Taylor & Francis
Taylor & Francis Group

Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: 1369-1058 (Print) 1464-5351 (Online) Journal homepage: www.tandfonline.com/journals/tchs20

Exploring how men and women improve their relationships through participation in HIKA, a group-based, couples-focused IPV prevention program in the Democratic Republic of Congo

Anjalee Kohli, Nancy Perrin, Clovis M. Mitima, Roméo R. Binwa, Davy R. Mpanano, Jean B. Heri, Jeannette N. Cinogerwa, Gisèle N. Mushengezi, Arsene B. Kajabika, Marie C. Nakesa, Joëlle B. Balibuno, Alfred M. Bacikenge, Émilie Awa, Julien A. Lubala, Remy M. Mpanano & Nancy Glass

To cite this article: Anjalee Kohli, Nancy Perrin, Clovis M. Mitima, Roméo R. Binwa, Davy R. Mpanano, Jean B. Heri, Jeannette N. Cinogerwa, Gisèle N. Mushengezi, Arsene B. Kajabika, Marie C. Nakesa, Joëlle B. Balibuno, Alfred M. Bacikenge, Émilie Awa, Julien A. Lubala, Remy M. Mpanano & Nancy Glass (26 Dec 2025): Exploring how men and women improve their relationships through participation in HIKA, a group-based, couples-focused IPV prevention program in the Democratic Republic of Congo, Culture, Health & Sexuality, DOI: 10.1080/13691058.2025.2604686

To link to this article: https://doi.org/10.1080/13691058.2025.2604686

Published online: 26 Dec 2025.

CULTURE, HEALTH & SEXUALITY
https://doi.org/10.1080/13691058.2025.2604686

Exploring how men and women improve their relationships through participation in HIKA, a group-based, couples-focused IPV prevention program in the Democratic Republic of Congo

Anjalee Kohli[a], Nancy Perrin[b], Clovis M. Mitima[c], Roméo R. Binwa[c], Davy R. Mpanano[c], Jean B. Heri[c], Jeannette N. Cinogerwa[c], Gisèle N. Mushengezi[c], Arsene B. Kajabika[c], Marie C. Nakesa[c], Joëlle B. Balibuno[c], Alfred M. Bacikenge[c], Émilie Awa[c], Julien A. Lubala[c], Remy M. Mpanano[c] and Nancy Glass[b]

[a]Prevention Collaborative, Washington, DC, USA; [b]Biostatistics and Methods Core, School of Nursing, Johns Hopkins University, Baltimore, MD, USA; [c]Promotion de la Famille Paysanne, Bukavu, South Kivu Province, The Democratic Republic of the Congo

ABSTRACT

Group-based IPV prevention programmes use participatory learning to impart new information, encourage critical reflection on gender and power dynamics, and develop new skills. Understanding whether and how these programmes are internalised and acted upon can allow for programme designs to enhance facilitators of positive change, inform efforts to adapt and scale the programme, and understand the potential for sustained change. This paper presents a qualitative study that explored men's and women's perceptions, experiences, and learning from participating in HIKA, a group-based couples' IPV prevention programme, together with facilitator experience. HIKA, a 22-session participatory curriculum, was adapted from the *Indashykirwa* couple's programme for couples living in South Kivu Province, Democratic Republic of Congo. Men and women described important shifts in the way they perceived and used power, conflict, violence, and communication. Despite some resistance and ongoing gendered roles, the programme's group-based, couple-centred approach, underpinned by safe spaces, empathy-building exercises, and skills for managing power and conflict, demonstrated promise in encouraging new non-violent behaviours and strengthening relationships.

ARTICLE HISTORY
Received 20 August 2025
Accepted 11 December 2025

KEYWORDS
Intimate partner violence; couples programme; violence prevention

Introduction

Almost one in three ever-married/partnered women has experienced physical and/or sexual intimate partner violence (IPV) (World Health Organisation [WHO] 2021). The 2013–2014 Demographic and Health Survey in the Democratic Republic of Congo (DRC) provides estimates for the past year IPV among married women as follows: 45.9% physical IPV, 25.5% sexual IPV, and 36.6% emotional IPV (Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité [MPSMRM], Ministère de la Santé Publique [MSP] and ICF International) 2014).

IPV has been shown to be related to lower levels of trust, partner support, sexual satisfaction and positive communication in Malawi (Ruark et al. 2017) and elsewhere, as well as the inability of men to manage their communication and conflict skills in healthy and non-violent ways when emotionally aroused (Wojda et al. 2022). The consequences of IPV for women are numerous and include physical, reproductive and mental health, and psychosocial outcomes (Ellsberg et al. 2008; Wessells and Kostelny 2022; Brown et al. 2024).

Growing up in a home with IPV affects child development, including socio-emotional competence, emotional dysregulation, aggression, and academic performance (Bender et al. 2022; Cage et al. 2022;

CONTACT Anjalee Kohli anjalee.k2@gmail.com

Machisa et al. 2025). Childhood exposure to IPV has been associated with greater acceptance of it (Evans et al. 2022), and men's use of IPV in future relationships (Jewkes et al. 2025). A study in Uganda found that nearly all children who witnessed IPV experienced violence from a perpetrator (Devries et al. 2017). Efforts to prevent IPV have the potential to benefit women's health and well-being, couples' relationships, and improve adolescent health and behaviours.

Gender, power and social norms

IPV has its roots in social conceptions of gender and power. Gender power imbalances between men and women, including men's use of power over women (e.g. controlling, dominating acts), and concepts of masculinity that include male power, authority and elevated social value (Kyegombe et al. 2014; Jewkes, Flood, and Lang 2015a), are linked to men's IPV perpetration and women's IPV experience. Concepts of femininity related to IPV include expectations of submission, acceptance of male authority, and responsibility for the home (Jewkes, Flood, and Lang 2015a). Efforts to prevent IPV include activities to identify, reflect on, and transform the notions of gender, power, and masculinity that harm men and women (Jewkes et al. 2015b).

Group-based violence prevention programming

Group-based prevention programmes typically include participatory learning with a group, including couples, recruited based on their interests and not for their history of IPV. A meta-analysis of 27 group- or community-based programmes, including four couples' programmes, targeting IPV prevention provided causal evidence of effectiveness (Leight et al. 2023). Facilitators typically impart new information, encourage critical reflection and discussion of gender and power dynamics, and help participants develop new skills of communication and conflict resolution using a blend of instruction, participatory activities, dialogue, and practice. Whether these programmes are effective is linked to how they are delivered, including the training and support given to facilitators and group dynamics (Gibbs et al. 2020; Stern et al. 2023). An examination of four group-based couples programmes identified elements of intervention design and implementation important for preventing IPV, including adaptation from pilot testing, intensity of exposure, having well-trained facilitators, and close supervision (Jewkes et al. 2020).

There is growing evidence of how group-based teaching programmes affect participants. A qualitative analysis of four programmes, including *Indashykirwa*[1] identified common pathways to improve relationships and prevent IPV. Contributing factors at the individual level included increased confidence and reduced tolerance for abuse. At the relationship level, they included changed gender norms and roles with an emphasis on healthier, more equitable relationships brought about by examining causes and consequences of existing behaviours, and learning and practising new skills (Stern et al. 2021).

A study with participants in the REAL Fathers programme in Uganda explored how men subsequently reduced violence in the home. Male participants described the change as rooted in how the programme 'opened their hearts', allowing them to feel more compassion and connection. They started communicating, listening to their partner, and aligning their behaviours with new norms (Institute for Reproductive Health 2021).

Indashykirwa, a group-based couples programme implemented in Rwanda, was designed to help couples positively transform power imbalances in their relationships, equip couples to identify and manage triggers for IPV, and to build skills for equitable, non-violent relationships (Stern and Nyiratunga 2017). The evaluation reported significant reductions in women's experience of IPV (Dunkle et al. 2020) and noted that some behaviours changed while established norms – such as gender roles and decision making, remained the same (Dunkle et al. 2020; McLean, Heise, and Stern 2020). Factors that supported change included fostering a new positive norm rather than directly challenging entrenched and harmful norms, explaining the benefits of new behaviours, and working in groups and as couples.

HIKA, a couple's curriculum for healthy relationships

Indashykirwa included four components: a 21-session participatory group-based couples' curriculum, community-based activism, direct support to IPV survivors, and training and engagement of opinion

leaders. The couple's curriculum engaged heterosexual couples in 20 sessions, or 5 months of intensive work to build more equitable and non-violent relationships. The content included a focus on types and uses of power, triggers for IPV, and skills building for improved communication and conflict resolution. There were also take-home exercises for couples to consolidate and strengthen their learning and practise new skills.

In 2022, Promotion de la Famille Paysanne (PFP) and Johns Hopkins University School of Nursing adapted the Indashykirwa couple's curriculum for implementation in rural eastern DRC, an area that has experienced decades of conflict and economic hardship. The adapted programme was named *Hindula a Kalomo* (HIKA) in Swahili, meaning 'changing behaviour'. The 22-session HIKA curriculum retained the structure and content of Indashykirwa's couples' curriculum while adapting concepts, graphics and activities to the new context. An additional session was developed to introduce concepts of positive parenting. For each session, the team developed a one-page graphic summarising key learning points.

To support participant retention, the team introduced a savings programme tied to attendance. For each session a member attended, US$ 2.5 was invested in a savings account. As with Indashykirwa, a pair of trained facilitators (one male, one female) delivered the curriculum. Eligibility to be a facilitator included respected persons with experience teaching and knowledge of the area and language. PFP developed an extensive facilitator training and supervision plan. Training included interactive orientation and practice, individual reading and synthesis of sessions, supervised mock sessions with debriefing, and pilot of select sessions. Each pair of facilitators was responsible for up to 5 groups of 12 couples each in the same Territory.

Study purpose

Between 2023 and 2025, HIKA was evaluated as part of the 3-arm study to evaluate the combined effect of two interventions: HIKA and Rabbits for Resilience (RFR), a youth-led economic empowerment programme on adolescent mental health conducted in 13 villages in Kalehe Territory and 15 villages in Kabare Territory in South Kivu Province, DRC. Eligible couples included adult men and women (at least 18 years-old) married or living as a couple and living with their adolescent child aged 10–14 years. The evaluation sought to advance learning on whether and how HIKA facilitated changes in relationships between couples and their children. The study described in this paper retrospectively explored the process of implementing and participating in HIKA in two arms of the study: HIKA and HIKA+RFR. The focus was on: (1) men's and women's perceptions, experiences, and learning from participation in HIKA (objective 1); and (2) facilitators' experience facilitating HIKA (objective 2).

Methods

Study design and setting

With respect to objective 1, recruitment for in-depth interviews (IDI) and focus group discussions (FGD) focused on persons who attended sessions regularly (i.e. >16 sessions) (Table 1). Questions explored participants' experience of the programme, including the content, activities, programme structure, and facilitation. Only one member of a couple was approached for an IDI or participation in a FGD. For objective 2, all 25 facilitators were approached to participate; two of them were not available. HIKA was implemented between June and December 2023; and data collection took place in May and June 2024.

Table 1. Participant characteristics.

	Kalehe Territory		Kabare Territory	
	IDI	FGD	IDI	FGD
Facilitators				
HIKA	1M, 1F	1 (2M,1F)	1M, 1F	1 (2M, 2F)
HIKA + RFR	1M, 1F	1 (2M, 1F)	1M, 1F	1 (3M, 2F)
Participants				
HIKA	3M, 3F	1 (3M, 3F)	2M, 2F	1 (3M, 3F)
HIKA + RFR	3M, 3F	1 (3M, 3F)	4M, 4F	1 (3M, 3F)

Data collection

The PFP research team served as interviewers because of their familiarity with the programme and their established relationships with participants, which helped gain trust and build rapport.

The interview and FGD guides focused on the following topics: power; gender and rights, GBV, and sex and sexuality; healthy relationships and parent-child relationships; triggers for IPV and managing conflict; and empowerment, support and commitment to change. Questions regarding experiences of IPV were not posed directly, although interviewers followed up when participants volunteered information. IDIs and FGDs were conducted in Swahili or Kihavu, were audio-recorded, transcribed, and translated into French.

Data analysis

Thematic content analysis was used to analyse the data (Braun and Clarke 2006). A preliminary coding structure was developed and after reading a subset of transcripts emergent codes were added. Dedoose aided coding and a Miro board was used for thematic analysis. Examination of differences by Territory, study arm (i.e. the HIKA only study arm or the HIKA+RFR study arm), and sex were explored.

Ethics

Ethical approval for the study was received from the Johns Hopkins University School of Nursing (JHMI IRB 00446964) and the Université Catholique de Bukavu (UCB/CIES/NC/014/2024). Local leaders were informed about the study. Information on the study purpose, risks and benefits was provided individually. informed, voluntary consent was also obtained, including to make an audio recording. Participants received 2 USD as a token of appreciation.

Findings

The results are organised under two key thematic areas: participants' perceptions, experiences and learning; and facilitators' reflections on programme structure and delivery.

Perceptions, experience and learning on key themes covered by HIKA

Power

Men initially viewed their authority in the home and society as normal, necessary and prescribed, particularly by their Christian faith. Some expressed concern that the curriculum might encourage wives to dominate men. Women understood how men misused power by ignoring their opinions and using violence. As women reflected, they recognised how they too sometimes used power to assert control by hiding money, withholding sex to upset their partner, and shouting at their children.

Men shared examples of how they had misused power by refusing to listen, dominating conversations, using their physical presence to intimidate others. One participant said, 'I thought, as the head of the house, no one could influence me. Even if one's wife or child speaks, the man must show them he is in charge'. Another described how as the result of programme participation, he had started to understand the impact of his behaviours on others, 'It was the first time that I felt what was in my heart. Because they asked me questions in front of my wife'. Many men and women participating in the study regretted their past use of power to dominate others, recognising that 'power over' was a destructive force.

Many described how they were learning to share power at home by practising communicating and joint problem-solving without using violence. Some men described shared decision-making, while others considered their wives' opinions before deciding for themselves. One man explained, 'power in a couple is meant to be shared power … we are not meant to oppress others'.

Some women discovered their 'power within' and were able to access it even when their spouse continued to dominate decisions and control many aspects of their lives. These lessons taught them to

speak more openly, expressing their thoughts and feelings. A few men expressed that a good man is someone who listens, brings people together, and demonstrates kindness. A facilitator summarised, 'We learned that collaboration is essential … this training … breaks down … the boundaries that kept men on one side and women on the other'.

Gender, rights, sex and sexuality

Initially, participants worried that discussing gender roles might strain their relationships. However, during the course of the sessions, they developed a greater understanding of men's and women's perspectives. One facilitator explained how they discussed the topic, 'The man is head of the family, but to be the boss does not mean that a woman has no place … she can also make decisions, so you should … decide together because she is a person just like you'. Nevertheless, men did not always agree. One of them said, '[a man] has to have power over his wife … if he feels like he has to hit her, then he must because she is his wife'.

The programme's interactive approach encouraged participants to explore their understanding of gender equality. Homework assignments included performing the duties typically assigned to the spouse; for men, this included cooking and childcare. Men were hesitant and worried their peers would judge them. A facilitator described how discussing homework allowed them to address these beliefs. He asked a man who had prepared *fufu*, '"Did you wake to discover that you had become a woman?" He said "no". "Did you have breasts?" "No." Then I turned to the other man and said, "Do you think if you did this … you would have breasts?"'.

With time, participants started to acknowledge the gender inequities within their relationships, explaining they had learned these roles from their elders and through faith, but they were not fixed. A woman explained that the purpose of gender roles was to benefit men. Men identified the tasks they were not part of, and many expressed a willingness to take on some responsibilities. Most added that responsibilities should not be shared equally; instead, men, could share tasks when women awe busy or sick. They did not want to have added work while their wife relaxed. They also learned about the positive roles women can play (e.g. through paid work). These insights positively affected couples' relationships.

Some men began to question the fairness of women lacking a clear right to inherit, although few expressed a readiness to change inheritance in practice. One man described another participant in HIKA who felt bad about how he handled his father's land: "He was thinking of his sisters who had asked for their share of the inheritance, and he would not give them anything." As this man was now distraught over his behaviour, the facilitator encouraged him to correct his past behaviour by offering his sisters something now. While participants expressed the desire for greater equity, translating this commitment into practice proved to be a more gradual process.

Participants came to realise that boys were often given preference - enrolled in school, encouraged to focus on their studies, participate in sports, play with friends, and take on responsibilities outside the home. In contrast, girls were typically assigned household chores, and their education was seen as less of a priority. Both men and women expressed dismay upon realising this disparity. One man explained, 'There is no work at home that a boy cannot do'. However, even as parents started to encourage girls' studies and assign boys household chores, they did not seek equity in how they divided tasks or responsibilities.

HIKA engaged participants in discussions about sex, a subject that participants had hitherto considered taboo and one they had never discussed with their spouse or in a mixed-gender group. Initially, many were hesitant to talk. However, building on the notion of the group being a 'safe space' and the established trust between members, facilitators helped initiate conversation about the topic. Discussions became animated and were ones that participants later considered very important. Before HIKA, women understood that they should not express a desire for sex, nor were they allowed to refuse their husbands' sexual advances.

Most men and women participating in this study expressed surprise and later appreciation that they could discuss sex and that both partners could consent to sex or decline sex without negative repercussions. Engaging in these discussions relied on a sense of safety within the group, as shown by women who shared, without prompt, that they had been the victims of sexual violence in their marriage, and

by men who accepted that they had perpetrated it without realising it. One man said that before HIKA he thought his wife was abusing him by refusing him sex, but now he understood this was wrong. Another elaborated, 'I thought that a man can do what he wants … he can jump on his wife … whether she wants to or not, she has to have sex. I learned that this is violence … Now I understand … consent is needed'.

Both men and women described developing a deeper understanding of their partner's sexual desires, including respecting their right to decline consent, the importance of easing into sex, and the value of open conversations about sex. A male participant explained 'I realised I caused my wife a lot of pain … I did not know that she can ask [for sex]. In fact, if she ever expressed desire, I would have thought she was confused … Today, she can touch me, and I will respond… Similarly, I can touch her and everything is good'. Most began discussing sex more openly with their partner and said this improved both emotional connection and the sexual relationship. Nevertheless, for one woman, discussions about sex and alcohol inadvertently reinforced the idea of women as caretakers of their husbands' needs. She had understood that she could refuse sex while taking care of her drunk husband and have sex once he was sober.

Physical and emotional IPV

Before HIKA, many male participants believed physical violence was a normal male response to feelings of frustration, perceived infractions, a means of asserting authority, and a way to punish their wives. One woman explained that men's use of violence against their wives was considered normal,

> 'Women here have suffered the most with GBV because women are the ones who get injured, who always get hit. Take my example … I have been chased from my home at all times of day. My husband insulted me in front of people. Everyone knew our lives. But we didn't know this was violence'.

As a result of participation in HIKA, her relationship improved.

Discussions about power dynamics and gender supported participants in deepening their relationships. By being in a safe group setting and engaging in activities that allowed reflection and discussion, men and women began to have hard and honest conversations, including about IPV in their relationship and community. One man explained how he verbally abused his wife,

> 'I understood that insulting your wife is a mistake. Calling her a dog means that I am also a dog. I understood that I was hurting her … When they told us this, my heart returned…I started to listen with a lot of attention because I understood that they were showing us how to live well'.

Some men recognised the harm caused to their spouse by withholding or controlling money and by emotional IPV, including harsh language and interrogating their wives. A woman explained: 'My husband and I did not have a single day in which we spoke well with each other. Every time he came home, the house felt cold because we knew he would be angry. If [the children and I] had been laughing, we would stop … and the children would hide'. HIKA taught her new ways to respond to his anger, 'I developed courage, and learned how to talk with [my husband]. Now, when he is acting mean, I wait. I can go up to him and say something to calm him. I am not scared anymore'. Despite feeling more hopeful about her family. gaps remained, as she described that she sometimes submitted sexually to her husband to appease him, an act that might protect her from physical violence, but which undermined her sexual autonomy and consent.

Both men and women appreciated the programme's focus on fostering cooperation and peace in relationships. However, it was not clear whether men stopped using the different types of IPV or had just reduced their frequency or severity, and not all men agreed with the teaching about physical violence, as they believed hitting one's wife was both normal and their right.

Healthy relationships and parenting

HIKA taught participants the importance of spending quality time as a family, making decisions collaboratively, and discussing both joys and conflicts. These lessons had an impact. One man explained how he had believed a family should follow traditional gender roles outlined in the Bible. HIKA changed his perspective by illustrating the value of open communication and resolving conflict through dialogue. Another said, 'I have a lot of regret… we didn't have a healthy relationship… there were so many things

I didn't do for my family that I didn't know I should [have done]'. This was a common sentiment among men who realised they had not considered the feelings or needs of their wives and children. A couple of women also expressed regret for how they had treated their family. One said, 'I lived a life of disorder … I didn't respect my husband. I didn't care for my kids; I used to insult them. As a result, the kids treated me as poorly as I treated them'.

Men and women noted growing peace and connection in their families, attributing this to the importance of listening and open communication in fostering mutual understanding. Before HIKA, most men did not share money or make financial decisions with their wives. Some would spend money drinking, without considering their family's needs. One woman described how she used to hide money from her husband. When he did not have money for food, she would not use her own. Some women who had been too scared or previously reprimanded for sharing their opinions described a shift. Now, their husbands sought their opinions, and they felt less inhibited speaking to their husbands. One woman described how she learned to speak with her husband about problems when she felt calm, instead of resenting him or pushing him away. Another explained, 'We are united. If I make a mistake, he won't tell me in public the way he used to insult me before. He will… tell me quietly in a place where our child cannot hear'.

Before HIKA, parents viewed good parenting as meeting basic needs and disciplining children. HIKA expanded their understanding of parenting to include spending more time with their children, listening, offering guidance, and correcting without physical punishment. As parents practised, they noted their children were happier and more engaged; their relationships grew stronger. A few men described how, before HIKA, their children would hide when the fathers returned home. Now, children felt comfortable talking with their father and eating together. One explained, 'I thought we had to hit our children to teach them. That I had to take a rod and beat them, and they would change as a result. We learned that we should not hit our kids. They need advice'. Women observed improvements in father-child relationships as men spent more time with their families and stopped using fear-based and physical discipline. Participants also shared how they now include their children in discussions, 'Before we didn't talk. And the kids did not speak with their father. But now I feel good because they speak, and it's beneficial. Because if we are (all) talking… we will have a better life'.

Triggers, alcohol use, and managing conflict

HIKA's teachings on conflict included lessons on triggers such as jealousy and excessive alcohol consumption. While most men recognised the importance of the teaching, some were initially upset by them. They reflected on the harmful impact of excessive and frequent drinking, with several saying the messages felt deeply personal. Many admitted that their wives and children hid from them when they came home drunk and took responsibility for the pain they had caused. One man shared his example of overreacting to minor issues when drunk, 'I would start talking, then scolding … the kids … one by one would run outside'. Another said that when he drank too much, 'the kids and their mother would hide … and say, "Satan has arrived"'.

Men understood the consequences of prioritising alcohol at the expense of their children's basic needs. One man who spent money on alcohol instead of food for his family described how he had changed, 'I farm with my wife … and you can see that I am not dependent (on alcohol). This theme was very important'. Some men reported drinking less often and in smaller quantities, often opting to drink at home. Women learned to manage their husbands' anger by staying calm, in hopes of reducing the risk of violence. 'If a woman does not know how to be calm and wise, then she will immediately respond to him. This increases the risk for physical violence … Even if my husband provokes me, I remain calm and silent. Later, when he is calm, then I talk to him." A few women also spoke about their drinking and recognised how they had neglected their children and household responsibilities. There was growing awareness that children learned from their parents' behaviours, including drunkenness and violence.

Several men described feeling jealous when their wives interacted with other men. One explained, 'If I saw my wife speaking with a man, immediately I felt jealous … I don't even know what she is talking about … It could have been about something that would help the family … I would accuse her, insult her, and sometimes even hit her'. He explained that if his wife accused him of wrongdoing when he

came home late, he would react angrily. Through HIKA, he had learned better ways to handle anger and jealousy.

HIKA taught participants strategies for managing anger and conflict. They learned to identify their emotions, examine their thoughts, and see how their actions affected others. One man explained,

> 'The way we talk to someone and whether we consider their reaction is what brings violence. You might find that your wife has not cleaned the house or prepared food … If you take things in a positive way, you will advance well … But if you take it as "she is discriminating against me! She is misbehaving" … this is what causes conflict. We learned … to say, "My love, you did this thing. I felt this way. And I thought this way. And when I thought this [way], I wanted to do this. But then I thought in a different way, and that's why I am coming to you now"'.

Men were taught specific techniques to calm themselves down before raising concerns with their partner, including deep breathing, listening to music, walking, or pausing to reflect. While women may have used similar strategies, few described these apart from waiting or choosing not to respond to their husbands' temper. Several men spoke about the importance of taking responsibility for their past behaviour and apologising. A few women expressed hope that their husbands would internalise the teachings, indicating that not all men had done so.

Empowerment, support, and commitment to change

The final session focused on sharing what participants had learned through the programme, its value for their families, and commitments to maintaining new behaviours and supporting one another. Even three months post-HIKA, participants continued to view the lessons as meaningful. Many men acknowledged their prior relational difficulties, with both partners hurting each other. They described improvements in their relationships, seen in how they treated each other, communicated, spent time together, solved problems, made decisions, and managed finances. More felt more confident about their future.

The beneficial outcomes observed in their personal lives and within their families reinforced participants' commitment to consistently implement what they learned in HIKA. One man explained how he had a more personal relationship with his children now that he disciplined them differently. He said, 'If the child does something bad, [I] listen and then show them what was wrong with it… [I] collaborate with my kids… and show them the consequences of their behaviour' rather than just punish them. This strengthened relationship motivated him to maintain non-violent disciplinary practices and to communicate with his children.

As couples' lives changed and their family relationships improved, they described an unexpected benefit, 'our family and our neighbours respect me [more] … they consult with me and include me in their activities. They never did this before'. They felt especially friendly and supportive to others in their HIKA group, 'Before I could go to a woman's house, and she wouldn't welcome me. I would sit there as if I were invisible. But with these teachings… we are the children of the same family; there is love between us."

Programme structure, facilitation and participation

Participants considered the group-based, couples-focused structure of the programme crucial to its success. It allowed them to talk, learn, and practise as a couple and learn from others. They spoke openly and respectfully, as one man said, 'Everyone spoke with discretion. No one accused their spouse of doing things'. They believed that if only one member of the couple participated, the other would not have accepted the teachings. The establishment of a safe space fostered trust. One man explained, 'What motivated us to talk was the degree of confidence that we had with each other … we were a group, but it was like being one person. Freedom to express ourselves was respected, and it created space for dialogue and listening'.

As discussions became more personal, the group setting became increasingly valuable. Seeing that others faced similar challenges made it harder to consider one's partner the cause of problems. One man explained, 'We told each other the truth without fear. I learned that women … keep many secrets … they hide the errors of their husband'. Another explained,

> 'When we spoke about GBV and other bad things, women expressed themselves … When men heard this, they started to understand that women do not like these things. Then, when we spoke about women's behaviours … women started to understand what men don't like'.

Facilitators were commended for their skill in leading conversations and activities with persons older than themselves. They were seen as treating participants with humility, respect, and friendliness; this built trust and fostered deeper relationships.

Facilitators noted that participants who actively engaged and practised with the material showed more progress. Despite this, maintaining change was a challenge for some. A few facilitators noted that even when couples were committed to change, they struggled to practise or spend time together due to the demands of daily life. For those in polygamous union, underlying tensions between the couple made it harder to internalise the teachings and practise skills. According to participant reports, men who continued to drink heavily or have affairs experienced fewer benefits from the programme.

Discussion

This study explored how HIKA participants perceived, experienced, and internalised the lessons provided by the programme. The establishment and reinforcement of a safe space was central to developing trust and engaging in discussion with members of the opposite sex about typically private matters. The group-based, couples-focused structure was key in contributing to change processes.

HIKA is grounded in an exploration of power dynamics within couples and families, as are other effective IPV prevention programmes (Bacchus et al. 2024), including Indashykirwa (Dunkle et al. 2020). By engaging in activities that encouraged participants to reflect on the experiences of others, many began to recognise how they used power in their families. As seen in other studies (McLean, Heise, and Stern 2020; Institute for Reproductive Health 2021; Stern et al. 2022), participatory engagement with power and gender can foster empathy for one's spouse and children.

Despite awareness of gender inequality, many men described assisting in the home, rather than sharing responsibility with their wives in completing their household tasks. While HIKA may have increased men's awareness and sensitivity to the work women perform in the household and with children, deeply held beliefs and norms about gender roles in a couple's relationship did not change. These findings mirror those from the Indashykirwa programme, which similarly noted persistent gender roles and male authority in household dynamics (McLean, Heise, and Stern 2020). This raise questions about the extent to which gender power dynamics shift, even when women were given more space to express their opinions.

Similar to the findings from Indashykirwa (Stern and Heise 2019) and other interventions (Starmann et al. 2017), HIKA's exploration of sex, sexual pleasure and the positive aspects of sexuality enhanced most couples' understanding of healthy relationships and appeared to strengthen their bonds. While initially hesitant, most participants found discussions on sex engaging and rewarding. Nevertheless, at least one woman described how she had to accommodate her husband's sexual desires, indicating the need to accurately and consistently convey programme messages about sex, respect and communication. This also signalled how dominant gender norms power relations were retained at least in some couples.

Programmes designed to shift entrenched norms often focus on creating new, positive norms rather than directly challenging deeply rooted expectations, such as respect for male authority. By focusing on positive norms, programmes can reduce resistance and encourage participants to envision new ways of being (Burrell, Ruxton, and Westmarland 2019). HIKA did not tell people how to live; it asked them questions about their lives, encouraged reflection through activities and discussion, debated ideas about ways forward, and built and provided opportunities to practise new skills. This approach was grounded in the transtheoretical or stages of change model (Prochaska and DiClemente 1983). As shown in this study and others (Kane, Wood, and Barlow 2007), new behaviours can be encouraged and maintained when individuals observe peers engaging in these behaviours, and individuals experience positive outcomes because of the adoption of new behaviours (Prochaska and DiClemente 1983).

In terms of conflict resolution, HIKA provided participants with the tools to identify emotions, manage thoughts, and communicate needs effectively. Strategies such as reducing alcohol consumption and

addressing jealousy helped participants prevent violent conflict. Other IPV prevention programmes have used similar strategies (Starmann et al. 2017). However, some resistance was evident, particularly around the concept of male entitlement to use violence against their wives. Additionally, a few women appeared to resort to submission, staying silent to avoid conflict escalation. While this might be a tactical response to maintain safety in volatile situations, it is unclear whether these women avoided conflict entirely or only in moments of anger from their husbands. Future studies should explore whether female participants were being encouraged by other participants or the facilitators to adopt submissive roles or were being held responsible for the violence they experienced. While no direct evidence of this was found in the current study, the accounts of a few women who described resorting to submissive behaviours raise potential concerns. Investigating these dynamics would help clarify whether such attitudes or suggestions are being taught within the programme, as a deviation from the curriculum, and identify strategies to mitigate this.

Limitations

It is important to recognise that the findings from this study came from participants who attended more or all of the programme sessions, and who would likely have gained the most benefit from the programme. While there was evidence of important and lasting change in couples' relationships and parenting practices, future quantitative evaluation will provide more information on how widespread and profound these changes are, and whether attendance was an important factor in changing behaviour.

Conclusion

The findings suggest that HIKA fostered significant shifts in the way men and women perceive power, conflict, and communication. Despite some resistance and ongoing inequitable gender roles, the programme's group-based, couple-centred approach, underpinned by safe spaces, empathy-building exercises and skills for managing power and conflict, demonstrated promise in encouraging new non-violent behaviours and strengthening relationships. However, the challenge of fully internalising these shifts remains, with cultural norms and deeply ingrained gender roles continuing to shape behaviour in complex ways. These findings reinforce the importance of intervention strategies that address gender and power dynamics with a focus on promoting positive relationships.

Lasting change requires time, effort, and reinforcement. Participants expressed the desire for continued programme involvement, such as refresher events, support visits from staff, and expanded outreach to other communities. External factors, such as disasters, conflict, or economic instability, can place additional stress on families, potentially reinforcing harmful norms and behaviours or undermining newly learned practices before they become deeply ingrained. However, couples may also draw on the new skills they have acquired to maintain resilience. Since the completion of this study, the eastern part of the DRC, including the rovince where this project took place, has experienced heightened violence and political instability, further impacting families. We hope that the lessons learned from HIKA will strengthen families' and communities' communication, problem-solving abilities, and support networks, enabling them to remain resilient even in these difficult times.

Note

1. *Indashykirwa* was a group-based couples curriculum designed to prevent IPV.

Acknowledgements

We thank the participants and facilitators of HIKA who took the time to share their experiences of the programme. Their reflections help us understand how IPV prevention programmes work and can help inform future programming in the DRC and internationally.

Disclosure statement

No potential conflict of interest was reported by the author(s).

AI statement

Generative AI tools were not used in conceptualising, analysing, or drafting this paper.

Funding

Funding for the study was provided by the US National Institute of Health (NIH)/National Institute of Mental Health (NIMH), R01MH128913. The views expressed in this paper are the authors' own.

Data availability statement

Due to the nature of the research, supporting data are not available.

References

Bacchus, L. J., M. Colombini, I. Pearson, A. Gevers, H. Stöckl, and A. C. Guedes. 2024. "Interventions That Prevent or Respond to Intimate Partner Violence against Women and Violence against Children: A Systematic Review." *The Lancet Public Health* 9 (5): e326–38–e338. https://doi.org/10.1016/S2468-2667(24)00048-3.

Bender, A. E., S. J. McKinney, M. M. Schmidt-Sane, J. Cage, M. R. Holmes, K. A. Berg, J. Salley, M. Bodell, E. K. Miller, and L. A. Voith. 2022. "Childhood Exposure to Intimate Partner Violence and Effects on Social-Emotional Competence: A Systematic Review." *Journal of Family Violence* 37 (8): 1263–1281. https://doi.org/10.1007/s10896-021-00315-z.

Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. https://doi.org/10.1191/1478088706qp063oa.

Brown, K. E., V. G. Zeyl, H. Nadone, M. J. Flores, D. Shearer, and S. Morshed. 2024. "Characterizing Physical Intimate Partner Violence-Associated Injuries among Adults in Low- and Middle-Income Countries: A Systematic Review." *Violence and Victims* 39 (4): 409–424. https://doi.org/10.1891/VV-2022-0091.

Burrell, S., S. Ruxton, and N. Westmarland. 2019. "Changing Gender Norms: Engaging with Men and Boys." Durham University, for the Government Equalities Office. https://www.gov.uk/government/publications/changing-gender-norms-engaging-with-men-and-boys/changing-gender-norms-engaging-with-men-and-boys?utm_source=chatgpt.com#conclusions-and-recommendations-1.

Cage, J., J. M. Kobulsky, S. J. McKinney, M. R. Holmes, K. A. Berg, A. E. Bender, and A. Kemmerer. 2022. "The Effect of Exposure to Intimate Partner Violence on Children's Academic Functioning: A Systematic Review of the Literature." *Journal of Family Violence* 37 (8): 1337–1352. https://doi.org/10.1007/s10896-021-00314-0.

Devries, K. M., L. Knight, J. C. Child, N. Kyegombe, M. Hossain, S. Lees, C. Watts, and D. Naker. 2017. "Witnessing Intimate Partner Violence and Child Maltreatment in Ugandan Children: A Cross-Sectional Survey." *BMJ Open* 7 (2): e013583. https://doi.org/10.1136/bmjopen-2016-013583.

Dunkle, K., E. Stern, S. Chatterji, and L. Heise. 2020. "Effective Prevention of Intimate Partner Violence through Couples Training: A Randomised Controlled Trial of Indashyikirwa in Rwanda." *BMJ Global Health* 5 (12): e002439. https://doi.org/10.1136/bmjgh-2020-002439.

Ellsberg, M., H. A. Jansen, L. Heise, C. H. Watts, and C. Garcia-Moreno. and WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. 2008. "Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-Country Study on Women's Health and Domestic Violence: An Observational Study." *Lancet* 371 (9619): 1165–1172. https://doi.org/10.1016/S0140-6736(08)60522-X.

Evans, K. E., M. M. Schmidt-Sane, A. E. Bender, K. A. Berg, and M. R. Holmes. 2022. "Children's Exposure to Intimate Partner Violence and Acceptance or Appraisals of IPV: A Systematic Review." *Journal of Family Violence* 37 (8): 1301–1319. https://doi.org/10.1007/s10896-021-00318-w.

Gibbs, A., L. Washington, N. Abdelatif, E. Chirwa, S. Willan, N. Shai, Y. Sikweyiya, S. Mkhwanazi, N. Ntini, and R. Jewkes. 2020. "Stepping Stones and Creating Futures Intervention to Prevent Intimate Partner Violence Among Young People: Cluster Randomized Controlled Trial." *The Journal of Adolescent Health* 66 (3): 323–335. https://doi.org/10.1016/j.jadohealth.2019.10.004.

Institute for Reproductive Health. 2021. *Theory of Change: The REAL Father Initiative in Karamoja and Acholi*." Washington, DC: Institute for Reproductive Health, Georgetown University for the US Agency for International Development.

Jewkes, R., M. Flood, and J. Lang. 2015a. "From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence against Women and Girls." *Lancet (London, England)* 385 (9977): 1580–1589. https://doi.org/10.1016/S0140-6736(14)61683-4.

Jewkes, R., R. Morrell, J. Hearn, E. Lundqvist, D. Blackbeard, G. Lindegger, M. Quayle, Y. Sikweyiya, and L. Gottzén. 2015b. "Hegemonic Masculinity: Combining Theory and Practice in Gender Interventions." *Culture, Health & Sexuality* 17 Suppl 2 (sup2): S112–S127. https://doi.org/10.1080/13691058.2015.1085094.

Jewkes, R., R. T. Naved, N. Abrahams, N. Shai, L. Ramsoomar, B. Dekel, A. Gibbs, J. Nöthling, S. Willan, and E. Chirwa. 2025. "Impact of Witnessing Abuse of Their Mother and Childhood Trauma on Men's Perpetration of Intimate Partner Violence in the Cross-Sectional UN Multi-Country Study on Men and Violence in Asia and the Pacific." *SSM – Mental Health* 7: 100391. https://doi.org/10.1016/j.ssmmh.2025.100391.

Jewkes, R., S. Willan, L. Heise, L. Washington, N. Shai, A. Kerr-Wilson, and N. Christofides. 2020. "Effective Design and Implementation Elements in Interventions to Prevent Violence against Women and Girls. What Works To Prevent VAWG?" https://prevention-collaborative.org/wp-content/uploads/2021/08/What_Works_2020_Effective-design-and-implementation.pdf.

Kane, G. A., V. A. Wood, and J. Barlow. 2007. "Parenting Programmes: A Systematic Review and Synthesis of Qualitative Research." *Child: Care, Health and Development* 33 (6): 784–793. https://doi.org/10.1111/j.1365-2214.2007.00750.x.

Kyegombe, N., T. Abramsky, K. M. Devries, E. Starmann, L. Michau, J. Nakuti, T. Musuya, L. Heise, and C. Watts. 2014. "The Impact of SASA!, A Community Mobilization Intervention, on Reported HIV-Related Risk Behaviours and Relationship Dynamics in Kampala, Uganda." *Journal of the International AIDS Society* 17 (1): 19232. https://doi.org/10.7448/IAS.17.1.19232.

Leight, J., C. Cullen, M. Ranganathan, and A. Yakubovich. 2023. "Effectiveness of Community Mobilisation and Group-Based Interventions for Preventing Intimate Partner Violence against Women in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis." *Journal of Global Health* 13: 04115. https://doi.org/10.7189/jogh.13.04115.

Machisa, M. T., R. Jewkes, S. Shamu, P. Mahlangu, and E. Chirwa. 2025. "Exposure To Family Violence and Low Parental Connectedness Associated with Depressive Symptoms, Substance Use and Violence Outcomes Among Adolescents In South Africa." *Journal of Family Violence*. https://doi.org/10.1007/s10896-025-00907-z.

McLean, L., L. Heise, and E. Stern. 2020. "Shifting and Transforming Gender-Inequitable Beliefs, Beahviours, and Norms in Intimate Partnerships: The Indashykirwa Couples Programme in Rwanda." *Culture, Health & Sexuality* 22 (sup1): 13–30. https://doi.org/10.1080/13691058.2019.1679394.

MPSMRM (Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité), MSP (Ministère de la Santé Publique), ICF (ICF International). 2014. *"Enquête Démographique et de Santé En République Démocratique Du Congo 2013–2014." [Demographic and Health Survey in the Democratic Republic of Congo 2013–2014]* Rockville, MD: MPSMRM, MSP and ICF International.

Prochaska, J. O., and C. C. DiClemente. 1983. "Stages and Processes of Self-Change of Smoking: Toward an Integrative Model of Change." *Journal of Consulting and Clinical Psychology* 51 (3): 390–395. https://doi.org/10.1037/0022-006x.51.3.390.

Ruark, A., R. Chase, J. Hembling, V. R. Davis, P. C. Perrin, and D. Brewster-Lee. 2017. "Measuring Couple Relationship Quality in a Rural African Population: Validation of a Couple Functionality Assessment Tool in Malawi." *PloS One* 12 (11): e0188561. https://doi.org/10.1371/journal.pone.0188561.

Starmann, E., M. Collumbien, N. Kyegombe, K. Devries, L. Michau, T. Musuya, C. Watts, and L. Heise. 2017. "Exploring Couples' Processes of Change in the Context of SASA!, A Violence Against Women and HIV Prevention Intervention in Uganda." *Prevention Science* 18 (2): 233–244. https://doi.org/10.1007/s11121-016-0716-6.

Stern, E., and L. Heise. 2019. "Sexual Coercion, Consent and Negotiation: Processes of Change amongst Couples Participating in the Indashykirwa Programme in Rwanda." *Culture, Health & Sexuality* 21 (8): 867–882. https://doi.org/10.1080/13691058.2018.1521991.

Stern, E., and R. Nyiratunga. 2017. "A Process Review of the Indashyikirwa Couples Curriculum to Prevent Intimate Partner Violence and Support Healthy, Equitable Relationships in Rwanda." *Social Sciences* 6 (2): 63. https://doi.org/10.3390/socsci6020063.

Stern, E., L. Heise, F. Rutayisire, I. Buscaglia, J. Banerjee, R. Levtov, and T. Ghosh. 2023. "Prevention Triad Case Study: Interpreting Conflicting Results of the Indashykirwa Programme and Its Adaptation in Rwanda." Prevention Collaborative. https://prevention-collaborative.org/wp-content/uploads/2023/08/Indashyikirwa-Prevention-Triad-CS-FINAL.pdf.

Stern, E., L. Heise, K. Dunkle, and S. Chatterji. 2022. "How the Indashyikirwa Intimate Partner Violence Prevention Programme in Rwanda Influenced Parenting and Violence against Children." *Journal of Family Violence* 37 (2): 195–206. https://doi.org/10.1007/s10896-020-00216-7.

Stern, E., S. Willan, A. Gibbs, H. Myrttinen, L. Washington, Y. Sikweyiya, A. Addo-Lartey, S. Mastonshoeva, and R. Jewkes. 2021. "Pathways of Change: Qualitative Evaluations of Intimate Partner Violence Prevention Programmes in Ghana, Rwanda, South Africa and Tajikistan." *Culture, Health & Sexuality* 23 (12): 1700–1716. https://doi.org/10.1080/13691058.2020.1801843.

Wessells, M. G., and K. Kostelny. 2022. "The Psychosocial Impacts of Intimate Partner Violence against Women in LMIC Contexts: Towards a Holistic Approach." *International Journal of Environmental Research and Public Health* 19 (21): 14488. https://www.mdpi.com/1660-4601/19/21/14488#. https://doi.org/10.3390/ijerph192114488.

WHO (World Health Organization). 2021. *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women*. Geneva |Switzerland: World Health Organization.

Wojda, A. K., D. H. Baucom, D. M. Weber, R. E. Heyman, and A. M. Smith Slep. 2022. "The Role of Intimate Partner Violence and Relationship Satisfaction in Couples' Interpersonal Emotional Arousal." *Journal of Family Psychology* 36 (3): 385–395. https://doi.org/10.1037/fam0000911.