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Social and Behaviour Change Communication Pre- & Post-test Comparative Analysis: Gender Dialogue Clubs

Gender Transformative and Nutrition-sensitive Project (2019-2021)
in Chemba District, Sofala Province, Mozambique



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*Front cover photo caption: Cooperating partner staff facilitating a session of the GDCs in Mulima
Credit: Julia Vetersand (2021)*

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Pre- & Post-test Comparative Analysis: Gender Dialogue Club Topic Module

Executive Summary

Social and Behaviour Change Communication (SBCC) is an evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices. The Gender Transformative and Nutrition-sensitive project implements SBCC activities, in parallel to resilience and post-harvest loss interventions, with the aim of contributing to women's empowerment and stunting reduction among children in Sofala, Mozambique. The SBCC strategy uses three approaches to achieve this aim: community mobilization, interpersonal counselling and media. Activities under the three approaches are categorized into three main themes within the project: Nutrition, Gender, and Sexual and Reproductive Health.

The Gender theme consists of Gender Dialogue Clubs (GDCs). This report focuses on the interpersonal counselling approach of the GDCs. The Club consisted of ten weekly sessions, targeting the principal couples of all the 1,500 GTNS project households. Including men in these discussions instead of only women and girls allows for a more inclusive and gender equitable discussion.

When implementing SBCC activities particularly aimed at reducing or preventing stunting, it is essential to engage in robust monitoring as behavioural change is a slow process and may not significantly impact project outcomes when solely assessing end line indicators. Nevertheless, this does not mean project efforts are not making progress at the individual level. Closely tracking knowledge, attitudes and practices linked to reducing and preventing stunting can guide project implementers in better understanding willingness to change and actual change related to desired outcomes. To measure the project's influence on beneficiaries, the project conducted pre- and post-test surveys on a sample of 120 beneficiaries immediately before and after each interpersonal counselling topic module focusing questions on knowledge, intention, self-efficacy (confidence) and self-reported behaviour. Using a comparative analysis, this report presents the findings regarding the Gender Dialogue Club topic module.

The Gender Dialogue Club pre- and post-test questionnaire consisted of 12 questions in four categories:

- gender roles and social expectations
- shared decision-making
- violence [physical, psychological and sexual]
- polygamy

Findings have shown progress and clear positive influence across all the 12 indicators in the key categories comparing pre- and post-test results. Both men and women have shown improved knowledge, have more favourable attitudes and are adopting desired practices related to gender over the course of the Gender Dialogue Clubs. By including men in these sensitive, and often challenging discussions, they were able to directly engage in listening and learning about how they can contribute to better health and nutrition outcomes through

women's empowerment. It is recommended to continue conversations on violence and early marriage with community members to reinforce discussions started in the sessions.

I. Background

The Gender Transformative and Nutrition-sensitive (GTNS) pilot project, titled "*Reaching the furthest behind first: Gender Transformative and Nutrition-sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province*" is implemented by the World Food Programme (WFP) under the leadership of the Government of Mozambique, and in close coordination with Government and cooperating partners. The project receives multi-year funding from the Austrian Development Agency (ADA). The catchment area is limited to Mulima locality of the Mulima Administrative Post of Chemba District. The population of Chemba is 87,925 people (17,730 households), and the project aims to reach 7,500 people (1,500 households) using the criteria of at least 500 pregnant and lactating women (PLW), 500 adolescent girls, 750 children under 2 (CU2), and women living with obstetric fistula; an additional 20,000 people will be reached indirectly through Social and Behaviour Change Communication (SBCC) media activities.

The GTNS project directly supports the priorities of the Government of Mozambique and is fully aligned to WFP's Country Strategic Plan 2017-2021. The aims of the project are to improve gender equity and women and adolescent girls' empowerment; increase dietary diversity; and reduce stunting among girls and boys under 5 in the context of a changing climate. The project design is innovative and integrates multiple nutrition-specific and -sensitive interventions to address the determinants of malnutrition, with a focus on women's empowerment. It combines:

- i) construction of gender- and nutrition-sensitive household and community assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation);
- ii) trainings on post-harvest loss for smallholder women and men farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage); and
- iii) multi-level SBCC activities implemented at individual, household and community level¹

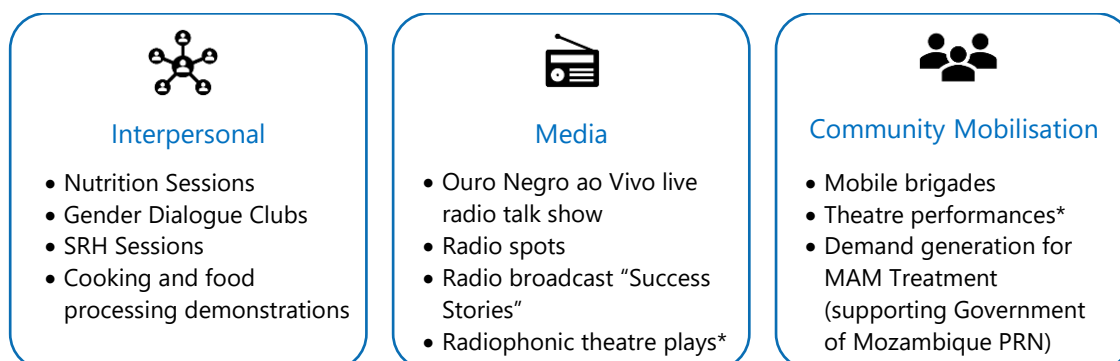
II. Social and Behaviour Change Communication

SBCC is an evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices. The GTNS project's SBCC component is being implemented by WFPs SBCC partners² through three approaches: interpersonal counselling, media (radio and theatre), and community mobilisation (see Figure 1). Combining dynamic

¹ In parallel to its SBCC activities, the GTNS project is also generating demand for acute malnutrition treatment, including community-level mid-upper arm circumference (MUAC) screening of PLW and children under 5 (CU5) and referrals of malnourished cases by volunteer community health workers. If screening indicates malnourishment, PLW and CU5 are referred to their local health facility for further treatment. This activity is not included in the pre- & post-test questionnaire and results can be found in the GTNS SBCC routine monitoring.

² District Services of Health, Women and Social Action (SDSMAS), Pathfinder International and PCI Media

approaches to engage men for gender equality and behaviour change with nutrition-sensitive programming is expected to facilitate sustainable results at the household level, which can be cascaded to the wider community for replication. It has also shown to be more effective when combining multiple approaches.³



*due to the COVID-19 pandemic theater performances have been adapted to a media modality

Figure 1: The three approaches of the GTNS Project SBCC strategy

The GTNS project categorizes SBCC into three main themes: Nutrition, Gender, and Sexual and Reproductive Health (SRH). The Gender theme consists of Gender Dialogue Clubs (GDCs). This activity is based on the innovative “engaging men” approach by Concern Worldwide and HOPEM conducted in Manica and Zambezia provinces in 2016.⁴ GDCs target couples, and in the GTNS project, the principle husband and wife of all 1,500 households were targeted. Polygamy is widely practiced in Chemba where men have been found to have 3-4 wives on average,⁵ but due to COVID- 19 restrictions only one wife was invited to attend the session with their husbands. Including men in these discussions instead of only women and girls allowed for a more inclusive and further reaching discussion. The GDC topic module consisted of ten sessions, facilitated mainly by field partners and partly by community health worker (CHW) pairs. Special gender training was conducted by HOPEM to the field partners who then trained CHWs. Local police officers were also invited to attend select sessions to provide information to participants.

³ WFP. (2019, January). *Social and Behaviour Change Communication (SBCC) Guidance Manual for WFP Nutrition*.

⁴ Gunnel, Helga Solveig & Homiak Erin. (2017). “Engaging Men for Improved Nutrition Outcomes in Mozambique: A Concern Worldwide Learning Paper.” Retrieved from: <https://www.concern.net/insights/engaging-men-improved-nutrition-outcomes-mozambique>

⁵ WFP. (2020). Gender Analysis. WFP Mozambique: Maputo.

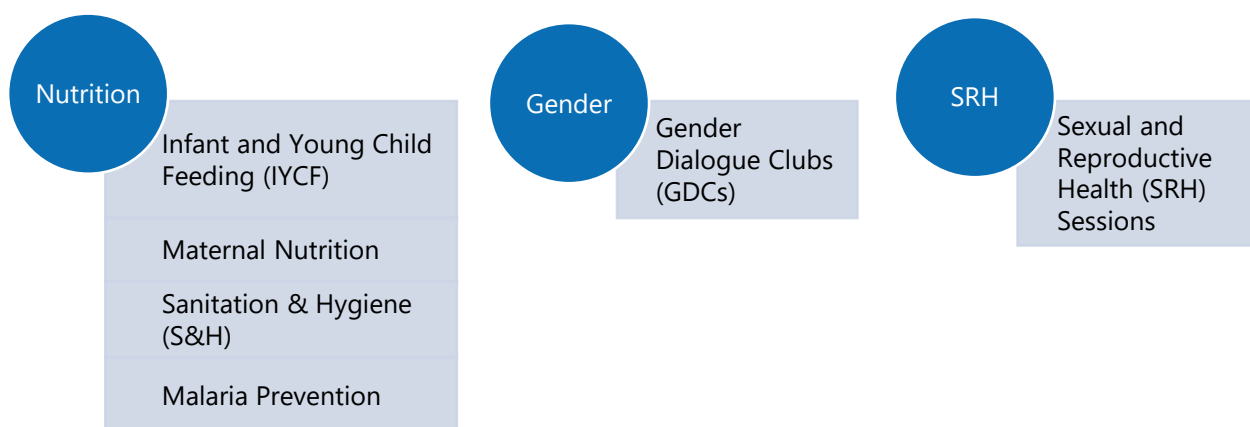


Figure 2: SBCC themes and topics of the GTNS Project

To evaluate the efficacy of SBCC activities, the GTNS project conducted pre- and post-testing to compare and analyse beneficiary knowledge, intention, confidence and self-reported behaviour. The pre- and post-test exercise focused on interpersonal counselling sessions, excluding cooking and food processing demonstrations.

III. Aim and Objective of Pre- and Post-testing

When implementing SBCC activities, particularly those aimed at reducing or preventing stunting, it is essential to engage in robust monitoring, as behavioural change is a slow process and may not significantly impact project outcomes when looking solely at end line indicators. Unlike the baseline and end line evaluation that focuses on whether the programme worked, regular monitoring focuses on systematic tracking of activities to assess the effectiveness of implementation efforts. This analysis also serves as evidence for project impact.

The main aim of pre- and post-testing was to understand the influence of interpersonal counselling sessions on project beneficiary knowledge, attitudes and behavioural practices in each topic module. The objective was to use a comparative analysis to determine which concepts and messages within each theme are influencing a positive change among project beneficiaries.

IV. Methodology

Each topic within the Gender theme was carefully reviewed with the WFP Mozambique Gender Unit to identify key areas where the project seeks to positively change knowledge, attitudes and practices among men and women beneficiaries. This was used to develop indicators to measure behavioural change over the course of each topic module. The body of research from similar contexts and documentation from the project site shows that men are generally the main decision-makers in the household, and often influence the behaviour of other household members, therefore it was imperative to separately consider assessing men and women when developing the indicators and questionnaires for each topic module. Consequently, the indicators target three groups: men and women together, women only and men only.

Social and behaviour change can be negatively influenced by external factors. To account for these externalities, at the individual level, behaviour change can be measured not only through behavioural outcomes but also through the desire or plan to change. This can be evaluated

through psychosocial domains: knowledge, intention, self-efficacy (confidence), attitude, subjective norms and perceived behavioural control (see Table 1).

Table 1: Psychosocial domains for measuring behavioural change⁶

Domains	Descriptions (Adopted from NCI, 2005)	Domains	Descriptions (Adopted from NCI, 2005)
Knowledge	Facts, information, and skills necessary to perform a behaviour	Attitude	Perceived evaluation and / or enthusiasm toward the behaviour
Intention	Perceived likelihood of performing a behaviour	Subjective norm	Perception about whether key people approve or disapprove of the behaviour
Self-efficacy	Confidence in one's ability to take action and successfully carry out the behaviour	Perceived behavioural control	Belief that one has, and can successfully exercise, control over performing the behaviour

For the GTNS context, the appropriate psychosocial indicators for this pre- and post-testing exercise were knowledge, intention, confidence and attitudes. Within the pre-post questionnaires, the psychosocial indicators mentioned above were combined with questions on self-reported behaviour to give a more holistic picture of the potential behaviour change impact pathway, as well as to shed light on behavioural outcomes.

For each indicator, objectives based on SMART criteria⁷ were developed to measure against the comparative analysis of the pre- and post-tests. The SMART objectives were agreed through discussion with the programme team based on context, expertise and secondary data sources. A matrix was created to consolidate this information per topic, to guide the monitoring and evaluation (M&E) team in producing short questionnaires on WFPs corporate data collection tool (Open Data Kit – ODK) (see Annex 1 for Gender Dialogue Club topic matrix).

The questionnaire was used both during the pre-test and post-test to assess the change in results after a beneficiary completed the module (See Annex 2).⁸ The Gender Dialogue Club pre- and post-test focused on four main areas for desired behaviour change:

- gender roles and social expectations
- shared decision-making
- violence [physical, psychological and sexual]
- polygamy

⁶ WFP. (2019, January). *Social and Behaviour Change Communication (SBCC) Guidance Manual for WFP Nutrition*. Chapter 8: Monitoring Phase [partially adapted]. Originally titled “Table 15. SBCC-related psychosocial indicators”.

⁷ Specific, Measurable, Achievable, Relevant, and Timebound

⁸ In the questionnaire, men and women were also asked a question that is related to the parallel cooking demonstration activity that occurs once in each topic module (question 5.1 in Annex 2). This data is analysed and reported separate from this comparative analysis report (see forthcoming GTNS Tableau dashboard).

In total, there were 12 indicators covering these areas that translate into 12 questions on the questionnaire.

The interviews were conducted in the local language of Sena which required field staff to be confident with the questionnaire to easily translate between Portuguese and Sena. WFP trained the implementing partner, Pathfinder International, to conduct the data collection.

For the Gender Dialogue Club, the target sample for both the pre- and post-test was 120 project beneficiaries (60 women and 60 men) across Mulima locality in Chemba District, Sofala. The sample size was calculated based on the feasibility to collect these results, taking into consideration the elements of limited resources and timing. For this topic module, age was also collected from respondents in order to disaggregate findings to see if there is a difference between adolescent and adult results.⁹ Unfortunately, the number of adolescents in the data set was too few to make any claims by age group. Of the 115 respondents in the pre-test, 5 were adolescents. Of the 120 respondents in the post-test, 17 were adolescents. In the report, all values are aggregated unless specifically mentioned to be disaggregated by age.

The survey was conducted through individual interviews with men and women separately, using convenience sampling¹⁰ during community visits. Data was collected immediately before the first of ten Gender Dialogue Club sessions for the pre-test (in February 2021) and after the tenth session for the post-test (in April 2021). The target sample is not necessarily the same individuals across pre- and post-testing as the methodology does not require tracking the same community members.

For the Gender Dialogue Club pre-test, 115 project beneficiaries (58 men and 57 women) were surveyed across 29 communities. For the post-test, 120 project beneficiaries (59 men and 61 women) were surveyed across 33 communities. Across the pre- and post-testing, 38 out of 49 communities¹¹ were included in the exercise.

The results will show how SBCC-indicators have been impacted by targeted community members before and after SBCC topic module sessions. While not a completely accurate representation of the population, this analysis will provide insight into programme implementation within the catchment area and can be used to inform programme adaptations. The methodology is specific for the GTNS project in Chemba and not representative of other SBCC interventions.

V. Results

The pre- and post-test questionnaire consisted of 12 questions (three questions for only men, two questions for only women, and seven questions for both men and women). In total, nine

⁹ Adolescent defined as 10-19 years of age.

¹⁰ Convenience sampling method is selecting respondents who are easily accessible (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5606225/>). For Gender Dialogue Club pre- and post-test data collection, enumerators surveyed eligible, accessible beneficiaries who had consented to being interviewed.

¹¹ Andrassone, Arnelo, Bangwe, Bhaumbha, Bucha, Candima, Cassume, Castela, Dzunga 1, Dzunga 2, Fernando, Fumbe 1, Fumbe 2, Macendua, Mandue, Mapata, Mateus, Melo 1, Melo 2, Nhacagulagua 1, Nhacagulagua 2, Nhacavunvu, Nhalunga, Nhamaliwa, Nhamazonde, Nhambhandha, Nhancaca, Nhangue, Nhapwete, Nharugue, Nhasulu, Ofece, Shonsua, Thenda, Zenguerere, Zomdane 1 and Zomdane 2

out of 12 indicators were reached based on the SMART objectives developed for the Gender Dialogue Club topic (see Table 2). For one of the three indicators not reached, women in indicator (1.2) did reach the SMART objective in the post-test whereas men did not. The average of the two was only one percentage point from reaching the SMART objective. Indicator 1.5 was two percentage points from reaching the SMART objective in the post-test. The remaining indicator not reached (1.4), while not close to reaching the SMART objective, showed tremendous improvement from pre- to post-test, at least 30 percentage points increase across genders. When looking at the average across men and women, six of the indicators already reached the SMART objective during the pre-test (1.3, 1.6, 1.7, 1.8, 1.9 and 1.12). Two indicators (1.1 and 1.9) for women reached 100% of the SMART object in the post-test.

The methodology outlined to disaggregate results by age as well, namely by adults and adolescents. Due to the few number of adolescents interviewed, it is not possible to make claims or generalizations about the four areas for adolescents. Therefore, the following results are aggregated to keep the integrity of the findings.

Table 2: Pre- and Post-test Results (in percentages)

#	Indicator Detail	SMART Objective	Pre-test Result (%)			Post-test Result (%)		
			Men	Women	Avg	Men	Women	Avg
1.1	Increased percentage of men and women perceive gender roles and responsibilities being learned from social expectations	After complete GDC topic area is conducted [10 weeks], <u>66% of men and women</u> partaking in GDCs, will perceive gender roles and responsibilities being learned from social expectations	62	51	57	98 (+36)	100 (+49)	99 (+42)
1.2	Increased percentage of men and women intending to listen and communicate with their partner regularly	After complete GDC topic area is conducted [10 weeks], <u>75% of men and women</u> partaking in GDCs, intend to listen and communicate with their partner regularly	31	32	31	66 (+35)	82 (+50)	74 (+43)
1.3	Increased percentage of men report including their wife(wives) in household decision-making	After complete GDC topic area is conducted [10 weeks], <u>33% of men</u> partaking in GDCs, report including their wife(wives) in household decision-making	69	-	-	97 (+28)	-	-
1.4	Increased percentage of men and women who can recall the 3 types of violence [physical, psychological, and sexual]	After complete GDC topic area is conducted [10 weeks], <u>66% of men and women</u> partaking in GDCs, will be able to recall the 3 types of violence [physical, psychological, and sexual]	19	5	12	49 (+30)	41 (+36)	45 (+33)

1.5	Increased percentage of men and women know the consequences associated with early marriage of adolescent girls	After complete GDC topic area is conducted [10 weeks], <u>66% of men and women</u> partaking in GDCs, can recall at least 3 consequences for adolescent girls who marry before 18 years of age	29	11	20	64 (+35)	64 (+53)	64 (+44)
1.6	Increased percentage of men and women intend to discuss the negative impacts of polygamy on the family and community with their family members	After complete GDC topic area is conducted [10 weeks], <u>33% of men and women</u> partaking in GDCs, intend to discuss the negative impacts of polygamy on the family and community with their family members	34	37	36	80 (+46)	82 (+45)	81 (+45)
1.7	Increased percentage of men and women intend to encourage their children to practice monogamy	After complete GDC topic area is conducted [10 weeks], <u>33% of men and women</u> partaking in GDCs, intend to encourage their children to practice monogamy	52	37	44	81 (+29)	80 (+43)	81 (+37)
1.8	Increased percentage of men report sharing the burden of domestic tasks with their wife (wives)	After complete GDC topic area is conducted [10 weeks], <u>33% of men</u> partaking in GDCs, report sharing the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife (wives)	64	-	-	97 (+33)	-	-
1.9	Increased percentage of women perceive that men sharing the burden of domestic tasks is normal	After complete GDC topic area is conducted [10 weeks], <u>50% of women</u> partaking in GDCs, perceive that it is normal for men to share the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife (wives)	-	91	-	-	100 (+9)	-
1.10	Increased percentage of women are confident about	After complete GDC topic area is conducted [10 weeks], <u>66% of women</u> partaking in GDCs, are	-	26	-	-	77 (+51)	-

	talking to their husbands to share the burden of domestic tasks	confident that they will discuss with their husbands to share the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife (wives)						
1.11	Increased percentage of men and women intend to share decision-making around family planning	After complete GDC topic area is conducted [10 weeks], <u>50% of men and women</u> partaking in GDCs, intend to discuss and agree together on family planning, such as use of contraceptives and when to and how many children to have	45	35	40	83 (+38)	82 (+47)	83 (+40)
1.12	Increased percentage of men who know the importance of their involvement in child development to ensure good nutrition and health of children	After complete GDC topic area is conducted [10 weeks], <u>66% of men</u> partaking in GDCs, know their involvement in the whole child development process has a positive effect on child health and nutrition	84	-	-	98 (+14)	-	-

Note: Values in the parentheses indicate the percentage point change, comparing values from the pre- and post-test results

The results will be presented in four categories: gender roles and social expectations, shared decision-making, violence and polygamy.

Gender roles and social expectations

Gender roles confine men and women into social boxes and discourage people from stepping outside these boxes. In the post-test, 99% of men and women (98% of men and 100% of women) indicated that they think it's acceptable for men and women to participate in roles, expectations and activities traditionally defined for another gender (see Figure 3). This is a 42-percentage point increase from the pre-test. Some examples include men engaging in domestic tasks, such as cooking, fetching water, cleaning and childcare, and women making decisions for the family. Both men and women far exceeded the SMART objective of 66%, and 100% of women surveyed reached the SMART objective. Further disaggregating by age, 20% of adolescents think that its acceptable for men and women to step outside the gender boxes assigned by society in the pre-test.

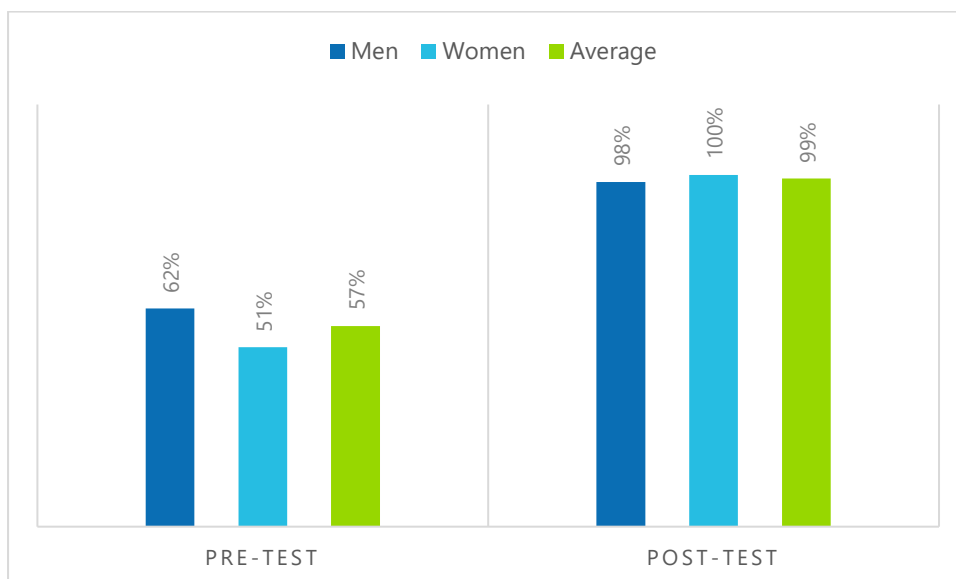


Figure 3: Percentage of men and women who think that they can do activities outside of what is pre-defined by their gender

Men were also asked about knowing the importance of their involvement having a positive effect on their child’s health and nutrition. From pre-test to post-test, men’s knowledge increased by 14 percentage points, 84% and 98% respectively (see Figure 4). Men exceeded the SMART objective in the pre-test by 18 percentage points. Further disaggregating by age, 100% of adolescent boys knew the importance of men’s involvement in child development in both the pre-test and post-test.

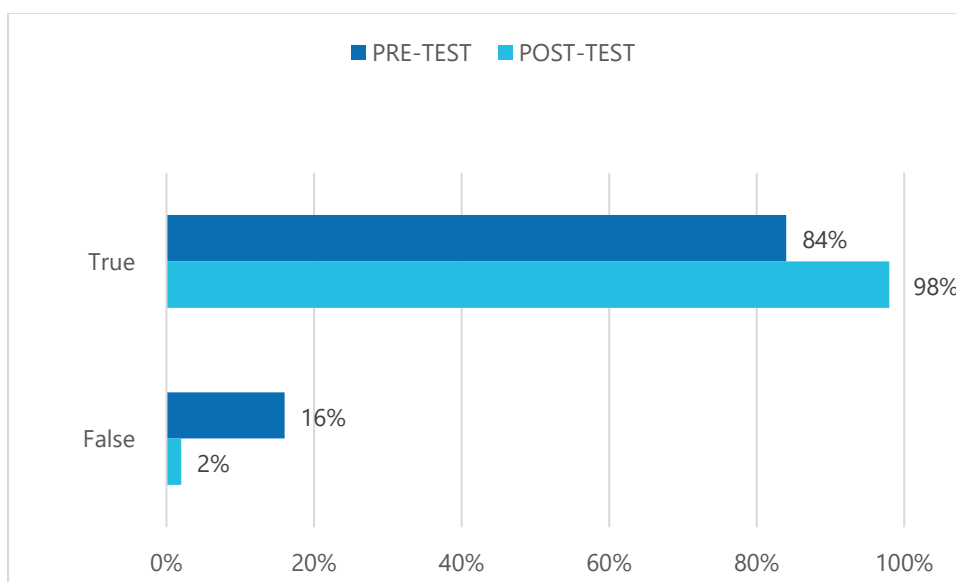


Figure 4: Percentage of men who know their involvement in the whole child development process has a positive effect on child health and nutrition

Women spend more time doing domestic tasks and other unpaid labour than men.¹² Sharing this burden is essential to achieving women’s empowerment. When asked in the pre- and post-test, more men self-reported sharing this burden with their wife/wives. In the pre-test, 64% of men self-reported they support their wife/wives in taking care of children and the house and, in the post-test, 97% of men self-reported sharing this burden (see Figure 5). Men reached the SMART objective in the pre-test (surpassing the 33% objective) and well-exceeded the objective in the post-test.

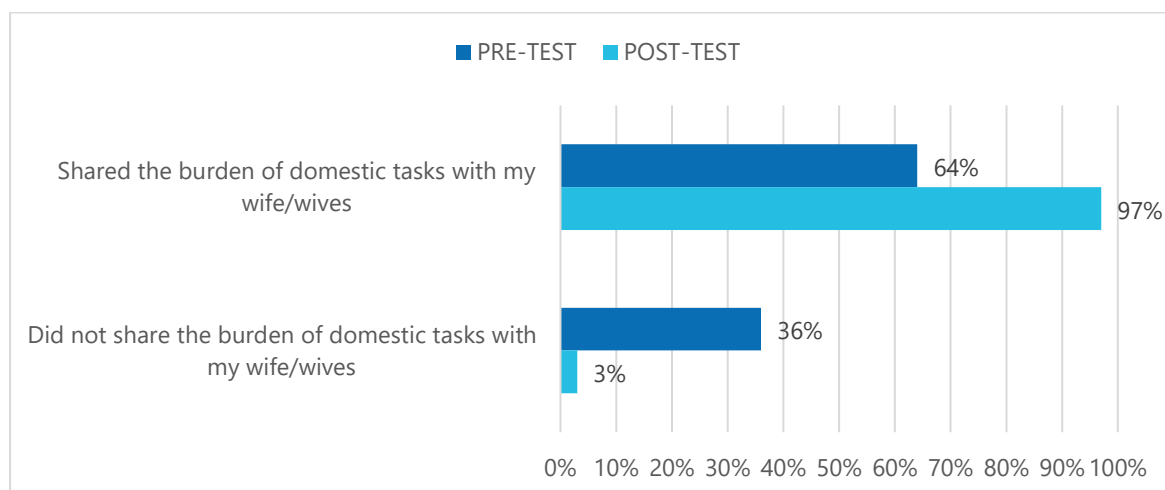


Figure 5: Percentage of men who reported sharing the burden of domestic tasks

Sharing the burden of domestic tasks also needs buy in from women to accept and/or ask for support on these tasks traditionally expected of women. In the pre-test, 91% of women claimed to perceive that men taking care of children and the household is normal and reached 100% of women in the post-test. This also far exceeds the SMART objective that 50% of women will know it is normal for men to share the burden of domestic tasks. Women were also asked around their confidence to discuss with their husband on sharing the burden of domestic tasks. In the pre-test, 26% of women reported being confident to ask for support from their husbands and, in the post-test, that number increased by 51 percentage points to 77% of women (see Figure 6). The SMART objective for women’s confidence to talk with their husbands about sharing the domestic task burden was 66% of women and post-test results surpassed that goal by 11 percentage points.

¹² UN Women. (n.d.). *Redistribute unpaid work*. Retrieved from <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

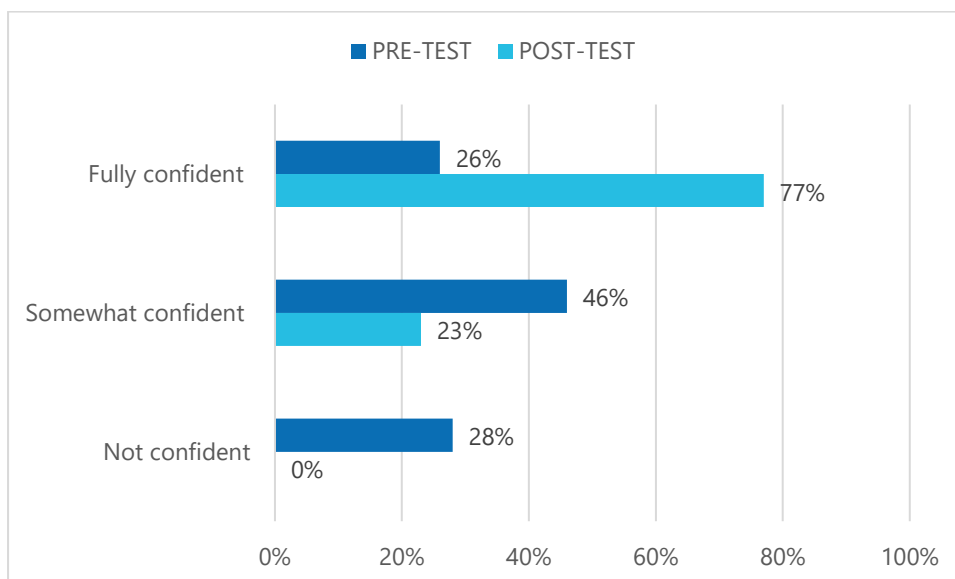


Figure 6: Percentage of women confident about discussing sharing the burden of domestic tasks with their husbands

Shared decision-making

i. Communication

In order for women to be empowered in shared decision-making, there needs to be communication between men and women. Communication starts with listening and understanding the other person, and it is common for men, the traditional decision-makers, not to listen or include women.¹³ From pre-test to post-test, more men and women indicated their intention to listen and communicate with their partner more regularly. In the pre-test, 31% of men and women reported intending to listen and communication and, in the post-test, 74% of men and women reported their intention (see Figure 7). While this average of men and women did not reach the SMART objective of 75%, women did surpass the SMART objective by 7 percentage points, or 82% of women intended to listen and communicate with their partners regularly (see Figure 7).

¹³ Concern Worldwide. (2018). *Breaking the Barriers: Engaging Men and Women to promote Gender Equality*. Retrieved from https://admin.concern.net/sites/default/files/documents/2020-01/Breaking%20The%20Barriers%20English_Web.pdf?_gl=1*pojzvd*_ga*MjAyNzc1MDkxLjE2MjAwMjgxMzk.*_ga_RLZ9XCKFP1*MTYyMDIwMTQ1Ny4yLjAuMTYyMDIwMTQ1Ny42MA.

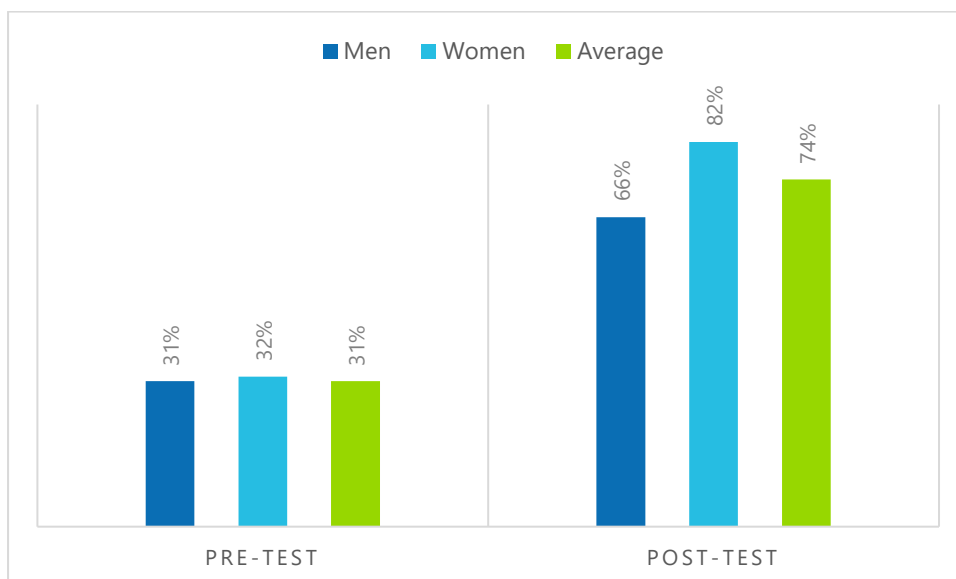


Figure 7: Percentage of men and women who intend to listen and communicate with their partners regularly

i. Shared decision-making

In practice, more men reported including their wife/wives in household decision-making in the post-test. It should be noted that men already reached the SMART objective in the pre-test, surpassing it by 36 percentage points. In the pre-test, 69% of men reported including their wife/wives in household decision-making whereas 97% of men reported in the post-test (see Figure 8).

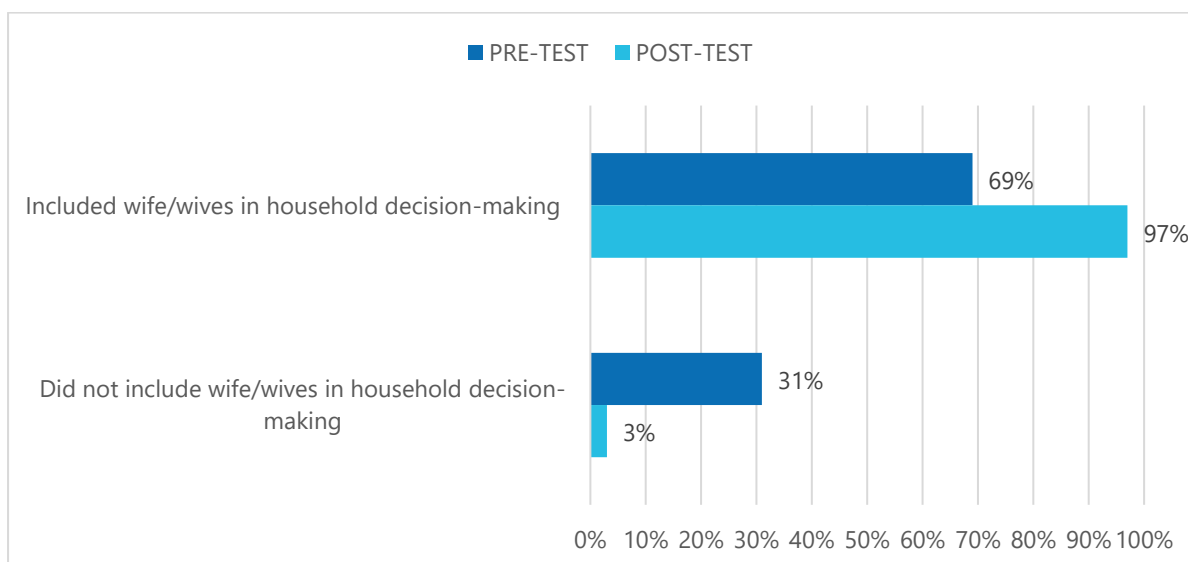


Figure 8: Percentage of men who reported including their wife/wives in household decision-making

Men and women were also asked about their intention to share decision-making in regards to family planning. This included use of contraceptives and when and how many children to have. In the pre-test, 40% of men and women (45% of men and 35% of women) indicated their intention to discuss and agree together on family planning and, in the post-test, this value increased to 83% of men and women (see Figure 9). This is an increase of 40 percentage points on average, 30 percentage point increase for men and 47 percentage point increase for

women. Further disaggregating by age, 20% of adolescents mentioned they intend to discuss family planning with their partner (only adolescent boys, adolescent girls mostly indicated they did not intend) in the pre-test. In the post-test, 88% of adolescents indicated their intention.

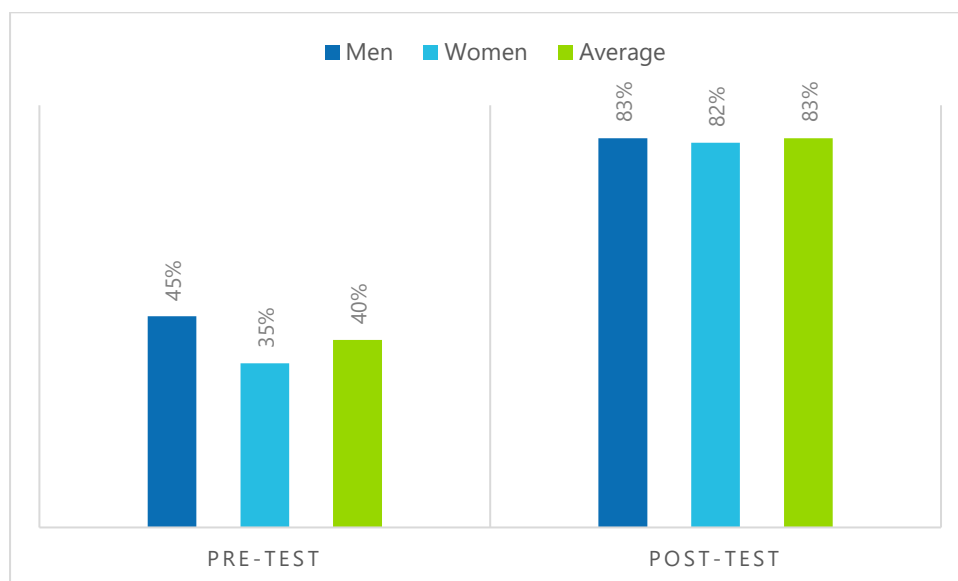


Figure 9: Percentage of men and women who intend to share decision-making around family planning

On violence

The GDCs focused on three types of violence: physical, sexual and psychological. On average, 12% of men and women were able to mention all three in the pre-test (19% of men and 5% of women) (see Figure 10). In the pre-test, 45% men and women were able to recall all three types (49% of men and 41% of men) (see Figure 10). While this did not achieve the SMART objective of 66% of men and women, the average increased by 33 percentage points from pre-test to post-test.

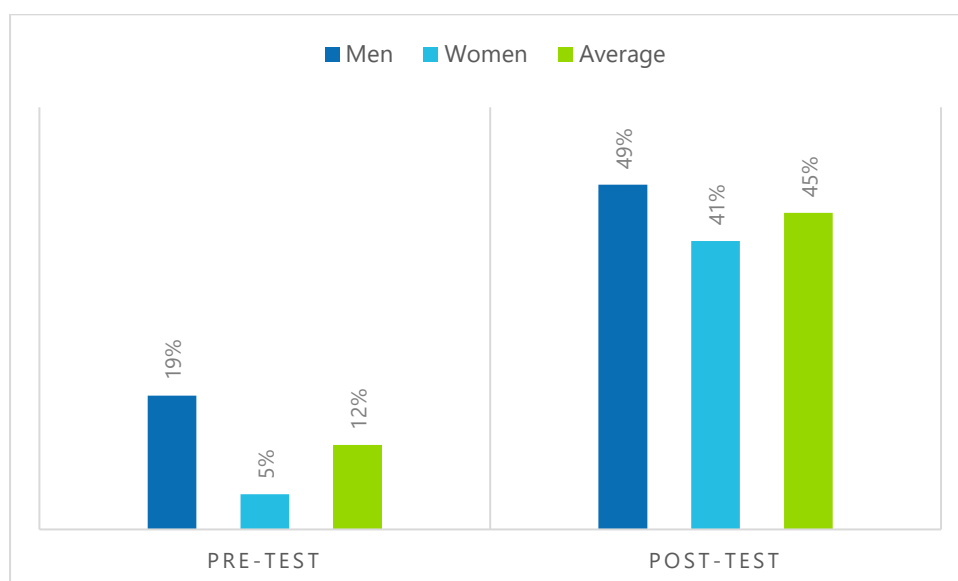


Figure 10: Percentage of men and women who could recall three types of violence

The average in the pre-test showed that physical violence and sexual violence were equally mentioned (57% of men and women); however, when only considering men, 72% of them mentioned sexual violence (the most mentioned type of violence in the pre-test). Psychological violence was only mentioned by 41% of men and women (45% of men and 39% of women). In the post-test, the most recalled type of violence was sexual violence again, also by men (85% of men), but women increased their recall from 42% of women in the pre-test to 77% of women in the post-test. Physical violence was recalled more evenly in the post-test by men and women, with 85% of men and 84% of women being able to recall physical violence. Men and women able to recall psychological violence also increased from pre-test to post-test (42% to 60%, respectively). In fact, the percentage of women increased by 23 percentage points to 62% in the post-test.

Men and women also listed other types of violence: early marriage and economic violence. While this will be discussed fully in the 'Discussion' section below, the different types of violence are typically interlinked. For this reason, early marriage violence and economic violence were classified under psychological violence for the purposes of data analysis even though it is recognized these are distinct types of violence with their own implications.¹⁴

Men and women were asked about their knowledge around the consequences of early marriage (see Annex 2 for the full list of consequences in the survey). In the pre-test, 20% of men and women (29% of men and 11% of women) were able to mention at least three consequences for adolescent girls marrying before 18 years of age (see Figure 11). In the post-test, this number increased to 64% of men and women (see Figure 11). While not reaching the SMART objective of 66% of men and women, the post-test results had increased 44 percentage points from pre-test (and the percentage of women increased by 53 points) (see Figure 11). None of the respondents were able to mention more than 4 consequences in the pre-test. In the post-test, 34 respondents were able to recall at least five consequences and three respondents were able to recall at least eight or nine consequences.

¹⁴ Mentioning or recalling early marriage violence and economic violence was a small proportion of the results. Only 2% of respondents mentioned or recalled early marriage as a type of violence and 3% of respondents recalled economic violence as a type of violence across the pre-test and post-test.

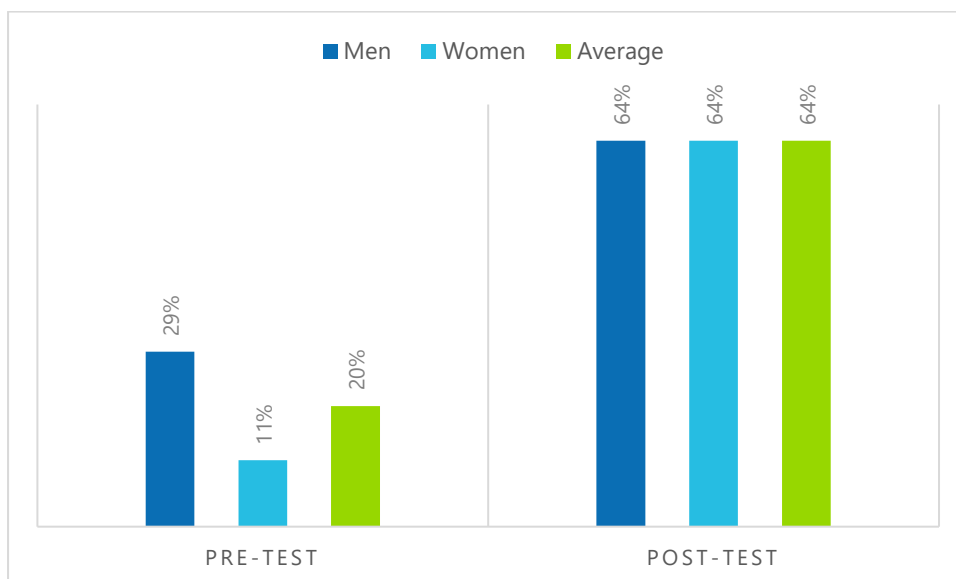


Figure 11: Percentage of men and women who could recall at least three consequences for adolescent girls who marry before 18 years of age

Early marriage leading to early pregnancy (and its associated risks) was the most recalled consequence in both the pre-test and post-test, 58% and 81% respectively. The second most recalled consequence of adolescent girls entering into early marriages was that they are more likely to drop out of school. From the pre-test to post-test, 20% more men and women recalled this consequence, 41% in the pre-test and 61% in the post-test. The consequence that had the largest increase of men and women recall from pre-test to post-test was the increased likelihood to experience psychological violence if an adolescent girl’s husband dissolved their marriage (35 percentage point increase). More men and women also recalled the consequence that adolescent girls are more likely to experience violence from their husband and his family (22 percentage point increase). In the pre-test, a few women mentioned “other” and said that there were no consequences, but none of the respondents said this in the post-test.

On polygamy

Polygamy is a cultural tradition practiced in Chemba District, and many men are reported to have 3-4 wives.¹⁵ More men and women indicated their intention to discuss with family members the negative impacts that can come from practicing polygamy on the family and wider community. In the pre-test, 36% of men and women (34% of men and 37% of women) indicated their intention while, in the post-test, 81% of men and women (80% of men and 82% of women) indicated their intention. This is a 45 percentage point increase and far exceeds the SMART objective of 33% of men and women.

¹⁵ See footnote 5.

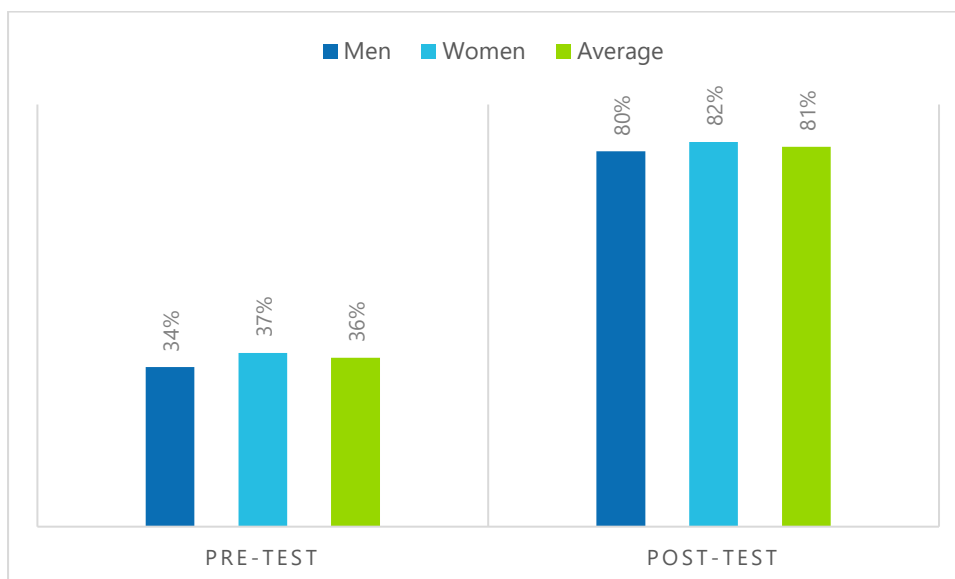


Figure 12: Percentage of men and women who intend to discuss the negative impacts of polygamy with family members

When men and women were asked about their intention to encourage their children to marry only one person, there was a marked increase from pre-test to post-test. In the pre-test, 52% of men and 37% of women indicated this intention, while in the post-test, it increased to 81% men and 81% of women (see Figure 13). This far surpasses the SMART objective of 33% of men and women, actually reaching it in the pre-test.



Figure 13: Percentage of men and women who intend to encourage their children to marry only one person

VI. Discussion

Findings indicate that both men and women improved their knowledge, attitudes and practices across all of the topic module areas in the pre- and post-test, including around gender roles and societal expectations, shared decision-making, on violence and on polygamy. It was not possible to present and interpret findings on adolescent knowledge, attitudes and

practices as there were not enough adolescents interviewed. A lesson learned for future comparative analyses when disaggregating by age is to ensure the research team interviews a representative sample of the age groups desired.

The indicator that showed the most improvement, measured by the highest pre- to post-test results across men and women, was men and women's intention to discuss the negative impacts of polygamy on the family with their family and community members (45% increase). For the most part, women showed higher increases between pre- and post-test results when considering the questions asked both men and women. However, women generally scored lower on the pre-tests and as a result, the post-test results were generally more similar across genders. Looking at the disaggregated results, women's ability to recall the three types of violence discussed in the GDCs was the highest improved indicator by gender, with a 53% increase from pre- to post-test. The lowest increase between pre- and post-test was the 9% increase in women who think it is normal for men to share the burden of domestic tasks. However, already 91% of women reported this in the pre-test.

Similar to both the IYCF and Malaria Prevention topic modules, SMART objectives for the GDC topic module were underestimated. Of the 12 indicators, six SMART objectives were already reached in pre-test and were far exceeded in the post-test (men including their partners in household (HH) decisions; men and women intending to discuss the negative impacts of polygamy on the family; men and women intending to encourage their children to practice monogamy; men sharing the burden of domestic tasks; women thinking it is normal for men to share the burden of domestic tasks; and men know their involvement in the whole child development process has a positive effect on a child's health and nutrition). Of the remaining six indicators, three far exceeded the SMART objective in the post-test (men and women know gender roles and responsibilities are learned from social expectations; women confident discussing with their husbands on sharing the burden of domestic tasks; and men and women intending to discuss and agree together on family planning). The last three indicators did not meet their SMART objectives, but two of them were within only two percentage points of reaching it when comparing the average results (men and women intending to listen and communicate with their partners and men and women who can recall at least 3 consequences of early marriage for adolescent girls).

It was found in the Gender Analysis of the GTNS project published in 2020 that men generally do not attend sessions on these kinds of topics as they do not believe it relates to them, and women have indicated that this makes it difficult to pass along information they learned as the men are not receiving it first-hand.¹⁶ Specifically engaging men in the GDCs, while challenging as can be seen in lower attendance of men than in the other two topic modules (see project monitoring data), proved to be impactful when assessing the pre and post-test results. Men generally scored similar to women in the post-test results and findings show particularly high self-reported behaviour (including their partners in HH decision-making and sharing the burden of domestic tasks with them). Evidence shows that engaging men can support in addressing their specific knowledge, attitudes and behaviours perpetuated by social

¹⁶ See footnote 5.

and gender norms that negatively hinder women's empowerment and health outcomes.¹⁷ Results from men can also be explained by respondent bias, where men feel obligated to answer a specific way in order to please the enumerators (who were also some of the GDC facilitators) or because they know they should believe or behave a certain way but do not in practice. It is difficult to ascertain specifically if this is the case. Further follow up would be needed to better understand – for example focus group discussions in the project endline survey could investigate these aspects.

Gender roles and responsibilities are heavily influenced by social expectations and gender norms. Mozambique has patriarchal structures in place evidenced elsewhere,¹⁸ and this influences many of the gender and social norms, including around power, decision-making and daily life. Men and women significantly increased their knowledge, positive attitudes and desired practices around gender roles and responsibilities from pre- to post-test. There were five indicators in this section and four of them resulted in 97% or more of respondents indicating the project's desired knowledge, attitudes or practices for participants in the post-test. Only one indicator (women's confidence on discussing with their husbands to share the burden of domestic tasks with them) was below 97% of respondents, at 77% of women; however, there was an astounding increase of 51 percentage points from the pre-test.

One of the highest scored results in the post-test from this group of indicators, 100% of women considering men sharing the burden of domestic tasks is normal, is a well-received finding when comparing findings from the project's Gender Analysis where some women claimed that men should not do these kinds of tasks unless their wife/wives are travelling or ill, or else these men would be viewed negatively by the community.¹⁹ Traditionally, women are expected to carry out domestic tasks and be responsible for childcare, solely because of their gender, and if they are paid to do small income generating activities (like making clay pots) it is very little or non-monetary payments.²⁰ Men, on the other hand, are able to travel further to find work as they are not tied to the household.²¹ Sharing the burden of domestic tasks can give back time to women to find better paid work outside of the home. By overcoming gender norms and confronting social expectations, ideas like women and girls *should* be the only family members doing domestic tasks and other unpaid labour and men *should* be the only family members to be making HH decisions are challenged. Women being able to contribute to what the family eats, what the family grows, how to spend and save money, or when/how to have children leads to better nutrition and health among women and children.²²

Sharing household decision-making was also greatly improved over the course of the GDC sessions. While the Gender Analysis found that men and women share some decision-making

¹⁷ World Health Organization. (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva Retrieved from https://www.who.int/gender/documents/Engaging_men_boys.pdf .

¹⁸ USAID. (2019). Gender Assessment USAID/Mozambique Country Development Corporation Strategy. USAID: Maputo. Retrieved from: https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

¹⁹ See footnote 5.

²⁰ See footnote 5.

²¹ See footnote 5.

²² Mucha, Noreen. (2012). Enabling and Equipping Women to Improve Nutrition: briefing paper. Bread.org. Retrieved from <https://www.bread.org/sites/default/files/downloads/briefing-paper-16.pdf>.

it is mostly men who have the final say.²³ Over the course of the GDCs, there was a 28% increase of men who self-reported including their wife/wives in HH decisions, resulting in the vast majority of men reporting this in the post-test. Additionally, more men and women intend to share decision-making around family planning, like contraceptive use and when and how many children to have. Considering other evidence from the comprehensive Knowledge, Attitudes and Practices (KAP) Study produced on the project in 2020²⁴ and the pre-test results of this analysis, this is a significant change in attitudes and practices as these reports showed that men typically have the final say in what kind of contraceptives to use and how many children to have. In the Gender Analysis it was also found that men and women do discuss together HH decisions and family planning methods,²⁵ and findings from the pre- and post-tests align whereby 74% of men and women reported they intend to listen and communicate with their partner. It's notable that the disaggregate result shows a large difference between men and women, where only 66% of men indicated their intention compared to 82% of women in the post-test. However, there are still significant improvements across both genders from pre- to post-test (35% increase in men and 50% increase in women).

More men and women also indicated intending to discuss the negative impacts of polygamy on the family with their family and community members. As mentioned above, it is common for men to have 3-4 wives in Chemba district. When a family is large, it stretches thinner already limited resources and can impact the health and nutrition of the family. It was found in the Gender Analysis that when harvest and farm production is not good, the wives must pool and share food and incomes.²⁶ As this is a deeply rooted cultural practice, the SMART objective for this indicator was set at only 33% of men and women intending to discuss the negative impacts of polygamy. In reality, the SMART objective was met in the pre-test and was far exceeded in the post-test, indicating the project team underestimated. This aligns with findings from the Gender Analysis where men and adolescent boys were starting to discuss how multiple wives can be a resource burden;²⁷ however, due to the economic and social importance of farm lands (known as *machambas*) and the fact that having more wives means being able to manage more farm lands, higher percentages of men in these post-test findings may be more attributed to respondent bias than actual intentions. In other words, men are reporting they intend to discuss the negative impacts because they feel obligated to answer this way. Further probing in the endline survey could provide more insight.

A similar underestimation occurred with the indicator on men and women's intention to encourage their children to marry only one person. Both groups met the SMART objective of 33% of men and women intending to encourage in the pre-test and far exceeded it in the post-test. In this case, the percentage of men who reported intending to encourage their child to marry only person was much greater than women in the pre-test (52% compared with 37%, respectively). In the post-test, the gap between genders was much less. This is a promising finding as mentioned earlier men typically have the final say in decision-making so changed attitudes may lead to less social pressure to have many wives.

²³ See footnote 5.

²⁴ WFP. (2020). Knowledge, Attitudes and Practices (KAP) Study. WFP Mozambique: Maputo.

²⁵ See footnote 5.

²⁶ See footnote 5.

²⁷ See footnote 5.

Violence was also a key topic in the GDCs. The three main types covered in the sessions were physical, psychological and sexual violence. More men and women were able to recall all three types of violence over the course of the GDCs pointing to productive discussions. It is notable that the pre-tests results were quite low, with psychological violence being the least mentioned among men and women. This aligns with how difficult it can be to recognize psychological violence. In the post-test, there was a significant increase of men and women being able to recall the three types of violence, and again psychological violence was the least recalled. It was found in the Gender Analysis that upon introduction of laws protecting victims of violence, “indiscriminate violence” decreased but violence still occurred when women did not perform as society or their husbands expected.²⁸ However, this was found to be a type of justified punishment for women and not considered violence. The significant increase between pre- and post-test results is promising in terms of men and women broadening their definitions of violence to be more inclusive. With that being said, the result of less than half of men and women being able to recall all three types of violence indicates there needs to be more sensitization around identifying violence when it is either happening to oneself or when one is engaging in it.

Economic and early marriage were also identified by project participants as other types of violence. Economic violence is forced limited or no access to funds and other assets while early marriage is being married before 18 years of age. This shows that participants are making the connections between the different types of violence, which are often interlinked. Early marriage is a type of psychological and child violence. It can also lead to physical and sexual violence.²⁹ Men and women know there are consequences for adolescent girls who marry before 18 years of age. Over the course of the GDCs, there was a significant increase of men and women who could recall at least three consequences. In the post-test, 28% of men and women could recall five or more consequence. From the KAP Study, it was identified that a majority of men and women do not intend to allow their children to marry before 18 years of age, except in cases where the adolescent girl becomes pregnant.³⁰ It was also found from the adolescent participants that there still experienced social pressure to marry younger.³¹ GDCs started the conversation on the consequences of early marriage, with men and women mainly recalling the negative impacts of early pregnancy on young moms and their babies. Further covering this topic in other SBCC sessions in the implementation plan can continue the conversation to ensure adolescents girls, are not getting pregnant too early when it is not safe them or the baby.

²⁸ See footnote 5.

²⁹ WHO. (2021). Violence against women. Who.int. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

³⁰ See footnote 24.

³¹ See footnote 24.

VII. Conclusion

Routine monitoring of SBCC by assessing psychosocial and behavioural indicators, such as this pre-and post-test comparative analysis, provide information that can support field implementation by revealing necessary adaptations to better reach programme objectives, and to increase nutrition and health outcomes

Similar to the nutrition sessions, GDCs are a vehicle for change, providing safe spaces for couples to discuss and reflect on relevant topics with a trained facilitator. The findings in this comparative analysis showcase the ability of Gender Dialogue Clubs to start conversations around sensitive topics (sometimes not commonly talked about between genders). Additionally, utilizing the engaging-men-approach showed potential in increasing men's knowledge on, positive attitudes towards and good practices for women's empowerment and gender equality. These spaces also gave women a platform and support to discuss challenging issues. There was also an increase in women's knowledge on, positive attitudes towards and good practices for women's empowerment and gender equality as it is not only men who uphold social and gender norms.

Perpetuation of violence is a public health concern³² and if improvement in nutrition and health outcomes are to be expected, further engaging men -as well as women and adolescents- on identifying and reporting violence should continue. The local Chemba police were invited to attend the GDCs with the session facilitators to provide information and reiterate their ability to support the community. It is recommended that the GTNS project team consider supporting the local police in continuing information sessions, ensuring to include female officers and community leaders.

Additionally, based on findings around early marriage and the subsequent greater likelihood of early pregnancy, it is recommended to dedicate a section to this topic in the forthcoming SRH sessions (the sixth and final topic module) to reinforce the danger posed to adolescent girls and their babies.

³² Muluneh, Muluken D.; Stulz, Virginia; Francis, Lyn; Agho, Kingsley. 2020. "Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies" *Int. J. Environ. Res. Public Health* 17, no. 3: 903. <https://doi.org/10.3390/ijerph17030903>

Acronyms



ADA	Austrian Development Agency
CU2	Children Under 2 (years)
CU5	Children Under 5 (years)
GTNS	Gender Transformative and Nutrition-sensitive (project)
GDC	Gender Dialogue Club
HH	Household
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude and Practices (Study)
MUAC	Mid-Upper Arm Circumference
ODK	Open Data Kit
PLW	Pregnant and Lactating Women
SBCC	Social and Behaviour Change Communication
SDSMAS	District Services of Health, Women & Social Action
SMART	Specific, Measurable, Achievable, Relevant and Timebound
SRH	Sexual and Reproductive Health
S&H	Sanitation & Hygiene
WFP	United Nations World Food Programme

Annex 1: Gender Dialogue Club Indicators and SMART Objectives

#	Indicator detail	SMART Objective	Respondent	Behavioural domain	Psychosocial indicators	Reference (template question)
1.1	Increased percentage of men and women perceive gender roles and responsibilities being learned from social expectations	After complete GDC topic area is conducted [10 weeks], 66% of men and women partaking in GDCs, will perceive gender roles and responsibilities being learned from social expectations	WOMAN/MAN	DEFYING SOCIAL EXPECTATIONS	ATTITUDE/ PERCEPTION	4.1
1.2	Increased percentage of men and women intending to listen and communicate with their partner regularly	After complete GDC topic area is conducted [10 weeks], 75% of men and women partaking in GDCs, intend to listen and communicate with their partner regularly	WOMAN/MAN	COMMUNICATION	INTENTION	4.2
1.3	Increased percentage of men report including their wife(wives) in household decision-making	After complete GDC topic area is conducted [10 weeks], 33% of men partaking in GDCs, report including their wife(wives) in household decision-making	MAN	POWER SHARING	SELF-REPORTED BEHAVIOUR	3.1
1.4	Increased percentage of men and women who can recall the 3 types of violence [physical, psychological, and sexual]	After complete GDC topic area is conducted [10 weeks], 66% of men and women partaking in GDCs, will be able to recall the 3 types of violence [physical, psychological, and sexual]	WOMAN/MAN	VIOLENCE	KNOWLEDGE	4.4
1.5	Increased percentage of men and women know the consequences associated with early marriage of adolescent girls	After complete GDC topic area is conducted [10 weeks], 66% of men and women partaking in GDCs, can recall at least 3 consequences for adolescent girls who marry before 18 years of age	WOMAN/MAN	DANGERS OF EARLY MARRIAGE	KNOWLEDGE	4.5
1.6	Increased percentage of men and women intend to discuss the negative impacts of polygamy on the family and community with their family members	After complete GDC topic area is conducted [10 weeks], 33% of men and women partaking in GDCs, intend to discuss the negative impacts of polygamy on the family and community with their family members	WOMAN/MAN	POLYGAMY	INTENTION	4.6

1.7	Increased percentage of men and women intend to encourage their children to practice monogamy	After complete GDC topic area is conducted [10 weeks], 33% of men and women partaking in GDCs, intend to encourage their children to practice monogamy	WOMAN/MAN	PERPETUATING POLYGAMY	INTENTION	4.7
1.8	Increased percentage of men report sharing the burden of domestic tasks with their wife (wives)	After complete GDC topic area is conducted [10 weeks], 33% of men partaking in GDCs, report sharing the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife(wives)	MAN	BURDEN SHARING	SELF-REPORTED BEHAVIOUR	3.3
1.9	Increased percentage of women perceive that men sharing the burden of domestic tasks is normal	After complete GDC topic area is conducted [10 weeks], 50% of women partaking in GDCs, perceive that it is normal for men to share the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife(wives)	WOMAN	NORMALIZE BURDEN SHARING	ATTITUDE/ PERCEPTION	2.1
1.10	Increased percentage of women are confident about talking to their husbands to share the burden of domestic tasks	After complete GDC topic area is conducted [10 weeks], 66% of women partaking in GDCs, are confident that they will discuss with their husbands to share the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with their wife(wives)	WOMAN	NORMALIZE BURDEN SHARING	CONFIDENCE	2.2
1.11	Increased percentage of men and women intend to share decision-making around family planning	After complete GDC topic area is conducted [10 weeks], 50% of men and women partaking in GDCs, intend to discuss and agree together on family planning, such as use of contraceptives and when to and how many children to have	WOMAN/MAN	FAMILY PLANNING	INTENTION	4.3
1.12	Increased percentage of men who know the importance of their involvement in child development to ensure good nutrition and health of children	After complete GDC topic area is conducted [10 weeks], 66% of men partaking in GDCs, know their involvement in the whole child development process has a positive effect on child health and nutrition	MAN	MEN INVOLVEMENT FOR BETTER NUTRITION	KNOWLEDGE	3.2

Annex 2: Gender Dialogue Club Questionnaire

	<p>SBCC Monitoring Questionnaire - Gender Dialogue Club To be filled in by: Beneficiaries - Interviewed by Pathfinder Staff Version 3 - December 2020</p>	<p>Moçambique GTNS</p>  <p>Project</p>
<p>Introduction</p>		
<p>Read introduction to beneficiary</p> <p>Hello, My name is _____. I work for the local organization Pathfinder, supporting the Ministry of Health and WFP. You have been selected by chance within the GTNS (Khaliro Adidi) project beneficiaries at this site for this interview. You will gain no material benefit from agreeing to conduct this interview. You will not receive any extra assistance than you would otherwise have received. The survey is voluntary and you can choose not to take part.</p> <p>The purpose of this interview is to obtain information about the health behaviours of community members. It helps us understand whether we are implementing our program properly and whether we are addressing the needs of the population we serve. The information that you give will be confidential. The information will be used to prepare reports, but all information will be confidentially and no names will be shared.</p> <p>This interview will only take about 20 minutes.</p> <p>Please provide the most accurate answer that you can to best inform and improve the program.</p> <p>If you agree, we will now start the questions.</p> <p>If respondent says 'Yes' – start the data collection. If respondent says 'No' – thank you for his/her time and end the interview.</p>		
<p>1. General information - INTERVIEWER TO FILL IN</p>		
<p>1.1 . Name of community [drop down list]: <i>Andrassone, Arnelo, Bangwe, Bhaumbha, Bucha, Candima, Cassume, Castela, Deve, Dzunga 1, Dzunga 2, Fernando, Francalino, Fumbe 1, Fumbe 2, Macendua, Mandue, Mapata, Mateus, Melo 1, Melo 2, Muandinhoza, Mulima-sede, Nhacagulagua 1, Nhacagulagua 2, Nhacavunvu, Nhalunga, Nhamaliwa, Nhamazonde, Nhambhandha, Nhamingale, Nhancaca, Nhangué, Nhapwete, Nharugue, Nhasulu, Nhatsete, Nhakuiyoyo, Niquice, Ofece, Shonsua, Thenda, Tomucene 1, Tomucene 2, Tsera, Xavier, Zenguerere, Zomdane 1, Zomdane 2</i></p>		
<p>1.2. Beneficiary is a <input type="checkbox"/> Man (go to question 3) <input type="checkbox"/> Woman (go to question 2) [ALL RESPONDENTS SHOULD RESPOND TO QUESTION 4 + 5]</p>	<p>1.4. Date __ / __ / ____ dd mm yyyy</p>	
<p>1.3. Beneficiary Age [drop down list]: <input type="checkbox"/> 19 years and under <input type="checkbox"/> 20-29 years of age <input type="checkbox"/> 30-39 years of age <input type="checkbox"/> 40-49 years of age <input type="checkbox"/> 50-59 years of age <input type="checkbox"/> 60+ years of age</p>		
<p>2. Questions for women</p>		
<p>2.1 True or false - it is good that men support their wives by sharing the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work.</p>	<p><input type="checkbox"/> 1 - True <input type="checkbox"/> 2 - False</p>	
<p>2.2 To what extent do you feel confident that you will discuss with your husband to share childcare responsibilities and domestic tasks (collecting water and lifting heavy things)? You can only choose one option.</p>	<p>Read options to beneficiary</p> <p><input type="checkbox"/> 1 - Not confident <input type="checkbox"/> 2 - Somewhat confident <input type="checkbox"/> 3 - Fully confident</p>	
<p>3. Questions for men</p>		

3.1	Did you include your wife/wives when making household decisions, such as when buying food, determining what to plant in the machamba and when deciding on family planning? Yes or no?	Read options to beneficiary <input type="checkbox"/> 1 - Yes, I included my wife when making household decisions <input type="checkbox"/> 2 - No, I did not include my wife when making household decisions
3.2	True or false - Men's early involvement has a positive effect on a child's development [health and nutrition].	<input type="checkbox"/> 1 - True <input type="checkbox"/> 2 - False
3.3	Did you share the burden of childcare responsibilities and domestic tasks, such as household responsibilities and field work with your wife(wives)? Yes or no?	Read options to beneficiary <input type="checkbox"/> 1 - Yes, I shared the burden of domestic tasks with my wife/wives <input type="checkbox"/> 2 - No, I did not share the burden of domestic tasks with my wife/wives
4. Questions for men and women		
4.1	True or false - I think doing activities or having beliefs outside of what is defined in men and women boxes (caixas de homem e mulheres), such as men cooking meals or women making decisions for the family, is acceptable.	<input type="checkbox"/> 1 - True <input type="checkbox"/> 2 - False
4.2	To what extent do you intend to listen and communicate with your partner(s) regularly? You can only choose one option.	Read options to beneficiary <input type="checkbox"/> 1 - Do not intend to <input type="checkbox"/> 2 - Maybe will <input type="checkbox"/> 3 - Do intend to
4.3	To what extent do you intend to discuss and agree with your partner (husband/wife/wives) on family planning, such as use of contraceptives and when to and how many children to have? You can only choose one option.	Read options to beneficiary <input type="checkbox"/> 1 - Do not intend to <input type="checkbox"/> 2 - Maybe will <input type="checkbox"/> 3 - Do intend to
4.4	Can you please recall the 3 different types of violence?	Do not read options to beneficiary. Mark each option that the caregiver mentions. <ul style="list-style-type: none"> ▪physical violence (beating; hitting; pushing; crippling) ▪psychological violence (humiliation; threats; insults; pressure; expression of jealousy or possession; control over another person's decisions or activities ▪sexual violence (pressure or force someone to engage in any sexual activity against their will, from kissing to penetration sex; verbal violence through sexual comments that make someone feel humiliated or uncomfortable) ▪Other; please specify _____
4.5	Can you please recall the consequences for adolescent girls who marry before 18 years of age?	Do not read options to beneficiary. Mark each option that the caregiver mentions. <ul style="list-style-type: none"> ▪leads to early pregnancy (and associated risks, like increased likelihood of

		malnourished babies) ▪limits or closes opportunities to pursue dreams and aspirations ▪increased likelihood of dropping out of school ▪psychological and emotional distress ▪more likely to experience violence from her husband and husband's family ▪more likely to not be able to make joint decisions even about nutrition for the family ▪more likely to experience psychological violence (humiliation, social exclusion, insults) if husband dissolves marriage because he loses interest or is unhappy ▪increased poverty when adolescent girl is abandoned when already pregnant or with children ▪increased poor nutrition when adolescent girl is abandoned when already pregnant or with children ▪Other; please specify _____
4.6	To what extent do you intend to discuss the negative impacts of polygamy on the family and community with your family members?	<i>Read options to beneficiary</i> <input type="checkbox"/> 1 - Do not intend to <input type="checkbox"/> 2 - Maybe will <input type="checkbox"/> 3 - Do intend to
4.7	To what extent do you intend to encourage your children to practice monogamy (marry only person)? You can only choose one option.	<i>Read options to beneficiary</i> <input type="checkbox"/> 1 - Do not intend to <input type="checkbox"/> 2 - Maybe will <input type="checkbox"/> 3 - Do intend to
5. Cooking Demonstrations		
5.1	[If applicable] , did you try to make the recipe(s) from the cooking demonstration at your home anytime over the last 10 weeks?	<input type="checkbox"/> 0 - Not applicable <input type="checkbox"/> 1 - Yes, I tried to make the recipe(s) at home <input type="checkbox"/> 2 - No, I did not try to make the recipe(s) at home
6. Do you have anything you want to ask about what we discussed now?		
Final remarks		
<i>Read conclusion to beneficiary</i>		
This was the last question and we are done now. Thank you once again for your generous time and for sharing your thoughts with us. We greatly appreciate your help and we hope this research will help us improve the health of the member in your community. If you have any specific questions, please do not hesitate to call our free hotline, Linha Verde, at 1458.		
5. Signatures and approvals by Pathfinder staff - NOT RELEVANT FOR MODA ONLY IF PAPER VERSION WILL BE USED		
Pathfinder field staff:		Pathfinder District MCH Officer:
Signature:	Date:	Signature: Date: