EXPLORING THE LINKAGES OF GENDER, MASCULINITIES AND FAITH

A qualitative research report on sexual and gender-based violence in Liberia
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### TABLE OF CONTENTS

**EXECUTIVE SUMMARY** ........................................................................... 3

**1 INTRODUCTION** .................................................................................. 5

1.1 Country profile .................................................................................. 5

**2 METHODOLOGY** ................................................................................ 7

2.1 Selection of participants ....................................................................... 7

2.2 The profile of participants ................................................................... 7

2.3 Guiding questions ............................................................................... 7

2.4 Analysis ............................................................................................... 7

2.5 Limitations ........................................................................................ 8

**3 SUMMARY OF DISCUSSIONS** ........................................................... 9

3.1 Gender equality norms ....................................................................... 9

3.2 Sexual and gender-based violence ....................................................... 10

3.3 Early marriage (intergenerational marriage) ......................................... 12

3.4 Poverty in Liberia ............................................................................... 12

3.5 The role of government in the response to SGBV .................................. 14

3.6 The role of faith communities in the response to SGBV .......................... 15

**4 KEY FINDINGS** .................................................................................. 16

4.1 Patriarchal norms informed by religion and culture still dominate people's world views and inform opinions and perspectives on gender relations and SGBV. Patriarchal norms are accepted with scant consideration of the possibility of any change to the status quo ....................................................... 16

4.2 There is a degree of impunity for men who perpetrate violence and abuse through the justification of such behaviour, corruption in the system and pressure from families and communities ............................................ 16

4.3 Survivors of SGBV are still stigmatised in society and in the church, hence many do not speak out. The pressure from families for charges to be withdrawn makes this worse as does the corruption in the criminal justice system, where officers often collude with perpetrators not to take cases forward ................................................................. 16

4.4 Faith communities have a critical role to play in the response to SGBV but their capacity for the task is inadequate. This incapacity includes the lack of both adequate and up to date theological and theoretical knowledge beyond their church practices and doctrines, and the requisite knowledge of practices and strategies in the gender equality/women's rights sector .............................................. 17

4.5 Poverty overshadows almost everything else in communities and relegates gender issues to secondary concerns ............................................................... 17

4.6 Awareness of state interventions and programmes is very low in surveyed communities, and expectations from government are equally low, resulting in apathy towards the state ................................................................. 18

**5 KEY RECOMMENDATIONS** ................................................................. 19
ACRONYMS/ABBREVIATIONS

SGBV  Sexual and Gender-Based Violence
AEL  Association of Evangelicals of Liberia
INGO  International Non-Governmental Organisation
EVD  Ebola Virus Disease
EXECUTIVE SUMMARY

This is a summary of the findings from a qualitative survey conducted in three counties in Liberia in September 2016. Christian and Muslim community members were interviewed with the aim of investigating 'current social norms around gender, particularly concepts of masculinities, and attitude and understandings of sexual and gender-based violence (SGBV)' to help Tearfund and its partners adapt their 'Transforming Masculinities' process based on evidence and need in their SGBV programming in Liberia.

The objectives were to explore and understand the existing social norms, practices and attitudes of men, women, youth and faith leaders on gender, masculinities and SGBV as well as the intersection of faith and gender in Liberia.

The key findings are as follows:

1. Patriarchal norms informed by religion and culture still dominate people’s world views and inform opinions and perspectives on gender relations and SGBV. Patriarchal norms are accepted with scant consideration of the possibility of any change to the status quo.

2. There is a degree of impunity for men who perpetrate violence and abuse through the justification of such behaviour, corruption in the system and pressure from families and communities.

3. Survivors of SGBV are still stigmatised in society and in the church, hence many do not speak out. The pressure from families for charges to be withdrawn makes this worse as does the corruption in the criminal justice system, where officers often collude with perpetrators not to take cases forward.

4. Faith communities have a critical role to play in responding to SGBV but their capacity for the task is inadequate. This incapacity includes the lack of both adequate and up-to-date theological and theoretical knowledge beyond their church practices and doctrines, and the requisite knowledge of practices and strategies in the gender equality/women’s rights sector.

5. Poverty overshadows almost every social justice issue in communities and relegates gender issues to secondary concerns.

6. Awareness of state interventions and programmes is very low in surveyed communities, and expectations from government are equally low, resulting in apathy towards the state.

In the area of gender equality and gender norms in daily and domestic life, most participants interviewed held the view that men and women are not equal in society: the man is regarded as the head of the household culturally and religiously. It was also felt that being the head gives men the prerogative to make final decisions in matters of the household. Men were seen to be the providers for their partner and children, hence it followed that it is primarily the role of the woman to do domestic work and take care of the children. A common sentiment of participants was that the man can assist the woman with household work when she is sick and children are unable to help.

Generally, participants agreed that SGBV is common in Liberian communities, and specifically that physical violence is very common but rape less so. Strong cultural and religious sentiments were expressed as two of the main drivers of SGBV, but generally it was believed to be unacceptable. Participants described marriage as becoming ‘one flesh’ in which ‘one flesh cannot harm its body’. However, some participants felt that a man should be able to use physical violence as a form of punishment when a woman is disobedient. One described an instance of a woman disrespecting a man as an example of when ‘the man must then slap her to show her the way’.

A notion shared by participants was that when SGBV occurs, families, faith communities and sometimes the police pressurise survivors not to proceed with criminal charges against perpetrators, so that the man can continue to provide economically and maintain the reputation of the family. There were different views on marital rape: many saw it as wrong because it is against the law of the country. However, other participants felt that it is impossible for a married woman to be raped because she has no right to refuse sex with her husband.
There was a belief among some that rape and transactional sex can be ‘justified’ because of the way that young women dress. Some participants argued that men rape because ‘they cannot control themselves’.

With regard to early marriage (intergenerational marriage), the groups acknowledged the prevalence of marriages between younger girls and older men. Some felt that these marriages happen because younger girls make a concerted effort to entice older men. Moral judgment as to whether intergenerational marriage is acceptable was split down the middle; however, there was an overall acceptance among participants that it occurs because of high poverty levels. It was also mentioned that in Islamic culture, girls’ early marriage is sometimes encouraged because it ‘helps young girls to be taken care of’.

Groups identified poverty as a source of, or connected to issues such as, rape, transactional sex and child abandonment. Women who were interviewed identified that they bear the burden of care in the context of poverty: they shared that they are often left alone to find food and to provide for their children. Across the groups, women raised three key concerns related to poverty: the difficulty in accessing quality education for their children because of high fees in public schools; the lack of access to water and sanitation including in schools and other public spaces; and the lack of access to adequate health facilities. Underpinning these problems that they have to tackle is a lack of adequate empowerment projects for women and girls.

Most participants were not aware of – or in some cases dismissive of – the role that government plays in responding to SGBV. Consequently, expectations of what government can do were very low among groups. The response from government officials, however, was very different. They made reference to Liberia’s National Action Plan on Gender-Based Violence, 2011 to 2016. This plan has been reviewed and consultative processes are underway to develop a plan for the next five years.

Interviews were also held with ‘one-stop centres’ and with a police station that deals with women and children’s services. These interviews revealed large underfunding and low staff morale.

Participants noted a limited role from faith communities in responding to SGBV and promoting gender equality and healthy relationships. Discussion around relationships within faith communities, when it was shared, tends to be asking men to act responsibly and to provide for their families, and asking women to respect and submit to their husbands. Cases of SGBV are not reported to faith leaders for fear of gossip and bad treatment towards the survivor. The church was not seen as a safe space for survivors.

In light of these findings, it is suggested that Tearfund support a targeted masculinity intervention as part of its broad SGBV project in Liberia, outside the Ebola intervention, within the communities it is already working in. This need has been specifically mentioned in key informant interviews with workers from Tearfund partners Association of Evangelicals of Liberia (AEL) and Equip.

More specific recommendations are as follows:

1. Shifting the dominant negative gender norms that still view men as leaders with women as subservient, and promoting gender equality, requires an intervention that focuses on men. Without engaging men, any intervention at best only addresses symptoms. Engaging men will create a space and process to address the cause of negative gender norms and inequalities.

2. SGBV against women and children is primarily a result of the unequal power relationships between men and women. Ultimately men need to be engaged if SGBV is to be eradicated.

3. The envisaged Transforming Masculinities intervention must be accountable to the women’s rights struggle, and promote women and girls’ empowerment programmes. Promoting positive masculinities must therefore be seen as imperative within the developmental context of empowering women and girls.

4. The intervention must promote collaboration with other stakeholders. Tearfund can keep its partner faith-based organisations as key collaborators, and promote engagement with government and local NGOs. This will facilitate sharing of resources and maximise impact.

5. A broad awareness-raising campaign focusing on promoting gender equality and positive models of masculinities, the harmful impacts of SGBV on women, men, boys and girls, and the broader community accompanied by the interventions is highly recommended.
1 INTRODUCTION

This is a report of a qualitative survey conducted in three counties in Liberia in September 2016. Christian and Muslim community members were interviewed with the aim of investigating ‘current social norms around gender, particularly concepts of masculinities, and attitudes and understandings of sexual and gender-based violence (SGBV)’. 

The report has five major sections:

1. **Introduction**, which covers the profile of the country and includes the background to the project.
2. **Methodology**, describing the process followed from the selection of participants to the drafting of the report.
3. **Summary of discussions**, drawn from the synthesis and collation of the data collected. Two case studies are included in this section to show the impact and complexity of SGBV in Liberia.
4. **Key findings** with theoretical and theological analysis – where the data is interpreted against a limited literature review.
5. **Key recommendations** for Tearfund and partners on future interventions.

1.1 Country profile

Liberia is transforming towards sustainable development after 14 years of conflict. Despite the remarkable recovery that has been achieved since 2005, the peace, basic human rights and freedoms that Liberian women and girls expect to enjoy continue to be undermined by increasing cases of sexual and gender-based violence. Statistics from the 2008 Population and Housing Census show that in 2008 rape and domestic violence accounted for over 70 per cent of all reported cases in Liberia.

It is noteworthy that rape and other forms of sexual abuse were widespread during the war as a tool used to terrorise, punish and control the civilian population. It was used to destroy the fabric of society and leave its victims with physical, emotional and social scars that could not be erased. However, the persistence of this act in peaceful times requires a concerted effort to understand the dynamics fuelling it; and a better understanding of the perpetrators and how communities have dealt with the issue is key to finding lasting solutions.¹

Figure 1 below shows that cases of SGBV have been steadily increasing since 2009. The majority of survivors are under the age of 25 with only 6.6 per cent above 26 years old (see Figure 2). Figure 3 shows that SGBV incidences involving children under the age of 12 increased from a combined 44.50 per cent in 2012 to 52.70 per cent of cases reported by the Ministry of Gender.²

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² Government of Liberia and United Nations in Liberia, Joint Programme on Prevention and Response to Sexual and Gender Based Violence

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FIGURE 1
Graph showing increase in the number of cases of SGBV

FIGURE 2
Number of cases of SGBV involving children in Monserrado County in 2012

FIGURE 3
Number of cases of SGBV involving children in Monserrado County in 2013
2 METHODOLOGY

2.1 Selection of participants

The survey sought to explore the views of partners in the communities that Tearfund partners worked in. The intention was to learn from the real-life experiences and opinions of local people. The sample of participants was not meant to be representative of any group beyond themselves, but should be seen as purposeful.

Participants were identified by Tearfund’s partners in Liberia: EQUIP and the Association of Evangelicals of Liberia (AEL). Participants included youth, men’s and women’s focus groups of 12 persons per group in each community where the survey was done. Participants were drawn from both the Muslim and Christian faiths. The purpose was to facilitate open discussions, with age or gender divide influencing participation. Two sets of focus group discussions were conducted in some communities, one in a rural setting and one in an urban setting.

A community leader, a young woman and a religious leader were identified for the key informant interviews. These interviews followed the focus group discussions in each community.

2.2 The profile of participants

In total, 15 focus group discussion sessions were held with a total of 45 key informant interviews: 3 from each focus group discussion. Sessions were also held with the Ministry of Gender and the directorate of SGBV. Interviews were conducted with two One Stop Centers in Paynesville. In the first centre a nurse was interviewed, and in the other centre, seven staff members participated in a group discussion. An investigating officer from a Woman and Children’s Centre was interviewed in Paynesville.

2.3 Guiding questions

Guiding questions (see Annex A) were used to facilitate the discussions, albeit with a degree of flexibility that allowed deeper probing of issues that the group were more passionate about, or those that were not anticipated in the design phase. Participants were also allowed to raise their own questions or give input on any other matter that had not been raised that they felt was important.

The focus group discussion questions probed the participants’ views on:

1. the extent to which SGBV is an issue in their communities
2. the perceptions they had on the role of men in the phenomenon
3. the broad responses of the community and their institutions to SGBV
4. the role of government in SGBV and promoting gender equality
5. possible interventions that could be made.

Staff from EQUIP and AEL were present in all the sessions and assisted with translation.

2.4 Analysis

Copious notes of the discussions were made during the interviews, with significant comments written down verbatim. Emerging themes from the day’s discussions were noted. Salient positions in each group discussion were noted and, for the mixed youth group sessions, the views of women and men were noted where these were starkly different.
The key informant interview, government and expert inputs were used as a secondary lens to moderate the focus group discussion outcomes. This did not undermine the integrity and authenticity of the views of the participants, rather it helped to provide a wider context to the issues raised and recommendations made.

2.5 Limitations

1. In all but one of the communities surveyed, Margibi rural, participants had been exposed to some awareness raising around SGBV. This might have informed responses to the issue of SGBV.

2. Most of the interviews were conducted in open settings including under trees, in unfinished buildings and on verandas. This made group communication difficult as people would become distracted by passing traffic and the weather. This also resulted in poor quality voice recordings, as only standard equipment was used.

3. All participants in the interviews were invited to arrive at the same time, for ease of logistics. This meant that other groups had to wait when a session was taking place and participants were hurried when it came to the later interviews. This made the sessions shorter than necessary with the average focus group discussion being 45 minutes, and 25 minutes for key informant interviews.

4. The economic situation in Liberia clouded almost all discussions to the extent that after the first day the intersection between gender, masculinities and poverty was overtly incorporated into the discussions.
3 SUMMARY OF DISCUSSIONS

3.1 Gender equality norms

Most participants interviewed held the view that men and women are not equal in society; the man is regarded as the head. This was explained as a cultural and religious norm, even by the few who expressed the need for, and significance of, gender equality. Being the head means that the man has the final say in decision-making in family matters. Some participants, however, felt that the woman must make final decisions on matters involving the raising of children and domestic chores.

"In any partnership or relationship there must be someone who has the final say, even in a democratic system. This is the role for men. The man must negotiate with the wife first, but if they don't agree the man must make the decision and the wife must accept it."

This belief was qualified by the observation that being the head of the family does not give any man the right to abuse and mistreat women, as expressed below by an Imam in Margibi:

"Islam talks about equal treatment even though the men are the head and paying dowry gives the man entitlement. But this does not mean subjugation of women. Your wife is your property of course, but the law prevents you from abusing it or using it as you wish."

Participants indicated that the role of the man is to provide for the family economically. It then followed that it is primarily the role of the woman to do domestic work and take care of the children. A common sentiment was that the man can assist the woman in this work when he would like to do so or when the woman is sick and the children are unable to help.

In a number of instances, opinions justifying rape and transactional sex were shared.

"Girls today do not dress properly. The way they dress entices men to have sex with them and this is largely responsible for rape."

"Human rights issues are also the cause of SGBV in our society. Parents cannot discipline their children because of these rights and you can be arrested for trying to do so. It is a problem caused by government."

The groups accepted that women can be leaders in society and in the community, including in the church, although the number of women leaders is low because society is still focusing on how things were done in the past. However, when in leadership, women have to be supported by men. A man in Ganta stated:

"We have accepted that women can be leaders. They can be the town chief and members of the committee. They can be pastors. But women are weak and need the support of men. Even our president is a woman, but she can't succeed without the men around her."

There were mixed opinions on the question of women and sexuality. The dominant view was that men enjoy sex more than women. As a result it was seen as a cultural taboo for women to openly initiate sexual intercourse, although some women indicated they too enjoy sex.

In the same vein most interviewees felt that family planning is the responsibility of a woman, although the woman needs to tell the man about her plans. Older men accepted that men also should use family planning methods. Condoms were the most frequently-mentioned contraceptive method, with an almost complete rejection of vasectomies when they were suggested.

"Family planning is important because it will reduce pregnancies and will allow girls to go to school for longer. Men must be part of the processes."

The dominant view and understanding of masculinity is that of a man as a benevolent patriarch, ie a man who holds authority and makes final decisions but provides for the family, does not abandon his partner and children and does not abuse or mistreat his wife.
'When two people get married they become one according to the Bible and tradition. When they are one they treat each with equality and one cannot harm the other.'

Even as they commented about the privileges men have over women, most groups indicated that they are happy with the sex and gender roles they have because this is how God created them, and they do not wish to be – or ask for – anything else. The women longed only for more economic empowerment so that they can take better care of themselves and their children.

‘God made me a woman. Why should I question that? Even if things are difficult for me sometimes, this is how I am.’

3.2 Sexual and gender-based violence

Generally, participants agreed that SGBV is common in Liberian communities, with physical violence very common and rape happening less frequently, but SGBV was generally found to be unacceptable.

‘When two get married, they become one flesh. The one flesh cannot harm its body, it will be harming itself.’

Strong cultural and religious sentiments were expressed as one of the main drivers of SGBV. A pastor from Marghibi stated:

‘Sexual violence is prevalent because people have strayed away from God. A born-again Christian will not disobey the Ten Commandments, especially the call to love your God and to love your neighbour as yourself.’

Disagreements revolved around whether men have the right to use violence at all. Some of the participants felt that a man can use physical violence as a form of punishing the woman when she becomes disobedient. A man in Ganta stated:

‘Women insult men and provoke men to anger, that is why men beat women. Sometimes women disrespect men and don’t do what they are told to do. The man must then slap her to show her the way.’

Families, faith communities and sometimes the police pressurise survivors not to proceed with criminal charges against perpetrators of SGBV, on economic grounds as well on the basis of maintaining the reputation of the families. One NGO focal person said:

‘Many times, cases of SGBV are compromised. It may be by the pastor when we report a case, or family members may call the women to withdraw the case. Sometimes the police themselves try to counsel the couple and the case goes away. Bribes are also taken at different levels. Only serious rape cases end up in court.’

When asked if women have the right to use violence if men deserve punishment, many said not through physical beating but the woman could use other means such as refusing the man sex or refusing to make food for him. However, some sentiments were that men could easily go and find other sexual partners so the woman should report the man to the elders or relatives instead.

There were notable divisions on whether a husband can rape his wife. Most people felt that rape even within marriages is wrong because this is the law of the country. The minority position was that a married woman cannot be raped as she has no right to refuse her husband when he wants to have sex, except when she is sick or when fasting in the Islamic tradition. Paying dowry entitles the man to sex on demand.

When the question was reversed, many agreed that the same should apply to men, that is, the man cannot refuse to have sex with his wife and the woman will be within her rights to persuade and manipulate the man until he is sufficiently aroused to have sex.

It emerged across the board that young girls are the ones most frequently raped, and some participants argued that this is caused by the way young girls dress, which was viewed as a deliberate attempt to entice men into sex in exchange for economic benefits. It was also argued that men rape because they cannot control themselves.
'Men have a weak heart and cannot go for long without having sex. So when they want it, they cannot be stopped. And men don't mind sleeping with many different women. Sometimes drugs and alcohol are involved in sexual abuse.'

However, a line was drawn on the rape of children with the general view being that it is not acceptable and cannot be excused. One female key informant even suggested that...

'Anyone who rapes an underage child should be sentenced to death.'

Scant reference was made to the war-time experiences of SGBV. One Imam gave the opinion that this did not happen because of the stigma that is still attached to sexual violence. Below is a case study given by one key informant on her experiences of sexual violence during the war, and her inability to access any support in the post-war era.

**CASE STUDY 1**

**Rose in Monrovia**

When Rose was eight years old (1989) the rebels came to her house and killed her parents in front of her eyes. The reason for the murder was that they were from the Crown tribe, the tribe of Samuel Doe, the president who had just been assassinated by Charles Taylor’s rebels in 1989. Rose was the oldest of four siblings, and after some deliberation the rebels decided not to kill the children but to take them off to their camp. The children were scattered between different rebel camps and Rose ended up as a slave girl to one of the warlord’s many wives. She never saw her brother or sisters again. The wife was very cruel, and made her work very hard. When Rose started menstruating at 12 years old, the warlord’s wife gave her to her husband as a sex slave. After the first sexual intercourse Rose was bleeding so profoundly that the people sent her to a clinic. One of the clinic workers took pity on her and took her to his home where she recuperated and lived in relative happiness. However, after six months the men from the village came back for her. Rose ran to the clinic worker and clung to him but there was nothing he could do to protect her; after all, she was a slave owned by a warlord.

Rose’s life continued in misery: hard work, little rest and she bore the warlord three children. The village she was in was located deep in the jungle forest in the northwest of Liberia on the border with Guinea. Rose never knew or experienced the end of the war, and she never knew about a peace deal signed in 2003. Her life continued in misery and slavery. In 2010, after a very difficult delivery, she was able to return to Monrovia with her three children and hoped to start a life of freedom.

Rose’s parents had been well off; Rose remembers visiting supermarkets and eating ice cream as a child. She remembers her father worked at the bank and that they had a beautiful family home. She remembers the area but not the exact location of her house.

When Rose met her sister and her sister’s husband, she recognised the man as the killer of her parents. He was very shocked and fearful when he realised she knew and offered her a chicken and rice as a peace deal, saying something like ‘It was war, we just did those things, don’t hold it against me and don’t tell your sister’. She didn’t, but she wants the man to come to Monrovia and show her their house. He has refused to come.

At present Rose lives day by day. Some people have helped her by paying school fees for her children and house rent, but she needs a job to generate some income for her family, she needs justice and the family house back, and more than anything she needs peace of mind and hope in life again.

*Rose went to great lengths to seek support from government – with no success. In her opinion, SGBV incidences during the civil war had become a non-issue, especially after the Ebola outbreak. Even NGOs did not have specific strategies for how to deal with people like her. While she is a believer and is attached to a church, she can’t share her story openly in the church for fear of victimisation. With few skills she is left to live the life of a beggar – and justice remains elusive for her.*
3.3 Early marriage (intergenerational marriage)

- The groups acknowledged that marriages between younger girls and older men happen frequently, although not as much as in the past. Some felt that these marriages happen because young girls make a concerted effort to entice older men.

  ‘Young girls find themselves in the streets because they are neglected and not taken care of by their parents. They then learn bad behaviour from their peers in the streets. They also become vulnerable to many things including SGBV.’

- Views on whether early marriage is a good or bad thing were fairly evenly split with those believing it to be bad expressing the view that it occurs because of high poverty levels.

  ‘Early marriage for young girls to older men is encouraged in Islam and culture because it helps young girls to be taken care of.’

- However, some people felt that older men exploit the poverty situation to engage in transactional sex with younger girls. They entice younger girls with money and use them for their sexual pleasure.

  ‘Young girls marry older men because the older men can provide for them and even take them to school. Boys only make you pregnant and abandon you with the child.’

3.4 Poverty in Liberia

- In most of the interviews, women forced economic issues into the discussions. Poverty was identified as a source of most other social ills such as rape, transactional sex, and child abandonment. Women are the ones bearing the burden of care.

  ‘As women we are the ones left alone to find food for our children because the men run away when they are not employed and do not have small businesses. We must then find ways to do this.’

- Across the board, women talked about three key concerns. Firstly, their children cannot go to school because the women cannot afford to pay the required fees in public schools, with allegations made that some public schools charge more than private schools.

- The second concern was lack of access to water and sanitation including in schools and other public spaces. Participants talked about having to use the bushes to relieve themselves. One NGO employee made the observation:

  ‘Liberia was devastated by Ebola because of the poor water infrastructure. I am afraid that as long as this challenge is not overcome, the possibility of another outbreak exists.’

- The third concern raised was lack of access to adequate health facilities. Most health centres are far away and require the use of public transport. Without disposable income, some people die because they cannot reach medical care in time.

- Underpinning this situation is the fact that there are not enough women-empowerment and skills-training projects for women and girls. While women could also do small-scale subsistence farming like men, they sometimes struggle because access to land is through men.
CASE STUDY 2
Grace a survivor of SGBV in Ghanta

Grace, a 28-year-old woman from Nimba county, was living in a very abusive relationship with a 30-year-old male from Gbahn. They met when Grace was still in high school, and he asked her to leave school to help him on his farm. Throughout their relationship Grace’s boyfriend was very abusive; Grace was constantly beaten after which she would be forced to have sex. Whenever her boyfriend came back from some time away and didn’t find her at home, he accused her of having an affair and going off to see another boyfriend. The accusation would be followed by severe beatings and forced sex. However much she tried to assure him that this was not the case, he never believed her.

Besides her boyfriend’s accusations, Grace’s failure to bear him a third child was another issue that created tension between the couple.

As time continued and the beatings got worse, life became unbearable and Grace decided to visit her father to tell him what was going on and ask for his advice. Upon her return her boyfriend was furious that she had shared the ‘family issue’. He grabbed her, beat her severely, and forced her to have sex, after which he inserted objects into her that caused profuse bleeding.

A neighbour heard what was going on and finally intervened, saving Grace’s life. The incident was reported and Grace was taken to hospital where she spent the next six weeks. Her boyfriend was arrested and put in a police cell. When Grace was able to come out of hospital and walk again, the case went to court after six months. At first the court tried to set Grace’s boyfriend free knowing that she would never be able to fight the case; she didn’t have the financial means nor did she have contacts with important people. However, by this time Grace knew a local church that had received training from EQUIP and had SGBV focal people – church members trained in SGBV issues who ran a church-based response program.

The church’s focal people, together with EQUIP staff, provided support for Grace: advocacy at court level, financial support for the court hearings and witnesses’ transport, as well as counselling and psycho-social support for Grace. At times Grace felt like giving up and letting the court ruling go by, but the church workers kept encouraging her to seek justice. Finally on September 17, 2015 the court reached a verdict and Grace’s boyfriend was sentenced to six years in prison.

Grace rejoiced that justice had been served to her but her life has not become any easier. Because her boyfriend is in prison she has no means of earning any money. Her children did not start school this year as she can’t afford the school fees.

Her father has come to live with her to support her, but she continues to suffer physically. Her back is very painful and she can only walk slowly. She can sit down but can’t get on a motorbike because of bumps on the road that would hurt her. She continues to bleed and has been told she needs a repair operation for which she has no money.

When asked why she didn’t report the abuse before, she says she was afraid of what would happen if her boyfriend was sentenced to jail. Now that it has happened her fears have become reality. She has no money to support herself or her children, and her father pays the house rent. Her children are eight and ten years old and have always witnessed the abuse. They themselves were not abused physically but were affected emotionally.

At the time of the interview Grace was under immense pressure to withdraw charges against her boyfriend so that he could be released from jail. The main reason was that they had received income from a farm in the village of Gbhan and Grace was not allowed access to it. Because of economic hardships, she was seriously considering withdrawing charges.
3.5 The role of government in the response to SGBV

- Most participants were not aware of – or were simply dismissive of – the role government is playing in the response to SGBV, and consequently expectations of what government can do were very low.
- However, government officials held different views. They made reference to Liberia’s National Plan on gender-based violence, 2011 to 2016 (see Figure 4 below). This plan has been reviewed and consultative processes are currently underway to develop a plan for the next five years.
- The plan itself does not include any strategy for, or mention of, men as part of the response. This excludes men – who may be possible allies in the response – from being strategically engaged as targets, citizens and possible advocates.

**FIGURE 4**

**Pillars of the Liberian National Plan of Action on SGBV**

**PILLAR 1: PROTECTION**

The protection of women and girls from all types of violence including sexual and gender-based violence is divided into three strategic issues:

- **Strategic Issue 1:** Provide psycho-social and trauma counselling to women and girls
- **Strategic Issue 2:** Protect the rights and strengthen security for women and girls.
- **Strategic Issue 3:** Increase access to quality health education for women and girls with a specific emphasis on reproductive health and HIV/AIDS.

**PILLAR 2: PREVENTION**

The prevention of all types of violence against women and girls including against rape and systematic rape, trafficking and other human rights abuses incorporates one main strategic issue.

- **Strategic Issue 4:** Prevent all types of violence against women and girls, including sexual and gender-based violence.

**PILLAR 3: PARTICIPATION AND EMPOWERMENT**

Promote women’s full participation in all conflict prevention, peace-building and post-conflict recovery processes at community, county, national and sub-regional levels is divided into two strategic issues.

- **Strategic Issue 5:** Promote women’s full participation in all conflict prevention, peace-building and post-conflict recovery processes.
- **Strategic Issue 6:** Empower women through increased access to housing and natural resources and strengthen their participation in the management of the environment.

**PILLAR 4: PROMOTION**

Develop and implement strategies to ensure that the implementation of the LNAP [Liberia National Action Plan] is fully and sustainably resourced has four strategic issues.

- **Strategic Issue 7:** Promote the involvement of women’s groups in the implementation of the LNAP and advocate for increased access to resources for both the Government and women’s groups.
- **Strategic Issue 8:** Promote the participation of girls in conflict prevention, early warning, peace security and post-conflict recovery issues through education and training.
- **Strategic Issue 9:** Enhance the technical and institutional capacities of governmental and civil society actors, including women’s groups to effectively implement the LNAP.
- **Strategic Issue 10:** Promote the full involvement of governmental and civil society actors, including women’s groups in the monitoring and evaluation of the LNAP.
The big challenge from government’s perspective was that:

‘There is no coordination of the many community efforts supported by NGOs. International NGOs do not submit their statistics to government so that we can know fully what is happening. We also have a sexual violence task team that meets every month and the INGOs do not attend.’

Local NGOs that were interviewed, however, countered this position, claiming that the task team is toothless and basically redundant.

‘We used to attend the monthly task team meetings at national and at county levels, but these have become useless, especially the psychosocial sector. We make recommendations and they are not implemented. You can’t even ask government about what had happened. So we no longer attend.’

Participants in focus group discussions did not even think that government can provide the infrastructure they said they needed. Their call was for NGOs, especially international ones, to help provide support in their areas of need, such as school needs, supplying water and sanitation, and vocational training. When pushed, participants thought government could facilitate awareness-raising campaigns around SGBV.

Interviews with the One Stop Centers and the one police station dealing with women and children’s services revealed massive underfunding and low staff morale. The office of the Investigating Officer did not have proper furniture, including filing cabinets.

‘As you can see the office in which I work is inadequate. There is not even a computer here. I do not even have transport to respond when cases are reported. Many people don’t report because they don’t have money to come here. Sometimes I have to rent a motorbike to attend to a case when it is serious. I also have to buy airtime to communicate.’

3.6 The role of faith communities in the response to SGBV

The role of faith communities in the response to SGBV and the promotion of gender equality were noted as limited to promoting healthy relationships in the traditional sense. This largely means asking men not to abuse their partners, urging men to act responsibly and provide for their families, and asking women to respect and submit to their husbands.

Some felt that in addition to teaching based on the Bible, the church should counsel perpetrators and pray for the survivors, because its duty is to keep families together.

Most participants felt this was the best that could be done, as it was within the remit of the Bible.

‘Women were created from the man’s ribs and as a result the man is the head of the family. Man and wife must be taught how to respect this order of things. Anything else brings confusion.’

Participants reported that in most instances, cases of SGBV are not reported to the faith leaders because survivors are afraid that people will talk about them and treat them badly. This means that the church was not seen a safe space for survivors.
4 KEY FINDINGS

4.1 Patriarchal norms informed by religion and culture still dominate people's world views and inform opinions and perspectives on gender relations and SGBV. Patriarchal norms are accepted with scant consideration of the possibility of any change to the status quo.

Gender socialisation premised on the norm that men are somewhat superior to women often makes both men and women unaware of the devastating effect this has on their lives and broader societal development.

It is, therefore, no surprise that men and women interviewed in the survey did not question this norm. At best many called for men to be responsible heads of family or providers for their partners when they had children.

'Most often we talk about gender norms as harmful to women and beneficial to men. This is true but it doesn't capture the whole picture. Existing gender norms also encourage men to act in ways that put their own health and well-being at risk, as well as those of women. In trying to prove their manliness, many men damage their health. Some do so by driving too fast or when drunk, refusing to seek physical and/or mental health services due to fears that they will be seen as weak, practising unsafe sex with multiple sexual partners and contracting sexually transmitted infections, or refusing to back down in conflicts with other men and getting injured in the process. All of these are a result of the gender socialisation they have received as boys.'

4.2 There is a degree of impunity for men who perpetrate violence and abuse through the justification of such behaviour, corruption in the system and pressure from families and communities.

Participants were often quick to explain how some young men abandon their partners and children as a result of economic hardship, and explained violent behaviour as being caused by disrespectful or errant women or young girls who dress inappropriately.

Survivors who are often not economically independent are put under pressure by the elderly and village/community elders to find an amicable way to deal with their situation. The strong motivation for this is that the men will not be able to support their families if they are in jail and the family name will be dishonoured if SGBV comes into the open.

4.3 Survivors of SGBV are still stigmatised in society and in the church, hence many do not speak out. The pressure from families for charges to be withdrawn makes this worse as does the corruption in the criminal justice system, where officers often collude with perpetrators not to take cases forward.

'Cultural and societal insensitivities and expectations have made it difficult for SGBV survivors to reveal their hurt and brokenness openly. When they do, the church is usually not in a position to help them significantly. Yet these hurting people are with and among us in our churches and communities – they are

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desperately yearning for someone to reach out to them with Christ's love. Someone must listen to them; someone must help them. This is also part of Jesus Christ's gospel.  

Stigma against survivors of violence continues because of prevailing norms, especially around sexuality and the status of women in society. A number of participants blamed young women for being raped, largely based on how they dress and the places they frequent.

### 4.4 Faith communities have a critical role to play in the response to SGBV but their capacity for the task is inadequate. This incapacity includes the lack of both adequate and up to date theological and theoretical knowledge beyond their church practices and doctrines, and the requisite knowledge of practices and strategies in the gender equality/women's rights sector.

'But one reason why the church is often slow in responding to these situations is its acute lack of sufficient information and knowledge for meaningful action. This too is partly because we are not undertaking the necessary research that will bring such issues to the forefront. As a result, we do not know the depth of this problem, nor are we prepared to act on behalf of those it hurts.'

Rev Nuwoe James Kiamu, PHD President of the United Liberia Inland Church

The knowledge and capacity challenges in faith communities mean that their response defaults to what they know best and how they have always done things, without the requisite awareness of gender dynamics. Firstly, they resort to the dominant patriarchal norms discussed in section 4.1. Beyond that the issue is 'spiritualised'. This means survivors are called to more prayer and perpetrators are counselled. This practice results in impunity and inadequate care for survivors. This further perpetuates the stigma mentioned in section 4.3 above.

It should also be noted that the responses of faith communities, and Tearfund-supported work in the region, did not specifically target men or have resources to do so. This continued to make SGBV and gender equality a women's issue.

### 4.5 Poverty overshadows almost everything else in communities and relegates gender issues to secondary concerns.

'The Ebola Virus Disease (EVD) outbreak in West Africa has had a greater socio-economic impact on females than on males overall. In traditional African settings, women are the primary care-givers for sick family members, and this increases their vulnerability to infection. In addition, with a labour force participation rate of 59.9 per cent (Labour Force Survey, 2010), women play a critical role in keeping their families fed, clothed and sheltered. As a result, they have taken risks in the midst of EVD restrictions and have exposed themselves to the disease.'

Often participants referred to the outbreak of EVD as a direct cause of their plight. While the outbreak affected all communities, women were the most affected as the following quote shows:

'Unemployment is very high in Liberia. Food is still scarce and very expensive and people are very poor. Many parents cannot properly care for their children. Some of them send their children to give sex in return for food or money, but some children decide to do so themselves.'

The statement above captures the extent and impact of poverty in Liberia. Initially there was not a direct question about poverty in the survey framework. This was, however, forced by all groups because it directly affects their daily experience.

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The adage that 'the face of poverty in Africa is a black rural woman' was poignantly visible and expressed as such in all discussions. Women, because they are often the ones left with the children, bear the major burden of finding food, keeping their families healthy and taking children to school. Typically women defined their situation as dire because they are not able to provide for their families, especially when men are absent. Water, sanitation and access to health services were also high on the list of concerns.

For many women, talking about gender equality and even SGBV was meaningless unless it had a direct bearing on their poverty situation.

4.6 Awareness of state interventions and programmes is very low in surveyed communities, and expectations from government are equally low, resulting in apathy towards the state.

Almost all participants were not aware of or were dismissive of the role government was playing in responding to the SGBV scourge. They did not even expect government to play a significant role in their expressed poverty alleviation needs. At best, a few of the participants believed that the only role government can play is to raise awareness about the extent of SGBV.

In addition, the morale of staff employed at the government’s One Stop Centers was very low as a result of inadequate support. This includes inadequate supplies, low salaries and – at times – long periods without being paid.

It must be stated, however, that government does have concrete plans on SGBV. At the time of the survey a new national plan was being developed. On paper the process is a very consultative one, with workshops also happening with stakeholders at county levels. Responses from the Ministry of Gender pointed a finger at INGOs for operating independently from government and being unwilling to share information with it. A perusal of government plans on SGBV show an almost complete dependence on INGOs to develop, implement and resource plans.

This scenario presents a government disconnected to communities and other key stakeholders. Responsibility for this could not be apportioned in this survey. This would, however, be a futile exercise as any attempt at clearing the blockage will require meaningful dialogue with all the partners. Such a dialogue will need to overcome the typical standoff between the financial power of INGOs and the political power of government, and should include the grassroots power of community-based partners.

National strategies that have been adopted did not seek to engage men in the response to SGBV. This leaves a huge gap in prevention efforts. The case studies included in this report show how men are at the centre of the SGBV problem and how important it is to engage with them. Without such engagement, interventions only increase the burden on women and girls.
5 RECOMMENDATIONS

The recommendations presented here stem from Tearfund’s interest in starting a masculinities project in Liberia as an expansion of its existing work. Tearfund should support a broad SGBV project in Liberia, outside its Ebola intervention, within the communities it is already working in. This need has been specifically mentioned in key informant interviews with workers from AEL and EQUIP.

1. Shifting the dominant negative gender norms that still view men as leaders with women as subservient, and promoting gender equality, requires an intervention that focuses on men. Without engaging men, any intervention at best only addresses symptoms and is not transformative. Engaging men will create a space and process to address the cause of negative gender norms and inequalities. The United Nations Population Fund (UNFPA) states:

‘Clearly, men need to be involved if gender equality is to be achieved and reproductive health programmes are to succeed. Research also shows that men want to be involved, and that many welcome the idea of mutually satisfying relationships built on trust and communication. UNFPA’s work in the field also shows that male leaders can become valuable allies in addressing reproductive health issues, from maternal mortality to violence against women. Evidence also shows that young men are more receptive than their older counterparts to greater equality.’  

2. SGBV against women and children is primarily a result of the unequal power relationships between men and women. Ultimately men should be engaged if their scourge is to be eradicated in a sustainable way.

‘Violence against women and girls is rooted in widely-accepted gender norms about men’s authority and use of violence to exert control over women. As half the world’s population, effective interventions must engage men in order to address the underlying discriminatory social norms that legitimize male power, control and use of violence.’

‘Violence against women and related abuses are not just women’s issues. Continuing in this path only leads to solutions that treat symptoms rather than the roots of the problem. The basis of this is that seeing violence as a woman’s problem results in solutions that mitigate the impact of violence. Involving men might create an opportunity to address the behaviour, largely of men, that leads to violence. Just as women suffer direct harm from gender inequality, so too do men.’

Engaging men, therefore, will create a space to address the causes of violence against women, that is, the power that the patriarchal norm bestows on men, and will also position the issue as a societal one, rather than just a women’s issue.

3. The envisaged intervention for transforming masculinities must be accountable to the women’s rights struggle, and promote empowerment programmes. Promoting positive masculinities must therefore be seen as a developmental imperative within the context of empowering women and girls.

Such an intervention should account for men’s role across the spectrum of prevention approaches to SGBV.

• Firstly, men should be seen as allies / partners in the quest to end SGBV. As stated previously, many men do not support violence and can be drawn in as partners. This would be critically important in sexual and reproductive health and rights / family planning interventions.

• Secondly, men can engage as advocates for gender equality and the end of SGBV. Men are still largely the leaders in faith communities and, as religious leaders, they have a degree of influence in communities. Mobilising them to be advocates or champions can boost the quest for gender equality significantly.

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8. Lesejane, Men Matter(s) – an unpublished paper.
• Thirdly, interventions can be developed for men in general to receive SGBV and sexual and reproductive health and rights services as clients. Helping men to access health and related services will help break the cycle of violence and negative behaviour.

4. The intervention must promote collaboration with other stakeholders. Tearfund can keep its partner Faith-Based Organisations as key, and promote engagements with government and local NGOs. This will facilitate sharing of resources and will maximise impact. For example:
• Lobbying for the inclusion of strategies in national plans and programmes is best achieved through a collaborative approach.
• Advocacy and duty-bearer accountability can be advanced in this space, and voices will be strengthened.
• Advocacy capacity and reach of local partners will be enhanced.

5. A broad awareness-raising campaign must accompany the intervention. This should cover four aspects, namely:
• Publicising and making existing interventions known to communities, including those of government;
• Making communities aware of the impact of SGBV and gender inequalities on women and girls in particular, and on communities more broadly;
• Making men, in particular, aware of the harmful effects of patriarchy on their lives and on broader society;
• Promoting the benefits of a gender-equitable society as a developmental imperative.
EXPLORING THE LINKAGES OF GENDER, MASCULINITIES AND FAITH
A qualitative research report on sexual and gender-based violence in Liberia

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