BANGLADESH

The effects of transfers and behavior change communication on intimate partner violence: Evidence from rural Bangladesh

Research Team: Shalini Roy (Co-Principal Investigator), Melissa Hidrobo (Co-Principal Investigator), Akhter Ahmed (Investigator), John Hoddinott (Investigator)

BACKGROUND

Reports of physical/sexual violence are extremely high in Bangladesh, with 53-62% of women reporting violence in their lifetimes. While the consequences of intimate partner violence (IPV) are well documented, less evidence exists on programs that effectively reduce IPV in the developing world. A growing body of evidence reveals that cash transfers can reduce IPV, but knowledge gaps remain. Little is known about whether different design features of transfer programs—such as providing a different modality than cash, or attaching conditions to the transfer—lead to larger decreases or increases in IPV. The pathways through which transfers affect violence also remain under-explored.

PROJECT AIM

This project aims to help fill the knowledge gap on what types of programs can reduce IPV in the developing world by investigating the impact of transfer programs on IPV, assessing whether different design features of transfer programs influence the size of impacts, and exploring pathways through which these impacts occur.

PROJECT OBJECTIVES

The specific objective of this project is to write and present an academic paper that uses a randomized intervention to:

a) estimate the impacts of a transfer program on different measures of IPV among very poor households in rural Bangladesh;

b) investigate the impact of various design features on IPV, and in particular the impact of food versus cash and the added impact of nutrition behavior change communication; and

c) explore mechanisms that may explain impacts on IPV, by estimating impacts of the transfer modalities on mediating factors such as women's status in their households and communities, their households' well-being, and the relationship between partners.

PROJECT METHODS

We propose to achieve the project's objective by conducting secondary analysis of data that were collected by IFPRI for an impact evaluation of a randomized intervention – the Transfer Modality Research Initiative (TMRI) – implemented by the World Food Programme (WFP) in rural Bangladesh.

Study design: TMRI provided very poor rural households with cash or food transfers, with or without intensive nutrition behavior change communication (BCC). Treatment modalities were assigned following a cluster randomized design, stratified by region. In the north, households were randomly assigned to (1) cash transfers, (2) food transfers, (3) a combination of half cash and half food transfers, (4) cash transfers with nutrition BCC, or (5) a control group receiving no transfers. In the south, households were randomly assigned to (1) cash transfers, (2) food transfers, (3) a combination of half cash and half food transfers, (4) food transfers with nutrition BCC, or (5) a control group receiving no transfers.

WFP provided transfers and nutrition BCC for 24 months, from May 2012 – April 2014. All program features were targeted to the mother of a selected child aged 0-24 months at baseline. The value of transfers was sizeable and identical across treatment modalities: 1500 taka (US$18.30) per household per month. Food transfers consisted of rice, lentils, and fortified oil. Nutrition BCC was intensive and had several components: (1) Weekly group meetings of mothers with a trained community nutrition worker, covering nutrition practices for mothers and young children; (2) Home visits by community nutrition workers; (3) Meetings with influential community leaders, to discuss the messages conveyed to mothers.

Study site: TMRI was implemented in 250 villages in the north and 250 villages in the south of Bangladesh.

Study population: TMRI covered 5000 very poor rural households with a child aged 0-24 months at baseline from the northern and southern regions.

Data collection and sampling: Four rounds of quantitative panel data were collected: a baseline in April 2012, a midline in June 2013, an endline in April 2014, and a post-endline in Oct 2014-Feb 2015 after the intervention was complete. All rounds included questions to the mother regarding her status, including work, control over income, role in decision-making, mobility, self-confidence, respect within the household and community, and relationship with partner. The post-endline round additionally asked the mother about emotional and physical IPV experienced in the past 6 months, controlling behaviors by her partner, and depression.

For budgetary reasons, the fourth post-endline round covered a subset of the original panel: in the north, all households that could be re-interviewed in the (1) Cash, (2) Cash + BCC, and (3) Control arms; and in the south, all households that could be re-interviewed in the (1) Food, (2) Food + BCC, and (3) Control arms. In total, the sample for the fourth round includes 2,830 households.

Data analysis and management: The methodology for analysis will rely on the randomized control trial design of the intervention to estimate intent-to-treat program impacts. Existing analysis has shown that the randomization succeeded in statistically balancing baseline characteristics across treatment modalities, and attrition was low and uncorrelated with treatment, such that differences in outcomes across modalities over time can be interpreted as causal impacts of the modalities.

Estimation will use one or more rounds of the panel data. For outcomes collected at baseline as well as at a later round, difference-in-difference specifications or Analysis of Covariance specifications will be used. For outcomes collected only in the final round, including all of the primary outcomes, single-difference specifications will be used.

In order to assess the role of moderating factors, analysis will also account for partnership characteristics, pre-intervention characteristics, and characteristics of experiences with the intervention. This will be done by controlling for these characteristics directly in regressions, interacting the treatment indicator with these characteristics, and/or disaggregating impacts by these characteristics.

STUDY CONTRIBUTION

The contribution of this study is to rigorously estimate the impacts of different transfer modalities on IPV and to explore the potential pathways through which impacts occur. Given that food and cash transfers are implemented globally and at scale, these contributions will address important gaps in the evidence regarding how transfers can affect IPV and allow policy makers to optimally design interventions for preventing IPV in the developing world.

Sexual Violence Research Initiative

DEVELOPMENT MARKETPLACE

WORLD BANK GROUP