

GENDER RELATIONS, SEXUAL AND GENDER-BASED VIOLENCE AND THE EFFECTS OF CONFLICT ON WOMEN AND MEN IN NORTH KIVU, EASTERN DEMOCRATIC REPUBLIC OF THE CONGO

Results from the International Men and
Gender Equality Survey (IMAGES)

FINAL REPORT - 2014

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IMAGES
The International Men & Gender Equality Survey



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ABOUT IMAGES

The International Men and Gender Equality Survey (IMAGES) — created and coordinated by Promundo and the International Center for Research on Women (ICRW) — is one of the most comprehensive studies ever on men’s practices and attitudes as they relate to gender norms, attitudes toward gender equality policies, household dynamics including caregiving and men’s involvement as fathers, intimate partner violence, health and economic stress.¹ As of 2013, it had been carried out in 10 countries (including this study in the Democratic Republic of the Congo) with additional partner studies in Asia inspired in part by IMAGES.²

The data provide insights on men’s use of violence against partners, participation in caregiving and men’s reactions to the global gender equality agenda, among other themes. The survey includes both women and men and is carried out with respondents aged 18 to 59. In keeping with World Health Organization recommendations for survey research about sexual and gender-based violence, the survey is carried out with men and women in the same communities but not in the same households. All ethical procedures are followed. The survey is carried out together with qualitative research to map masculinities, contextualize the survey results and provide detailed life histories that illuminate quantitative key findings. In the case of conflict and post-conflict settings, the IMAGES questionnaire includes additional questions on the effects of conflict and displacement on gender relations.

PROMUNDO

Founded in Rio de Janeiro, Brazil in 1997, Promundo works to promote caring, nonviolent and equitable masculinities and equitable gender relations internationally. Promundo’s independently registered organizations in the United States (Promundo-US), Brazil (Instituto Promundo) and Portugal (Promundo-Europe), and its representatives in Rwanda and Burundi, collaborate to achieve this mission by conducting applied research that builds the knowledge base on masculinities and gender equality; developing, evaluating and scaling-up gender transformative interventions and programs; and carrying out national and international advocacy to achieve gender equality and social justice.

SONKE GENDER JUSTICE

Sonke Gender Justice is a non-partisan, nonprofit organization, established in 2006. Today, Sonke has established a growing presence on the African continent and plays an active role internationally. Sonke works to create the change necessary for men, women, young people and children to enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies. Sonke pursues this goal across Southern Africa by using a human rights framework to build the capacity of government, civil society organizations and citizens to achieve gender equality, prevent gender-based violence and reduce the spread of HIV and the impact of AIDS.

INSTITUT SUPÉRIEUR DU LAC (ISL)

The Institut Supérieur du Lac, based in Goma, is a recognized degree-granting institution that gives university-level training in mental health, clinical psychology and counseling. In addition to its educational programs, its students and teachers are involved in developing community-based psychosocial support programs.

RESEARCH AND PROJECT COORDINATION

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¹ For more information on IMAGES, see Barker, et al. (2011). *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo. Available at: <http://www.promundo.org.br/en/activities/activities-posts/international-men-and-gender-equality-survey-images-3/>

² For more information on the studies inspired by IMAGES in Asia, see <http://www.partners4prevention.org/>

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ACRONYMS

CNDP	National Congress for the Defense of the People (<i>French: Congrès National pour la Défense du Peuple</i>)
DHS	Demographic and Health Surveys
DRC	Democratic Republic of the Congo
FARDC	Armed Forces of the Democratic Republic of the Congo (<i>French: Forces Armées de la République Démocratique du Congo</i>)
FDLR	Democratic Forces for the Liberation of Rwanda (<i>French: Forces Démocratiques de Libération du Rwanda</i>)
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GEM	Gender-Equitable Men (Scale)
IDP	Internally Displaced Persons
IMAGES	International Men and Gender Equality Survey
IPV	Intimate Partner Violence
PTSD	Post-traumatic Stress Disorder
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
TAC	Technical Advisory Committee

SUMMARY OF FINDINGS

BACKGROUND

The International Men and Gender Equality Survey (IMAGES) was conducted in the Democratic Republic of Congo (DRC) in 2012 by Promundo, Sonke Gender Justice and the Institut Supérieur du Lac, with a focus on understanding men's practices and attitudes related to gender equality in the context of the ongoing conflict. The study aims to inform and drive policy development and interventions that promote gender equality, including those that involve boys and men, with special emphasis on conflict, effects of conflict and conflict-specific realities in eastern DRC. The study consists of both quantitative survey data, collected from 708 men and 754 women between the ages of 18 and 59 in four different survey sites, and qualitative research consisting of eight focus group discussions and 24 in-depth individual interviews carried out in the same area. Field work for the study was carried out during a period of active conflict.

KEY FINDINGS

Poverty and Economic Insecurity

Findings from the study reveal high levels of poverty and economic insecurity. Nearly 40 percent of men and women are unemployed, and informal work is the most common source of income. Lack of food and housing is widespread: 57 percent of men and 60 percent of women report having only one meal a day or less, and more than two-thirds of both men and women say that they never have enough resources to meet the needs of their families.

Stress related to lack of work or economic security affects both men and women: 89 percent of men and 92 percent of women report at least one form of such stress. However, the causes and consequences of work-related stress are different for both men and women.

The Effects of Conflict

The effects of the conflict on both men and women include economic hardship, trauma, and high levels of psychological stress. Approximately 70 percent of men and 80 percent of women report at least one conflict-related traumatic event, includ-

ing loss of property, displacement, loss of a family member or child, personal injury or the experience of sexual violence.

The research indicates high levels of psychological stress as a consequence of the conflict. Nearly two-thirds of men and women who experienced the conflict report negative psychological consequences. In general, men tend to cope with extreme stress and trauma using strategies that seek to avoid and reduce feelings of vulnerability, including alcohol and substance abuse, while women more frequently seek some form of help or turn to religion.

Gender Norms, Attitudes Toward Gender Equality and Cultural Practices Related to Gender

Both men and women in DRC strongly adhere to unequal gender norms. Men are generally skeptical about gender equality, and women have internalized many of the norms that sustain their subordinate position relative to men.

Inequitable gender attitudes affect sexual relations and violence against women. Sixty-two percent of women and 48 percent of men say that a man has a right to sex even if a woman refuses. Seventy-eight percent of women agree that they have to tolerate violence to keep the family together, while 48 percent of women agree that women sometimes deserve to be beaten.

Many men are resistant to women's education and their participation in the labor force. While nearly two-thirds of men support laws to ensure equal salaries for men and women, 40 percent feel that women take jobs away from men when they work, and more than half feel that when women work outside the home they neglect their duties at home.

Most men resist gender equality and do not support women's rights. About one-third of men say that gender equality or rights for women unfairly exclude men. Approximately half of men report that gender equality has come far enough already, and the majority agree that it has been achieved for the most part.

Childhood Experiences of Gender Relations

Most respondents grew up in highly gender-differentiated and inequitable households. With the exception of decisions related to food and clothing, approximately half of the men and women report that their fathers had the final say in household decision-making. Between 60 and 70 percent of men and women, respectively, report that their fathers never or hardly ever participated in domestic household duties.

Gender Dynamics in the Current Household

Men and women consistently affirm that men have more power in household decision-making. Approximately half of men report that they make the decisions about household spending; detailed analyses suggest that more gender equitable practices at the household level are more likely in households in which basic living conditions are met.

There are significant differences between men's and women's reports of participation in domestic household duties. Fifty-one percent of men report participating equally in at least one of the domestic household duties (cleaning, washing, or preparing food), while only 14 percent of women report that their partners participate equally. Men whose fathers were involved in domestic duties are significantly more likely to participate equally in household tasks.

In spite of persistent inequitable attitudes, men emphasize the importance of their children in their lives and report significant participation in caregiving. Nearly 40 percent of men with children report that they participate in daily caregiving for their children, and more than two-thirds of men report that they spend too little time with their children or that they would like to spend more time with them. Men's participation in the daily care of children is associated with other positive, more equitable behaviors, including less perpetration of intimate partner violence.

Childhood Experiences of Violence

Both men and women report high rates of exposure to violence at home during childhood, includ-

ing witnessing their father or another man using violence against their mother, or themselves having experienced physical, psychological or sexual violence. Men and women also report high rates of having experienced violence at school, including sexual violence.

Experiencing childhood violence was significantly associated with less equitable gender attitudes, suggesting that negative childhood experiences that include violence have a significant impact on the construction of inequitable gender perceptions in adulthood that support the use of violence.

Intimate Partner Violence (IPV)

Men in eastern DRC report among the highest rates of having used physical and sexual violence against a partner compared to other settings where IMAGES has been carried out. Forty-seven percent of men report having perpetrated physical violence against a female partner (IPV) at some time, and 45 percent of women report having experienced it. However, men's and women's reports of IPV occurring in the past year differ greatly, with men reporting levels of perpetration that are substantially lower than women's reported experience.

Forty-nine percent of women reported ever having experienced sexual violence from a male intimate partner or husband; men reported much lower rates of ever having used sexual violence against a female partner or wife (13%).

In multivariate analysis, binge drinking, having experienced violence as children and being older were all associated with men's use of IPV.

Sexual Violence, Including Conflict-Related Sexual Violence

Much of the attention on conflict in DRC has singularly focused on sexual violence against women by combatants, and has often ignored other human rights violations — including intimate partner violence, violence against children and sexual violence against men and boys (either as a result or conflict, or otherwise), all of which were also prevalent in the study.

In terms of sexual violence, 26 percent of men report having forced a woman to have sex, and 66 percent of women report that they have been forced to have sexual relations, either by a partner or non-partner.

Results confirm high degrees of rape-supportive attitudes among men, affirming in many ways the perceived normality of rape, particularly partner rape. In addition, results also find that men and women alike often blame women for stranger rape. Women who were raped by combatants frequently reported rejection by families and partners.

In terms of sexual violence related to conflict, 10 percent of men who report being affected by the conflict say they were forced to have sex or forced to carry out rape, and 17 percent of men say they were forced to witness rape being carried out.

Twenty-two percent of women were forced to have sex or were raped as part of the conflict, while 27 percent were forced to witness a conflict-related rape.

Bivariate analysis shows a connection between sexual violence in conflict and intimate partner violence perpetration. Men who report being forced to have sex or raped as part of the conflict are significantly more likely to have perpetrated sexual violence against a partner or to have perpetrated any intimate partner violence. In multivariate analysis, unemployment, binge drinking and gender-inequitable attitudes were associated with men's use of sexual violence.

Knowledge and Opinions About Campaigns on Gender Equality, SGBV and Gender Policies

Most men and women know about DRC's law against SGBV but have either contradictory or negative views about it. The majority of both men and women who are aware of the law see this law as a threat to and injustice for men. However, half of all male respondents say that they would intervene if they saw a friend beating a woman, which suggests that they perceive the harmful nature of it and that positive attitudes of at least some men in DRC have yet to be fully mobilized.

Health, Sexual Health and Vulnerabilities

Findings confirm that health care in general, including services for reproductive and sexual health, is extremely limited. Forty-four percent of men and 39 percent of women report living with a chronic health problem, and 15 percent report that the problem is a result of violence or conflict. Thirty percent of both men and women received no care for these problems.

Health risks, health problems, religion and gender relations contribute to low usage of condoms and other family planning methods. Fifty-three percent of men and 66 percent of women do not use a form of family planning.

CONCLUSION

The results from our study affirm that at the time of this research, Goma and areas nearby are among the worst places in the world for women, men and children. The devastating impact of war affects nearly all those living in the area and is manifested, among other ways, in highly inequitable and violent partner relations. The creation of peace and stability at home will only be possible by transforming gender relations and ensuring dignified and meaningful livelihoods and functioning social welfare, health and justice systems. In addition, increased effort in DRC must be focused on primary prevention of SGBV, on ensuring long-term support for women and men survivors of violence, and on reducing the stigma directed toward rape survivors, which in turn requires understanding men's trauma related to SGBV in the conflict.

Given men's attitudes in opposition to gender equality and the high exposure to multiple forms of violence during childhood in the context of conflict in DRC, there is an urgent need for:

- (1) more intense promotion of gender equality in the education sector, the health sector, the justice sector and at all levels of civil society and the state in DRC;
- (2) large-scale rollout of psychosocial and secondary prevention that enables boys and girls to overcome violence they have experienced and witnessed; and
- (3) long-term rebuilding from the conflict that takes into consideration men's and women's sense of loss of status and identity, and their need for psychosocial support.



Finally, it is important to note that, while gender norms and gender relations are highly inequitable and stressed in eastern DRC, there are examples of cooperative, collaborative couple relationships, and there are men and women who hold positive norms and support gender equality. Women and men showed numerous strategies of resistance, resilience and recovery that should be understood and built upon. Approaches that treat survivors of violence as passive or that fail to account for and promote survivors' own agency do a disservice to the men and women in this region. The international aid community would do more justice to eastern DRC by listening to, supporting and encouraging the voices of equality and the desire for change that exist, as well as by understanding and supporting the women, men, girls and boys in the region *as much more than victims*.

1.

INTRODUCTION: THE CONTEXT OF CONFLICT AND GENDER RELATIONS IN EASTERN DRC

- 1.1 Brief History of the Recent Conflict in DRC
- 1.2 Sexual Violence in Eastern DRC
- 1.3 Problem Statement and Research Questions

INTRODUCTION

1.1

BRIEF HISTORY OF THE RECENT CONFLICT IN DRC

Democratic Republic of the Congo (DRC) is the second largest country in Africa in terms of land mass, and the nineteenth largest in the world. The country is also vast in terms of ethnic diversity, with more than 250 ethnic groups and more than 240 different languages. The eastern province of DRC comprises the districts of Nord Kivu, Sud Kivu and Maniema. This study was conducted in and around Goma, the capital of Nord Kivu. The population of Nord Kivu, in 2010, was roughly 5.8 million; 2012 estimates show 1,000,000 people living in Goma (BBC News, 2012). Over the last two decades, labor migration and internal migration caused by conflict in the region have led to the spread of the many different ethnic groups throughout Nord Kivu. As seen in Table 1, the country continues to be one of the poorest in the world, with some of the worst social indicators in terms of education and health.

The region of DRC, including Nord Kivu, has been the site of a series of conflicts since 1993. These followed and were in part the result of the genocide in Rwanda in 1994. This led to a mass exodus of leaders and perpetrators of the genocide to DRC. To give an idea of the extent of this vast movement of people, at the end of the 100 days of the Rwandan genocide, approximately 10,000 to 12,000 refugees per hour crossed the Rwandan border in Gisenyi, entering Goma. This included both Tutsis fleeing the genocide and Hutus, fearful of reprisals from Tutsi forces that were entering the eastern provinces of DRC.

While thousands of Rwandan refugees tried to hide in DRC, atrocities, rapes and killings continued in the camps for internally displaced persons (IDP) in DRC long after the end of the genocide in 1994. Subsequently, Rwandan armed forces entered DRC and neighboring countries, leading to the start of a multi-year conflict known as the

TABLE 1

Key Development Indicators for DRC³

Population	77,433,744 ⁴
Under-five mortality rate (deaths per 1,000 live births)	170
Life expectancy at birth (years)	48.7
Adult literacy rate (% aged 15 and older)	66.8
Mean years of schooling (years)	3.5
GDP per capita (2005 PPP \$)	329
Population living below PPP \$1.25 a day (%)	87.7
Maternal mortality ratio (deaths of women per 100,000 live births)	540
Adolescent fertility rate (births per 1,000 women aged 15–19)	170.6

³ Indicators (with the exception of "Population") are taken from the United Nations Development Programme's *Human Development Report 2013*, which is available for download at: <http://hdr.undp.org/en/2013-report>

⁴ Population is given as a July 2014 estimate from the Central Intelligence Agency's *The World Factbook 2014*, which is available at: <https://www.cia.gov/library/publications/the-world-factbook/>

Great African War. This series of conflicts, along with chronic poverty and regional inequalities in DRC, gave rise to the estimated 20-plus armed groups that currently operate in the region. These armed groups have a variety of economic, political and ethnic interests, as well as a desire for access to power over land and mineral resources in the region.

A peace agreement was signed in Goma on March 23, 2009, and several rebel groups were fully integrated into the DRC national army (FARDC); a relatively peaceful period followed, lasting until April 2012. After the elections in November 2011, the DRC government lost support within the country, and new power vacuums grew. A group of ex-rebels, former soldiers of the CNDP (National Congress for the Defense of the People) deserted the FARDC and launched a new mutiny called M23, claiming to protect the interests and safety of Congolese Tutsis in the Kivu provinces. In June 2012, they declared that they would no longer adhere to the peace agreements of 2009.⁵

As the conflict reignited, other relatively dormant rebel groups, including the Mai Mai and the FDLR (Democratic Forces for the Liberation of Rwanda, the armed group initially formed by Rwandans who carried out the genocide against the Tutsis and moderate Hutus in 1994), among other armed groups, took the opportunity to challenge the weakened government and continue fighting. It was during this 2012 wave of conflicts that this study was carried out in and around Goma.

The ongoing conflicts have weakened Congolese society, the economy and the government, and they have created an environment of impunity that is often described as a “failed state.” The peace process in eastern Congo continues to be fragile, with multiple armed groups operating throughout the region, terrorizing civilians and blocking the path to long-term peace.⁶ It is difficult to

overstate the scope of the ongoing humanitarian needs in the region, for women, men, boys and girls. Hundreds of thousands of people have been killed; have become victims and/or perpetrators of war crimes, torture and/or rape; or have lost their belongings, homes, lands and families, and hence have lost their confidence and trust in humanity.

1.2 SEXUAL VIOLENCE IN EASTERN DRC

A previous sample survey in eastern DRC reported that approximately 40 percent of women and 24 percent of men had experienced sexual violence, rates consistent with those found in this study (Johnson et al., 2010). However, accurate data on sexual and gender-based violence (SGBV) prevalence are difficult to obtain, in part because many survivors do not report sexual violence due to fear, stigma, psychological effects and ineffective legal responses. In other cases, data are obtained through medical and police records, which highly underestimate incidence. Household surveys also have limitations due to a lack of uniform methodology and a failure to take into account the volatile nature of the conflict in the region and its extremely varied impact in different parts of the country. At times, data obtained from one region at one point in time during the conflict have been inappropriately extrapolated to the country or region (of Nord Kivu) as a whole.

Still, the evidence suggests that incidence of sexual violence is extremely high in this part of DRC and that it has been exacerbated by the conflict. Nonetheless, the well-intentioned efforts to measure the extent of rape and to assist survivors have sometimes confounded the problem. One study on assistance to victims of sexual violence showed how assistance to victims of sexual violence had become a “trade market” of economic opportunities for NGOs and the humanitarian aid “industry,” while many survivors of violence continued to lack access to services (Douwma & Hilhorst, 2012). It is important to affirm that sexual and gender-based violence existed before the recent waves of conflict in DRC (both before the conflict of the late 1990s and before the more recent waves of conflict); it happens not just during

⁵ The M23 includes different armed rebel groups; several Western countries assert that M23 was supported by Rwanda, which the Rwandan government denied. For more background information and analysis of M23, see: Stearns, J. (2012). *From CNDP to M23: The evolution of an armed movement in eastern Congo*. Nairobi: Rift Valley Institute. Available at: <http://riftvalley.net/publication/cndp-m23#.U1A4FOZdUTE>.

⁶ One year after this study was conducted, a special UN intervention brigade was created with the mandate to carry out offensive operations and support the Congolese army to dismantle the M23. The most intensive fighting in Nord Kivu has ended, but peace negotiations in Kampala between M23 and the DRC government are still going on as of the writing of this report. Other armed groups like the FDLR are still considered a serious threat to peace in the region.

and after conflict, in spaces outside the home, but in intimate partner relations, as well, and is part of prevailing inequitable attitudes and life conditions for women. The 2007 Demographic and Health Survey (DHS) in DRC found that more than 75 percent of married Congolese women found it acceptable for their husbands to beat them, and they attributed the high incidence of SGBV not to war, but to the prevalence of intimate partner sexual violence.

The National Gender Report in DRC by the United Nations Development Programme (UNDP, 2011) describes a complex range of factors that fuel gender inequality and gender-based violence in the country. These include the lack of a democratic government; the persistent beliefs, norms and perceptions that women are inferior to men; and high rates of poverty among women. As noted in the UNDP report, the prevailing norms in the DRC hold that a woman is to “be protected” in marriage, particularly after her family receives the bride price. In turn, she is obliged to fulfill her reproductive role, giving birth to many children and satisfying her husband’s perceived sexual and domestic needs.

A recent report found that the situation of SGBV in Nord Kivu remains worrying five years after implementation of a national strategy to reduce SGBV (SNVBG). That report, like the results presented here, affirm that both armed groups and civilians commit SGBV, and that perpetrators generally act with impunity due to the weak presence of the state and civil society. The report also argues that the pervasive rates of SGBV mean that it is becoming normalized as a severe expression of gender inequality (UNHCR, 2013).

While there has been a tremendous increase in research and awareness about gender inequalities and SGBV in DRC, few studies have examined the impact of the conflict on gender relations and on masculinities, including how men’s lives are affected by conflict and displacement (Lwambo, 2011; Baaz & Stern, 2010; Liebling & Sleg, 2012). Lwambo’s 2011 study is one of the few focusing specifically on how men’s sense of identity is severely impacted by the conflict, with consequences for men, their partners and their families in the face of this identity loss. The IMAGES study thus seeks to understand men’s lives across a broad range of outcomes and experiences, including the conflict.

Although not discussed at length in this paper, the policy context in the DRC must also be considered.

According to a review of existing policies carried out by Sonke Gender Justice, there is no clear and comprehensive definition of GBV included in laws in DRC, and marital rape is not criminalized. Furthermore, in existing policies, there is no significant focus on challenging male gender norms or engaging men as partners, nor any recognition that men also experience violence, including sexual violence. In addition to this lack of an adequate policy framework, the ability of the DRC government to consistently enforce existing policies and laws is limited. Box 8 in Section 4.1 provides more information on the policy context.

1.3 PROBLEM STATEMENT AND RESEARCH QUESTIONS

With this background, the purpose of the IMAGES study is to build understanding of men’s practices and attitudes around gender equality in order to inform, drive and monitor policy development and interventions that promote gender equality, including those that involve boys and men. The focus of this analysis of data from the IMAGES study in a (post) conflict setting is on the impact of conflict on the construction of masculinities and gender relations. The study followed the parameters of the overall IMAGES study, but with special emphasis on conflict: the effects of conflict and the specific realities of the ongoing conflict in eastern DRC.

The main questions are:

- (1) How are gender roles and dynamics, and in particular masculinities and men’s roles, shaped and constructed in the context of conflict in eastern DRC?
- (2) How does this relate to the use of SGBV?

Specific topics include gender relations, household dynamics, health needs and practices including mental health, men’s and women’s attitudes toward policies to promote gender equality, and patterns and correlates of SGBV.

2.

METHODOLOGY

- 2.1 Research Sites and Sample
- 2.2 Research Methods
- 2.3 Ethical Considerations
- 2.4 Data Analysis
- 2.5 Study Scope and Limitations

METHODOLOGY

2.1

RESEARCH SITES AND SAMPLE

The survey was carried out in June 2012 among 708 men and 754 women between the ages of 18 and 59 in four different regions: (1) Goma town (referred to as “urban” in the following analyses); (2) Mugungu 3, an IDP camp established in 2008 near Goma (“IDP camp”); (3) Katoyi, a military base in Goma (“military camp”); and (4) Kiroche and Bweremana, two rural villages 40 kilometers south of Goma (“rural”).⁷ A multi-stage cluster sampling strategy was applied. The sample was stratified by sex and by age, and, in each neighborhood or site, households were systematically sampled. Additional information about sampling can be found in Annex 1.

Qualitative research consisted of eight focus group discussions (four with men and four with women, with a total of 40 men and 51 women) and 24 in-depth individual interviews (10 with men, 14 with women). The qualitative research was conducted in the same locations as the survey, with one exception. The rural villages were not accessible on the days that the qualitative research team planned to travel to them, due to an incident of violence on the road to Bweremana. The team thus went to a recently formed IDP camp called Mugungu I, located 8 kilometers outside of Goma, where refugees from rural areas were arriving as a result of the latest wave of conflict.

2.2

RESEARCH METHODS

The questionnaire is an adapted version of the International Men and Gender Equality Survey (IMAGES) as designed by Promundo and the

International Center for Research on Women (ICRW) and partners. The Congolese version was adapted to include issues specific to the current context of people living in Nord Kivu. The adaptation was done in collaboration with a local Technical Advisory Committee (TAC) during a one-day meeting in Goma. The TAC members (1) reviewed and added questions; (2) reviewed the research plan and sampling frame; (3) provided input on ethical procedures; and (4) provided a list of referrals for subjects requiring special services.⁸ Questionnaires were translated into French and Swahili and pre-tested in Goma town. The main adaptations after the testing were related to translation and expressions in Swahili.

Fifty-five Congolese interviewers were trained in the application of the survey, as well as ethical procedures, and administered the questionnaire. The interviews took approximately 45 minutes each. Female data collectors interviewed women, and male data collectors interviewed men.

Two key researchers, a man and a woman, conducted the qualitative research. The woman, the lead author of this report (Slegh), conducted the interviews together with a female Congolese translator. The focus in the qualitative research was on exploring the perceptions and effects of lived experiences on masculinity, and the impact of war on men’s lives as husbands, fathers and community members. The discussions in the groups encouraged participants to rethink and discuss how the conflict affected men’s practices and attitudes in terms of partner relations, sexuality and their sense of identity. The individual interviews created a space for men and women to share individual life stories, with a focus on the effects of conflict. Results of the studies were shared with the TAC and with representatives of the communities studied.

⁷ Two other villages were originally chosen by the Technical Advisory Committee as representative of rural areas in Nord Kivu. However, due to the new wave of conflict, these two villages turned out to be impossible to reach.

⁸ This group includes representatives of the United Nations Population Fund (UNFPA); International Rescue Committee (IRC); HEAL Africa; the Goma Division of the Ministry of Children, Gender and Family; the Ministry of Gender; Women for Women International; MONUSCO; and the Congo Men’s Network (COMEN).

2.3 ETHICAL CONSIDERATIONS

All appropriate ethical procedures⁹ (confidentiality, informed consent and anonymity) and “do no harm” principles were followed in interviews and data collection in accordance with World Health Organization (WHO) ethical procedures for carrying out research on intimate partner violence (IPV), including specific recommendations for carrying out research in conflict and post-conflict settings. In cases of immediate or recent experiences of sexual violence, referrals for services and transportation were arranged. Ethical approval was obtained from the Mayor of Goma, with additional approval from the Ministry of Gender for Goma. The original IMAGES questionnaire, on which the DRC study was based, was approved by the Institutional Review Board of the International Center for Research on Women.

2.4 DATA ANALYSIS

This report focuses on descriptive statistics and bivariate analyses of association of survey data regarding a wide range of topics related to gender, equality and conflict. Using Stata statistical software, we generated descriptive tables and figures and used t-tests, χ^2 -tests and OLS or logistic regression methods to test associations between variables of interest. Where statistically significant differences are reported, these are at the $p < .05$ level, unless otherwise noted. In general, “don’t know” or “not available” responses were coded as missing and omitted from the analyses underlying the figures presented in the tables. For the sake of table concision and readability, precise “n” values for each analysis have been omitted, but may be obtained from the authors.

Qualitative data were analyzed using content frame analysis. Findings from analysis of quantitative data were compared with findings from qualitative data, and both are discussed throughout the

⁹ Among other things, this meant that all informants gave written or oral consent and the interviewers signed a confidentiality agreement not to share any personal information from any of the interviews.

report. The comparison of quantitative and qualitative findings allowed for a holistic understanding of the dynamics that play a role in the way men and women relate to each other.

2.5 STUDY SCOPE AND LIMITATIONS

Due to several waves of internal migration in the last decades, the population of this area is mixed, with people of different ethnic backgrounds, many of whom originally come from other provinces in DRC. Because of the wave of conflict happening during the time of the survey, access to study sites was difficult and conditions for doing research were challenging. The findings thus represent the realities of only a small part of Democratic Republic of Congo’s population, those living in the northern part of Nord Kivu during a specific moment of active conflict.

Other challenges included the length of the questionnaire, which required about an hour to complete. Men’s participation was sometimes a challenge. In Goma town in particular, some data collectors had difficulties finding men at home; other men were not willing to participate. In order to reduce men’s reluctance to participate, the data collectors were trained to start the interview and to always give the participant the choice to stop the interview and to continue later. Once started, most participants appreciated the interview, and all interviews that were started continued until the end.

The precarious living conditions of people living in IDP camps, on the military base and in the rural areas were another challenge for the data collectors. The inhumane conditions, the lack of food, the insecurity and the traumatic experiences of participants also affected the data collectors, many of whom had experienced similar consequences of the conflicts in past years. While the data collectors were trained counselors and psychologists at the Institut Supérieur du Lac, a training program for mental health professionals, they showed signs of experiencing psychological distress as a result of carrying out the survey.



In the training of data collectors, specific attention was given to the problems of counter transference. Data collectors were trained to reduce the impact of their own experiences and remain neutral in their interviews. At the end of each day of data collection, the team met a senior field leader to share experiences; psychological assistance was organized for emergency cases, both for participants as well as data collectors. A wave of conflict erupted during the survey collection time and created additional challenges. The team of data collectors assigned to the rural sites was confronted with refugees fleeing their villages in the province of Masisi.

For many participants, the interviews were perceived as a source of support; participants seemed grateful to be able to share their life experiences. Indeed, some of the men, in particular, stated that this was the first time they had been asked questions of the nature of those used in IMAGES. Other participants perceived the questionnaire as a training or workshop and said it made them think about many problems they faced in their personal lives and with their families.

3.

RESEARCH FINDINGS

- 3.1 Sample Characteristics
- 3.2 The Effects of Conflict
- 3.3 Gender Norms, Attitudes Toward Gender Equality and Cultural Practices Related to Gender
- 3.4 Childhood Experiences of Gender Relations
- 3.5 Gender Dynamics in the Current Household
- 3.6 Gender-Based Violence: Practices, Experiences and Perceptions
- 3.7 Sexual Violence, Including War-Related Rape
- 3.8 Knowledge and Opinions About Campaigns on Gender Equality, SGBV and Gender Policies
- 3.9 Health, Sexual Health and Vulnerabilities

RESEARCH FINDINGS

The Research Findings section is divided into: (1) sample characteristics; (2) the effects of conflict; (3) gender norms; (4) childhood experiences; (5) gender dynamics in the household; (6) intimate partner violence; (7) sexual and gender-based violence, including violence in conflict; (8) knowledge of existing campaigns; and (9) health needs and vulnerabilities, including sexual and reproductive health.

3.1 SAMPLE CHARACTERISTICS

Table 2 presents the demographic characteristics of the sample.¹⁰ Women are younger than men and have lower levels of education. While nearly 60 percent of men have at least some secondary education, only about a third of women do. *Qualitative interviews confirm that many men see women's education as a threat to their power and their control over their wives*, an indication both of traditional norms as well as of men's sense of threatened or fragile identities. Most men (72 percent) and women (68 percent) are either legally married or cohabitating with a partner. The majority of men and women report a religious affiliation.

3.1.1 Socioeconomic Conditions and Employment Status

Findings from the survey and qualitative interviews reveal high levels of poverty and income insecurity, consistent with official development indicators (presented in Table 1) that show that approximately 60 percent of the population is living below the poverty line (below US\$1.25 per day). To assess income and poverty in more

¹⁰ Respondents from the military camp in Goma town are presented as a separate site due to the specific composition of the inhabitants; nevertheless, it should be considered an urban site. The differences between rural and urban respondents and the research sites are limited; many people in the IDP camps and military camps come from rural areas but are now living in town. Internal migration during the last decades in this region makes it hard to make a distinction between urban and rural populations. Only the sample in Kiroche and Bweremana can be considered people living in rural settings.

nuanced ways, the questionnaire includes items about employment status and cash income, as well as access to food and housing.

Nearly 40 percent of men and women do not currently work or have never worked in income-generating activities. For those who work, informal work, including agriculture-based activities and informal selling, is the most common source of income. Twice as many men as women are employed in formal work, mostly in government jobs (including the armed forces) or as part of international NGOs; these are among the only jobs in the area that provide (somewhat or mostly) regular monthly income.

There were challenges to measuring income in Goma given that many respondents have no regular cash income, and some earn their income only in United States (US) dollars, some only in Congolese Francs, and some in both currencies. Only 51 percent of women and 65 percent of men responded to this question, suggesting that the missing group may have no monetary income, or very irregular income, making it difficult to determine an amount. Another reason may be discomfort in reporting cash income.

Goma residents working for international NGOs or United Nations organizations often earn money in US dollars, while farmers, those with small trades or businesses and those working for the Congolese government are paid in Congolese Francs. The results (in Table 3) show that women more often have income in Congolese Francs, while men more often have earnings in US dollars, and regardless of currency reported, women are overrepresented in the lowest income bracket (less than US\$10 or 10,000 Francs per month).

3.1.2 Poverty: Access to Food and Housing

Hunger is an all-too-common daily reality for respondents in eastern DRC: 57 percent of men and 60 percent of women report having only one meal a day or less. Residents in IDP camps have the lowest incomes and the highest rates of hunger. Differences between men's and women's

TABLE 2
**Demographic Characteristics
of the Sample**

	MEN		WOMEN	
	n	%	n	%
LOCATION				
Urban	183	25.9	232	30.8
Rural	245	34.6	247	32.8
Military camp	71	10.0	94	12.5
IDP camp	209	29.5	181	24.0
AGE				
18-28	198	28.0	253	33.6
29-39	253	35.7	307	40.7
40-59	257	36.3	194	25.7
EDUCATION				
None	84	11.9	274	36.7
Primary, complete or incomplete	213	30.2	232	31.1
Secondary, incomplete secondary, or vocational	307	43.5	182	24.4
Baccalaureate, license, or more than license	102	14.5	58	7.8
MARITAL STATUS				
Legally married	385	54.9	321	43.1
Widowed	31	4.4	98	13.2
Separated/Divorced	23	3.3	68	9.1
Never married (single), but living with a partner	119	17.0	182	24.4
Never married (single), without a stable partner	57	8.1	38	5.1
Never partnered	86	12.3	38	5.1
RELIGION				
Catholic	258	36.7	273	36.5
Protestant	235	33.4	275	36.8
Muslim	35	5.0	28	3.7
Adventist	57	8.1	73	9.8
No religion	40	5.7	23	3.1
Other	79	11.2	76	10.2

TABLE 3**Monthly Income in US Dollars
or Congolese Francs (Percent Report)**

IN US DOLLARS	MEN (n=336)	WOMEN (n=240)
1-10	11.3	16.3
11-50	48.5	41.3
51-250	30.1	37.5
251+	10.1	5.0
IN CONGOLESE FRANCS (1000 FC = 1 USD)	MEN (n=126)	WOMEN (n=143)
1-10,000	21.4	45.5
10,001-25,000	10.3	16.8
25,001-50,000	15.9	24.5
50,001-75,000	43.7	11.2
75,001+	8.7	2.1

economic situations are also visible when we examine housing: Nearly 20 percent of men, compared to 40 percent of women, report living in low-quality housing (made of mud or reeds) or no housing. For men, low-quality housing is rare outside of the IDP camp, while for women low-quality housing is more common (30 percent or higher) in all settings except urban areas (9 percent). These large differences may be due to the comparatively larger proportion of women who are widows, separated from their husbands or unmarried but living with their partners; these women are significantly more likely to live in low-quality housing compared to married women. Still, these findings require further investigation.

3.1.3 Household Provision Patterns

The majority of men (85 percent) report that they have the overall responsibility of providing

for their families, and more than half (60 percent) say they are the main source of income in their household. However, only 38 percent of women, most married or cohabitating, say their male partners are the main source of household income. Of the 32 percent of women who are the main providers of family income, 42 percent are married or cohabitating, while the remainder are in female-headed households: widowed (28 percent), divorced (18 percent) or single (13 percent).

The contradiction between men's and women's answers may be due to the differences between the perceived role of men as the providers of income for the family and the daily reality in which women contribute substantially to sustain the family economically. These data show that women work outside the home in large numbers and contribute to family incomes, even as men ignore women's income, under-report it or feel

that their identities as providers are threatened by women’s income generation.

3.1.4 Impact of Poverty and Lack of Work

Not surprisingly, in this setting of dire need, more than two-thirds of men and women say that they never have enough resources to meet the needs of their families. The lack of income means they are not able to feed their children, pay school fees and cover other basic livelihood needs. This creates enormous stress for men and women, as illustrated in Figure 1 below.

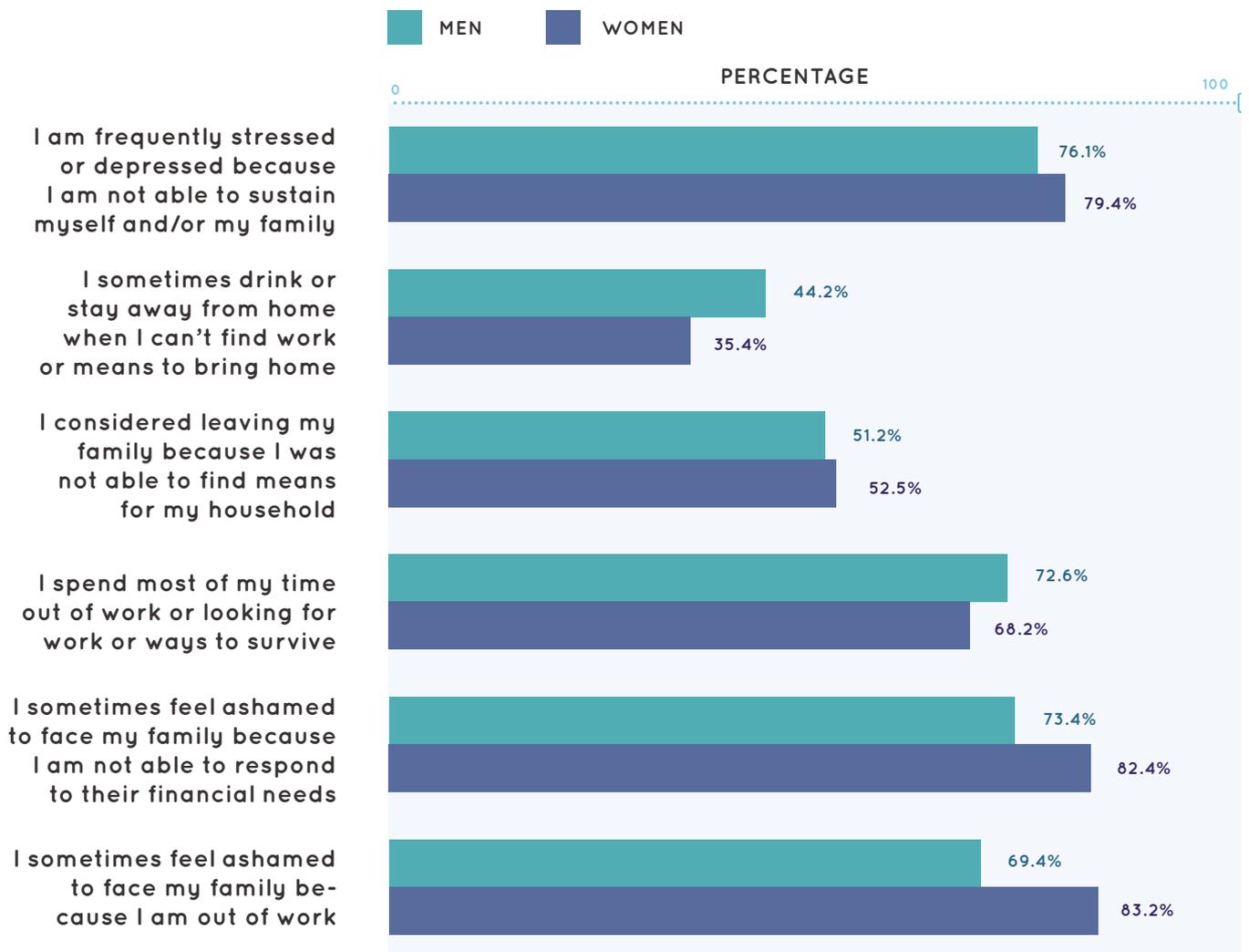
Work-related stress affects both men and women: 89 percent of men and 92 percent of women report at least one form of such stress. More women

than men report feeling ashamed to face their families because they are out of work or cannot respond to the family’s financial needs. Approximately the same proportion of women as men have considered leaving their families, though fewer women turn to alcohol as a way of coping with work-related stress.

In the qualitative study, we observed significant differences in the meaning of work-related stress for women compared to men. Women are most stressed when they are not able to feed their children. For men, work and income are central to their identities, and the loss of either seems to have serious consequences in terms of mental health. Many women and men report men’s stress related to lack of income, lack of work and

FIGURE 1

Work Stress (Percent Who Report “Yes” or “Sometimes”)



displacement as being a trigger for men's use of violence, as well as for men's depression and substance and alcohol abuse, as described in further detail below. Qualitative reports highlight how men feel ashamed and depressed when they are not able to sustain their families:

"What kind of man am I, who is not able to sustain the family?" (Man, Goma town)

"This is like losing being masculine."
(Man, IDP camp)

"My husband lost all his properties, and this made him mad. He liked to eat and be the boss, but he lost everything. Now he is an aggressive and nervous man."
(Woman, IDP camp)

A man in Goma explained how he feels frustrated when he comes home and his wife asks him for money for food:

"When she is accusing me of not bringing home anything, sometimes I feel I could kill her. What kind of a man am I to be insulted by my own wife?" (Man, Goma town)

A soldier in the military camp said:

"It hurts when I cannot feed my children. Sometimes I have to steal food in the streets to be able to bring something to eat." (Man, military camp)

3.2 THE EFFECTS OF CONFLICT

The following section further explores how financial stress and traumatic events affect men, especially men's identities; women; and gender relations. Given that this survey was carried out during a recent period of conflict, it must be viewed as a portrait of an extremely vulnerable population at a specific moment in time during an ongoing round of violence and conflict.

3.2.1 Poverty and Unemployment

Both women and men report tremendous economic hardship as a result of the conflict in the late 1990s (in addition to stress related to the ongoing conflict during the time the survey was conducted in 2012). Figure 2 shows men's and women's responses when asked to compare their livelihoods and income before and after the conflict; in this case, "before" refers to their lives before the conflict (known as the Great African War) that started after the Rwandan genocide in the mid-1990s and continued through the end of the 1990s (as described in the introduction). The data clearly indicate a dramatic increase in the proportion of men and women who report not having enough means over the period of the conflict.

3.2.2 Traumatic Experiences

Approximately 70 percent of men and 80 percent of women report living through war and conflict. Among those, the forms of trauma and effects of the conflict are multiple and widespread, as seen in Table 4. The most common trauma is loss of property and displacement. Similar percentages of women and men—more than 50 percent—report having lost a family member as a result of the conflict. Fully a quarter of women and men report that they personally were injured at some point during the conflict, and a quarter of men and women report that they lost a child as a result of the conflict. Men and women alike were also victims of sexual violence due to the conflict, as will be discussed later.

Another major effect of conflict was forced conscription as well as voluntary participation in either the armed forces or combatant groups. Ten percent of women and 33 percent of men report having collaborated with armed rebel groups, and 14 percent of women and 26 percent of men participated in the official armed forces. These include both those who participated voluntarily and those who were forced to join. All told, 18 percent of women and 43 percent of men had some direct involvement in armed rebel groups or the DRC armed forces.

3.2.3 Psychological Consequences of Conflict

Qualitative research indicates high levels of psychological stress due to the war. Men and women describe their distress due to war in terms of: having a “bad heart”; being a “bad person”; losing their reputation in the family; and feeling guilt, shame and fear. The trauma-related questions in the survey are based on qualitative research and have been applied in the surveys in Mali and DRC; they use respondent-driven descriptions of mental health rather than standardized descriptions of mental health and Post-traumatic Stress Disorder (PTSD). The answers show that more than half of all respondents suffer from one or more psychological consequences of the conflict in the region, as seen in Figure 3.

Nearly two-thirds of men and women who experienced the conflict report negative psychological consequences, including loss of the capacity to love or care for others and loss of the ability to trust in others. Approximately half report feeling guilty for having survived, and about a third feel that they have lost their reputation with their families. Approximately 40 percent of men and 60 percent of women report that the war made them “a bad person.”

Both men and women frequently mention lost honor and lost reputation in the qualitative part of the study. For men, the experiences of conflict and poverty are strongly linked to their sense of identity and of lost “manhood.” Many men feel they have failed in protecting and providing for their families, while some men feel less of a man because they are unable to perform sexually. Soldiers described the lack of government acknowledgement of their efforts (meaning their irregular salaries and lack of benefits) as “insulting to their manhood.” They said that they risked their lives defending the country but receive low salaries and limited health care. In addition, some men report the challenges of living with injuries and sexual impotence caused by injuries. The quotes in Box 1 are illustrative.

Women who were raped during the conflict report losing their reputation with their families at significantly higher percentages than women who do not report being raped. While we cannot state

with certainty that this perceived loss of reputation is related to being raped, it is noteworthy that there is a statistically significant difference in the percentage of women who report losing their reputation based on whether they report having been raped. Women’s narratives in qualitative interviews confirm that husbands often reject women after they have been raped. Rape survivors are seen as having lost value for their husbands and for in-laws. Several women explain how they are considered to be the “wives of *interahamwe*,” (the Hutu militias that carried out the genocide) or the “wives of soldiers,” because they were raped by combatants.

FIGURE 2

Percent of Men and Women Who Never Have Enough Means to Meet the Needs of their Families, Before and After the Conflict

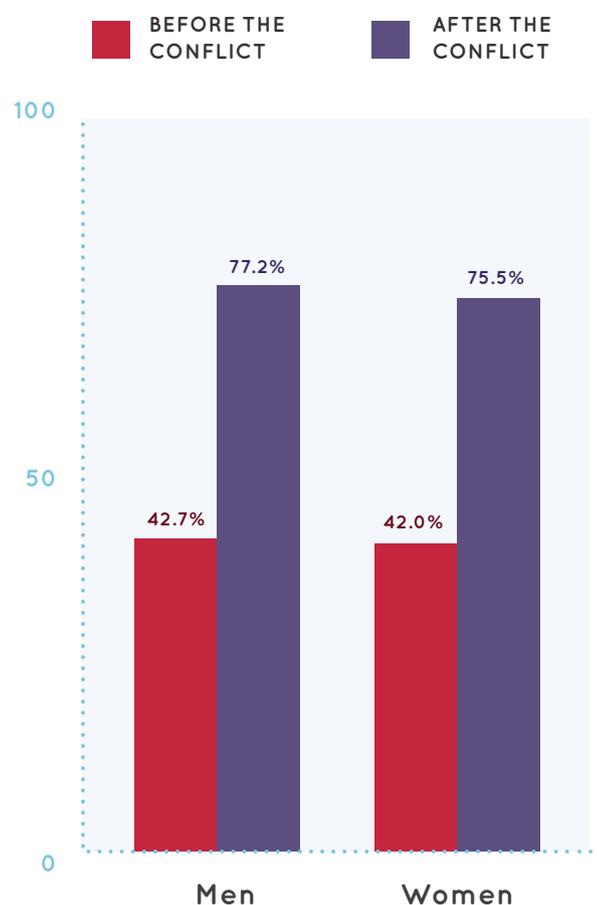
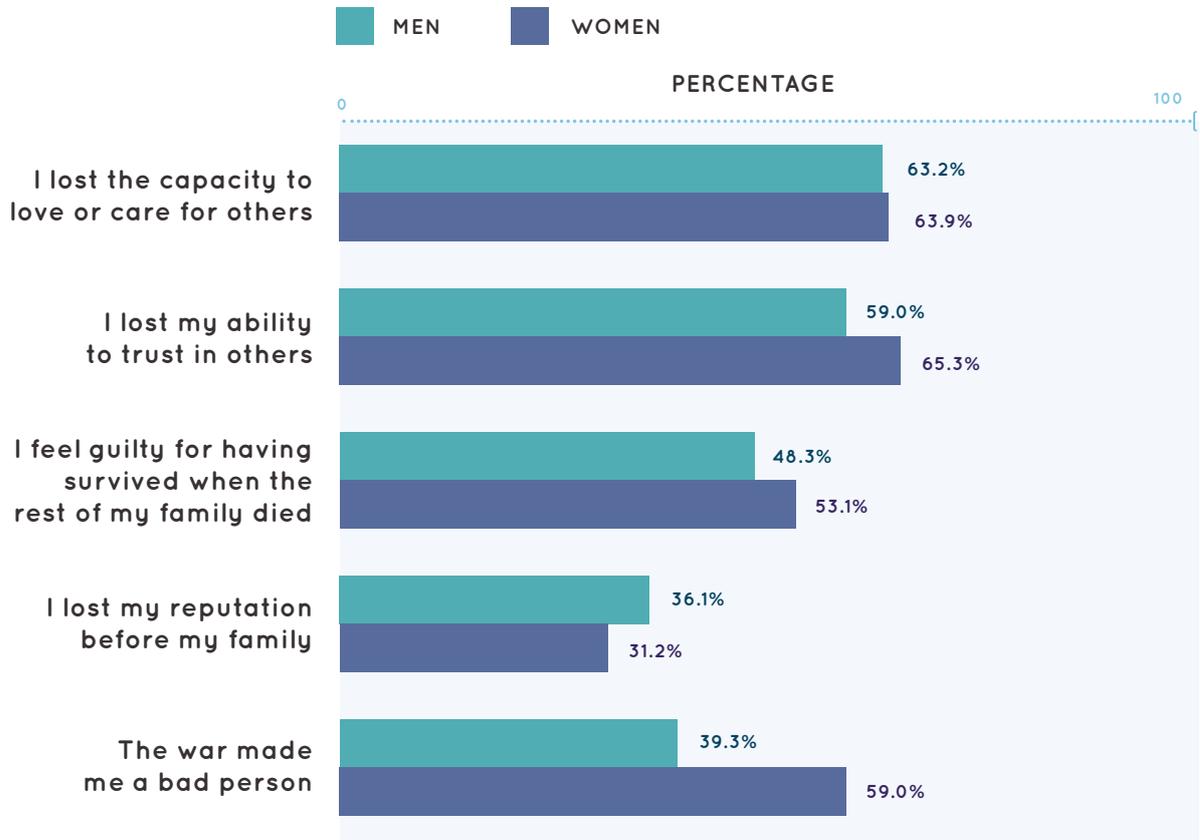


TABLE 4**Experiences of Conflict
(Percent Report)**

	MEN		WOMEN	
	n	%	n	%
I witnessed war and conflict	454	68.9	578	79.2
I was forced to leave school due to the war/conflict	241	55.7	187	36.5
I lived in an Internal Displaced/Refugee camp due to war	276	61.3	366	60.2
I lived with relatives in another part of the country due to war/conflict	259	57.2	324	53.6
I was forced to leave home during the war	383	83.4	445	74.7
I had family members killed during the conflict/war	226	50.3	399	66.0
I have been injured during the conflict/war	118	25.8	157	25.9
I was forced to have sex or raped	42	9.6	136	22.2
I was forced to witness someone else being forced to have sex	73	16.5	166	27.0
I lost properties (house and land)	342	77.2	459	76.6
I had to live in the bush	288	65.3	367	60.7
I lost children	101	25.1	138	24.3
I lost a partner/spouse	38	9.6	84	15.2

FIGURE 3**Negative Psychological Consequences of Conflict
(Percent Responded “Often” or “Sometimes”)****3.2.4 Differences in Coping Between Men and Women**

In general, men coped with extreme stress and trauma by seeking to avoid and reduce feelings of vulnerability and loss of honor—in particular, by turning to alcohol and substance abuse. Bivariate analyses show that approximately twice as many men who report that they lost their reputation due to conflict, that they felt guilty about surviving or that the war made them a bad person report binge drinking—drinking five or more drinks on a single occasion at least once a month.

Women, on the other hand, more frequently report seeking some form of help or turning to religion. As illustrated in Box 2, women tend to bear their suffering in silence in order to keep their husbands at home and to ensure the survival of their children. Some women express feelings of depression, including suicidal thoughts, but they always refer to their children as a reason to continue their struggles, in addition to relying on religion as a source of solace.

Women are aware of the different coping strategies and styles that men and women use; they report that they anticipate men’s lack of tolerance for frustration, and many women report that they have developed strategies for calming their husbands and thus protecting themselves:

“Men don’t talk when they are traumatized; they hide their pains. They cannot be victims. That is why they always blame women as the cause of all the bad things that happened.” (Woman, IDP camp)

Several women report that they avoid or minimize a husband’s anger by hiding money that they (the women) have earned, or by cooking a nice meal, cleaning the house, not talking too much and accepting sex against their will. The impact of these experiences on current partner relations and the use of intimate partner violence are discussed in the section on violence.

BOX 1:

THE EFFECTS OF CONFLICT ON MEN

"We are not men anymore; we lost our responsibilities, our masculinity." (Man, Goma town)

"We are being killed silently. We are dead men." (Man, IDP camp)

"When we were injured, we became physically and mentally handicapped, and we only wait to be killed, silently..." (Man, military camp)

Many men also report a sense of helplessness and of "losing face" by not being able to defend their families and their property. Men in the IDP camp said:

"When I had to leave my properties behind, I felt like they cut my head off. Now I am a man without a head to think. I am nothing anymore." (Man, IDP camp)

"The day my daughter was raped by someone in my village, I had no power to kill that man. I cannot stop thinking about it. How can I live with this?" (Man, IDP camp)

Sexual performance is considered important for men's sense of manhood and several men reported feeling that they are "less of a man" because they cannot have satisfying sexual relations anymore:

"I lost my legs during the war, and my strength to satisfy my wife: This is why she is not respecting me anymore." (Man, IDP camp)

"A man measures himself on the levels of sexual performance. When I lost sexual power due to my injuries, I am not a man anymore." (Man, military camp)

"I am living like an animal. Sleeping on volcano rock, how can I be seen as a man? I have nothing to feed my family. I have no intimacy with my wife anymore because I have to sleep with my six kids together. I have to take her in the bush sometimes. I am not human anymore." (Man, IDP camp)

BOX 2:

THE EFFECTS OF CONFLICT-RELATED RAPE ON WOMEN

Rejection of women after being raped by armed men:

Most women who are raped are rejected by husbands, partners, family members and other community members. Some stay with the husband:

"He stayed with me, but the love has disappeared. He beats me and treats me badly. I lost value." (Woman, IDP camp)

Health problems:

Many women became infected with HIV/AIDS or other STIs or have gynecological problems as a result of rape:

"I am desperate. I lost one child who was infected. What happens when my five other children have to lose me?" (Woman, military camp)

Poverty:

"I have nowhere to go. All people look down on me after I was raped by an armed group." (Woman, Goma town)

"My husband is tough and bad for me, but where can I go? He is chasing me away, but I stay. I have nothing to lose." (Woman, IDP camp)

Mental health problems:

Several women report suffering serious mental health conditions and depression as a result of rape. One woman in the IDP camp, whose husband left her for another woman after she was raped, said:

"Sometimes I stand near the lake, and I would kill myself, but who would take care of the children?" (Woman, IDP camp)

FIGURE 4

Positive Psychological Consequences of Conflict (Percent Agree)

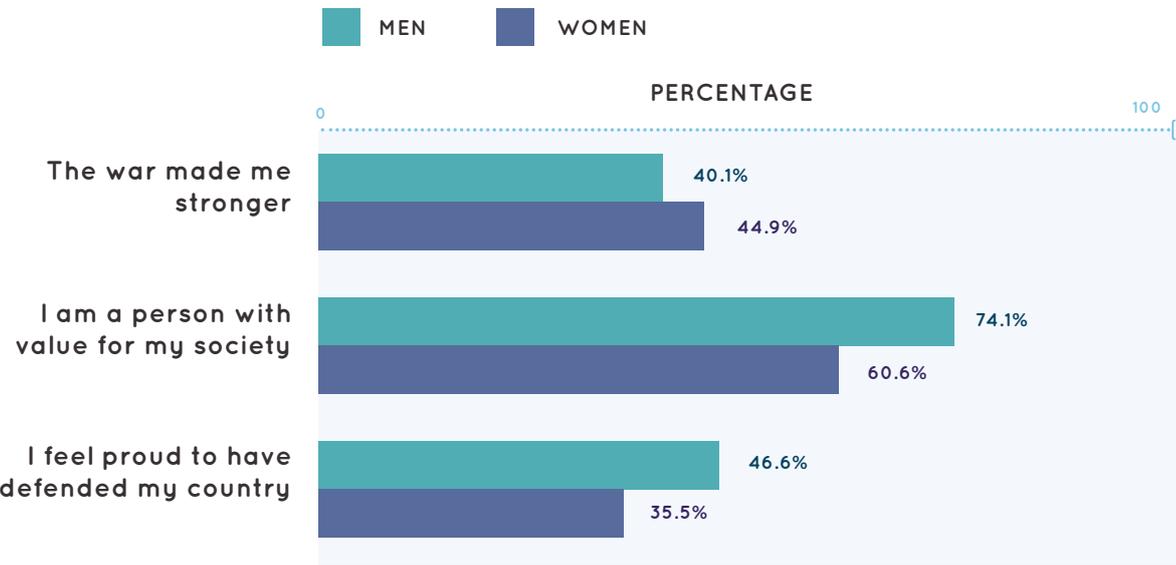
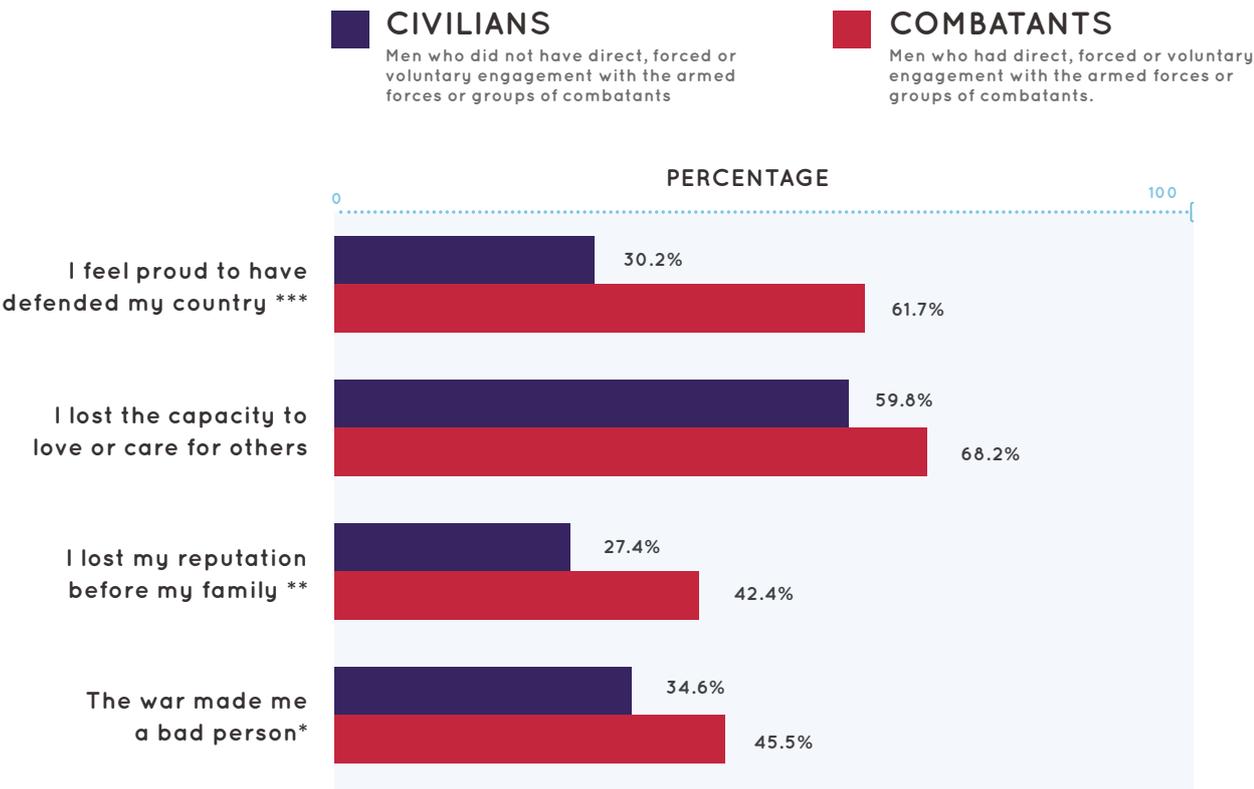


FIGURE 5

Psychological Effects of the Conflict: Combatants Compared to Civilians (Percent Agree)



Differences statistically significant at *p<.05, **p<.01, ***p<.001

3.2.5 Positive Psychological Consequences of Conflict

As seen in Figure 4, for some men and women, the conflict and conflict-related hardships resulted in positive coping and increased self-esteem. Some men feel that the war made them stronger, some feel proud that they defended their country, and valuable to society.

Men and women who experienced negative consequences from the conflict may at the same time give positive meaning to what happened to them, which is another form of coping. Figure 5 compares the psychological consequences of conflict for civilian men with those for combatants (defined as men who had direct, forced or voluntary engagement with the government army or armed rebel groups). Combatants are twice as likely to say they feel proud to have defended the country compared to men who were not involved as combatants. At the same time, a higher percentage of combatants report that the conflict made them a “bad person,” that they lost their reputation, and/or that they lost their capacity to love or care for others. With the exception of the last statement, all differences are statistically significant.

In addition, both male combatants and their wives report that combatants frequently use alcohol and drugs as a form of “self-medication,” apparently in an effort to forget what they have seen or done during the conflict.

For example, a wife said:

“My husband needs sex. He cannot sleep, and therefore he uses a lot of drugs and alcohol. This is very tough for me, as me he makes me ‘work’ [having sex] all night.” (Woman, military camp)

Another wife of a soldier said:

“When my husband is not happy and he drinks a lot, he can be very violent when having sex. He beats me a lot.” (Woman, military camp)

Taken together, these findings show the enormous and ongoing impact of conflict-related traumatic events on individuals—men and women, com-

batants and civilians. In the next section, the results demonstrate how the psychological effects of the ongoing conflict in DRC, both large- and small-scale, also affect interpersonal and intimate relationships on a daily basis.

3.3 GENDER NORMS, ATTITUDES TOWARD GENDER EQUALITY AND CULTURAL PRACTICES RELATED TO GENDER

Results from both the qualitative and quantitative research find that the men interviewed are deeply skeptical about and resistant to gender equality, and that women have internalized many of the norms that sustain their subordinate position relative to men. Indeed, the vast majority of women and men interviewed in eastern DRC show inequitable attitudes—particularly when compared to the other settings where IMAGES has been carried out. Most men interviewed see gender equality as a “theoretical” or external concept that is not relevant to Congolese culture, or as an idea or concept that creates problems between men and women. To give one example, more than half of men and women surveyed think gender equality benefits primarily the rich.

In qualitative interviews, men and women often saw gender equality as meaning that women would become the “new bosses.” Indeed, the interviews suggest the difficulty for women and men in a context of ongoing conflict and domination by some groups over others to imagine gender equality as attainable, or to believe that equality of any kind is possible. Some men view gender equality as meaning that men “help” women with household tasks, and others see that women’s income generation is useful for escaping poverty, but few men or women can visualize true equality in terms of roles, responsibilities and power.

To measure men’s and women’s gender-related attitudes in quantitative terms, we applied the Gender-Equitable Men (GEM) scale, a collection of questions that has been validated and widely used, in the other IMAGES studies and in more than 20 countries (Pulerwitz & Barker, 2008; Singh

et al, 2013). Table 5 shows the proportion of men and women who agree or partially agree with individual items on the scale. The questions cover gender roles, intimate partner violence, sexuality and masculinity and joint responsibility for reproductive health.

Both men and women strongly adhere to unequal gender norms, which hold that women are primarily responsible for the care of the home and children, as well as for preventing pregnancy and

keeping the family together, and that men have the final say in the home and are hyper-sexual. Interestingly, on many of these questions, men show more equitable attitudes than women do, including about gender roles, tolerance of violence to keep the family together and perceptions of sexuality.

Women’s responses to the GEM scale questions seem to reflect their lived experiences rather than what they truly believe. As described in the section

TABLE 5 Items Included in the GEM Scale (Percent Agree or Partially Agree)

	MEN	WOMEN
	%	%
HOUSEHOLD ROLES		
A woman’s most important role is to take care of her home and cook	74.2	86.2
Changing diapers, giving kids a bath and feeding kids are the mother’s responsibility	78.5	87.5
A man should have the final word about decisions in his home	75.1	86.7
MASCULINITIES & VIOLENCE		
A woman should tolerate violence in order to keep her family together	65.0	77.5
There are times when a woman deserves to be beaten	61.9	47.6
If someone insults me, I will defend my reputation, with force if I have to	55.3	51.1
I would never have a gay friend	65.5	50.9
MASCULINITIES & SEXUALITY		
Men need sex more than women do	70.5	89.6
Men don’t talk about sex, they just do it	73.6	84.5
Men are always ready to have sex	65.3	89.0
REPRODUCTIVE HEALTH		
It is a woman’s responsibility to avoid getting pregnant	61.0	62.1
I would be outraged if my spouse asked me to use a condom	66.1	52.0
A man and a woman should decide together what type of contraceptive to use	53.7	45.6

on women’s coping strategies, acceptance of inequitable gender practices and relations, such as violence by a male partner, should be seen less as an opinion (or something they believe is “right” or “acceptable”) than as a survival strategy. Within the context of extreme poverty and war, a woman’s best chance of finding food and protection for herself and her children are often found in a partnered relationship, even if that relationship is violent or inequitable.

The GEM scale is constructed as a continuous variable capturing men’s and women’s responses (“agree,” “partially agree” or “disagree”) to the questions above, such that higher scores indicate more gender equitable attitudes. The scale results are then trichotomized by their total score. That is, the range of possible scores is divided into equal thirds; thereafter, the respondents scoring in the lowest third of possible scores are placed in the “low equity” category, those in the middle third in the “moderate equity” category and those in the highest third in the “high equity” category. The proportions in each category, as well as the mean score on the continuous scale, are presented in Table 6.

In terms of factors associated with more equitable attitudes, in bivariate analyses with the GEM scale, we found that:

- Men and women between the ages of 29 and 39 have the most equitable attitudes.
- Men and women with higher levels of education have more equitable attitudes.
- Men and women in the military camp, and women in the rural villages, have the most inequitable attitudes.

- Men and women in urban areas have more equitable attitudes, though for men, the difference in attitudes between urban and rural areas is not statistically significant.
- For women, having two or more meals a day—indicating higher economic status—is associated with more equitable attitudes, but not for men.

3.3.1 Partner Relations and Gender Roles

Men and women generally agree that men should be the “head of the household” and that women should be submissive to men and should be caretakers of children. At the same time, men and women alike support the importance of mutual respect and collaboration:

“A good Congolese man collaborates with his wife; he makes plans with his wife about the household and income generation, how they can sustain the family.” (Woman, Goma town)

“A good man is the head of the house; he knows his rights and duties, and he takes responsibility for his family.” (Man, Goma town)

While some men and women affirmed cooperative and supportive couple relations, both women and men affirm that this “ideal” of the Congolese man as the provider and “commander-in-chief” of the family is more theoretical than real. In qualitative interviews, men and women report high levels of relationship tension. Men feel disrespected by their wives, and women complain about the lack of respect from their husbands. The meaning of “mutual respect” is defined within the context of significant power differences between women and men.

TABLE 6

Overall GEM Scale Scores

GEM SCALE	MEN	WOMEN
	%	%
Low equity	32.6	32.9
Moderate equity	49.0	61.2
High equity	18.3	5.8
Mean GEM score (range: 13-39)	24.6	23.6

Women are supposed to respect men's leadership in the house and family, and men are expected to respect a woman's need for protection and care. Most men and women associate manhood with sex, virility and dominance. In contrast, women in this context are socialized to be receptive, submissive and willing to put aside their own needs to support their children and families, even if daily realities frequently do not match these ideals or traditional norms.

3.3.2 Attitudes About Power, Sexuality and Respect

The results consistently show that men and women widely support inequitable attitudes that ascribe power to men and demand that women be submissive to their husbands' commands; these findings are corroborated in the quantitative and qualitative results.

Not surprisingly, power plays a key role in sexual relations and in control over money and resources. Women's report greater imbalances of power in their partner relationships than men do; it seems that women feel they have even less power than men suggest women have. More women (62 percent) than men (48 percent) say that a man has a right to sex even if the woman refuses.

In focus group discussions, both women and men clearly describe and delineate the *power differences* that define male-female relations in eastern DRC:

"Here in Congo, a man always needs to be sexual and powerful to show his superiority over his wife. He has a penis showing his superiority." (Man, military camp)

"I cannot refuse to have sex, or he will force me to." (Woman, IDP camp)

"God had first created the man and after that the woman. He had a plan with this, and we cannot change this plan." (Man, IDP camp)

"Our culture will never change. Our ancestors and parents taught us to be superior to women." (Man, Goma town)

"A good wife is submissive to her hus-

band and family-in-law. She needs to give babies, and she can never say 'no' to the husband." (Man, IDP camp)

The words "respect" or "consideration" are frequently used as a central theme in partner relations and represent a source of conflict when they are absent. Men affirm that they need to be respected at all times, and they describe the intensity of anger they feel when their wives do not respect them:

"When a woman insults me or humiliates me, I feel very frustrated. A man is a man, and I could kill a woman who is disrespecting me." (Man, Goma town)

"I almost killed a woman who disrespected me and treated me as a man who was doing nothing." (Man, Goma town)

"One day, a woman insulted me, saying I was not a man because I had ejaculated before her. This situation made me feel ill." (Man, Goma town)

On the other hand, despite the fact that many women support the idea that a man is supposed to be "the boss," women are critical of the lack of respect and mistreatment they experience from their husbands:

"The Congolese men don't know anything about women's rights: They disrespect women. When there are problems like we have now due to the war, they take another girl and reject their wives." (Woman, IDP camp)

"The Congolese have this philosophy: A wife is like the plate of the husband—when it is empty, he throws it away, and he will take another plate." (Woman, military camp)

Women are acutely aware of men's sensitivity to being disrespected, and they refer to this reality as "men's complex." However, most women say they never openly show their anger or frustration to their partners, but rather employ strategies to keep their husbands calm and avoid hurting their self-esteem, thereby minimizing tension and the potential for violence:

"A wife should not confront the husband with her power. If she earned more mon-

ey, it is better for her not to show that. ... She should just buy the things needed for the family." (Woman, Goma town)

"I know that my husband is wrong and has other women. But in order to keep him happy, I will show him respect and not speak against him. I prepare food before he comes home and have hot water so that he can wash himself and relax. I fear that he will bring me diseases, but I pray to God, who will decide." (Woman, military camp)

Reinforcing this point, survey results show that 78 percent of women agree that they have to tolerate violence to keep the family together, while 48 percent agree that women sometimes deserve to be beaten. The difference between the two responses suggests that many women see the beatings as unjust, but "accept it" to keep the peace.

In general, women are pessimistic about the current quality of male-female relations, and they say there is little "love" left, especially since their husbands are economically stressed and use the small amount of money they have to have sex with other women. A group of women in focus groups in Goma discussed how access to money in town and the influence of "bad" friends have changed their husbands' behavior. They said their husbands generally do not bring money home, but instead spend it on other women and alcohol. Similar accounts can be found in the focus group with women in the military camp, where one woman explained that the only moments that she still felt love for her husband were on the evenings that he had no money:

"Normally, when he has some money, he stays in town and has other women. But the evenings that he does not find any money, he comes home because he cannot go to a bar and drink, and he cannot have other women. These are the best evenings: When he comes home and I am able to make some food, we can even eat together and have love." (Woman, military camp)

In spite of the multiple tensions in male-female relationships, sexuality and intimacy are an important part of partner relationships and a source of life satisfaction. Figure 6 shows men's and women's satisfaction with sexual relations with their current partner.

The data suggest that women's lack of power, a lack of intimacy and understanding in partner relations and men's infidelity play an important role in women's dissatisfaction. Many women experience sex as a conjugal obligation to make the husband happy and keep him at home:

"As a wife, I have to respect him. It is his nature that demands sex." (Woman, Goma town)

"As wives, we have to make our husbands happy in order to keep him at home and not with other women." (Woman, Goma town)

At the same time, both men and women affirm that a man should sexually satisfy his wife and keep her happy in every respect so that she will not leave him for another man:

"Congolese women like sex with strong men: They want us to make them cry." (Man, Goma town)

"If I don't satisfy my wife, she will become unfaithful to me." (Man, military camp)

Similarly, women in several focus groups stated that Congolese men like to have sex often, and women see it as a responsibility to have sexual relations to keep their husbands "at home." If men are sexually satisfied at home, some women say, their husbands will not need outside partners. Women in Goma town describe how poverty and economic crisis contribute to the risk of "losing the husband" to another woman:

"We have many women in town trying to steal our husbands; our men can be weak when they are seduced by those young women. Some women have more money, others help him to forget his problems in his own family." (Woman, Goma)

On the other hand, women have strategies for expressing their anger:

"The best way to know if he has others is to make him work when he comes home. If he has no sexual power anymore, I know he was with others. It happens often, and if I knew the lady, I could poison her." (Woman, Goma town)

FIGURE 6

Percent of Men and Women Who Report Satisfaction with Sexual Relationship with Current Partner



Overall, we see that sexual relations are important to quality of life even in conflict-affected areas, and even with the reported power differences between men and women and the stress these create. And, even as men have greater control of sexual relations, women are not passive victims; they frequently describe strategies for keeping their husbands “at home” or punishing them for infidelity.

3.3.3 Attitudes Toward Women’s Economic Empowerment and Women’s Education

Most men interviewed argue that women should not receive as much education as men, because education makes women arrogant and creates competition between men and women:

“A woman who studies is not a good wife. She may be proud, unfaithful and not respect her husband.” (Man, IDP camp)

“Women who studied are impolite and don’t respect their husbands; they provoke conflicts. If she is impolite, I could beat her all day.” (Man, Goma town)

“It is not a problem if a woman studies, but she always should obey and respect me.” (Man, IDP camp)

A few men see the value of more equitable partnerships with women:

The following is one of the few examples from the qualitative results showing that some men see the utility of women’s education and women’s work outside the home, but again stipulating that women “respect” men as the heads of the household:

“A wife that studied and has work can help the family to improve its situation. I think it is good when a woman studies, and when she says ‘no’ to having sex sometimes; it could help us to reduce the births in the family, but she should always explain why she says ‘no’.” (Man, Goma town)

Overall, the quotes highlight the limited acceptance of equality between men and women, and the sense that gender relations are a competitive space for power in which women’s gains are seen as eroding men’s fragile and stressed sense of identity.

As seen in Figure 7, while some men have positive attitudes toward women’s economic empowerment, there is considerable ambivalence. While nearly two-thirds of men support laws to ensure equal salaries for men and women, 40 percent feel that women take jobs away from men when they work, and more than half feel that working women neglect their duties at home. Women have more equitable attitudes toward these questions than men.

In spite of widely held attitudes that women should not work, both qualitative and quantitative data confirm that many women work in informal jobs, mostly selling in the streets and market. Men with higher levels of education and greater food security are more likely to support equal salaries for women and less likely to report that working women take jobs away from men.

3.3.4 Attitudes Related to Gender Equality and Gender Equality Policies

As seen in Figure 8, about one-third of men say that gender equality or rights for women take rights away from men (or unfairly exclude men). Approximately half of men report that gender equality has come far enough already, and the majority agrees that it has been achieved for the most part. Women are much less likely to report that gender equality means a loss for men, but, interestingly, are more likely to say that gender equality has come far enough already.¹¹

In terms of factors significantly associated with men's attitudes, men with more education are less likely to say that empowering women takes rights away from men, that men lose out when women gain rights, and that gender equality has already been achieved. Unemployed men are more likely to say that women's rights take rights away from men and that men lose out when women are employed. Similarly, more men with insecure food situations feel that men lose out and have their rights taken

¹¹ It is important to note that a substantial number of respondents (approximately 20 percent), particularly women, responded "don't know" and were coded as missing and excluded from the figure to allow for comparability across questions and meaningful bivariate analyses. However, the patterns described comparing men and women remain the same.

away when women are empowered, compared to men with more secure food situations. These findings support the hypothesis that men in lower socioeconomic positions may feel more threatened by women's gains and may feel greater stress around their sense of male identify.

The ambivalence of women about gender equality found in the survey responses is consistent with findings in qualitative data. *Most men and women believe that gender equality cannot be achieved, and they see the notion of gender equality as a source of relationship conflict. Women are less convinced that power is "natural" for men to have, but they are pragmatic in acknowledging that more equality and empowerment in the current context would put them at greater risk for violence:*

"We would like to have more equality, but then we need to study and work, but our husbands will never allow this." (Woman, Goma town)

"I don't know if gender equality ever will happen in Congo. Until now, everything bad happens to women, and I cannot do anything against it, because we are not equal." (Woman, IDP camp)

"If I could work and study, I could contribute to the family. But our husbands cannot

FIGURE 7

Attitudes Related to Women's Economic Empowerment

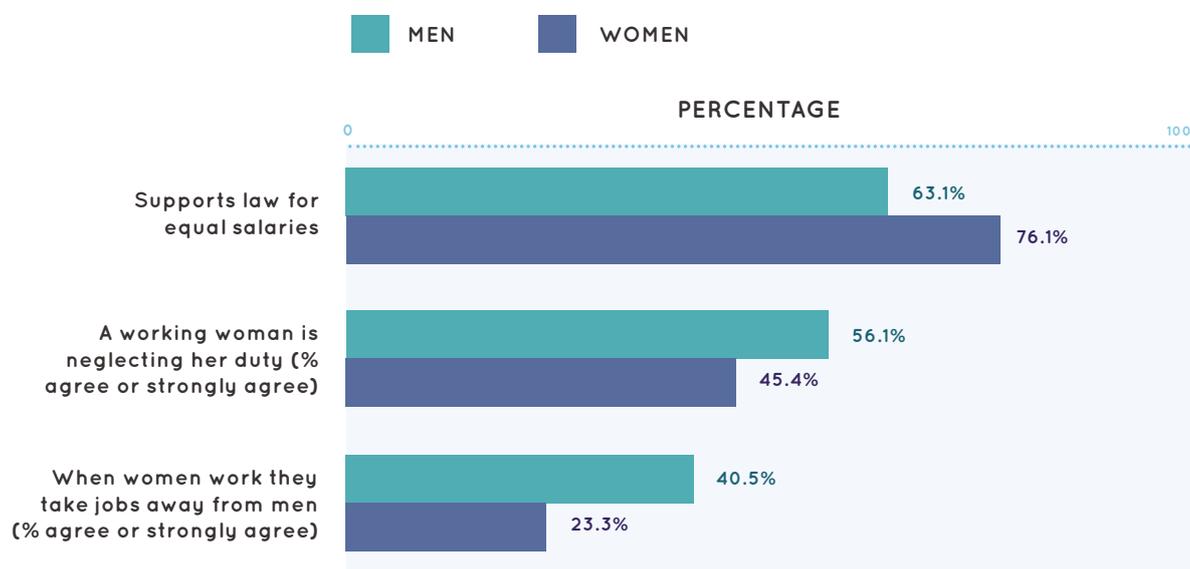
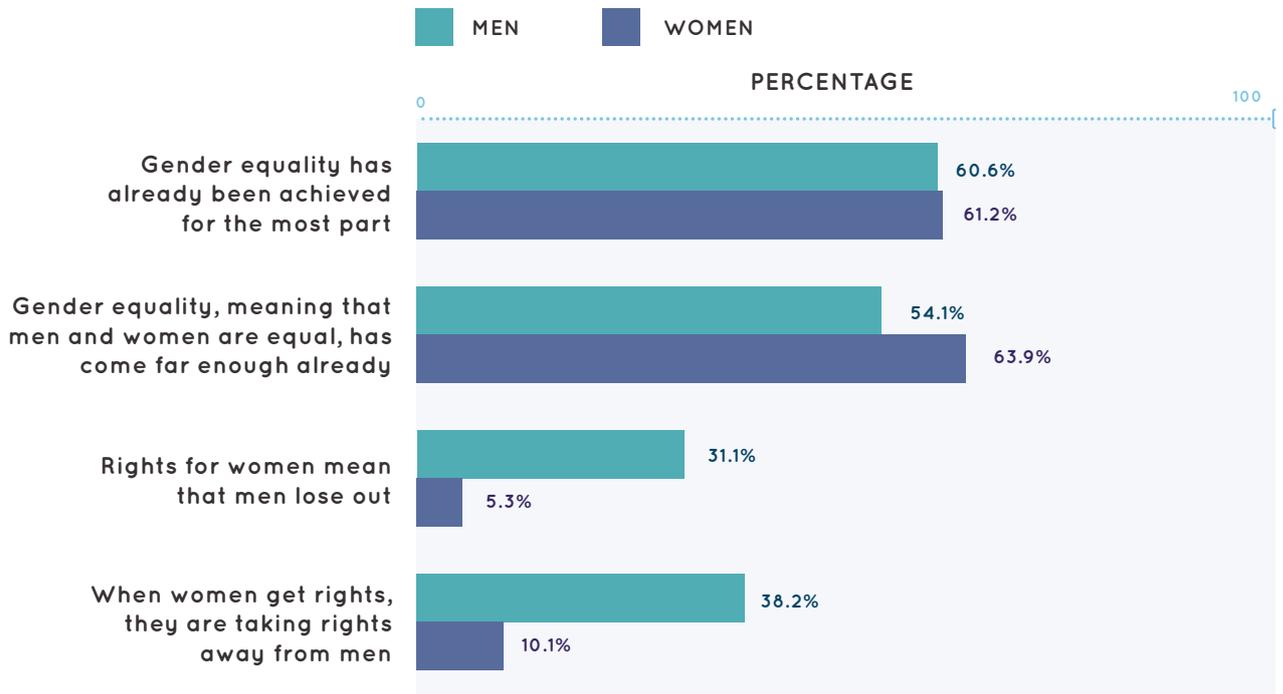


FIGURE 8

Attitudes about Gender Equality Progress and Implications (Percent Agree or Partially Agree)



stand that their wives have more money and also can work. Our men have this complex.” (Woman, Goma town)

Most men resist gender equality and do not support women’s rights:

Results from focus groups and individual interviews show that the men interviewed are extremely skeptical of gender equality, viewing it either as opposed to cultural traditions or as something that creates conflict between women and men. The qualitative findings reveal that some men perceive gender equality as a threat to their position and culture. Several men fear that if women gain more power, “it will be the end of everything”:

“It [gender equality] is only a theory that is not applicable in our culture. In Congo, the Bible and ancestors taught us that men are the boss and women cannot be equal to men.” (Man, Goma town)

“Women in Congo can never have an equal position to men. If so, they may start to dominate us, and that would be the end of everything.” (Man, military camp)

“Men cannot accept gender equality; it is only on the 8th of March [International Women’s Day]. After that day, we go back to normal. But, also women take the 8th of March very badly; they think that men can wash their clothes. ... No, the 8th of March means disrespect for men. Give our power to women? If we ever accept gender equality, it will be the end of the world.” (Man, military camp)

3.3.5 Traditional Practices

A number of traditional practices continue in eastern DRC, with implications for gender inequality and for the power dynamics in couple relations. The IMAGES survey asks about men’s and women’s experiences with, and attitudes about, the following practices, described in Box 3.

More than half of men, but less than one third of women, feel that these traditional practices are important and should continue. Nearly 40 percent of women feel the practices should be abolished, compared to only 20 percent of men. On the other hand, dowry is considered by approximately 90 percent of women and men to create security for women and give value to marriage. In addi-

tion, 80 percent of women and men say that dowry makes men feel more responsible for their wives and children. At the same time, 23 percent of men and 28 percent of women say that the dowry gives the husband the right to do whatever he wants with his wife. In the qualitative interviews, some men say they have the right to have sex with their wives without using condoms because, via dowry or bride price, men have “paid” for their wives.

In addition, there are also instances described in which, after the wife was raped (as a result of conflict), the husband requested the bride price back from her family because she had “lost value” to him. On the other hand, several men say that one of the reasons they stayed with their wives after their wives were raped in the conflict was that they were too poor to pay the dowry for another wife.

3.4 CHILDHOOD EXPERIENCES OF GENDER RELATIONS

Most respondents grew up in highly gender-differentiated and inequitable households. With the exception of decisions related to food and clothing, approximately half of the men and women report that their fathers had the final say in household decision-making, and only about one-quarter or fewer say their parents made decisions together (Figure 9).

In terms of gender roles in household tasks, in general, between 60 and 70 percent of men and women, respectively, report that their fathers never or hardly ever prepared food, cleaned the house, washed clothes or collected water, and only about 10 percent report that their fathers often engaged in these tasks. Fathers’ participation in the care of the respondent or his/her siblings was higher, but 42 percent of men and 55 percent of women reported that their fathers never or hardly ever cared for them.

BOX 3:

MEN’S AND WOMEN’S EXPERIENCES WITH TRADITIONAL PRACTICES

Kweza: Widows are obliged to have sexual intercourse with a male relative from the in-law’s family after the death of the husband as an unavoidable step in the process of closing the mourning period. Kweza was practiced by 13 percent of men and 2 percent of women who responded to the question.

Rapt: The practice involves taking a girl by force to marry her. Rapt was practiced by 13 percent of men and 4 percent of women.

Dowry (or “bride price”): The practice involves a man or his family providing money or goods in exchange for marriage. Seventy-seven percent of men said they paid dowry, and 63 percent of women said dowry was paid for them.

Sexual initiation rituals: Twenty-eight percent of men and 36 percent of women went through a sexual initiation ritual, marking the passage from childhood to adulthood. The rituals include separating boys from their families and forcing them to survive for several weeks in the bush, with the goal of becoming “tough” or “real” men, and discussing sex with them. For girls, female adult relatives give girls instructions about hygiene and how to “behave” in marriage, among other topics. While these are the general components of the initiation rituals, each ethnic group in DRC has specific ceremonies that accompany these rituals, which may differ slightly or greatly from the examples given.

In the qualitative portion, most respondents said that their fathers generally only carried out one of these tasks if their mother was ill or away.

The survey also asked about men’s and women’s childhood socialization into household tasks. Nearly all men and women report learning at least one task, although women are more likely to have learned all of the domestic tasks that were asked about. Men and women in qualitative interviews explain that both boys and girls have to assist the mother in doing household tasks. However, when a boy becomes older, goes to school or gets married, he is not expected to do these tasks anymore.

3.5 GENDER DYNAMICS IN THE CURRENT HOUSEHOLD

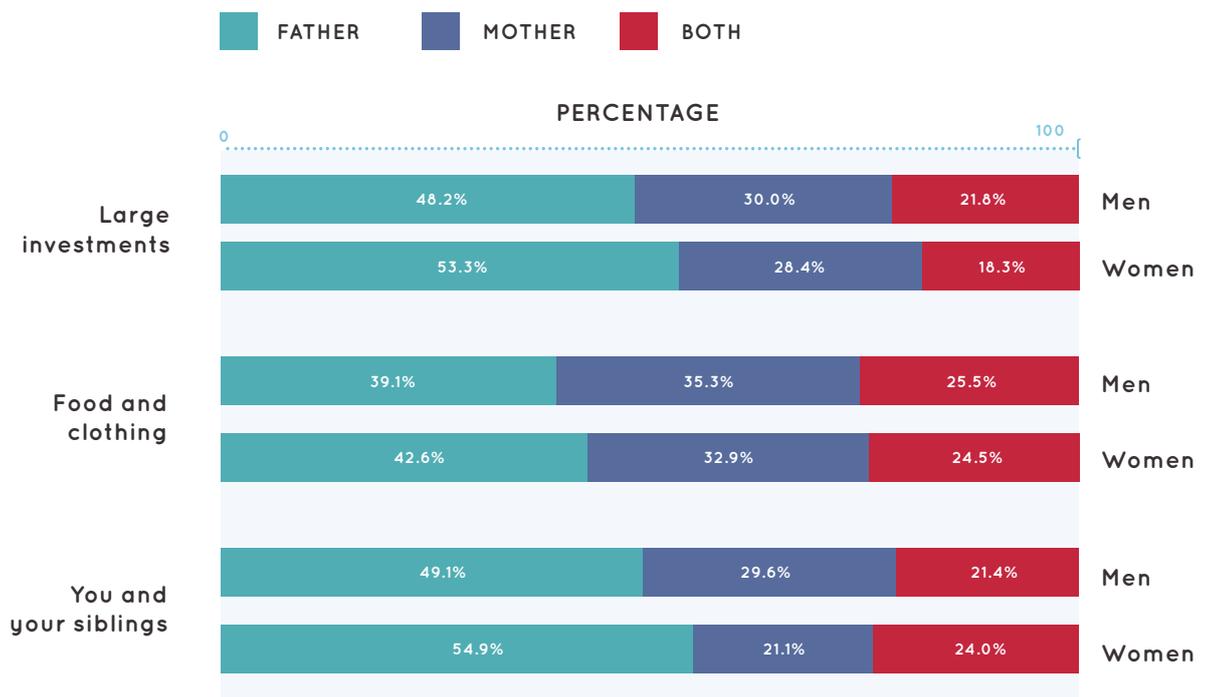
3.5.1. Household Decision-Making

Men and women consistently affirm that men normally have more power in household decision-making, although there are some contradictions. As seen in Figure 10, men report that they make more of the decisions related to use of household resources compared to the rates women report. It may be that men report more “control” of household decision-making as they are supposed to be the heads of the household, while in reality women make a significant proportion of decisions. Men also report more joint decision-making than women.

Bivariate analyses reveal that older men and men with more education are more likely to report joint decision-making. Employed men and men who

FIGURE 9

Men’s and Women’s Reports on Who Made Decisions in the Childhood Household (Percent Report)



Totals may not equal 100% due to rounding

have at least two meals a day also report higher rates of joint decision-making. This suggests that more gender equitable practices at the household level are possible when basic living conditions are met. For women, these patterns emerged: Older women, employed women and women who regularly have two meals a day report more joint decision-making.

Men were also asked about how they and their partners make decisions related to the health of women and children in the home (Figure 11). Here, men’s dominance in decision-making is striking: Approximately 70 percent of men say they have the final say. Fewer men report that decisions about women’s health are made jointly or by their partner, compared to decisions about children’s health. These findings are consistent with other

FIGURE 10

Men’s and Women’s Reports on Who Makes Decisions (Percent Report)

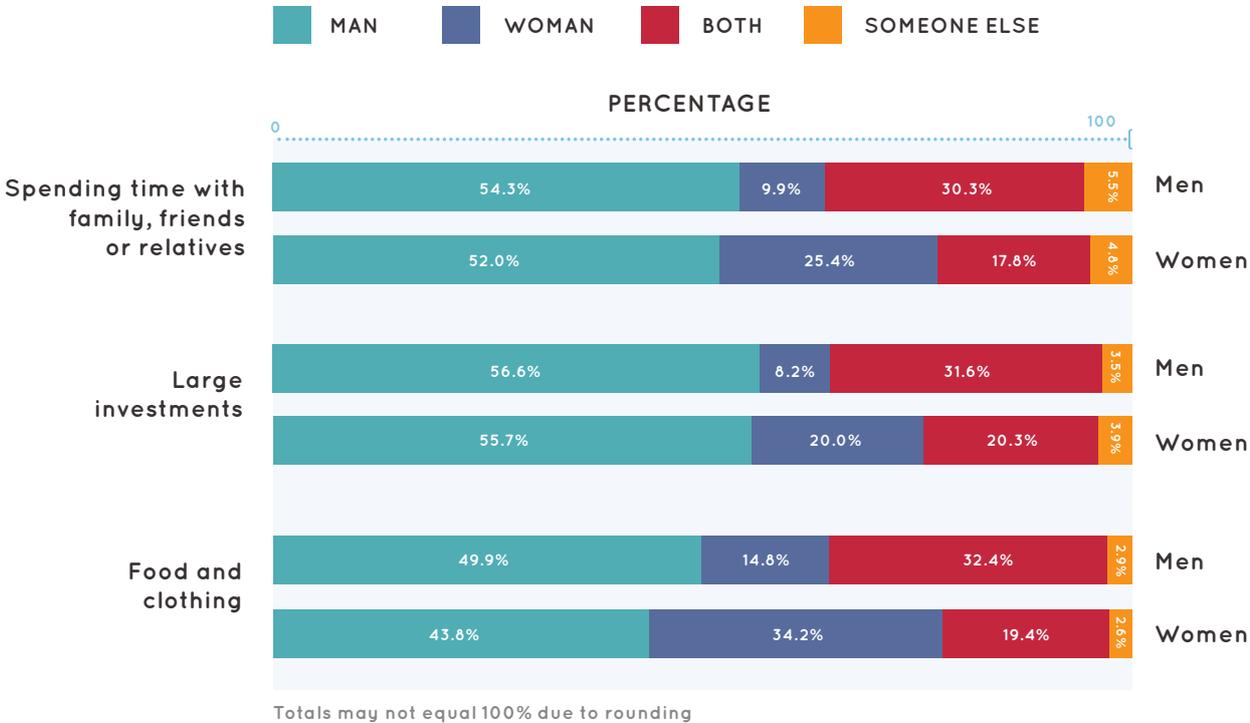


FIGURE 11

Men’s Reports on Who Makes Decisions Related to the Health of Women and Children (Percent Report)

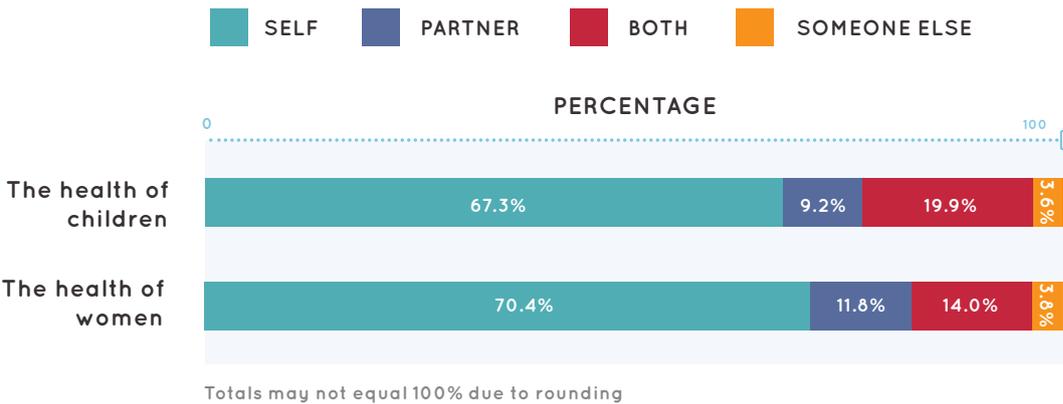
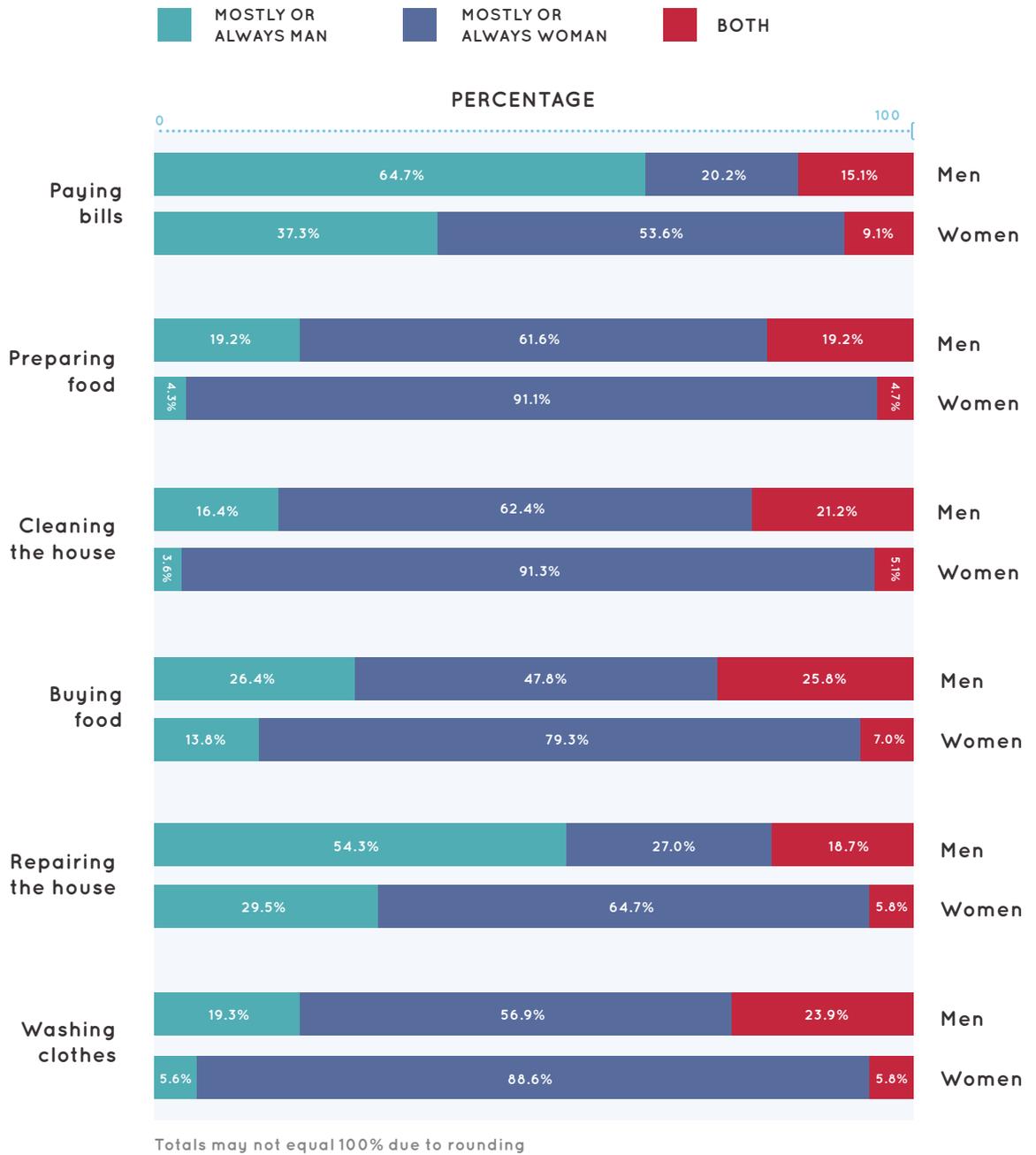


FIGURE 12

Men’s and Women’s Reports of Participation in Household Tasks (Percent Report)



decision-making patterns, with men reporting considerable control over household decisions across all domains.

As with decisions about spending, men with higher levels of education, employed men and men with more stable food and housing situations are more likely to report joint decision-making. Men with more equitable GEM scores are also more likely to make decisions jointly.

3.5.2. Men’s Participation in Household Tasks

Men see themselves as primarily responsible only for paying bills and repairing the house, and they report that women are primarily responsible for all other household tasks: washing, buying food, cleaning and cooking. Women report even lower levels of men’s participation in all of these tasks than men themselves report, as well as lower levels of task sharing. As seen in Figure 12, the differenc-

es are dramatic: 51 percent of men report participating equally, or more than equally, in at least one of the domestic household duties primarily ascribed to women (cleaning, washing or preparing food), while only 14 percent of women report that their partners participate equally in these duties.

Men’s childhood experiences are also an important influence on their current participation in household tasks: *Men whose fathers were involved in domestic duties are significantly more likely to participate equally in household tasks, compared to men whose fathers were not involved*, as shown in Figure 13.

This highlights the intergenerational influence of men’s participation in domestic tasks on promoting equality in the lives of their children.¹²

3.5.3 Men’s Participation as Fathers

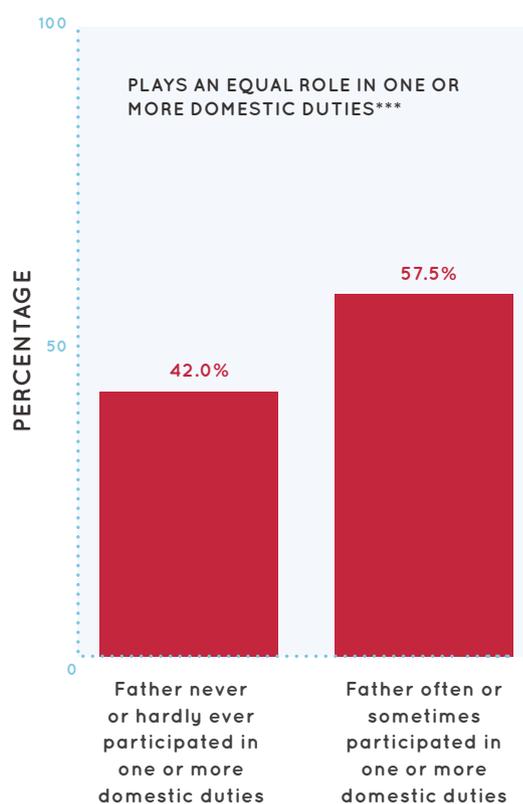
Consistent with high fertility rates in DRC, more than three-quarters of men report having biological children, with an average of 4.8 children. *In qualitative interviews and in the survey, men emphasize the importance of children in their lives.* As shown in Figure 14, more than two-thirds of men report that they spend too little time with their children, that they would like to spend more time with them and that they would be concerned about their relationship with the child if their relationship with their partner were to end.

In the qualitative findings, male and female informants explained that a Congolese man is a “very proud father.” He will carry the baby when he is in public spaces, such as to church or in the community, to show other people his child. He also likes to play and do other activities when he is at home, even though women are considered the main caregivers. Men are supposed to have the overall responsibility for the well-being of children (in French, *pris en charge*), while women mostly have the role of care-taking (*soigner*).

¹² This finding begs the question, however, if men are actually carrying out these tasks, given women’s responses that men carry out a far smaller proportion of household tasks than men report. This pattern is consistent across the countries where IMAGES has been carried out: Men report carrying out more household tasks on average than women say men carry out, and men who report that their fathers carried out such tasks are more likely to report that they carry them out. This suggests that the reports may be what men think they should do, versus what they really do, or it may be that men define such tasks in different ways than women, or both.

FIGURE 13

Associations Between Fathers’ and Sons’ Participation in Domestic Duties



Differences statistically significant at ***p<.001

Most men consider their main function as fathers to be provider of food (73 percent). However, the degree to which they consider the provider role to be central is related to their attitudes about gender: Men with more inequitable attitudes (lower GEM scale scores) give more importance to the provider role.

In terms of daily caregiving, as shown in Figure 15, nearly 40 percent of men with children report that they mostly or always participate in the daily care of their child. However, when asked about specific caregiving activities, they generally report that women are primarily responsible for bathing, playing, caring for a sick child and collecting the child from school/daycare. Between one-quarter and more than one-third of men report the joint sharing of tasks related to the children.

Generally, younger men and men with more equitable attitudes (as measured by the GEM scale) are significantly more likely to report equal or greater participation in the various tasks related to caregiving activities for their children. In addition, unmarried or non-cohabitating men who have children report significantly higher levels of participation in childcare, perhaps because they are responsible for these tasks when spending time with their children outside the mother's home, or because a mother is not present.

Men's employment status is also significantly related to their participation in the daily care of the child—48 percent of unemployed men report that they mostly or always participate in the daily care of their child, compared to only 33 percent of employed men. Nevertheless, in qualitative interviews, some women report that some men, due to loss of livelihood and inability to fulfill their provider role, abandon children and their mothers. A man interviewed in an IDP camp echoed this feeling of failure:

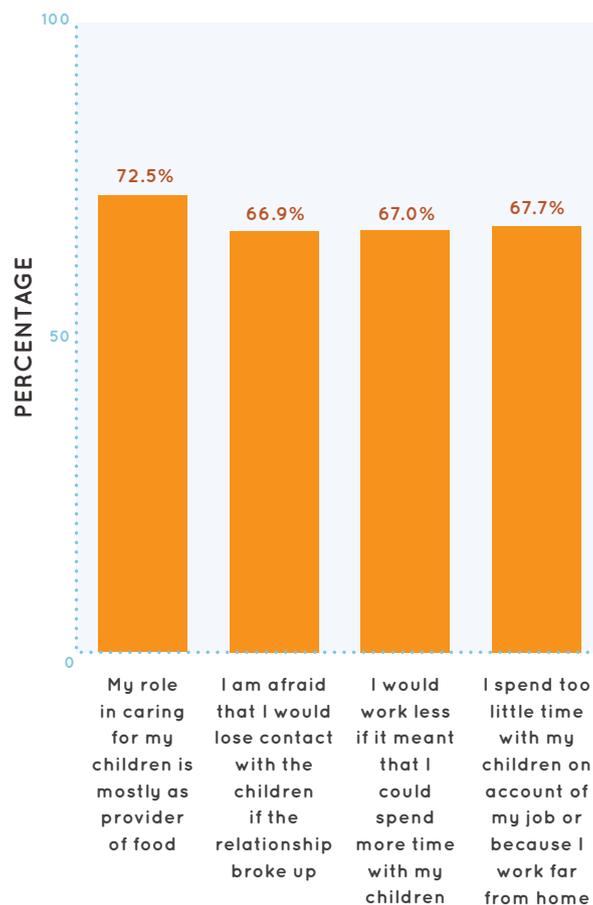
"I am not able to feed my kids and wife; I always think about my failed role as father and husband." (Man, IDP camp)

Men's participation in the daily care of children is associated with other positive, or more equitable, behaviors. Men who participate more equitably in the daily care of their children are significantly less likely to report ever perpetrating intimate partner violence, or sexual violence against a partner (Figure 16). They are also less likely to report frequent or heavy drinking. These associations should not be interpreted as causal. We cannot assert that involvement with children leads to less drinking and violence; in fact, it is perhaps more likely that less violent men and men who drink less engage more with their families. These points notwithstanding, studies from around the world highlight the transformative potential of positive, involved fatherhood for both men and their families, an issue which has seldom been highlighted in contexts of conflict or humanitarian disasters.

Overall, the findings from this section suggest that fatherhood is an important aspect of men's lives in DRC—an issue, again, that has seldom been explored in the context of conflict. While the specific

FIGURE 14

Men's Attitudes About Fatherhood and Children (Percent Agree)

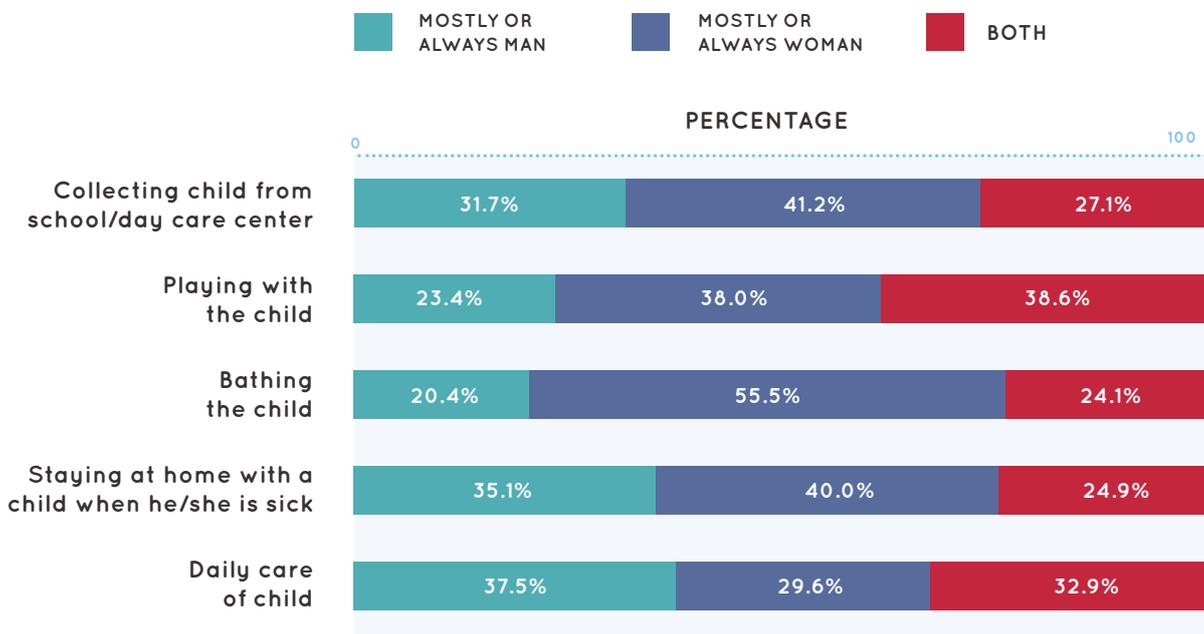


tasks related to caregiving are normally considered women's responsibility, men report significant levels of participation—either on their own or jointly with their partner. Although caregiving activities are clearly divided into women's tasks and men's tasks, the findings nonetheless show that men who are more involved in caregiving tend to be better partners (e.g., using less violence and abusing alcohol less).

Not surprisingly, men with more equitable gender attitudes are more likely to be involved in caregiving and to see their role as a broader one—not just as a provider, but in terms of taking the children to school, caring for them and playing with them. We did not ask women about the sharing of children's caregiving. As with domestic tasks, it is likely that

FIGURE 15

Men’s Reports of Participation in Caregiving of Children



there would be a discrepancy between men’s and women’s reports, as was seen in many other countries where IMAGES has been carried out. *Overall, the clear importance of fatherhood in men’s lives and the clear transmission of involved fatherhood from father to son highlight the potential for engaged fatherhood as a way forward for gender equality in the DRC, and a potential source of positive coping for men.*

3.6 GENDER-BASED VIOLENCE: PRACTICES, EXPERIENCES AND PERCEPTIONS

Other IMAGES studies, and other research, have affirmed the association between childhood experiences of witnessing IPV or experiencing violence either from parents or peers, and adult men’s use of IPV. Research is consistent that these childhood exposures are key drivers of GBV, together with economic stress or food insecurity, holding gender inequitable attitudes, and binge drinking. These in turn interact with other factors, including couple dynamics, the existence or lack of a functioning system of justice to hold men accountable for IPV,

and women’s economic status, among other issues. Other applications of IMAGES in post-conflict settings have also affirmed that men who were affected by conflict are more likely to perpetrate IPV, suggesting that displacement, trauma, exposure to violence during conflict and use of violence during conflict also drive men’s use of IPV. In DRC, all of these factors are present to an extremely high degree, and likely explain why eastern DRC has the highest rates of IPV and sexual violence of any of the countries where IMAGES has been carried out to date.

3.6.1 Exposure to Violence in Childhood

As in the case of other countries where IMAGES has been carried out, men and women report relatively high rates of exposure to various forms of violence growing up, including violence and disrespect between their parents. Seventy-five percent of men and 65 percent of women report that their mother “treated their father with respect,” while 67 percent of men and 55 percent of women report that their “father treated their mother with respect.” Unsurprisingly, men’s reports of respect between parents are strongly negatively associated with the father’s use of violence against the mother, as well as with men’s experiences of childhood sexual violence.

FIGURE 16

Association Between Equal Participation in the Daily Care of Children, Violence Perpetration and Alcohol Use

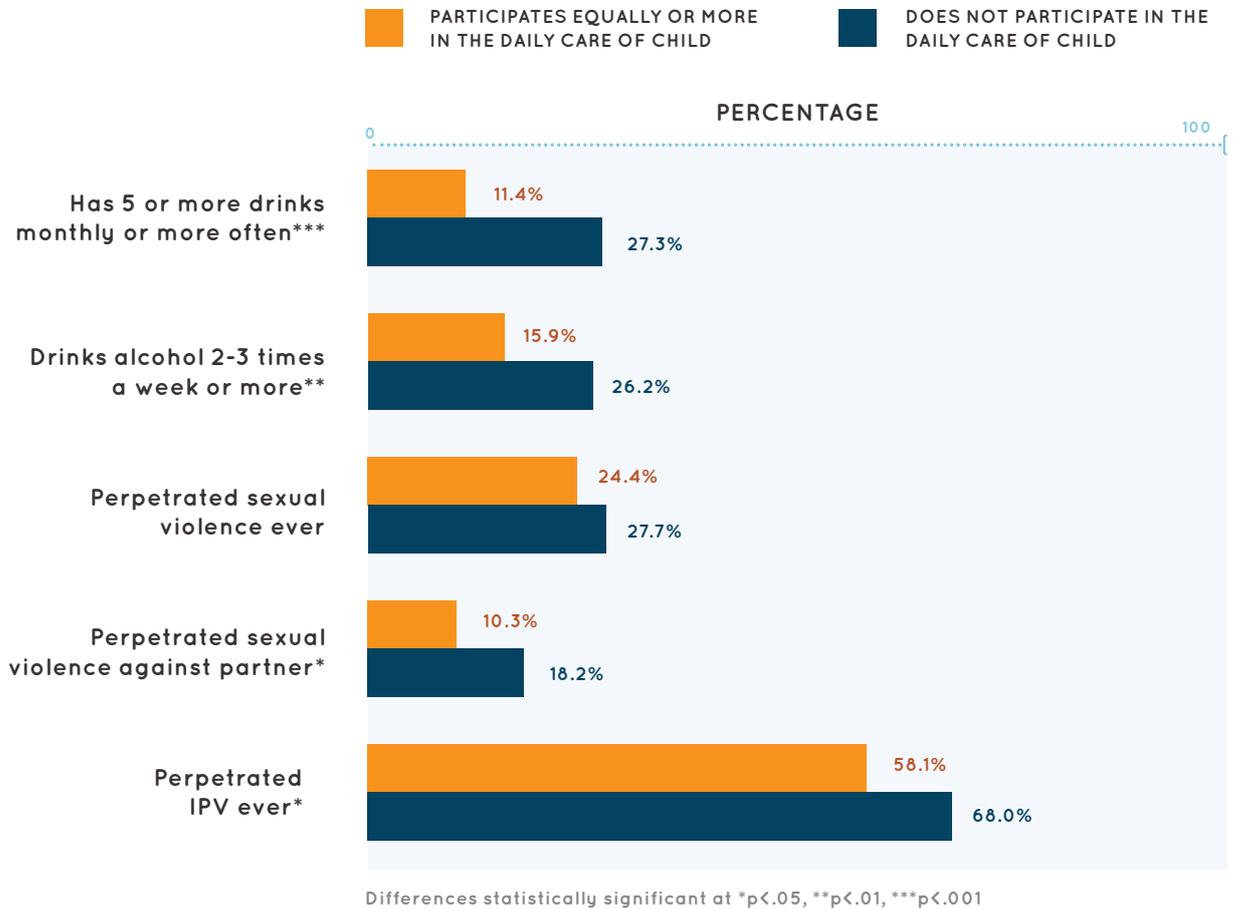


Table 7 presents responses related to violence experienced at home during childhood (before the age of 18). Rates of witnessing violence and experiencing physical or emotional violence are nearly identical for men and women. *Four out of ten respondents (40 percent) witnessed their father or another man using IPV against their mother, and approximately 60 percent had been spanked or slapped.* Psychological and economic violence, including threats, neglect and insults,¹³ is the most commonly experienced form—approximately 80 percent of respondents report such violence. Many men and women also report high rates of having

experienced sexual violence at home¹⁴ when they were children, with men reporting even higher rates of exposure than women (35 percent vs. 30 percent). These high rates of reported sexual violence in the home again call our attention to looking at SGBV in the DRC both within and beyond the immediate reality of the conflict.

The school and the community were also settings for violence:

Among the various forms of violence in school and in the community, the most striking is the reported rates of physical violence committed by teachers—61 percent of men and 65 percent of women

¹³ "Experienced psychological or economic violence at home" includes those who responded affirmatively that "someone in my family insulted or humiliated me in front of other people," "one or both of my parents was/were too drunk or drugged to take care of me," or "at home, I was threatened with physical punishment."

¹⁴ "Experienced sexual violence at home" includes those who responded affirmatively that "someone in my family has touched me on the buttocks or genitals or touched me when I did not want it," "someone in my family attempted to have sex with me," or "I had sex with someone in my family because I was forced to or frightened" before the age of 18.

TABLE 7

**Experience of Violence at Home During Childhood
(Before Age 18) (Percent Report)**

EXPERIENCED VIOLENCE AT HOME	MEN		WOMEN	
	n	%	n	%
Witnessed father beating mother	285	43.5	264	40.6
Experienced physical violence at home (slapped or spanked)	399	58.9	426	59.7
Experienced psychological or economic violence at home	536	79.3	575	81.4
Experienced sexual violence at home	228	35.4	197	29.7

report that they were beaten by a teacher as children. Harassment and bullying are also widespread: Approximately half the men and women had been teased or harassed, and a substantial proportion report having harassed others.

Both men and women report substantial levels of sexual violence in the school or community, as shown in Table 8. Teachers were implicated in forced sex by 18 percent of men and 16 percent of women. In focus groups, women affirm knowledge and experience of forced sex by teachers, and mothers report worrying that their daughters will become pregnant through forced sex, either by boys in school or by teachers, which suggests the perceived “normality” of forced sex. In addition, approximately 20 percent of boys report being forced to have sex with other children or with someone they know from their neighborhood, community or church. Approximately 20 percent of men also report that they and their school friends used to force girls to have sex.

Interestingly, as with sexual violence at home, men generally report experiencing higher rates of sexual violence in the school or community compared to women. While this may be due in part to women’s somewhat higher levels of non-response to the questions on sexual violence in school, the meaning

of these findings is unclear and was discussed in a validation workshop with Congolese key informants in Goma. Though some Congolese key informants doubted the validity of these findings, others explained the findings as referring to childhood experiences where boys were sexually playing with other boys, including touching each other. Others suggested that hygienic methods for washing their genitalia may have been interpreted as “forced touching of genitals against your will.” One informant in an FGD said:

“I was in a seminary school, and the white teachers taught us that boys needed to be circumcised at a young age. As a form of hygienic control, we had to be checked by the teachers, if we were clean and circumcised. I always felt embarrassed, but I don’t think it was sexual violence.” (Man, Goma town)

Sexual games and experimentation between siblings of different ages also have been mentioned as a possible explanation for the high rate of reported forced sexual experiences among boys. Obviously, the respondents experienced the acts as unwanted and against their will. Nonetheless, further research on this topic would be needed to gain a better under-

standing of its meaning. In any case, the high rates of sexual violence reportedly experienced during childhood by both women and men are disturbing.

Table 9 presents data on age at first sexual experience and on whether the first sexual experience was forced. The high proportion of men (20 percent) and women (15 percent) who had their first sexual experience at a very young age—under 14 years—indicates a lack of protection and a lack of safe limits in experimenting with sexuality, and it probably also suggests the strained abilities of parents to support their children in understanding and learning about their emerging sexuality. *Indeed, one in three women and one in ten men report that their first sexual experience was forced.*

Further analysis shows that women whose first sexual experience was forced have less satisfaction in their current sexual relationship and are more likely

to report ever having experienced intimate partner violence—and specifically physical violence—than women whose first sexual experience was consensual. These findings are echoed in other studies on the consequences of childhood sexual abuse, which show that first sexual experiences may seriously affect mental health and the ability to enjoy a healthy sexual life as an adult.

Overall, the effects of violence experienced in childhood are seen in terms of men’s attitudes around gender equality. *Men who witnessed their father beating their mothers, and who experienced physical or emotional/economic violence as children, have less equitable gender attitudes as adults as measured by the GEM scale.* This suggests the intergenerational transmission of violence, as seen even more acutely, below, in terms of men’s use of violence against female partners.

TABLE 8

Experience of Violence at School or in the Community During Childhood (Percent Report)

EXPERIENCED VIOLENCE AT SCHOOL/IN COMMUNITY	MEN		WOMEN	
	n	%	n	%
PHYSICAL & PSYCHOLOGICAL VIOLENCE				
Experienced physical violence by teacher	383	60.6	341	65.6
Experienced teasing or harassment at school	330	50.2	295	45.0
Teased and harassed others	276	41.8	202	30.5
SEXUAL VIOLENCE				
Forced to have sex with a teacher	110	17.6	80	15.7
Forced to have sex with other children	118	18.8	55	10.7
Forced to have sex with someone I knew from the community, neighborhood, or church	129	19.4	83	14.2
I and my school friends forced girls to have sex	119	19.5	n/a	n/a

TABLE 9

**First Sexual Experience
(Percent Report)**

	MEN	WOMEN
AGE AT FIRST SEXUAL EXPERIENCE		
Under 14	20.4	14.5
Between 14-18	40.4	50.4
Adult (19 and older)	33.7	32.2
Never had sex	5.5	3.0
FIRST EXPERIENCE WAS		
Consensual	84.1	61.6
Forced by others	11.6	34.1
I forced the other	4.3	4.3

3.6.2 Intimate Partner Violence¹⁵

Results from both the qualitative and quantitative research reveal high levels of intimate partner violence (IPV). Men in eastern DRC report among the highest rates of violence against a partner compared to other settings where IMAGES has been carried out. Figure 17 presents the percentage of men who report perpetrating, and the percentage of women who report experiencing various types of violence in the last year and at any other time. While men’s reported lifetime use of IPV was similar to women’s lifetime rates of experiencing IPV, use in the last year showed tremendous discrepancies.

Only 2 percent of men say they have used physical violence against a partner in the past year, compared to 13 percent of women who report experiencing

physical violence by a partner in the past year. It may be that men are afraid that admitting recent use of SGBV could lead to arrest or sanctions of some kind.

The findings also indicate a large difference between men’s reports of partner sexual violence and women’s reports of experiencing partner sexual violence. These differences were also found in other IMAGES countries and suggest an under-reporting of partner sexual violence by men, likely due to a number of factors (including men’s limited awareness of consent, their sense of entitlement to sex with their wives and their belief that “forced” sex with a partner is not violence, whereas women experience it as such). It may also be that greater awareness about sexual violence (and a perception that DRC is being “watched” by the outside world for sexual violence) leads men to under-report. In qualitative interviews, many men and women say that when a husband forces his wife to have sex, this should not be considered rape. Following standard IPV and sexual violence research methods, men were not asked if they had “raped” their wife, but if they had ever “forced” her to have sex.

¹⁵ The definitions of and questions used for intimate partner violence and sexual violence can be found in Annex 2, and were taken both from the WHO multi-country studies on violence against women, which have now become standard in the field of gender-based violence research, and from several studies on sexual violence carried out by the Medical Research Council in South Africa. These questions follow now-standard practice of asking about multiple forms of violence (without using the word “violence”). More information on these questions and the questionnaire can be found at: <http://www.promundo.org.br/en/activities/activities-posts/international-men-and-gender-equality-survey-images-3/>

Women also report using various forms of violence against male partners. In qualitative interviews, however, these are described as much less severe, and, as has been seen in other Global South settings where women have been asked these questions, these forms of violence are nearly always described as being about self-protection and revenge for adultery or violent behavior. Other examples of women’s use of violence against men include locking a man out of the house or beating him while he is drunk. The repertoire and severity of men’s use of violence—physical and otherwise—toward women is much more extensive.

The survey also reveals high levels of support for violence by both men and women, as noted in the early section on gender norms: 62 percent of men and 48 percent of women report that women sometimes deserve to be beaten, and 65 percent of men and 78 percent of women say that women should accept violence from a partner to keep their family together.

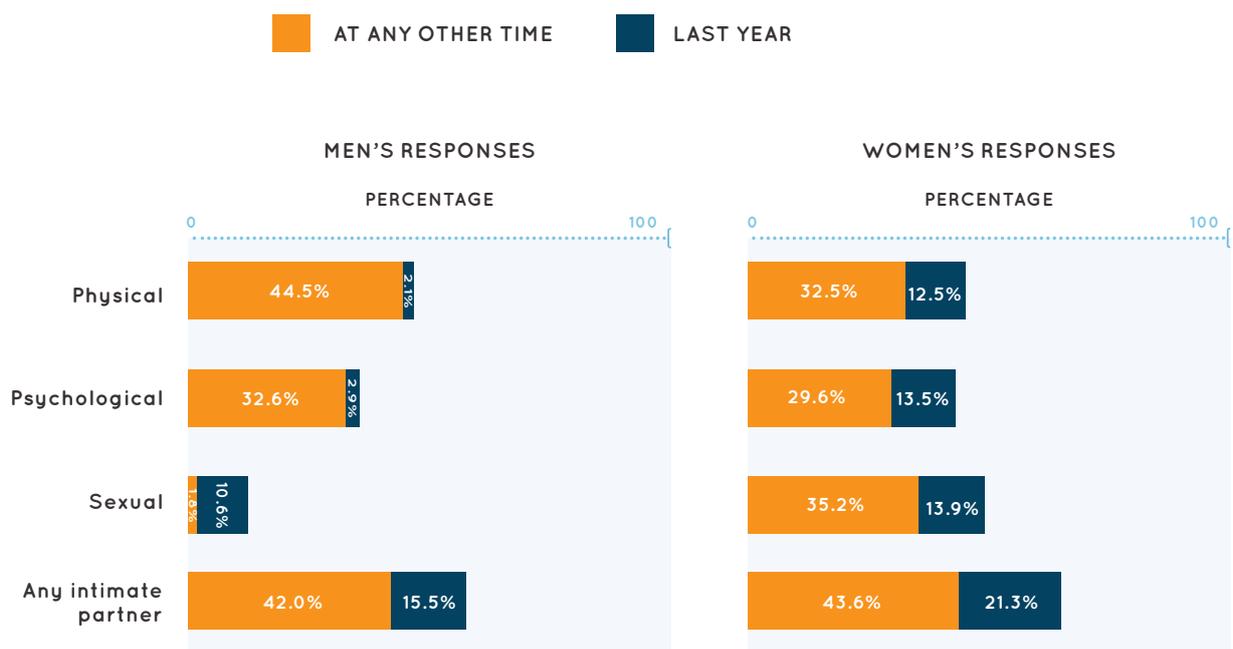
3.7 SEXUAL VIOLENCE, INCLUDING WAR-RELATED RAPE¹⁶

Much has been written about sexual violence in the context of conflict in DRC, some of it useful and some of it serving to limit the discussion and awareness about multiple forms of sexual and gender-based violence. Advancements in recognizing sexual violence as an act of war, and thus as a war crime, and in recognizing the extent of its occurrence, have been key in taking us closer to achieving women’s rights in conflict settings (as well as the rights of children and men also affected by it). Nonetheless, as Baaz and Stern (2013) note in their book, *Sexual Violence as a Weapon of War?*, much of the attention on conflict in DRC has focused on sexual violence against women by combatants to the exclusion of other human rights violations—in-

¹⁶ We use the term “war-related rape” to refer to sexual violence that is committed by combatants toward men and women who are strangers or not partners.

FIGURE 17

Percent of Men Reporting Perpetration of Violence, and Percent of Women Reporting Experiencing Violence from a Partner, Last Year or At Any Other Time



cluding sexual and other forms of violence against men and boys—as well as numerous other needs and tragedies, such as widespread intimate partner violence, that have resulted from the ongoing conflict in DRC. In no way do Baaz and Stern or the authors of this report minimize the extent of sexual violence during conflict in DRC; rather we seek to contextualize it and to understand it before drawing conclusions about it.

Through IMAGES, we seek to expand this discussion, asking numerous questions about women’s experiences of sexual violence, as part of the conflict and otherwise; asking questions about intimate partner sexual violence; and asking men about their experiences of violence (sexual and otherwise) and the effects of conflict on them. What emerges from this broader picture is that sexual and gender-based violence in eastern DRC is distinct from that in other parts of the world where IMAGES has been carried out, in that rates of IPV are among the highest registered and sexual violence is more prevalent. At the same time, the correlates of men’s use of violence and women’s experiences of violence follow patterns similar to those found in other parts of the world.

We also affirm that sexual violence in the context of war and conflict is always conflict-related in some way. Acts and experiences of violence, within family or partner relations, are clearly affected by the suffering and stress caused by war, a finding we also affirmed in IMAGES in Rwanda and Bosnia. The consequences of the stress increase tension at home; increased alcohol abuse and other negative coping mechanisms may contribute to conflict between partners. This piles upon existing perceptions that women are inferior to men, and occurs in a context where impunity is extremely high.

Like other research from DRC, we find high levels of sexual violence, the majority of it partner sexual violence. *In total, 26 percent of men report ever having forced a woman to have sex, and 66 percent of women report that they have ever been forced to have sexual relations, either by a partner or non-partner.*¹⁷ For men in terms of perpetration, and for women in terms of experiencing sexual violence, partner sexual violence is much more

common than sexual violence by a non-partner, as seen in Figure 18.¹⁸

Women’s experiences of rape by a non-partner vary tremendously by location in this study. Forty-six percent of women in the IDP camp report sexual violence in conflict, compared to approximately 9 percent in urban areas and 16 percent in rural areas and the military camp.

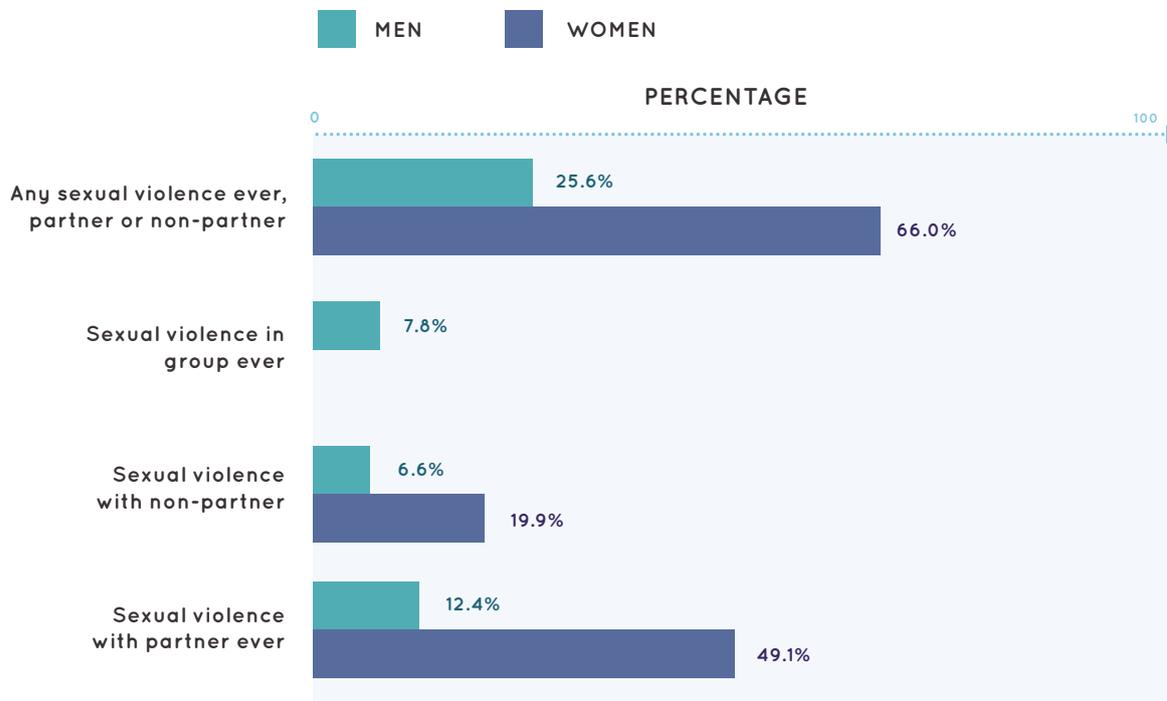
Approximately 8 percent of men report forced sex with a woman as part of a group of men (“gang rape” or “group rape”) and almost 7 percent of men said they have forced a non-partner to have sex. Still, the results indicate that sexual violence within intimate partnerships is much more common than sexual violence involving non-partners, as reported by both men and women, even in a region in which war-related rape has been a frequent experience.

While in no way minimizing the need to end sexual violence by combatants in DRC (or in any other setting), nor the need to hold combatants and command structures accountable for sexual violence, it is important to understand and to end the more common sexual violence that women report within intimate partnerships; we return to this issue below.

Given the growing international attention to sexual violence in DRC, obtaining accurate responses from participants is a constant challenge. We suspect that the current conflict in Goma may have led to some under-reporting of men’s use of sexual violence in the context of partner relations, precisely because rape and sexual violence, as we heard in qualitative interviews, have become associated with war and conflict in the minds of many women and men in and around Goma. Rape and sexual violence are seen as, or portrayed as, acts carried out by combatants (and introduced by Rwandan refugees after the genocide), whereas men’s use of sexual violence in their communities and at home is “normal,” or not considered rape. This may have led to under-reporting of sexual violence by men. At the same time, the attention to sexual violence in the region may also have led to over-reporting of victimization by women, as some women may

¹⁸ The proportion of men who reported perpetrating ‘any sexual violence’ is greater than the sum of ‘sexual violence against partner’ and ‘sexual violence against non-partner’ because the ‘any sexual violence’ variable includes several additional questions that do not specify the type of relationship. Please see Annex 2 for more details.

¹⁷ Following standard intimate partner violence and sexual violence research methods, men were not asked if they had “raped” a partner, but if they had ever “forced” a partner to have sex.

FIGURE 18**Sexual Violence with Partners and Non-Partners: Men’s Perpetration and Women’s Victimization (Percent Report)¹⁹**

hope to get support or income from NGOs working in the region, some of which only offer services for survivors of SGBV—an issue reported by Baaz and Stern (2013), and Douma and Hilhorst (2012).

The high rates of SGBV in Nord Kivu, and the high rates of IPV, also affirm an “epidemic” or contagion effect. As it becomes normal to face the risk of rape, and as women and men fear that the conflict will resume and that armed groups will return, a heightened tension and stress may contribute to a perceived normality of numerous forms of sexual violence. Qualitative interviews reveal that many women were raped by armed groups in the field, on their way to the market or to school. But many women also narrated stories of rape by family friends, priests or pastors, teachers or other men they know in some way. How far this “epidemic” effect also reached intimate partner relations demands further research, but this study found some evidence that combatant men who raped women also forced sex in partner relations.

¹⁹ Women were also asked about being forced to have sex with a group of men, but since only a small proportion responded to the question, we did not include these results.

3.7.1 Perceptions and Attitudes about Sexual Violence

The survey results confirm high degrees of rape-supportive attitudes among men, affirming in many ways the perceived normality of rape, particularly partner rape, as seen in Table 10. Results find that many men and women blame women for stranger rape. The results also affirm widespread acceptance by both men and women of multiple forms of sexual violence against women. These results further suggest a contagion effect, as mentioned before, in which high rates of ongoing sexual violence of numerous kinds (by teachers at school, in intimate partner relations and in the context of conflict) normalize violence.

In qualitative interviews, forced sexual relations are described as a conjugal “right” for men and an obligation for women. *Women are seen as not being allowed to refuse or negotiate sex or condom use within the context of marriage.* Many respondents do not see marital rape as violence, which may explain some of the contradictions in the findings that indicate large differences between men’s

TABLE 10

**Attitudes Related to Sexual Violence
(Percent Agree or Partially Agree)**

	MEN	WOMEN
A woman who is raped has provoked this by her own attitude	35.0	6.4
Sometimes, women want to be raped	29.6	10.3
A man can force a woman to have sex and she may enjoy it	29.9	6.5
When a woman does not show physical resistance when she is forced to have sex, you cannot speak of rape	45.9	26.5
In any rape case one would have to question whether the victim is promiscuous	47.1	29.9
A man should reject his wife when she has been raped	43.4	37.4
A woman who does not dress decently is asking to be raped	74.8	64.8
A man has a right to sex even if the woman refuses	48.0	62.2

reports of perpetrating forced sex and women’s reports of having experienced forced sex in couple relations.

In the focus groups, women affirm these survey findings, both in terms of “women provoking rape” and in terms of their lack of sexual autonomy in the context of marriage. One focus group of women (who had not been raped) supported some of the rape myths that say that women provoke rape when they do not dress properly. Some of these women blamed the raped women for having seduced other husbands. Other women explain that when a woman is not behaving well toward her husband, she deserves to be punished and educated. Most women in the focus groups agree that women need to accept a large amount of violence in order to keep the family together. In one focus group, women said that before a woman is married, she will be informed by one of her aunts and

will learn what she has to do to make her husband happy, which includes accepting violence from him and never refusing to have sex with him.

Qualitative findings from the study also point to the complexity of understanding “consent” in this setting:

“[A ‘well-educated’ Congolese woman] will be prudent—that could include giving some ‘light’ resistance. You should be shy and not show your appetite. Our men like that.” (Woman, Goma)

In several instances, men and women used the expression: “When a woman says no, she means yes.” All of the focus groups demonstrate this ambiguity regarding forced sex within a couple relationship, just as the data from the survey finds. In qualitative interviews, men openly share their

opinions about their “right to have sex” with their female partners even if their female partners refuse, and most men do not consider it to be rape to force their wives to have sex with them. Further research is needed to fully understand how sexual relations are negotiated between men and women, and how power differences have shaped ideas about sex with or without consent.

In the case of stranger rape, or sexual violence against a non-partner, some men explained it as “provocation” by a woman, referring to sexy clothing or behavior as signals that a woman wants sex.

One man (aged 58) related the account of a young girl (under 18) who entered his shop and asked for water. He said that her voice provoked him:

“When a girl is asking for water in such a way, she wants sex. So I took her in the middle of my shop; I think she liked it, because her body accepted me to enter.” (Man, Goma)

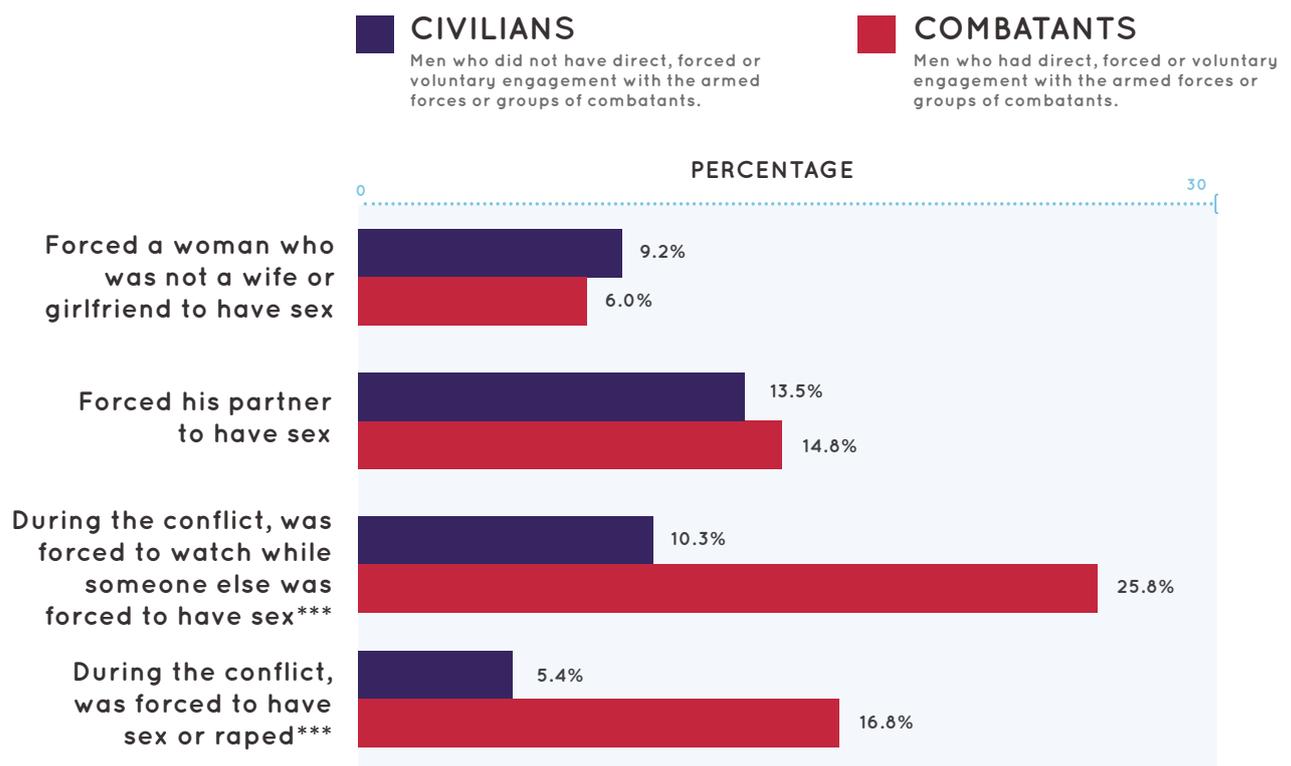
3.7.2 War-Related Rape

As presented in Table 4, 10 percent of men who report experiencing the conflict say they were forced to have sex or raped, and 17 percent of men say they were forced or obliged to witness rape being carried out. Among women, 22 percent were forced to have sex or raped as a result of conflict, while 27 percent were forced to witness a rape.

Figure 19 compares rates of self-reported sexual violence perpetration between civilian men and combatants, or men who were directly involved in the conflict (whether their involvement was forced or voluntary). While civilians and combatants have similar rates of partner and non-partner sexual violence perpetration, *combatants are significantly more likely to report having been forced to have sex or to witness others being forced to have sex in the context of the conflict.* In qualitative interviews, respondents say that when combatants attack a village, men in the village are forced to have sex with their mothers-in-law, their daughters or other

FIGURE 19

Perpetration of Sexual Violence: Combatants Compared with Civilians (Percent Report)



Differences statistically significant at *p<.05, **p<.01, ***p<.001

female relatives. Other studies also confirm that combatants are sometimes ordered by superiors to have sex with women and girls (Elbert et al., 2013).

3.7.3 Men’s Experiences of Sexual Violence

As previously noted, men in the survey show significant rates of having experienced sexual violence. Table 11 presents a summary of various forms of SGBV experienced by men (most of the data has been presented elsewhere in the report), both conflict-related and non-conflict-related. The findings should be considered with caution, as many men did not respond to the questions about men’s experiences of sexual violence, due to the sensitivity of the topic. However, the data indicate that men experience sexual violence, and further research is needed to explore the impact of these experiences on men.

The stigmatization of women rape survivors:

Women who were raped by combatants frequently report rejection by families and male partners. Among the women interviewed in qualitative interviews in the IDP camp, 13 out of 25 women were raped by combatants, and nine of those women were rejected by their partners. Another of these women was still with her husband but reported that he was treating her badly.

A young woman, age 26, who was raped by members of the armed forces said:

“Before, my husband loved me so much, but when I was raped, he left me.”
(Woman, IDP camp)

TABLE 11

Men’s Experiences of Sexual Violence, All Forms (Percent Report)

	n	%
AT HOME, BEFORE THE AGE OF 18		
Someone in my family tried to have sex with me	125	18.9
Someone touched my buttocks or genitals or made me touch them on the genitals when I did not want to	145	22.4
I had sex with someone from my household because I was threatened or frightened or forced	77	11.5
AT SCHOOL OR IN NEIGHBORHOOD		
Forced to have sex by teacher	110	17.6
Forced to have sex with other children	118	18.8
Forced to have sex with someone in the community	129	19.4
CONFLICT-RELATED EXPERIENCE OF SEXUAL VIOLENCE		
Forced to have sex or raped	42	9.6
Forced to watch while someone else was forced to have sex	73	16.5

Survey results show that more than 40 percent of men say that they would reject their wife if she were raped (both in the case of combatants or other men). In focus group discussions, the proportion is even higher. Men consistently and unanimously affirm that in the case of their wife being raped, they would have no choice but to reject her. While it is important to note that some men, in qualitative interviews, show compassion and the understanding that rape is not a woman's fault, even those men said they would reject a raped wife:

"Despite the fact that she is a victim, she became a woman without taste, and her sexual organ became an 'autoroute' [a highway]." (Man, Goma town)

The reported reason that a man must reject a raped wife is related to a man's image or honor in his family and community:

"A raped woman lost her value and she affects a man's social image. That is why he has to chase her away." (Man, military camp)

Qualitative interviews with women confirm these findings. Almost all women who were raped by strangers (armed groups or others) were rejected by their husbands and their husbands' family and forced to leave the household. Though the women rape survivors experience immense psychological pain from this rejection—and say they would like to

have their husbands back—all of the women rape survivors seem to understand it as part of their culture. Women, like men, explain that this is simply something that the husband's family cannot accept. Some women who were raped and not rejected or expelled by their husbands and their husbands' families report that they suffer from daily violence, since their husbands and husbands' families see the rape survivors as "useless" and "dirty":

"He stayed with me, but the love has disappeared. He beats me and treats me badly. I lost value." (Woman, IDP camp)

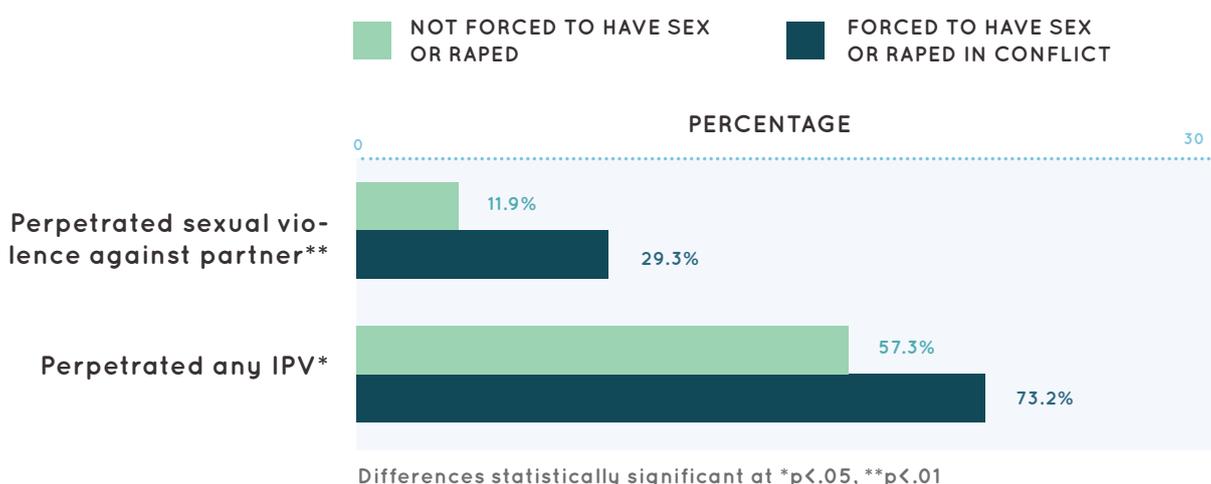
Our analysis also shows a connection between sexual violence in conflict and intimate partner violence perpetration, as demonstrated in Figure 20. Men who report being forced to have sex or raped as part of the conflict are significantly more likely to have perpetrated sexual violence against a partner or to have perpetrated any intimate partner violence.

3.7.4 Factors Associated with Men Using IPV or SGBV

In this section we present multivariate logistic regressions to identify the main risk factors for two outcomes: (1) men's physical violence perpetration against a partner, and (2) any sexual violence perpetration by men. The selection of the included risk factors is based on previous studies and literature, as well as on the qualitative findings. These

FIGURE 20

Associations Between Men's Sexual Violence Perpetration in Conflict and Intimate Partner Violence Perpetration



factors include demographic and socioeconomic variables, binge drinking, exposure to violence in childhood and gender attitudes.²⁰

The results are presented in Figures 21 - 24 as odds ratios, which indicate the odds of, in this case, violence perpetration: numbers greater than 1.0 indicate greater odds of perpetrating violence, while numbers lower than 1.0 indicate a lower likelihood of perpetrating violence, compared to a reference group indicated in the figure (or the opposite group for dichotomous variables). The multivariate regression shows the association between each variable and the outcome, controlling for the other variables included. The results should be interpreted with caution given large numbers of missing values. We also present some additional bivariate analysis for factors not included in the multivariate analysis.

For both physical violence against a partner and any sexual violence perpetration (against a partner or non-partner), binge drinking emerged as an important risk factor—men who drank five or more alcoholic drinks on a single occasion monthly or more often were more than twice as likely to perpetrate violence. On the other hand, men with more equitable gender attitudes were less likely to perpetrate violence (borderline significant for physical violence, significant at $p < .05$ for sexual violence).

All of the variables related to exposure to violence in childhood resulted in odds greater than 1.0, but the results were generally not statistically significant, with one exception: *Experiencing physical violence as a child was a significant predictor of physical violence perpetration against a partner.*

Childhood violence (specifically, witnessing violence between parents, experiencing physical or psychological/economic violence) was significantly associated with less equitable gender attitudes, suggesting that negative childhood experiences that include violence have a significant impact on the construction of negative gender perceptions in adulthood that support the use of violence.

Older men were more likely to perpetrate intimate partner violence compared to younger men. Men in the IDP camp were less likely to perpetrate violence compared to men in urban areas. Employed men

were significantly less likely to have perpetrated sexual violence. Level of education and access to regular meals were not significantly associated with violence perpetration when controlling for the other variables that are included.

Figures 23 and 24 presents the results of a multivariate analysis of women's experiences of physical violence by a partner, and of any sexual violence. Several risk factors similar to men's risk factors emerge: women's binge drinking and experience of childhood violence were associated with a greater likelihood of experiencing physical intimate partner violence, and any sexual violence. It is important to note that in the case of drinking, we do not know the directionality of the effects—it may be that women who drink are in situations that put them at risk for violence, or it may be that women who have experienced violence cope by using alcohol.

Consistent with men's reports, women in the IDP camp had lower odds of experiencing intimate partner physical violence compared to urban women. Rural women are also at lower odds of experiencing physical IPV. In contrast, women in both locations had significantly greater odds of reporting sexual violence.

3.7.5 Additional Factors Associated with Perpetration and Experiences of Violence: Bivariate Analyses

Economic Stress:

In analyzing bivariate associations between women's experiences of IPV and SGBV and men's perpetration, focusing on those factors that were not explored in multivariate analysis, the issues of economic stress and effects of the conflict emerge as important. First, when we compare the effects of financial stress with men's use of IPV and SGBV we see that *women who reported at least one form of work-related stress were between two and three times more likely to experience various forms of violence from their intimate partner.*

There is also a statistically significant relationship ($p < .05$) between men's work stress and use of psychological and economic violence against a female partner. Thirty-eight percent of men who reported being ashamed to face their families because they are not able to provide economically used psychological and economic violence, compared to 26 percent who did not feel report economic stress.

²⁰ Work-related stress has been found to be a factor in other IMAG-ES settings but was not included here due to too many missing values for the variable.

FIGURE 21

Multivariate Regression Results for Men's Perpetration of Physical Violence Against a Partner Ever

Results statistically significant at:
 + p<0.10, *p<.05, **p<.01, ***p<.001
 (n= 501)

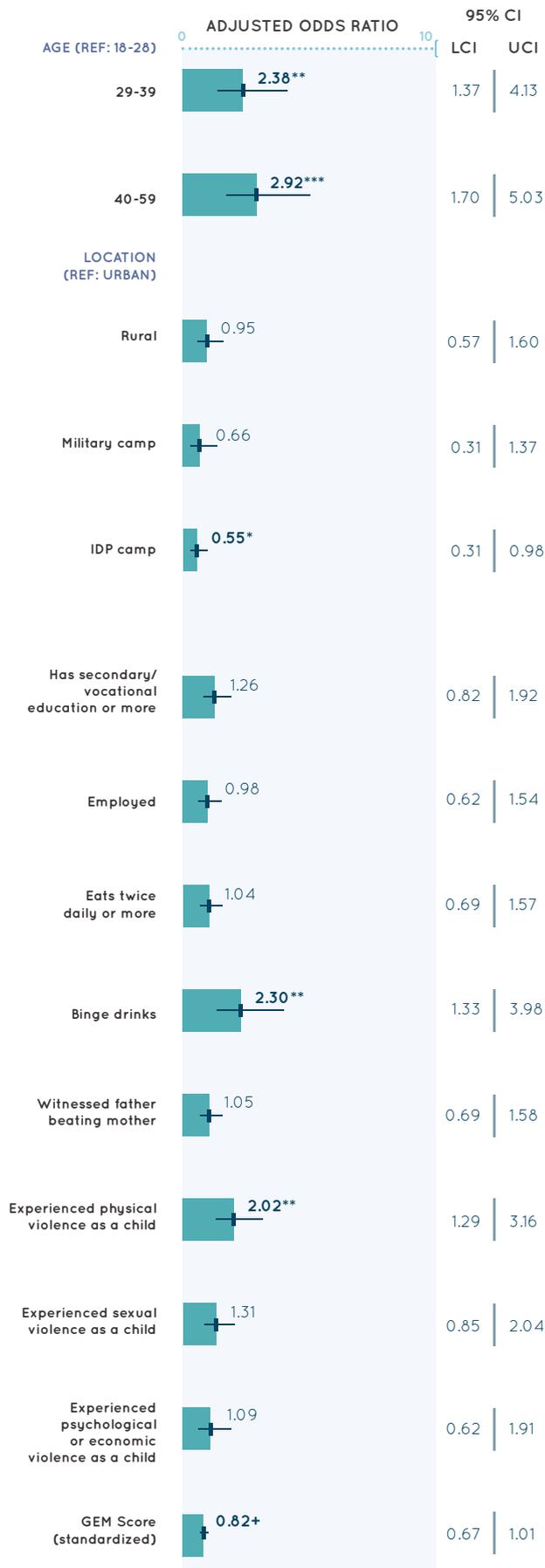


FIGURE 22

Multivariate Regression Results for Men's Perpetration of Any Sexual Violence Ever

Results statistically significant at:
 + p<0.10, *p<.05, **p<.01, ***p<.001
 (n= 480)



FIGURE 23

Multivariate Regression Results for Women's Experience of Physical Violence from a Partner

Results statistically significant at:
+ p<0.10, *p<.05, **p<.01, ***p<.001
(n=503)

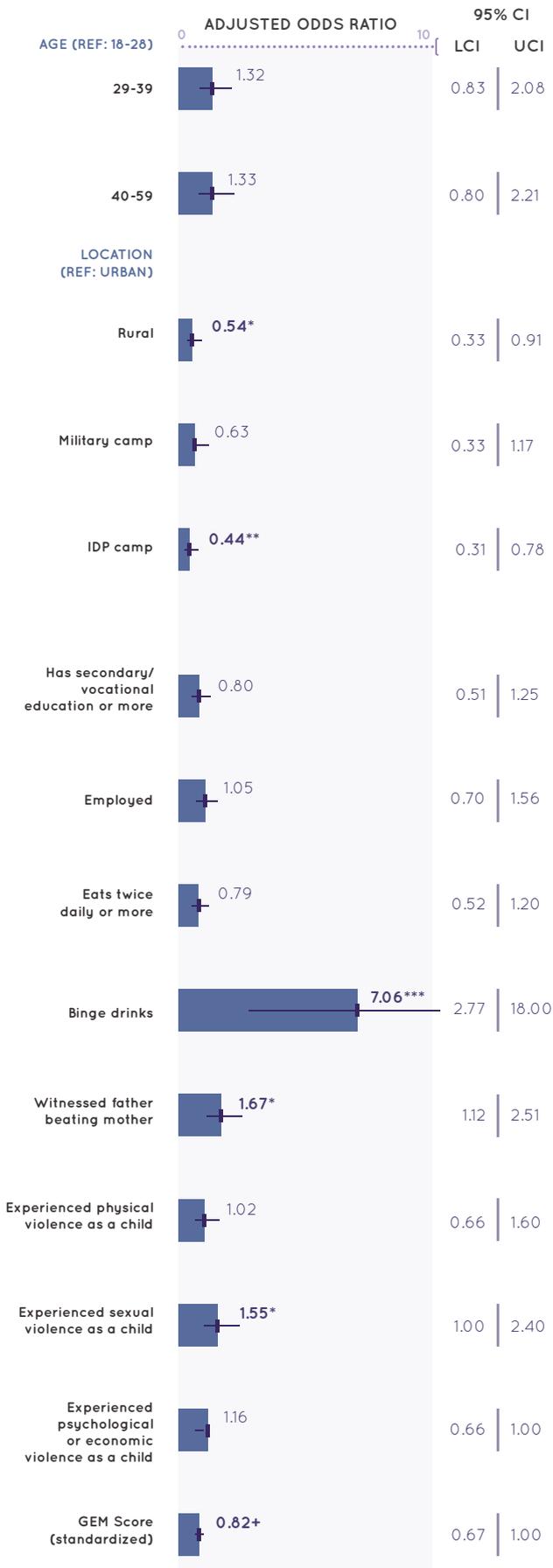


FIGURE 24

Multivariate Regression Results for Women's Experience of Any Sexual Violence

Results statistically significant at:
+ p<0.10, *p<.05, **p<.01, ***p<.001
(n=476)



In addition, men who reported drinking or staying away from home because they can't find work were more likely to report perpetrating any IPV (64 percent vs. 48 percent), compared to men who did not report this method of coping. This highlights the role that alcohol plays, both as a result of economic stress and in terms of violence perpetration. While work and income stress are difficult to objectively measure in the questionnaire and study, these findings are consistent with qualitative reports of the insidious effects of poverty, displacement and economic stress.

Conflict:

Bivariate analysis also found associations between various effects of the conflict on men's use of IPV and SGBV and on women's experiences of violence. As shown in Table 12 and noted in the multivariate analysis, men who were forced to have sex or raped were more likely to use any form of intimate partner violence, and more specifically, sexual violence against a partner, as well as any sexual violence against a partner or non-partner. Men who were injured in the conflict, or who had family members who were injured, were also significantly more likely

TABLE 12

Effects of Conflict on Men's Use of IPV and SGBV and Women's Experiences of Violence (Percent Report)

	MEN			WOMEN		
	Ever perpetrated any IPV	Ever perpetrated sexual violence against partner	Ever perpetrated any sexual violence	Experienced any IPV	Experienced sexual violence by partner	Ever experienced any sexual violence (including partner)
WITNESSED CONFLICT						
No	52.9	11.1	27.5	57.9	41.7	58.1
Yes	58.6	12.8	24.5	66.5	50.7	67.8
LOST PROPERTY						
No	52.4	8.7	20.7	64.8	44.4	57.9
Yes	59.8	14.9	25.9	65.7	51.4	70.4
FAMILY MEMBERS KILLED						
No	67.7	13.9	25.8	63.0	41.7	58.3
Yes	50.3	12.7	23.7	67.7	54.5	72.3
FAMILY MEMBERS INJURED						
No	59.2	10.6	18.3	64.9	42.7	58.7
Yes	58.6	15.2	29.9	66.3	53.4	72.3
INJURED						
No	56.7	11.8	21.5	64.8	48.9	65.8
Yes	63.1	17.4	33.7	65.3	49.3	68.3
FORCED TO HAVE SEX OR RAPED						
No	57.3	11.9	21.5	64.1	46.2	61.0
Yes	73.2	29.3	52.8	69.4	60.5	87.2

Note: Numbers in bold indicate a statistically significant difference at p<.05 or less

to perpetrate any sexual violence, compared to men who had not experienced injuries. Interestingly, men who lost family members were significantly less likely to have ever perpetrated any IPV.

Women who witnessed conflict, lost property or had family members killed or injured were more likely to have experienced any sexual violence. In addition, women who had a family member killed or injured, or who had been forced to have sex or were raped in the conflict, were significantly more likely to experience sexual violence by a partner. *Rates of overall intimate partner violence did not vary based on experiences of conflict, suggesting the ubiquitous and high rates of IPV.*

3.8 KNOWLEDGE AND OPINIONS ABOUT CAMPAIGNS ON GENDER EQUALITY, SGBV AND GENDER POLICIES

Democratic Republic of the Congo's law against SGBV originates from 1940, with amendments in 1959 and 2006 that broadened the definition of sexual violence to include sexual harassment, sexual slavery, forced marriage, genital mutilation and forced sterilization. The revised law also strengthened penalties related to sexual violence offences and established accelerated prosecution and trial procedures aimed at taking into account the dignity of survivors (ACORD DRC, 2010). The impact of these revisions to the SGBV law is still limited due to many challenges in the legal sector, including contradictions in the law itself and the fact that the country's administrative and legal systems are extremely fragile and often dysfunctional after years of conflict.

The IMAGES survey asks men and women about their attitudes toward the law (Figure 25). While much attention on SGBV in DRC has focused on the need to have stronger laws, the survey finds that most respondents know about the existing SGBV laws but have either contradictory or negative views about them. *More than 80 percent of men and women are aware that there is a law on SGBV, while 7 percent of men and 6 percent of women are not sure whether there is a law. However, the majority of both men and women who are aware of the law*

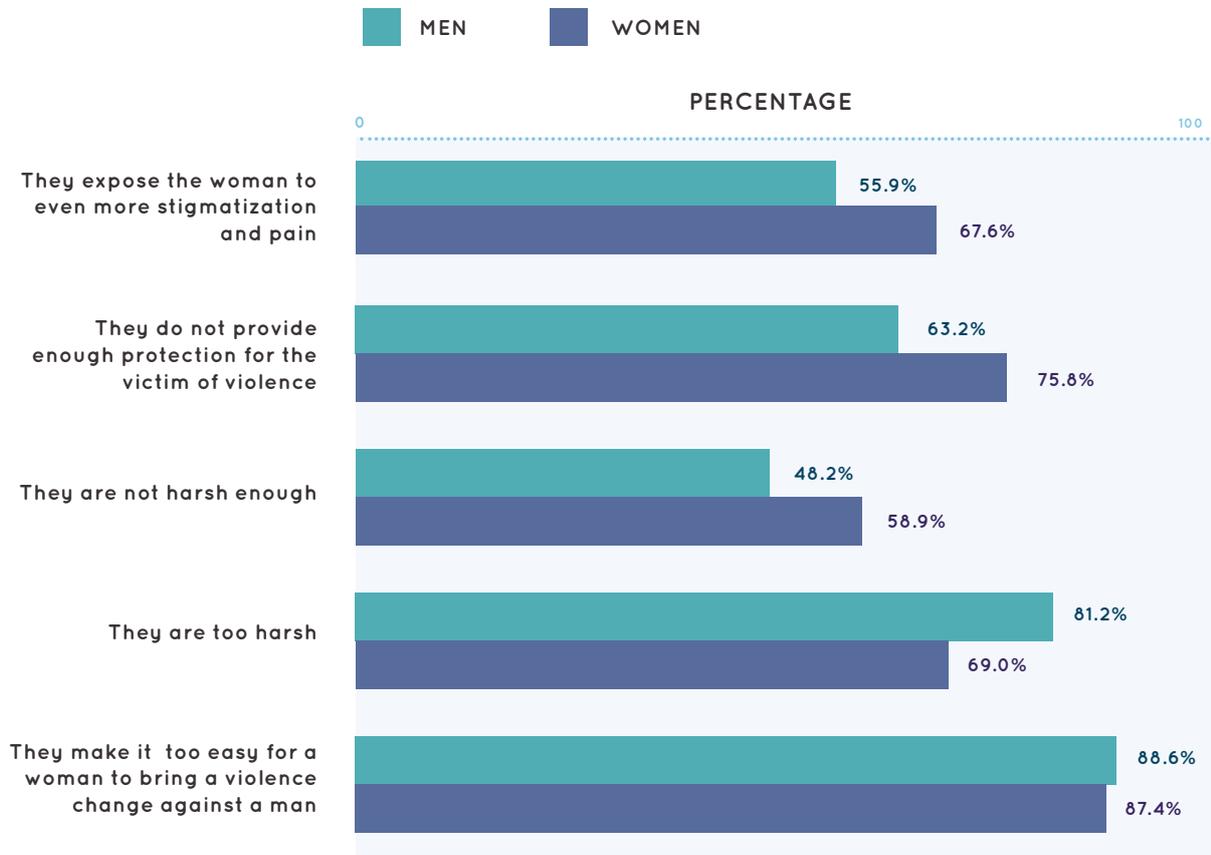
see this law as a threat and as an injustice for men. At the same time, half of the respondents think that the laws are not harsh enough and do not provide enough protection for survivors of violence. This suggests the need for additional public information campaigns and better implementation of SGBV laws.

The survey also asks about men's exposure to public campaigns or activities related to violence against women, and their own reactions to witnessing violence. *Approximately three out of four men have heard of campaigns or have seen advertisements, and nearly half report participating in an activity in their community or workplace that questions the use of violence against women.* The proportions are quite similar among women. Given the ongoing high rates of IPV and SGBV, *the question emerges of the effectiveness of these campaigns, and the need to implement evidence-based interpersonal, community and structural interventions rather than diffuse, short-term or otherwise ineffective campaigns.*

In terms of men's responses to violence against women, half of all male respondents say that they would intervene if they saw another man beating a woman, and an additional 11 percent say they would call the police. Approximately 40 percent of men have a friend who they are aware uses violence against his partner, and though more than 60 percent of men say that they could question his behavior, only 19 percent report that they have already done this. *These findings suggest that "bystander" intervention programs might be an appropriate approach in DRC, and that men have ambiguous views about SGBV and IPV.* While high percentages report having carried out SGBV and IPV, the fact that they would intervene when a friend carries it out suggests that they perceive the harmful nature of it. The positive attitudes of at least some men in DRC have yet to be fully mobilized to achieve effective SGBV prevention in DRC.

FIGURE 25

**Attitudes About the SGBV Law
(Percent Agree or Partially Agree)**



3.9 HEALTH, SEXUAL HEALTH AND VULNERABILITIES

3.9.1 Health Status and Use of General Health Services

The survey asks men and women about general health and access to services, as well as about reproductive health and sexuality. The results show that while a majority of men (57 percent) and women (71 percent) visited a health center or clinic in the last year, both men and women have persistent health problems, sometimes as a result of the conflict, and a large proportion have never sought or received medical help for the problems. *For example, 44 percent of men and 39 percent of women report living with a chronic health problem; approximately 15 percent report that the problem is a result of violence or war/*

conflict. Approximately 30 percent of both men and women have never received care for these problems. The findings confirm that health care in general, including services for reproductive health care, is very limited.

3.9.2 Alcohol and Drug Use

Alcohol and drug abuse are serious problems among men in DRC. The findings, presented in Table 13, show that more men than women use alcohol or marijuana overall, and on a regular basis. While more than half of men and nearly three quarters of women report that they never use alcohol, *18 percent of men report drinking several times a week, and about 15 percent report having five or more drinks on one occasion monthly, or more frequently (binge drinking).*

Men with more equitable gender attitudes are significantly less likely to binge drink, as are men with more means, as measured by the quality of their housing.

BOX 4:

WOMEN'S REASONS FOR NOT USING CONDOMS OR OTHER FORMS OF FAMILY PLANNING

Medical reasons and myths about negative health consequences:

"I got infections inside when I was using condoms: it got lost inside my belly and that gave the infections." (Woman, military camp)

"HIV AIDS is like other diseases now; you take medicines and you can be cured. That is why I don't have to worry anymore." (Woman, Goma town)

"I used pills but they gave me low-back problems so I stopped." (Woman, Goma town)

"The medical center asked me to pay US\$100, but I cannot pay that." (Woman, military camp)

Men's limited attention to sexual and reproductive health issues:

"My husband refused to use the condoms that I bought for him; he took them away from me and said, 'This is for prostitutes.'" (Woman, IDP camp)

"We protect ourselves, we are women. But the husband does not use anything; most of the time they are too drunk, or they forget to use it." (Woman, military camp)

Religion:

"Our church has forbidden [contraceptives] because it is like killing other persons." (Woman, military camp)

"We pray to the God because he will decide about our destiny: I pray that he will protect us, because a husband can never use a condom with his wife." (Woman, Goma town)

As described elsewhere in this report, we find significant associations between alcohol use and a range of other variables: Men who suffer negative psychological consequences of conflict are more likely to abuse alcohol, and men who abuse alcohol are more likely to perpetrate violence and not to be involved in the daily care of their children.

3.9.3 Contraceptive and Condom Use

The following are the key findings related to contraceptive and condom use:

- Most men (53 percent) and women (66 percent) do not use a form of family planning.
- Only 10 percent of men and 15 percent of women report that they have always used a condom in the last year. An additional 22 percent of men say that they mostly or occasionally use condoms, while only 7 percent of women report this.
- Twenty-five percent of men and 17 percent of women used a condom the last time they had sex.
- Only 54 percent of men and 46 percent of women agree that a man and woman should decide together on the type of contraceptive to use.
- More than 60 percent of men and women think that it is a woman's responsibility to avoid getting pregnant.

While they are aware of the risks of unplanned pregnancy, STIs and HIV, the women in focus group discussions talked about different reasons for not using condoms or other family planning methods: health risks, health problems, religion and gender relations, as described in Box 4. Most women indicate that they would like to control the number of births for economic reasons, but cannot do so. The women feel that they have less power over contraceptive use than men, indicating that women are not supposed to propose or negotiate condom use, because men perceive this as disrespectful. Indeed, nearly two-thirds of men surveyed agree or partially agree with the statement: "I would be outraged if my spouse asked me to use a condom." The impression that emerges from the qualitative analysis is that the health risks associated with not using condoms are given much lower priority in a context where women are at high risk of violence and where both men and women perceive that other issues of daily survival are more important.

BOX 5:

REPRODUCTIVE AND SEXUAL HEALTH:

- *Thirty-three percent of men report that they have suffered from a sexually transmitted infection (STI), and 39 percent of men report symptoms that indicate an STI. Among women, 35 percent report having had an STI and 44 percent report symptoms indicating an STI. The findings suggest that a group of men and women have symptoms indicating an STI but don't recognize them specifically as such.*
- *Fifty-eight percent of men and 49 percent of women with symptoms of an STI have never received medical treatment. Of those who report reasons for not seeking treatment, 50 percent of men and 42 percent of women say it is due to shame, and 30 percent of men and 34 percent of women feel it is not very important.*
- *About half of women and men have gone for HIV testing. Among those who were tested, approximately 17 percent did not pick up the results, with similar rates of testing and picking up results between men and women.*

3.9.4 Sexual and Reproductive Health Status and Use of Services

In general, men and women report substantial levels of sexual and reproductive health problems, but have extremely limited access to reproductive and sexual health services, as described in Box 5.

The findings indicate a slight difference between men and women, where women are more likely to access medical services for sexual health problems compared to men.

However, the responses show that access to sexual health care is limited for both women and men.

Qualitative results confirm a high number of sexual health problems. The data collectors report several cases of women suffering from severe gynecological problems. Some of the women have been suffering for months from symptoms caused by rape or STIs, but they are too poor to seek medical help or to pay for transport. Additionally, many women cannot disclose these problems to their husbands, out of fear of anger or accusation, as the two boxes below illustrate.

BOX 6:

TERESA, A SURVIVOR OF RAPE

The account of Teresa, interviewed during the field work by the lead research (Slegh), demonstrates the ways in which lack of appropriate assistance, food, medical attention and security amplify the suffering experienced by survivors of rape:

A 51-year-old woman, Teresa, came to the focus group discussion in one of the IDP camps, 8 kilometers outside of Goma. She looked very weak and frightened, and she immediately asked me if I could help her. I left the group with her, and she explained her situation. She was very ill, had a high fever, suffered from pains in her breast and told me that she had been experiencing genital bleeding for the past two weeks. Her breathing was heavy and she was in great pain. She took my hand and placed it on her breastbone, and I felt that her bone was broken. Her eyes were full of tears; she was desperate.

She had been raped by a group of five men in her village two weeks ago; her husband was killed and she fled with her five children. She had reached the camp one week ago, after walking for three days. Since her arrival, she had been very ill and was unable to feed or care for her children. She had constructed a reed shelter where she stayed all day, while her children (the oldest son was 15 years old) tried to find firewood, water and food. Since there was no humanitarian assistance in the camp, she lacked medical help, and she was too poor and too ill to find any support. She said she hoped for a sign from God and that he would send help. [Transportation for Teresa was immediately arranged so she could receive health care at a nearby health facility for rape survivors.]

TABLE 13

**Alcohol and Drug Use
(Percent Report)**

	MEN	WOMEN
HAS A DRINK CONTAINING ALCOHOL	%	%
Never	55.4	73.4
Monthly or less	17.0	10.3
2-4 times a month	10.0	9.9
2-3 times a week	10.3	2.9
4+ times a week	7.3	3.4
Has 5 or more drinks on one occasion monthly or more frequently	14.9	7.0
Smoked marijuana in the past 12 months	16.8	10.5

BOX 7:

**ACCOUNTS OF STIGMA AND GENDER INEQUALITY
RELATED TO SEXUAL AND REPRODUCTIVE HEALTH**

Contraceptives and HIV Testing:

A debate between two men in a military camp focus group discussion demonstrates the stigma attached to contraceptives and STI testing:

Participant 1: *“One night, after I came back from my work late, my wife said that if I was not using condoms, she could not have sex with me anymore. I almost killed her! It is my right to have sex with her because she is my wife; I paid the dowry for her.”*

Participant 2: *“But maybe your wife has a reason to refuse sex without using a condom, maybe because you have sex with others without any protection. You should do a HIV/AIDS test.”*

Participant 1: [screaming] *“Do an HIV/AIDS test, ME, before I sleep with my wife? Never!”*

Rape Disclosure:

An individual interview shows a woman’s fear of disclosing the fact that she had been raped:

“I was raped some months ago, when I was working in the field. Two men took me by force when

they suddenly approached me from behind. I don’t know who they are. After they did it, they left me alone. I went home, and I did not say anything to my husband. He may reject me if he finds out. However, since that day I have blood and some liquid coming out of my vagina. It hurts, I feel weak and I don’t know what to do. I have no money because I cannot ask my husband to pay transport and medicines. I don’t know what to do.”

Medical Treatment:

A discussion between two women in an IDP camp focus group discussion demonstrates how gender inequality prevents women from seeking treatment for medical conditions:

Participant 1: *“My husband had an STI, he paid for the medicines for himself, but he did not want to pay for me. He is selfish and only has self-interest.”*

Participant 2: *“Women work hard, but if we become ill, the men say, ‘You see, women bring us diseases.’ When a husband becomes ill, he says it comes through us. So we cannot show that we are ill, because he will blame you.”*

3.9.5 Sex Work and Transactional Sex

Approximately 25 percent of men report having had sex with a sex worker, and about 13 percent of women report engaging in sex work. Findings show that unemployed women are about twice as likely to have traded sex for money compared to employed women (19 percent vs. 9 percent). A substantially larger proportion—about half of men and a quarter of women—report providing or receiving (respectively) goods or services in exchange for sex. In terms of specific goods and services exchanged, 33 percent of responding men provide beauty products; 26 percent give food, clothes or mobile phones; and approximately 20 percent help pay bills or provide various products for the woman’s children or family.

Approximately 17 percent of women who responded that they had participated in sex work report having sex to receive food, clothes or mobile phones, and approximately 15 percent receive beauty products, or goods that they are not able to procure for themselves. There were relatively high rates of non-response to the questions about transactional sex, particularly among women, indicating that there may be shame or stigma around this topic.

Transactional sex was also discussed in the qualitative interviews. In one of the FGDs, women explained why other women might have sexual relations outside of marriage. To be considered “a good wife,” women have to cook and provide food to make the husband happy, but due to poverty, it is difficult to provide enough food. Women in the FGD discussed strategies to gain access to

money that might help keep the husband close to the family. One of those strategies is having sex with other men during the day in order to bring food and income into the house. For the poorest women, this is a way to feed their children and to keep their husbands content (although they generally do not disclose this practice to their husbands).

“Not all women are doing this, but if we cannot feed our children, we may lose our husbands to women with more money. We have to do all that we can to keep the family together.” (Woman, military camp)

These accounts suggest the complex dynamics of extreme poverty and income insecurity, and how women in eastern DRC, far from being passive victims, actively construct ways to minimize men’s infidelity.

4.

CONCLUSIONS

- 4.1 Recommendations
- 4.2 Final Discussion

CONCLUSIONS

Compared to other countries, IMAGES DRC results show that years of conflict, persistent poverty, the limited functioning of the state and widespread inequitable norms, create multiple vulnerabilities for women and girls, and no shortage of vulnerabilities for boys and men as well. *Indeed, a key finding is that if rates of sexual violence against women in eastern DRC are some of the highest in the world, it is because men's and boys' rates of exposure to violence are also high.* Another key finding is that sexual violence as part of conflict, while brutal and traumatic for those who experience it, happens at lower rates than sexual violence carried out in intimate partner relations. In sum, the effects of economic stress, trauma, fear, frustration, hunger and lack of means to sustain the family are felt first and foremost in family and partner relations.

Furthermore, in spite of the compounding effects of the conflict, many findings were consistent with IMAGES studies in other parts of the world: men's childhood experiences, binge drinking and inequitable attitudes were associated with their use of IPV. At the same time, as also found in other settings, if we see an intergenerational transmission of violence, we also see an intergenerational transmission of caregiving. Men whose own fathers were involved in their upbringing were more likely to carry out caregiving of their own children.

In addition, while the daily lives of women in the eastern DRC are filled with inequity and violence, the study also reveals that women are not passive victims. The qualitative data found numerous examples of women's and men's agency, resistance and resilience, and of positive coping in the harshest of circumstances, but men in general tended to cope far less well with poverty, conflict and displacement, with negative consequences for their own health and for the well-being of their families. With these general conclusions, we offer the following recommendations.

4.1 RECOMMENDATIONS

- Given that men generally oppose gender equality, there is a ***need for much more intense promotion of gender equality as part of public education, early childhood education, policy development in all key sectors and the creation and re-creation of civil society and the state in DRC.*** This should highlight that both men and women stand to gain from greater equality between the sexes.
- ***Given the extensive childhood exposure to multiple forms of violence reported by both women and men, there is a need for a large-scale rollout of psychosocial and secondary prevention that enables boys and girls, at young ages, to overcome violence they have experienced.*** This violence both represents an ongoing violation of children's rights and is strongly associated with the subsequent use of violence by women and men. The high rates of violence in the home, in schools and communities, and the exposure to violence from conflict, mean that a well-designed psychosocial support strategy is needed. Psychosocial support should include trauma treatment models that are viable and that have been tested in the Congolese context, and should include differentiated approaches for individuals, families, communities and youth.
- ***The multiple forms of sexual and physical violence suggest that to be effective, efforts to stop SGBV must include ending impunity for violence carried out as part of conflict, as well as prevention of those forms of violence that children experience and that are considered a "normal" part of couple and family relations.*** Indeed, the nearly exclusive focus on SGBV in the context of conflict in DRC, while understandable as a short-term solution and immediate concern, must give way to longer-term solutions that

focus on broader gender equality, poverty alleviation, the creation of systems of justice and the promotion of social interactions based on reciprocity and respect for rights rather than on domination. All of these forms of prevention should be accompanied by evidence-based approaches to the changing of rape-supportive attitudes and attitudes toward violence in general—conflict-related violence as well as violence that happens in the home, school and community.

- **Long-term rebuilding from the conflict must take into consideration men's sense of loss of status and identity, and men's (and women's) needs for psychosocial support.** Men's minimal opportunities for discussion of their fears, vulnerabilities and trauma; their economic hardship; and their limited help-seeking behavior combine to create ongoing stresses

for men themselves and for their families, and help to perpetuate SGBV. The levels of trauma from the conflict are extreme, for women and men. While we should not affirm that women are coping well in this context, men's coping more often involves violence and self-destructive behaviors that must be addressed. Calling attention to men's needs in this way in no way minimizes the urgent and ongoing need for support for women survivors of SGBV—rather, doing so affirms that the needs of both women and men must be addressed for lasting change and more equitable and nonviolent gender relations to be achieved.

- **Public service providers, including police, medical staff, justice sector professionals and mental health and psychosocial support providers should be trained to recognize and acknowledge gendered responses to**

BOX 8:

SUMMARY OF REVIEW OF POLICIES RELATED TO GENDER EQUALITY IN DRC

Summary authored by Tim Shand, Hayley Thomson-de Boor and Gentil Kasongo Safari.

Sonke Gender Justice, together with partners in the MenEngage Africa Network, analyzed policies from four areas that are critical for gender equality: (1) gender-based violence (GBV); (2) HIV and AIDS; (3) sexual and reproductive health and rights (SRHR); and (4) parenting. This was part of a broader policy project, covering thirteen African countries, to advocate for stronger laws and policies in these areas. The gender policy scan in DRC finds that:

While certain DRC policies demonstrate awareness of the need to target men and the existence of several positive commitments, greater effort needs to be made to operationalize these commitments.

- There also remains much room for improvement within existing GBV, HIV, SRHR and parenting laws and policies in the DRC with regard to: (1) the promotion of positive and nonviolent male gender norms; (2) working with men as clients of services in their own right, and as supportive partners of the health and well-being of women and their families; and (3) engaging men as advocates for preventing violence and promoting gender equality.
- Key priorities include criminalizing marital rape in the DRC, as well as developing specific commitments to transform the harmful male gender norms that drive GBV and to highlight positive male role models within the country.
- In addition, given the link between witnessing or experiencing violence in childhood and men's future perpetration of violence, the violence that men in the DRC experience should be acknowledged and accounted for, including through psychosocial support services. Finally, policies need to be developed to so that men are educated and trained to become more involved in maternal health, and neonatal and infant care, and to improve their involvement in their children's development. Such policies must be accompanied by clear commitments and resources for implementation.

For more information, see Annex 3. Policy reports have also been produced for Ethiopia, Kenya, Mozambique, Malawi, Namibia, Rwanda, Sierra Leone, South Africa, Tanzania Uganda, Zambia and Zimbabwe, and are available at www.genderjustice.org.za and www.menengage.org.

traumatic experiences as well as the intergenerational dynamics of SGBV in families.

- **There is an urgent need for the implementation of multiple, integrated and long-term gender transformative interventions and the policies to sustain them** (reaching men and women, youth and children via school, community, media, military and other means). This means community and school-based group education, including community discussions about gender equality as part of poverty alleviation initiatives, and engaging the health sector in promoting gender equality.
- **Engaging men as equitable and caring fathers may be a key strategy both for promoting gender equality and for supporting men's coping.** Since being involved fathers was one of the few positive aspects of men's lives, given the need to achieve greater equality in unpaid care, promoting men's caregiving is a key and undervalued area for intervention.
- **Appropriate approaches to providing accessible health care must be expanded.** The survey found high rates of chronic health problems, huge unmet needs related to SRHR and limited access to and use of existing services. While international humanitarian agencies have provided much of the existing health

services, more resources are needed to build the capacity of the public health sector and to provide outreach services, such as home visits.

- **Given the ongoing impunity around SGBV, both conflict-related and in the home, there is a need to engage men who take a public stand against SGBV as visible role models and to advocate holding perpetrators accountable.** This engagement requires rolling out bystander intervention programs and launching public discussions of impunity and accountability.
- Finally, **other complementary strategies** are needed, including efforts to reduce binge drinking and to reduce violence by teachers in schools (including holding teachers accountable for use of sexual violence against students).

Box 8 highlights a number of key policy recommendations based on a review of gender policies in DRC carried out by Sonke.

BOX 9:

LIVING PEACE GROUPS

Promundo, supported by the World Bank's LOGiCA (Learning on Gender & Conflict in Africa) Program, has worked with local partners in Burundi and DRC on the development of Living Peace Groups since 2012. Three curricula were developed, implemented and tested in Goma, DRC, in Luvungi, DRC, and in Burundi. These curricula were based on group-therapy best practices that have emerged from men and gender transformative group-educational programs developed by Promundo, which have been assessed in numerous impact evaluations around the world.

Living Peace Groups aim to help men and their partners in post-conflict settings to heal from their experiences of trauma, to restore their social and partner relations and to strengthen and develop positive coping strategies that exclude all forms of violence, including self-directed violence and sexual and gender-based violence. The group-therapy process has been used with survivors of sexual violence, husbands of conflict-related rape survivors and witnesses of genocide and other violence. It has been shown to consistently lead to improvements in couple relationships and more positive coping strategies. End-line results from the pilot phase confirm that, nearly universally, men and women participants report significant, positive changes, including reduced alcohol abuse and drinking; controlled frustration and aggression; income-sharing with wife and family; peace at home and happier children; and improved health.

4.2

FINAL DISCUSSION

DRC has frequently been called “the worst place in the world to be a woman.” The results from our study affirm that at the time of this research, Goma and areas nearby *are among the worst places in the world for women, men and children*, and that it is only by transforming gender relations, improving the livelihoods of women and men, and combining gender justice with social justice—above all, by offering dignified and meaningful livelihoods and functioning social welfare, health and justice systems—that true and lasting change will be possible for the women, men and children who call Goma and Nord Kivu their home.

Increased efforts in DRC must focus not only on primary prevention of violence, but on ensuring long-term support for women and men survivors of violence, and on reducing the stigma directed against rape survivors. Building on this last conclusion, one result of this study was the development and testing of a new psychosocial support program, called Living Peace Groups, for the husbands of women who experienced conflict-related sexual violence. Box 9 describes these groups and their positive results. Their formation was a direct result of understanding the need to address men’s traumas and vulnerabilities, both for their own sake and as a way to reduce stigma against rape survivors. Initial results suggest that this is a promising approach. Creating spaces where men can discuss their trauma should be combined with psychosocial support for women survivors of SGBV.

Finally, it is important to note that, while gender norms and gender relations are stressed and highly inequitable in eastern DRC, there are examples of collaborative couple relationships, and there are men and women who hold positive norms and support gender equality. Women and men showed numerous strategies of resistance, resilience and recovery that should be understood and built on. Approaches that treat survivors of violence as passive or fail to account for and promote their own agency do a disservice to the men and women of eastern DRC. The international aid community would do eastern DRC more justice by listening to, supporting and encouraging the existing voices of equality and desire for change, as well as by recognizing that *the women, men, girls and boys in the region are much more than victims*.

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ANNEX 1: SAMPLING STRATEGY

As described in the report, the IMAGES survey was carried out in four different areas in Nord Kivu: (1) Goma town; (2) Mugungu 3, an IDP camp established in 2008 near Goma; (3) Katoyi, a military base in Goma; and (4) Kiroche and Bw-eremana, two rural villages 40 kilometers south of Goma.

In Goma, the National Institute of Statistics selected 14 quartiers of Goma based on specific criteria and representing different income groups, some sites inhabited by original habitants from Goma and others by migrants or refugees from various parts of Democratic Republic of the Congo.

The following quartiers were sampled: Mikeno, Mapendo, Kayembo, Bujovu, Katindo, Himbi, Mabanga Sud, Kasika, Keshero, Ndosho, Majengo, Virunga, Murara and Mabanga Nord.

In each of the four sites, a multi-stage sampling strategy was applied. The sample was stratified by sex and by age, such that it included approximately 50 percent men and 50 percent women, half between the ages of 18 and 35 and half between the ages of 36 and 59. In each neighborhood or site, households were systematically sampled in three main areas defined by their distance from the center of the site (i.e., A: Center of the site; B: 10 meters from the center; C: More than 30 meters from the center). Usually, the center of the site was defined as the house or office of the local authority or community leader. In each selected household, the data collectors asked if they could speak to a woman or man, (male data collectors only spoke to men, females only to women). They also selected along age lines: data collectors younger than 35 spoke to the younger participants and data collectors aged 35 and older spoke to members of the older group.

If no eligible person was available, the data collectors went to the next selected household. The resulting sample includes completed surveys from 708 men and 754 women.

ANNEX 2: DEFINING AND MEASURING VIOLENCE

Intimate partner physical violence: To measure physical violence, **men** were asked how many times they had ever: slapped or thrown something at a partner; pushed or shoved her; hit a partner with a fist or something else that could hurt; kicked, dragged, beaten, choked or burned her; threatened to use or actually used a gun against her; or tried to poison her.

Women were asked similar questions about their experiences of violence committed by a partner. Each woman was asked how often her partner slapped; pushed; punched; hit her with an object; kicked her; dragged her across the ground; tried to strangle her; had thrown something at her; burned or attempted to burn her; used a firearm, knife or other weapon, or threatened to use one; or tried to poison her.

Intimate partner psychological or economic violence: To measure psychological or economic violence, **men** were asked how many times they had ever: called their partner names (e.g. prostitute, witch, dog); chased her away from the house; or refused to share food or income for the household with her. **Women** were asked the same questions regarding their experiences of intimate partner psychological or economic violence.

Intimate partner sexual violence: Men were asked: “Did you ever force a girlfriend or your wife into having sex with you?” **Women** were asked the same question about their experience of sexual violence from a partner.

Any sexual violence: To capture **men’s** perpetration of sexual violence—not only against a partner—we used the following questions:

- “How many times have you had sex with a woman or girl when she didn’t consent?”
- “How many times have you had sex with a woman or girl when she was too drunk to say whether she wanted it or not?”
- “Did you ever force a girlfriend or your wife into having sex with you?”
- “Was there ever a time when you forced an ex-girlfriend or ex-wife into having sex?”
- “Did you ever force a woman who was NOT your wife or girlfriend at the time to have sex with you?”
- “How many times have you and other men had sex with a woman at the same time when she didn’t consent to sex or you forced her?”
- “How many times have you and other men had sex with a woman at the same time when she was too drunk to stop you?”

For **women**, to capture any experience of sexual violence, we included the same questions: how many times had a woman had sex with a boy or man when she did not consent, or when she was too drunk to consent; how often had a partner forced her to have sex; and how often was she forced to have sex with someone who was not her partner. Women were also asked about being forced to have sex with multiple men at the same time, but due to very low response rates to these questions, they were not included in our composite variable. This, together with shame around reporting sexual violence, suggests that our numbers underestimate the levels of violence that are occurring.

ANNEX 3: KEY FINDINGS FROM ANALYSIS OF DRC LAWS AND POLICIES

Summary authored by Tim Shand, Hayley Thomson-de Boor and Gentil Kasongo Safari.

INTRODUCTION AND METHODS

Laws and policies significantly define and sustain gender norms by clearly establishing a country's national priorities and setting aside resources for their implementation. Given this, strengthening existing public policies and engaging with the public sector are central to the goal of scaling-up work with men and boys to promote gender equality and human rights, and to improve the health and wellbeing of both men and women.¹ Policy initiatives have the potential to lead to larger-scale societal changes in men's behaviors and attitudes relating to gender and health, and to challenge social norms and institutional cultures that continue to perpetuate inequalities and violence.² It is therefore essential to build a shared policy agenda on engaging men and boys for achieving gender equality among civil society, policymakers and multi-governmental institutions.³

Sonke Gender Justice, together with partners in the MenEngage Africa Network, analyzed selected policies, laws and plans from Democratic Republic of the Congo (DRC) to identify how they include men and boys; account for their needs; enable them to support their partners, children and peers; and facilitate their role as advocates for change. Policies from four areas that are critical for gender equality were examined, namely: gender-based violence (GBV); HIV and AIDS; sexual and reproductive health and rights (SRHR); and parenting. This was part of a broader policy project, covering thirteen African countries, to advocate for stronger laws and policies in these areas.⁴

FINDINGS⁵

1. Gender-Based Violence

DRC's legal and policy framework contain positive aspects with regard to recognizing the root causes of gender-based violence and acknowledging the need to engage men to address GBV. Unfortunately, numerous challenges still remain. Several national legal reforms have sought to increase protection against sexual violence, but largely speaking, laws have not yet been implemented.

GBV laws in the DRC

Two laws were adopted in the DRC in 2006, which amended the definition of rape and other forms of GBV and sexual violence. Law No. 06/018 from July 20, 2006

creates twelve offences of sexual violence. Unlike previous legislation, it specifies that men can also be raped. It does not, however, criminalize marital rape.

Marital rape

Marital rape is not criminalized and not mentioned within laws and policies related to sexual violence and GBV.

Engaging with men as advocates to prevent GBV

In 2009, the Minister for Gender adopted a National Strategy against GBV to address sexual and gender-based violence, including strengthening GBV laws and challenging cultures of impunity. The Strategy notes the importance of engaging with men and boys in “the fight against all forms of violence against women and girls” and encourages men, whether “heads of families, youth or opinion leaders” to participate in “actions of sensitization, as well as denunciation of such behaviors which are degrading to themselves and the victims.”⁶ It is unfortunate that the Strategy identifies the need to engage men because they are the “head of the household.” There is no discussion around the need to challenge norms that necessitate a head of the household, and that this should be a man, rather than finding ways to encourage men and women to work together as equal partners. More detailed strategies are also needed in terms of how men will actually be engaged to become more active in addressing GBV.

Challenging harmful male gender norms around GBV

The National Strategy against GBV and the National Gender Policy both recognize the links between gender norms, gender inequality, patriarchy and GBV, stating that “the majority of ethnic groups share the same differentiated perception of masculine and feminine roles and family relationships between men and women that are built on a fundamental inequality between the man...and the woman...” Unfortunately, there are no specific in-depth commitments made to transform harmful male gender norms as a way of addressing and preventing GBV.

Men experiencing violence

While there is acknowledgement that men and boys can be victims of sexual violence, GBV policies do not engage with the possibility that when men are victims of violence, this can be a risk factor that increases the likelihood of men perpetrating violence towards women and children, as well as toward other men. In addition, policies do not give cognizance to the high levels of societal violence in the DRC and how this exacerbates rates of GBV in the country, nor do they suggest strategies to address cultures of violence or support men who have been victims of violence.

Violence rehabilitation programs

The Strategy also draws attention to the fact that rehabilitation programs have not been put into place for identified or sentenced perpetrators of sexual and gender-based violence. The Strategy aims to develop rehabilitation programs in prisons, while the Action Plan of the National Strategy against GBV also envisages the “re-education of perpetrators.” To date, however, it is not clear whether these

commitments have been taken forward.

2. HIV and Sexual and Reproductive Health and Rights (SRHR)

The DRC National Strategic Plan for HIV and AIDS 2010-2014 (NSP) acknowledges the importance of engaging men around HIV prevention but significant gaps remain. The NSP needs to be more specific, develop concrete interventions addressing gender norms and identify objectives accordingly. Similarly, men’s needs as clients of sexual and reproductive health services are addressed to a certain extent within DRC SRHR and HIV policies, mostly through the attention paid to medical male circumcision, as well as the needs of male and female youth, but overall there is much room for improvement.

Links between HIV and GBV

While the NSP addresses GBV, it limits its focus to internally displaced persons and persons living in conflict zones. For example, it acknowledges that the use of rape as a weapon of war is an important factor in the spread of HIV and AIDS. However, the NSP does not draw attention to other forms of violence, such as domestic violence, which can include emotional, psychological, verbal and financial abuse, as contributing to the spread of HIV, nor the need to address such violence through the transformation of gender norms.

Men’s access to HIV and SRHR services

While youth are considered to be one of the main targets of the National Reproductive Health Policy, and although there is a commitment to providing youth-friendly services that include pre-nuptial consultation and responsible parenthood counseling, the needs of male and female youth are not addressed separately or in a gender-sensitive manner. There are also no explicit and precise plans to address men’s reluctant attitudes towards HIV testing, or to increase their uptake of HIV treatment and condom use.

Involvement in HIV care and supporting women’s SRHR

There are no plans to encourage and enable men and boys to become involved in care work and the care of orphaned and vulnerable children.

There are no discussions around the need to increase men’s awareness of women’s sexual and reproductive rights. Most worryingly, the Reproductive Health National Policy clearly acknowledges that the fifth component agreed upon at the International Conference on Population and Sustainable Development (ICPD Cairo, 1994) relating to the “information for men in view of their involvement in reproductive health and their co-responsibility in improving the role and status of women” has been adapted considering “the particular political and socio-cultural realities of the DRC.” The policy document does not explain what political or socio-cultural realities it is referring to, nor how this component has been adapted within the policy. This is regrettable as this particular objective is crucial for the successful implementation of any SRHR policies.



Marginalized groups

While there are plans to reach out to men in uniform and some other at-risk populations, there is a need to tailor services for, and to address the needs of, other overlooked marginalized groups, such as prisoners and men who have sex with men (MSM). Men who are not married to their pregnant partners should also be encouraged to support Prevention of Mother-to-Child Transmission (PMTCT) services.

Men as advocates to prevent HIV and to promote SRHR

Men are not explicitly recognized as potential advocates for change in terms of transforming norms related to SRHR. There are no outlined plans to work with traditional leaders, traditional healers, community leaders and other role models to encourage men to become more committed to their own and families' health.

Challenging harmful male gender norms around HIV and SRHR

Overall there is a need to be far more explicit in terms of how gender norms affect men's health-seeking behavior, and therefore what steps will be taken to address this in order to increase men's uptake of SRHR services and support for health service use by their partners and families.

3. Parenting

Many provisions in the DRC are discriminatory against women in the area of the family, contributing to persisting inequalities, while legislation does little to encourage men as parents and caregivers in participating in the development of their children.

Definition of the family

Legislation largely reflects a conservative view of the family with several provisions discriminating against women, promoting the will of the father over the mother, such as in the Family Code: "In case of disagreement between the father and the mother, the will of the father prevails. However, the mother has the right to appeal before the first instance court."

Men are legally required to financially maintain their children, which is positive. Seemingly, this is required whether the parents are married or not, which is also progressive, but little is outlined in terms of encouraging fathers to become more involved in parenting, beyond financial support.

Men's support in maternal health, neonatal and infant care

Men are engaged, to some extent, to be involved in maternal health through the National Strategic Plan against HIV/AIDS, which envisages "community mobilization for more implication of traditional midwives, spouses and leaders into PMTCT in order to create community support for HIV positive women." Far greater effort needs to be made at a policy level to encourage and enable men to become more involved in neonatal and infant care, and maternal health more generally.

Paternity leave

The DRC only provides two working days for paternity leave. While this is more generous than in some other African countries, this is insufficient for the father to be fully involved in the early care of his newborn baby and the mother. The law therefore reinforces the mother as the primary caregiver in the early stages of the child's life. The early stages of childcare are critical in that they can often structure patterns for future parenting roles.

CONCLUSIONS AND RECOMMENDATIONS

While there is awareness within certain DRC policies of the need to target men and the existence of several positive commitments, greater effort needs to be made to operationalize these commitments. There also remains much room for improvement for strengthening the focus within existing GBV, HIV, SRHR and parenting laws and policies in the DRC with regard to: the promotion of positive and non-violent male gender norms; working with men as clients of services in their own right, and as supportive partners of the health and wellbeing of women and their families; and engaging men as advocates for preventing violence and promoting gender equality. Key priorities include that marital rape be explicitly criminalized in the DRC, and that specific commitments are adopted to transform harmful male gender norms that drive GBV and to highlight positive male role models within the country. In addition, given findings in IMAGES on the link between witnessing or experiencing violence in childhood and men's future perpetration of violence, the violence that men in the DRC experience should be acknowledged and accounted for, including through a commitment to providing psychosocial support. Finally, men should be educated and trained to become more involved in maternal health, and neonatal and infant care, to improve their involvement in their children's development. Clear commitments and resources for implementation must accompany such policies.

A full copy of this DRC policy analysis is available at <http://www.genderjustice.org.za/projects/policy-advocacy/africa-policy-reports.html>

1. Alan Greig, with support from Dean Peacock, November 2008, *Men for Change, Health for All: A Policy Discussion Paper on Men, Health and Gender Equity*, prepared by Sonke Gender Justice Network, p. 5; Jean Redpath, Robert Morrell, Rachel Jewkes & Dean Peacock, October 2008, *Masculinities and Public policy in South Africa: Changing masculinities and working toward gender equality*, A report by Sonke Gender Justice Network, p. 19; *Policy Approaches To Involving Men And Boys In Achieving Gender Equality And Health Equity*, prepared by Sonke Gender Justice Network for the Department of Gender, Women and Health, World Health Organization, (June 2010), p. 9.
2. "What men have to do with it: Public Policies to Promote Gender Equality," Men and Gender Equality Policy Project, pp. 8-9; "Policy Approaches To Involving Men And Boys In Achieving Gender Equality And Health Equity," op cit, p. 10.
3. Implementation of policies and laws should be stimulated, enforced and monitored by civil society, as policies alone will not achieve large-scale social change.
4. Policy reports have also been produced for Ethiopia, Kenya, Mozambique, Malawi, Namibia, Rwanda, Sierra Leone, South Africa, Tanzania, Uganda, Zambia and Zimbabwe, and are available at www.genderjustice.org.za and www.menengage.org
5. The following policies, laws and strategies were analyzed (it must be noted that procuring copies of policies in the DRC was extremely challenging): *National Strategic Plan HIV and AIDS, 2010-2014*; *National Strategy against GBV, 2009*; Law No 06/018 of 20 July 2006; *National Gender Policy, 2009*; *Action Plan of the DRC National Strategy to Combat GBV, 2009*; *Reproductive Health National Policy, 2008*; *National Multi-sectoral Programme against HIV/AIDS, 2009*; The 2006 Constitution of the DRC, article 41(5); Law 87/010 of 1 August 1987 on Family Code; Law 09/001 of 10 January 2009 on Protection of the Child; Law 015/2002 of 16 October 2002 on Labour Code; Law No 08/011 of 14 July 2008 on Protection of the Rights of Persons Living with HIV/AIDS and Affected Persons, Official Gazette of the Democratic Republic of Congo, 15 July 2008.
6. All quotes have been translated from French.

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