Transfers, behavior change communication, and intimate partner violence:

Post-program evidence from rural Bangladesh

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April 7, 2020

Funding provided by SVRI, World Bank Group, CGIAR Research Program on Policies, Institutions, and Markets
Motivation

- Recent mixed methods review shows cash transfer (CT) programs in low- and middle-income countries can reduce IPV (Buller et al 2018)
  - Quant: ↓ physical violence 5–11 percentage points on average
  - Most in Latin America; most have conditionalities (eg, trainings); all assess IPV impacts during the program

- Can CT programs be a globally relevant and scalable platform for sustainably reducing IPV?
Knowledge gaps

1. What happens to IPV after transfer programs end?
   - Most CT programs do not continue indefinitely – is this a sustainable approach to reducing IPV?

2. What role do complementary activities play, and do they shape post-program effects on IPV?
   - Complementary features can be challenging to implement – are they needed for IPV impacts, and do they affect mechanisms?

3. Do existing findings generalize globally?
   - Patriarchal norms and female seclusion prevail in rural South Asia – are impacts on IPV generalizable from Latin America?
Bangladesh case study contributions

- Investigate what happens to IPV after transfers end
- Disentangle effects of transfers from effects of other accompanying features
- Study Bangladesh (South Asia), where IPV is high and norms are conservative
Study setting:
Transfer Modality Research Initiative (TMRI)

- Cluster randomized controlled trial, implemented by WFP-Bangladesh, evaluated by IFPRI

- Provided cash or food transfers – with or without intensive nutrition behavior change communication (BCC) – from 2012 to 2014

- Targeted to mothers of children 0-23 months in poor rural households

- Aimed to improve household food security and child nutrition

- No explicit gender objective – but gender-sensitive design
Weekly group meeting of 9-15 mothers with a trained community nutrition worker – with some combined sessions for other household members

Interactive format, focused on infant and young child feeding

Bi-monthly home visits by community nutrition workers

Monthly meetings with influential community leaders

Photo credit: Aminul Khandaker, IFPRI-Dhaka
TMRI IPV study design

- Data used to assess post-program impacts of TMRI on IPV:
  - 6-10 month “post-endline” survey (2014-15)
    - WHO Violence Against Women Instrument administered to mothers
  - Longitudinal data from 2012-14
  - Qualitative process evaluation during intervention (not specifically on gender)

- 2-year intervention: May 2012 – April 2014
- 6-10 months post-program

Baseline: April 2012
Process Eval: Oct-Dec 2012
Midline: June 2013
Endline: April 2014
TMRI IPV study design

- IPV study compared three modalities:
  1. **Control**: No intervention
  2. **Transfers**: Cash (1500 Tk monthly ~$18) or Food (rice, lentils, oil)
  3. **Transfers + BCC**: Cash+BCC or Food+BCC

- For a sample of 2,231 women, exploited randomization to estimate
  - Post-program impact of Transfers on IPV
  - Post-program impact of Transfers+BCC on IPV
  - Mechanisms for impacts on IPV
Core result: Transfers+BCC significantly reduce physical IPV 6-10 months post-program

- 26% ↓ in physical violence from Transfers+BCC, 6-10 months after program ended
- No impact on physical violence from Transfers only, 6-10 months post-program
How did Transfers+BCC lead to sustained reductions in physical IPV?

- Sustained effects of Transfers+BCC relative to Transfers only
  - **Improved women’s bargaining power**
    - ↑ Economic resources: Control over money, participation in work
    - ↑ Agency: Internal locus of control, self-confidence
    - ↑ Social capital: “The BCC training boosted their family status within the community. The neighbors regularly come over to hear what the family learned in the latest training session.” (Process evaluation)
  
- **Increased men’s “cost” of violence**
  - ↑ Women’s social capital → more detection/social control of physical violence

- **Reduced household poverty-related stress and conflict**
  - ↑ Household wealth at endline, likely to be sustained
  - “Previously, if she asked her husband to buy some food when there was none in the house, he would become angry and hit her. Now, she says, he is generally quite pleasant and does not fight with her anymore.” (Process evaluation)
Conclusions and implications

- CTs did not increase IPV in South Asian context

- 6-10 months post-program, 26% ↓ in physical IPV among women that received Transfers+BCC – no impact on those that received Transfers only

- Suggestive evidence that Transfers and Transfers+BCC both reduced IPV during the program, but +BCC required to sustain impacts post-program

- Due to sustained changes in (1) women’s bargaining power, (2) men’s “cost” of violence, (3) household poverty-related stress and conflict

- First quantitative evidence of transfer program’s impacts on IPV persisting beyond program end
  - Additional follow-up shows impacts persist 4 years post-program

- Transfer programs can cause sustained reductions in IPV – even without gender objectives – but may require complementary activities that sustainably affect pathways for impact
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Posted Online November 05, 2018
https://doi.org/10.1162/rest_a_00791

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