

## Chapter 62

# Combating Gender-Based Violence and Fostering Women's Well-Being: Religion as a Tool for Achieving Sustainable Development Goals in Congo

**Grace N. Wamue-Ngare**

*Kenyatta University, Kenya*

**Meg A. Warren**

 <https://orcid.org/0000-0002-7462-3580>

*Western Washington University, USA*

**Karen J. Torjesen**

*Claremont Graduate University, USA*

### **ABSTRACT**

*Gender-based violence (GBV) and its threat to women's well-being is an insidious and widespread challenge in the Democratic Republic of Congo (DRC). Cultural beliefs about gender roles and sexuality, and religious teachings on marriage, masculinity, and femininity make interventions on GBV in the DRC difficult. This chapter examines a faith-based intervention, 'The Tamar Campaign', which sought to align the strengths underpinning religion and culture. Findings revealed that participants of the Tamar Campaign reported 1) low prevalence of GBV four years after the intervention as compared to results of previous studies in the region, 2) positive effect of the intervention on marital satisfaction, and 3) engaging in activism alongside their family and community to combat GBV. This study thus offers initial evidence for faith-based interventions in not only reducing GBV, but also holistically improving women's overall well-being.*

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## **INTRODUCTION**

In the aftermath of decades of war that reinforced patriarchal structures, dangerous conditions for women within and outside the home have earned the Democratic Republic of Congo (DRC) the unfortunate moniker of the ‘rape capital of the world’. Systematically combating GBV in the DRC at the individual, family, and community levels has become an important priority for institutions dedicated to supporting the UN Sustainable Development Goals of gender equality (Goal 5), health and wellbeing of women and girls (Goal 3) as well as peaceful, just, and inclusive societies (Goal 16). Consequently, women’s health and wellbeing have been the target of many interventions deployed by international aid organizations and NGOs (non-governmental volunteer organizations), but with limited success. Why are common interventions against GBV inefficacious? The authors suggest that there are three main reasons. First, most interventions tend to adopt a western-centric, biomedical, and reductive approach focused on treating physical and reproductive illness and increasing women’s advocacy. However, inadequate attention to the social and cultural factors that perpetuate and maintain GBV undermines the efficacy of these interventions (Qasim & Vemuru, 2019). Second, interventions tend to focus on improving individual outcomes for women, rather than creating social change in communities where religious and social norms discourage open discussion of sexual violence. Third, interventions focus on the numerous problems in the region, but neglect to consider the embedded cultural strengths and assets among its people that can be harnessed to create positive change and individual and societal well-being.

### **Learning from Limitations of Past GBV Interventions**

Many international aid organizations, humanitarian organizations, the United Nations, and non-governmental volunteer organizations (NGOs) have employed a variety of interventions to combat GBV and improve women’s health and well-being in the DRC. Achieving gender equality is a priority because the negative repercussions from inequality affect not only the victims but also leave lasting impacts on their society by stunting women’s economic growth, health resource allocation, education participation, and societal placement. Implementing intervention programs that proactively address these inequalities and appropriately frame the research problem and intervention design are fundamental to meeting the goal of gender equality (Antonucci et al., 2019).

However, recent reviews show that many initiatives have only focused on treating the biomedical repercussions of GBV (such as maternal ill-health or HIV) and are less effective in tackling GBV itself (see Congo et al., 2017; Schauer & Schauer, 2010). To be impactful, there is a strong need for interventions to be localized and integrated into communities (e.g., Krantz & Gustafsson, 2021). In the DRC context, this involves recognizing the social and cultural factors that allow GBV to perpetuate unabated (Toska et al., 2016). Further, to facilitate progress on GBV, there is a need to shift from examining GBV as a domestic issue within the home to a public problem that affects not only women but whole communities (Blaustein et al., 2018). Responses to violations of women’s rights need to be specifically tailored to communities while maintaining universal understanding of the effects of GBV. Behind GBV in the DRC lies a complex nexus of social forces. Historically entrenched gender inequalities, socialization, rites of passage, cultural and religious beliefs are all intertwined, and the role of each aspect must be addressed to bring about lasting change.

Women themselves have internalized their inferior status and the guilt and shame around their violation. Thus, interventions need to address these deeply entrenched social and cultural beliefs and need

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