

# CASE STUDY: “Transforming Masculinities” to Improve Joint Decision Making Around Family Planning in the Democratic Republic of the Congo

**Program:** *Masculinité, Famille, et Foi* (Masculinity, Family, and Faith)

**Organization:** Tearfund

**Country:** The Democratic Republic of the Congo

## Introduction

Implemented under the Passages Project and funded by the United States Agency for International Development (USAID), the *Masculinité, Famille, et Foi* (MFF; Masculinity, Family, and Faith) program was a collaboration between Tearfund, Georgetown University's Institute for Reproductive Health, *Église du Christ au Congo* (The Church of Christ in the Congo), and *Association de Santé Familiale*

(Family Health Association). The MFF program aimed to shift inequitable gender and social norms, increase voluntary family planning method use, and reduce intimate partner violence among newly married couples and first-time parents across Protestant church congregations in the Democratic Republic of the Congo (DRC). This couple-based program was implemented in Kinshasa, DRC, between 2016 and 2018.



## Drivers of Male Engagement in Family Planning

Diverse factors drive men's and boys' engagement in family planning in Kinshasa, DRC. At the **individual level**, many men have concerns about the potential side effects of family planning methods—such as hormonal methods like the implant and injection. Interestingly, most men and women support family planning method use and consider it effective in spacing births.<sup>1</sup> They were, however, concerned about negative side effects like infertility.<sup>1,2</sup> Men are also more likely to consider family planning for themselves and within their relationships when they are not able to assume financial responsibility for additional children, which reflects gender and social norms that include expectations around men being the financial provider.

At the **close relationship level**, gender and social norms dictate that men are the authoritative head of household in charge of decision making, including family planning decisions.<sup>3</sup> Notably, “as household decision makers, men dictate a woman's ability to use family planning.”<sup>4</sup> In this way, gender norms, roles, and practices support men's inequitable participation in family planning, which negatively impacts men's equitable engagement in family planning and women's bodily autonomy and agency. Interestingly, men who communicate with their spouses or partners about family planning are more likely to use modern family planning methods.<sup>3</sup>

Drivers at the **community level** include groups that influence men's perceptions and use of family planning. The most influential groups include spouses or partners, other family members, friends, and religious leaders.<sup>4</sup> Positive peer influence also affects how men engage in family planning as individuals and in

relationships. For example, men who perceive that people around them approve of their family planning use are more likely to participate in couple communication.<sup>3</sup> Interestingly, family planning is treated as a private matter and not discussed more publicly, so congregation members sometimes make assumptions about others' family planning use.

At the **societal and institutional level**, religious institutions and teachings influence men's perceptions, acceptance, use of, and engagement in family planning. Religious leaders can serve as both gatekeepers and role models in this regard. Another important driver is the economic situation. In response to economic downturn and job insecurity, men are more likely to seek opportunities to space their children or limit the number of children due to limited financial resources and other practical limitations.<sup>2</sup>

## Intervention

The MFF program consisted of engagement with religious leaders, community dialogues with couples, community mobilization events with congregation members, and training with health care providers. Because the program was implemented among Église du Christ au Congo congregations, getting buy-in and support from religious leaders was key to the program's success, and the program engaged religious leaders at the national, provincial, and congregational levels.<sup>4</sup> Early on, the program collaborated with religious leaders, initially framing family planning as a means of promoting maternal and child health and reducing maternal and infant mortality. The program also sought to shift family planning from a taboo issue to a practical issue that is central to family and household decision making. Religious leaders were receptive, as they felt they were responding to the critical needs among their congregations.

*“For me, it’s about the current state of life, that we can say we need to limit to a certain number of children... I tell myself, given the current conditions of life, if I only had one child, I could better concentrate on taking good care of this child, his studies, food, and the rest.”*

– Comparison Congregation Member, Man

Religious leaders, both men and women, attended a multi-day residential workshop, which provided time and space for individual and group reflection and discussion on gender equality, family planning, and intimate partner violence.<sup>4</sup> Throughout the workshops, facilitators and religious leaders leveraged religious scripture and teachings to discuss these topics and issues and brainstorm how to address them within their communities in ways that are culturally relevant and contextually appropriate. For example, religious leaders identified male biblical figures to serve as role models for gender-equitable masculinities.<sup>4</sup> Religious leaders also provided input on which Bible verses to reference and how to adapt other content for community dialogues.<sup>4</sup> Religious

leader engagement helped to obtain critical buy-in and support for gender-transformative approaches supported by religious scripture and teachings.

The community dialogues with couples were facilitated by local gender champions, congregation members identified and selected by religious leaders according to established eligibility criteria. Prior to facilitating community dialogues, gender champions attended training on gender equality, family planning, and intimate partner violence, as well as relevant religious scripture and teachings.<sup>4</sup> After training, the gender champions facilitated community dialogues on a weekly basis for a total of eight weeks, with eight to 10 couples in each group.



A gender champion facilitating a community dialogue.

For the first five sessions, couples gathered in single-gender groups (e.g., women-only groups, men-only groups) to discuss mutual respect and equality in relationships and reflect on how religious scripture and teachings encourage couple communication and joint decision making.<sup>5</sup> They also discussed the negative or harmful effects of power imbalance, or the unequal distribution of control and power between partners, in relationships, particularly the potential for unhealthy or abusive behaviors. Through these dialogues, couples examined inequitable gender and power dynamics and created a supportive environment for promoting and encouraging mutual respect and equality in relationships.

For the remaining sessions, participating couples came together in mixed-gender groups to discuss topics such as family planning methods (including family planning as a form of stewardship), childbirth timing and spacing, and equitable male involvement in parenting and child care<sup>5</sup> Participants also discussed how God is a good father, an attentive caregiver, and a responsible provider—and how this models how to plan and prepare for becoming a parent to a child. As part of the last session, health workers shared family planning information and

distributed referral cards for family planning services at partner clinics.<sup>4</sup> Couples also received a hotline number for family planning information.<sup>4</sup>

The MFF program also conducted social mobilization and community engagement and provided health care provider training. To support social mobilization and community engagement, congregation members disseminated key messages about gender equality, family planning, and intimate partner violence, through different channels, including religious sermons, storytelling, and couple testimonials.<sup>4</sup> The program also trained and worked with family planning service providers to improve the delivery of youth-friendly services.<sup>4</sup>

## Changes

The MFF program contributed to important changes at various levels. At the individual level, acceptance of family planning methods increased among first-time parents, resulting in a statistically significant increase in voluntary family planning use among participating congregation members.<sup>6</sup> Congregation members reported feeling a lot more confident

**Interviewer:** *What was the reaction of your wife when your godfather spoke to you about condoms?*

**Respondent:** *She said nothing in front of our godfather, or after [we left]; it was when I came to her with a condom that she started to get angry saying: "You are afraid that I will get pregnant!" and I told her that it is not that I am afraid but it is to protect ourselves so that our children grow up well, and [we] make sure their future is good, to space out their births. We used the condom once, twice, and the third time she refused; she said, "No this is not going to work. The condom does not give me pleasure, and we are married." I told her, "It is not like that, it's for planning. If you feel that way, look for another [family planning] method." I told her either use the necklace [standard days] method or implants, but so far, we haven't found a compromise yet.*

– Participating Congregation Member, Man



in their ability to bring up family planning use with their spouse or partner,<sup>2</sup> which suggests changes in individual self-efficacy.

At the close relationship level, first-time parents were more likely to communicate with their spouses or partners about family planning compared with newly married couples.<sup>2</sup> This demonstrates changes in relationship expectations and behaviors around family planning. In some instances, men who suggested using a family planning method were met with resistance from their spouses.<sup>2</sup> Notably, godparents, or older couples who mentor and support younger couples, emerged as an influential group.<sup>2</sup> For newly married couples and first-time partners, godparents served as wise and trusted guides as they navigated new life experiences.<sup>2</sup> In some instances,

The program contributed to interesting changes at the **societal and institutional level**. Religious leaders, both men and women, became more interested and involved in promoting and supporting family planning access and use among their congregation members. Although congregation members generally trusted religious leaders' guidance on family planning, their guidance did not significantly shift individual attitudes, beliefs, and behaviors around family planning use<sup>2</sup>.

Notably, almost half of congregation members interviewed reported not hearing their religious leaders talk about family planning.<sup>2</sup> One male congregation member suggested that religious leaders shied away from talking about family planning during religious sermons to avoid introducing the subject of sexuality, which is

***Well, [our religious leaders] give us advice as young couples... to respect our family and, especially, to respect the number of children. [A small number of children] will help us breathe and bring up children well and to also respect Christ. If you have an exorbitant number of children, [all of] that responsibility without sufficient financial means to meet the children's needs [...], you even risk insulting God.***

– Comparison Congregation Member, Man

male-initiated discussions around FP use were met with strong disinterest from their spouses or partners. These instances invite further investigation into factors influencing FP uptake within a couple.<sup>2</sup>

At the **community level**, family planning continued to be treated as a private matter, which means congregation members may not have known whether others were using family planning methods.<sup>2</sup> Still, they were more likely to perceive that others approved of their own family planning method use. There was no difference in perceptions of approval according to group—newly married couples or first-time parents.<sup>6</sup>

considered taboo. Instead, these same religious leaders were more likely to talk about family planning during special church events or church committee meetings. Of those religious leaders who spoke about family planning, they only provided general guidance, such as focusing on the potential benefits of childbirth spacing on maternal and child health.<sup>2</sup> This may explain why religious leaders became less influential by the end of the program. Conversely, health workers became more influential over the course the program, which helped strengthen linkages between the health system and the community.<sup>4</sup>

## Impact: Know, Care, Do

- **Know:** More male religious leaders learned to discuss gender equality, family planning, and intimate partner violence in a way that aligned with religious scripture and teachings. Both male religious leaders and male congregation members increased their knowledge of family planning information, services, and methods.
- **Care:** More men deepened their appreciation for gender and power dynamics in relationships and how power imbalance can negatively impact couple communication and joint decision making. Men also reported being more likely to *intend* to use family planning.<sup>3</sup>
- **Do:** More men contacted the family planning hotline, compared to women (1,128 calls from men, 571 calls from women), which suggests that men felt more comfortable obtaining information from a private, confidential hotline.<sup>4</sup> Women and first-time parents were more likely to use family planning methods; however, no such change not occurred among men and newly married couples.<sup>3</sup>

## Takeaways

The MFF program provides several insights into how to engage men in family planning when working with religiously observant communities. First, religious leader engagement is necessary to obtain their buy-in and support. Engaging religious leaders early on allowed the program to design activities and content to be culturally relevant and contextually appropriate. Secondly, grounding discussion of gender equality and family planning, and intimate partners violence in religious scripture and teachings helped secure religious leaders' buy-in and support and reassure congregation members. Thirdly, working across genders in coordinated, mutually reinforcing ways should be culturally

relevant and contextually appropriate. For the community dialogues, the program worked with individuals in single-gender groups and then worked with couples in mixed-gender groups. This staged approach built a foundation for couple communication and joint decision making before couples came together to discuss family planning and practice relationship skills. Finally, it is important to monitor and track assumptions about which groups influence family planning access and use and redesign activities and content as needed. .

## Additional Resources

Brief: [Transforming Masculinities: Baseline Results Brief \(English, French\)](#)

Report: [Transforming Masculinities: Midline Ethnography Report \(English, French\)](#)

Brief: [Masculinité, Famille et Foi: Promising Shifts In Norms to Support Family Planning in Faith Communities](#)

Report: [Transforming Masculinities: Endline Quantitative Report](#)

Report: [Masculinité, Famille et Foi: Post Endline Qualitative Study](#)

Report: [Masculinité, Famille, et Foi End of Project Report](#)

Tool: [Transforming Masculinities: Implementation Guide](#)

Training manual: [Transforming Masculinities: A Training Manual for Gender Champions](#)

## References

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2. Institute for Reproductive Health. (2022). *Masculinité, Famille et Foi: Post endline qualitative study, final report*. <https://www.irh.org/resource-library/mff-endline-qualitative-study>
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5. Tearfund. (2020). *Community dialogues: Promoting respectful relationships and equitable communities*. <https://learn.tearfund.org/en/resources/tools-and-guides/transforming-masculinities>
6. Institute for Reproductive Health. (2021). *Masculinité, Famille et Foi: Promising shifts in norms to support family planning in faith communities*. <https://www.irh.org/resource-library/mff-endline-quant-brief>

Note: Unless indicated otherwise, the source of information for this case study was an interview which Breakthrough ACTION held on February 24, 2022, with Francesca Quirke from Tearfund.

## Credits

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