

Programme and Impact Evaluation of a Community Gender Equity Intervention with Boys and
Young Men in Rajasthan, India

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Abstract

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Abstract: This paper examines how addressing known determinants of intimate partner violence with boys and men on the community-level can lead to improved gender equality in social norms. We led a process and impact evaluation to assess the effects of the Center for Health and Social Justice's project, which aimed to engage men in changing gender stereotypes and to ultimately improve health outcomes for women, in villages in Rajasthan, India. We conducted seven focus group discussions with participants where the program was implemented and six in-depth interviews with young male leaders involved in the intervention. We also conducted 70 surveys, originally administered pre- implementation of the program, to assess participant and community knowledge, attitudes, and behaviours surrounding gender, violence, and sexuality. We used thematic analysis to determine process and impact themes, and hierarchical mixed linear regression for primary outcome analysis for post-intervention surveys. Post-intervention, significant changes in knowledge and attitudes regarding gender, sexuality, and violence were made on the individual-level by participants, as well as in the community. Moderate behavioural changes were seen in individuals and in the community. Study findings offer a strong model for prevention programs working with boys and men to create a community effect in encouraging gender equality in social norms.

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Dedications

I would like to dedicate this thesis to three of my tireless advocates: my mentor and role model, Deepa Rao, my dedicated and patient partner, S. Lozano, and my inspiration for continuing in this work, Nafissatou Bajaboua.

Introduction

Societies across cultures with a high level of gender inequity in social norms have been found to have a higher prevalence of intimate partner violence (Palma-Solis et al, 2008). In Northern India specifically, communities which largely accept male-dominated gender norms and gender inequality have been linked with higher rates of intimate partner violence (IPV) against women (Koenig et al 2006). IPV is the most common form of violence against women, and has been estimated to affect one in three women globally (Bourey et al 2015), as well as to be associated with many adverse health outcomes for women's emotional, physical, and sexual health (Palma-Solis 2008, Michau et al 2015).

Approaches to reduce intimate partner violence, HIV-risk, and HIV/AIDS-related risky sexual behaviour have been implemented with men, as they are often key decision-makers in their communities and households (Verma et al, 2005, Verma et al 2015). However, though evidence supports the relationship between overall acceptance of violence at the individual and community levels with rates of IPV in India, there have not yet been interventions aimed at engaging men in changing gender norms at the community level (Stover et al 2009). Furthermore, although existing evidence highlights the association of gender inequity and gender power dynamics with incidences of IPV (Michau et al 2015) there is still a dearth of evidence surrounding prevention efforts targeted at addressing known determinants of IPV (Bourey et al 2015).

In addition, there is not a significant amount of research into interventions targeting adolescents and youth outside of the school setting. Anti-violence intervention programmes with youth in schools have been found to significantly reduce violent behaviour in participants later in life (Izard 2002), but these programmes have not been tested with men at the community level.

The lack of community-level interventions and research with youth on these topics represents a large gap in the field.

Programme background and overview

The Centre for Health and Social Justice (CHSJ) in New Delhi, India, has led various programmes targeting the engagement of boys and men in challenging gender stereotypes and achieving gender equality (Das and Singh 2014). In 2015 CHSJ designed and implemented an intervention engaging boys and young men in changing social gender norms in 15 villages in the Bundi district and 15 villages in the Udaipur region of the Rajasthan region of India. According to the 2014-15 National Family Health Survey (NFHS 4), in Rajasthan, 25.1% of ever-married women experienced spousal violence, 35.4% of women aged 20-24 were married before their 18th birthdays, and 6% of women aged 15-19 were mothers or pregnant at the time of the survey (NFHS 2015). In part due to these drastic trends, CHSJ designed this project, aiming to address the community-level determinants of IPV arising from gender inequality. They designed this intervention also with the goals of ultimately lowering outcomes which have large impacts on health such as such as early marriage, early maternal age of first birth, and low rates of education amongst girls.

The implementation of the project included the formation of two education groups in each community: one with adolescent boys, and one with young adult men. Both the adolescent boy and young adult groups consisted of 15-25 males from each community, and gave authority to one Group Leader per community who underwent training for this role. Trainings consisted of thematic lesson plans surrounding the themes of gender equality, violence, and sexuality, and included leadership techniques. CHSJ worked with a local organisation based in a town near the Bundi district, who ultimately were the main implementers of the project. Curriculum was taught

to this implementing organisation prior to the Group Leader training, which they attended and helped facilitate.

Recruitment, training, and curriculum

To recruit boys and young men to take part in the education groups, the implementing organisation held a community meeting in each village to introduce the project. Later, interested boys and young men joined their respective groups, and the newly formed groups held their first meetings to elect a Group Leader; one Group Leader was selected per village, to serve as the leader for both the adolescent and young adult groups. CHSJ also conducted Knowledge, Attitude, and Behaviour (KAB) surveys with 430 group members at the start of the project, to assess the views and actions of the individuals and their communities regarding gender, sexuality, and violence.

Although in the training, the programme curriculum was clearly outlined, it served as a guideline to Group Leaders and implementers; programme curricula were adapted for each village, and guided by the participants' feedback on the needs of their community. The issues that would be focused on in group meetings were decided upon and raised by the group members, and were issues that they felt their communities faced. Topics ranged from more individual-level topics such as helping out in the household, to more community-level topics such as child marriage, women's health, and girls' education. Figure 1 shows the programme logic model for CHSJ's original programme.

Project goals

The goals of the project were to: 1) bring about changes in knowledge, attitudes, and behaviours among boys and young men regarding gender, violence, and sexuality, 2) bring about changes in attitudes and behaviours on the community-level regarding these topics, 3) increase

the participation of boys and young men on developing more gender equity in social norms in their communities. The programme was planned to be implemented over a period of three years, but due to unforeseeable funding issues, it ran for one year.

Process and Impact Evaluation

This study aims to evaluate the process and impact of this intervention in seven of the villages in which the programme was implemented, collecting data from tools used at baseline, as well as from interviews and focus group discussions. We examine both the implementation through a process evaluation, and the effectiveness of such an intervention through an impact evaluation, with the goal of providing implications for future projects in other settings.

Methods

For this mixed methods study, we used qualitative methods for the process evaluation, and both qualitative and quantitative methods for the impact evaluation. We conducted a mixed-methods evaluation methods for three main reasons: 1) to explore the process of the programme implementation, 2) to complement the quantitative KAB findings, and bridge any gaps as to what changes were made on the individual-level as well as the community-level, 3) to explore why and how these changes occurred.

Participants

This study evaluates the process and impact of CHSJ's original intervention implemented in 2015. The participants for this study were a sample of the boys and young men from the original intervention in the 15 communities from in the Bundi district, one of the two districts where CHSJ implemented the project. Of the 15 villages of the Bundi District in which the intervention was implemented, we purposively sampled seven villages to evaluate for this study.

These seven villages were chosen according to their size, location, and whether or not they had a secondary school, in order to create a representative sampling.

The adolescent boys, ages 14-17, and young adult men, ages 18-25, were led by one Group Leader from the young adult group in each community. Our evaluation was conducted about a year after the close of the CHSJ intervention, which ran for one year. Therefore, our participants were one to two years older than at the beginning of the CHSJ project; for our study, the adolescent group participants ranged in age from 15-17 and the young adult group ranged from 19-26. For the purposes of this study, we re-contacted the Group Leaders in each community, who then in turn contacted the group members to inform them of the study; all group members, from both the adolescent and young adult groups, were contacted and given the opportunity to participate. The Group Leaders asked all members of the education groups still present in each village to meet with our study team on the first day we would work in that community. Once we arrived in each community, we explained the study procedures to group members, and gave those willing to participate a date and time to either participate in a survey, focus group, and/or interview. Among those willing, we purposively sampled participants for age, adolescent or young men group member status, and marital status. Six to eight group member participants to take part in Focus Group Discussions (FGD) in each of the seven villages, totaling 48 participants (n=7). 10 participants completed Knowledge, Attitude, and Behaviour (KAB) surveys in each of the seven villages (n=70). Due to migration and dropout rates, the Group Leaders estimated that we could be successful in recruiting up to 10 group members for survey completion. Certain participants who had taken part in the FGD were willing to complete the surveys, while others refused; 76% of FGD participants also completed the survey. The remainder of surveys were completed by other willing and eligible group

members, by convenience sampling, largely based on the availability of members. We recruited Group Leaders from all seven villages for an In-Depth Interview (IDI); six of the seven completed the interviews and one refused to participate (n=6).

Data collection

Quantitative Data Collection

The survey tool used for the quantitative portion of the impact evaluation was the same Knowledge, Attitudes, and Behaviour (KAB) survey that was administered at baseline by CHSJ at the start of the intervention. The use of this tool acted as a post-intervention survey for the current investigation, to be analysed against the results of the baseline pre-intervention survey (Miles and Huberman 1994). Adolescents answered questions regarding their knowledge, attitudes, and behaviours about gender, sexuality, and violence, as well as their perceptions of the actions and beliefs in their communities. For this investigation, study team members administered the KAB study, including the Principle Investigator (PI) with assistance of the Research Assistant/Translator (RA), as well as three other local study team members. The paper-based survey was administered to participants individually by majority local male study team members, who asked survey questions in Hindi or local language and noted down the answers in Hindi and English. Local male team members introduced the survey to participants; if a female study team member were administering the survey and found that the participant seemed uncomfortable or expressed discomfort, she would ask a male team member to resume the survey with the participant; this technique was used for data quality as well as ethical concerns, and yielded positive results.

Qualitative Data Collection

We conducted seven FGDs with group members and six IDIs with Group Leaders; one Group Leader refused to participate. We excluded CHSJ and implementing organisation study team members from being present for the data collection of the IDIs and FGDs to avoid social desirability bias amongst participants who with whom they had undergone the training for CHSJ's original intervention. IDIs and FGDs were audio-recorded, after the PI and RA gained informed consent or assent from the participants, and guardian consent for minors.

We spent 15-20 minutes before each FGD and IDI session to fully explain the study and its purpose to the participants. We used rapport-building techniques such as icebreakers and casual conversation to allow trust to be built between the investigators and participants; this was especially important considering the gender and cultural differences between the female-led research team and male participants, particularly as the subject matter included cultural and sensitive content.

The PI and RA led FGDs with group members with a semi-structured guide for 45 minutes to one hour, discussing the intervention implementation process, as well as the programme's impact on the individual and community levels. We also led IDIs with group members with a semi-structured guide for 45 minutes to one hour, discussing the training for Group Leaders, group member and community behavioural and attitude outcomes, and programme implementation. IDIs and FGDs were conducted in Hindi and responses were translated into English for the investigator during data collection sessions.

Data analysis

Quantitative Data Analysis

The quantitative analysis consisted of the comparison of summary scores calculated from the pre- and post- KAB surveys. In order to more rigorously analyse our mixed methods data, the

KAB survey questions were divided into categories, based on initial findings from the pre-intervention KAB survey data. We identified that programme impact could be categorized into two main domains: individual-level changes and community-level changes. Individual-level changes included choices that individual group members reported making, such as a boy beginning to cook for his mother, a practice he had not done before the intervention. A community-level change is one that is adopted by the large majority of the community, such as abolishing the practice of child marriage in the village.

The individual and community changes identified in the survey all could be categorized as either changes in knowledge, attitudes, or behaviours. Therefore, the survey questions were divided into the following five categories, or primary outcomes: 1) behavioural changes made by group members surrounding gender roles, 2) behavioural changes at the community-level, 3) attitude changes made by group members surrounding gender roles and equality, 4) attitude changes on the part of the community, 5) knowledge acquisition by group members. After KAB survey questions were divided, composite scores were created for these five primary outcomes.

We ultimately compared mean composite scores from pre- to post-intervention survey groups, adjusting for the following variables: age, caste, educational level, father's educational level, mother's educational level, and income, accounting for clustering at the village level. We first calculated descriptive statistics for participants at pre- and post-implementation. We calculated mean and standard deviation for all continuous, non-skewed variables, and counts and proportions for categorical variables. We conducted t-tests to calculate p-values for the difference in characteristics of the samples from pre- to post. We then used inferential statistical analysis to assess changes in primary outcome scores, adjusting for potential confounders. Data were not analysed as matched pairs due to dropout, convenience sampling, and migration issues.

We used hierarchical mixed effects linear regression, with random intercepts according to village. Table 3 shows mixed effects linear regression estimates by primary outcome.

Qualitative Data Analysis

Following data collection, the PI and RA transcribed the audio recordings of the IDIs and FGDs. Participant responses were translated verbatim into English by the translator during all interviews and focus groups. The PI transcribed these responses verbatim and all transcriptions were checked by the RA to confirm the accuracy of the translation and transcription. These transcripts were then uploaded to ATLAST.ti to enable coding and analysis.

For both the impact and process evaluations, we conducted thematic analysis using a combination of deductive and inductive coding (Miles and Huberman 1994). To conduct the impact analysis, we created a start list of codes based on KAB outcomes. During our first coding cycle, we deductively coded from this list while also using inductive descriptive codes as themes emerged. In the second coding cycle, we used interpretive and pattern coding to refine themes and identify trends in the data.

To conduct the process analysis, we created a start list of codes based on potential themes identified during project implementation, training, and curriculum development. We deductively coded from this list and identified new themes using descriptive codes. We then created code matrices to identify patterns and conducted second cycle pattern coding to identify dominant themes.

Results

The process evaluation findings surrounded the Group Leader and group member perceptions and feedback on programme implementation, focusing on recruitment, training,

leadership, and participant recommendations. The impact evaluation findings revolve around the two domains of individual- and community-level changes in knowledge, attitudes, and behaviours.

Process evaluation

The process evaluation consisted of IDIs and FGDs, including 54 participants in total, 48 total FGD participants across seven villages, and six Group Leader IDI participants. Of 48 participants, 58% were in school at the time of the survey, 27% were married, 60% were part of the adult group, and 40% part of the adolescent group. Additional descriptive information on qualitative participants is available in Table 1.

Village Recruitment and Preparation

Participants reported that outside of standard village recruitment strategies, certain villages were further prepared for the intervention after the community and interest meetings if the implementer received negative feedback from the community members regarding the intervention. In one particular village, the Group Leader reflected:

For so many years, men and women have had different roles. Then someone comes from the outside and says that we want to change the way you think. It was very difficult for the village to accept this. They thought that the organisation was against their norms and practices.

The implementers, in reaction to negative feedback such as this, would go to the village often to strengthen their relationship with the community. Participants from villages which did not at first accept the intervention, reported that eventually the rapport-building activities by the implementing organisation made it possible for the community to start to access some of the messages of the intervention.

Group Leader Training

Most Group Leaders considered content in trainings to be strong, and some found that the training helped them develop confidence and leadership skills. One Group Leader stated:

At first I could not answer questions in the training; it was really very difficult for me to stand up in front of others. But later I became more extroverted and started answering questions and participating.

Some felt that there should have been more trainings, and that the trainings could have been stronger in teaching didactic methods. One Group Leader stated, ‘there was not enough time given to the trainings; they should have occurred more frequently. The trainings were too far apart from each other. We needed more time to think and learn about those topics’.

Group Leader Recruitment

As a deviation from the standard Group Leader recruitment strategy, participants in three out of seven villages reported that the implementing organisation sought out the Group Leader, sometimes by recommendation of other village contacts, before election in first group meeting. Group Leaders in these villages believed that their recruitment was well-executed, as they possessed important qualities for the role.

Role of Group Leaders

Five out of the six Group Leaders interviewed for our study received full training, and four out of these five attended all three day-long trainings that were offered 28 months before the Group Leaders sat for our evaluation. However, even though recruitment and training were aimed at producing Group Leaders who would ultimately teach the lessons and to lead the intervention with the groups, in five out of seven villages the implementing organisation ultimately led the groups. This was attributed to the perceived unpreparedness of the Group

Leader, and in some cases their unwillingness to lead. The role of the Group Leader therefore changed from being the facilitator of the group to undertaking the coordination between the implementing organizers and the members. One participant stated, ‘if better Group Leaders had been chosen, and if there had been more trainings, the burden would have been less heavy on the implementers, and less demanding’. The Group Leader’s role in most villages ultimately included initiating village outreach activities, including: community theatre, door-to-door campaigns, approaching district leaders, and working with individual families, healthcare providers, and perpetrators of violence to change their actions and behaviours regarding the role of women in the community.

Group Leaders who were viewed to have already been role models or positive deviants in their villages tended to be more active in running meetings and initiating community activities. Group Leaders who were less engaged in their communities tended to play smaller roles. Characteristics of Group Leaders who were reported as less effective by group members include being: overly committed to work and outside activities, interested in the financial gains of the position over the change in the village, or poor communicators. One participant stated: ‘It would have been better if another animator had been chosen. [The animator] did not have much time and was too busy...The person running the meetings should be interested in talking to us and about these issues’. Another reported: ‘the animator was not a very good communicator. An animator should be talkative, and should be able to make people understand these issues; he should be a good communicator’.

Group Member Recruitment

Group member recruitment procedures were intended to be uniform in all seven villages; however, study participants reported that some of the villages’ recruitment processes differed

slightly. In three villages, the Group Leaders stated that they recruited for intervention interest meetings by bringing their friends, as opposed to interested community members who opted in. In one village, study participants reported that they were asked to come to both the interest meeting and subsequent meetings by the Group Leader the day of the meeting, at random, while they were sitting outside socializing in groups; this village experienced high dropout and fluidity in membership.

Challenges and Participant Recommendations

In all seven villages, group members stated that the biggest challenge in this project was that there needed to be continuity as the project, with funding intended to run for three years, was cut after one. One group member stated ‘we were all very sad that the project was ended. The village thought, even our parents thought, that it was a good project and that we should continue to do this work’. Due to the abrupt ending of the project, a participant reported that some community members, ‘started thinking that these organisations are not very good; they come for some time then they just leave. The trust was broken’. However, Group Leaders and some group members believed that ‘if there were continuity in the programme, then yes, change could occur, and people would trust the organisation. There should be continuity’.

Group members in all seven villages recommended engaging girls and women in the intervention: ‘if a women and men do meetings together and listen together, change can be possible. But if you teach us and we teach them, they do not listen. It is important to have meetings together, with a man and a woman’. Others praised the strategy of working with youth, saying: ‘you can prepare a new community, but it is very difficult to change older people. You can change the view of a boy and a girl.... you can bring about change with a new generation’.

Impact evaluation

Pre-intervention, 430 respondents were administered the KAB survey in 30 villages, 15 villages in the Bundi District and 15 in the Udaipur District. Post-intervention, 70 surveys were conducted in seven villages from the Bundi District. Table 2 presents descriptive statistics of participant demographics/characteristics at pre- / post- implementation. Several differences were noted between participants at pre- and post. Participants had higher overall socioeconomic status at pre-, with 56 (12.73%) at the highest status, while only 6 (8.57%) were highest post-implementation. Table 3 presents the results of mixed effects linear regression models assessing changes in the five primary outcomes over time, adjusting for all available potential confounders.

Personal Changes

Knowledge:

Group members' knowledge on the subjects of gender, sexuality, and reproductive health were measured at baseline during the pre-intervention KAB survey. Adjusting for age, caste, marital status, employment status, parents' education, socioeconomic status, and family structure, we see a significant 4.670 point increase in composite Personal Knowledge scores (p-value < .01).

This change in knowledge from the pre- to –post survey groups was reflected in our qualitative findings. In FGDs, group members spoke of learning about the adverse effects of child marriage, the benefits of education for girls, and sex, gender, and gender roles. One stated ‘before joining these meetings I thought that first I will change myself and then I will try to bring change in the society. I started preparing for these meetings. I started studying and reading more books’. Others learned about society in their region: ‘in our society, patriarchy is important; Rajasthan is basically a patriarchal society. So when we got to know about these group meetings,

and when they told us about these things, we began to understand our privileges and rights. But our sisters are not even aware of their rights’.

Attitudes:

Group members also experienced changes in their personal attitudes. We see a significant positive change in Personal Attitude composite scores from pre- to post-intervention (adjusted mean point change = .969, $p < .01$). Again, this finding is reflected in FGDs and IDIs. One participant stated ‘we were very fascinated about the gender practices in society’. Others felt called to share the knowledge with their families:

I started realizing that we should encourage our sisters too then I actually talked about these things with my father. I said, ‘you gave birth to me, but you also gave birth to my sister. We are both your children, why would you not send my sister to school?’ So my parents started understanding, and started sending my sister to school with me.

Group members in three out of seven communities reported looking to their Group Leader as a role model, and wanted to base their future households off of the way that the Group Leaders lead theirs. Others attributed their changed attitudes on sex and gender to the programme itself, saying ‘when I get married I will have a family, a boy and a girl, and it will never happen that I will send my boy and not my girl; I will send both to school. Both my wife and I will help each other in our work. We took on this mindset and these habits because of the work with the organisation’. Several members reported that they became ‘more calm’ and ‘less careless’ because of the lessons they learned in the programme, and cited lowered emotional and physical aggression.

Most group members said that they would not engage in domestic violence, even under stressful conditions such as a wife committing adultery. When participants were asked what they

would do if their wives were to cheat on them, 64% of respondents stated either that the woman should be allowed to choose her partner, or that they would let the woman go; in pre-intervention surveys we saw the majority of responses surrounding violence and punitive action.

Behaviour:

In all seven of the villages, at least half of the group members reported that since the start of the intervention, they began to help their female family members with household chores: ‘after these meetings I started thinking about gender equality, and began to cook in my home. I convinced my older brother to send his daughter to school. And I also started supporting women in household work’.

We found synergies between qualitative and quantitative findings on Personal Behaviours. In the KAB surveys we found a significant change in self-reported positive gender behaviours between pre- and post-intervention survey groups (adjusted mean point change=4.756, $p<.01$).

In addition to these activities, group members also began to take part in community interventions. These interventions occurred in seven out of the seven villages, and included door-to-door campaigns, community theater performances about gender inequality, and bystander intervention. Several Group Leaders led campaigns to promote girls’ education by meeting with parents of out-of-school girls as well as teachers to encourage the community to re-enroll female students who had dropped out. In two villages, Group Leaders and group members went to households where there was rumored to be intimate partner violence against wives, and confronted the husbands. In one village, the Group Leader explained:

There was a family in which a woman was beaten up every night. [Her husband] would get drunk and beat her up. There were 10-12 [group members] who went to their house,

and warned him that if he was going to beat her again, they would beat him up. From that day on, the violence stopped. They are afraid of us now. The woman thanked us for stopping the violence.

Community Changes

Attitudes:

Community Attitude changes were reported between pre- and post- KAB survey groups (adjusted mean point change=4.670, $p<.01$). Additionally, in most villages, Group Leaders and members cited their efforts to make changes in attitude on the community level: ‘in group meetings we used to discuss these topics, such as child marriage or other such problems, and ask ourselves, ‘how can we solve these problems?’’

In three communities, the group members raised the issues of families originally not accepting the messages they were bringing home from the programme, and feared that the community also would not: ‘whenever we used to tell our families about these things, the families would not listen to us, or hear us. If our parents do not listen, why would anyone else?’ However, several members stated that their families ultimately became very proud to have their sons in the programme, even those community members who were originally hesitant for the village to host such an intervention.

Behaviours:

Two out of the seven villages underwent large-scale visible community changes. In one community, they identified during group meetings that child marriage as a major problem in their village, and decided to collaborate with local government workers and undergo a door-to-door education campaign: ‘we actually made a map of the village and decided to involve the government workers in the process. After starting the work in the village, there have been no

cases of child marriage'. Group members, implementers, and CHSJ have all attested that to date there have been no child marriages since the community campaign initiated by group members.

Another village identified girls' education as a major issue in their community, and also went about a community intervention consisting of a door-to-door campaign, speaking with local community leaders and teachers, and leading community meetings on the subject. One group member in the village stated that 'when one person starts changing, then other people look at them and change. People saw that a brother and sister were going to school together, so other people started sending their girls to school. When we started sending girls to school, [the boys] would go with them on the buses to school. Now our girls have started going to school'. One member from a village was inspired by the work, and said that it would be possible for the community abolish child marriage using the same strategy: 'if we went door-to-door to talk about this subject, the change could occur'.

There also existed synergies between the two groups, adolescent and young adult. In one village, the two groups would work together to put on community theater performances on themes of gender equality. One participant from the young adult group stated, 'the young adult group led the community theater; they would write the scripts for the sketches, and they would help the adolescent group to perform them. We were in full support of these programmes, and we were there to support the adolescent group'. This village's group members described mentorship that occurred between the two groups, and felt that having both young and older males take part in this work created more change.

In five villages, the group members stated that they did not think that there were changes that occurred on the community-level due to the intervention. Some attributed this to the short duration of the project. Others stated that they did not believe that a change could occur in their

communities: 'there is no change because of these meetings, and in villages, no such meetings can create a change'. Others stated that although there was buy-in from group members, there was a lack of buy-in from the community: 'you can have meetings with us, we'll agree with that, but our families will never agree with the lessons in the meetings'. Others conceded that 'there was a small change, but it was not very big; yes this work leads to a change, but there are some things that the community does not understand and so only small changes occurred in this society'.

Among the seven villages, fewer changes were seen on the community-level than the individual level, a finding reflected in both the qualitative and quantitative data; KAB studies showed an insignificant difference between pre- and post- intervention Community Behaviour composite scores (adjusted mean point difference=.789, $p<.1$).

However, in several communities where only personal-level changes were found, participants believed that a community change could ultimately happen. When asked if they thought that the programme that they underwent was a strong one, seven out of seven focus groups reported that they believed that it was important to do this work. They also believed that individual changes and attitudes would lead to community attitude norms and shifts. One member believed that the change could be made in the coming generations:

Most of us have sisters, and they did not used to send the girls to school. We made our families understand about changes they should make. Then we tried to make other people understand about sending girls to school, and discrimination against girls and boys. If we can talk to our families first, and change ourselves, then we can make our community change about these things.

Discussion

This mixed methods evaluation of a community-based gender intervention with boys and young men identified key findings that hold importance for research and programmatic considerations. Our findings indicate that addressing the social determinants of child marriage, IPV, or early pregnancy by working towards societal acceptance of gender equality (Koenig et al 2006) could lead to individual and community changes, and ultimately the reduction of adverse health outcomes.

This study also has implications for the community effect on behaviour change. Not only was the intervention done with community members, but it also worked with boys and men, who usually hold the power of authority and decision-making in rural Indian settings. By working with a core group of opt-in male community members of both the adolescent and young adult demographics, the intervention was able to be implemented successfully. The impact evaluation shows significant changes in pre- and post- intervention surveys in individual-level attitudes surrounding gender norms, which ultimately led to community organizing and intervention, and eventually community-level attitude changes. The acceptance of violence in a community has been shown to be associated with levels of IPV (Rao 1997). Studies such as this therefore, targeting community norms by working with members on the community level, are particularly important. In the available literature, there does not yet exist an intervention where such large cultural gender norms are being changed by community members by using a community-based approach.

The impact evaluation yielded few reports of community behaviour changes in either the quantitative or qualitative assessment. It is important to recognize the limitations in working for a short duration such as one year; lasting behaviour change requires a long length of reinforcement of a behaviour or social norm. However, the large-scale changes reported in two

out of seven villages, relative to the one-year duration of an intervention based on long-held and deeply-cultural beliefs, can be interpreted as significant community change. Furthermore, the many findings of personal changes can be considered a precursor for more changes on the community level in future generations; similarly, if the programme had continued, perhaps these personal changes would have been seen on a community-level.

This intervention worked with both boys and young men, with the intention of changing cultural and social norms through the new generation. Previous studies supported changes associated with adolescent growth and development include: the assumption of a more relativistic and tolerant morality, attenuation of conventional norms and beliefs, and increase in independence and peer growth (Zeldin et al 2013). In the intervention, we saw such a trend, with a synergistic relationship between the adolescent and young adult groups; in working with both adolescent and young adult groups, the intervention targeted the new generation, as well as those with wives and children already. There is evidence to suggest that promoting adolescent-adult partnerships can lead to increased civic engagement and can support community change (Zeldin et al 2013). This adolescent-adult partnership approach proved successful on an individual level in this intervention, and relatively successful on the community level, which has the potential of ultimately leading to a paradigm shift for this next generation.

These findings have implications for sustainability and lasting behaviour change. Most changes cited by Group Leaders and members were active and continuing behaviours and attitudes, one year after the project ended, after a shortened implementation duration of only one year. Most group members stated that they envisioned utilizing the themes of the programme in building their families in the future. Although the sample size does not allow for a large comparison between villages, we see that villages that had strong participant recruitment and

strong member engagement in community interventions had the largest community-wide changes.

Future programmes should consider that a longitudinal intervention such as was the intention for this programme, could be resource burdensome. Other considerations for future programmes could include a thorough recruitment and sampling strategy for both communities and participants. CHSJ and the implementing organisation made a concerted effort to work with villages, building rapport and trust, which ultimately created the space for such an intervention to have a lasting community effect. Careful recruitment of Group Leaders and members also proved to be important, as participants in this study reported that having a Group Leader who was a good communicator and was active and respected in the community was important for their success. The process evaluation results show that recruitment of group members is important for the success and cohesiveness of these education groups. Future programme considerations could include a recruitment strategy that would work with community leaders to choose influential role models as Group Leaders, and active and enthusiastic group members, so as to act as community catalysts for such programmes. Furthermore, participants reported that involving women in the project would be beneficial. Future interventions could implicate girls and women by first working with boys and men in the community, building trust and rapport, then introducing girls and women into programmes.

This evaluation had limitations concerning data collection and analysis restraints. It was not possible to match pre- and post- implementation survey data due to member dropout and migration. Furthermore, also due to migration and drop-out, power for quantitative data was lower than would be ideal, and sampling strategies were hindered, which could lead to potential

selection bias. There was a strongly voiced preference amongst members and Group Leaders to re-instate the project; this could have contributed to a respondent bias.

This investigation also did not thoroughly explore religion and caste's effect on the intervention, and should be further explored in future research. Additionally, although CHSJ and the implementing organisation confirmed many of the process evaluation themes and impact evaluation primary outcomes, we did not explore community perspectives outside of group members and Group Leaders. This includes the lack of perspectives from girls and women, who could have served as a true counterpoint for this investigation. Further research should be done implicating community and girls and women's opinions.

Ultimately, this mixed-methods process and impact evaluation indicates that the CHSJ intervention in Rajasthan had encouraging outcomes in individual and community-level changes in knowledge and attitudes related to gender, sexuality, and violence. The CHSJ's intervention shows some large-scale community effects on behaviour change, as well as several examples of individual behaviour change on gender, sexuality, and violence. This intervention and evaluation has important implications on community-based and male-centred interventions, and further research on lasting behaviour change with this approach, and utilizing this approach in different regions and contexts would benefit the field greatly.

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Tables and Figures

Figure 1: Logic Model for Original Intervention

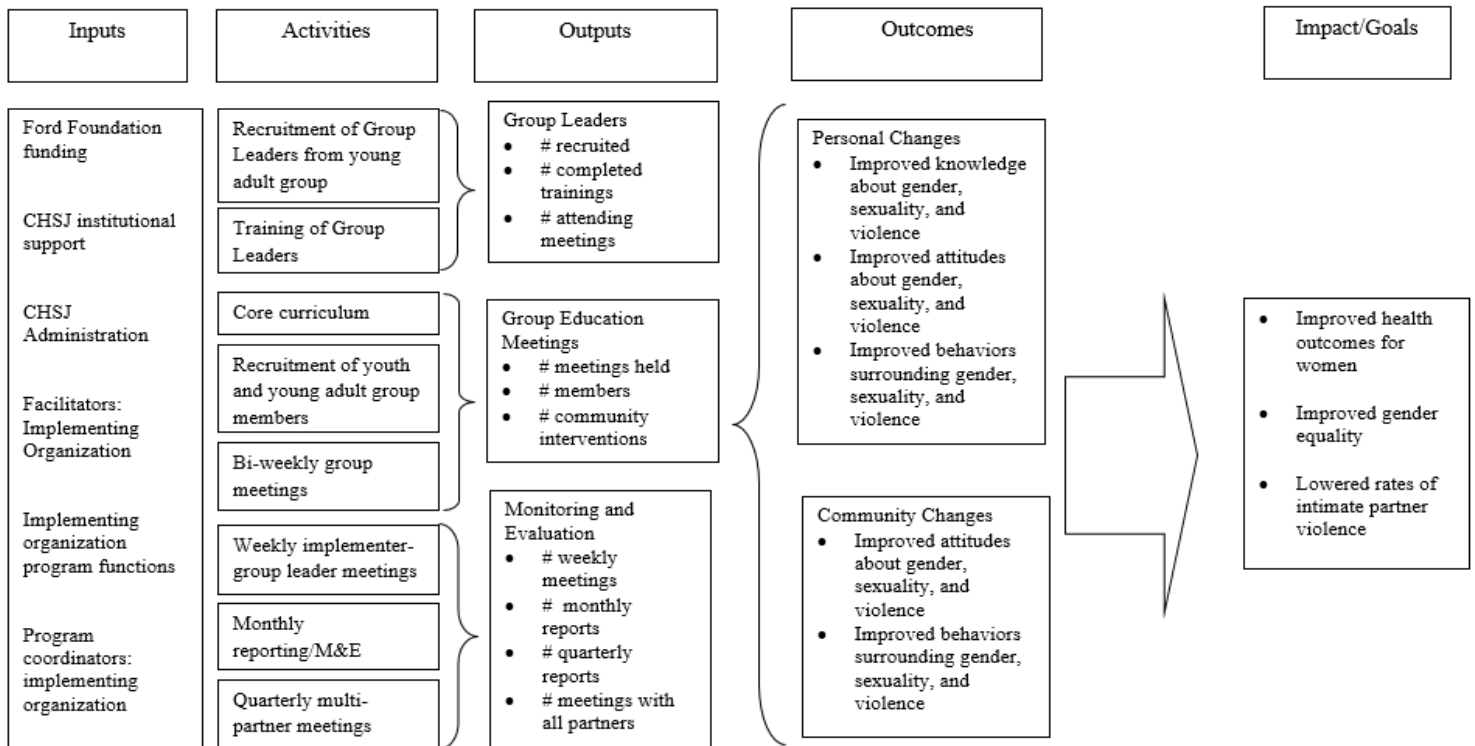


Table 1: Descriptive Characteristics of Qualitative Participants

Descriptive Category	Group Members	Group Leaders
Total	48	6
Age		
14 – 17 years	13 (27.0%)	0
18 – 21 years	17 (35.4%)	0
22 – 25 years	15 (31.3%)	2 (33.3%)
26 –29 years	3 (6.3%)	4 (66.7%)

Married	28 (58.3%)	4 (66.7%)
Education Group		
Adolescent	19 (39.6%)	0
Young men	29 (60.4%)	6 (100.0%)
In-School	28 (58.3%)	0

Table 2: Participant characteristics pre- and post-implementation

Factor	Pre	Post	p-value
N	440	70	
Age, mean (SD)	19.32 (3.25)	19.99 (3.70)	0.12
Caste			<0.001
Scheduled Caste	255 (57.95%)	16 (22.86%)	
Scheduled Tribes	47 (10.68%)	16 (22.86%)	
Other Backward Class	108 (24.55%)	32 (45.71%)	
General Caste	30 (6.82%)	6 (8.57%)	
Married	180 (40.91%)	31 (44.93%)	0.53
Employment			0.34
Unemployed	96 (21.82%)	17 (24.29%)	
Employed	21 (4.77%)	6 (8.57%)	
Student	323 (73.41%)	47 (67.14%)	
Educated Father	184 (41.82%)	22 (31.43%)	0.100
Educated Mother	37 (8.41%)	7 (10.00%)	0.66
Socio-Economic Status:			0.015
<i>Composite score for ownership of: radio, mobile phone, bicycle, motorcycle, television</i>			
0 of 5 objects	6 (1.36%)	0 (0.00%)	
1 of 5 objects	42 (9.55%)	12 (17.14%)	
2 of 5 objects	112 (25.45%)	23 (32.86%)	
3 of 5 objects	111 (25.23%)	22 (31.43%)	
4 of 5 objects	113 (25.68%)	11 (15.71%)	
5 of 5 objects	56 (12.73%)	2 (2.86%)	
Nuclear Family	123 (27.95%)	44 (62.86%)	<0.001
Personal Attitudes Score, mean (SD)	12.90 (1.96)	17.29 (3.34)	<0.001
Community Attitudes Score, mean (SD)	2.40 (1.23)	3.37 (0.87)	<0.001
Personal Behaviour Score, mean (SD)	9.79 (2.99)	10.50 (3.26)	0.068
Community Behaviour Score, mean (SD)	1.82 (1.71)	6.44 (3.28)	<0.001
Personal Knowledge Score, mean (SD)	5.79 (3.68)	9.83 (3.35)	<0.001

Table 3: Mixed effects linear regression estimates by primary outcome

	Attitudes (Community)	Attitudes (Personal)	Behaviour (Community)	Behaviour (Personal)	Knowledge (Personal)
Post-Test	4.670*** (4.053, 5.288)	0.969*** (0.647, 1.291)	0.789* (-0.059, 1.636)	4.756*** (4.191, 5.320)	4.625*** (3.754, 5.495)
Age (Years)	-0.001 (-0.071, 0.069)	0.035* (-0.001, 0.071)	0.187*** (0.092, 0.281)	0.032 (-0.032, 0.096)	0.406*** (0.310, 0.502)
Caste					
Scheduled Caste	-	-	-	-	-
Scheduled Tribes	-0.523* (-1.134, 0.089)	-0.098 (-0.415, 0.219)	0.090 (-0.742, 0.922)	-0.499* (-1.057, 0.059)	-0.155 (-0.998, 0.688)
Other	-0.365 (-0.858, 0.127)	0.362*** (0.102, 0.623)	-0.146 (-0.835, 0.543)	-0.005 (-0.457, 0.447)	0.107 (-0.629, 0.843)
General Caste	-0.598 (-1.423, 0.227)	0.104 (-0.325, 0.534)	-1.137** (-2.265, -0.009)	-0.734* (-1.488, 0.019)	0.767 (-0.389, 1.923)
Married	0.092 (-0.347, 0.531)	-0.175 (-0.402, 0.052)	0.085 (-0.510, 0.681)	0.154 (-0.246, 0.554)	0.645** (0.047, 1.243)
Employment					
Unemployed	-	-	-	-	-
Employed	-0.400 (-1.325, 0.525)	0.153 (-0.324, 0.631)	-0.502 (-1.753, 0.749)	0.134 (-0.709, 0.976)	-0.686 (-1.940, 0.568)
Student	0.333 (-0.166, 0.833)	0.329** (0.071, 0.587)	-0.182 (-0.858, 0.494)	0.082 (-0.373, 0.537)	1.091*** (0.413, 1.769)
Father Educated	0.056 (-0.367, 0.480)	0.123 (-0.097, 0.342)	0.250 (-0.326, 0.826)	0.152 (-0.234, 0.538)	0.887*** (0.304, 1.471)
Mother Educated	0.043 (-0.700, 0.786)	-0.126 (-0.510, 0.258)	-0.029 (-1.037, 0.978)	0.830** (0.153, 1.507)	0.946* (-0.069, 1.962)
Socioeconomic Status	0.021 (-0.146, 0.187)	0.247*** (0.161, 0.333)	0.029 (-0.197, 0.254)	-0.059 (-0.211, 0.092)	0.235** (0.008, 0.462)
Nuclear Family	-0.048 (-0.470, 0.374)	-0.137 (-0.354, 0.081)	-0.002 (-0.573, 0.568)	0.095 (-0.290, 0.479)	0.102 (-0.467, 0.672)
Constant	12.775*** (11.229, 14.322)	0.684* (-0.121, 1.489)	6.274*** (4.157, 8.391)	1.208* (-0.204, 2.620)	-4.178*** (-6.383, -1.974)
Observations	508	508	508	508	508

* p<0.1; ** p<0.05; *** p<0.01

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