

**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

TMRI Nutrition BCC

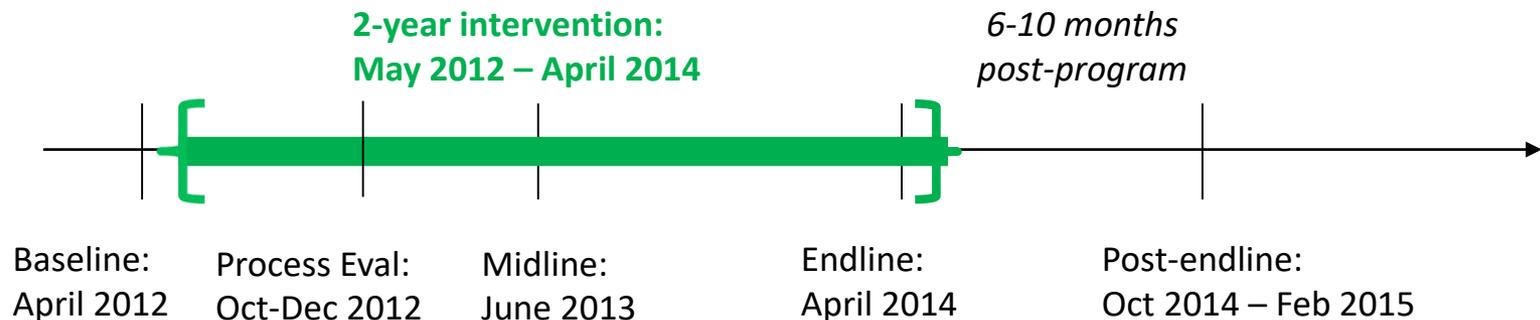
- ❑ Weekly group meeting of 9-15 mothers with a trained community nutrition worker – with some combined sessions for other household members
 - ❑ Interactive format, focused on infant and young child feeding
- ❑ Bi-monthly home visits by community nutrition workers
- ❑ Monthly meetings with influential 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)

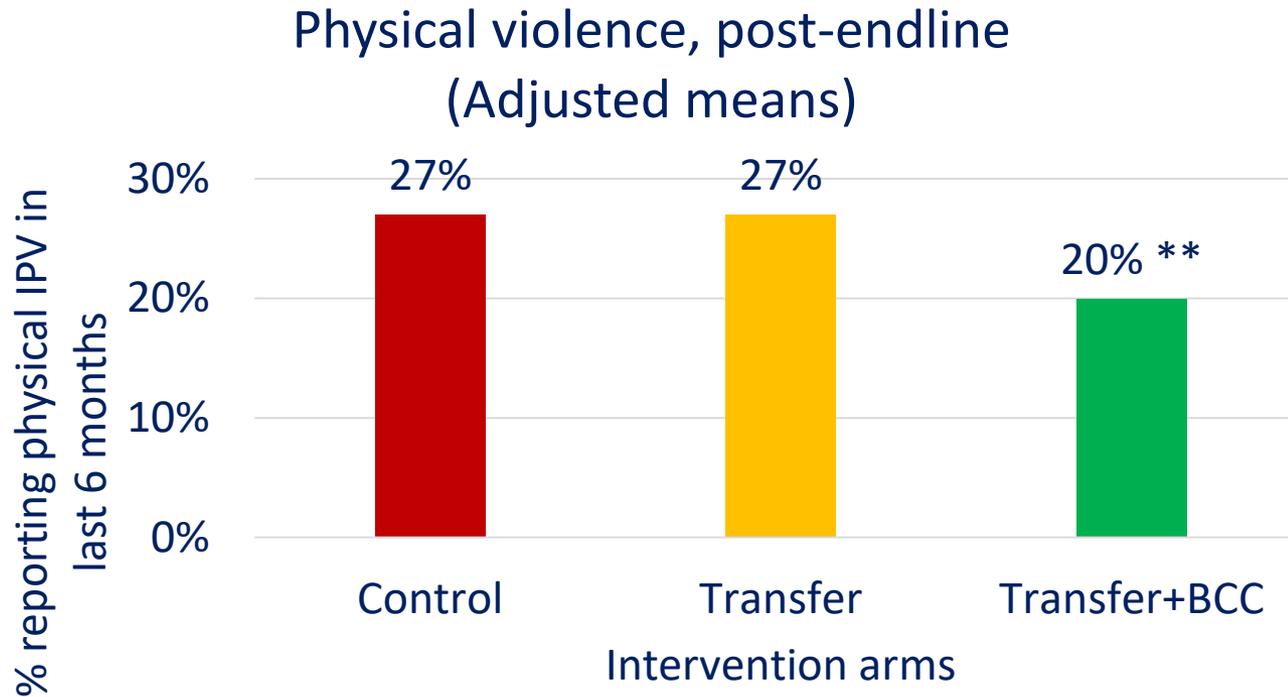


TMRI IPV study design

- 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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ISSN 0034-6535

The Review of Economics and Statistics

VOL. LXXXVII

NOVEMBER 2005

NUMBER 4

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Posted Online November 05, 2018

https://doi.org/10.1162/rest_a_00791

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https://doi.org/10.1162/rest_a_00791

CASE STUDY



Food and Cash Transfers Coupled with Nutrition Behavior Change Communication Lead to Sustained Reductions in Intimate Partner Violence in Bangladesh

Cash Transfer and Intimate Partner Violence
Research Collaborative



Estimates indicate that one in three ever-partnered women aged 15 years and older has experienced physical or sexual intimate partner violence (IPV) in her lifetime, with regional rates ranging from 16.3 percent in East Asia to 65.6 percent in Central Africa.¹ Significant resources have been invested in understanding what works to prevent IPV, with relatively little evidence of successful interventions that are also cost-effective and scalable. A growing evidence base demonstrates that cash transfer programs, primarily meant to address poverty and vulnerability, are promising interventions to reduce IPV. However, knowledge gaps remain on whether findings generalize across regions and program designs, as well as what mechanisms underlie impacts. Further, little is known about the sustainability of these impacts. In this series of briefs, case studies highlight the potential of cash transfers to affect IPV in diverse contexts.

This case study from Bangladesh summarizes findings from a transfer program that, when paired with nutrition behavior change communication (NBCC), led to 26 percent reductions in physical IPV that were sustained after the program ended. Pathways of impact include increases in women's bargaining power, social interactions and visibility, as well as decreases in poverty and poverty-related stress.

What does the global evidence say?

In a mixed-methods review of rigorous studies from low- and middle-income countries, 11 of 14 quantitative studies (79 percent) and 5 of 8 qualitative studies (63 percent) showed that cash transfers decrease IPV.² In explaining these impacts, studies generally hypothesized three pathways through which cash could affect IPV: 1) increases in economic security and emotional wellbeing; 2) changes in intra-household conflict; and 3) increases in women's empowerment.

The Bangladesh study draws on a cluster-randomized controlled trial, designed to evaluate the World Food Programme's Transfer Modality Research Initiative. The program ran from 2012 to 2014 and targeted mothers of children aged 0 to 24 months in poor rural households. Rural Bangladesh has high levels of gender inequality, with patriarchal norms and female seclusion prevailing in program areas.

The Cash Transfer and Intimate Partner Research Collaborative brings together an interdisciplinary group of researchers from IFPRI (the host institution), the University of North Carolina, the London School of Hygiene and Tropical Medicine, the UNICEF Office of Research—Innocenti, and the Johns Hopkins School of Public Health. The Collaborative has dual goals of expanding the evidence base around the impacts of cash transfers on intimate partner violence and disseminating research to global stakeholders.

<http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/133158>