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“If you want to have sex you can, if you don’t, you don’t have to”: A qualitative evaluation of the Unite for a Better Life couples program to prevent intimate partner violence in rural Ethiopia

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Abstract

Background: Gender-transformative programming targeting couples is an important strategy to reduce intimate partner violence (IPV), but questions around efficacy and safety remain. This qualitative study explores indications of change and unintended consequences of the gender-transformative Unite for a Better Life (UBL) intervention, using data from the couples' and control arms of a cluster randomized controlled trial (cRCT) in Ethiopia. The cRCT found no impact on physical and psychological IPV and weak evidence of reductions in sexual IPV in the couples' arm.

Methods: We analyzed 33 facilitator feedback questionnaires and 29 in-depth interviews (IDIs) among couples conducted approximately 30-months post intervention; 14 participated in UBL delivered to couples, and 15 were from the control arm. IDIs were conducted separately with each member of the couple and analyzed thematically in Dedoose to explore indications of change attributed to UBL.

Results: UBL couples attributed improved household task-sharing, communication, and joint decision-making to the program. Men and women developed more gender-equitable attitudes, leading to more fulfilling relationships. Additionally, most participants in violent relationships reported that UBL led to a reduction or cessation of physical and psychological IPV, and a complete cessation of sexual IPV. These effects were largely attributed to shifts at the individual level for men. Men developed better anger management skills, reduced their alcohol consumption, and increased their knowledge around the consequences of IPV. At the relational level, couples reported increased communication, particularly around sexual desire, and reduced conflict. Additionally, participants reported normative shifts, including decreased acceptance of IPV. There were no reports of changes in control participants nor of major unintended consequences.

Conclusions: When delivered to couples, UBL shows promise in shifting individual-level male factors and relational dynamics and reducing conflict and IPV. This suggests that engaging men in couples can be an effective and safe strategy for IPV prevention.

Keywords: Violence prevention, intervention, intimate partner violence, gender-based violence, violence against women, relationship change, pathways analysis, qualitative, Ethiopia, Unite for a Better Life

Background

Intimate partner violence (IPV) is a pervasive global health problem affecting an estimated one in three women worldwide over their lifetime (1). IPV can be physical, psychological and sexual, and can also include the exertion of control over a partner's movements and access to education and financial resources (1). It can have a wide range of adverse effects in the short-, medium- and long-term, including on physical health, mental health, economic welfare and children's well-being (2–4). Recent estimates of IPV prevalence from Ethiopia, the site of this study, indicate that 27% of married women aged 15 years or older have experienced physical and/or sexual IPV in the past 12 months (1).

A growing body of literature has evaluated gender-transformative interventions aiming to prevent and reduce IPV in African countries (5). Many of these interventions engage women (e.g. 6-8) or whole communities (e.g. 9-10) with promising results; however, a recent systematic review and meta-analysis found that programming that works with men is more effective at preventing IPV than programs that work solely with women (5). This is in line with past research that has highlighted male engagement as a key factor in programmatic success, as men often hold power in their communities, and are in a position to make meaningful change (e.g. 11-13). Some of the most successful IPV prevention programs have engaged men by working with them as part of a couple (e.g. 11, 14-16) or in a community-level mobilization process (ex. 9). Some notable examples of impactful couples IPV programming include the *Becoming One* program in Uganda (17) and the *Bandebereho* (11) and *Indashyikirwa* (16) programs in Rwanda, which generated significant reductions in women's reports of past-year physical and sexual IPV after exposure.

Couples' IPV prevention programming, however, is relatively novel, and questions have been raised about potential safety risks and efficacy (12). Most notably, a six month follow-up evaluating an adapted version of the *Indashyikirwa* program in Rwanda found a significant, large increase in all forms of IPV in participant couples as well as other couples in the community, attributed to male backlash (18). While male backlash is a risk in all IPV programming, working with couples raises its own, specific set of concerns. For instance, if not carefully designed, couples programming may inadvertently imply mutual responsibility for violence in couples, or enforce reconciliation within violent relationships when an individual may wish to leave (16). Thus, more research is needed to understand the potential unintended consequences of couples' programming, including how and why male backlash occurs, so that it can be addressed in future programs.

The current study explores qualitative indications of change from the couples' arm of a large-scale cluster randomized controlled trial (cRCT) evaluating the Unite for a Better Life (UBL) program. UBL is a gender-transformative, participatory intervention designed for delivery to groups of men, women and couples in Ethiopia in the context of the coffee ceremony, a traditional forum for community-based discussion (19). The intervention includes a series of 14 facilitated discussions implemented over seven weeks that are centered around topics such as gender norms, healthy sexual relationships, couples' communication and conflict resolution, HIV/AIDS and IPV. Following a socio-ecological framework (20), the UBL curriculum was designed to address the interaction of societal, relationship and individual factors influencing IPV (Figure 1).

Figure 1. Societal, relationship and individual factors influencing IPV targeted by the Unite for a Better Life program*



Societal Factors

- Gender norms (roles and responsibilities)
- Social and cultural norms that support violence
- Norms of sexuality (expression, consent, harassment and violence)

Relationship Factors

- Relationship conflict
- Inequitable decision-making
- Control of resources
- Power in relationships and conflict resolution
- Safe sex practices

Individual Factors

- Communication skills
- Alcohol and substance use
- Self-efficacy and empowerment

*Adapted from (19)

The results from the cRCT of UBL found that when delivered to men the program significantly reduced male past-year perpetration of IPV, particularly sexual IPV, and women's experience of past-year physical and/or sexual IPV (21). There was also evidence that the intervention when delivered to men, women, and couples significantly reduced the prevalence of HIV risk behaviors, enhanced equitable decision-making, and positively shifted gender norms (21). In the UBL couples' arm there was no change in past-year experience or perpetration of physical IPV reported by women or men, and weak evidence of reductions in past-year experience of sexual IPV among women (AOR = 0.86, 95% CI: 0.62–1.20), and perpetration among men (AOR = 0.87, 95% CI: 0.61–1.25) (21). Although not statistically significant at the five percent level, these findings, taken together with the significant changes in decision-making, task sharing and gender norms, suggest the beginnings of gender-transformative change.

To further understand these trial results, we collected qualitative data with participants in the couples' and control arms of the trial, with the control arm serving as a comparison. The aim of this study is to qualitatively evaluate whether UBL delivered to couples resulted in shifted relationship dynamics and generated changes in physical, psychological and sexual IPV. Moreover, this study allows us to explore reactions to the couples' format of delivery and unpack any potential for participant discomfort or backlash.

Methods

Setting and evaluation design

This paper reports analysis of qualitative data collected as part of the UBL trial, a four-arm cRCT conducted in 64 villages (kebeles) in four contiguous districts (Mareko, Meskan, Silte and Sodo) in the Gurague zone of the Southern Nations, Nationalities and People's Region in Ethiopia. The districts were chosen purposively as proximate to a region in which a lead investigator had previously conducted research, and to generate an adequate sample size. Communities within these four districts were randomly assigned to men's UBL, women's UBL, couples' UBL, or a control arm. Full details of the trial design, data collection, and main findings are presented elsewhere (21,22). The UBL trial was implemented between 2014 and 2017 by researchers at the Abdul Latif Jameel Poverty Action Lab (J-PAL) at the Massachusetts Institute of Technology (MIT), Addis Ababa University (AAU) School of Public Health, the Ethiopian Public Health Association and EngenderHealth.

Qualitative sampling and data collection

The qualitative sample design was undertaken in conjunction with the quantitative endline survey (i.e. prior to analyzing trial results); at that time, further investigation of the implementation and effects of the couples' arm was pursued because the investigators hypothesized this would lead to the richest understanding of couples' shifting relationship dynamics. The qualitative research included a sample of 30 couples (both men and women) selected for in-depth interviews (IDIs): 15 in the couples' UBL arm, and 15 in the control arm, in December 2017, approximately 30 months post-intervention. Couples were purposively selected considering the participants who were best-placed

to provide information about UBL processes of changes and their availability to participate in interviews. We also aimed to include some polygamous couples in the qualitative sample in proportions broadly consistent with the cRCT sample (15%). Within the RCT, in cases where households were polygynous, one wife was selected for participation through simple random sampling; this wife was therefore the individual eligible for the qualitative study if that household/couple was subsequently sampled. There were no other inclusion/exclusion criteria applied to the qualitative sampling, and there was no matching of couples between intervention and control arms. Given logistic challenges and the short timeframe of data collection, participants in more remote areas were less likely to be included. All participants who were invited to participate in interviews provided consent.

IDIs were conducted using a structured interview guide (see Supplementary File 1) developed and pilot tested for this study. This research was grounded in a social constructivist epistemology, and thus interviewers worked with participants to create relationship timelines, helping to construct their relationship stories by highlighting major life events such as marriages, births, bereavements, and establishment of a new home (23, 24). Participants were then engaged in a discussion about their relationships (the history of their relationship with their spouse, the role of each partner, how the relationship has evolved over time, and the role of other individuals in shaping their relationship) and specifically probed about any episodes of IPV. For participants in the couples' arm, interviewers also posed questions about participation in UBL (participant's own participation and spouse's participation), the participant's recollection of the program, reflections on impacts of the program (both for the participant, the spouse and other community members). Participants were also asked about any other IPV programs they had participated in.

Two team members (ST, AS) each with over 12 years' experience in IPV research and programming conducted the interviews in Amharic. Both researchers hold Master's degrees in relevant topics such as development and gender, and were employed as consultants by the research team at the time of the study. They were trained by the study PI on the study instrument and data collection procedures. Interviewers and interviewees were sex-matched, and men and women from each couple were interviewed simultaneously but separately. The interviewers had no prior relationship with community members before the trial and participant knowledge of the researchers was limited to their role in the study. Data collection was conducted face-to-face in private settings and audio-recorded. The interviewers completed field notes to capture additional observations and reflections, which supplemented the interview data. Interviews lasted on average 46 minutes for women and 52 minutes for men, and were translated and transcribed verbatim into English. Confidentiality was maintained using unique identifiers for each participant. The total number of interviews was limited by available resources, however, the study aimed to reach thematic saturation.

This study also draws on facilitator feedback about their experiences implementing UBL, gathered at the end of the trial using paper questionnaires (see Supplementary File 2). Facilitators wrote responses in Amharic, which were then translated and paraphrased into English and entered in an excel spreadsheet by the program team. Feedback from 33 facilitators who delivered UBL to couples was examined for this paper.

Ethical considerations

Verbal informed consent was obtained from all participants. During the consent process participants were informed of their right to decline participation, to terminate participation at any time, and that neither would impact their eligibility to receive services or programs. The study protocol was approved by the Committee on the Use of Humans as Experimental Subjects at MIT (protocol number 1211005333) and the Institutional Review Board at the AAU College of Health Sciences (protocol number 044/12/SPH).

Participant characteristics

The core qualitative sample included 58 participants from 29 couples residing in either couples' UBL communities (14 couples) or control communities (15 couples). There was missing data from one couple in the couples' UBL arm caused by a malfunctioning audio recorder. Female participants' ages ranged from 23 to 50 years, and their husbands' ages ranged from 28 to 65 years, with the majority of participants between age 20 and 40. Six couples were in polygynous relationships, while the remainder were in monogamous unions. Couples reported marital durations between six to 33 years, with an average length of 15 years. Within the sample of female study participants, 26 had not completed any formal education, and three had completed primary school; while 21 male participants had not completed any formal education, six had completed primary school, and two had completed secondary school. Approximately half of the participants identified as Muslim and half as Christian (Table 1). There was also data from 33 UBL facilitators, 17 women and 16 men. Facilitators were generally younger (average age= 25 years) and had completed a higher level of education (88% had completed education beyond secondary school) than the community sample.

Table 1: Demographic characteristics of women and men study participants

	All Participants	Women	Men
	N (%)	n (%)	n (%)
Total number	58 (64)	29 (50)	29 (50)
Couples' UBL group	28 (48)	14 (50)	14 (50)
Control group	30 (52)	15 (50)	15 (50)
Marital status			
Married	58 (100)	29 (100)	29 (100)
Single	0 (0)	0 (0)	0 (0)
Type of marriage			
Monogamous	52 (90)	-	-
Polygynous	6 (10)	-	-
Length of marriage (Median, range, in years)	15 (6-33)	-	-
Age (Median, range, in years)	35 (23-65)	30 (23-50)	40 (28-65)
Level of education completed			
None	26	26	21
Primary	3	3	6
Secondary	0	0	2
Higher	0	0	0
Religion			
Muslim	31 (53)	17 (55)	14 (45)
Christian	27 (47)	12 (44)	15 (56)
District			
Meskan	36 (62)	18 (50)	18 (50)
Silte	2 (4)	1 (50)	1 (50)
Sodo	20 (34)	10 (50)	10 (50)

Data analysis

A reflexive thematic analysis of the data was conducted (25). Transcripts were first read to become familiar with the content. A thematic coding framework was developed, using a mixed deductive and inductive approach, based on themes from the transcripts and previous research conducted on IPV

in Ethiopia (26). Areas of programmatic interest, such as “IPV change attributed to UBL”, were also included, in line with study aims.

Using Dedoose 9.0 software, three researchers (MP, VS, JL) used the preliminary framework to code six transcripts, adapting and refining it based on themes captured from interviews. Codes for which too much detail was initially included, such as “how partner treated you” and “how you treated partner” were collapsed into more general themes like “quality of relationship”. Where researchers disagreed on coding decisions, codes were discussed and clarified.

The remaining transcripts were then coded, adding child codes or collapsing them into bigger themes under parent codes as needed. A sub-set of data rich interviews were dual-coded to ensure consistency and reliability of coding. In parallel, the themes were indexed in a matrix in Excel, facilitating comparisons between partners, and between the couples’ and control arms.

Once all transcripts were coded, the findings under each theme were further analyzed, adding nuance by creating additional child codes, and highlighting particularly interesting or illustrative quotes. Areas of agreement and disagreement between participants were highlighted, with attention paid to concordance (or lack thereof) between couples.

Emerging findings were interpreted in collaboration with Ethiopian interviewers and were also contextualized by data from facilitators. Quotes from over a third of participants are included in the reporting of results, ensuring a wide spread of views and experiences are represented.

Results

This section begins by describing patterns of UBL session attendance. We then report on the changes attributed by participants to UBL, beginning with those that improved relationship quality more generally, followed by reports of reductions and cessations in IPV. While the analysis draws most heavily on interviews with UBL participants throughout the results, examples from the couples sampled in the control arm are used to contrast these accounts by highlighting the absence of change in the control group.

Patterns of UBL session attendance

Of the 28 participants in the UBL couples’ arm, 16 reported attending ten or more of the 14 sessions, and seven reported attending no sessions. Men’s attendance was generally higher than women’s (Table 2).

Table 2. UBL session attendance among 28 qualitative study participants assigned to the couples’ arm

	All Participants	Women	Men
	N (%)	n (%)	n (%)
Number of sessions attended			
All 14 sessions	8	3 (38)	5 (63)
10-14 sessions	8	3 (38)	5 (63)
5-9 sessions	2	1 (50)	1 (50)
1-5 sessions	2	2 (100)	0
0 sessions	7	5 (71)	2 (29)
Don’t know	1	0	1 (100)

Many participants identified high-quality facilitators and relevant curricula materials as key factors that encouraged them to maintain a high level of attendance:

It [the teaching] was very good. That is the reason that we attended without stopping [...] The course was advice about living matters in relationships. It was very pleasing. Thus, I did not want to miss class. I used to get very eager when the class day is approaching. We have learned a lot... (52-year-old Man, UBL participant, Couple 28)

The most common reasons given for missing sessions were ill-health, major disruptions linked to births or funerals, or work. One woman reported that her husband didn't allow her to attend due to her heavy workload, although she would have liked to:

He refused and prohibited me from going there [to UBL... He said] "You have no time, it is not convenient for you, you don't have a daughter to help you [with household chores...]" I agreed with that to respect his advice [...] It [UBL] had many useful things [...] though I need it, it was not convenient for me. (38-year-old Woman, UBL Participant, Couple 21)

This participant's husband, however, stated that she chose not to attend herself, and added that he also decided to forgo participation after hearing the content of UBL and deciding "that I am good with this regard in my house" (45-year-old Man, UBL Participant, Couple 21).

These quotes suggest that long course contact hours, competing household priorities, and the belief that it was not relevant for couples who were not experiencing major marital challenges, were additional factors contributing to missed attendance.

Moreover, transportation challenges such as roads that were impassable during the rainy season reportedly caused challenges for both participants and facilitators; facilitators had to reschedule sessions, and participants were at times unable to join. Incentives were also identified as a source of conflict by facilitators, with facilitators reporting that some participants accused them of stealing their share. Others stated that the value of incentives was too low, and this contributed to participants missing sessions.

Changes attributed to UBL

UBL was linked to a range of relationship changes with almost all participants reporting some benefit of the program. We first describe improvements to relationship quality more generally, creating relationships less prone to violence, followed by reports of changes in IPV. Evidence on backlash against, and unintended consequences of UBL are explored at the end of each section.

Changes that contributed to improved relationships

Participants reported that their relationships improved after attending UBL because they developed more gender-equitable attitudes, leading to improvements in: 1) household task-sharing and 2) couple's communication and joint decision-making.

1. Household task-sharing

The most common reported relationship change was more equitable task-sharing. Both men and women described conflict arising when a wife fails to complete household tasks expected by her husband. For example, when asked about the last disagreement she had with her partner, a woman in the control group replied:

Most of the time it [the disagreements with her husband] revolves around the kids. Because I didn't see them off to the kindergarten properly, [...] or] the food isn't ready yet, we argued a lot on why I didn't prioritize. (27-year-old Woman, Control group, Couple 22)

During one UBL session, facilitators spoke about the unequal, gendered distribution of labor, and participants were asked to map how much time household tasks (typically the responsibility of women) take in comparison to working outside the home (typically the responsibility of men). Both men and women reported being surprised by the large disparity in time women spent working compared to men. This information and discussion reportedly led to men taking a more active role in household tasks, including cooking, cleaning and childcare. Interestingly, some women also reported taking on more tasks traditionally considered to be the responsibility of men. For example, one woman explained:

My husband used to refuse doing house chores because he believed that it is a woman's job. I was also refusing working alongside with him because I used to think that it is a man's job. I personally had the interest of doing outdoors jobs [...] Afterwards [after UBL] we became better and better at it [sharing tasks...] That way we live together supporting one another. (40-year-old Woman, UBL Participant, Couple 28)

This participant describes both women and men being constrained by traditional gender roles, and explains how UBL allowed them to break free from these expectations and work together. Other participants reported that by sharing household tasks their family could make financial gains:

After attending the education [UBL] I no longer pull the cattle alone, she is next to me [...] and] we have increased our sheep and some cows. (37-year-old Man, UBL Participant, Couple 11)

In both quotes, women engaged in tasks traditionally considered to be the responsibility of men, potentially adding to the already disproportionate time burden on women. Participants also noted that task-sharing had to be grounded in a partnership founded on equality and respect. For example, when asked what she learned about gender roles from UBL, one woman replied:

He [her husband] doesn't say this is a man's work and this is a woman's work [...] He should do it [the work] and she should do it. This all happened after the education [UBL]. There is no looking down on other's work. There is no saying I won't do a woman's work [...] It has to be equal. (27-year-old Woman, UBL Participant, Couple 20)

2. Couple's communication and joint decision-making

The evidence suggests that learning about gender equality during UBL also laid the foundation for partnerships to increasingly include open communication and joint decision-making. For example, when asked about effects of the program on participants' lives, a facilitator responded:

Before this, a husband used to treat his wife as he wishes, but after this engagement [UBL] a husband and a wife [...] have realized that both are valuable to one another. Couples are now able to decide together, communicate/support and think [about] one another. (24-year-old Woman, UBL Facilitator 16)

Many participants echoed this sentiment, reporting that they had learned to express themselves and listen to their partners during UBL sessions. For example, one woman described how she learned to communicate and solve disagreements with her husband, rather than threaten divorce when conflict arose:

I used to think that I had to leave him whenever he shows me bad attitude and talks to me in a bad way. I used to tell him that I am going to leave him when I get mad because of him. This attitude has changed [...] We started discussing on issues by sharing our thoughts. (40-year-old Woman, UBL Participant, Couple 28)

This increased communication and joint decision-making reportedly led to other benefits as well, such as increased financial and relational security. For example, one man explained how increased joint decision-making in his relationship allowed him to save money and his marriage:

Before the teaching [UBL] I used to spend my day outside of home and I destroyed half of what we have [referring to spending money]. Now we make decision together and both of us will not get hurt. That is how we live [...] I am sick now for more than a year. She would have left me by now if it was like the previous times. (55-year-old Man, Polygynous, UBL Participant, Couple 25)

In a contrasting example, a woman in the control group explained how her husband was the sole financial decision-maker, and this was linked to their gender inequitable attitudes. When asked what she would like to change in her relationship, she replied:

We have a place in the city but when I tell him to sell it to improve ourselves he doesn't listen to me. He says let it be, it would be something for our children to call their own [...] That's a woman for you. If we had cattle, I would sell it and would be happy to spend it today because I'm a woman [...] I would be happy if we sell it and have things now (laugh) but he says not [to ...] He is right sometimes. But I'm just thinking how can we alleviate our problems and our suffering now. (42-year-old Woman, Control Group, Couple 19)

This highlights the predominant belief held by many men and women that women are not responsible and cannot be trusted with financial decisions. However, UBL participants reported that as they adopted more gender-equitable attitudes they also began to value their spouses more; they experienced more benefits of living in partnership, such as increased love, affection, and overall emotional wellbeing:

We were in love because of the education [UBL...] he kisses me and I kiss him and we spent time together. This made me happy, mentally. (43-year-old Woman, UBL Participant, Couple 23)

Participants did not report any negative impacts of UBL, but some men and women did express the wish that their partner had changed more after the program. For example, when asked if she agreed with what she had learned in UBL and whether the lessons were useful to her, one woman responded:

Everything seemed good to me. Even if it wasn't useful to me [...] He [her husband] didn't pick up the education, meaning not everyone took it to heart [...] What I would get in my life if he loved me and he learned from the new training he received and improved, I would be happy [...] If he takes money [...] he should say I took this much and how should we grow, you should know the income and the expenses and he should know too. That's what they taught us. He also remembers. But that wasn't understood in our home. (35-year-old Woman, UBL Participant, Couple 7)

Additionally, many participants and facilitators noted that there were still many couples living in gender inequitable households, and that more people needed to participate in the UBL program, especially younger men who they felt would be the most receptive to change. For example, when asked what he planned to do after the project was over, a facilitator said:

[I plan to] take the knowledge I gained from this project and share it wherever I go so that tomorrow's Ethiopia is a better place, where family decisions are done equally. (26-year-old Man, UBL Facilitator 1)

UBL impacts on IPV

In almost all of the couples interviewed, at least one partner reported one or more episode(s) of some form of IPV occurring over the course of their relationship, and different forms of violence were often described as co-occurring. Participants did not always identify these acts as violence, however, and the degree and severity of the reported IPV varied. The total number of reports of physical and sexual IPV were relatively consistent between partners; however, female participants reported more episodes of psychological IPV than male participants. Specific examples of disagreement or agreement between couples about reported violence in their relationship are highlighted when relevant.

After attending UBL, most participants (in the couples' arm) reported either a complete cessation of IPV, or a reduction in the frequency of violence, and they often attributed the change to the UBL program. A few couples reported no change in IPV due to UBL, primarily because the violence had already ended prior to the program's initiation. One couple attributed the lack of change to severe and long-lasting disagreements and conflict.

UBL-related changes at the relationship, community and individual (male and female) levels of the ecological framework conceptualizing IPV (27) help explain how the program led to 1) reductions and/or cessations of physical and psychological IPV, and 2) cessation of sexual IPV. These changes are explored in turn below.

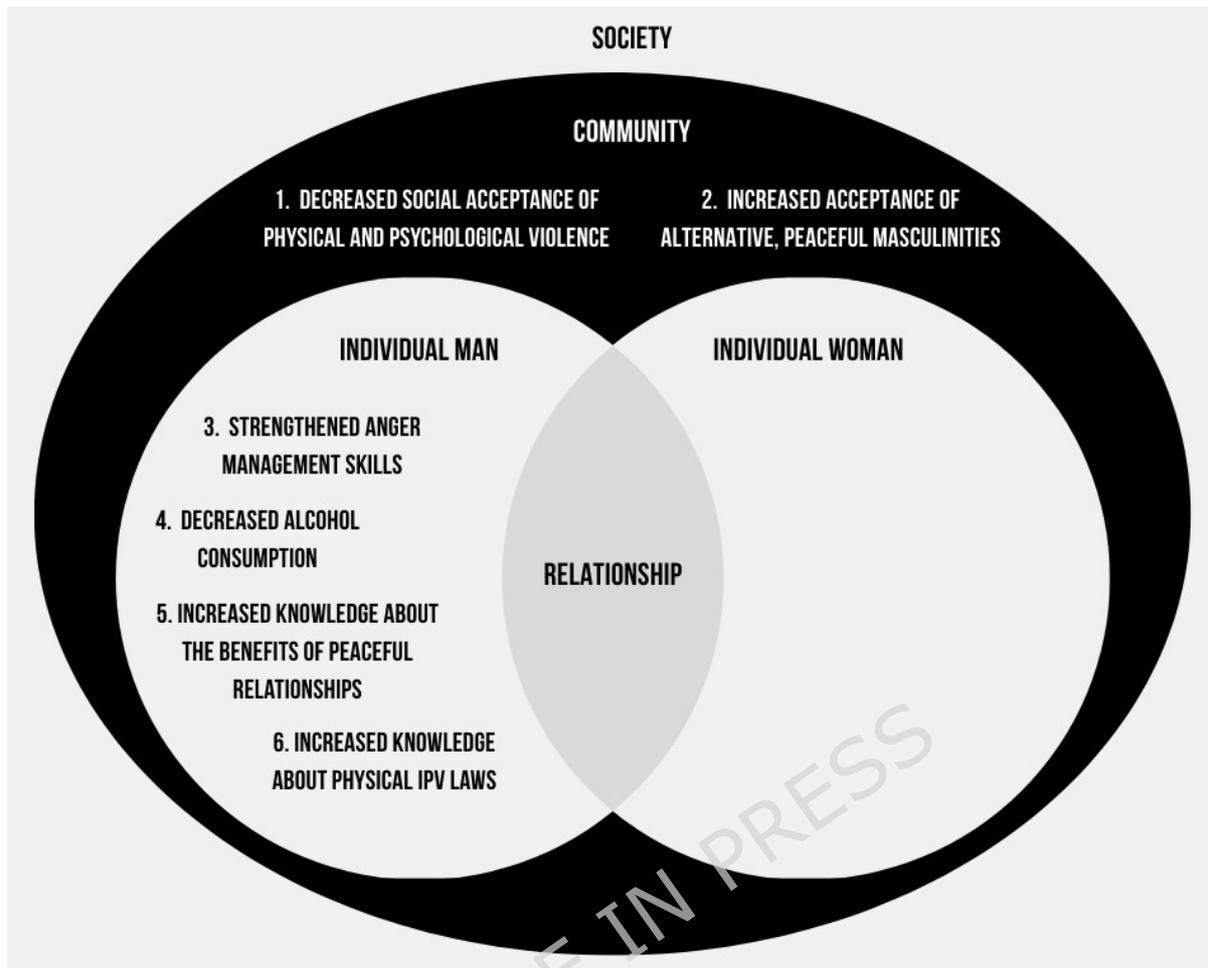
1. Reduction and cessation of physical and psychological IPV

Physical and/or psychological violence were often reported by men and women as being triggered by financial disagreements and women failing to complete household tasks. Conflicts were described as being exacerbated when men consumed alcohol, and more often resulted in violence when they were intoxicated. Thus, while participants did not make the direct link between relational-level lessons learned in UBL and decreased physical and/or psychological IPV, the factors described above related to improving relationship quality (e.g. improved task-sharing and communication), likely played an important role in decreasing this type of violence.

Of the participants that described changes in violence due to UBL, approximately half reported a complete cessation, and the other half a reduction, of physical IPV. Since psychological and physical IPV were often described together, it was difficult to isolate specific changes for each. Rather, these are presented and described together.

We identified UBL-related changes directly linked to physical and psychological IPV at the community and individual male levels (Figure 2). At the community level participants reported 1) a decreased acceptance of IPV and 2) an increased acceptance of alternative masculinities. At the individual level we found 3) strengthened anger management skills, 4) decreased alcohol consumption, and increased knowledge about 4) the benefits of peaceful relationships and 5) laws against IPV.

Figure 2. UBL-related changes linked to decreased physical and psychological IPV



Community level: Decreased acceptance of IPV and increased acceptance of alternative masculinities

Several male and female participants reported that even before UBL, physical and/or psychological IPV in their communities was becoming less acceptable, and it was no longer as common as it used to be. Some couples also attributed a decrease, or in some cases, a complete end of physical and/or psychological violence in their relationship directly to UBL. For example, one man said:

Previously we [men] hit if we got angry [...] We are much better after we get this training [UBL...] There is no such thing now [...] Saying 'I am man' is dead. If she says no, it is not the time to manage her forcefully. The current time does not allow that. (55-year-old Man, Polygynous, UBL participant, Couple 25)

This highlights a prevailing narrative that arose during the interviews linking IPV to outdated patriarchal norms. By stating that “saying ‘I am man’ is dead”, this participant suggests the end of his belief in a gendered hierarchy that allows men to control their wives through violence, and attributes his adoption of this modern, peaceful masculinity to UBL.

In some control communities where acceptability of IPV was reported to have decreased, there were reports of some men’s resistance to these changes as women started to gain power. For example, a man stated:

This [physical and psychological IPV] was in the past, now men have started listening to their wife and don’t hit her anymore. The women are the problem now and they know only to say ‘it’s my right’. (35-year-old Man, Control, Couple 4)

Such resistance was not reported in the UBL communities, which typically had strong buy in and support for the program.

Individual level: Strengthened anger management skills, decreased alcohol consumption and increased knowledge about the benefits of peaceful relationships and IPV laws

A few men and women attributed these changes in violent behaviors to men acquiring anger management skills and decreasing alcohol consumption during UBL, assisting them in coping better with marital conflicts. For example, one woman said:

There is change after we have been involved in this education [UBL]. We support each other, there is no beating or yelling [...] He used to create trouble, he used to drink. Now he has stopped doing that. (25-year-old Woman, UBL participant, Couple 1)

However, there were discordant reports within some couples about whether the violence in their relationships had completely ceased or not. For example, an exchange between the husband of the woman quoted above and the interviewer highlighted that it may be difficult for men to stop IPV perpetration completely:

Participant: After that education there is no fighting [physical and psychological violence], I swear with [my wife] not even one day fighting...

Interviewer: But earlier you told me that you fought just yesterday...

P: Yes, it may come back aha! You can't abandon that. (40-year-old Man, UBL Participant, Couple 1)

Men and women reported that other factors not directly linked to UBL, such as increasing maturity, the birth of children, religion and decreased substance use occurring independent of UBL also contributed to the cessation of physical and psychological violence. For example, when asked if there was violence at the beginning of his relationship a participant from the control group replied:

Before finding Jesus, before five years ago, my life was miserable [...] I used to drink a lot, sometimes I chewed [khat ...] There were some times where I hit her [...] Thank God my current marriage is very nice [...] I am not getting angry easily now [...] The more kids we have, then I start to question myself and my behavior and I start to give [physical and psychological IPV] up [...] I do not control her anymore. (30-year-old Man, Control, Couple 17)

While this quote suggests that in some relationships a transformation was already beginning to occur independent of UBL, this was not commonly described. Rather, the UBL program was more often cited as a catalyst towards more peaceful, violence-free relationships.

Moreover, men reported that during UBL they also learned about the benefits of peaceful relationships, and now that they had stopped using violence, they were seeing these benefits manifest in their own lives. For example, a man who reportedly stopped drinking alcohol and using physical and psychological violence after UBL, explained how this relationship change allowed for better communication, which in turn led to better financial decision-making in his family:

In the past we had little [financial resources] and it was [not] possible to make a living by what we had. Now since becoming parents, we need to start saving for the future [...] When things go wrong, we discuss and give a solution together. I don't use force like the past time and [...] we do things in agreement. In the past, ignorance made me behave like that [using physical and psychological violence] but the education [UBL] enabled us to listen to one another and our love is flowering. (52-year-old Man, UBL participant, Couple 28)

Additionally, one man attributed his cessation of violence, and the decrease of IPV in his community, to gaining knowledge about IPV and marital property laws during UBL:

Our fathers used to chain and beat their wives [...] But now let alone beating, you cannot even shout at her [...] the main reason is people are afraid of the law. The law [also] says once you marry her [...] she has equal right to the property. If they can't agree, they will go to the court and split the property. (32-year-old Man, UBL participant, Couple 20)

This participant's wife supported her husband's statement that there was no longer any violence in their relationship, adding that the violence used to be bi-directional:

We used to beat each other before. I was tough then, I used to curse [...] but I have calmed down now. (27-year-old woman, UBL participant, Couple 20)

There were no reports of unintended consequences of the UBL program among interviewees, however, there was one report of a disagreement in a couple related to the incentive provided to UBL participants. In this example, the couple reported that violence had already been occurring, and the disagreement over the incentive also ended in violence:

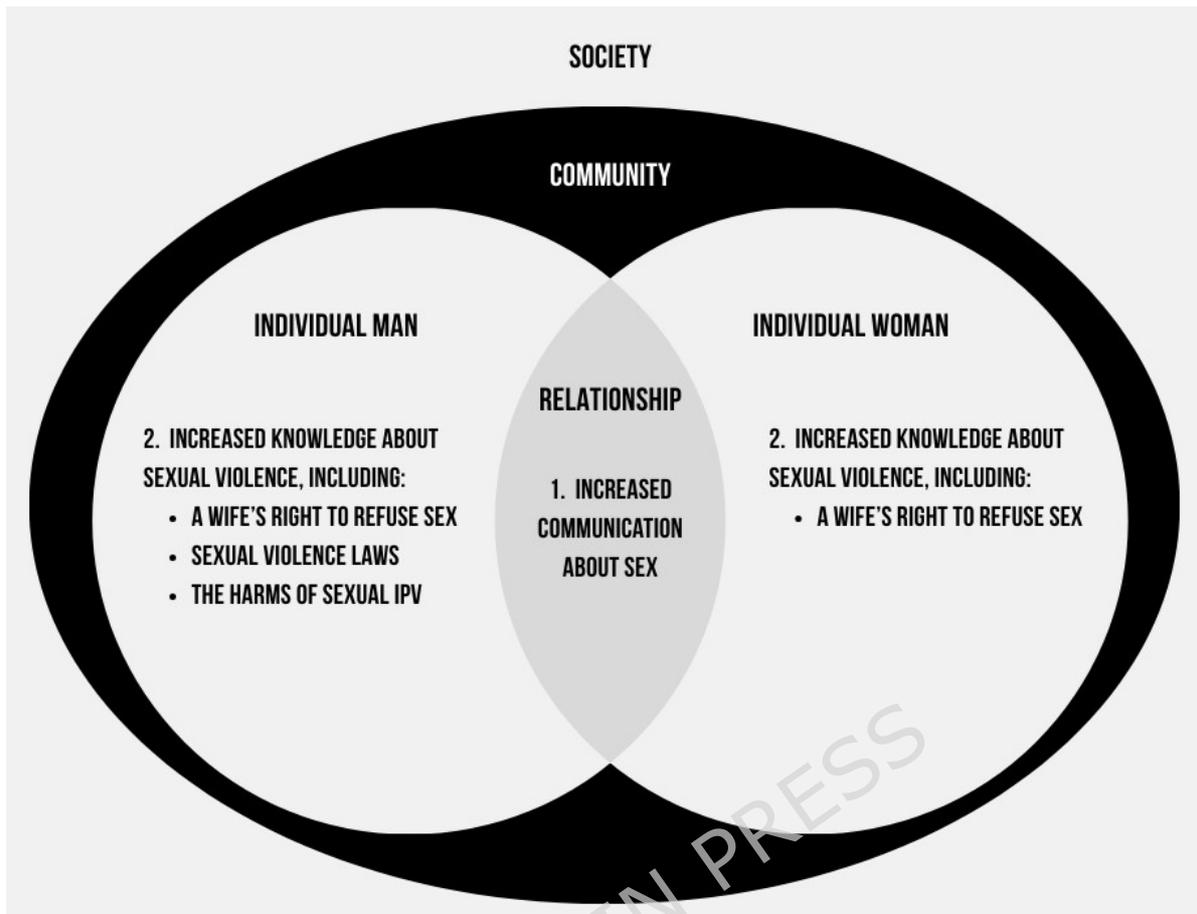
They gave 1KG of coffee for me and [one for] my wife [...] I told her that I need to sell my coffee and spent the money for another purpose. She said, "I will sell it too" [...] I tried to explain how we are going to use the money after I sell the coffee. But she insisted to sell her coffee. Then I hit her. (60-year-old Man, UBL Participant, Couple 26)

Several men, including the same interviewee and some facilitators, however, reported that participants would not have attended sessions without the incentives.

2. Cessation of Sexual IPV

Approximately half of the couples who participated in UBL reported that the program reduced sexual IPV in their relationships. All reports described complete cessation of sexual violence; there were no reports of decreased frequency. We found evidence of UBL-related changes at the relationship and individual levels of the ecological model. At the relationship level participants reported 1) increased communication about sex, and at the individual male and female levels 2) increased knowledge about sexual violence (Figure 3).

Figure 3. UBL-related changes linked to decreased sexual IPV



Relationship level: Increased communication about sex

Participants attributed the cessation of sexual IPV primarily to increased communication about sex and sexual consent between partners. They reported that sex was not something openly discussed in their communities, and that prior to UBL, men were not aware that women sometimes did not want to have sex:

According to our culture we don't talk about sex explicitly [...] you just do it and do not talk about it [...] I used to do it forcefully even if she tried to stop me thinking that she wants it but says no [...] After the teaching we do it willingly, no force [...] I will ask why she is refusing and if she has a case I will accept. I never use force or even my voice to show my feelings. We just talk about it. (52-year-old Man, UBL participant, Couple 28)

Although this participant reported that he would no longer force his wife to have sex, he still states that she must have “a case” for him to accept her refusal, suggesting that if she does not provide an adequate explanation, he may be less accepting.

Another participant stated that by attending the session about sexual communication as a couple it allowed them to discuss sex more openly, even after UBL had ended:

Before that [UBL] I have told you that there was nothing this consent thing [no sexual consent], but because we both learned equally, we discussed about it [...] We learned about the topic openly and we openly talk about it at home. (30-year-old Man, UBL participant, Couple 9)

Interestingly, the wives of both participants quoted above did not disclose any episodes of sexual IPV in their relationships. When asked if they ever had any problems with their husbands wanting sex when they did not, the wife of the first participant replied: *“I have no problem with this. He is not a difficult man”* (40-year-old, Woman, UBL participant, Couple 28), while the second wife said: *“He was not forcing me into sex, even before [UBL]”* (30-year-old Woman, UBL participant, couple 9).

In addition to learning to communicate about sex, during UBL participants engaged in discussions about the physical, emotional and relational harms of sexual IPV, and evidence suggests this information contributed to men’s reduced sexual aggression. For example, when asked about a lesson from UBL that he remembered most, a man said:

Can I tell you the major and the big point? [...] because I want sex while she doesn’t want to or while she said I am tired, I used to think that she was joking with me [...] I used to do it, I did not give her any right for no [...] but at the education they gave us detailed explanation about it and this thing is not happening in our house. This is the one big thing that I value and do not forget at all times. (35-years-old Man, UBL participant, Couple 12)

This participant’s wife also reported that she now felt understood by her husband due to increased sexual communication:

It’s not like before. No matter what he says he won’t force me [...] There is nothing without discussion. We understand each other. (23-year-old Woman, UBL participant, Couple 12)

In contrast, couples in the control arm reported feeling embarrassed to talk about sex with their partners. For example, when asked how her husband responds when she tells him she is too tired to have sex one woman replied:

Participant: I will be embarrassed; I won’t say that. Why would I say that?

Interviewer: You will say yes [to sex] even if you are tired?

P: Yes [laughs] (44-year-old Woman, Control, Couple 24)

The taboo around talking about sex openly was further explained by a facilitator. When asked if the program had been effective in changing the lives of participants, she replied:

Talking about sex was considered as a taboo, or someone speaking about sex used to be considered as cheap and a bad behavior. But now [after UBL] we know that it is right to talk about sex with your partner openly, we know that talking about sex with your partner is pleasurable and discussing on this is an indication of a healthy couple. (25-year-old Woman, UBL Facilitator 3)

Individual level: Increased knowledge about sexual violence

Men and women also reported that through the program they learned that women have the right to refuse their husbands’ sexual advances. For example, when asked what she learned from UBL, a woman responded:

The new thing was about intercourse between husbands and wives. If you want to [have sex] you can, if you don’t, you don’t have to [...] I am allowed to say I am tired or sick and he has to say yes, if he doesn’t say yes, it’s transgressing [...] He has to say yes and I have to say yes. (35-year-old Woman, UBL Participant, Couple 7)

This perspective stands in contrast to participants’ reports of what they believed prior to taking part in UBL, and reports by those in the control arm. For example, when asked if her husband has sex with her without her consent a control group participant responded: *“If he wants it what can I do?”* (50-year-old Woman, Control, Couple 5).

Additionally, a couple of women stated that before attending UBL their husbands would suspect them of having other sexual relationships if they refused sex. For example, when asked if she and her husband fights about sex, one woman replied:

I get tired and I try to stay away. But he would think that I am seeing someone else. He argues because of such issue [...] I get so frustrated and angry when he suspects such things. Which man is trustworthy these days? There are lots of diseases out there!. (28-year-old Woman, UBL participant, Couple 16)

This participant highlights her husband's use of accusations of infidelity as a mechanism of sexual coercion. In this quote she describes feeling frustrated and despondent about her inability to communicate about sex, as well as her fears of contracting sexually transmitted infections from him.

Like physical IPV, another participant reported that although marital rape was allowed by his religion, his fear of the government's law against it made him change his behavior:

In our book [The Quran...] If she is his Nikah wife [wife under Islamic law], let alone in the evening, he can force her to [have] sex during the day time [...] I am afraid of the law [...] The current government is not Muslim and it instructs citizens by law and the Book instructs by religion. So the religion and the law are not identical, so it is better to walk using the law. (40-year-old Man, UBL participant, Couple 7)

The same participant went on to describe how since the sessions on sexual consent, his wife had refused to have sex with him. For example, when asked if UBL was helpful or harmful a man replied:

When the trainers say "why do you have sex with your husband if you don't want to?" The rural women take it as real [...] They started to refuse sex by saying (the trainer) said so. This is bad work. (60-year-old Man, UBL Participant, Couple 26)

This participant was among several men who saw female sexual empowerment as problematic, and blamed UBL for disrupting marriages.

Discussion

This qualitative evaluation of the UBL couples curriculum suggests that it shows promise in improving relationship quality and decreasing physical, psychological and sexual IPV in southern Ethiopia. Participants reported adopting more gender-equitable attitudes during UBL, leading to improved household-task sharing, couple's communication, and joint-decision making. This study identified additional changes at the individual, relationship, and community levels that contributed to decreased violence (Figures 2 and 3), explored further below.

More specifically, this study found evidence of reduction of physical and psychological IPV among some couples participating in UBL and complete cessation among others. In contrast, all couples reported a complete cessation of sexual IPV. These results add to the scant literature on how interventions can have varied effects on different forms of IPV (28, 29) and emphasize the value in measuring cessation and reduction separately. This would permit more nuanced understanding of the impacts of IPV prevention programs and the mechanisms through which they work, and in turn inform and enhance program design and delivery.

The main UBL trial results, found no significant reduction in physical IPV and weak evidence of reductions in sexual IPV in the couple's arm (21). Yet, the findings from the current qualitative study, however, suggest that the couples' program was beneficial to some participants. It may be that UBL had less or different impacts on couples who experienced long-lasting disagreements, and whose relationships were characterized by frequent and severe episodes of violence, but further research is needed to confirm and better understand this. Within the field there is limited research examining

differences in IPV program effects across different participant subgroups (28, 30), and more research on this could be beneficial for program refinement and targeting.

Key findings related to decreased IPV

At the individual level, participants noted that through UBL men acquired anger management skills, decreased their alcohol consumption, and learned about the benefits of peaceful relationships, allowing them to better manage marital conflicts and prevent escalation to violence. The UBL trial also observed some reduction in alcohol use post intervention (31). These findings underscore the importance of alcohol reduction in preventing conflict and mitigating its escalation, reinforcing evidence from the broader IPV intervention literature across Africa that highlights alcohol use as a key driver of violence (32, 33). Men also reported gaining knowledge about laws related to violence against women and marital property, and this generated an incentive to reduce violent behavior to avoid legal consequences or marital dissolution; men also cited that learning about sexual consent and the adverse effects of sexual IPV contributed to its cessation. Similar findings have been reported in other studies (34, 35). Most of the factors linked to UBL that contributed to decreases in violence were at the individual male level, reinforcing the importance of engaging men in violence prevention efforts, and providing some explanation as to why the men's-only arm of the UBL trial had the greatest impacts on reduced IPV (21).

At the relational level, couples' strengthened communication and conflict resolution skills played a key role in reducing IPV, a benefit likely seen most in the couples' arm of the trial. In particular, the cessation of sexual IPV was primarily attributed to increased communication about sex. This is similar to research on Indashyikirwa, which found that increased couples' communication on sexual needs and preferences led to decreases in coerced sex, as well as on several other interventions that emphasize communication to reduce sexual IPV (36-38). For UBL, broader relationship changes were reported alongside IPV outcomes, including more equitable task-sharing, greater joint decision-making, and improvements in relationship quality and emotional well-being. Similar changes have been noted in other IPV prevention efforts, such as SASA! in Uganda, where these changes played a crucial role in establishing the foundation for supportive, non-violent relationships (39).

There was no evidence of increased risk of violence among couples participating in UBL together; rather, we found that practicing these skills together in sessions made it easier for them to continue to use these skills at home. For couples experiencing violence in their relationship prior to UBL, we found no evidence of any additional detrimental effects of participating in UBL together. This adds to the growing evidence that despite concerns about potential risks (12), it can be safe to work with couples in IPV prevention interventions. However, it is important to note that risks should still be carefully monitored, with procedures in place to address any risks that arise. Further programming and research with couples could help refine and expand our understanding of how to safely engage couples in IPV prevention programs.

At the community level, some participants noted that acceptance of IPV and patriarchal gender norms linked to IPV were already decreasing in these communities, including in control communities, but UBL accelerated this progress. Participants further noted that UBL contributed to normalizing discussion of sexuality in communities, challenging longstanding taboos. This aligns with quantitative findings from the UBL trial which indicate spillover to non-participants. These community members reported behavioral change and IPV reductions similar to those directly exposed (13), suggesting wider community-level effects.

UBL was not uniformly effective, as some men demonstrated resistance to certain program messages, particularly those related to women's right to refuse sex. Moreover, our analysis suggests that in some cases, shifts towards more equitable task-sharing resulted in women taking on additional responsibilities, potentially increasing their already disproportionate time burden. This finding underscores the need for caution and further assessment of changes in women's and men's

roles to ensure that the redistribution of tasks between partners genuinely alleviates inequalities rather than exacerbating them. Further research is essential to better understand how interventions like UBL catalyze change within couples and communities, and which couples benefit the most. This includes exploring the mechanisms through which such programs influence attitudes and behaviors, identifying factors that contribute to resistance, and uncovering the contextual or relational dynamics that may hinder progress in certain couples. A more nuanced understanding of these barriers will be critical for strengthening measurement, informing program design and ensuring IPV programs such as UBL can maximize their impact and sustainability.

Limitations and strengths

This study is not without limitations. First, the purposive sampling approach targeted couples who had participated in UBL and who were willing to share their experiences in depth, meaning that the sample may not be representative of all couples in the program. As a result, our findings may not be transferable to the general population. Additionally, participants may have been prone to social desirability bias, and as all qualitative data is self-reported, this may have impacted the results. However, interviewers were highly trained and were able to build good rapport with the participants, mitigating this risk (40). While women's interviews were on average shorter than men's, the depth and richness of the interviews were comparable, allowing for meaningful insights into the impacts UBL. Finally, we did not observe any differences between polygynous and monogamous couples. This may have been due to the small number of polygynous couples included in our sample (n=3), consistent with the low estimated prevalence of polygyny nation-wide (41).

Our study also has several notable strengths. It is one of the few IPV prevention cRCTs to collect qualitative data from couples, offering a unique opportunity to deeply explore change within couple dynamics in such interventions. A key strength of our design was interviewing both partners simultaneously during data collection to prevent any influence on each other's responses. This approach not only allowed us to compare the perspectives of both members of the relationship, but also revealed areas of discordance in reporting IPV, with greater agreement on processes of change than on violence itself (42). Collecting both perspectives, therefore, provided a more comprehensive understanding of relationship dynamics and how UBL influenced them. Furthermore, the qualitative data were collected two years after the intervention, providing valuable insights into the sustainability of the changes.

Conclusions

This study found that when delivered to couples, UBL holds promise in reducing IPV and strengthening relationships with no unintended consequences and minimal backlash. This suggests that gender-transformative programming that targets couples can be a safe and effective strategy to prevent IPV, particularly among couples experiencing less severe violence. However, our findings also underscore the importance of addressing persistent barriers, such as resistance to certain messages and deeply entrenched norms and beliefs. Addressing these challenges will be critical to ensuring the long-term sustainability such interventions while maximizing their transformative impacts.

Abbreviations

AAU: Addis Ababa University

cRCT: cluster randomized controlled trial

IDI: in-depth interview

IPV: intimate partner violence

J-PAL: Abdul Latif Jameel Poverty Action Lab

MIT: Massachusetts Institute of Technology

UBL: Unite for a Better Life

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Declarations

Ethics approval and consent to participate

The protocol for the evaluation (including the qualitative data collection) was reviewed and approved by the Committee on the Use of Humans as Experimental Subjects at MIT (protocol number 1211005333) and by the Institutional Review Board at the AAU College of Health Sciences (protocol number 044/12/SPH). In addition, the trial was prospectively registered on clinicaltrials.gov (NCT02311699; 02/12/2014), and at the American Economic Association registry (AEARCTR-0000211). Finally, a community advisory board including a principal investigator, representatives from study districts and other key stakeholders (including government officials) was convened regularly for supervision and adverse event monitoring. All participants provided verbal informed consent. This study was carried out in accordance with relevant ethical guidelines and regulations including the Helsinki Declaration.

Consent for publication

Not applicable

Availability of data and materials

The datasets generated and analyzed during this study are not publicly available since participants did not give consent for the public sharing of their information. However, summaries of the information are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

VS, ND, and JS designed the study and oversaw acquisition of data. ST and AS conducted the data collection. MP, VS and JL analyzed the data. MP, JL and VS drafted the manuscript. VS, MP, JL, ND, ST and AS were involved in critical revisions of the manuscript for important intellectual content. All authors approved the final draft of the manuscript.

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