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Psychological and social impact of promoting positive masculinity in reducing gender-based violence

Submission date
18/07/2019

Recruitment status
No longer recruiting

Registration date
06/01/2020

Overall study status
Completed

Last Edited
14/10/2022

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims
During the last two decades, the Democratic Republic of Congo (DRC) has been plagued by wars and violent conflicts whereby Sexual Gender-Based Violence (SGBV) constituted a major problem, particularly in the eastern part of the country. In the North and South Kivu, rape and sexual violence were used as a weapon of war. This study aims to provide empirical evidence about the psychological and social impact of the improved public health intervention in the reduction of SGBV, particularly the intervention that promotes positive masculinity. The study is restricted to the psychological and social impact on the Living Peace Intervention (LPint), which is a group therapeutic method implemented by Living Peace Institute aimed to promote positive masculinity by working with men perceived as violent by their communities in the North and South Kivu of the Democratic Republic of Congo (DRC). To this end, the primary aim is to measure the psychological and social impact of LPint by looking at GBV reduction and its consequences for the targeted men, their wives/partners, their children and their communities. The secondary aim assesses whether this change in behavior (i.e. reduced GBV) is mediated or moderated by a reduction in symptoms of Post-Traumatic Stress Disorder (PTSD) or other psychopathological conditions.

Who can participate?
Participants in the study include adult male and female (above 18 years of age) who will have expressed their ability to understand the study purpose and consent to take part in the study. They include male beneficiaries of Living Peace intervention (LPint), as well as male and female who have not benefited from Lpint. Approximately 800 male and 800 female will participate.

What does the study involve?
The Living Peace intervention in Eastern DRC, through a group therapeutic method, works with men who are perceived as violent by their communities. Through a 16--session, 16-week group therapeutic intervention. Selected participants sit together in groups of 15 men, the men work around the concept of Positive Masculinity to reduce Gender-Based Violence (GBV). Through promoting positive masculinity, men are assisted to develop alternative coping strategies to violence that are gender transformative and constructive in dealing with problems. Men are

guided to internalize new norms on masculinities and gender relations that highlight men's capacity and responsibility in promoting security and peace.

What are the possible benefits and risks of participating?
This study will help to understand the relationship between conflict and SGBV from the perpetrator perspective in relation to mental health, as well as how an intervention can reduce this problem. The study will enable to understand whether a change in men's SGBV due to Living Peace intervention (LPint) is moderated or mediated by a reduction in symptoms of mental health conditions (i.e., PTSD, Depression, Alcohol abuse). Therefore, the study's results are expected to be exploited (used) in the longer term to improve health results through more cost-effective public health interventions in humanitarian crises. Anticipated risks of participating include private or sensitive information that may damage the social standing or reputation of participants.

Where is the study run from?
The study will be carried out in 30 villages affected by the conflict in the North and South Kivu of the DRC where Living Peace Institute (LPI) is operating. Stakeholders include various research institutions and operational humanitarian organizations, as well as individual research experts, locally and internationally. Four key partner institutions include (1) the Center for Mental Health (CMH) of the University of Rwanda, College of Medicine and Health Sciences; (2) the Center for Gender Studies (CGS), University of Rwanda; (3) the Living Peace Institute (LPI) located in Goma; (4) the Institut Supérieur du Lac (ISL) that gives university-level training in mental health, clinical psychology and counselling based in Goma, DRC; as well as (5) trauma individual specialists.

When is the study starting and how long is it expected to run for?
The study started in 2018 and is expected to run for 2 years

Who is funding the study?
The study is funded by a registered charity in England and Wales that finds solutions to complex humanitarian problems through research and innovation (ELRHA) which means Enhancing Learning & Research for Humanitarian Assistance.

Who is the main contact?
Stefan Jansen (sjansen.ur@gmail.com).

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
R2HC

Study information

Scientific Title
Evaluating the psychological and social impact by promoting positive masculinity through the 'Living Peace' intervention (LPiNT) in DRC

Acronym
LPiNT

Study objectives
1. Success of LPiNT implies GBV reduction
2. Success of LPiNT in GBV reduction is mediated by reduction of PSTD or other social pathological conditions

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. Approved 15/04/2019, University of Rwanda (UR), Research Ethical Review Board (PO Box 4285, Kigali, Rwanda; +252574302; jbgahutu@yahoo.com), no ref
2. Approved 18/06/2018, Institut Superieur du Lac Research Ethical Commission (PO Box 20, Goma, Democratic Republic of Congo; no tel; islsantementale@gmail.com), no ref
3. Approval extended 12/08/2020, University of Rwanda Research Ethical Board (PO Box 4285, Kigali, Rwanda; +252574302/+250786872933; sundayfrax@gmail.com), no ref

Study design
Randomized controlled trial

Primary study design
Interventional

Secondary study design
Cluster randomised trial

Study setting(s)
Community

Study type(s)
Prevention

Participant information sheet
See additional files

Health condition(s) or problem(s) studied
Sexual and gender-based violence

Interventions
This study will use a Cluster Randomized Controlled Trial (CRCT) with persons-level and cluster-level outcomes. The counterfactual is villages that are listed as being eligible for LPint, but where no group therapy sessions are happening. The unit of randomization is an LPint locality (LPint-L), mostly a village, where on average two or three LPint groups of 15 men can be formed. This design allows us to make comparisons between LPint-Ls so we can measure the impact of LPint on the level of communities. From a selected list of eligible LPint-Ls, we will randomly allocate half of the LPint-Ls to the treatment group and half to the control group. All eligible men in a LPint-L, for both treatment and control groups, are recruited in the study. Concerning the primary aim of measuring the psychological and social impact of LPint, this study will look at GBV reduction and its consequences for the targeted men, their wives/partners, their children and their communities. With regard to the secondary aim assessing whether change in behavior (i.e. reduced GBV) is mediated or moderated by a reduction in symptoms of post-traumatic stress disorder (PTSD) or other psychopathological conditions, the study will use standardized scales of PTSD and other psychopathological conditions to test whether they mediate or moderate the reduction of GBV. Finally, to contextualize empirical findings, we will use qualitative research, with individual and focus group interviews as methods, to understand cultural idioms of distress and cultural explanation models.

A rotary method using papers was used for randomisation of villages.

Through a 16--session, 16-week group therapeutic intervention. Selected participants sit together in groups of 15 men, the men work around the concept of Positive Masculinity to reduce Gender-Based Violence (GBV). Through promoting positive masculinity, men are assisted to develop alternative coping strategies to violence that are gender transformative and constructive in dealing with problems. Men are guided to internalize new norms on masculinities and gender relations that highlight men’s capacity and responsibility in promoting security and peace. The group therapy sessions are led by the facilitators of the case/experimental group. This means that they are selected based on merit. They are trained to facilitate group therapy sessions by the LP Master trainers (who are mostly psychologists) based on the LP Intervention. These master trainers do a monthly clinical supervision to make sure the group therapy is going as planned.

Data will be collected in three rounds: baseline (before the group therapy session start), endline1 (immediately after the end of the group therapy sessions), and endline2 (1 full year after the end of the group therapy sessions). This will allow for a quantitative measure of the

impact of LPint immediately after and 1 year after. In addition, at baseline, some participants will be randomly selected to participate in qualitative focus group discussions or individual in-depth interviews.

Intervention Type
Behavioural

Primary outcome measure
Collected at baseline, immediately post-therapy (16 weeks), and 1 year post-therapy:
1. The impact on men is measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
2. The impact on families is measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
3. The impact on communities is measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes

Secondary outcome measures
Collected at baseline, immediately post-therapy (16-weeks), and one-year post-therapy:
1. Symptoms of PTSD are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
2. Symptoms of depression are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
3. Symptoms of alcohol abuse are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes

Overall study start date
01/06/2018

Completion date
30/11/2021

Eligibility

Key inclusion criteria
Able to understand and give informed consent

Participant type(s)
Mixed

Age group
Adult

Sex
Both

Target number of participants
800

Key exclusion criteria
Minors

Date of first enrolment
01/07/2018

Date of final enrolment
31/07/2018

Locations

Countries of recruitment
Congo, Democratic Republic

Study participating centre
Bandare
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bwegera
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Katogota
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Lubarika
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Luvungi 1
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Luvungi 2
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Mirungu
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Ndolera
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Nyamutiri
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Quartier Kasha
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Quartier Mukukwe
South Kivu
Congo, Democratic Republic
N/A

Study participating centre

Quartier Panzi
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Quartier Karhale
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Quartier Lumumba
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Quartier Nyakavogo
South Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bethel
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bihambwe
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Bihito
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bikenge
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bishange
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Busumba
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Bweremana
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Himbi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Kaduki
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kahe
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kalinga
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kanzenze
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kasake
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kasumo
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Kasura
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Katale
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Katindo
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Katoyi/Munzenze
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kausa
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kibabi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Kihimba
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kirorilwe
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kitshanga
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kitshanga A
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Kitsule
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Luhonga
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Lushangi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Lushebere
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Lushebere 2
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Matanda
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Matheusi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Mishavu
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Mugunga
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Muheto
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Muhongozi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Mumba
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Murambi
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Ngungu
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Nyakariba
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Rubangabanga
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Ruzirantaka
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Sake
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
Shasha
North Kivu
Congo, Democratic Republic
N/A

Study participating centre
St Benoit
North Kivu
Congo, Democratic Republic
N/A

Study participating centre

Nyamitaba
North Kivu
Congo, Democratic Republic
N/A

Sponsor information

Organisation
ELRHA

Sponsor details
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Cardiff
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CF11 9LJ
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r.vokes@elrha.org

Sponsor type
Charity

Website
https://www.elrha.org/

Funder(s)

Funder type
Charity

Funder Name
ELRHA

Results and Publications

Publication and dissemination plan
1. Conducting capacity building workshop to assess and strengthen skills of research team members and potential research users
2. Publishing two peer--reviewed primary research papers in open access format: one paper on the impact measured through RCT, and another paper on the mediating or moderating role of mental health conditions and its biologial correlates.
3. Attending two academic conferences to present the preliminary findings after analyzing the

pre and post intervention data
4. Presentation of empirical findings at a hight level with governmental and intergovernmental agencies, aid organizations and funding bodies.

Intention to publish date
30/06/2022

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Stefan Jansen (sjansen.ur@gmail.com). Quantitative data in spss format (i.e., from standardized and self-designed scales) and qualitative data (i.e., individual interview and focus group discussion data) will be available from Sept 2021 onward (1-year post finalization of the project). Stated research goals to be accepted by University of Rwanda ethical committee and data will be shared with Research institutions and NGOs. Datasets are permitted for secondary data analysis for research purposes. Consent from participants was obtained through the University of Rwanda and North Kivu and South Kivu regulatory bodies. The anonymisation code will be kept by the Principal Investigator and Main Statistician.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		20/08/2019	10/01/2020	No	Yes
Protocol article		08/08/2022	14/10/2022	Yes	No