Internally motivated to put into practice new learning on healthier relationships behaviours. Demonstrated conscious change practice by recognizing internal cues to replace harmful behaviours with healthier alternatives, and by reflecting on change progress and incorporating new learning to consolidate their change practice.	Externally motivated to put into practicing new learning on healthier relationship behaivours. Demonstrated unconscious change practice by simply acting on new normative beliefs and ideas about appropriate relationship behaivours. Fulfilled the social norms and expectations established by GDH Intervention groups.	Multiple processes toward behaviour change and change failure: 1. Men who assimilated healthier relationship behaviours: Externally motivated to put into practicing new learning on healthier relationship behaivours. Demonstrated unconscious change practice by acting on new normative beliefs and ideas about appropriate relationship behaivours. 2. Men who aquired incomplete learning about their relationship behaviours, or who distorted, rejected or were prevented from registering new learning: Continued to practice harmful relationship behaviours (except men whose stated exceptions to practicing change had likely not to come pass, i.e. adultery)
	Behaviours	Practiced healthier relationship behaviours.	Practiced healthier relationship behaviours.	Some men practiced healthy change on certain relationship behaviours, but all men failed to practice healthy change on at least some relationship behaviours.

The second key finding is that men's behaviour change experiences varied widely and were primarily influenced by their learning experiences (see Table 15). Men who experienced complex learning (Chapter 5) illustrated both depth and breadth of behaviour change that reflected complex change

processes. This comprised a conscious and internally motivated practice, 'turning' inward for emotional cues to replace harmful behaviours with healthier alternatives, and reflecting on change experiences to develop strategies to consolidate behaviour change. Conversely, men who experienced simple learning on both their harmful behaviours and healthier alternatives (i.e. all men in Chapter 6 and some in Chapter 7) experienced only breadth (with little depth) of behaviour change that reflected simple change processes. This involved an unconscious, externally motivated practice of change, by enacting the new normative beliefs and ideas they acquired about acceptable relationship practices into their own relationships. For men who experienced learning failure on at least some relationship behaviours (i.e. all men in Chapter 7), they demonstrated little depth or breadth of change with respect to those behaviours, and continued to engage in harmful practices in their relationships. However, there were a few exceptions to this latter finding, particularly with respect to men who adopted normative beliefs against partner violence but also justified using violence under certain circumstances (e.g. if their partner was adulterous). These men demonstrated practicing non-violence in their relationships, which could suggest that such circumstances may not have come to pass in their relationships.

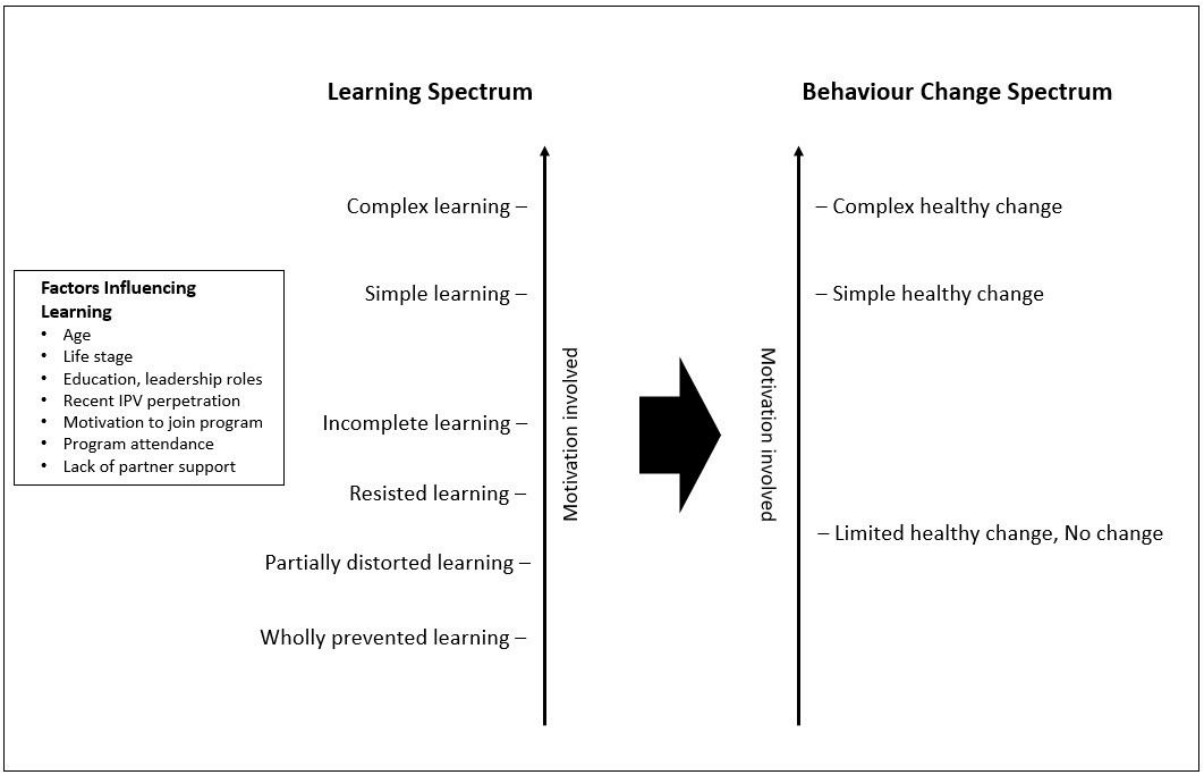
8.2 Reconceptualising Individual-level Experience with Behaviour Change

The GDH Intervention was developed based on Prochaska's (1997) Stages of Change Construct, which is TTM's organising framework for classifying individuals based on their 'readiness' for healthy change (Prochaska, Wright and Velicer, 2008). In Chapter 2 (Literature Review), a critique of TTM was presented outlining its limitations to understanding only one pathway toward individual-level change and its lack of theoretical specificity regarding the change processes. To address these limitations, constructs and concepts from Illeris' (2017) CLT framework were adopted in place of Prochaska's (1997) TTM learning processes to improve our understanding of the spectrum of men's experiences with individual-level behaviour change.

Based on the findings from this thesis, men's experiences with behaviour change were primarily influenced by their learning experiences about their harmful relationship behaviours specifically. Figure 6 presents a revised conceptual framework that sets out the relationships between men's experiences with learning and behaviour change. Both the learning and behaviour change spectra are

organised by the amount of motivation required to achieve learning and behaviour change, or else to overcome learning and change failure. At the top of the learning spectrum are the *complex* forms of learning and healthy change, which require the most motivation to achieve, followed by *simple* forms of learning and healthy change.[51] On the *Learning Spectrum* side of the framework, the subsequent four forms of learning failure include *incomplete learning*, *resisted learning*, *partially distorted learning* and *wholly prevented learning*. Corresponding with these learning failures are *limited healthy change to no change* on the *Behaviour Change Spectrum* side of the framework, with limited change reflecting men's distorted learning and the exceptions involved (i.e. on the acceptability of IPV should their partner commit adultery).

Figure 6: The Spectrum of Change Experience: A Revised Conceptual Framework (MacLean, 2020)



A key question to arise from these findings is why some men achieved complex learning, while others only achieved assimilative learning, or worse, learning failure. There is a distinction to be made within

[51] In reality, these two types of learning (i.e. accommodative and assimilative) do not occur in pure form but rather tend to occur simultaneously and with a preponderance toward either assimilation or accommodation. However, it is acknowledged that there is more to be gained by understanding their unique characteristics and the learning conditions and qualities to which they give rise (Illeris, 2017, pp. 62–64).

the findings presented across the three results chapters. Men introduced in Chapter 5 demonstrated complex learning and change experiences across the relationship behaviour domains,[52] while the experiences of men set out in Chapter 6 involved simple learning and behaviour change experiences. For their part, the men put forth in Chapter 7 experienced simple learning and behaviour change in some of the relationship behaviour domains, while also illustrating learning and change failure in other behaviour domains. These distinctions are important as they provide an opportunity to identify and understand the factors that influenced men's experiences with learning and behaviour change.

Table 16: Comparing Men's Experiences Prior to the GDH Intervention (MacLean, 2020)

Participant Experiences			Men in Chapter 5 (n=15)	Men in Chapter 6 (n=11)	Men in Chapter 7 (n=10)
Prior to GDH Intervention	Related to Incentive Dimension	Motivation to Join	To learn or change their behaviours.	To learn or change their behaviours.	Widely varied reasons.
		Life Stage	n=15 Adulthood	n=7 Adulthood n=4 Youth (struggling with partner and/or employment)	n=5 Adulthood n=5 Youth (struggling with partner and/or employment)
		Age	Median of 47y (range: 33-59y)	Median of 40y (range: 29-62y)	Median of 37.5y • n=5 in 20-30s • n=5 in 40-50s
	Related to Content Dimension	Education, Leadership Roles	Median of 10y (range: 3-13+y), n=5 held leadership roles.	Median of 5y (range: 1-12y), n=3 held leadership roles.	Median of 4y (range: 0-8y), n=1 held leadership roles.
		Recent IPV Perpetration	All but two men reported recent IPV perpetration (n=13), but only one man reported multiple and/or extreme forms of IPV.	Less than half of men reported recent IPV perpetration (n=5).	All men reported recent IPV perpetration, with the large majority describing multiple and/or extreme forms of IPV.
	Related to Interaction Dimension	GDH Intervention Attendance (out of 16)	Median of 13 sessions n=9 attended ≥ 13 (high) n=3 attended 10-12 (med.) n=3 attended ≤ 9 (low)	Median of 12 sessions n=3 attended ≥ 13 (high) n=6 attended 10-12 (med.) n=2 attended ≤ 9 (low)	Median of 11 sessions n=4 attended ≥ 13 (high) n=2 attended 10-12 (med.) n=4 attended ≤ 9 (low)

The range of experiences with learning and behaviour change can be understood by considering men's relationships with each of the three learning dimensions, and comparing their experiences across the three groups of men. The ***incentive*** dimension refers to the emotions, motivation and volition required

[52] Recall from Chapter 4 (Research Methods), four relationship behaviour domains were explored within the data, including: gender roles; influence and decision making; conflict resolution; and respect, commitment and trust.

to mobilise the mental energy needed for a given type of learning[53] (Illeris, 2017). Findings from this thesis suggest that men who achieved accommodative learning were motivated to learn about or change their harmful relationship behaviours upon joining (see Table 16: Comparing Men's Experiences Prior to the GDH Intervention). This finding may be explained by their age and stage of life, which together imply that their motivation to learn was purposefully focused on addressing challenges associated with family and work. Indeed, these men were intent on improving their own relationship behaviours,[54] on sharing their learning with community members (as leaders in their communities), and on creating less violent communities for their children. Following from this, their active engagement during meetings, sense of belonging among group peers, and critically reflective acquisition processes worked collectively to establish the incentive and mental energy required for complex, accommodative learning. Moreover, the new insights, understanding and attitudes acquired by accommodative learners in turn drove their motivation to practice change in ways that reinforced their earlier learning.

Conversely, while most assimilative learners expressed an intent to learn or change their behaviours upon joining, their lack of detail with respect to specific topics or behaviours could suggest less purpose in their motivations upon joining when compared to accommodative learners. Moreover, assimilative learners were younger than accommodative learners (by a median of 7 years), and nearly half were struggling to establish stable relationships with work and/or a partner. Together, these findings could imply that these particular men were primarily concerned with simply managing these unstable relationships rather than seeking to improve them. In advance of achieving a stable stage of adulthood, learning is oriented toward the formation of identify and focused on the societal values and norms that one is expected to acquire (Illeris, 2017). Indeed, the assimilative learners' passive interactions and simpler acquisition processes required minimal mental energy and motivation to achieve, and the content they acquired was consistent with their orientation toward social norms. Together, these experiences resulted in a practice of unconscious and externally motivated behaviour change.

Similar to the assimilative learners, men who experienced learning and change failure illustrated less descript external motivations for having joined the GDH Intervention from the outset. This group of men were the youngest of the three groups studied (with a median of 37.5 years), and half were

[53] Recall from Chapter 2 (Literature Review), accommodative learning is a conscious dynamic and requires strong motivation and mental energy, while assimilative learning is a largely unconscious dynamic, requiring no emotion or motivation.

[54] Recall from Chapter 5 (Men's Internally Motivated Performance of a Conscious Practice of Change) that some men reported having already learned about the consequences of some of their prior harmful behaviours and had practiced change before joining the GDH Intervention.

struggling to establish permanent relationships with work and/or an intimate partner either prior to or during the GDH Intervention. Similar to assimilative learners, these men would have been concerned with managing these relationships, and their learning would have been influenced by identity formation and focused on the acquisition of social norms. These men's experiences suggest that their limited interaction with the GDH Intervention topics and their range of different acquisition processes (from simple learning to various forms of learning failure) reflect minimal mental energy and motivation. Consequently, their experiences resulted in various pathways toward simple behaviour change and/or change failure. Notably, the men who experienced learning failure related to the incentive dimension (i.e. distorted or prevented learning) described perpetrating multiple and/or extreme forms of IPV before the GDH Intervention. This implies that these men would have required significant motivation to rebuild their prior understanding around partner violence, and explains their experiences with having distorted new GDH Intervention messages into something that was consistent with what they already knew because it demanded far less mental energy.

The ***content*** dimension of learning concerns 'what' is learned, and constructivists acknowledge that new learning is always built upon prior learning (Illeris, 2017). The differences in men's prior learning across the three chapters seems to support their learning experiences from the GDH Intervention. Men who experienced accommodative learning had the highest education attainment of the three groups (median of 10 years), while a third of these men also described lived educational experiences through their roles as community leaders. Moreover, all but one man had a recent history of IPV perpetration, which points to the relevance of the GDH Intervention content to their individual relationship experiences. Men who experienced assimilative learning, on the other hand, were less educated than accommodative learners (by a median of 5 years), and only half reported a recent history of IPV perpetration, suggesting they may have had too little relevant experience with IPV to draw upon and give rise to accommodative learning. By nature, critical reflection involves learning from one's prior behaviours (Illeris, 2017).

Men who experienced learning failure in relation to the content dimension (i.e. incomplete learning) illustrated errors in understanding, which tend to occur because of a lack of concentration or inadequate prior understanding or qualifications (Illeris, 2017). Indeed, the five men who experienced mislearning attended between only four and ten (with a median of 7) GDH Intervention meetings, and therefore most certainly experienced a lack of concentration on the topics addressed in their absence. Moreover, three of the five men completed between only 0 and 4 years of formal education, which could suggest these men had low prior knowledge, which is required for new learning to be acquired in adulthood.

Finally, this research considered the ***interaction*** dimension of learning not only with regard to the nature of men's engagement with the topics vis-à-vis their group peers and facilitator, but also through their overall exposure to the topics by way of their weekly meeting attendance. Men who achieved accommodative learning demonstrated the highest median attendance (13/16 sessions), with the large majority of these men in the highest attendance strata. The men who experienced assimilative learning had a slightly lower median exposure (12/16 sessions), with the majority of them in the medium attendance strata. Finally, men who experienced learning failure had the lowest median attendance (11/16 sessions) and were primarily split between the highest and lowest attendance strata (and with only two men in the medium strata). Moreover, two men who experienced learning failure related to the interaction dimension quit the GDH Intervention because they no longer viewed their involvement as acceptable. One of the men quit because he was struggling financially since the post-election crisis and was no longer able to feed his family. The other man quit because his partner had not accepted the learning that he had acquired and shared with her, which resulted in him resisting (and ultimately rejecting) his learning.

Another question to arise from these findings is whether men's behaviour change is likely to be sustained in the medium-to-long term. TTM sets out behaviour change as occurring through a progressive sequence of stages (Prochaska and Velicer, 1997). Yet, Prochaska et al. (1992) acknowledge that these movements are rarely linear, and that it is more common for individuals to proceed in cyclical patterns through the change stages by regressing, recycling (repeated iterations through the stages) or maintaining stable patters of development (Prochaska, 1992). With respect to IPV specifically, there is consensus among experts in the field of IPV prevention that men must refrain from perpetrating IPV for one year to be considered low risk of future IPV perpetration, with the implication that their behaviour change is considered stable or permanent (WHO, 2001; Fulu *et al.*, 2013; K M Devries *et al.*, 2013). Indeed, given that the data for this thesis was collected at one point in time one year following the GDH Intervention, this timeline had already been achieved for men who experienced behaviour change toward a reduction in IPV perpetration. However, this time-frame is based on probabilities through the random sampling procedures of trial studies, rather than on theoretical understanding of behaviour change experiences.

Illeris' (2017) CLT Framework is useful because it suggests that men's capacity to sustain behaviour change into the medium-to-long term depends on their learning and change experiences and on the social contexts within which they occur. Since assimilative learning involves binding new ideas, normative beliefs, etc. to existing mental structures, the content one learns can be inaccessible in contexts outside of where it was learned, such that it cannot be remembered even where it is relevant

(Illeris, 2017). Illeris' highlights how recalling assimilative learning is particularly challenging in a modern world where changes occur quickly and unpredictably. Such an environment currently characterises Côte d'Ivoire, which has been experiencing rapid post-conflict reconstruction since the data for this thesis was collected. Moreover, men's assimilative learning was found to be an unconscious process that was externally driven by their motivation to adopt the normative beliefs and ideas established within their GDH Intervention groups. This would imply that sustaining such beliefs and ideas may not be possible without ongoing interactions with their GDH Intervention group members. Moreover, it is also possible that men may have been encouraged to adopt opposing normative beliefs and ideas from other reference groups (i.e. family, friends or community members) that were more accepting of men's violence and gender inequality in their relationships. Together, this would suggest that these men were perhaps unlikely to sustain their behaviour change into the medium-to-long term.

For accommodative learners, however, there is promise for men to undertake sustained change. Accommodation involves restructuring one's mental schemes, which are characterised by individual understanding, forms of comprehension, and ways of perceiving subjects (Illeris, 2017). This 'individuation' permits accommodative learning to be flexibly accessed and applied in a broad range of relevant situations. This would suggest that men's accommodative learning can be applied even in the challenging social context that has characterised Côte d'Ivoire over the last several years. For the men who experienced accommodative learning, their engagement involved conscious and internally motivated processes that resulted in new understanding and personal insights which supported their adoption of non-violent and gender-equitable attitudes and behaviours within their relationships. In turn, the motivation and mental energy that these men acquired through their learning was then transferred into practicing healthier relationship behaviours. Given the internal nature of their motivation toward learning and change and the new insights and understanding they acquired about their harmful behaviours, it is much less likely that these men would be negatively influenced by their social context in future. Consequently, this would suggest these men are quite likely to sustain their change into the medium-to-long term.

Another key finding to arise from this research is that Illeris' (2017) accommodative learning and the learning processes set out in Prochaska's (1997) TTM seem to be highly related. Having applied Illeris' (2017) CLT Framework as a lens through which to view men's experiences with learning, it became apparent that there were substantial conceptual and theoretical overlaps between Illeris' (2017) accommodative learning and TTM's (1997) experiential (i.e. learning related) processes. Specifically, there are three ways in which these constructs overlap (see Table 17). First, TTM's *Consciousness*

Raising and *Environmental Re-evaluation* together intersect with CLT's *Critical Reflection*, as they both concern achieving new awareness, understanding, or knowledge about the causes of one's behaviours and/or consequences of those behaviours to themselves/others (Mezirow, 1990; Prochaska, Norcross and DiClemente, 1994; Prochaska, Redding and Evers, 2015; Illeris, 2017).

Table 17: Conceptual Overlap: TTM's Experiential Processes and CLT's Accommodative Learning Processes (MacLean, 2020)

Experiential Processes (Prochaska's Transtheoretical Model, 1997)	**Accomodative Learning Processes, Constructs** (Illeris' CLT Framework, 2017)
Consciousness Raising: increasing awareness about the causes and consequences of one's problem behaviours. May involve an increase in self-knowledge, self-awareness or problem-oriented knowledge. **Environmental Re-evaluation:** cognitive and affective assessment of how the presence or absence of one's problematic behaviour affects their social environment.	**Critical reflection:** challenging the presuppositions upon which our beliefs have been built. Involves an ex post facto reassessment of one's prior actions, and the reasons for and consequences of those actions.
Self Re-evaluation: Cognitive and affective reassessment of one's self-image with or without an unhealthy behaviour (e.g. clarification of values)	**Reflexivity:** putting what one learns in relation to oneself and considering the influences on oneself. Concentrates on the development and functions of the self. Results in developing a sense of social obligation and personal responsibility for one's actions.
Dramatic Relief: increased negative or positive emotions about one's behaviours that occurs as a result of 'consciousness raising', which motivates one to take necessary action. (also see above for 'affective' aspects of **Consciousness Raising and Environmental Re-evaluation**)	**Arousal:** feeling of being challenged, which occurs from cognitive dissonance (i.e. a discrepancy between one's understanding of a situation and their already existing knowledge or expectations), which that promotes curiosity and action.

Second, TTM's *Self Re-evaluation* and CLT's *Reflexivity* both involve one's reassessment of their self-image in light of new knowledge about their harmful behaviours (Illeris, 2007; Prochaska, Redding and Evers, 2015). Third, TTM and CLT each involve process(es) that reflects the emotional and motivation experiences involved with learning. TTM's *Dramatic Relief*, *Environmental Re-Evaluation,* and *Self-Re-evaluation* all concern emotional experiences (referred to as 'affect') that result from considering the consequences of one's problem behaviours to the self/others, or else achieving new knowledge about those behaviours. In turn, these have the effect of motivating one to take action toward healthier change (Prochaska, DiClemente and Norcross, 1992; Prochaska, Redding and Evers, 2015). Similarly,

CLT acknowledges emotion (referred to as motivation, volition or incentive) as one of three learning dimensions that play a central role in learning (Illeris, 2017). CLT also recognises *Arousal* as a feeling of being mentally challenged that results from a discrepancy between an individual's understanding of a situation and their already existing knowledge or expectations (i.e. cognitive dissonance), which promotes curiosity and interaction to overcome the challenge and achieve understanding (Illeris, 2007). Together, these overlapping processes and concepts constitute the theoretical requirements of learning for both Illeris and Prochaska.

Given the common disciplinary roots of Prochaska's (1997) TTM and Illeris' (2017) CLT Framework, it is perhaps unsurprising that they share conceptual and theoretical overlap. Recall from Chapter 2 (Literature Review), Prochaska's TTM and Illeris' CLT Framework are both collections of interrelated concepts and theories from their respective fields that have been incorporated into a single model (or framework). From the field of social psychology, Prochaska's TTM converged leading psychotherapy approaches from the 1970s into a cohesive model predicting the processes and pathway involved with behaviour change. Constructivist Learning Theory, for its part, was developed on the understanding that learning cannot be understood by considering psychological or sociological experiences in isolation from one another, and Illeris' CLT Framework brings together the contributions of multiple contemporary constructivist theorists.

8.3 Discussion of Research Findings

This thesis involved the development of a conceptual framework outlining the spectrum of experience with individual-level learning and behaviour change, based on male participants of a group-based training intervention to prevent IPV in post-conflict Côte d'Ivoire. The most illuminating finding from this work is that behaviour change toward a reduction in men's IPV perpetration can be experienced in one of two ways, depending on how men learned about harmful relationship behaviours. This thesis found that only men who achieved complex, accommodative learning practiced a conscious and internally-motivated form of behaviour change that was likely to be sustained over time. Moreover, the pathway and processes toward change illustrated by these men were consistent with Prochaska's (1997) TTM. Together, these findings may, in part, help to explain why rigorous evaluations of IPV prevention interventions engaging men in LMICs have shown mixed results (Ellsberg *et al.*, 2014; Kerr-wilson *et al.*, 2020). Given that Prochaska's (1997) TTM is the most commonly used change theory in public health research (Painter *et al.*, 2008), including rigorous intervention evaluations to prevent

men's IPV in LMICs (Hossain, Zimmerman, Kiss, Abramsky, *et al.*, 2014; Kyegombe, Starmann, *et al.*, 2014; Dunkle, Stern, Chatterji, *et al.*, 2019; Vaillant *et al.*, 2020), it is possible that only accommodative learning and its conscious, externally motivated pathway toward change was captured in these studies. Yet, findings from this thesis suggest that other male participants of IPV prevention interventions may have also experienced a reduction in IPV prevention, but in ways that are consistent with assimilative learning. This thesis found that behaviour change among assimilative learners was based entirely on men's unconscious and externally-motivated notion of how men 'ought' to treat their partners. This may have rendered assimilative learners less likely than accommodative learners to report their change experiences. Had rigorous evaluations considered the unique processes and pathways involved with both accommodative and assimilative learning and their associated change experiences, more of these studies may have produced statistically significant reductions in men's IPV perpetration.

Recall from Chapter 2 (Literature Review) that while men-only group-based training interventions have shown mixed results at reducing men's IPV perpetration, those that are gender synchronised[55] have demonstrated significant effects (Jewkes *et al.*, 2008, 2014; K. L. Falb *et al.*, 2014; Dunkle, Stern, Heise, *et al.*, 2019). Given the findings from this thesis that suggest that learning about one's harmful relationships behaviours can be experienced as assimilation or accommodation, and assuming that gender synchronised IPV prevention interventions were developed and evaluated based on Prochaska's (1997) TTM, how have gender synchronised IPV interventions been more successful at reducing men's IPV preparation? The findings from this thesis provide two possible explanations. First, these interventions not only involved women (in addition to men), but also three (out of four) also included a group-economic empowerment program in addition to the group-based IPV training (Jewkes *et al.*, 2014; K. L. Falb *et al.*, 2014; Dunkle, Stern, Heise, *et al.*, 2019). Findings from this thesis suggest that the socio-demographic factors of unemployment and struggles with accessing income were only present among men who experienced assimilative learning or learning failure. This implies that the added economic empowerment component of most synchronous group-based training interventions would assist participants to address their income issues, thereby increasing their likelihood to engage more fully and achieve accommodative learning and conscious, internally motivated change.

[55] Recall from Chapter 2 (Literature Review), synchronised group-based training interventions to prevent IPV include both men and women in separate but complementary processes, and seek to transform gender relations by challenging harmful and restrictive constructions of masculinity and femininity (Greene and Levack, 2010).

However, it is also true that one of the gender-synchronous group-based training interventions did *not* involve the added economic empowerment component, yet still achieved significant reductions in men's IPV perpetration (Jewkes *et al.*, 2008). Following from the findings of this thesis research, which suggest that men's change experience followed from their learning type (regarding their harmful relationship behaviours), there may be certain characteristics about gender synchronised group-based training that contributed to a different learning experience for men, when compared to men-only group-based training interventions. Similar to the GDH Intervention, the four synchronised group-based training interventions to prevent IPV were undertaken in LMICs in Sub-Saharan Africa, where men tend to have more formal education than women and hold the role of household head, which involves 'educating' their wives and children. Given this, it is possible that male participants of synchronised group-based training interventions to prevent IPV were more motivated to learn, so they could maintain their relative educational advantage and role as household head vis-à-vis their partners. More optimistically, it is also possible that men and their partners worked together collaboratively throughout their engagement with the synchronised group-based-training interventions to support and reinforce their own learning and change practice with that of their partners.

With respect to other existing IPV prevention intervention formats, the understanding that one of two forms of learning (and behaviour change) are possible seems to be already reflected in the range of IPV prevention interventions, even if not specifically acknowledged. The literature on group-based training interventions to prevent IPV, for example, emphasises the need for small groups, prolonged exposure, active engagement, participatory methodologies, and facilitating self-directed learning through critical reflection (Ellsberg *et al.*, 2014), all of which are consistent with the conditions necessary for accommodative learning (Illeris, 2017). Similarly, the literature on community mobilisation interventions to prevent IPV (with the exception of group-based training as one component) underscore the targeting of large, diverse groups, the objective of distributing specific messages in the forms of ideas and social norms, and the inclusion of influential actors to spread such messages (Ellsberg *et al.*, 2014). Collectively, these speak to the conditions associated with assimilative learning (Illeris, 2017).

Indeed, group-based training interventions tend to be developed based on Prochaska's (1997) TTM, which recognises that learning is an important part of behaviour change and occurs through a series of what he terms 'experiential processes'. Community mobilisation interventions, on the other hand, do not tend to present a shared understanding of how learning should be experienced from such

interventions.[56] This may be because those who develop community mobilisation interventions – which have a long history in community activism – conceptualise learning in more traditional terms as "the acquisition of knowledge and skills" (Illeris, 2009). However, Illeris' (2017) CLT Framework views learning as a much broader and more complicated activity, recognising that what is learned (i.e. the content) can be anything from knowledge and skills to insights, meaning, attitudes, norms, values, opinions, strategies and ways of behaving (Illeris, 2009). Adopting a broader and more concrete understanding of learning may help community mobilisation developers to articulate specific programming objectives and create community mobilisations components that are specifically targeted to those objectives. Moreover, the processes and pathways involved with the assimilative type of learning and the simpler form of change presented in this thesis can help to inform the development and evaluation of future community mobilisation interventions. For example, such interventions should establish a 'reference group' with the capacity to influence participants' adoption of healthier normative beliefs and ideas about relationship behaviours, and create an environment wherein participants can develop a sense of belonging with reference group members. In turn, evaluations of such interventions should explore whether and how these outcomes were achieved.

This research also highlights how certain socio-demographic characteristics influenced men's experiences with learning and behaviour change. All men from this study who achieved accommodative learning were older, more educated and in a stable phase of adulthood. Conversely, men who achieved assimilative learning and learning failure were younger, less educated, and some were struggling to establish permanent relationships with employment and/or an intimate partner. These socio-demographic characteristics seemed to have played a role in men's learning (and therefore change) experiences. These findings point to the importance of taking an intersectionality approach to studying men's experiences with IPV prevention interventions. Indeed, this approach is consistent with the literature on IPV prevention, which suggests that interventions must consider the socio-economic diversity of the target population, including the complex interplay of class, race, and ethnicity that shapes one's experience with violence (Flood, 2002; Berkowitz, 2004; Pease, 2008; Casey *et al.*, 2013). Moreover, given that all new learning is built on prior learning (Illeris, 2017), it is possible that a certain level of education or life experience, including experience with more advanced

[56] The SASA Intervention in Uganda was developed in part based on Prochaska's Stages of Change Construct and encouraged community members to undertake processes such as critical reflection (Kyegombe, Starmann, *et al.*, 2014). However, the various activities were adapted to experience learning at the community level (versus the individual level). This distinguishing it from small group-based training interventions, which provide safe spaces to share personal experiences. As a result, it's likely that SASA participants did not achieve the same in-depth conversations, testimonies, insights and understanding compared to participants of same-sex, small group training interventions to prevent IPV.

learning methods that can be acquired through higher levels of formal education, may be necessary for an individual to achieve accommodative learning.

Similarly, this research highlights how an individual's motivation (or mental energy) to learn about or change their harmful relationship behaviours does not necessarily lead to accommodative learning and conscious, internally motivated change. All but one assimilative learner reported having joined to learn about or change their behaviours, yet these men did not experience the learning and change of accommodative learners (which more closely overlap with TTM). This finding runs contrary to the assumption at the heart of Prochaska's TTM, which suggests that an individual must develop a 'readiness' to change by developing an interest in learning about or changing their behaviours (Prochaska and Velicer, 1997). Moreover, Illeris' (2017) CLT Framework demonstrates that motivation is not something experienced at a single point in time prior to the learning experience, but rather it comprises one of three dimensions of learning, which suggests it can change and evolve over time. It is possible that assimilative learners joined the GDH Intervention with similar motives to their accommodative learning peers (even if not explicitly articulated), but that their motivation changed as they progressed throughout the GDH Intervention. This change may have occurred, for example, because these men lacked prior knowledge or experience with advanced learning methods to enable them to accommodate the new ideas, or they may have been preoccupied with financial or relationship struggles.

Another key contribution of this research is the theoretical understanding that men's learning experiences cannot be considered in isolation from their immediate social learning environment. Men's interaction with the GDH Intervention topics, including the associated influence of newly developed social-emotional bonds with group peers, was substantially different between accommodative and assimilative learners. Yet, for men who experienced either type of learning, the messages to come from the GDH Intervention and the ways in which men made sense of that information were inherently influenced by their GDH Intervention groups. The synergy developed within the group settings enabled men to process information through the prompts, repetition and clarification provided by the facilitators, and through the personal testimonies shared by group peers. Yet, the idea that the social learning environment is a key component of learning is not acknowledged by Prochaskas' (1997) TTM. TTM's experiential (i.e. learning related) processes do not consider social influences on the individual learner, thereby viewing learning as a wholly individual experience. However, the notion that learning occurs entirely within the learner through internal, psychological processes is an outdated view. Constructivist learning theorists have had a significant influence in the fields of education and professional development over the last decades, shifting the focus away from

teaching or 'delivering instruction' and toward a learner-centred curriculum that is rooted in social interaction and problem solving (Schunk, 2012). While TTM does acknowledge that an individual's social environment plays a role in behaviour change, this is represented through only two change processes, which are experienced when an individual practices healthier behaviours. Specifically, *helping relationships* refers to the caring, trust, openness, acceptance and support from others for healthy change, while *reinforcement management* involves, in part, being rewarded by others for making change progress (Prochaska and Velicer, 1997).

Findings from this research also highlight that a failure to experience behaviour change can result from a failure to experience new learning on related behaviours. Given that Illeris' (2017) CLT Framework views the 'contents' of learning as anything from understanding, ideas and attitudes to social norms and behaviours, the assumption that behaviour change necessarily requires new learning is perhaps unsurprising. Indeed, interventions that aim to prevent men's IPV tend to incorporate at least some of these learning 'contents' into their objectives (Jewkes, Flood and Lang, 2014). Moreover, as was outlined previously, learning is part of the early stages and process of change outlined by Prochsaka's (1997) TTM. Nonetheless, this thesis contributes to our understanding of behaviour change failure by presenting four ways in which learning (and therefore behaviour change) failed to occur for participants of the GDH Intervention. Illeris' (2017) CLT Framework helps to make sense of the learning dimension implicated in each of the four forms of learning failure, and highlights areas to target so that future IPV prevention interventions can address these failures. Two of the four forms of learning failure set out in Chapter 7 (Four forms of Learning and Change Failure) relate specifically to the individual learner's incentive dimension (distortion, identity defence), and therefore could (in theory) be addressed by tweaking existing aspects of the GDH Intervention to improve men's motivation and overall learning.

Conversely, the other two forms of learning failure can relate to the social environment (incomplete learning) or the learning program itself (learning rejection) (Illeris, 2017). For GDH Intervention participants, the social environment included men's learning environment as well as their broader social and societal environments, which may have incorporated the influences of family, friends, the community, and society. The learning program itself relates to both the contents of the GDH Intervention curriculum as well as any influence that may have resulted from how it was implemented.[57] This could involve for example, the personalities and experience of facilitators and the

[57] Recall from Chapter 2 (Literature Review) that Constructivist Learning Theory has had significant influence in the fields of Education and Professional Development over the last two decades, and any criticisms received relate not to the theory itself but rather to how the theory is applied in practice. For example, see Tuovinen and Sweller (1999).

training they received, participant recruitment procedures, and how the GDH Intervention peer groups were run. Evaluating these intervention-level factors may highlight aspects of the intervention that improved men's learning environment. Illeris highlights, for example, how accommodative learning requires that "the individual […] perceived sufficient permissiveness and safety to 'dare' to let go of the knowledge already established" (Illeris, 2017, pp. 64–66). Indeed, only accommodative learners demonstrated a willingness to challenge their own assumptions about the cause and consequences of their harmful behaviours, a critical requirement to breaking down and rebuilding new ideas and attitudes about healthier relationship behaviours.

While men's immediate learning environment was considered as part of this research, the influence of the men's intimate partners, families, friends and communities on men's learning and behaviour change were not addressed in this thesis. Nor were aspects of the GDH Intervention itself. Yet, findings from this research suggest that the negative influences of an intimate partner, and of men's socio-economic situation and ability to provide for their family resulted in the decisions of two men to quit the GDH Intervention. The experiences of these men highlight the importance of considering the social and socio-economic influences on men's learning outside of the immediate learning environment.

8.4 Research Limitations and Challenges

The findings from this research should be interpreted carefully given the limitations of the methods used. Given that men self-reported their learning and behaviour change, it is possible they may have described attitudes, ideas, norms and behaviours they believed they should have accepted and adopted based on GDH Intervention messaging, rather than reporting their own learning and change experiences. However, the potential for social desirability bias is likely to be minimal. Men's learning and change experiences were not considered as end products in isolation from one another, but rather were analysed for the processes and pathways involved with learning and behaviour change, as well as the interrelationships between them. Moreover, viewing men's experiences with learning and change through the lenses of Illeris' (2017) Framework on Constructivist Learning Theory and Prochaska's (1997) Transtheoretical Model (TTM) aided in recognising and interpreting the range and scope of learning and change reported by men. Finally, men's reported learning and behaviour change were considered as part of a larger story about each participant, including a holistic view of their relationship behaviours before and since the GDH Intervention and of their GDH Intervention experiences during and between weekly meetings. Creating a bigger picture of each man's experience

helped to provide insights into any findings that were outside of the patterns that emerged from the data.

Given that the data for this research was collected one year following the GDH Intervention, it is possible that these findings are limited by recall bias. Men's memories about their involvement during the weekly meetings, the nature of the relationships developed with group peers, and their reported learning and behaviour change may have been overstated. This may be more likely among men who developed relationships with group peers and continued to discuss their learning following the GDH Intervention, which could have reinforced these experiences. Conversely, it is also possible that some men interacted more during weekly meetings and acquired more learning than they could recall, having lost recollection of some details over time. This could be more likely among men who did not develop friendships with group peers or discuss their learning informally.

As outlined in Chapter 4 (Research Methods), the sampling methods chosen for this study were initially thought to have introduced selection bias into the research findings, as they were not representative of the larger sample of men who participated in the GDH Intervention. Recall from Chapter 1 (Introduction), the GDH Intervention was implemented in six communities that had already been receiving ongoing GBV programming, to which all men and women could voluntarily participate. The sampling for this thesis excluded participants with prior exposure to this GBV programming because it was thought that these participants may have already experienced behaviour change in their relationships from that programming which would 'dilute' the findings from this study. However, there is no reason to believe that the processes and pathways toward learning and behaviour change (and change failure) demonstrated in Chapters 5-7 would be different for participants with prior exposure to similar ideas to those addressed during the GDH Intervention programming. There are two reasons to support this claim.

First, recall from Chapter 2 (Research Methods), Illeris' (2017) CLT Framework describes how new learning is always built on prior learning, which means that any prior exposure to non-violent messaging would be accounted for in men's subsequent learning experiences. In other words, learning is not something that is considered completed after new content is acquired, but rather learning is a process that has the potential to evolve and be 'updated' or revised with any future exposure to new information during social interactions. Second, in both Chapters 5 and 6, men were presented who had no recent history of partner violence. Given the normalisation of IPV in Côte d'Ivoire (see Chapter 3: Study Setting and Overview of GDH Intervention), this finding suggests that these men were likely exposed to non-violent messaging at some earlier point in their lives. Nonetheless, these men still experienced new learning and behaviour change related to anger management, conflict resolution

and communication (if not violence specifically), and around other harmful and inequitable relationship practices, such as financial decision-making and sharing daily roles and responsibilities.

It is also possible that interviewer skill and bias influenced the interview process. Only after the interviews were conducted was it noted that a substantial range existed in the quality and length of the interviews and that some changes had been made to the interviewer procedures (likely due to logistics related to conflict threats). As a result, it is possible that some men may not have been as forthcoming with sharing their learning and change experiences during the interviews. This is perhaps more likely to be true if men believed that they did not experience learning or change in ways that may have been communicated during the GDH Intervention. Indeed, the shorter and less detailed interviews tended to be with men who achieved either assimilative learning or learning failure. It is also possible that the interview guide itself introduced some bias against men who experienced resistance, rejection or deference to the ideas and behaviours discussed during the GDH Intervention. The interview guide included follow-up questions for men who reported negative GDH Intervention experiences, or minimal to no learning or behaviour change. However, because the experiences of assimilative learning and learning failure were not understood nor considered prior to data collection – with the Transtheoretical Model the sole theoretical frame used to inform the interview guide – questions specifically related to these experiences were not included. As a result, men who achieved assimilative learning or experienced learning failure may have had fewer opportunities for follow up questions.

The quality of the data collected for this research was also limited by the ongoing insecurity in Côte d'Ivoire. These conditions were responsible for several limitations that were introduced during the data collection process. These include the short time-frame allotted to train the qualitative interviewers, the necessity of collecting data during one field-visit, and my inability to be present within the field sites during the data collection process to discuss key findings with the interviews and adjust the interviewer guides or process as new issues or problems arose.

Limitations resulting from data translation are also inherent in the data presented in this thesis. The process of translating the data from French into English after transcribing the interviews likely resulted in the loss of some meaning from participant's responses. This may have occurred, for example, if words were altered or the use of language structure modified somewhat during translation. This limitation would have been emphasised for the few interviews that had sections of text communicated in local Ivoirien languages and translated into French during the data transcription process, and prior to being translated into English during the process of data analysis.

8.5 Implications for Public Health Research and Practice

The following section outlines how the main findings of this thesis could be considered in future research, practice, and policy in the field of IPV prevention.

8.5.1 Research Implications

Illeris' (2017) CLT Framework can provide the theoretical underpinning that is lacking in TTM's early change stages. In particular, CLT can illuminate the different ways in which both learning and learning failure can occur, along with how learning and behaviour change are connected. Since Illeris' (2017) CLT Framework was developed based on research in North America and Europe, more research is needed to test it in other country settings and particularly in LMICs (Illeris, 2017). For example, the characteristics of the different life stages may vary between high income countries and LMICs, since access to education and income earning in the two country groups vary significantly and can influence life trajectories.

More research is needed to develop theory to explore the unique forms of behaviour change that occur for different learners. While CLT has helped to close TTM's theoretical gap in understanding how learning takes place, other behaviour theories may help to inform the behaviour-related stages and processes. TTM's lack of theoretical grounding is apparent in the fact that it completely overlooks social environment as part of the learning experience. TTM considers only two social processes with respect to behaviour change experiences (namely Reinforcement Management and Helping Relationships, both of which were introduced in Chapter 2: Literature Review). However, for participants of IPV prevention interventions, the aim is to influence participants' relationship behaviours, which are inherently social in nature. It is possible that existing behaviour theories can help to fill this gap, and priority should be given to those theories that incorporate the social experience of behaviour change. TTM does highlight that change experience can be cyclical, with the possibility to regress at times and progress at others (Prochaska, DiClemente and Norcross, 1992). Toward this end, the possibility of progression and regression should be considered, and collecting data at multiple points in time can help to achieve this objective. The aim is to understand the unique change experiences among men based on their learning experiences about their harmful behaviours.

Further research can also help to understand how accommodative and assimilative learners can sustain their behaviour change beyond the first year. Accommodation is a conscious and internally motivated form of learning, and is therefore easily accessible outside of the environment in which the learning takes place (Illeris, 2017). Conversely, assimilative learning is unconscious and requires no internal motivation, and therefore is not easily accessible outside of the learning environment. Therefore, investigation is needed to better understand the relationship between learning and the ability to access and enact that learning in the medium to long term. Given the resource-intensive nature of group-based training interventions that aim to prevent IPV – which involve facilitator training, targeted groups of participants, tailored curriculum, and prolonged exposure – targeting men who have the greatest potential to achieve sustained behaviour change would help to maximise intervention investments. Similarly, future research should explore the differences in learning and change experience between assimilative learners of group-based training interventions and the participants of social norms interventions to prevent IPV. If the learning and change experiences between the participants of both intervention formats are similarly based on assimilative learning and unconscious, externally motivated change, it would be more cost-effective to target recruitment strategies for group-based training intervention to men who are more likely to experience accommodative learning.

Prochaska's (1997) Stages of Change Construct informed the development of the GDH Intervention in Côte d'Ivoire; this construct was adopted from the outset of this research. Only during the data analysis stage of the research were the Processes of Change, Decision Balance and Self-Efficacy constructs adopted. Similarly, Illeris' (2017) CLT Framework was incorporated only during the data analysis process. As a result, these theoretical constructs did not inform the aims and objectives of this research nor the data collection tools. The findings from this thesis may have been further articulated and understood had these theories been incorporated in full during the development of the GDH Intervention and prior to the data collection stage of the research process. Toward this end, given the popularity of Prochaska's (1997) TTM in developing and evaluating public health interventions, more research is needed to understand how to improve the uptake of TTM in its entirety in behaviour change interventions that seek to improve health behaviours generally and to reduce IPV specifically. This is particularly so given the complexity of TTM and the propensity of public health intervention developers to consider only the Stages of Change Construct (Bridle *et al.*, 2005). Alternatively, based on the learning types outlined in Illeris' (2017) CLT framework, those involved in developing interventions could centre their approaches and formats around facilitating the three dimensions of learning. However, more research is needed to understand what is required of each

dimension in order to achieve assimilative and accommodative learning on the subjects of violence and gender inequality in intimate relationships.

More research is also necessary to better understand the social conditions in which accommodative versus assimilative learning is more likely to occur among male participants of group-based training interventions to prevent IPV. This would involve exploring different aspects of the learning environment and how men's interactions with that environment influence their learning over time. This could include longitudinal process evaluations that explore men's interactions with (i) their group peers (while considering socio-economic differences), (ii) their facilitators, and (iii) the intervention content. Moreover, more research is needed to understand how different group-based training intervention formats influence men's learning. In particular, studies should explore and unpack the variations in men's learning experiences between those who participate in male-only versus synchronised (men and women) group-based training interventions. Insights produced from this type of research can explain how involving female partners in such interventions can influence men's learning. It is also imperative to consider how both men's motivation to learn and their prior learning influence their ability to experience accommodative versus assimilative learning from such interventions.

Furthermore, additional research has the potential to improve understanding of the experiences of participants who fail to learn the messages as intended from IPV prevention interventions, and to provide insights into how these failures can be overcome. Further research on men's experiences with learning and behaviour change following their involvement in group-based training interventions to prevent IPV should also consider another, less common type of learning in adulthood, namely *transformative learning*, which includes all accommodative processes plus several additional processes that are unique to this type of learning (Illeris, 2017). Illeris articulates transformative learning as "an extreme form of accommodation […] that implies a change in the identity of the learner and concerns the learner's reactions to both himself and the outside world" (Illeris, 2017, pp. 68–70). It is possible that *transformative learning* is the specific objective set out by experts in the field of engaging men in IPV prevention interventions for achieving behaviour change. Specifically, these experts promote behaviour change by transforming gender norms (Barker, C. Ricardo, *et al.*, 2007), gender relations (Heise, 2011; Jewkes, Flood and Lang, 2014), masculinity (Barker *et al.*, 2010; Jewkes, Flood and Lang, 2014; Gibbs, Vaughan and Aggleton, 2015), and structural and institutional gender inequalities (Flood, 2015). Moreover, it has been acknowledged in the field of education that Prochaska's (1997) TTM and Mezirow's concept of Transformative Learning "both […] offer schemes

of learning, changing, and growing for people seeking to make meaningful, life-transforming changes" (Moore, 2005, p. 394).

Finally, beyond the learning environment, further investigation is needed to explore how men's experiences both with learning and behaviour change following their involvement in group-based training IPV prevention interventions are influenced by their social contexts (i.e. outside of the intervention learning environment). This would involve, at minimum, exploring the relative influences of family (including intimate partners), friends, and community members on men's learning and behaviour change. Where such interventions are implemented in contexts affected by armed conflict, it is important to understand the influences of men's exposure to political violence, trauma, and human rights abuses on their learning and behaviour change experiences.

8.5.2 Programmatic Implications

Knowing that learning and behaviour change can occur in different ways raises questions about the objectives of IPV prevention interventions. Developers of IPV prevention interventions should consider which of two types of learning and behaviour change their interventions are aiming to achieve. Evidence from this thesis suggests that group-based training interventions that encourage critical reflection on the causes and consequences of participants' own violent and inequitable relationship behaviours aim to achieve accommodative learning and conscious, internally motivated behaviour change. Conversely, social norms interventions that shift participants' attitudes and social norms about partner violence and gender inequality seek to achieve assimilative learning and unconscious, externally motivated behaviour change. Failing to clarify the specific learning and behaviour change objectives of an IPV prevention intervention may result in different outcomes from what was intended. Conversely, making the learning and change intentions clear from the outset will help to inform both the development and evaluation of appropriate IPV prevention interventions. Moreover, interventions that are developed based on Prochaska's (1997) TTM should avoid using the Stages of Change Construct in isolation from the other elements of the model.

These findings also put into question whether IPV prevention interventions should aim for one type of learning (and behaviour change) over another. The contents (i.e. what is learned) of accommodative learning are easily accessible outside of the environment in which it was acquired, and are therefore more likely to be acted upon in the form of behaviour change. Further, the internally motivated nature of accommodative learning is likely to produce change that can be sustained over time. Assimilative learning, on the other hand, produces contents that are not easily accessible outside of the learning

environment and are thus less likely to be acted upon. The externally motivated nature of this learning makes it less likely to result in sustained change. These preferences must also be balanced with consideration of the resources necessary to develop and implement different intervention formats and the type of learning that those formats are likely to achieve. For example, while it is possible that group-based training interventions may be more suited to facilitating accommodative learning, they are also extremely resource intensive and limited to small, targeted groups. Assimilative learning, on the other hand, may result in relatively fewer participants who achieve change, but related interventions may be less resource intensive and more suited to reaching a wider audience.

Following from this, as it may not be possible nor desirable for all men to experience accommodative learning, it may be preferable to have a combination of different IPV prevention intervention formats. This 'combined' approach also supports evidence which suggests that IPV prevention interventions should address risk factors at multiple levels of the social ecology (Michau *et al.*, 2014; Jewkes *et al.*, 2020). This type of 'combined' approach would require major global health funding agencies to acknowledge that not all men are likely to achieve sustained reductions in IPV perpetration from intensive group-based training interventions to prevent IPV in LMICs, and to adjust their funding strategies accordingly. This includes the 'What Works to Prevent Violence' initiative, which has received 25.5 million GBP by the United Kingdom Department for International Development to address Violence Against Women and Girls in LMICs. Recommendations based on research that is funded by this initiative suggest that best practice for engaging men in IPV prevention involves participatory learning through intensive group-based training methods (Jewkes *et al.*, 2020).

This thesis raises additional questions about the transformative nature of group-based training interventions to prevent men's IPV and the type of men for which these interventions are best suited. Ultimately, interventions should both target and recruit participants more likely to achieve the desired form of learning. Findings from this research suggest that consideration should be paid to socio-demographic characteristics, motivations for joining, as well as other factors such as education, prior IPV history, and ability/commitment to achieve intervention exposure. For group-based training interventions, recruitment efforts should target men who: (i) are in stable relationships with a partner and employment; (ii) are relatively older and more educated; (iii) have recent history of IPV (but not extreme/multiple forms); (iv) are motivated to learn about or change their behaviours; and (v) are able to attend a high number of intervention meetings.

The development and implementation of future group-based IPV prevention interventions should focus not only on the content and intended messages to be acquired and participants' interactions with the learning process, but also on the potential influences from their broader social environment.

It is possible that throughout the intervention, men lose motivation to learn and change based on feedback from their intimate partners or peers not involved with the intervention, or due to changes in their personal circumstances or for some other reasons. This is particularly the case in insecure, conflict-affected environments, wherein broader social changes tend to occur quickly and unpredictably. Intervention facilitators need to be able to identify and support men in these instances. Similarly, careful attention should be paid to men's motivation to learn and practice change through the duration of the interventions, and to identify opportunities where additional support can be provided in order to maintain their motivation to achieve these ends. This is particularly the case for group-based training interventions that seek to facilitate accommodative learning among participants, which requires significant motivation to achieve.

Those overseeing implementation of such interventions should be prepared for these eventualities, and facilitators should receive training on how to manage such situations, including whether tangible or other supports can be offered.

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Appendix 1: Interview Themes, Questions for GDH Intervention Participants

Themes	Questions
Intervention Experiences	
Individual Experiences within Group, Meaning	
Participation: patterns, practices and influencing factors	• During the GDH sessions, did you feel more comfortable being quiet more of the time, or did you like to participate and talk more often? Do you think people felt free to say what they wanted during the sessions? If not, what do you think was holding them back? • Did you or others feel free to disagree with things the facilitator said? Can you give me an example? Do you think he made most people feel at ease? • How easy/difficult was it to share your experiences with anger or intimate partner violence in the GDH? If so, was there anything that helped to make it easy? Anything else? Did sharing these experiences help you with managing your anger?
Group dynamics: support, conflict and relationship development	• Can you tell me how the members in your GDH acted around one another? How well did they talk and listen to each other? Did you know most of them beforehand? How have your relationships with the other group members changed since joining? • Was there anyone in the GDH who you think was somewhat disruptive? Can you give me an example? How did the facilitator respond? • Did you continue meeting in your group after the GDH finished, without the facilitator? What did you talk about? Why did you keep meeting?
Engagement with topics: memorable/ useful topics, understanding of key themes	• Can you tell me about some of the activities or discussions you had in the GDH that you liked or thought were most useful? How were they useful? • Do you think the other men in the GDH felt the same way about the issues you liked? Did you ever talk with them about these issues outside of the group? Can you tell me about the conversations you had? • How do you understand the following terms: Man in a box? Anger management? Violence? Equality between a man and a woman? Sex and Gender?
Responses to difficult ideas: difficult topics; response to lack of understanding; help seeking	• Were there ideas discussed or activities in the GDH that you thought were somewhat difficult to understand or to accept? Which ones? • How did you feel about this? How did you respond when heard things that were confusing? • Do you think the other men in the GDH felt the same way about these difficult issues? Explain. Did you ever talk with them about the difficult issues outside of the group? Which issues? Can you tell me a bit about the conversations you had? • Did the facilitator know that you or others were having difficulties understanding? If yes, how did he respond?
Overall views: perception of	• If someone asked you about the GDH, how would you explain the purpose to them? How did it try to achieve this? Would you advise your family members and friends to take part in an GDH in the future? What would you tell them about your

intervention and its purpose	GDH experience? How do you think they would benefit from participating? Would you recommend that anything about the GDH be changed?	
Factors influencing Individual Experience within Group		
Attendance: availability, convenience	• Was the location good for you? Did you like the facility? How easy or difficult was it for you to attend the GDH sessions? • Did the sessions take up too much of your time? Did you have any specific problems with attending the GDH after you joined? Were there important things that you had to do while you were attending the GDH sessions? If yes, how did you feel about having to miss these things?	
Unanticipated factors: impact on family, problems within group, considered quitting	• What would you say was the most difficult or inconvenient part about being involved? How did this affect you or your family? • Were there any major problems that arose during an GDH session? Can you tell me what happened? How did it affect the group or the sessions? Was the facilitator able to resolve the problem? • Did you ever think about quitting the GDH? Can you tell me why? Why did you decide to stay/leave?	
Enabling Environment: influence of family, friends, community; how relationships changed	• Did anyone ever advise you to stop going to the GDH? Who? What did they say to you? How did you respond? • What did your friends and family members think about you participating in the GDH? What did they say or do? What questions did they ask you, if any? Has anything changed with friends or family since participating? With whom specifically? Did they begin to treat you any differently? How? Describe and give some examples.	
Engagement with family, community: topics discussed outside group and how others responded	• Did you talk to your partner about any issues you heard or discussed in the GDH? How often? Which issues? Can you tell me how these conversations went? How did she respond? When was the last time you talked about these issues? Were there issues that you did not want to discuss? • Did you ever speak to family, friends or community members about any issues you heard or discussed in the GDH? Which issues? That type of reactions did you get from your them?	
Group level change: perception of peer change	• How do you think the GDH has changed the ways other men in your group behave or treat their partners? Or how they think about men and women's roles? Describe and give examples.	
Relationship Behaviours and Determinants		
Demographics, family structure	Interviewee	Age, education, ethnicity, employment, religion, country or region of origin, length of time in community
	Intimate partner	Age, education, ethnicity
	Family structure	Partnership status, number of wives, head of HH, number/sex of children, others living in HH

Gendered norms: masculine, feminine ideals	• Can you describe the most important things you think men do in society? That women do? Describe and give examples. As you grew up, what were the most important things you learned about being a good woman? A good man? In your opinion, what do you think are the most important things to teach boys? And to teach girls? • What would you think if a woman became chief of the village? A man cooked dinner for the family or bathed the children? A woman wanted to travel to the city to work?
IPV Perpetrated	• Tell me about any violence that you have committed against a partner, either recently or in the past. Who did you do this to? When does this tend to occur? Since the GDH, have you changed the way that you treat your partner? How? Have you become less violent towards her? • PROBE: Have you ever threatened to hurt a partner? Have you tried to control what your partner does or who he/she spends time with? Have you ever hit, beaten or hurt your partner? Have you ever pressured or forced a partner to have sex against his/her will? In any of these cases of violence you've mentioned, were you or your partner drinking alcohol? Tell me about that. Did she seek medical care after the violence?
Non-IPV Experienced	• Tell me about any violence that you have experienced from someone other than a partner, either recently or in the past. Who did this? What did he/she do? When did this occur? • PROBE: Has someone other than a partner ever hit, beaten or hurt you? Has someone other than a partner pressured or forced you to have sex against your will?
Non-IPV Perpetrated	• Tell me about any violence that you have committed against someone other than a partner, either recently or in the past? To whom did you do this? What did you do? When did this happen? • PROBE: Have you ever hit, beaten, or hurt someone other than a partner? Have you have ever pressured or forced someone other than a partner to have sex against their will? Since the GDH, have you changed the way that you treat other people? How? Have you become less violent towards others?
Exposures to conflict violence	• Can you tell me about some of the dangerous, frightening or bad things that happened to you or your family during any of the periods of conflict? Were you, your partner or children ever injured? Can you tell me what happened? When did this occur? Did you have a weapon and did you have to fight?
Stages of Change, Relationship Behaviours	
Precontemplation: unaware of consequences of harmful behaviours	What is the most important reason that you decided to join? Did you discuss joining with anyone? What did you expect from joining? How were you hoping that it might help you or your family? Have you participated in other community activities? Which ones?
Contemplation: aware of consequences and no longer accepting of harmful	<u>Partner Violence</u> • Can you tell me how you understand the term violence? Did you discuss this topic in the GDH? What did you discuss? Had you heard of these ideas before? What did you hear?

behaviours; unaware how to change	• Can you describe a situation where It might be acceptable for: a man to hit his partner? A woman to hit her partner? A woman to force her partner to have sex? A man to force his partner to have sex? Have your thoughts on these issues changed since participating in the GDH? How? • Do you think that violence against a partner is an important concern in your community? Has your opinion on this changed since the GDH? How? <u>Relationship Inequality</u> • Can you tell me how you understand the idea of equality between men and women? Did you discuss this topic in the GDH? What did you discuss? Had you heard of these ideas before? What did you hear? • What are the responsibilities of the head of the household? In which case can a woman be the head of the household? What would you think if you and your partner shared the same responsibilities or HH tasks in the family? What would you say if your partner starting doing some of your regular tasks? Has this happened? Has your opinion on these ideas changed since participating in the GDH? How?
Preparation: motivated to change harmful behaviours, open to info that will enable change	• Can you tell me about some of the activities or discussions you had in the GDH that you liked or thought were most useful? How were they useful? • When should someone intervene in cases of intimate partner violence? Who should do this? What should he or she do? What do you know about ways to stop intimate partner violence? Are there any anger management techniques that you think are most useful? How do you understand the term anger management? Did you discuss this topic in the GDH? What did you discuss? Had you heard of these ideas before? What did you hear?
Action: focused on practicing change, preventing relapse **Maintenance:** have modified lifestyle, less tempted to use harmful behaviours **Termination:** change is now subconscious, no longer tempted to use harmful behaviours	<u>Household roles</u> • What tasks do you do on a regular basis to help your family? What tasks does your partner do on a regular basis to help your family? What tasks do you do together or take turns doing on a regular basis? Can you tell me how you are involved with raising the boys in your family? The girls? How is your partner involved with raising the boys and girls in your family? Has anything changed in the way you help-out in the home or support you family since the GDH? How? <u>Decision making</u> • What are the responsibilities of the head of the household? Tell me about how things work in your family? Has it always worked this way? If not, explain. How did the change come about? • What types of decisions do you tend to make for your family by yourself? What types of decision does your partner make by herself? Can you tell me about the last important decision that was made regarding your family or household, how was the decision arrived at? Who had the final say? Is this normally how important decisions are made in your household? Has the way you make important decisions in your family changed since you participated in the GDH? How? <u>Experiences with partner violence</u> • How do you usually respond when you disagree with your partner? How does your partner usually respond when she disagrees with you? Recall the last time

	you became very angry with your partner. How did you react? How did you let your partner know you were angry? What did you do to calm down? How was the problem resolved? Has your reaction to feeling angry changed at all since participating in the GDH? How? How has this changed things between you and your partner? Have you been less violent towards your partner? Are there any anger management techniques that you think are most useful? When have you tried them? <u>Communication and sexual practices</u> • What sort of things do you and your partner talk about on a regular basis? Has the way you talk with your partner changed at all since you participated in the GDH? How? Since the GDH, have you noticed any change in how you treat your partner? How? • Since you and your partner have been together, have you had other sexual partners?

Appendix 2: Interview Guide for GDH Intervention Participants

I.	**CODE DE L'INTERROGATEUR [ ]**			*INTERVIEWER CODE*	
II.	**NOM DE L'INTERROGÉ** *NAME OF INTERVIEWEE* _____		**III.**	**NUMÉRO D'IDENTITÉ DE L'INTERROGÉ** *ID NUMBER OF INTERVIEWEE* _____	
IV.	**NOM DE LA COMMUNAUTÉ** *NAME OF COMMUNITY*	**ENCERCLER LA RÉPONSE** *CIRCLE REPONSE*	**V.**	**CATÉGORIE D'INTERROGÉS** *INTERVIWEE CATEGORY*	**ENCERCLER LA RÉPONSE** *CIRCLE REPONSE*
	Gogokro	a.		**Membre des GDH ayant participé au plus haut niveau** *MDG member that participated at a high level*	a.
	Ouarabota	b.		**Membre des GDH ayant participé à moyen niveau** *MDG member that participated at a medium level*	b.
	Zoukougbeu	c.		**Membre des GDH ayant participé au bas niveau/ quitté** *MDG member that participated at a low-level/dropped out*	c.
	Tobly-Bangolo	d.		**Partenaire (pas le partenaire du membre GDH interrogé)** *Partner (not the partner of an interviewed MDG member)*	d.
	Zaoudrou	e.			
	Blapleu	f.			
VI.	**Est-ce qu'une langue locale a été parlée dans cette entrevue?** *Was a local language spoken in this interview?*	YES / NO	**VII.**	**[Si OUI a VI.] Quelle langue locale?** *[IF YES TO VI.] Which local language was used?* _____	
	PARTICIPANTS GDH (HOMMES) *MDG PARTICIPANTS (MEN)*				

A. DÉMOGRAPHIE ***DEMOGRAPHICS*** **LISEZ: Si vous êtes prêt à commencer, est-ce que je peux commencer l'entrevue en vous posant quelques questions sur vous-même, d'accord?** **READ:** ***If you're ready to begin, I'm going to start the interview by asking you some questions about yourself, OK?***	
1.	**Quel âge avez-vous?** *What age are you?*
2.	**Dans quelle classe vous êtes arrêté?** *What is your highest level of education?*
3.	**Quelle est votre ethnie?** *What is your ethnicity?*
4.	**Comment avez-vous supporté la charge de votre famille?** • Avant la guerre? Pendant la guerre? Après la guerre post-électoral? *How have you supported yourself and your family?* *Before the war? During the war? Since the war?*
5.	**Quelle est votre religion ou pratique religieuse?** *What religion do you practice?*
6.	**Est-ce que vous avez actuellement un partenaire?** • Si oui: est-ce que vous vous habitez ensemble? • Si non: est-ce que vous êtes veuve ou avez-vous séparé ou divorcé? *Do you currently have a partner?* • *If yes: Are you married? Do you live together? If yes, how long have you been living together? If no: were you widowed, separated or divorced?*
7.	**[HOMME MARIÉ] Avez-vous plus d'une femme?** Combien? *[MARRIED MEN] Do you have more than one wife? How many?*
8.	**Qui est le chef de ménage actuellement?** *Who is the head of your household?*
9.	**Combien d'enfants est-ce que vous avez?** Boys, girls? • Si plus qu'une: est-ce que vos enfants ont les mêmes mère et père?

	How many children do you have? • *Boys, girls? <u>If more than 1:</u> do all children have the same mother and father?*
10.	**Est-ce qu'il ya a les autre personne qui habitez avec vous normalement?** *Are there other people that you normally live with?*
11.	**Depuis combien de temps est-ce que vous habitez dans cette communauté?** • <u>Si pas toujours:</u> quelles autres places est-ce que vous avez habité? Pour quoi est-ce que vous avez déménagé au cette communauté? *How long have you lived in this community?* *If not entire life: which other places have you lived? Why have you moved to this community?*
B.	**DÉMOGRAPHIE DE PARTENAIRE** *PARTNER DEMOGRAPHICS* ***LISEZ :** Maintenant je vais te poser quelques questions sur votre partenaire.* ***READ:** Now I'm going to ask you a few questions about your partner.*
12.	**Quel âge a votre partenaire?** *How old is your partner?*
13.	**Dans quelle classe est-ce que votre partenaire est arrêté?** *What is your partner's highest level of education?*
14.	**Quelle est l'ethnie de votre partenaire?** *What is your partner's ethnicity?*
C.	**LA PARTICIPATION DES HOMME AUX GDHs ET LEURS RÉPONSES AUX SUJETS ET ACTIVITÉS DES GDHs** *THE PARTICIPATION OF MEN IN THE MDGS AND THEIR RESPONSES TO MDG TOPICS AND ACTIVITIES* **LISEZ:** Maintenant je vais vous questionner un peu sur vos expériences spécifiques avec le GDH. ***READ**: Now I'm going ask you a bit about your specific experiences with the MDG.*
15.	**Quelle est la raison principale pour laquelle que vous avez décidé de rejoindre le GDH?** • Avez-vous discuté de rejoindre avec quelqu'un? Qui? D'autres personnes? Qu'ont-ils dit? Décrivez. Est-ce que leur avis a influencé votre décision?

	• Avez-vous participé dans les autres activités dans votre communauté? Lesquelles? Décrivez? • Qu'est ce que vous attendiez en participant à la réunion? Autre chose? • Comment est-ce que vous espériez que les rencontres vous aideraient vous ou votre famille? Expliquez. *What is the most important reason that you decided to join the MDG?* • *Had you discussed joining with anyone? Whom? Anyone else? What did they say? Describe. Did their opinion influence your decision? In what way?* • *Has he participated in other activities in the community? Which ones?* • *What did you think would happen during the meetings? Anything else?* • *How were you hoping the meetings might help you or your family? Explain.*
16.	**Si quelqu'un vous pose des questions sur le GDH comment le lui expliqueriez-vous?** Comment a-t-il fait pour y parvenu? Expliquez. *If someone asked you about the MDG, how would you explain the purpose of it to him or her? How did it try to achieve this? Explain.*
17.	**Pendant les sessions des GDH, vous sentiez vous plus à l'aise à être calme la plupart du temps ou aimiez-vous participer et parler plus souvent?** *During the MDG sessions, did you feel more comfortable being quiet more of the time, or did you like to participate and talk more often?*
18.	**Était-il facile ou difficile d'assister aux sessions de GDH – prenaient ils trop ou peu de votre temps?** Expliquez et donnez des exemples. • À quelles sessions avez-vous assisté? • Aimiez-vous l'heure de la journée ou vous vous rencontriez- était-il trop tôt ou trop tard? • Comment ces activités ont affecté votre agenda quotidien? Y avait-il des choses importantes que vous avez besoin de faire pendant que vous assistiez aux sessions des GDH? Si oui, que pensez-vous à l'idée de les manquer? *How easy or difficult was it for you to attend the MDG sessions -- did they take up too much of your time or too little? Explain and give examples.* • *What sessions did you attend?* • *Did you like the time of day you met – was it too early or too late?* • *How did the activities affect your daily schedule? Were there important things that you needed to do while you were attending the MDG sessions? If yes, how did you feel about having to miss this? Explain.*
19.	**Avez-vous eu des problèmes spécifiques relatifs à votre participation au GDH après avoir rejoindre la groupe?** Décrivez. • L'endroit vous était-il convenable? Pourquoi pas? • La bâtisse vous a-t-elle plu? Pourquoi? Pourquoi pas? • Que diriez-vous qui fut l'inconvénient ou le plus difficile à propos de l'implication de vous ou votre famille. Expliquez. *Did you have any specific problems with participating in the MDG after you joined?* • *Was the location good for you? Why? Why not?*

	• *Did you like the facility? Why? Why not?* • *What would you say was the most difficult or inconvenient part about being involved? Explain. How did this affect you or your family? Explain.*
20.	**Pouvez-vous me dire comment les membres dans votre GDH agissent les uns avec les autres — Se parlent-ils ou s'écoutent-ils?** • Pouvez-vous donner des exemples? • Connaissiez-vous la plupart d'eux avant? • Pensez-vous que les gens se sentaient libres de dire ce qu'ils voulaient durant les sessions? Si non, que pensez qui les retenait? • Y avait-il quelqu'un dans le GDH que vous pensez était un peu perturbateur? Pouvez-vous me donner un exemple? Comment le facilitateur réagissait? Décrivez. • Comment vos relations avec les autres membres du groupe ont changé depuis votre adhésion? Au mieux? En pis? *Can you tell me how the members in your MDG acted around one another -- how well did they talk and listen to each other?* • *Can you give me some examples?* • Did you know most of them beforehand? • *Do you think people felt free to say what they wanted during the sessions? If not, what do you think was holding them back?* • *Was there anyone in the MDG who you think was somewhat disruptive? Can you give me an example? How did the facilitator respond? Describe*. • *How have your relationships with the other group members changed since joining? Better? Worse? Describe.*
21.	**Pouvez-vous me parler de quelques activités ou discussions que vous avez dans le GDH et que vous avez aimées ou pensé qu'elles étaient utiles?** • Dans quelles mesures étaient-elles utiles? Expliquez. • Pensez-vous que les autres hommes dans le GDH ressentent la même chose à propos des sujets que vous avez aimés? Avez-vous vous une fois échangé avec eux sur les sujets qui vous ont intéressé en dehors du groupe? Lesquels des problèmes? Pouvez-vous partager avec moi les conversations que vous avez eu là-dessus? *Can you tell me about some of the activities or discussions you had in the MDG that you liked or thought were most useful?* • *How were they useful? Give examples and explain.* • *Do you think the other men in the MDG felt the same way about the issues you liked? Did you ever talk with them about the issues you liked outside of the group? Which issues? Can you tell me about the conversations you had?*
22.	**Y avait-il dans le GDH des idées débattues ou des activités que vous pensiez étaient quelque peu difficiles à comprendre ou à accepter*?*** Lesquelles? Donnez des exemples et expliquez. • Comment vous sentiez vous par rapport à cette activité? Comment avez-vous réagi quand vous avez entendu que les choses prêtaient à confusion? Donnez des exemples. • Pensez-vous que les autres homes dans le GDH pensent la même chose à propos des sujets difficiles? Expliquez. Leur avez-vous parlé une fois des sujets difficiles en dehors du groupe? Quels sujets? Faites-moi part des conversations que vous avez eu avec eux • Le facilitateur savait-il que vous ou les autres avaient de la misère à comprendre? Si oui, comment a-t-il réagi? Décrivez.

	Were there ideas discussed or activities in the MDG that you thought were somewhat difficult to understand or to accept? Which ones? Give examples and explain. • *How did you feel about this? How did you respond when heard things that were confusing? Give examples.* • *Do you think the other men in the MDG felt the same way about these difficult issues? Explain. Did you ever talk with them about the difficult issues outside of the group? Which issues? Can you tell me a bit about the conversations you had?* • *Did the facilitator know that you or others were having difficulties understanding? If yes, how did he respond? Describe.*
23.	**Était-il facile ou difficile de partager vos expériences de colère ou de violence contre sa partenaire dans le GDH?** • Si oui , y avait-il quelque chose qui l'a facilité? Quelque chose d'autre? Donnez des exemples. • Partager ces expériences ont-il contribué à contrôler votre colère? Expliquez et donnez des exemples. *How easy/difficult was it to share your experiences with anger or intimate partner violence in the MDG?* • *If so, was there anything that helped to make it easy? Anything else? Give examples.* • *Did sharing these experiences help you with managing your anger? Explain and give examples.*
24.	**Pouvez-vous me dire comment vous comprenez ces choses suivantes :** • Maîtrise de sa colère • La différence entre le sexe et le genre • L'égalité entre les hommes et les femmes • L'homme dans la bôite *Can you tell me how you understand the following things?* • *Anger management* • *The difference between sex and gender* • *Equality between men and women* • *The man in the box* **Avez-vous entendu parler de ces termes dans votre communauté avant d'adhérer au GDH? D'où?** • Discutiez-vous de ces termes dans votre GDH? Expliquez. • Y a-t-il des techniques de maitrise de colère que vous pensez sont très utiles? Quand les avez-vous essayées ? Décrivez. *Had you heard anything about these terms in your community before joining the MDG? From where?* • *Did you discuss these terms in your MDG? Explain.* • *Are there any anger management techniques that you think are most useful? When have you tried them? Describe.*
25.	**Pouvez-vous me dire ce que vous pensiez de votre facilitateur?**

	• Y avait-il quelque chose de particulier en lui qui vous a plu? • Y a-t-il quelque chose qu'il aurait pu mieux faire? Expliquez. • Vous ou les autres sentiez-vous libres d'être en désaccord sur les choses qu'il disait? Pouvez-vous me donner des exemples? • À votre avis, qu'est-ce que les autres ont pensé du facilitateur? Était-il respecté? Aimé? La plupart des gens voulaient ils l'écouter? Pensez-vous qu'il ait mis la majorité à l'aise? *Can you tell me what you thought about the facilitator?* • *Was there anything you particularly liked about him?* • *Is there anything you think he could have done better? Explain*. • *Did you or others feel free to disagree with things he said? Can you give me an example?* • *In your opinion, what did others in your group think about the facilitator? Was he respected? Liked? Did most people want to listen to him? Do you think he made most people feel at ease*?
26.	**Y avait-il des problèmes majeurs qui se sont poses au cours d'une session GDH?** • Pouvez-vous me dire ce qui s'est passé? Décrivez • Comment cela a-t-il influence le groupe ou les sessions? • Le facilitateur était-il capable de résoudre le problème? Expliquez. *Were there any major problems that arose during an MDG session?* • *Can you tell me what happened? Describe.* • *How did it affect the group or the sessions? Describe*. • *Was the facilitator able to resolve the problem? Explain.*
27.	**Est-ce que vous et les autres hommes de votre GDH ont continué de se rencontrer après la fin du GDH, sans le facilitateur? Avez-vous parlé de quoi? Pourquoi avez-vous continué avec la groupe?** *Did you continue meeting in your group after the MDG finished, without the facilitator. What did you talk about? Why did you keep meeting?*
28.	**[HOMMES QUI ONT SUIVI LE GDH] Avez-vous une fois songé à quitter le GDH?** • Pouvez-vous dire pourquoi? <u>Si oui:</u> comment est-ce que vous avez décidé à rester? • Des gens vous ont-ils conseillé de cesser d'aller au GDH? Qui? Qu'est-ce qu'ils vous ont dit? Quelle a été votre réponse? ***[ONLY MEN WHO COMPLETED THE MDG]*** *Did you ever think about quitting the MDG?* • *Can you tell me why? <u>If yes:</u> how did you decide to stay?* • *Did anyone ever advise you to stop going to the MDG? Who? What did they say to you? How did you respond?*
29.	**[HOMMES QUI ONT QUITTÉ LE GDH] Pouvez-vous me dire la raison principale qui vous a motivé votre départ du GDH?** Expliquez.

	• Des personnes vous ont –elles conseillé d'arrêter d'y aller? Qu'est-ce qu'ils vous ont dit? ***[MEN WHO QUIT THE MDG INTERVENTION]*** *Can you tell me the main reasons you decided to leave the MDG? Explain.* • *Did anyone advise you to stop going? Who? What did they say to you?*
D. L'IMPACT DE LA COMMUNAUTÉ SUR LA GDH, ET L'IMPACT DU GDH SUR LA COMMUNAUTÉ *IMPACT OF THE COMMUNITY ON THE MDG, AND THE IIMPACT OF THE MDG ON THE COMMUNITY* ***LISEZ: maintenant je vais vous questionner sur le GDH et votre communauté.*** *READ: now I'm going to ask some questions about the MDG and your community.*	
29.	**Qu'est-ce que vos amis et membres de votre famille pensent de votre participation au GDH?** Qu'ont-ils dit ou fait? Donner des exemples • Quelles questions vous ont-ils posé, s'il y a lieu? • Quelque chose a-t-il changé avec vos amis ou famille depuis votre participation au GDH? Avec qui spécifiquement? Vous ont-ils vous traité différemment? Comment? Décrivez et donnez des exemples. *What did your friends and family members think about you participating in the MDG?* *What did they say or do? Give examples.* • *What questions did they ask you, if any?* • *Has anything changed with friends or family since participating? With whom specifically? Did they begin to treat you any differently? How? Describe and give some examples.*
30.	**Avez-vous parlé à la famille, aux amis ou membres de la communauté au sujet que vous avez entendu ou discutés dans le GDH?** Quels sujets? Décrivez. • Quels types de réactions avez-vous obtenu de vos amis sur les sujets dont vous avez parlé? Décrivez. • Avez-vous eu la même opinion sur la question examinée comme la personne avec qui vous avez parlé? Opinion différente? Expliquez. *Did you ever speak to family, friends or community members about any issues you heard or discussed in the MDG? What issues? Describe.* • *That type of reactions did you get from your friends on the issues you discussed? Describe.* • *Did you have the same opinion on the issue discussed as the person you spoke with? Different opinion? Explain.*
31.	**Comment pensez-vous que le GDH a changé les façons dont les autres hommes dans votre groupe se comportent ou traitent leurs partenaires?** Ou que pensent-ils des rôles des hommes et femmes? Décrivez et donnez des examples. *How do you think the MDG has changed the ways other men in your group behave or treat their partners? Or how they think about men and women's roles? Describe and give examples.*

32.	**Pensez-vous que la violence contre un/une partenaire est une préoccupation importante dans votre communauté?** Expliquez et donnez des exemples. • Est-ce que vos opinions sur ceci ont changé depuis vous avez participé au MDG? Expliquez et donnez des exemples. *Do you think that intimate partner violence is an important concern in your community?* *Have your opinions on this changed since the MDG? Explain and give examples.*
33.	**A quel moment quelqu'un devrait intervenir dans les cas de violence contre un/une partenaire?** Qui devrait faire ça? Quoi est-ce qu'il/elle va faire? *When should someone intervene in cases of intimate partner violence? Who should do this? What should he or she do?*
34.	**Que conseillerez-vous aux membres de votre famille et à vos amis pour participer au GDH dans l'avenir?** • Que diriez-vous de votre expérience sur le GDH? • Que diriez-vous à propos d'IRC? • Quel avantage pensez-vous qu'ils tireraient à participer? *Would you advise your family members and friends to take part in an MDG in the future?* • *What would you tell them about your MDG experience?* • *What would you tell them about IRC?* • *How do you think they would benefit from participating?* **<u>Si oui,</u> suggéreriez-vous que quelque chose à propos des GDH soit changé? Décrivez. Quelque chose d'autre**? *<u>If yes,</u> would you recommend that anything about the MDG be changed? Describe. Anything else*?
E.	**LES IMPACTES DU GDH SUR LES RÔLES ET LES COMPORTEMENTS DES PARTICIPANTS ET LEUR PARTENAIRES** *IMPACT OF THE MDG ON THE ROLES AND BEAHVIORUS OF PARTCIPANTS AND THEIR PARTNER* **LISEZ:** Maintenant je vais vous demandez sur vous et votre partenaire, et comment des choses fonctionnent dans votre ménage. ***READ:** Now I'm going ask you a bit about you and your partner, and how things are done in your household.*
37.	**Est-ce que vous parlez à votre partenaire des sujets dont vous avez entendu ou aviez discuté au GDH?** • Combien de fois? Quels problèmes? Pouvez-vous me dire comment les conversations sont menées? Quels genres de réactions vous constatez d'elle? Décrivez. • Y avait-il des problèmes spécifiques dont vous ne vouliez lui faire part? Donnez des exemples. Que pensez-vous serait leur réaction? Expliquez. • Combien de fois parler vous toujours de ces problèmes avec elle?

	Did you talk to your partner about any issues you heard or discussed in the MDG? • *How often? Which issues? Can you tell me how these conversations went? What type of reactions did you get from her? Describe.* • *Where there specific issues that you did not want to talk to her about? Give examples. How do you think they would have reacted to these issues? Explain.* • *How often do you still talk about these issues with her?*
38.	**Pouvez-vous décrire les choses les plus importantes que vous pensez que les hommes font dans la société? Que les femmes font?** Décrivez et donnez des exemples. *Can you describe the most important things you think men do in society? That women do? Describe and give examples.* **Quelles sont les choses les plus importantes que vous avez appris sur comment être une bonne femme? Un bon homme?** Vous pensez-vous avez-vous appris tout ce qui n'était pas utile, ou même nocif ? Décrivez et donnez des exemples. *As you grew up, what were the most important things you learned about being a good woman? A good man? Do you think you learned anything that was not useful, or even harmful? Describe and give examples.* **À votre avis, que pensez-vous êtes les choses les plus importantes à enseigner aux garçons?** Et pour enseigner des filles ? Décrivez et donnez des exemples. *In your opinion, what do you think are the most important things to teach boys? And to teach girls? Describe and give examples.*
39.	**Quelle sont les responsabilités du chef de ménage?** Expliquez et donnez des exemples. • Dites-moi comment ça marche dans votre famille. Décrivez. • A –t-il toujours été ainsi? Si non, expliquez. Qu'est ce qui a motivé le changement? *What are the responsibilities of the head of the household? Describe, give examples.* • *Tell me about how things work in your family? Describe*. • *Has it always worked this way? If not, explain. How did the change come about?* **Dans quel cas est-ce qu'une femme pourrait être le chef de ménage? Comment?** Décrivez et donnez des exemples. *In what cases can a woman be the head of the household? Would their role be different than a man who is head of household? How? Explain*.
40.	**Quelles sont les tâches que VOUS faites régulièrement pour aider votre famille?** • <u>ENQUÊTE:</u> Laver les enfants, réparer la toiture, faire la cuisine, nettoyer, aller au marché, aller chercher l'eau, balayer, désherber, aller chercher le bois, lavez les vaisselles, aller chercher la nourriture, lavez les habits? Autre choses? Décrivez. *What household tasks do YOU do on a regular basis to help your family?*

	• *PROBE: Bathing the children, fixing the roof, cooking, cleaning, going to the market, fetching water, sweeping, weeding the fields, gather wood, wash the dishes, look for food, wash clothes? Anything else? Describe.* **Quelles sont les tâches que votre PARTENAIRE fait-elle régulièrement pour aider votre famille?** ENQUÊTE. Autre chose? Décrivez. *What household tasks does your PARTNER do on a regular basis to help your family? PROBE. Anything else? Describe*. **Quelles sont les tâches que vous et votre partenaire faites ENSEMBLE ou faites à tour de rôle régulièrement?** ENQUÊTE. Autre chose? *What household tasks do you and your partner do TOGETHER or take turns doing on a regular basis? PROBE. Anything else?* **Depuis le GDH, y a–t-il eu changement dans la façon d'aider à la maison ou dans la façon de supporter votre famille?** Expliquez. *Has anything changed in the way you help out in the home or support you family since the MDG? Explain.*
41.	**Pouvez-vous me dire si vous êtes impliqué dans l'éducation des garçons dans votre famille? Des filles? Quels travaux faites-vous?** • ENQUETE: Préparez leurs repas? Alimentez-les? Lavez-les? Accompagnez-les à l'école? Surveillez leur travail et amis d'école? Veiller sur eux quand ils jouent? Les accompagnez à l'hôpital? Autre choses? Décrivez. • Ces rôles sont-ils différents pour les garçons et pour les filles? Pourquoi? Expliquez. **Comment votre partenaire est-elle impliqué dans l'éducation des garçons dans votre famille? Des filles? Qu'elles travaux réalise-t-elle?** ENQUETE. *Can you tell me how you are involved with raising any boys in your family? The girls? What jobs to you do?* • *PROBE: Prepare their meals? Feed them? Bathe them? Walk them to school? Oversee their school work and friends? Watch over them while they play? Take them for their health checks? Other? Describe.* • *Are these roles different for boys et for girls? Why? Explain.* *How is your partner involved with raising the boys in your family? The girls? What jobs does he/she do? PROBE.*
42.	**Que penses-tu du fait que toi et ta femme partageriez la même responsabilité dans la famille?** Expliquez and donnez des exemples. • Et pour la tache ménagère? • Avez-vous change vos opinons sur ceci depuis vous avez participé au MDG? Comment? Décrivez. *What would you think if you and your partner shared the same responsibilities in the family? Describe* • *And for the household tasks?* • *Has your opinion on this changed since participating in the MDG?*
43.	**Que penseriez-vous si:** • Une femme devient chef de village? Expliquez. • Si un homme fait la cuisine pour sa famille ou lavait les enfants? Expliquez.

	• Une femme voulait partir en ville pour travailler? Expliquez. *What would you think if:* • *A woman became chief of the village. Explain.* • *A man cooked dinner for the family or bathed the children? Explain.* *A woman wanted to travel to the city to work? Explain.*
44.	**Pouvez-vous me faire part de la dernière décision importante que vous ou votre partenaire a prise concernant votre famille ou foyer?** • Comment vous ou votre partenaire étiez parvenu à la décision—l'un ou l'autre d'entre vous était-il ferme à propos de ce qui devrait être fait? Lequel? Et qui a eu le dessus? Expliquez. • Est-ce normalement comme ça que les décisions importantes se prennent dans votre foyer? Décrivez et donnez des exemples. • Comment répondez-vous habituellement quand vous êtes en désaccord avec votre partenaire? Que lui dites-vous? Comment répondent-ils? Décrivez et donnez des exemples. • Comment votre partenaire répond-il habituellement quand il est en désaccord avec vous? Décrivez et donnez des exemples. • Pensez-vous que c'est ainsi qu'un homme et sa femme devrait prendre des décisions concernant la famille? Pourquoi? Pourquoi pas? Expliquez. *Can you tell me about the last important decision you or your partner made regarding your family or household?* • *How did you or your partner come to a decision -- did of either you feel* strongly about what should be done? Whom? And who had the final say? Explain. • Is this normally how important decisions are made in your household? Describe and give examples. • How do you usually respond when you disagree with your partner? Do you tell him/her? How do they respond? Describe and give examples. • How does your partner usually respond when he disagrees with you? Describe and give examples. • *Do you think this is how a man and his wife should make decisions that affect the family? Why? Why not? Explain.*
45.	**Quel sont les sujets pour lesquelles tu décides tout-seul?** Décrivez et donnez des exemples. *What types of decisions do you tend to make for your family by yourself?* Describe and give examples. **Quel sont les sujets pour lesquelles votre partenaire décide seule?** Décrivez et donnez des exemples. *What types of decisions does your partner tend to make for your family alone?* Describe and give examples. **Y-a-t-il des décisions importantes que vous et votre partenaire prenez ensemble?** Décrivez et donnez des exemples. *Are there important decisions that you and your partner tend make together?* Describe and give examples. **Depuis votre participation au GDH, la façon de prendre des décisions importantes dans votre famille a-t-elle changé? Expliquez.** *Has the way you make important decisions in your family changed since you participated in the MDG? Explain.*
46.	**De quoi vous et votre partenaire parlez régulièrement?**

	• ENQUÊTE: Vos soucis? De ce qui vous rend heureux? Vos visions du futur? Votre famille? Vos activités quotidiennes? Touts problèmes que vous avez? Quelque chose d'autre? Expliquez. • Depuis votre participation au GDH, la façon de parler avec votre partenaire a-t-elle changé du tout? Comment? Expliquez. *What sort of things do you and your partner talk about on a regular basis?* • *PROBE: Your worries? What makes you happy? Your ideas about the future? Your family? Your daily jobs? Any struggle that you are having? Anything else? Explain.* • *Has the way you talk with your partner changed at all since you participated in the MDG? How? Explain.*
F.	**LES IMPACTES DU GDH SUR LES EXPÉRIENCES DES VIOLENCES ENTRE LES PARTICIPANTS ET LEURS PARTENAIRES** ***IMPACT OF THE MDG ON THE PARTICIPANTS AND THEIR PARTNERS' EXPERIENCES WITH VIOLENCE*** ***LISEZ*:** Il y a beaucoup de violence dans la société, en particulier quand un pays a traversé une période de crises. Beaucoup de gens ont eu de mauvaises choses qui leur sont arrivées. Je voudrais vous interroger au sujet des expériences en rapport avec la violence que vous et votre famille a pu avoir dans le passé ou récemment. S'il vous plaît, prenez votre temps, et si vous préférez ne pas répondre à l'une de ces questions ou d'y revenir plus tard, n'hésitez pas à me le faire savoir. Et s'il vous plaît rappelez-vous que tout ce que vous dites au cours de cette entrevue sera strictement confidentiel. ***READ**: There is a lot of violence in society, particularly when a country has been through a crisis period. Many people had bad things happened to them. I'd like to ask you about any experiences with violence that you and your family may have had in the past or recently. Please take your time, and if you prefer to skip any of these questions or come back to them later, feel free to let me know. And please remember that anything you say during this interview will be kept strictly confidential.*
47.	**Comment est-ce que vous définissez le terme « violence »?** *How do you define the term 'violence'?*
48.	**Parlez-moi de n'importe quel violence que VOUS avez pratiquée contre un partenaire, plutôt récemment ou au passé.** A qui? Votre partenaire actuelle? Quoi avez-vous faites? Qu'est ce qui ce passé au temps? Combien de fois? Décrivez. • [MENACEZ] Avez-vous menacé de blesser un partenaire? Ou avez-vous essayé de commander ce qu'un partenaire fait ou avec qui elle passe le temps? • [PHYSIQUE] Avez-vous battu, frappé ou blessé un partenaire? Quand est-ce que ceci tend à se passer? • [SEXUELLE] Avez-vous fait pression ou forcé un partenaire à avoir des rapports sexuels contre leur volonté? • [CHANGE] Depuis le GDH, avez-vous changé la façon dont vous traitez votre partenaire? Comment? Êtes-vous moins violent vers un partenaire? Expliquez. Tell me about any violence that you have committed against a partner, either recently or in the past. *Who did you do this to? Your current partner? What did you do? When does this tend to occur? How often? Describe.* • *Have you ever threatened to hurt a partner? Or have you tried to control what your partner does or who he/she spends time with?*

	• *Have YOU ever hit, beaten or hurt YOUR partner?* • *Have you ever pressured or forced a partner to have sex against his/her will?* • *Since the MDG, have you noticed any change in how you treat your partner? How? Have you been less violent towards your partner? Explain.*
49.	**[S'IL A PRATIQUÉ LES VIOLENCE PHYSIQUES DE PARTENAIRE]** **Dans ces cas de violence que vous avez mentionnée, est-ce que vous ou votre partenaire aviez bu l'alcool?** Dans quels cas? Étiez-vous saoulé? Votre partenaire était-il saoulé? Décrivez et donnez des exemples. *In any of these cases of violence you've mentioned, were you or your partner drinking alcohol? In which cases? Were you drunk? Was your partner drunk? How often was alcohol involved? Describe and give examples.*
50.	**Rappelez-vous de la dernière fois que vous êtes devenue très fâché contre votre partenaire, comment avez-vous réagi?** • Comment avez-vous informé votre partenaire de votre colère? Expliquez. • Qu'avez-vous fait pour vous calmer? Décrivez • Expliquez comment le problème a été résolu? • Depuis votre participation au GDH, votre réaction quand vous êtes devenue très fâché a-t-elle changé? Décrivez et donner des exemples. Expliquez comment cela a changé des choses entre vous et votre partenaire. *Recall the last time you became very angry with your partner, how did you react?* • *How did you let your partner know you were angry? Explain.* • *What did you do to calm down? Describe.* • *How was the problem resolved? Explain.* • *Has your reaction to feeling angry changed at all since participating in the MDG? How? Describe and give examples. How has this changed things between you and your partner? Explain.*
51.	**Pouvez-vous me décrire une situation où:** • Il pourrait être acceptable pour un home de frapper sa partenaire. • Il pourrait être acceptable pour une femme de frapper son partenaire. • Il pourrait être acceptable pour une femme de forcer son partenaire à avoir des rapports sexuels. Pouvez-vous expliquer? • Il pourrait être acceptable pour un home de forcer sa partenaire à avoir des rapports sexuels. Pouvez-vous expliquer? • Vos opinions sur ces situations ont-elles changé depuis votre participation au GDH? Expliquer et donnez des exemples. *Can you describe a situation where:* • *It might be acceptable for a man to hit his partner?* • *It might be acceptable for a woman to hit her partner?* • *It might be acceptable for a woman to force her partner to have sex. Can you explain?* • *It might be acceptable for a man to force his partner to have sex. Can you explain?*

	• *Have your thoughts on these issues changed since participating in the MDG? How? Explain and give examples.*
	G. LES IMPACTES DU GDH SUR LES EXPÉRIENCES DES VIOLENCES <u>DEHORS</u> LES PARTICIPANTS ET LEURS PARTENAIRES *IMPACT OF THE MDG ON THE EXPERIENCES WITH VIOLENCE OUTSIDE OF THE PARTICIPANTS AND THEIR PARTNERS* ***LISEZ:*** *Je voudrais vous poser des questions sur les expériences sur violences que vous avez eues avec quelqu'un d'autre qu'un partenaire.* ***READ:*** *I'd like to ask you about any experiences with violence that you have had with someone other than a partner.*
52.	**Parlez-moi de n'importe quel violences que vous a subi par quelqu'un autre qu'un partenaire, plutôt récemment ou au passé.** • [PHYSIQUE] Avez-vous été battu, frappé ou blessé par quelqu'un autre qu'un partenaire? • [SEXUELLE] Pouvez-vous me dire si quelqu'un à part qu'un partenaire vous a fait pression ou forcé à avoir des rapports sexuels contre votre volonté? • Qui a fait ca? <u>ENQUETE:</u> Était-ce un membre de la famille? Un ami? Un étranger? Un soldat armé? Quelqu'un d'autre? • Qu'a-t-il/elle fait? • Quand cela est-il arrive? Au cours de l'année précédente? Depuis que vous avez 15 ans? Avant vos 15 ans? Combien de fois? Tell me about any violence that you have experienced from someone other than a partner, either recently or in the past. *Who did this? What did he/she do? When did this occur? How often? Describe.* • *Has someone other than a partner ever hit, beaten or hurt you?* • *Has someone other than a partner pressured or forced you to have sex against your will?* • *Who did this? <u>PROBE:</u> Was it a family member? Friend? Stranger? Armed soldier? Anyone else?* • *What did they do?* • *When did this occur? Over the last year? Since you were 15? Before you were 15? How many times?*
57.	**Parlez-moi de n'importe quel violences que VOUS avez pratiqué contre quelqu'un autre qu'un partenaire, plutôt récemment ou au passé.** • Avez-vous battu, frappé ou blessé quelqu'un autre qu'un partenaire? • Avez-vous fait pression ou forcé quelqu'un autre qu'un partenaire à avoir des rapports sexuels contre leur volonté? • A qui avez-vous faites ca? <u>ENQUETE:</u> un membre de la famille? Une amie? Un étranger? Quelqu'un d'autre? • Qu'avez-vous faites? • Quand cela est-il arrive? Au cours de l'année précédente? Depuis que vous avez 15 ans? Avant vos 15 ans? Combien de fois? • Depuis le GDH, avez-vous changé la façon dont vous traitez les autre gens? Comment? Êtes-vous moins violent vers les autres? Expliquez. *Tell me about any violence that YOU have committed against someone other than a partner, either recently or in the past?* • *Have you ever beaten, hit, or hurt someone other than a partner?*

	• *Have you have ever pressured or forced someone other than a partner to have sex against their will?* • *To whom did you do this? PROBE: a family member? A friend? A strange? Someone else?* • *What did you do?* • *When did this happen? In the last year? Since you were 15? Before you were 15? How often or how many times?* • *Since the MDG, have you changed the way that you treat other people? How? Have you become less violent towards others?*
58.	**[S'IL A SUBI AU VIOLENCE] Avez-vous parlé à quelqu'un de la violence que vous avez a subi?** Qui? Pourquoi? Pourquoi pas? Qu'a-t-il dit ou fait-il ? Décrivez. • Êtes-vous allé à l'hôpital après la violence? Pourquoi? Pourquoi pas? Quel traitement avez-vous reçu? Décrivez s'il y a eu? *[IF HE EXPERIENCED VIOLENCE] Have you told anyone about the violence that you experienced? Whom? Why? Why not? What did he/she say or do? Describe.* • *Did you seek medical care after the violence? Why? Why not? What treatment did you receive, if any? Describe.*
59.	**Que feriez-vous si vous voyez un homme en train de battre sa partenaire?** • Pensez-vous qu'on peut faire quelque chose pour arrêter ça? Expliquez. • Si vous saviez que votre ami masculin ou voisin était en train de battre sa partenaire, que diriez-vous, que feriez-vous? Pourquoi, pourquoi pas? Expliquez. • Que diriez-vous à l'homme? A sa partenaire? Pourquoi, pourquoi pas? Expliquez. • Votre participation dans le GDH a-t-elle changé votre manière de penser à propos des hommes qui battent leurs partenaires? Quoi? Comment? Donnez des exemples. *What would you do if you saw a man hitting his partner?* • *Do you think anything can be done to stop this? Explain.* • *If you knew your male friend or neighbour was hitting his partner, what you say or do? Why? Why not? Explain.* • *What would you say to the man? To his partner? Why? Why not?* *Has your participation in the MDG changed the way you think about men hitting their partners? What? How? Give me some examples.*
60.	**Pouvez-vous me parlez des choses dangereuses, effroyables ou mauvaises qui vous sont arrivées à vous ou à votre famille pendant les périodes de conflit?** ENQUÊTE**:** • Avez-vous été blessé? Décrivez. Pouvez-vous me dire ce qui s'est passé? Quand ceci est-il arrivé? • Votre partenaire a-t-il été blesse? Décrivez. Pouvez-vous me dire ce qui s'est passé? Quand ceci est-il arrivé? • Vos enfants ont-ils été blessés? Pouvez-vous me dire ce qui s'est passé? Quand ceci est-il arrivé? • Avez-vous une fois eu une arme étiez-vous obligé de vous battre? *Can you tell me about some of the dangerous, frightening or bad things that happened to you or your family during any of the periods of conflict? PROBE:* • *Were you ever injured? Describe. Can you tell me what happened? When did this occur?* • *Was your partner ever injured? Describe. Can you tell me what happened? When did this occur?*

	• *Were your children ever injured? Can you tell me what happened? Describe. When did this occur?* • *Did you have a weapon and did you have to fight?*