



Can transfers and behavior change communication reduce intimate partner violence four years post-program?

Experimental evidence from Bangladesh

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Motivation

- Despite widespread fears that cash transfers (CTs) to women increase their risk of IPV, growing body of evidence from LMICs shows largely the opposite
 - >70% of rigorous quant & qual studies find CT programs *decreasing* IPV (Buller et al, 2018)
 - IPV prevention not an explicit objective of any of these
 - Pathways: 1) Economic security and emotional wellbeing; 2) Changes in intrahousehold conflict; 3) Women's empowerment
 - Given CTs' growing use in LMICs where IPV highly prevalent and high coverage of vulnerable households, CTs increasingly seen as a promising platform for IPV prevention at scale

Motivation

- However, core to whether CTs can be a sustainable approach to reducing IPV is what happens *after* programs end
 - Scarce post-program evidence
 - First evidence from Transfer Modality Research Initiative (TMRI) in rural Bangladesh
 - 6-10 months postprogram, women receiving transfers with nutrition behavior change communication (BCC) experienced 26% ↓ physical IPV than control group (Roy et al, forthcoming)
 - Evidence suggests transfers alone ↓ IPV during program, but reverted post-program
 - More evidence needed
 - 6-10 months postprogram is relatively short-term followup
 - Scarce evidence of longer-term sustainability of CT impacts on IPV pathways as well
 - Clear that IPV impacts won't persist if impacts on pathways don't persist

What we do

- We conduct a 4-year post-program (4yPP) followup study on TMRI
 - Assess if 6-10 month postprogram (6mPP) impacts on IPV persisted at 4yPP
 - Explore pathways for sustained impact

Transfer Modality Research Initiative (TMRI)

- Two cluster randomized control trials, in the North and South of Bangladesh
 - 2-year intervention, designed by WFP and IFPRI
 - Targeted mothers of children age 0-24 months in very poor rural households
- Provided cash or food transfers – with or without intensive nutrition BCC – from 2012 to 2014
- Aimed to improve household food security and child nutrition
- No explicit gender objective – but gender-sensitive design

TMRI nutrition BCC

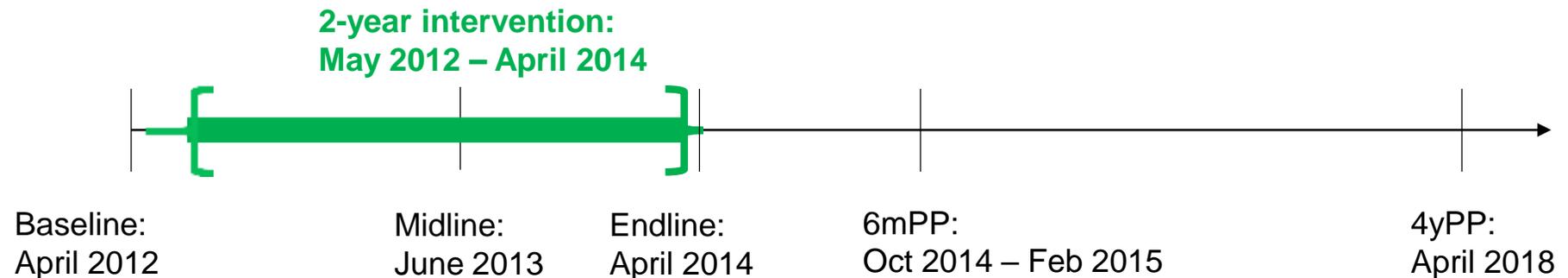
- **Weekly group meeting** of 9-15 mothers with a trained community nutrition worker
 - Focused on infant and young child feeding, through interactive format (songs, role playing, call & answer, etc) – no explicit focus on gender or violence
 - Some combined sessions for other household members
- **Twice-a-month home visits** by community nutrition workers
- **Monthly meetings** between program staff and influential community leaders



Photo credit: Aminul Khandaker, IFPRI-Dhaka

TMRI data

- Longitudinal data collection:



- 4yPP analysis focuses on 2,416 women with IPV data at 6mPP and 4yPP, from subset of arms:

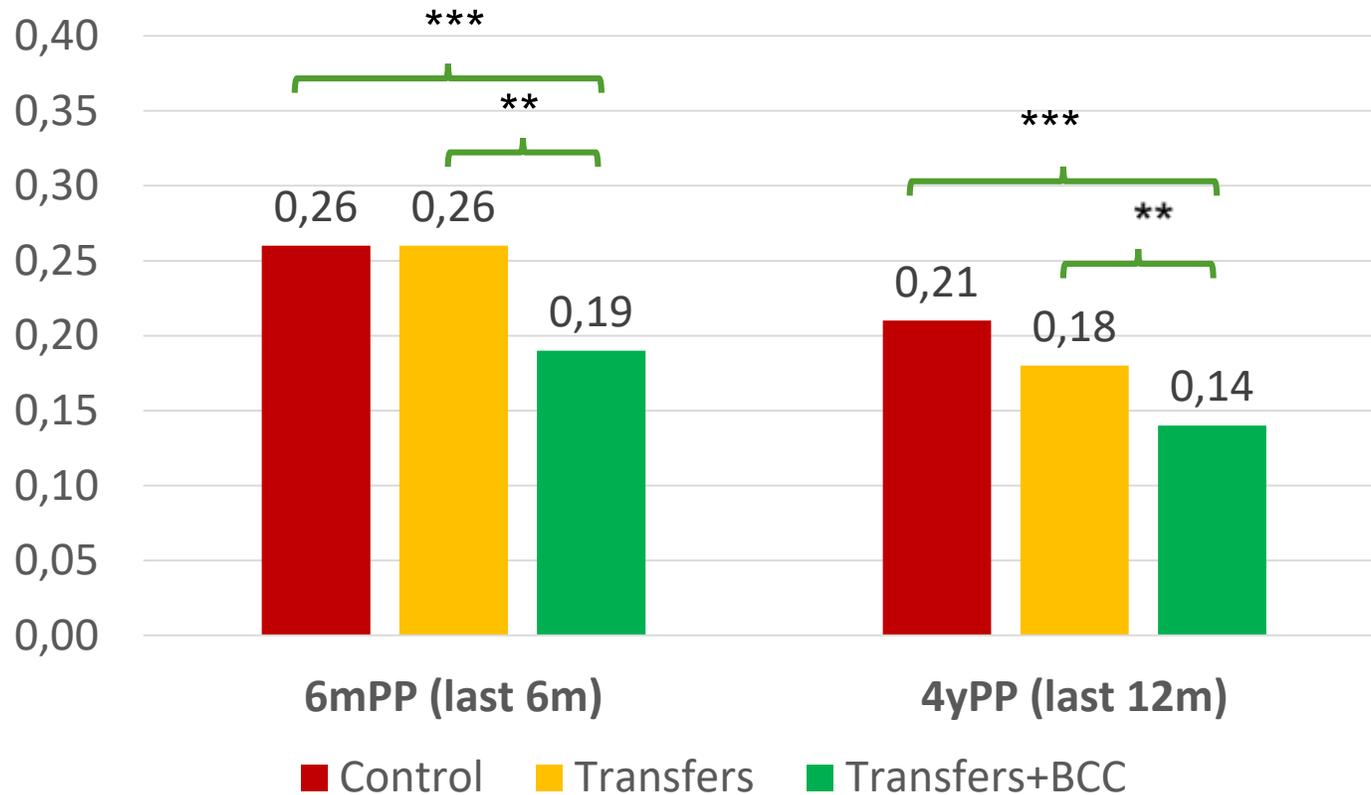
North	South	
Control	Control	Control Transfers Transfers+BCC
Cash (1500 Tk monthly ~\$18)	Food (rice, lentils, oil)	
Cash + Nutrition BCC	Food + Nutrition BCC	

TMRI estimation strategy

- Exploit randomized design to conduct single-difference “intent to treat” impact estimates
 - Baseline characteristics balanced across arms
 - Adjust for survey design
 - Control for female respondent’s characteristics (whether she is the spouse of the household head, whether she can read and write, her years of education, her age, her number of children 0-5 years old in the household, her number of children 6-15 years old in the household) and total household size
- Estimate (pooled and by region)
 - 4yPP impacts on IPV
 - 4yPP impacts on possible pathways

Core result: ↓ physical IPV from Transfers+BCC at 6mPP persists at 4yPP

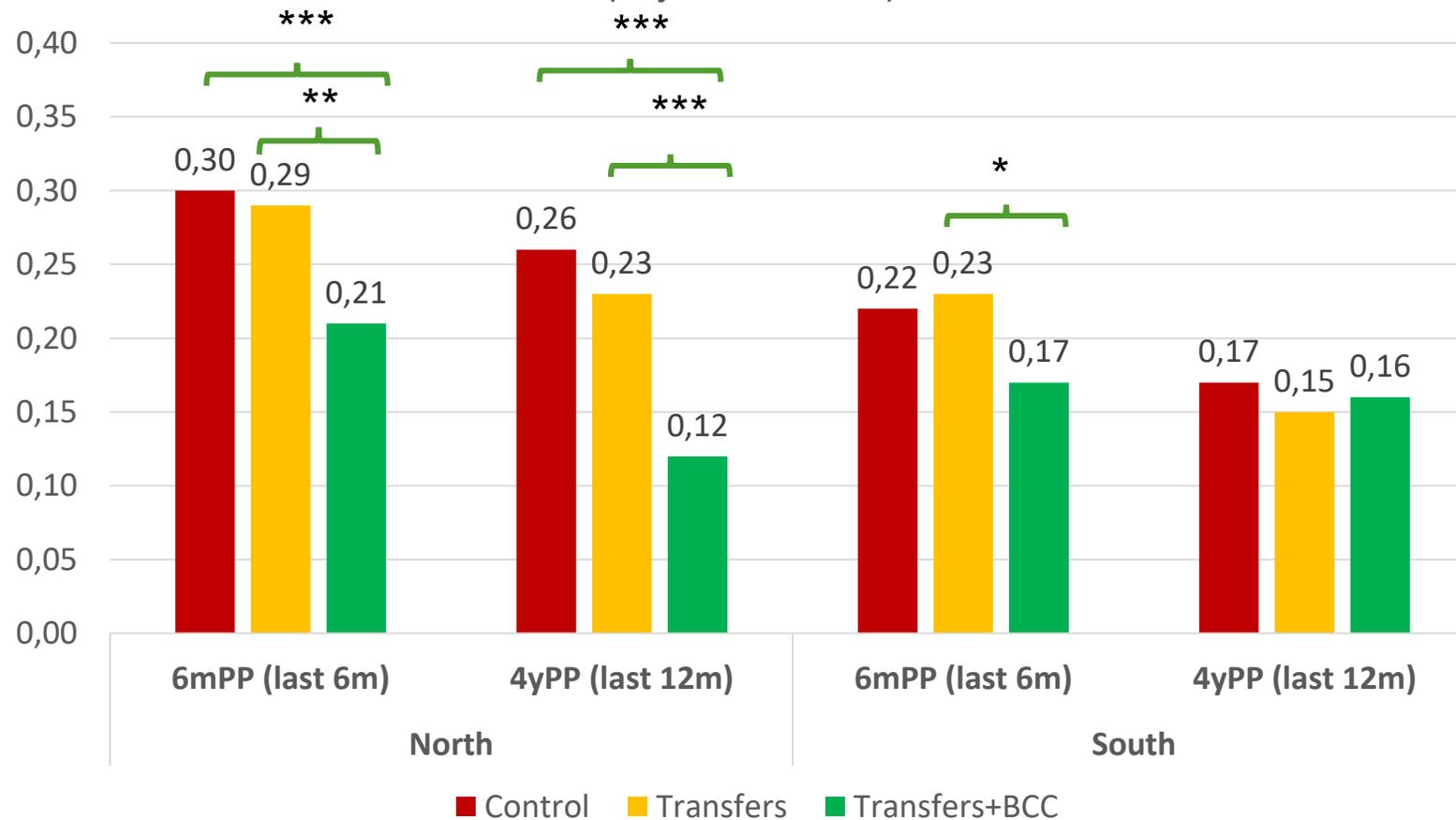
Physical violence: prevalence at 6mPP & 4yPP
(adjusted means)



- At 6mPP:
7 ppt ↓ from Transfers+BCC
27% ↓ relative to control
- At 4yPP:
7 ppt ↓ from Transfers+BCC
33% ↓ relative to control

At 4yPP, ↓ physical IPV driven by Cash+BCC in the North

Physical violence at 6mPP & 4yPP, by region
(adjusted means)



- In the North at 4yPP:
11 ppt ↓ from Cash+BCC,
42% ↓ relative to control

Why Cash+BCC?

- Focus on 3 pathways, adapted from Buller et al (2018) – per TMRI features and prior evidence:

- **Women’s bargaining power:**

- ↑ control over economic resources, agency, social capital at 6mPP

“In the past, when I tried to socialize with (people in the village), they were not too friendly. They acted as if they were worried I might ask them for a loan.”

“The neighbors regularly come over to hear what the family learned in the latest training session (and) welcome us cordially to their house.”

- **Men’s cost of perpetrating violence**

- ↑ women’s social capital at 6mPP, “social control” (Stets 1991, Brody et al 2017)

- **Poverty-related emotional well-being**

- ↑ household consumption and assets at 6mPP

“Previously, if (I) asked (him) to buy food when there was none in the house, he would become angry and hit (me); now he is generally quite pleasant and does not fight with (me) anymore.”

At 4yPP, impacts on hypothesized channels are stronger and broader from Cash+BCC in the North

Pathways	Channels	North impacts		South impacts		Cash+BCC vs. Food+BCC
		Cash	Cash+BCC	Food	Food+BCC	
Women's bargaining power	Women's economic resources		**			
	Women's agency	**	***			
	Women's social & community support		**			*
Men's costs	Perceived social control				*	
	Men's private costs					**
Poverty-related emotional well-being	Household poverty	**	***			*
	Men's emotional well-being	*	**			*

Conclusion

- Reductions in physical IPV from Transfers+BCC found at 6mPP persist at 4yPP
 - 7 percentage point ↓ relative to control group (~33% ↓ at 4yPP)
 - First evidence of longer-term sustainability of transfers' impacts on IPV
- Driven by Cash+BCC in the North
 - No effect at 4yPP on IPV from Cash in the North, Food in the South, Food+BCC in the South
- Sustained impacts of Transfers+BCC on conceptualized pathways as well
 - Women's bargaining power, men's costs, poverty-related emotional well-being
 - Stronger and broader impacts on channels from Cash+BCC in the North

Conclusion

- In our study context, **complementary programming** with transfers was critical for sustaining impacts on IPV – and on underlying pathways
 - Implication is not that Nutrition BCC per se should be added to all transfer programs
 - Some programming must (intentionally or not) sustain impacts on IPV pathways
 - But complementary programming did not guarantee sustained impacts on IPV or channels
 - Cash+BCC in the North vs. Food+BCC in the South
- **Cash better than food over the longer term** at sustaining impacts on IPV?
 - First evidence of modality playing a role (vs. Hidrobo et al, 2016 & Roy et al, 2019 in shorter term)
- Role for **context**?
 - Impacts on channels larger in region where each channel's control group was worse off
- Importance of impacting **multiple channels** for sustained impacts on IPV?
 - Possible complementarities – e.g., agency, along with economic resources and social support?

Thank you!

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