

## Women's Entrepreneurship and Intimate Partner Violence in Uganda

### Investigadores/as:

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**Sector(s):** Crime, Violence, and Conflict, Firms, Gender

**Fieldwork:** Innovations for Poverty Action (IPA)

**Muestra:** 120 villages, 1,800 ultrapoor participants (mostly women)

**Grupo objetivo:** Women and girls

**Resultado de interés:** Gender attitudes and norms Gender-based violence

**Tipo de intervención:** Business skills training Cash transfers Engaging men in gender norms change Unconditional cash transfers

**Research Papers:** Women's Entrepreneurship and Intimate Partner Violence: A Cluster Randomized Tr...

**Socios Implementadores:** Association of Volunteers in International Service (AVSI), World Bank

Intimate partner violence (IPV) is widespread and represents an obstacle to human freedom and a significant public health concern. IPV is often indirectly addressed through poverty alleviation programs such as microfinance and cash or livestock transfers, but there are differing theories on how increased income could impact IPV. An evaluation of a microenterprise assistance program, with and without involving male partners, found that it improved women's economic outcomes, but that depended on the quality of women's relationships with their intimate partners. While the program had no impact on IPV, involving male partners did improve relationship quality.

### Problema de política pública

Intimate partner violence (IPV)—abusive or controlling behaviors toward intimate partners—is the most common type of violence against women.<sup>1</sup> A 10-country study showed that 15-71 percent of women experience IPV over their lifetimes.<sup>2</sup> Reducing IPV is an end in itself, but IPV is also a public health concern because of its association with poor physical and mental health, including depressive symptoms, suicide, and HIV infection.<sup>3, 4, 5</sup> IPV can be addressed directly through education or discussion with men to change gender-inequitable attitudes and norms that perpetuate violence against women. Governments and nonprofits also often indirectly address IPV through poverty alleviation programs such as microfinance and cash or livestock transfers. This is based on the assumption that increased earnings will advance women's empowerment through increased bargaining power within the household.

The true impact of increasing women's income on IPV is still unclear. Some view financial dependency of women to be a root cause of IPV. Women with higher income or who contribute financially to their household may have a higher status and increased bargaining power, and be less vulnerable to abuse.<sup>6</sup> Meanwhile, others predict that an increase in women's income could lead to a backlash from partners, either to reinstate preexisting authority structures, or to capture a woman's newly earned resources.

Evidence reviews of past cash transfer and economic empowerment programs are generally suggestive of a decrease in IPV, but in some limited cases these programs had mixed or adverse impacts.<sup>7</sup> Given the differing theories and evidence, it's possible that interventions must address multiple risk factors in order to sustain change. Can an intervention that combines both poverty alleviation, through a skills and cash-transfer program, and engaging male partners help prevent intimate partner violence?

## **Contexto de la evaluación**

This study was conducted in the Gulu and Kitgum districts of northern Uganda, between 2009 and 2011, a context of high poverty and high levels of IPV.<sup>8</sup> Following two decades of civil war, most people were left impoverished and without the necessary resources to pursue income generating activities beyond farming. Women, in particular, often lack the start-up capital needed to create their own animal-raising and non-farm businesses, leaving them with little financial autonomy. In addition to these economic challenges, more than 70 percent of women in the region reported having experienced at least one type of verbal, psychological, or physical abuse in the year prior.<sup>9</sup>

In order to support women living in extreme poverty in northern Uganda increase their income and autonomy, the Association of Volunteers in International Service (AVSI), a non-governmental organization, launched the Women's Income Generating Support (WINGS) program. WINGS is an initiative to help women develop small, nonfarm businesses. The WINGS program provided women with financial grants of approximately US\$150 (more than 30 times the average monthly income prior to the intervention), four days of business skills training, and ongoing support by trained field staff. Participants were taught how to create a business plan, budget, market goods and services, and keep basic financial records. At the end of the training, the women prepared written business plans (with help from AVSI staff if illiterate). AVSI staff disbursed the cash transfer in two installments and visited the clients approximately every six weeks for six months to monitor their spending and provide them with advice.



Women in a engaging in support group in Uganda.

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## Detalles de la intervención

Researchers partnered with AVSI to evaluate the impact of the WINGS program on women's earnings and IPV. They were also interested in understanding whether including men in the program could improve its effectiveness. AVSI worked with 120 communities to identify the most vulnerable people to be invited to participate in the program, with the stipulation that 75 percent should be women aged 14 to 30. Ultimately, 1800 people were identified to participate.

Researchers and implementers designed the evaluation in two phases, so that all communities eventually received the WINGS program. In the first phase, 60 communities were randomly assigned to receive the WINGS program, and the remaining 60 communities—the comparison group—were assigned to the waiting list to receive the program in phase two.

In phase two, researchers evaluated whether a variation of WINGS that included a gender component had a different impact than the regular WINGS program. From the 60 remaining villages that did not receive the first phase of WINGS, 30 were randomly selected to receive the regular WINGS program. The remaining 30 communities were selected to receive a variation of the WINGS program, called W+.

Participants in W+ were invited to participate with someone in the household who helped make important financial decisions (usually their husbands). In this version, the program was framed slightly differently to encourage household input into decision making, in contrast with the regular WINGS program, where the grant was framed as solely controlled by the woman. In addition to the regular WINGS program, W+ participants also received an additional day of training that covered material on (i) cultural, gender, and financial barriers to female entrepreneurship, (ii) communication (a common component of couples therapy), and (iii)

joint-problem solving. In both WINGS and W+, the women participants received the cash transfer.

Researchers conducted baseline surveys and follow-up surveys 16 months and 12 months after phase one and phase two, respectively. They collected data on: participants' self-reported experience of IPV, attitudes towards gender norms, the quality of relationships (measured as a combination of questions related to communication patterns, dispute frequency, and listening skills), support from their partner (both in the business and the household), their autonomy in household purchases, and economic measures including income, employment, financial assets and access, and expenditures. Researchers followed the recommended guidance for collecting data on violence against women from the World Health Organization.<sup>10</sup>

## Resultados y lecciones de la política pública

Researchers found that the program improved economic outcomes, but that depended on the quality of women's relationships with their intimate partners. They also found that women's economic success did not seem to impact their experience of intimate partner violence. Finally, engaging male partners in the program did not impact women's experience of intimate partner violence, but it did improve the quality of the intimate partner relationship.

*Economic outcomes:* The WINGS program had large economic impacts for women. On average, participants doubled microenterprise ownership from 40 to 79 percent and doubled their monthly earnings (from US\$7.15 to US\$15.25). However, program participants who reported that their partners did not treat them well at the start of the study earned US\$21.05 less, essentially eliminating the treatment effects. Engaging male partners in the W+ program did not show improved economic outcomes compared to the WINGS program.

*Intimate Partner Violence:* Despite improving economic outcomes, the WINGS program had no impact on self-reported IPV. Likewise, engaging male partners through the W+ program had no meaningful impact on IPV compared to the WINGS program. Given the absence of impacts on IPV, the study does not provide conclusive evidence on whether increased income causes a male backlash (which would hypothetically increase IPV) or improves women's bargaining power (which would hypothetically decrease IPV).

*Partner relations:* The WINGS program led to an improvement of 0.18 standard deviations in the combination score of quality of the relationship compared to women who did not receive the program. The W+ program led to even greater improvements in the quality of relationships as compared to the WINGS program (0.23 standard deviations). The researchers suggested that engaging men and teaching relationship skills created a sense of shared goals and reduced misunderstandings about activities and decisions that are typically controlled by men in this setting.

Green, Eric P., Christopher Blattman, Julian Jamison, and Jeannie Annan. 2015. "Women's Entrepreneurship and Intimate Partner Violence: A Cluster Randomized Trial of Microenterprise Assistance and Partner Participation in Post-conflict Uganda." *Social Science & Medicine* 133: 177-88. doi: <https://doi.org/10.1016/j.socscimed.2015.03.042>

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