

# Reducing Gender-based Violence: Evaluating Interventions in South, Central, and East Africa

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# Gender-Based Violence

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- Very high prevalence in Eastern, Central and Southern Africa
  - In Zambia, 27 percent of ever-married women reported being beaten by their spouse/partner in the past year; this rate reaches 33 percent of 15-19 year-olds and 35 percent of 20-24 year-olds. (DHS data from Kishor & Johnson, 2004)
  - In South Africa, 7 percent of 15-19 year-olds had been assaulted in the past 12 months by a current or ex-partner. (South Africa DHS, 1998)
  - In Kenya, 43% of 15-49 year old women reported having experienced some form of gender-based violence in their lifetime, with 29% reporting an experience in the previous year. (Kenya DHS, 2003)
- Gender-based Violence has important implications both for health and economic interventions
  - survivors increased rates of morbidity and mortality
  - violence exacerbates HIV transmission and increases risks of other health effects (IGWG of USAID, 2006).

# Intimate Partner Violence

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- Much violence is perpetrated by intimate partners.
  - WHO's World Report on Violence and Health notes that "one of the most common forms of VAW is that performed by a male partner."
  - This type of violence is frequently invisible since it happens behind closed doors
  - legal systems and cultural norms do not treat it as a crime but rather as a "private" family matter or a normal part of life.

# What is being done?

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- General focus on “empowerment” of women in a number of arenas:
  - Economic: Increased access to resources or income generating activities
  - Social/Cultural: Changing acceptability or tolerance of violence
  - Legal: Establishing legal rights including but not limited to criminal justice system response

# This Project's Goals

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- Systematize evidence on violence
  - Wide range of studies and reports measuring “violence”: make these a bit more uniform
  - Document various interventions and innovations to reduce GBV
- Determine the *relative efficacy* of different types of interventions
  - Document total impact of various programs
  - Disentangle some elements of the impacts
  - Link some of the more “objective” indicators of well-being to more subjective indicators to get a broader outcome measures

# Outline of Today's Presentation

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- Introduction/Background
- Projects and Evaluation Design
- Two examples
  - Results from Burundi (VSLA + DG)
  - Results from South Africa (IMAGE)
- Conclusion/Next Steps

# Existing Data – Large Samples

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- DHS data spotty by country but collects incidence in past few weeks as well as attitudes
- Panel data in South Africa from IMAGE
- Panel data in Burundi
- Some limited data in Zambia in rural areas from recent surveys

# Existing Data – Small Samples

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- Generally measuring GBV is difficult
  - Unwillingness to report
  - Under-reporting of true intensity
  - Hard to capture non-physical aspects of abuse
- Much of data collection is ad-hoc for various programs
  - Decentralized
  - Not uniform in questions, responses, or interpretation



# Types of Interventions

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- Lots of work with economic “empowerment”
  - Cash transfers
  - Access to credit
  - Financial literacy training
- Some work with discussion/counseling
  - NGO run attempts at empowerment
  - Establishment of community organizations
- Increasing attempts to add legal recourses for victims
  - Criminal Justice Response
  - Access to health care or social services

# What is a success?

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- Even with data and programs, it's hard to see what is a success?
  - Lots of different aspects to programs
  - Different contexts and settings
  - Different mechanisms which generate or affect violence are being tested.

# Outcome Measures

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- Direct Violence Measures
- Attitudes towards violence
- Attitudes towards women's rights
- Consumption
- Health
- Mental Health

# Issues with existing evidence

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- Not entirely clear how “objective” measures related to actual well-being of women
  - Differences in cultural norms regarding standards and responses of women make measurement very hard
  - Psychology and Economics literature very distinct in this area—makes understanding broad efficacy of programs tricky
  - Violence reduction per se may not improve well-being: want to understand role of “empowerment” in determining outcomes for women

# Quick Literature Review

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## ■ **Subjective Well-being literature in Economics:**

- *The correlates of SWB:* Income (Easterlin, 1974, 2001; Di Tella, 2003; Deaton, 2008); Socio-Demographic factors (Oswald, 1997) Participation in local governance (Frey & Stuetzer, 2000; 2006); Correlates in South Africa (Gandhi Kingdon and Knight, 2004; Moeller, 1998); Health and HIV (Deaton, 2008)

## ■ **Psychology Literature**

- Cognitive Psychology (McDowell, Graetz, Sanchez-Lopez, Gao); Psychological Well-being (Ryff, 1989) Domains of self-efficacy (Cummins 1996); Self-efficacy (Bandura 1997, Caprara and Steca, 2005)

## ■ **Literature on Empowerment and Agency**

- Agency as distinct from Utility (Sen, 1984); A typology of Agency Kabeer (1999); Agency and Policy Making (Mayoux, 1999); Subjective Quantitative Measures of Agency (Alkire, 2005, 2007)

# Linking Different Measures

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- Broader, Coherent Picture of outcomes
  - Relationship between treatment and objective indicators like consumption or reported violence
  - Linking objective indicators to mental health indicators to determine overall effect
  - Better indication of what constitutes “success” and how we replicate this in other settings

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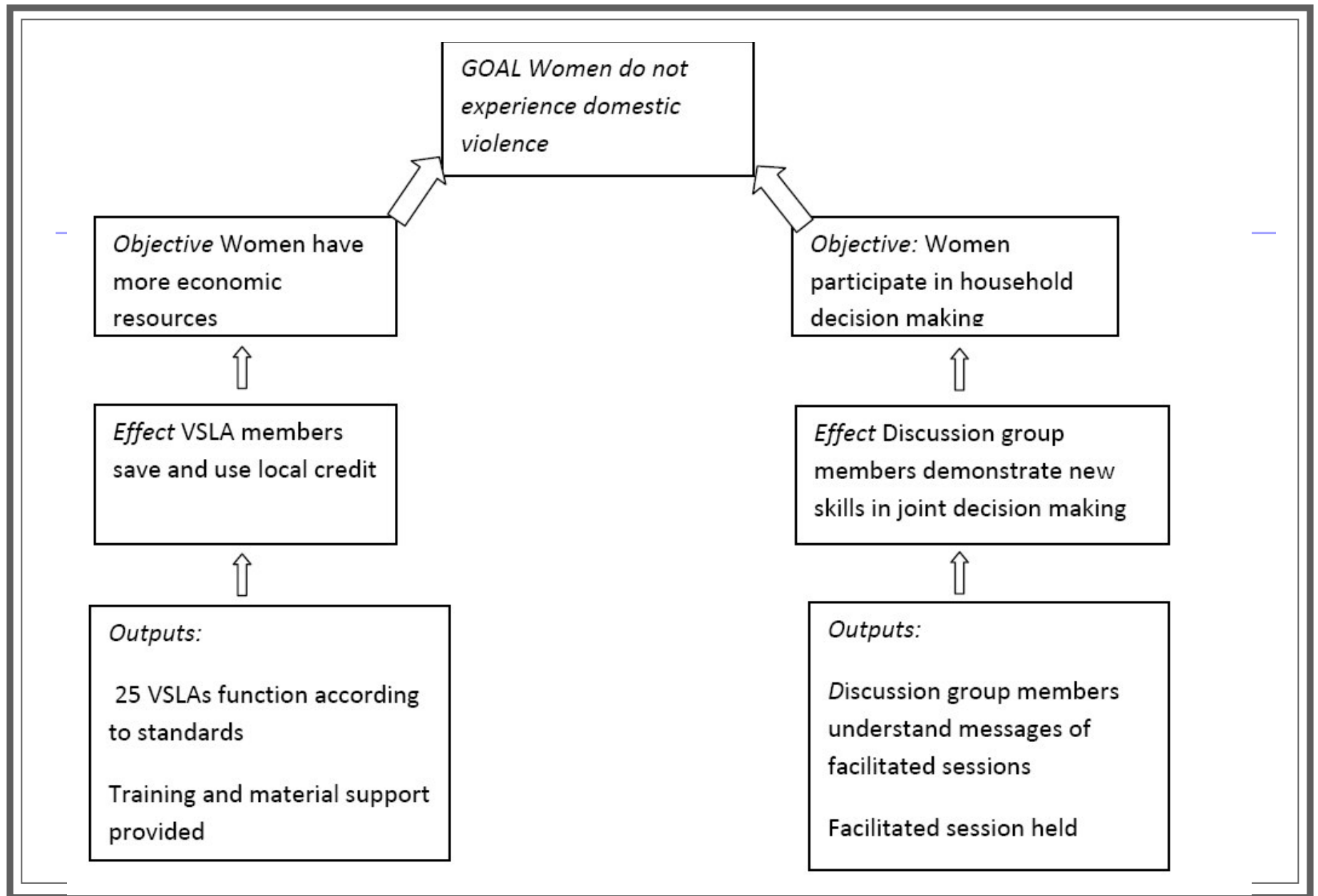
# Burundi Intervention

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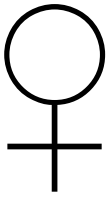
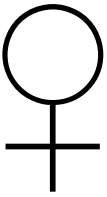


- **Post-Conflict Setting**
  - Civil war on and off since 1993
  - Most of population experience some displacement
  - High exposure to violence
- **Economic/Social Intervention**
  - Increase access to credit
  - Reduce household violence





# The Experiment

- 25 VSLAs
- Community base facilitator recruits individuals
  - If male CBF → more men in the group
  - Which areas got men vs. women CBFs arbitrary
- If selected for treatment: Member + Spouse attend discussion group
  - VERY high take-up
  - Both men and women attend training

 credit	 credit + train
 credit	 credit + train

# Timeline of the Burundi Project

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# Microfinance/Credit Intervention

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- Group savings model
  - No external capital
  - Group saves for 2-3 months, then can make small loans to members
  - Social fund for emergencies
- Meetings every 2 weeks
- Share-out after 18 months and then cycle begins again

# The Discussion Groups: Overview

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- The groups discuss the roles and treatment of women in the household
- Goal: Empower women by:
  - Highlighting their importance in the household
  - Emphasize their ability/capacity
  - Identify problematic/sexists/harmful attitudes and actions

# Course Curriculum



- Session 1: Introduction – “facts” and broad discussion on households spending.
- Sessions 2 & 3: Household spending
  - major purchases
  - daily purchases
  - luxury items (alcohol, tobacco, etc.)
- Session 4: Day-to-day life and labor supply.
  - Time allocation.
  - Who earns/who spends/who decides.
- Session 5: Other household decisions.
  - Fertility.
  - Sexuality/control of sex
- Session 6: Practicing Negotiations and dealing with household conflicts

# Difference from previous work...

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- Don't want to have *explicitly gendered* content for fear that
  - Angers community (specifically many men) and reduces attendance
  - May be perceived as invasive or paternalistic
  - Instead—focus on financial skills and planning with emphasis on gender roles
- Inclusion of spouse
  - Men participate
  - Seen as family program rather than program for women

# What we measure

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- Background and Demographics
  - Household Roster (relation, age)
  - Education
  - Displacement
  - Land ownership
- Consumption in past 2 weeks
- Who decides on a variety of issues
- How disputes get resolved
- Attitudes towards women's roles and rights
- Violence Levels from past 2 weeks



# Results—Summary 1

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- Reduced total violence against women in the treatment group.
- All groups are less likely to agree that abuse is acceptable for the listed reasons. This effect is stronger for men in the treatment group than for women
- Women's rights acceptance seems to increase across the board for men. Women seem to state a decreased acceptance of both political and inheritance rights.

# Results—Summary 2

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- There appears to be an increase in women's decision making scope.
  - Traditionally, women decide on small household purchases and family visits.
  - Post-treatment it looks like large household purchases, money she earns and number of children all are affected.
  - There does not appear to be any increased scope for women to decide on money he earns or when to have sex.
- Consumption increases overall and a little bit post treatment but almost entirely for men.
  - Men are less likely to spend money on clothes, livestock, health, education for kids. It looks like men in the treatment are using the extra money to spend on investment in IGA but we're not entirely sure.
  - Women do appear to increase consumption but not differential between the treatment and control groups.

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# The IMAGE Study (South Africa)

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- Public Health Intervention for the prevention of GBV & HIV:
  - Microfinance (MF) → Poverty
  - Gender → Gender Imbalances and Domestic Violence
  - HIV Training → HIV Prevention and Awareness
- Design:
  - Targeted at women (N= 860; 1340)
  - Rural South Africa, Limpopo Province

# Experimental Design – The Original Study Villages



N=860  
(430 I;  
430 C)

# Microfinance

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- Targeted at the 20% poorest hh in communities
- Grameen Style
  - Groups of 5 women
    - Individual Loans and Business
    - Jointly responsible for loan repayment
- Fortnightly Loan Repayment Meetings

# Participatory training

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**Phase 1: 10 x compulsory 1-hour sessions before fortnightly loan repayment meetings**

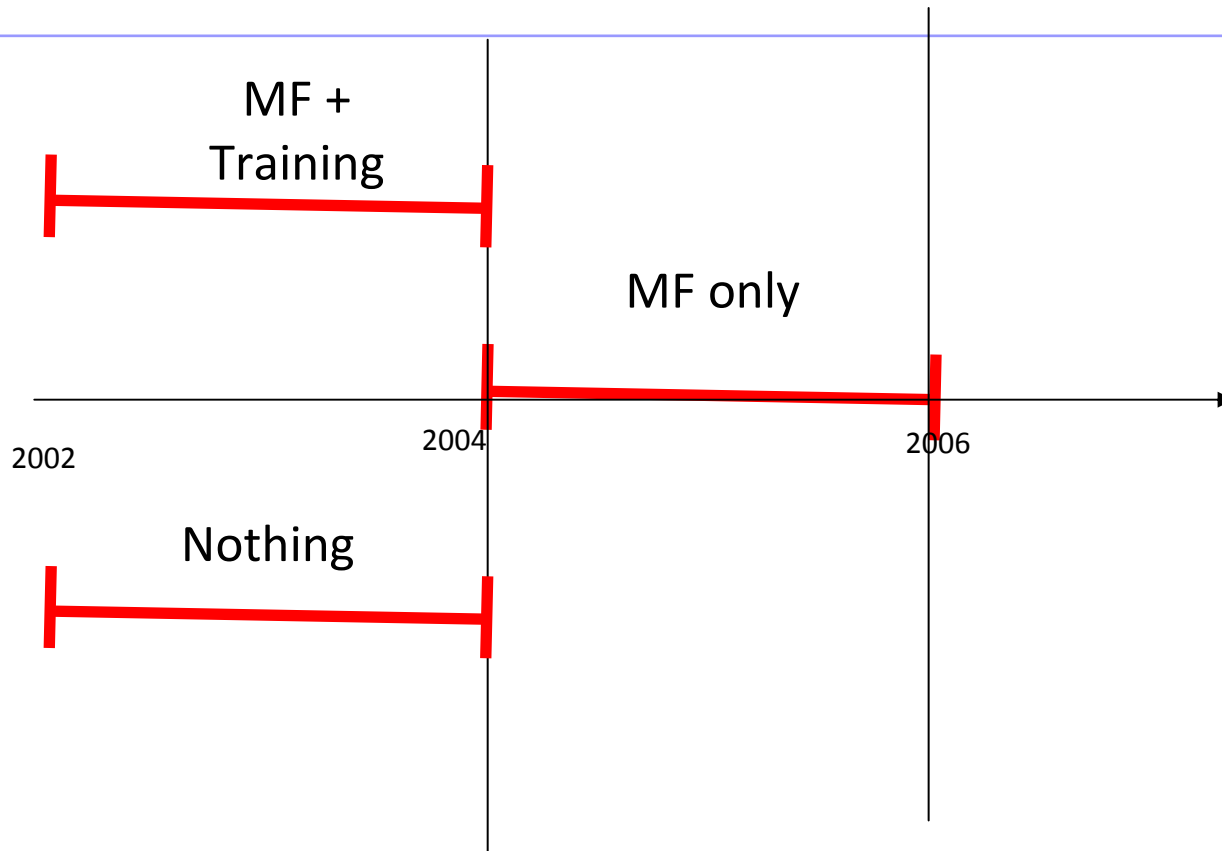
**Focus:**

- **Gender and HIV:** gender norms, domestic violence, sexuality, HIV/AIDS

**Skills:** communication, conflict resolution, solidarity, leadership

**Phase 2: Community Mobilization**

# Experimental Design - the Timeline

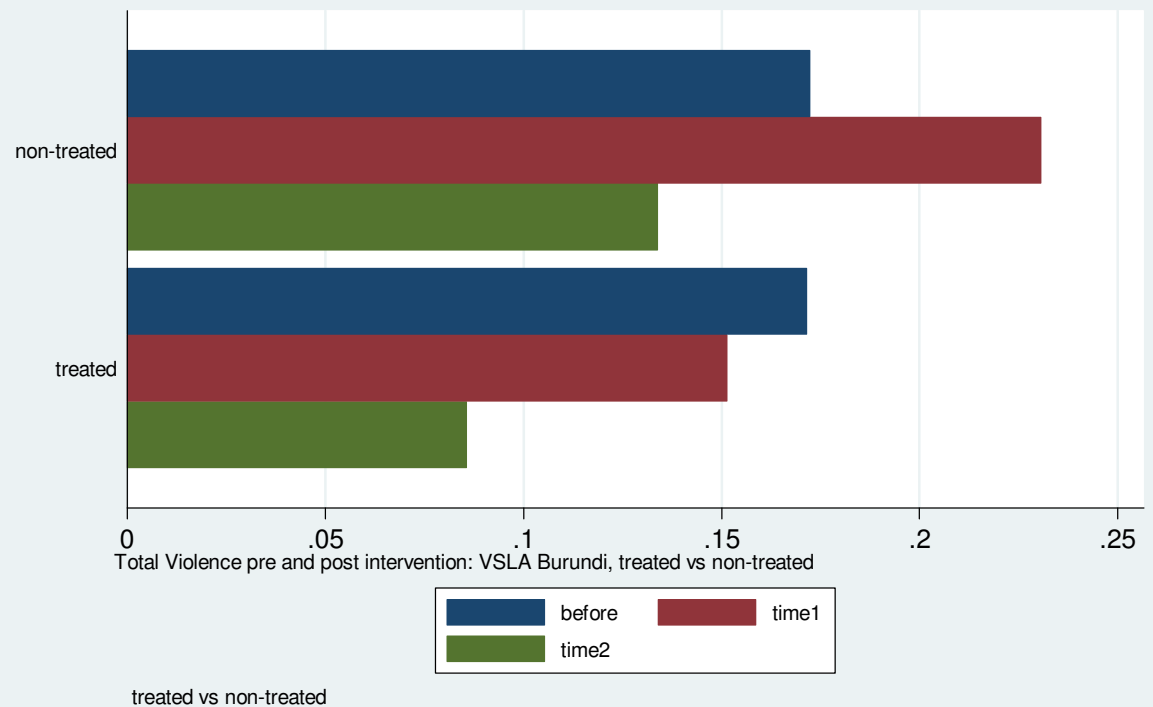
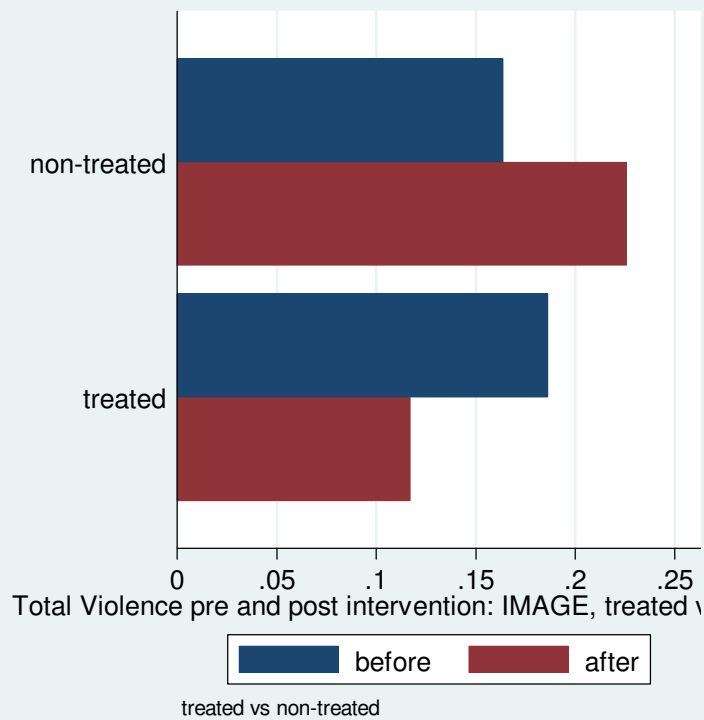




	Unadjusted risk ratio	Adjusted risk ratio
<b>Cohort one (direct programme participants or matched controls)</b>		
Estimated value of selected household assets >2000 South African rand	1.18 (0.87-1.60)	1.15 (1.04-1.28)
Membership in savings group (stokvel)	2.13 (0.92-4.94)	1.84 (0.77-4.37)
Greater food security	1.03 (0.83-1.28)	1.01 (0.81-1.26)
Per person expenditure on clothing or shoes >200 South African rand*	1.22 (0.46-3.23)	1.23 (0.47-3.20)
Children 10-19 years attending school†	1.02 (0.93-1.12)	1.01 (0.97-1.06)
More participation in social groups	1.96 (1.02-3.78)	1.85 (0.95-3.61)
Taken part in collective action	2.22 (1.05-4.70)	2.06 (0.92-4.49)
Greater perception of community support in a time of crisis	1.68 (0.83-3.39)	1.65 (0.81-3.37)
Belief that the community would work together toward common goals	1.14 (0.39-3.36)	1.11 (0.38-3.24)
More positive attitude to communal ownership	0.97 (0.74-1.28)	0.97 (0.73-1.29)
More selfconfidence*	1.16 (0.83-1.61)	1.15 (0.83-1.60)
Greater challenge of established gender roles	1.54 (0.84-2.79)	1.57 (0.87-2.81)
Communication with intimate partner about sexual matters in past 12 months*†	1.14 (0.87-1.50)	1.14 (0.90-1.44)
Communication with household members about sexual matters in past 12 months*	1.60 (1.25-2.05)	1.58 (1.21-2.07)
More progressive attitudes to intimate-partner violence*	1.50 (0.81-2.75)	1.49 (0.86-2.60)
Controlling behaviour by intimate partner in past 12 months†	0.78 (0.34-1.82)	0.80 (0.35-1.83)
<b>Experience of intimate-partner violence in past 12 months</b>	<b>0.50 (0.28-0.89)</b>	<b>0.45 (0.23-0.91)</b>

(Source: Pronyc, et al; *Lancet* 2006)

# Comparable results...



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# Supplementing the Empirical Evidence

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- Similar Programs will be rolled out in Uganda and Zambia
  - Get similar indicators
  - Can start to vary specific arms of the treatment
- Existing legal enhancements in South Africa and Kenya
  - Can see how different legal regimes affect these types of interventions

# Towards a better theory

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- Understanding why a certain pattern of objective indicators relate to reported well-being improvements
- A more unified theory on what responses actually combat this violence and what can and can't be transported to other settings.