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

Experimental evidence from Bangladesh

Shalini Roy (IFPRI)
Melissa Hidrobo (IFPRI)
John Hoddinott (Cornell University)
Bastien Koch (IFPRI)
Akhter Ahmed (IFPRI)

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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
  
  o >70% of rigorous quant & qual studies find CT programs *decreasing* IPV (Buller et al, 2018)
    
    o IPV prevention not an explicit objective of any of these
    
    o 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
TMRI data

- Longitudinal data collection:

  - 2-year intervention: May 2012 – April 2014

  - Baseline: April 2012
  - Midline: June 2013
  - Endline: April 2014
  - 6mPP: Oct 2014 – Feb 2015
  - 4yPP: April 2018

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

<table>
<thead>
<tr>
<th>North</th>
<th>South</th>
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<tbody>
<tr>
<td>Control</td>
<td>Control</td>
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<tr>
<td>Cash (1500 Tk monthly ~$18)</td>
<td>Food (rice, lentils, oil)</td>
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<tr>
<td>Cash + Nutrition BCC</td>
<td>Food + Nutrition BCC</td>
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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

- 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

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

<table>
<thead>
<tr>
<th>Pathways</th>
<th>Channels</th>
<th>North impacts</th>
<th>South impacts</th>
<th>Cash+BCC vs. Food+BCC</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Cash</td>
<td>Cash+BCC</td>
<td>Food</td>
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<tr>
<td>Women's bargaining power</td>
<td>Women’s economic resources</td>
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<td>Women’s agency</td>
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<td></td>
<td>Women’s social &amp; community support</td>
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<td>Men's costs</td>
<td>Perceived social control</td>
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<td>Men’s private costs</td>
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<td>Poverty-related emotional well-being</td>
<td>Household poverty</td>
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<td>Men's emotional well-being</td>
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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!

Email: s.roy@cgiar.org