Preventing violence against women and girls

Combined economic empowerment and gender-transformative interventions

EVIDENCE REVIEW

Andrew Gibbs and Kate Bishop
SEPTEMBER 2019
Acknowledgements

First and foremost, we would like to thank all the participants across multiple settings for sharing their time and experiences within these research projects. We also would like to thank the research and intervention teams from Afghanistan, Tajikistan, Nepal, and South Africa, for sharing their data and results, and providing input into this document. Finally, we would like to thank Ruchira Naved, Rachel Jewkes, Markus Goldstein, Emily Esplen and Tim Conway for comments and feedback on previous versions of the brief.
Introduction

Violence against women and girls (VAWG) is common across the socioeconomic spectrum; a third of women experience violence from a partner in their lifetime. Poverty and VAWG are mutually reinforcing: poverty increases the risk of experiencing violence; VAWG increases poverty.

New evidence from four projects rigorously evaluated through DFID's What Works to Prevent Violence against Women and Girls Global Programme (What Works) demonstrates that combining economic empowerment and gender-transformative interventions for women and families can reduce intimate partner violence and strengthen the economic position of individuals and families.

Combined programmes can also provide a platform for engaging very poor men on gender equity and men’s use of violence. Additionally, in highly patriarchal settings where the power of young women is particularly constrained within multi-generational family households, combined economic empowerment and gender transformative interventions may best be targeted at families, to strengthen outcomes, ensure that women can fully participate in interventions and may reduce the risk of backlash against women.

Effective programming needs to be part of wider changes to end VAWG and achieve gender equality and women’s and girls’ human rights. These changes include legal and policy reform and their effective implementation, with adequate budgets, from the national to the community level, including support to women’s organizations and movements in advocating for social and legal change and holding duty bearers to account. It also requires that comprehensive services for women and girls who experience violence are provided.
Preventing violence against women and girls

**Poverty is a key driver of violence against women and girls.** The relationship between poverty and intimate partner violence (IPV) is bidirectional (Figure 1). Poorer women and girls are typically more dependent on men and have less decision-making power in households, which exacerbates the risk of IPV and makes it harder for them to leave abusive relationships.

Poverty also increases other risk factors for IPV, including ill-health, reduced educational opportunities, and household stress. Women and girls who experience IPV are also at risk of increased poverty because of the direct costs of violence, such as additional medical costs, and indirect costs, such as reduced productivity.

Given the linkages between poverty and VAWG, there is potential for pro-poor interventions to impact on intra-household dynamics which will in turn directly or indirectly impact VAWG. This may be the case whether the intervention is intentionally addressing VAWG or not.

Impacts can be both positive and negative. For instance, a recent mixed-methods review of 22 studies of cash-transfer programmes showed that three in four evaluations showed a decrease in physical IPV, ranging from 11% to 66%, and these programmes were not typically focused on reducing IPV.

This brief focuses on **combined economic empowerment and gender-transformative interventions**.

**Economic empowerment interventions** refer to a wide range of programmatic approaches that seek to increase the overall economic wellbeing of households or individuals, including supporting increased engagement in, and skills for, farming, saving, or formal or informal work, depending on the opportunities in the local economy.

**Gender-transformative interventions** are programmes based on theories of gender and power with the explicit intention of transforming unequal gender power relations, and draw on effective behaviour change techniques, including experiential learning, communication skills and enabling time for reflection and change.

A number of global studies have shown the potential of combined economic empowerment and gender-transformative interventions to prevent IPV. The earliest evidence on this as an effective approach was from the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study in rural South Africa. In this study, a microfinance intervention was combined with a gender-empowerment programme, and showed a 55% reduction in IPV among the women involved (average age 41).
There are nevertheless limitations and gaps in the evidence-base for combined economic empowerment and gender-transformative interventions:4

- Rigorous evaluations of these approaches reveal less success in reducing experiences of IPV by young women (30 or below), and have had limited impacts in more challenging contexts such as informal settlements, and conflict-affected settings.
- There is conflicting evidence about whether economic empowerment interventions alone achieve reductions in violence, or whether gender-transformative components are crucial.
- Men are rarely included in combined economic empowerment and gender-transformative interventions. When they are included, they are typically brought in as women’s partners in limited ways.
- In some cultural contexts, constraints on women’s freedom of movement and time are so severe it would be hard for them to participate in economic empowerment interventions on their own. Other models may be needed to facilitate their engagement.
- There are concerns about who chooses to become involved in such programmes, and whether there are long-term benefits of these combined programmes for both economic outcomes and violence prevention.5

In this context, What Works has contributed to expanding the global evidence base through rigorous evaluations of four combined economic empowerment and gender-transformative interventions across very different contexts, from rural Tajikistan and Nepal, to urban South Africa and Afghanistan.

**ABOVE:** Members of a women’s empowerment group in a remote mountain village in Nepal. Photo: Peter Caton
Findings from the combined interventions
**Rural Tajikistan: A family-centred economic strengthening and gender-transformative intervention**

**Context:**
- Rural villages with high levels of poverty and limited economic opportunities.
- Many men migrate to Russia in search of work.
- Women mostly live with their husband’s family.

**Intervention:**
Zindagii Shoista (Living with Dignity) aimed to reduce young married women’s experiences of IPV through improving household livelihoods, transforming gender attitudes, and strengthening relationships. The intervention was implemented with up to four members of multi-generational households and comprised of 21 sessions of intervention (each 2.5 hours), over 15 months:
  - 10 sessions focused on building gender equity, respect and intra-household communication, and reducing violence;
  - 11 sessions worked with each family to develop a concept for an income generating activity (IGA), alongside training in business skills and provision of materials to support starting an income generating activity (~US$370/household);
  - Supervision and accompaniment of each IGA following session completion.

**Implementation team:**
International Alert, Cesvi and three Tajik NGO partners – ATO, Farodis and Zanoni Sharq

**Research methods:**
- A modified interrupted time series evaluation was conducted with ~80 families, and individual data collected with 236 women and men.
- Quantitative interviews were conducted at baseline, 8, 15 and 30 months. This was supported by extensive qualitative research conducted throughout the project period.

Read the full curricula [here](#). Read the full evidence brief [here](#).

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**Baglung District, Nepal: A family-centred intervention to prevent violence against women and girls in migrant communities**

**Context:**
- Rural villages in Nepal, with limited economic opportunities, and high levels of work-migrancy among men.
- Young married women tend to live with their husband’s extended family.

**Intervention:**
Sammanit Jeevan (Living with Dignity) was adapted from the Zindagii Shoista model developed in Tajikistan, and modified to be relevant to the livelihood opportunities and social norms in Nepal. It aims to reduce experiences of IPV through strengthened household livelihoods, and transforming gender relationships. The programme works with young married women, their husbands, mothers-in-law and fathers-in-law. The intervention is based on 20 participatory sessions, each three hours long:
  - 10 sessions focused on building gender equity, respect and intra-household communication, and reducing violence;
  - 7 sessions on income generation, including business skills and identification of economic opportunities;
  - 3 peer group sessions bringing together families to discuss all issues collectively;
  - Following this US$150 materials for IGAs were provided to families alongside some ongoing supervision.

**Implementation team:**
Voluntary Services Overseas (VSO) Nepal with the Bhimapokhara Youth Club (BYC)

**Research methods:**
- A modified interrupted time series evaluation was conducted with 100 families, comprising 357 participants (200 women; 157 men).
- Quantitative interviews were conducted at 6, 12 and 18 months after the start of the intervention, and this was complemented by qualitative research.

Read the full curricula [here](#). Read the full evidence brief [here](#).
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Kabul and Nangarhar Provinces, Afghanistan: A combined social and economic empowerment programme for marginalised and conflict-affected women

Context:
• Urban and peri-urban villages in Afghanistan, among socially and economically marginalized women, many of whom were refugees or had migrated because of poverty.
• Married women live with their husbands and typically their families-in-law.

Intervention:
The Women for Women International (WfWI) economic and social empowerment programme aims to improve livelihoods, reduce women’s social marginalisation and increase women’s confidence. Over 12 months, participants are involved in 90 to 180 minutes of programming weekly, delivered to groups of 25 women in community-based training centres. The sessions are structured around:
• Foundational training modules, which include the value of women’s work, mechanics of saving, income channels, basic business skills, ways to improve health and wellbeing, women’s rights and prevention of VAW, strategies to make decisions and negotiate, civic action and advocacy, social networks and safety nets (24 sessions on social empowerment);
• Skills-building in numeracy and a chosen vocational skill (12 sessions on numeracy; 16 sessions on business skills; 36 sessions on vocational skills);
• Resource provision in the form of a monthly cash stipend (US$10), encouraging savings vehicles (formal or informal), and referrals to health, legal, and financial services;
• Connections to other women through safe spaces for women to learn and share together, support to women-led social and economic groups and letter exchange with international supporters.

Implementation team:
Women for Women International (WfWI)

Research methods:
• An individually randomized controlled trial was conducted in six communities with 930 currently married women, and 528 unmarried or previously married women.
• Data were collected at baseline and 24 months. Qualitative research was conducted after the endline data collection process.

Read the full evidence brief here.

eThekwini Municipality (Durban), South Africa: A participatory group-based intervention for young women and men living in urban informal settlements

Context:
• Urban informal settlements with exceedingly high levels of poverty, limited work opportunities and high levels of violence and alcohol use.
• Young people tended not to live with a partner, but either on their own or with friends.

Intervention:
Stepping Stones and Creating Futures aims to reduce women’s experiences, and men’s perpetration, of IPV, through strengthening livelihoods and transforming gender attitudes. The intervention was delivered to single-sex groups of 15 to 20 participants, in three-hour sessions, over approximately three months. Men and women were recruited individually, not as couples. The 21 sessions comprised:
• 10 sessions focused on building gender equity, respect and interpersonal communication, and reducing violence;
• 11 sessions from Creating Futures, an intervention focused on getting and keeping work, saving, and understanding the opportunities and constraints for livelihoods in this setting.

Implementation team:
Project Empower

Research methods:
• A cluster randomized control trial was conducted with 34 clusters (~20 women and 20 men per cluster, total 677 women; 674 men) in urban informal settlements, with 12 month and 24 month follow up.
• There was also intensive qualitative research.

Read the full curricula here. Read the full evidence brief here.

The impact of the combined interventions

Significant positive economic impacts

**Figure 2:** Impact of Sammanit Jeevan on women’s and men’s past month earnings and savings

**Sammanit Jeevan, Nepal**

During Sammanit Jeevan in Nepal, the proportion of women and men who reported any past month earnings, and any past month savings, increased significantly over time (Figure 2). Women experienced a threefold increase in earnings in the past month from 21% at baseline to 65% at endline (18 months); savings increased from 17% at baseline to 63.5% at endline.

In addition, women’s food insecurity halved from 18.5% at baseline to 8.4% at endline. The slower improvements for women compared to men (Figure 2) – with gains only showing at 18 months – may have been because at baseline women had very few earning opportunities, and it took time for income-generating activities to become productive, translating into their increased earnings and savings, while many men already had money and could start saving immediately.

**Figure 3:** Impact of Zindagii Shoista in Tajikistan on women’s and men’s food insecurity, earnings and savings

**Zindagii Shoista, Tajikistan**

Similarly, with Zindagii Shoista in Tajikistan, women and men reported significantly improved livelihoods and reduced food insecurity over time, and changes were sustained at 30 months, that is, 15 months after the intervention ended. The proportion of women reporting any earnings increased three-fold from a very low base of 18% to 57% at 30 months, and any savings also increased six-fold (from 7% to 41%) in that time. Food insecurity reduced significantly over the study period. Women reported severe food insecurity falling from 56% to 2.8% and men reported a reduction from 33% to 0% (Figure 3).

In Nepal and Tajikistan there may have been external changes that contributed to these improvements. However, the extensive qualitative data collected alongside the quantitative research clearly showed that the interventions supported families to establish new income-generating activities to achieve these gains. Furthermore, in Tajikistan, the positive impacts were sustained at 30 months, 15 months after the project had ended, at a time of year when economic stress factors would be at their highest. This high impact was likely due to very low levels of savings and earnings reported at baseline.
Kabul and Nangarhar Provinces, Afghanistan

In Afghanistan, among women who had been through the WfWI economic and social empowerment programme, earnings and savings were significantly higher than the control group (Figure 4). Specifically, the percentage of women earning anything in the past month was almost twice as high, and having any savings was over five-times higher in the intervention group. However, the overall proportion of women earning anything in the intervention arm remained small (10%). Women in the intervention also reported significantly less food insecurity at endline compared to the control arm.

Stepping Stones and Creating Futures, South Africa

In Stepping Stones and Creating Futures in South Africa, the mean earnings in the past month of men and women were higher in the intervention arm compared to the control arm at endline, and significantly so for women. However, while men’s past month earnings were 21% higher in the intervention group compared to the control, this difference was not statistically significant (Figure 5).

Women and men also reported working more consistently in the past year if they had been through Stepping Stones and Creating Futures (Figure 6). For women at baseline, 15% reported working every month or most months, and by endline this had increased to 32%. Among men this percentage increased from 23% to 42%.
Significant impacts on gender attitudes, roles and relationships

Combined economic empowerment and gender-transformative interventions have the potential to create more equitable individual gender attitudes and community-level gender norms, and create more equitable roles and relationships.

Individual gender attitudes were all significantly more equitable by the end of the studies for women in Afghanistan, and for women and men in both Nepal and Tajikistan. Additionally, community gender norms were perceived to be more equitable by endline by women in Afghanistan, women (but not men) in Nepal, and men and women in Tajikistan. In South Africa, there was evidence of more equitable individual gender attitudes at 12 months for women and men, but by endline there was no difference between the intervention and control arms.

In Afghanistan, women in the intervention also reported a greater say in decision-making after the intervention. Reports of significantly greater mobility outside of their province, suggests that mobility increased because of the intervention.

In Nepal and Tajikistan, men’s control over their wife decreased through participation in the intervention. In qualitative research women in Nepal also described greater assertiveness through being involved in the intervention.

Significant impacts on mental health and substance misuse

Combined economic empowerment and gender-transformative interventions can have positive impacts on women’s and men’s mental health.

For women and men involved in Zindagii Shoista in Tajikistan, there was a significant reduction in the mean number of depressive symptoms reported at the end of the intervention, and this was sustained 15 months after the intervention had ended. Women and men also reported significantly higher levels of hope at 30 months.

In Nepal, the mean number of depressive symptoms was reduced for all women, but this was not significant. However, for younger married women in Nepal, there was a significant reduction in mean depressive symptoms. In South Africa, mean depressive symptoms were lower for women at endline, but this did not achieve significance. Among women in Afghanistan, and men in South Africa, there were no differences between intervention and control arms at endline in the mean number of reported depressive symptoms.

In Stepping Stones and Creating Futures in South Africa, where alcohol consumption was assessed, men reported significantly less alcohol consumption at midline and endline, but there was no change in women’s alcohol consumption.

The impact on men is important, as the intervention did not directly target alcohol in the curriculum, suggesting this is potentially a spillover effect of discussions around masculinity, violence and livelihoods.
Statistically significant reductions in violence experience and perpetration

What Works research has shown that combined economic empowerment and gender-transformative interventions can reduce women’s experiences of IPV and men’s perpetration of IPV – even in these complex settings – by up to 50%.

In Tajikistan, Zindagi Shoista showed a statistically significant reduction in married women’s experiences of IPV. Women’s experience of emotional, physical or sexual IPV in the past year halved from baseline to the end of the intervention at 15 months, and this reduction was sustained at 30 months, 15 months after the intervention had ended (Figure 7). Similarly, the percentage of men who reported perpetrating IPV in the past year significantly decreased, from 48% at baseline to 5% at the end of the intervention (15 months), and remained consistently low (8%) at 30 months (Figure 7).

There were also improvements in women’s perceptions of how kind their mother-in-law was towards them at 15 months, but this was somewhat reduced at 30 months. It is likely that the reduction in IPV was driven by reduced household economic stress, combined with a rethinking of the status of young women in the household, and improved communication skills.

In South Africa, Stepping Stones and Creating Futures showed reductions in men’s reported perpetration of both IPV and non-partner sexual violence. Men’s reports of past-year physical IPV perpetration reduced significantly, from 50% at baseline to 36% at endline, and men’s reported sexual IPV perpetration dropped from 27% to 22% (Figure 8). In addition, there was a 28% reduction in men’s reported perpetration of non-partner sexual violence in the past year, although this was not statistically significant. These impacts may be linked to a combination of strengthened livelihoods, reduced stress in men’s lives, and greater communication skills.

In Nepal, women who participated in Sammanit Jeevan reported a reduction in past year experience of physical IPV from 10% to 4%, although this was not statistically significant (Figure 9). Throughout the study in Nepal, sexual violence was highly stigmatized and women found it difficult to talk about it. At baseline, very little was reported, and reports increased at endline. This is likely due to the intervention enabling women to break the culture of silence around sexual violence rather than women experiencing more forced sex (not shown in Figure 9).

In Tajikistan, despite positive changes in earnings, savings, and communication skills – pathways that were hypothesized to lead to IPV reduction – there was no reduction in women’s experiences of IPV.* It may be that despite significant improvements in earnings, women still earned very little overall – not enough to build different relationships with partners. The multiple, overlapping challenges of violence and unresolved trauma, which lead to alcohol use and depression, might have further limited women’s ability to transform their relationships.

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* Women and men in the study were not in relationships with one another
Despite strengthened livelihoods, reduced food insecurity, increased mobility and decision-making power in households, and more gender-equitable attitudes, there was only a small reduction in experiences of physical IPV or emotional IPV in the past year among married women in Afghanistan who participated in the WfWI programme. This reduction was not statistically significant. The small impact was not particularly surprising given the highly patriarchal context of the study, with rigid gender norms and roles, and a lack of economic opportunities, as well as the fact that the intervention was not intentionally designed to reduce VAWG.

There was however a reduction in the WfWI study in physical IPV experienced among a sub-group of married women who reported moderate food insecurity at baseline. In this group, past-year physical IPV decreased from 25% to 19% at endline in the intervention arm, while there was no change in IPV in the control group (Figure 10).

The impact of the intervention in reducing IPV amongst this sub-group may be linked to the reduction in food insecurity through participation in the intervention, which reduced the stress and conflict related to food insecurity in the household, and in turn reduced IPV.

**Factors that influence the effectiveness of interventions**

To have a significant impact on reducing IPV, economic empowerment interventions need to intentionally target IPV, through incorporating gender-transformative approaches. The three interventions that successfully in reducing IPV and domestic violence more broadly (Tajikistan and Nepal for women’s experiences and men’s perpetration of IPV, and South Africa for men’s perpetration of IPV) all had very similar components in their gender-transformative intervention. The interventions were all explicitly based around theories of gender and power and used participatory learning methods including those that developed critical thinking skills, communication, and empathy.
In Afghanistan, the WfWI intervention focused more broadly on women’s social empowerment, and was not intentionally designed to try and reduce IPV, and no overall significant reduction in IPV was seen. The ordering of these interventions may also be important; in all studies the gender-transformative component was implemented first, with the economic empowerment component second. This order may enable women to maximize the benefits of the intervention, though further research is needed.

In highly patriarchal settings, where the power of young women is particularly constrained within multi-generational family households, interventions with whole families may be more appropriate. Working with the whole family, as was done in Nepal and Tajikistan, enables interventions to overcome suspicion of activities directed at women, and directly address women’s status within the family and the multiple forms of violence women experience (including from in-laws). It can also improve the economic status of women and their families, which may be because women’s access to markets and work is often shaped by men, or older women, in the household. Such an approach might have strengthened the WfWI economic and social empowerment intervention in Afghanistan.

Ensure time for economic empowerment interventions to create significant change in participants’ economic position. Small-scale income-generating activities and small businesses may take time to achieve significant economic gains depending on the activity. This was particularly evident in Nepal, where income-generation only really began 12-18 months after baseline. Similarly, in South Africa, while income was mainly through accessing informal wage labour opportunities, achieving longer-term and more reliable work did not happen immediately, but occurred over a longer period of time after multiple jobs and opportunities. As such, economic outcomes may only really come to fruition 12 months or more after an intervention has been completed.

Economic empowerment interventions with men may reduce their use of violence, however such interventions must address the underlying gender power imbalances, norms and attitudes that drive violence. Where economic marginalization contributes to poor men’s use of violence and control over women to achieve masculine identity and respect, strengthening their economic position may enable them to change other aspects of their behaviour. It may also be that improved economic wellbeing reduces stress in households, further reducing IPV.

Combining economic empowerment interventions with gender-transformative work can ensure that gendered power imbalances are not reinforced by interventions. Among poor young men in informal settlements in South Africa, the economic component of the intervention was attractive, and supported retention in the intervention. As men’s economic position improved, men were able to position themselves as becoming responsible men, and in turn, less violent and controlling.

Factors that undermine the effectiveness of interventions

Limited economic gains may limit the ability of participants to substantially transform their relationships. It may be that there is a ‘minimum’ level of economic gain women need to enable them to use the skills and strategies they have learnt in interventions to change their relationships. For instance, in South Africa, despite women’s statistically significant improvements in earnings and savings, overall earnings remained low (~US$38 in the past month) at endline, far below the legislated minimum wage of US$240/month.** It could have been that because women remained in extreme poverty, they lacked the economic power to start the processes of transforming their relationships, which the gender empowerment component of interventions would have enabled.

Impact of IPV on women’s ability to utilize economic empowerment and gender-transformative interventions. Women who experience ongoing IPV are likely to be particularly traumatized. Dealing with overlapping issues such as depression and substance misuse may have limited their ability to fully benefit from the intervention. Understanding whether there are sub-groups of women who benefit or lose out is critical to building more effective IPV-prevention interventions.

Contextually relevant research is needed to understand whether there are important barriers limiting potential reductions in IPV in any given context, and what adaptations may be required to improve outcomes. There are still significant gaps around understanding how economic empowerment and gender-transformative interventions need to be adapted for young women, conflict-affected and post-conflict settings, and for those who live in urban informal settlements. The What Works interventions in these contexts continued to have the smallest impacts on IPV; understanding how to further adapt these approaches to improve effectiveness for these specific contexts remains a major challenge.

** Calculated on 8 hours a day and 22 days per month, with R20/hour
NOTES


3 https://academic.oup.com/wbro/article/33/2/218/5091868


ABOVE: Tajik women. Photo: Anisa Sabiri, Guardian
Generating new knowledge to help prevent violence against women and girls with disabilities in LMICs

Our knowledge about the lives of women and girls with disabilities is largely based on research from the Global North; the lives of women and girls with disabilities in the Global South need more attention. The inclusion of disability questions in What Works evaluation tools, combined with planned qualitative research, will enable us to:

- Track the participation of people with disabilities in our interventions.
- Assess the barriers and enablers to full participation for participants with disabilities, as well as their experiences of the extent to which the programmes are relevant to their lives.
- Use our follow-up data to explore the bi-directional linkages between violence and disability among intervention participants, i.e. the extent to which disability increases risk of violence and vice versa.
- Compare the impact of the programmes between women, men, and youth with disabilities and non-disabled peers.

In these ways, we hope to contribute to the evidence on the optimal balance on mainstreamed versus targeted prevention programmes for preventing violence against women and girls with disabilities, as well as describing which violence prevention strategies are most effective for people with disabilities.

The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.