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## Process and impact evaluation of a community gender equality intervention with young men in Rajasthan, India

Halima Freudberg<sup>a</sup>, Sana Contractor<sup>b</sup>, Abhijit Das<sup>a,b</sup>, Christopher G. Kemp<sup>a</sup>, Paul E. Nevin<sup>a</sup>, Ashima Phadiyal<sup>b</sup>, Jagdish Lal<sup>b</sup> and Deepa Rao<sup>a</sup>

<sup>a</sup>Department of Global Health, School of Public Health, University of Washington, Seattle, USA; <sup>b</sup>Centre for Health and Social Justice, New Delhi, India

### ABSTRACT

This paper reports on the results of a process and impact evaluation to assess the effects of a project aiming to engage men in changing gender stereotypes and improving health outcomes for women in villages in Rajasthan, India. We conducted seven focus group discussions with participants in the programme and six in-depth interviews with intervention group leaders. We also conducted 137 pre- and 70 post-intervention surveys to assess participant and community knowledge, attitudes and behaviours surrounding gender, violence and sexuality. We used thematic analysis to identify process and impact themes, and hierarchical mixed linear regression for the primary outcome analysis of survey responses. 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 programmes working with young men to create a community effect in encouraging gender equality in social norms.

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### KEYWORDS

India; gender equality; domestic violence; young men; community intervention

## Introduction

Societies with a high level of gender inequality in social norms have been found to have a higher prevalence of intimate partner violence (Palma-Solis, Vives-Cases, and Alvarez-Dardet 2008). In Northern India specifically, communities that largely accept male-dominated gender norms and gender inequality have been linked with higher rates of intimate partner violence against women (Koenig et al. 2006). Intimate partner violence has been estimated to affect one in three women globally (Bourey et al. 2015) and is associated with adverse outcomes for women's emotional, physical and sexual health (Michau et al. 2015; Palma-Solis, Vives-Cases, and Alvarez-Dardet 2008).

Approaches to reducing intimate partner violence, HIV-related risk and HIV-related risky sexual behaviour have been implemented with men, as they are often key decision-makers in their communities and households (Verma et al. 2013). Approaches to engage men in

changing gender norms, such as working at the community level (Mulawa, Kajula, and Mamam 2017) and leveraging men's discussion groups, have proven effective across settings (Casey et al. 2017; Gibbs, Vaughan, and Aggleton 2015); however rigorous impact evaluation remains limited (Stover, Meadows, and Kaufman 2009).

In addition, there is not a significant amount of research into programmes targeting young people outside of the school setting, such as anti-violence intervention initiatives with youth in school, which have been found to significantly reduce violent behaviour among participants later in life (Izard 2002). Such programmes have not to our knowledge been tested with young men at the community level (Namy et al. 2015).

## **The programme**

### ***Background and overview***

The Centre for Health and Social Justice (CHSJ) in New Delhi, India has led various programmes to promote the engagement of young men in challenging gender stereotypes and achieving gender equality (Das and Singh 2014). In 2015, the centre designed and supported the implementation of an intervention engaging young men in changing social gender norms in 15 villages in the Bundi district and in 15 villages in the Udaipur region of Rajasthan state in India. According to the 2014–15 National Family Health Survey (2015), in Rajasthan, 25.1% of ever-married women experienced spousal violence, and 35.4% of women aged 20–24 were married before their 18th birthdays (National Family Health Survey 2015). In part due to these high levels of violence, the centre designed a project to explore changes in community-level determinants of intimate partner violence. The intervention was designed with the goal of ultimately reducing other effects of these social determinants, such as early marriage, early maternal age of first birth and low rates of education among girls.

### ***Project goals***

The goals of the project were to (1) bring about changes in knowledge, attitudes, and behaviours on an individual level among young men regarding gender, violence and sexuality; (2) bring about similar changes at the community level; and (3) increase the participation of young men in developing and sustaining more gender equality in social norms in their communities. The programme was planned to be implemented over a period of three years, but due to funding cuts, it ran for only one year.

### ***Recruitment and programme curriculum***

To recruit young men to take part in the education groups, Manjiri, the local organisation involved in the project, first held a community meeting in each village. Manjiri also engaged community leaders, seeking recommendations for young men who possessed leadership qualities. Later, interested young men joined the groups, and the newly formed groups held their first meeting to elect a group leader; in some villages, the recommendations of community leaders were used to nominate a promising group leader. One leader was selected per village to serve as the leader for both the younger and the older men's groups. Knowledge, Attitude and Behaviour (KAB) surveys were also conducted with 430 group members at the

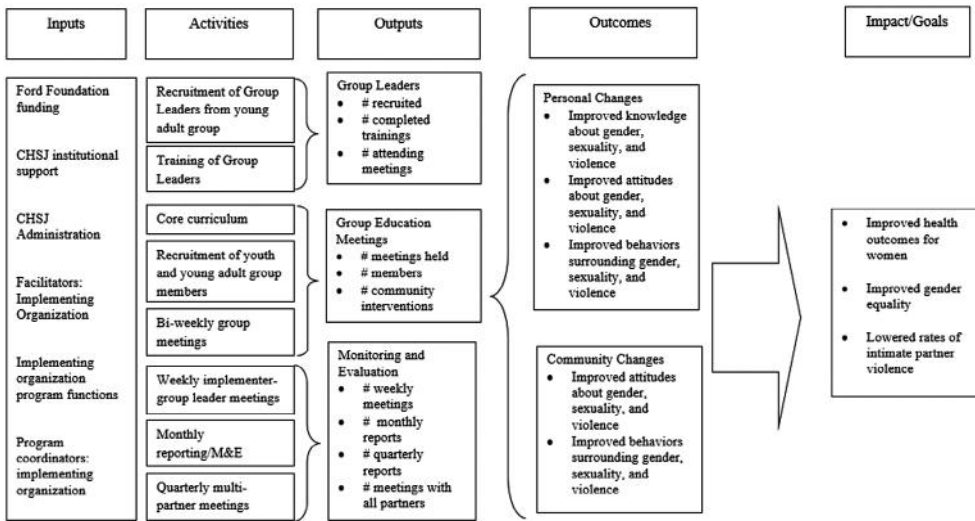


Figure 1. Logic model for original intervention.

start of the project, to assess the views and actions of individuals and their communities regarding gender, sexuality and violence.

Programme curricula were adapted for each village, and guided by participants' feedback on the needs of their community. 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 Centre for Health and Social Justice's original programme design.

### **Project implementation**

Project implementation included the formation of two education groups in each community: one with boys aged 14–17 years, and one with young men aged 18–25 years. Both groups consisted of 15–25 men from each community and were led by a group leader from the community who underwent training for the role. Training consisted of thematic lessons on the themes of gender equality, violence and sexuality, and included leadership techniques. After designing the programme, the centre worked with a local organisation, Manjiri, based in a town near the Bundi district, who implemented the project with support from the Centre for Health and Social Justice. Manjiri has worked in the rural districts of Rajasthan for over 10 years, focusing on girls' empowerment, and engaging communities and especially men in achieving gender equality and health equity. The project curriculum was taught to Manjiri staff prior to the group leader training, which they attended and helped facilitate.

### **Process and impact evaluation**

In this study, we evaluated 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 project

implementation through a process evaluation and the effectiveness of the intervention through an impact evaluation comparing the seven villages from pre-intervention to post-intervention, with the goal of identifying implications for future works in other settings.

## Methods

We used qualitative methods to conduct the process evaluation and both qualitative and quantitative methods for the impact evaluation. The three main aims were to (1) explore the process of the programme implementation; (2) analyse quantitatively and qualitatively what impact the programme had on individual-level KAB as well as community-level KAB; and (3) explore why and how these changes occurred.

### *Participants*

Study participants comprised a sample of the young men from the intervention conducted in the 15 communities from the Bundi district, one of the two districts in which Manjiri implemented the project. From the 15 villages of the Bundi District in which the intervention was implemented, we purposively sampled seven villages to evaluate for the study. These seven villages were chosen purposefully and pragmatically, according to their size, location and whether or not they had a secondary school. None of the seven villages had participated in other interventions from the time of the implementation of this programme to its evaluation.

The education groups were led by a group leader from the young adult group in each community. Our evaluation was conducted about one year after the close of the intervention, which ran for one full year. Therefore, participants were around one to two years older than they were at the beginning of the project: members of the younger age group ranged in age from 15–17 years and members of the older group were 18–26 years old. In order to access participants, we re-contacted the group leaders in each community, who then contacted other group members to inform them of the study; all group members, from both the younger and older men's groups were contacted and given the opportunity to participate.

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 participate in a survey, focus group and/or interview. Among those willing, we purposively sampled participants for age, older or younger group member status and marital status. Six to eight group members participated in focus group discussions (FGD) in each of the seven villages, totalling 48 participants. Pre-intervention, 137 participants completed KAB surveys. Post-intervention, 70 participants (10 per village) completed the same surveys. 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. Thirty-six of the 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 attempted to recruit group leaders from all seven villages for in-depth interviews (IDI); six of the seven completed the interviews and one refused to participate ( $n = 6$ ).

## **Data collection**

### **Quantitative data collection**

The survey tool used was the same KAB survey that had been administered at baseline at the start of the intervention. Young men answered questions regarding their knowledge, attitudes and behaviours with respect to gender, sexuality and violence, as well as their perceptions of the actions and beliefs in their communities. Study team members administered the KAB study, including the principal investigator (HF) with the assistance of a research assistant/translator (AP) and three other local study team members. The paper-based survey was administered to participants individually mainly by local male study team members who asked the survey questions in Hindi and/or a local language, and noted down answers in Hindi and English. Local male team members introduced the survey to participants and supported the administration of the surveys. If a female study team member was administering the survey and found that the participant was uncomfortable due to the sensitive nature of the content of the surveys, she would ask a male team member to conduct the data collection with the participant; this technique was used to mitigate potential respondent bias as well as the ethical concern of causing distress or discomfort to respondents.

### **Qualitative data collection**

We excluded CHSJ and Manjiri study team members from being present for the IDIs and FGDs to avoid social desirability bias amongst participants with whom they had undergone the original intervention. IDIs and FGDs were audio-recorded, after study team members gained informed consent or assent from participants, and guardian consent for minors.

The principal investigator and research assistant led FGDs using a semi-structured guide. FGs lasted 45 minutes to one hour and participants discussed the intervention implementation process, as well as the programme's impact at individual and community levels. We also conducted IDIs with group members using a semi-structured guide. These focused on training for group leaders, group member and community behavioural and attitude outcomes, and programme implementation. We used rapport-building techniques such as icebreakers to build understanding between the investigators and participants; this was especially important given the gender and cultural differences between the female-led research team and male participants.

IDIs and FGDs were conducted in Hindi and responses were translated into English for the principal investigator during data collection sessions; this simultaneous translation was enhanced by the research assistant's prior experience with the subject matter and Hindi language

## **Data analysis**

### **Quantitative data analysis**

Quantitative analysis compared summary scores calculated from the pre- and post-KAB surveys in the seven villages we evaluated. 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 categorised into two main domains: individual-level changes and community-level changes. Individual-level changes included the choices that individual group members reported making, such as a young man beginning to cook for his

mother, a practice he had not done before the intervention. A community-level change was one that is adopted by the large majority of the community, such as abolishing the practice of child marriage.

The individual and community changes identified in the survey were categorised as either changes in knowledge, attitudes or behaviours. To facilitate analysis, the survey questions were divided into the following five categories, or primary outcomes: (1) behavioural changes made by group members concerning gender roles, (2) behavioural changes at the community level, (3) attitudinal changes made by group members concerning gender roles and equality, (4) attitude changes on the part of the community, (5) knowledge acquisition by group members. After the KAB survey questions had been divided up in this manner, composite scores were created for each of these five primary outcomes.

We compared mean composite scores from the seven villages' pre- and 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-intervention.

We then used inferential statistical analysis to assess changes in the primary outcome scores. Data were not analysed as matched pairs due to dropout, convenience sampling and migration issues. We adjusted for potential confounders, including age (continuous, years), caste (dummy), married (binary), employment (dummy), mother's and father's education (binary), socioeconomic status (continuous), and nuclear family (binary). We used hierarchical mixed effects linear regression models with random intercepts by village. These models look for change over time in the continuous summary scores for each outcome, accounting for the clustering of responses by village, and adjusting for any changes to the respondent population between pre- and post-test results, and allowing each village to have unique intercepts (Gelman and Hill 2007). Table 1 shows mixed effects linear regression estimates by primary outcome.

### ***Qualitative data analysis***

Following data collection, the principal investigator and research assistant transcribed the audio recordings of the IDIs and FGDs. During IDIs and FGDs, participant responses were translated into English by the translator for the principal investigator. After data collection ended, the principal investigator transcribed these responses verbatim and all transcriptions were checked by the research assistant to confirm the accuracy of both the original translation and transcription. These transcripts were then uploaded to ATLAS.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). We first created an initial 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 a second coding cycle, we used interpretive and pattern coding to refine the themes and identify patterns in the data.

**Table 1.** Mixed effects linear regression estimates by primary outcome.

|                      | Attitudes (Community)      | Attitudes (Personal)    | Behaviour (Community)   | Behaviour (Personal)    | Knowledge (Personal)      |
|----------------------|----------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| Post-test            | 4.698*** (3.900, 5.495)    | 0.987*** (0.636, 1.339) | 0.490* (-0.472, 1.453)  | 4.966*** (4.194, 5.737) | 4.970*** (3.917, 6.022)   |
| Age (years)          | -0.081 (-0.204, 0.041)     | 0.053* (-0.001, 0.107)  | 0.194** (0.047, 0.342)  | 0.049 (-0.069, 0.167)   | 0.352*** (0.191, 0.514)   |
| Scheduled caste      | -0.613 (-1.638, 0.411)     | -0.251 (-0.690, 0.188)  | 0.875 (-0.364, 2.115)   | -0.587 (-1.568, 0.393)  | -0.085 (-1.430, 1.261)    |
| Scheduled tribes     | -0.096 (-0.908, 0.715)     | 0.068 (-0.277, 0.414)   | 0.662 (-0.320, 1.645)   | -0.039 (-0.814, 0.736)  | 0.422 (-0.643, 1.487)     |
| General caste        | 0.200 (-1.208, 1.608)      | 0.031 (-0.570, 0.633)   | 0.178 (-1.526, 1.883)   | -0.200 (-1.545, 1.145)  | 0.236 (-1.611, 2.084)     |
| Married              | 0.794** (0.059, 1.529)     | -0.144 (-0.464, 0.176)  | -0.292 (-1.181, 0.596)  | 0.441 (-0.267, 1.149)   | 0.453 (-0.516, 1.422)     |
| Employed             | 1.368 (-0.392, 3.129)      | 0.256 (-0.520, 1.032)   | -1.875* (-4.000, 0.251) | 1.113 (-0.590, 2.816)   | -0.867 (-3.192, 1.458)    |
| Student              | 0.182 (-0.671, 1.035)      | 0.723*** (0.346, 1.100) | 0.053 (-0.977, 1.082)   | 0.396 (-0.430, 1.222)   | 1.366** (0.240, 2.493)    |
| Father educated      | -0.533 (-1.284, 0.217)     | 0.429*** (0.106, 0.751) | -0.302 (-1.210, 0.606)  | -0.017 (-0.735, 0.702)  | 0.739 (-0.247, 1.725)     |
| Mother educated      | -0.475 (-1.967, 1.017)     | -0.602* (-1.257, 0.053) | 0.716 (-1.086, 2.518)   | -0.503 (-1.944, 0.938)  | 0.074 (-1.895, 2.043)     |
| Socioeconomic status | 0.106 (-0.172, 0.385)      | 0.279*** (0.159, 0.400) | -0.006 (-0.343, 0.331)  | -0.042 (-0.310, 0.225)  | 0.121 (-0.245, 0.488)     |
| Nuclear family       | 0.062 (-0.661, 0.785)      | -0.207 (-0.526, 0.111)  | 0.481 (-0.393, 1.354)   | 0.013 (-0.686, 0.713)   | -0.302 (-1.257, 0.653)    |
| Constant             | 13.719*** (10.997, 16.441) | 0.248 (-0.939, 1.435)   | 5.514*** (2.223, 8.806) | 0.290 (-2.330, 2.909)   | -3.808** (-7.393, -0.224) |
| Observations         | 205                        | 205                     | 205                     | 205                     | 205                       |
| Log likelihood       | -464.264                   | -295.007                | -503.077                | -456.762                | -520.890                  |
| Akaike Inf. Crit.    | 958.527                    | 620.013                 | 1,036.153               | 943.525                 | 1,071.779                 |
| Bayesian Inf. Crit.  | 1,008.372                  | 669.858                 | 1,085.998               | 993.370                 | 1,121.624                 |

\**p* < .1; \*\**p* < .05; \*\*\**p* < .01.



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 the most recurrent themes.

## Results

Process evaluation findings concerning the group leaders' and group members' perceptions and feedback on programme implementation focus on: recruitment, training, leadership and participant recommendations. The impact evaluation findings revolve around the two domains of individual- and community-level change in knowledge, attitudes and behaviours. To preserve the confidentiality and anonymity of participants, all names provided are pseudonyms.

### 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 IDI and FGD participants is available in Table 2.

**Table 2.** Descriptive characteristics of participants (qualitative study).

| 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             |

### Village recruitment and rapport-building

Participants reported that certain villages did not fully accept or approve of the intervention at the start of implementation. A group leader from one particular village which did not readily accept the programme at the start, reflected:

For so many years [in our community], men and women have had different roles. Then someone comes from the outside and says that [they] want to change the way [we] think. It was very difficult for [our] village to accept this. [Community members] thought that the organisation was against their norms and practices. (Suraj, Village 1)

Manjiri staff, in reaction to negative feedback from communities, spent time in the villages strengthening their relationships with these communities. Participants from villages that

did not at first accept the intervention reported that eventually the rapport-building activities by Manjiri made it possible for the community to be more accepting of the project.

### ***Group leader recruitment and training***

Manjiri requested that community leaders in all intervention villages identify and nominate candidates for the group leader role; however, not all of the villages were able to provide a nomination. Of the seven villages we evaluated, only three provided a nominee; however, in all three of the villages with a nominee, that nominee was ultimately elected as group leader.

Five out of the six group leaders interviewed received full training; the sixth group leader was able to attend only half of the training sessions. Most group leaders considered the content of the training to be useful and some found it helped them develop confidence and leadership skills. Some felt that there should have been more training, and that the training could have focused more on using didactic methods and group facilitation skills.

### ***Role of group leaders***

Although recruitment and training was aimed at producing group leaders who would ultimately facilitate group meetings and lead the intervention, in four out of seven villages these duties fell to Manjiri staff. The remaining three group leaders who facilitated meetings themselves, taking on the leadership role intended in the project's design, were all from villages where community leaders nominated them. These group leaders, nominated by members of their villages, reported that they believed that they were chosen by community leaders primarily because they were considered to be good role models in the community; such group leaders tended to be more active in running meetings and initiating community activities.

Group leaders who were not nominated by community leaders, but rather elected by their peers, tended to be less engaged in their communities and tended to play a smaller role in programme implementation. The lack of initiative taken by some group leaders to engage fully in implementing the programme was attributed by group members to the leaders being insufficiently trained to, and in some case unwilling to, take on a leadership role. In these cases, the role of the group leader transitioned from facilitating meetings and leading the intervention to taking on more administrative and coordination-focused activities.

### ***Group member recruitment***

Group member recruitment was 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 on the day of these meetings, at random, while they were sitting outside socialising in groups; this particular village experienced high dropout and fluidity in group membership.

### Challenges and participant recommendations

In all seven villages, group members stated that the biggest challenge with the intervention was that the programme needed to run for longer; the programme had originally been funded and planned to be implemented over three years, but funding was cut after one. Others praised the strategy of working with youth, with statements such as: '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' (Vishwa, Village 5).

Group members in all seven villages recommended engaging girls and women in the intervention: 'if women and men [participate in] meetings together and listen together, change can be possible. But if you teach [just the men] and we teach [the women], they do not listen. It is important to have meetings together, with [men and women]' (Arjun, Village 3). In five out of the seven villages, members reported that they believed that the intervention should include women, but that women should meet separately from men. However, in the other two villages, they reported that they believed that men and women should meet and work together.

### Impact evaluation

Of the 30 villages in which the project was implemented, we conducted the impact evaluation in seven. Pre-intervention, 137 respondents participated in the KAB survey in seven villages, and post-intervention 70 respondents participated in KAB surveys in the same seven villages. Table 3 presents descriptive statistics of participant demographics/characteristics

**Table 3.** Participant characteristics pre- and post-implementation.

| Factor  | Pre          | Post         | <i>p</i> -value |
|---|--------------|--------------|-----------------|
| <i>N</i>  | 137          | 70           |                 |
| Age, mean (SD)  | 18.97 (3.20) | 19.99 (3.70) | .043            |
| Caste   |              |              | <.001           |
| Scheduled caste   | 75 (54.74%)  | 16 (22.86%)  |                 |
| Scheduled tribes  | 16 (11.68%)  | 16 (22.86%)  |                 |
| Other backward class  | 37 (27.01%)  | 32 (45.71%)  |                 |
| General caste   | 9 (6.57%)    | 6 (8.57%)    |                 |
| Married   | 62 (45.26%)  | 31 (44.93%)  | .96             |
| Employment  |              |              | .097            |
| Unemployed  | 39 (28.47%)  | 17 (24.29%)  |                 |
| Employed  | 3 (2.19%)    | 6 (8.57%)    |                 |
| Student   | 95 (69.34%)  | 47 (67.14%)  |                 |
| Educated father   | 46 (33.58%)  | 22 (31.43%)  | .76             |
| Educated mother   | 5 (3.65%)    | 7 (10.00%)   | .064            |
| Socioeconomic status:   |              |              | .088            |
| <i>Composite score for ownership of: radio, mobile phone, bicycle, motorcycle, television</i> |              |              |                 |
| 0 of 5 objects  | 2 (1.46%)    | 0 (0.00%)    |                 |
| 1 of 5 objects  | 17 (12.41%)  | 12 (17.14%)  |                 |
| 2 of 5 objects  | 38 (27.74%)  | 23 (32.86%)  |                 |
| 3 of 5 objects  | 32 (23.36%)  | 22 (31.43%)  |                 |
| 4 of 5 objects  | 29 (21.17%)  | 11 (15.71%)  |                 |
| 5 of 5 objects  | 19 (13.87%)  | 2 (2.86%)    |                 |
| Nuclear family  | 37 (27.01%)  | 44 (62.86%)  | <.001           |
| Personal Attitudes Score, mean (SD)   | 12.72 (1.86) | 17.29 (3.34) | <.001           |
| Community Attitudes Score, mean (SD)  | 2.56 (1.28)  | 3.37 (0.87)  | <.001           |
| Personal Behaviour Score, mean (SD)   | 9.39 (2.77)  | 10.50 (3.26) | .011            |
| Community Behaviour Score, mean (SD)  | 1.47 (1.57)  | 6.44 (3.28)  | <.001           |
| Personal Knowledge Score, mean (SD)   | 4.62 (3.30)  | 9.83 (3.35)  | <.001           |

at pre- and post-implementation. Several differences were noted between participants at pre- and post-test. Table 1 presents the results of mixed effects linear regression models assessing changes in the five primary outcomes over time, adjusting for all available potential confounders.

### **Individual-level changes**

**Individual knowledge.** Group members' knowledge about 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 can see a significant 4.970 point increase in composite Personal Knowledge scores ( $p < .01$ ).

This change in knowledge pre- to post-survey 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' (Satish, Village 4). 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' (Manoj, Village 7).

**Individual attitudes.** We found a significant positive change in Personal Attitude composite scores from pre- to post-intervention (adjusted mean point change = .987,  $p < .01$ ). Again, this finding is reflected in the FGDs and IDIs. One participant stated, 'we were very fascinated about the gender practices in society' (Jagat, Village 2). Another felt called to share the knowledge with their family:

I [said to my father], '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?' [After that] my parents started sending my sister to school with me. (Manoj, Village 7)

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 on the way that the group leaders led 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 ... We took on this mind-set and these habits because of the work with the organisation' (Aadesh, Village 2). Several members reported feeling lowered emotional and physical aggression because of the lessons they learned in the programme. Most group members said that they would not engage in domestic violence, even under stressful conditions such as a wife committing adultery.

**Individual behaviours.** 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 = 4.966,  $p < .01$ ).

In all seven villages, at least half of the group members reported that since the start of the intervention, they had begun 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' (Rajiv, Village 6).

In addition, group members began to take part in community interventions in all seven villages. These included door-to-door campaigns, community theatre performances on gender, and bystander interventions. Several group leaders led campaigns to promote girls' education, meeting with parents of out-of-school girls, as well as teachers to encourage the community to re-enrol female students who had dropped out. In two villages, group leaders and members visited households where there was rumoured to be intimate partner violence against wives, and confronted the husbands.

### **Community level changes**

**Community attitudes.** Community attitude changes were reported between pre- and post-intervention KAB survey groups (adjusted mean point change = 4.698,  $p < .01$ ). In several villages, group leaders and members described difficulties in making changes in attitude at the community level: 'Whenever we tell our families about these things, they do not listen to us. If our parents do not listen, why would anyone else?' (Adarsh, Village 1). However, several group members stated that their families eventually felt proud that their sons were in the programme.

**Community behaviours.** Two out of the seven villages underwent large-scale community changes. In one village, child marriage was identified as a major problem locally and community members decided to collaborate with local government workers and undertake 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' (Rushi, Village 4). Group members, Manjiri and CHSJ staff reported that to date there have been no child marriages since the community campaign was initiated.

Another village identified girls not receiving education as a major issue in their community, and worked to change that. Community members went about enacting an intervention consisting of a door-to-door campaign, speaking with local community leaders and teachers, and leading community meetings on the subject. Ultimately, the village was able to address barriers to sending their daughters to school; at follow-up the large majority of the village's school-aged girls attend school. One group member in the village described events thus:

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. (Ranjit, Village 7)

There also existed synergies between the responses of the older and younger men's groups. In one village, the two groups worked together to put on community theatre performances about gender equality. One member from the young adult group stated, 'the young adult group led the community theatre; [we] would write the scripts for the sketches, and would help the adolescent group to perform them ... We were there to support the adolescent group' (Naresh, Village 7). This village's group members described the mentorship that occurred between the two groups, and felt that having both young and older men take part in this work created more change. In most villages, however, synergy between the two

groups was not reported; this lack of coordination between the two groups was not specifically investigated in this evaluation, but may have contributed to fewer overall changes at the community level.

In five villages, group members stated that they did not think that there had been changes at the community level as a result of the intervention; the village cited above, which illustrated interaction and synergy between the adolescent and young adult groups, was one of the two which did report such change. Some attributed the lack of community-level change 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' (Hari, Village 6). Yet others said that although there had been involvement by 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' (Kailash, Village 3). 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' (Rushi, Village 1).

In each of the seven villages, fewer changes were seen at the community level than the individual level, a finding reflected in both the qualitative and quantitative data; KAB studies showed a non-significant difference between the pre- and post-intervention Community Behaviour composite scores (adjusted mean point difference = .490,  $p < .1$ ). However, in several communities where only personal-level changes were found, participants believed that a community change would ultimately happen. When asked if they thought that the programme was strong, seven out of seven focus groups reported that while the programme was not without flaws, doing this kind of work was important. They also believed that given changes in individual behaviours and attitudes, community attitudes and norms would eventually shift. As one member put it,

Most of us have sisters, and [our parents] did not send [them] 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 [how girls are discriminated against]. If we can talk to our families first, and change ourselves, then we can make our community change. (Arjun, Village 7)

## Discussion

This mixed-methods evaluation of a community-based gender roles intervention with young men identified key findings that hold importance for future research and programmes. Our findings indicate that engaging young men at the community level to address the social determinants of child marriage, intimate partner violence or early pregnancy by working towards greater acceptance of gender equality (Koenig et al. 2006; Schuler et al. 2017) can lead to individual and community change, and perhaps ultimately the reduction of adverse health outcomes.

The study has implications for the community effect on behaviour change. By working with a core group of opt-in men, the intervention was able to be implemented successfully. The impact evaluation reveals significant changes in pre- and post-intervention surveys in individual-level attitudes surrounding gender norms by group members, which ultimately led to community organising and intervention, and community-level attitude changes. The acceptance of violence in a community has been shown to be associated with levels of

intimate partner violence (Rao 1997); studies such as this, therefore, targeting community norms by working with members at the community level, are particularly important.

Because the impact evaluation yielded few reports of community behaviour change in either the quantitative or qualitative assessments, it is important to recognise the limitations in working for a short duration such as one year. Lasting behaviour change requires a longer period of reinforcement of behaviours or social norms. However, the large-scale changes reported in two out of seven villages, relative to the one-year duration of an intervention that aimed to change long-held and deeply cultural beliefs, can be interpreted as significant community change. Furthermore, findings of personal change can be considered the precursors to changes at the community level in future generations; if the programme had continued, perhaps these personal changes would have been seen on a community level.

Significantly, the intervention worked with both boys and young adult men. Previous research has revealed changes in youth associated with growth and development, with young people making changes towards a more tolerant and relativistic sense of morality, a critical view of conventional norms and beliefs, and an increase in independence (Zeldin, Christens, and Powers 2013). In this intervention, we saw such a trend; by working with both younger and older groups of men, 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, Christens, and Powers 2013). This adolescent–adult partnership approach proved relatively successful both at individual and community levels, 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. Although the sample size does not allow for a large comparison between villages, we noticed that villages that had community leader-endorsed group leaders and strong member engagement in community interventions had the largest community-wide changes. In addition, most of the changes cited by group leaders and members across villages were sustained behaviours and attitudes, one year after the project ended, after the shortened implementation of one year. Most group members stated that they envisioned using the ideas and resources of the programme with their families in the future.

Future programmes should consider more thorough recruitment and sampling of both communities and participants. Here, a concerted effort was made to work with communities, building rapport and trust. However, a more rigorous strategy for choosing villages and a more nuanced methodology regarding engagement of community leaders, leveraging existing resources and structures, could be of benefit in future programmes. Additionally, participants reported that involving women more fully in the project would have been beneficial. Future interventions should perhaps consider the inclusion of separate intervention groups of women and men.

### **Limitations**

Study limitations include data collection and analysis constraints. It was not possible to match pre- and post-implementation survey data due to member dropout and migration. The sample size and sampling strategies were hindered also in part due to high group member migration and dropout rates, which led to the potential risk of selection bias, as well as low quantitative power. In addition, the evaluation also did not explore the role of religion

and caste in moderating the effects of the intervention, an issue that should be explored in future research.

Finally, although staff from both the CHSJ and Manjiri confirmed the relevance of the process evaluation themes and impact evaluation primary outcomes, we did not explore community perspectives on these themes and outcomes outside of the intervention groups. In particular, we lacked the perspectives of girls and women, which might have served as a counterpoint for the investigation. Further research should be done implicating community and girls and women's opinions.

## Conclusions

Findings from this mixed-methods evaluation suggest that the intervention in Rajasthan produced encouraging outcomes in individual and community-level changes in knowledge and attitudes related to gender, sexuality and violence. Evaluation results reflect both some large-scale community effects as well as several examples of individual behaviour change. The programme intervention and its evaluation have important implications for community-based and male-focused interventions adding to the evidence base concerning behaviour change using this approach.

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