



A Mixed Methods Review of Cash Transfers & Intimate Partner Violence in LMICs

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SVRI Forum: Rio, September 2017



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Overall Aims

- 1) Review **quantitative** and **qualitative** evidence linking cash transfers (CT) and IPV, focusing on **mechanisms** underlying impacts
- 2) Using a 'realist informed' perspective, build a **program theory** linking CT and IPV
- 3) Propose promising **program design** features and **research gaps** needed to further understand linkages/leverage potential of CTs

Theoretical viewpoints

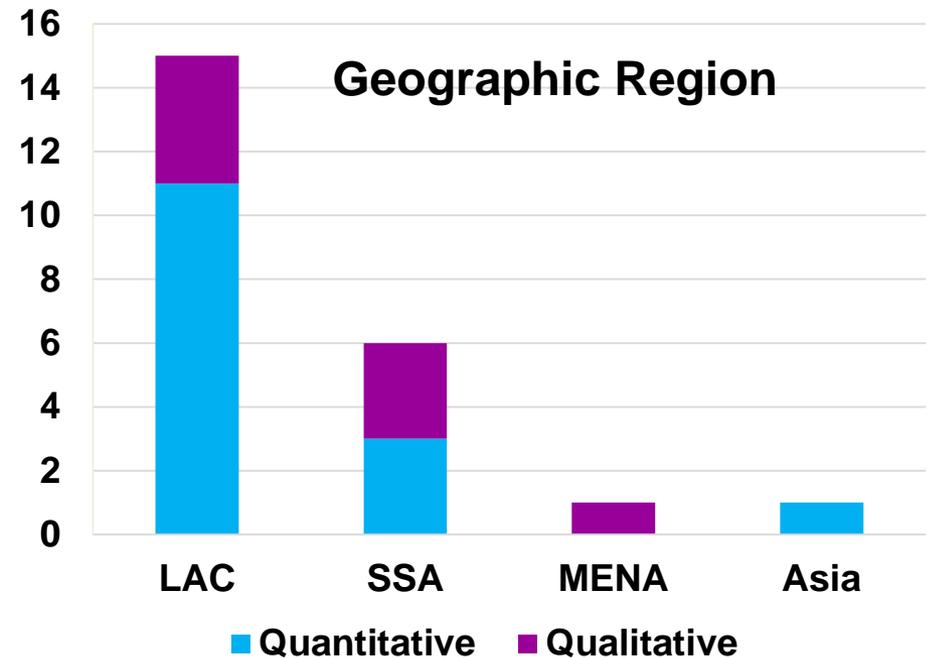
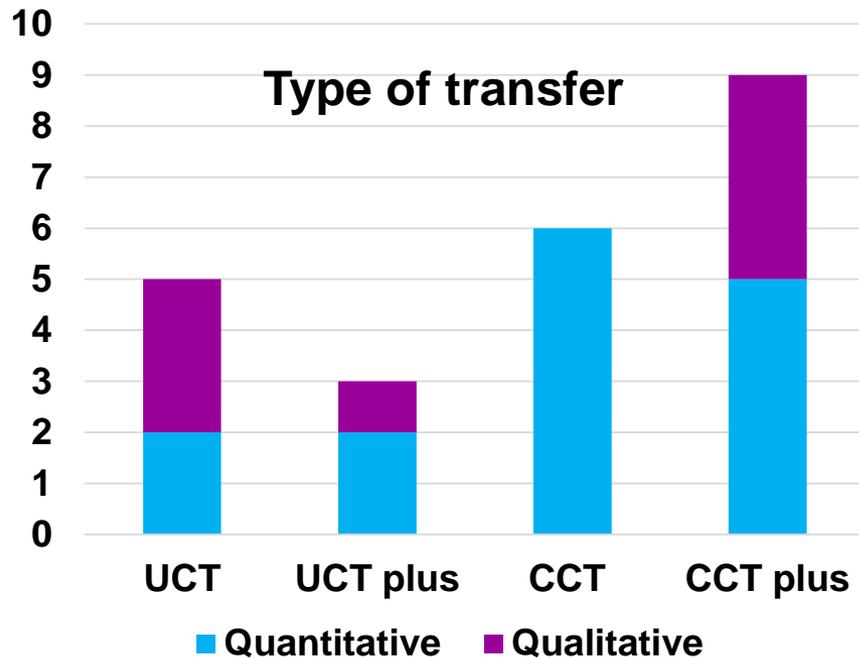
Theory	Use of IPV	Response to increase in woman's income [resources]
Absolute resource or stress	Improve aggressor's self-esteem or release frustration	Decrease in IPV
Bargaining (Extractive)	Extract resources from the victim or her family	Increase in IPV
Bargaining (Instrumental)	Control the victim's behavior or allocation of resources within the household	Ambiguous relationship with IPV
Marital dependency or feminist	Assert and maintain male authority	Ambiguous relationship with IPV



Study design

- **Studies identified via:** scoping, expert interviews, electronic databases, forward and backward citation
- Inclusion criteria (**15 quantitative & 9 qualitative**):
 - Published or grey literature completed before June 2017
 - **IPV:** Physical, sexual, emotional, psychological, controlling behaviours between marital/cohabiting/dating partners
 - **CT:** CCTs, UCTs, one-time lump transfers, bundled
 - **Quantitative** if utilized an experimental or quasi-experimental design, including a rigorously defined counterfactual
 - **Qualitative** if methodology sufficiently rigorous to be assessed as credible using the COREQ assessment tool

Program characteristics (24 studies)

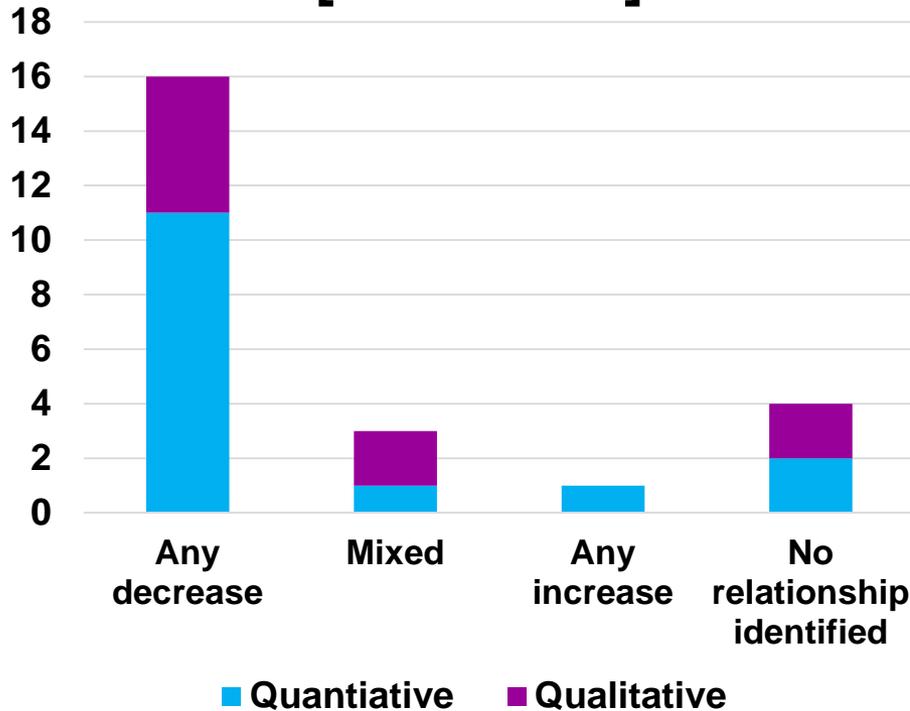


- Nearly all programs targeted women (*Kenya, South Africa)
- 10 quantitative & 3 qualitative Govt run

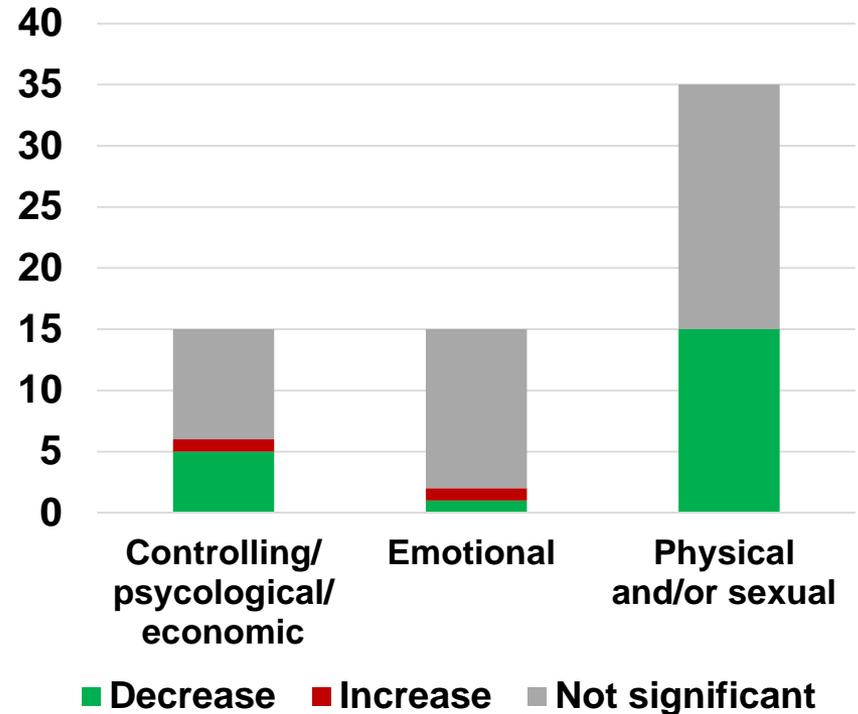
- ‘Plus’: In-kind transfer; Education, health sector linkages; trainings; behavior change communication
- Multiple in Mexico, Ecuador, Peru, Uganda

Snap shot of main findings

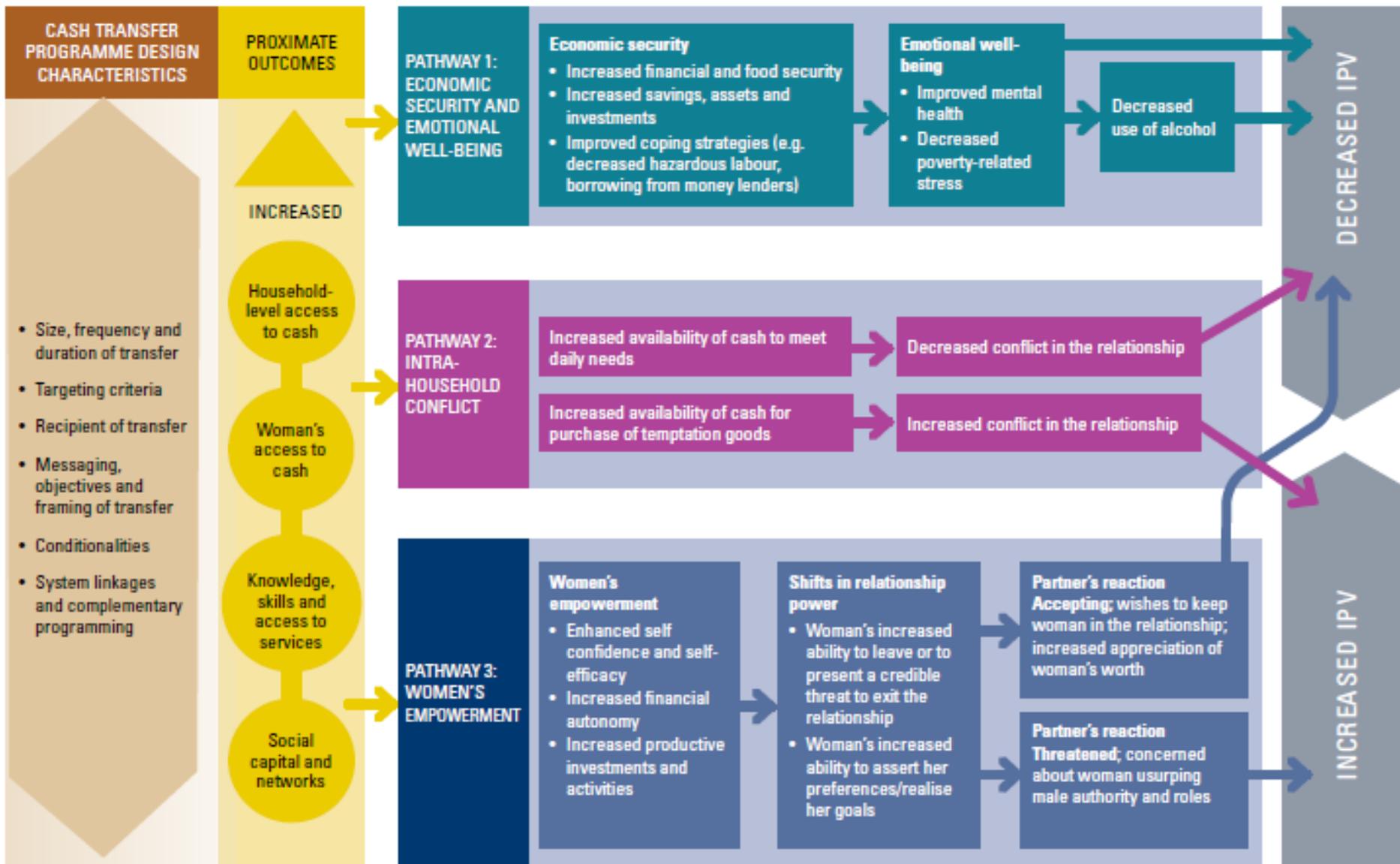
Overall impacts on IPV [24 studies]



Quantitative indicators [59 total by IPV type]



- **Mixed:** Nuwakora, 2014 (Uganda); Haushofer & Shapiro, 2016 (Kenya)
- **Increase:** Green et al. 2015 (Uganda)



CONTEXT: Gender regimes, social norms, laws and policy

Pathway 1: Economic security & emotional wellbeing

- 4 **quantitative** and 5 **qualitative** supported pathway
- Linear linkages well supported by large body of rigorous literature

“Well, I think that it [relationship with partner] improved a lot, because as we were saying, the way to a man’s heart is his stomach, so the basic food improves the relationship, and the family gets integrated...”

Male from FGD in Cash, Food & Voucher Transfers plus nutrition training in Northern Ecuador
(Buller et al. 2016)

Pathway 2: Intra-household conflict

- 0 **quantitative** and 7 **qualitative** supported pathway
- Linear linkages supported by reviews and select studies

“There had been many fights. Because children needed many things that we could not have afforded. I asked my husband and he used to say there is no money. Then I used to get upset and started to yell. We had many fights because of poverty. Not only for us, for all poor, fights come from suffering”

Female from IDI in CCT plus in-kind transfers in Turkey (Yidrim et al. 2014)

Pathway 3: Women's empowerment

- 11 **quantitative** and 5 **qualitative** supported pathway
- Large body of literature with mixed/inconclusive findings

“Earlier, ... my husband would sometimes sell household items without consulting me. But now that I have my own money, I can have a say on how to spend income. ..With the money, a woman may buy seedlings for planting, and hire an ox-plough or tractor or casual labor to dig for her. In case of GBV, the man cannot complain that the woman has made-off with his money or his crops from the garden.”

Female from IDI in UCT in Northern Uganda (Nuwakora 2014)

Program design features

- Intra-HH relationships are key: design features to allow women to **retain control** (messaging, frequency, size of transfer)
- Woman as **transfer recipient** appears important, but few tests of this theory
- **Plus components** potential for synergies (and driver) of reductions in IPV, however cost of implementation must be considered—no evidence on these trade offs

Conclusions & research gaps

- Strong evidence suggest CTs are **proven** 'structural' prevention complements to dedicated vertical programming
- **Geographic** and program design gaps (ability to attribute **transfer recipient** and **plus components**)
- Better measurement and analysis of **mechanisms**
- Need for more **mixed-methods** evaluations, and measurement of dynamics over the **long(er)-term**
- **Cost-effectiveness** measures needed to compare relative to other (vertical/dedicated) programming

Acknowledgements

- This work was supported by an anonymous donor. Salary support for Peterman was provided by the UK Department for International Development (DIFD).
- We thank Giulia Ferrari, Johannes Haushofer, Deborah Hines, Mazedra Hossain, Elizaveta Perova, Audrey Pettifor, Jeremy Shapiro, Jo Spangaro, Sedona Sweeney, Seema Vyas and Geoff Wong for helpful discussions at project inception.
- We thank Jane Sheppard for graphic design assistance and Michael Naranjo for grant administrative support

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