

HOW WELL DO ECONOMIC EMPOWERMENT EFFORTS PREVENT INTIMATE PARTNER VIOLENCE IN SOUTH ASIA?

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BACKGROUND

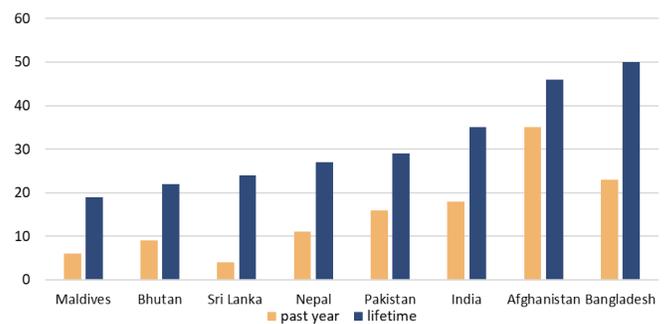
The World Bank's South Asia Region Gender Innovation Lab has conducted an evidence review of findings from women's economic empowerment (WEE) interventions with direct measures of intimate partner violence (IPV). The aim of the review was to identify WEE programs that measure IPV and have been evaluated in the South Asia Region (SAR) and to synthesize this evidence in relation to global evidence. A subsidiary aim is to focus on implementation—what strategies improve feasibility, sustainability, and minimize unintended harm from WEE interventions in SAR? The collected evidence on IPV prevention covers results of WEE related to women's self-help groups (SHGs), microcredit organization membership, transfers, and livelihood support.

MOTIVATION

Mirroring global gender inequality, violence against women is a pandemic that crosses socioeconomic class and cultural borders. IPV, including physical, sexual, and emotional abuse, is the most common form of such violence, affecting almost one in three women globally (WHO 2021). IPV is a persistent problem that has severe health, social, and economic costs for women and girls as well as communities. In SAR, rates of IPV among women vary across countries, with strikingly high rates in Afghanistan and Bangladesh (Figure 1).

WEE is a specific form of empowerment related to acquiring access to and agency over economic resources, with an emphasis on the ability of women to reach economic productivity levels comparable to those of men (Laszlo et al. 2020). Two programmatic mechanisms are typically used to explain how WEE efforts can decrease IPV. The

Figure 1: IPV Prevalence in SAR



Source: World Health Organization violence against women prevalence estimates; 2021

first is financial impact, in which increased income for the household can reduce stress in the home, which in turn decreases risk of conflict. The second is capability impact, in which WEE efforts expand women's social networks, provide access to resources, promote self-efficacy, and increase women's bargaining power, which leads to less violence in the home (Roy et al. 2019; Gibbs et al. 2020).

Gender inequality, in the form of unequal access to resources and restrictive gender norms, is a structural cause of IPV. As such, increased WEE is postulated to be protective against IPV. However, the relationship is complex and male backlash to WEE can lead to increased IPV. For example, Jeevika, a World Bank–assisted poverty alleviation project that targeted women, aimed to empower Indian women through access to low-cost credit and expansion of their social networks and resources (Sanyal et al. 2015). While IPV was not an outcome of focus, a qualitative process evaluation found that some women faced violence from husbands who objected to the increased mobility women gained through participating in women's groups. However, cases of IPV may have declined as mobility became more normalized. Globally, several studies have demonstrated the importance of complementing economic empowerment interventions among women with social empowerment to prevent harmful unintended consequences, such as IPV (Gibbs et al.

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^cSouth Asian countries included in the review are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The countries covered in the synthesized evidence are Afghanistan, Bangladesh, India, and Nepal.

2018; Kerr-Wilson et al. 2020; Hughes et al. 2015; Brody et al. 2015).² Some programs included in our synthesis work not only with women but also with spouses or other family members, with the goal of balancing power in the family and challenging dominant gender norms. Such a design is referred to as “gender transformative” as opposed to gender blind, or gender accommodating.³

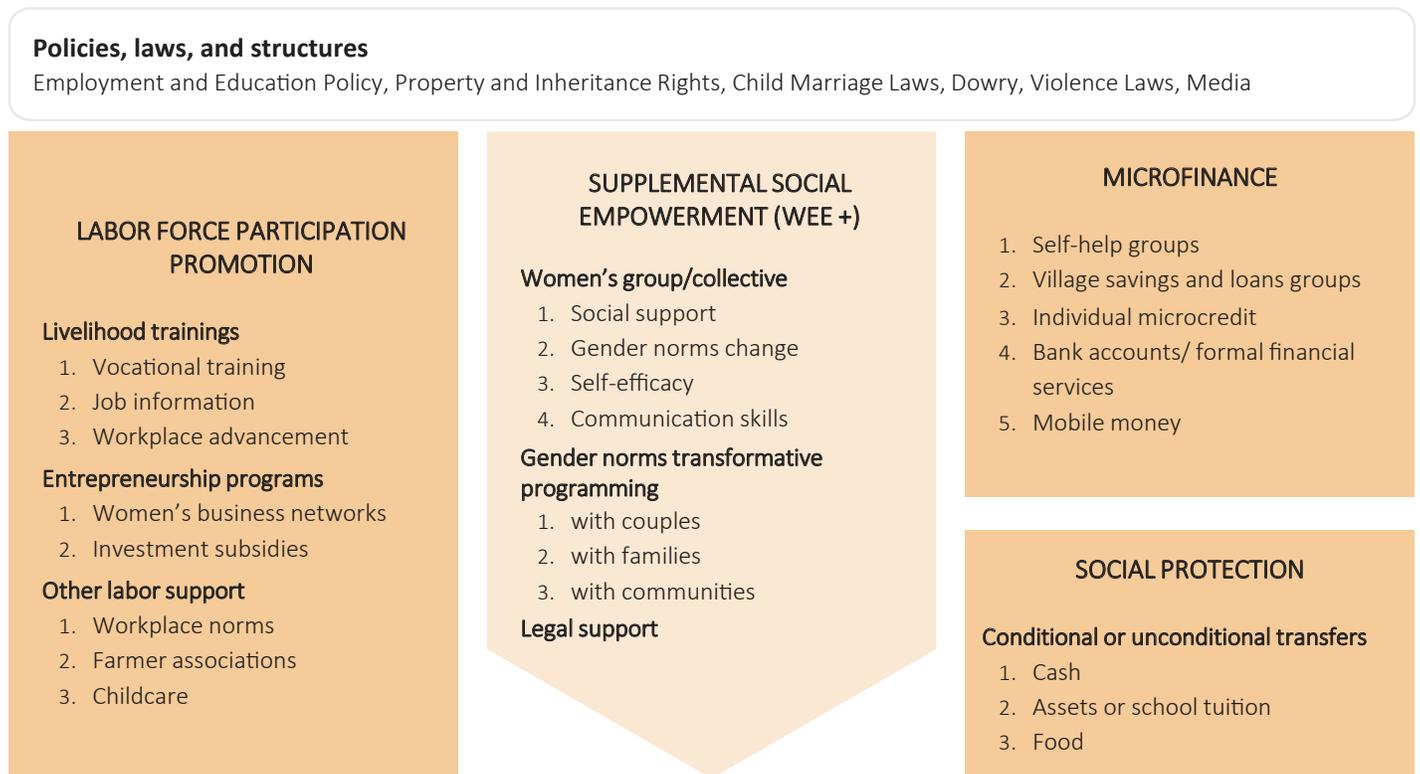
While the relationship between WEE and IPV has been explored, the results are inconclusive and more research is needed. A common mechanism for providing microfinance for women across SAR is through SHGs. While the impacts of SHGs on women’s empowerment, such as household decision-making, have been extensively evaluated, relatively few studies have assessed their impacts on IPV (Sato et al. 2022). In a systematic review of impacts of SHGs on social empowerment, only three studies were identified that

looked at impacts on IPV, with overall null effects noted (Brody et al. 2016).

Against this backdrop, three overarching goals characterize our evidence review. First, we focus on SAR and consider results in the context of global evidence, with the aim of exploring the effects of context. Second, we synthesize implementation lessons that are critical to operational knowledge, with particular attention to avoiding harmful unintended consequences of WEE programming. Third, we discuss programmatic recommendations as well as gaps in evidence to inform future policy and research.

The findings synthesized in this review are embedded within a broader evidence base on how to prevent IPV. The What Works to Prevent Violence Global Evidence Review (Kerr-Wilson et al. 2020) is a useful summary of the key

Figure 2: WEE programming framework



Note: Dark shading signifies WEE program eligible for inclusion. Light shading (center) signifies supplemental programming that may complement WEE programming but was ineligible for inclusion on its own. No shading signifies ineligibility for inclusion.

²In addition, a recent review “[What do We Know about Interventions to Increase Women’s Economic Participation and Empowerment in South Asia: Self-help Group Programs](#)” by the World Bank’s South Asia Region Gender Innovation Lab found interventions that addressed social norms barriers had larger impacts on economic empowerment and participation outcomes (Javed, Zahra, and Munoz Boudet 2022).

³Gender transformation “actively examines, questions and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women” (Marcusi 2021).

recommendations for IPV prevention work. In addition to WEE, other interventions that show promise in preventing IPV include family- and community-level norms change interventions, school-based interventions, self-defense training, interventions connected to reproductive and maternal health, interventions with men and boys, as well as substance abuse and alcohol prevention. Such interventions are not included in this review, however, because they did not include a WEE component (Kerr-Wilson et al. 2020). Further, we do not cover legal or national policy interventions, important areas of work that require further exploration.

WHAT DOES THIS REVIEW INCLUDE?

The review includes three types of research literature: experimental and quasi-experimental evaluations of WEE programmatic impact on IPV, studies that assess associations between WEE and IPV, and qualitative studies that explore mechanisms through which WEE can affect IPV.⁴ Criteria for inclusion were: 1) measures IPV as an outcome, 2) includes WEE as an exposure or program element, and 3) conducted in SAR. For program evaluations, if the study does not meet basic quality standards for implementation, the study is used for implementation notes only. Studies were searched with no date restrictions; included studies in this review range from 1996 to 2022.

The review organizes WEE interventions into the categories of labor force participation promotion (such as livelihood training), microfinance (such as SHGs), and social protection (such as transfers), as shown in Figure 2. For the purposes of this review, we do not include all household poverty alleviation efforts, but include only programs in which women and girls are the recipients, or the main recipients. We do include programs that are multifaceted, such as a gender norms training with a WEE component.⁴

The synthesis includes 11 rigorous IPV program evaluations (Table 1). Of these, 8 were microfinance programs, 2 consisted of transfers accompanied by livelihood training, and 1 provided other labor force participation promotion. Fourteen correlational studies were identified that associate WEE with IPV cross-sectionally without addressing selection bias; 13

studies evaluate membership in a microcredit organization as the WEE exposure; and 1 study was a family-focused gender norms program involving the promotion of women's income generation. Five studies were identified that qualitatively explore some of the mechanisms through which WEE can affect IPV risk. One program evaluation was not included in the evidence summary due to challenges in program implementation; Naved et al. (2021) attempted to evaluate the impact on IPV of a workplace gender norms intervention in Bangladeshi garment factories, but due to issues with factory management, the endline data was not deemed to be valid. For this study, we draw on implementation lessons only.

WHAT HAS WORKED AND HAS NOT WORKED IN SAR, AND HOW DOES THIS COMPARE TO GLOBAL EVIDENCE?

The impact of microfinance programs on IPV is heterogeneous, with primarily null findings. Membership in a microfinance group alone does not appear to reduce IPV in SAR. Findings on microfinance and IPV in SAR mirror those found globally.

- The review includes eight rigorous program evaluations of microfinance initiatives for women in SAR, four of which evaluate women's SHG programs (Table 2). Of the eight, only two, the Do Kadam Ki Ore SHG and the Rojiroti SHG, found significant reductions in physical IPV, with the others having null findings and one finding a reduction and then longer-term null effects.
- Analysis by Sato et al. (2022) demonstrates that the District Poverty Initiative Program, a SHG program in India, significantly reduced IPV in the short-term (1–3 years) but after 4 or more years, levels of IPV returned to that of the control group. Such findings reinforce the importance of incorporating long-term follow up into WEE evaluations and suggest that positive impacts may decay over time.
- Thirteen less rigorous, correlational studies examined the association between current or past membership in microfinance programs and women's lifetime experience of IPV (Table 3). Five studies found negative correlations, three found no correlation, and five found positive correlations, suggesting very heterogeneous results. While no strong conclusions can be drawn about whether impact varies by setting or member demographics, studies found a negative association between microfinance and IPV more commonly among rural women. Selection bias is a concern in such associational studies. As Chin (2012) documents using Demographic and Health Survey data, the effect of microfinance participation on violence is highly sensitive to selection on often unobservable

⁴We examined the review literature on IPV across several databases. We extracted primary evaluations from the reviews and, to check for primary evaluations that may have been missed, we searched databases for articles evaluating an economic empowerment program in SAR since January 1, 2018. Studies were dropped from analysis if they focused on non-domestic violence (such as trafficking), had no real measure of the outcome variable, WEE was part of the intervention but was not evaluated, or the evaluation article could not be found. More information on methodology is available on request.

Table 1: Study methodologies

	Count			Author, Year
	Overall	Microfinance	Transfers or other	
Rigorous program evaluations	11	8	3	
Randomized controlled trial plus qualitative	2	1	1	Gibbs et al. 2020; Jejeebhoy et al. 2017
Randomized controlled trial	1	0	1	Richardson et al. 2018
Quasi-experimental plus qualitative	2	1	1	Prillaman 2021; Roy et al. 2019
Quasi-experimental	6	6	0	Yaron et al. 2018; Chin 2012; Bajracharya, A., & Amin, S. 2013; De & Christian 2020; Yount et al. 2021; Sato et al. 2022
Associational studies	14	13	1	
Associational	14	13	1	Ahmed, 2005; Bates et al. 2004; Bhuiya et al. 2003; Hadi 2000; Hasan et al. 2014; Karim & Law 2016; Koenig et al. 2003; Murshid et al. 2016; Naved & Persson 2005; Schuler et al. 1996; Sinha & Kumar 2020; Dalal et al. 2013; Hadi 2005; Shai et al. 2020
Qualitative studies	5	5	0	
Qualitative	5	5	0	Kabeer 2001; Haneef et al. 2014; Murshid and Zippay 2017; Rahman 1999; Nawaz 2015
Studies with implementation lessons	1	0	1	
Quasi-experimental plus qualitative	1	0	1	Naved et al. 2021

factors. Of further note, all but one of the 13 cross-sectional studies exploring the association between microfinance membership and IPV were conducted in Bangladesh.

- Qualitative findings from included studies focus on microfinance and highlight the multiple mechanisms through which microfinance programming can both increase and decrease risk of IPV (Table 4). While some women who participated in microfinance report decreases in IPV due to reduced household financial tension and greater recognition of their value within the home, others experienced backlash due to male

partners feeling threatened by their wife’s new status or due to women being perceived as less attentive to their “domestic responsibilities” in the home.

- The apparent lack of impact of many SAR microfinance programs on IPV could be the result of various factors: programs may not yield enough money quickly enough to affect women’s standing or bargaining power in the household; increasing women’s savings or access to credit alone may not be sufficient to affect IPV without addressing other drivers of violence; and credit and saving programs may be increasing IPV for some women while decreasing it for others, leading to no effect on average.

Further, programs varied in their inclusion of training or reflective discussion in addition to encouraging savings and offering loans, which may have contributed to the heterogeneity of findings.

- In their review, Leite et al. (2019) conclude that the impact of microfinance on IPV is heterogeneous globally. A different 2020 global review asserts that while microfinance programming alone has not been found effective, combining microfinance with gender-transformative programming can be effective for reducing IPV, though much of this evidence comes from Sub-Saharan Africa (Kerr-Wilson et al. 2020). For example, the Maisha randomized controlled trial in Tanzania compared a microfinance-only group to a group that received both microfinance and a 10-session (20 hour) participatory gender training intervention. Women in the combined trial were significantly less likely to report physical IPV 24 months after the intervention (Kapiga et al. 2019).

Cash and in-kind transfers show mixed effects on IPV in SAR; however, global evidence suggests that transfers can reduce IPV, especially when combined with social components.

- In SAR, one program that provided cash or food transfers was found to reduce IPV but only among those women who were randomized to also receive group nutrition training. The training did not explicitly address gender or violence but did encourage husbands and mothers-in-law to see the recipient as an agent. Women who received only the transfer did not have lower rates of IPV when measured 6 to 10 months after the program ended; however, the study did not measure the impact of transfers without the nutrition training during the time that the transfer program was active (Roy et al. 2019). Another program that involved a monthly transfer accompanied by a group training on livelihoods, the Women for Women International social and economic empowerment program, did not show impacts on physical IPV. There was some evidence that women applied the transfer to immediate needs rather than to building capital and skills (Gibbs et al. 2020). Less evidence on transfers and IPV exists in SAR compared to other regions (Table 2).
- Global findings highlight overall success of sustained transfers in reducing IPV. A program in Ecuador that involved a food transfer and a monthly nutrition workshop for women found a 30 percent reduction in IPV, similar to that of the Roy et al. (2019) study in Bangladesh (Buller et al. 2016). A 2020 review finds that economic transfers can reduce physical and sexual IPV, but more research

is needed to understand whether and how social components and design variations can improve cash transfer impact (Kerr-Wilson et al. 2020). A 2019 review finds heterogeneous effects of cash transfer programs on IPV, with more autonomous women potentially at increased risk of IPV, signaling the need to mitigate the possibility of violent backlash (Leite et al. 2019). However, a 2018 global review of studies connecting cash transfers to IPV found that only 2 out of 14 studies had mixed or adverse effects on IPV, with overall evidence that cash transfers can reduce IPV if combined with components that seek to influence unequal power relations in the home (Buller et al. 2018).

WEE strategies that have sought to support women's labor force participation have not found impacts on physical IPV in SAR.

- Women's livelihood initiatives that create more community support for women's work show some promise in reducing controlling behavior by husbands. A study aimed at facilitating women's paid labor by providing community-based daycare services found a decrease in controlling behavior by husbands but no impact on physical IPV (Richardson et al. 2018; Table 2). The impact on IPV of programs to support women's labor, and of community-based structural programming more generally, is an area worthy of increased attention.
- Sammanit Jeevan, a group-based, family-focused intervention designed to reduce IPV and enhance the economic position of married women, also had no effect on physical IPV and found a small increase in sexual IPV (Shai et al. 2020). The intervention involved livelihoods training for women, a one-time, in-kind transfer of material or livestock to facilitate business start-ups, and a 20-session participatory gender and livelihoods curriculum. The evaluation study used a modified pre/post design with no comparison groups; therefore, it was deemed associational rather than quasi-experimental for the purposes of this review (Table 3).
- Globally, the evidence suggests that livelihood interventions have not been effective in reducing women's experiences of IPV (Kerr-Wilson et al. 2020). Findings on backlash due to women's livelihoods training programming have been documented in some cases: for example, one study in Vietnam that trained women on gender and business skills found a significant increase in the risk of physical IPV among participants (Bulte and Lensink 2019). More research on the effects of women's labor support programming on IPV in SAR is needed.

Table 2: Rigorous Program Evaluations (n=11)

Intervention Name	Author, Year	Population, Country	Intervention Description	Methodology	Reduced physical IPV?	Reduced other IPV?
Microfinance						
District Poverty Initiative Program	Sato et al. 2022	Married women, Madhya Pradesh India	SHGs of 15–20 women who generally know each other form a group and each woman deposits a small amount of money at each to accumulate savings to deposit into a bank that can facilitate a loan. Groups are also encouraged to participate in community activities related to education, health, and poverty.	Quasi-experimental; longitudinal panel study	While IPV frequency among SHG participants significantly reduced within 1–3 years after intervention, it returned to levels similar to that of the control group 4–6 years after.	Not measured
Do Kadam Ki Ore	Jejeebhoy et al. 2017	Married women in ages 18–49 in SHGs, India	SHGs with 24-session gender and livelihood training; 12 monthly sessions for husbands on masculinity and VAW; 1 year	RCT	The report of physical IPV in the intervention group was reduced by 6.8% relative to the control group, statistically significant at 5%.	The report of emotional IPV in the intervention group increased by 13.8% relative to the control group, statistically significant at 1%. Intervention members were not significantly less likely to report sexual IPV.
Microfinance membership	Bajracharya & Amin 2013	Ever-married women ages 15–49, in Bangladesh	Any membership in a microfinance organization as measured by DHS (Grameen Bank, Bangladesh Rural Advancement Committee [BRAC], Association of Social Advancement [ASA], Proshika, or any other organization with a microcredit component to its operations)	Quasi-experimental; propensity score matching	Microfinance members were not significantly less likely to report partner violence (sexual and physical IPV measured as one).	Not measured

Table 2: Rigorous Program Evaluations (n=11)

Intervention Name	Author, Year	Population, Country	Intervention Description	Methodology	Reduced physical IPV?	Reduced other IPV?
Microfinance						
Microfinance membership	Chin 2012	Ever-married women ages 15–49, in Bangladesh	Any membership in a microfinance organization as measured by DHS (Grameen Bank, BRAC, ASA, or Proshika)	Quasi-experimental; bivariate probit model that incorporates self-selection into the program and instrumental variable (IV)	Microfinance members were not significantly less likely to report partner violence (sexual and physical IPV measured as one).	Not measured
Microfinance membership	De & Christian 2020	Women sampled in the Bangladesh Urban Health Survey 2006, Bangladesh	Member of at least one of the four major microfinance organizations: Grameen Bank, BRAC, ASA, or Proshika in Bangladesh	Quasi-experimental; propensity score matching	Microfinance members were not significantly less likely to report partner physical violence.	Not measured
Microfinance membership	Yount et al. 2021	Married women 15–49 years living with their husbands, Bangladesh	Lifetime participation in a savings group or microfinance organization	Quasi-experimental; propensity score matching	Microfinance members were not significantly less likely to experience partner violence (sexual, physical, or psychological IPV measured as one).	Not measured
Pradan Self-Help Group	Prillaman 2021	All women, Madhya Pradesh India	SHGs of 10–20 women with informal financial services, compulsory savings, and loans	Quasi-experimental: geographic regression discontinuity design (GRD)	SHG members were not significantly less likely to experience partner violence (sexual and physical IPV measured as one).	Not measured

Table 2: Rigorous Program Evaluations (n=11)

Intervention Name	Author, Year	Population, Country	Intervention Description	Methodology	Reduced physical IPV?	Reduced other IPV?
Rojiroti Microfinance	Yaron et al. 2019	All ultra-poor women, India	SHGs formed through village discussions; after Rs 20–50 saved, funds can start being loaned	Quasi-experimental: panel data and matched control sites	The report of physical IPV in the intervention group was significantly less than the control group, statistically significant at 1%.	Not measured
Transfers with training						
The Transfer Modality Research Initiative	Roy et al. 2019	Low-income mothers of a child younger than 24 months, Bangladesh	Monthly \$19 payment or food transfer plus weekly group training on nutrition and hygiene (husbands and mothers-in-law invited to join); monthly home visits; monthly group meetings with community leaders; 2 years	Quasi-experimental: cross-sectional within RCT	The report of physical IPV in the intervention group was reduced by 7% relative to the control group, statistically significant at 10%. Note transfer alone had no significant impacts when measured 6–10 months after the intervention.	Intervention members were not significantly less likely to report emotional IPV.
Women for Women International intervention	Gibbs et al. 2020	Conflict-affected women ages 18–45, Afghanistan	Monthly \$10 stipend and 90–180-minute weekly group sessions on numeracy and business skills, health/legal services; 1 year	RCT	Intervention members were not significantly less likely to report physical IPV.	Not measured

Table 2: Rigorous Program Evaluations (n=11)

Intervention Name	Author, Year	Population, Country	Intervention Description	Methodology	Reduced physical IPV?	Reduced other IPV?
Labor force participation promotion						
Seva Mandir community-based day care	Richardson et al. 2018	Mothers and female guardians of children ages 1–6, India	Community-based day care at a cost of \$2.30 annually per child	RCT	Intervention members were not significantly less likely to report physical IPV.	The report of controlling behavior in the intervention group was reduced by 5% relative to the control group, statistically significant at 5%.

Significance set at the 5 percent level.

PROGRAMMATIC RECOMMENDATIONS

Engaging husbands is encouraged for gender-transformative change aimed at sustainable IPV reductions. Such programs need to be implemented delicately and accompanied by rigorous process evaluations. Process evaluations can help resolve implementation issues and interpret null results. While it is important for programs to challenge gender norms through work with men for sustainable impacts, this may put a subset of women at increased risk, particularly for psychological IPV as demonstrated in SAR. For instance, Do Kadam Ki Ore involved gender norms programming with male partners and found increases in emotional IPV (Jejeebhoy et al. 2017). There is debate about whether adverse effects on psychological IPV represent poor implementation and preparation of facilitators, increased awareness of abuse and therefore higher reporting but not increased perpetration, or whether the training itself may encourage behaviors that trigger conflict and backlash by husbands. It should be noted that measures of emotional abuse are underdeveloped, and not easily comparable. Further, some evidence suggests that increases in emotional abuse may be due to women rejecting spousal control and wifely subservience. Qualitative process evaluation with both men and women as part of the program design is important for understanding participant experiences and couple dynamics. In terms of male engagement, SAR studies documented challenges working with men, primarily due to labor migration, long work hours, and lack of interest.

Identify political, economic, and environmental barriers to successful WEE programming before the program begins.

In some settings, such as humanitarian emergencies, women may not be able to apply livelihoods skills. For example, in the severely under-resourced setting of Afghanistan, many women in the Women for Women International program were not able to apply their new skills to livelihoods generation, highlighting structural limitations on programmatic impact (Gibbs et al. 2020). In such contexts, small loans and stipends may be applied to emergency relief or short-term needs, rather than to longer-term investments with the potential to affect gender systems that influence IPV.

Seek out and cultivate local leadership and program staff who are comfortable with program goals; fostering such support requires time for capacity building, sensitization, and clarification of values. While partnership with local government is recommended, some programs found it difficult to establish a curriculum focused on violence or patriarchal norms in such a partnership. While local staffing for programs is preferable, allowing time and resources for extensive gender-based violence training is recommended to support confidence in local staff to challenge norms as needed.

Foster women’s social networks. The three programs that were successful in reducing physical IPV, Rojiroti Microfinance, Transfer Modality Research Initiative, and Do Kadam Ki Ore, had a strong focus on building women’s social networks. For instance, in addition to its SHGs, Rojiroti provided women the space to discuss familial conflict, resources, and advice (Yaron et al. 2018). The Transfer Modality Research Initiative brought

Table 3: Associational studies (n=14)

Author, Year	Population, Country	WEE variable	IPV variable	Correlation
Ahmed 2005	Currently married women ages 15–49, Bangladesh	BRAC membership: 1) only savings group, 2) savings and credit, 3) savings, credit, and training	Physical or financial IPV or mobility control: past 4 months	BRAC microfinance membership was not statistically correlated with IPV.
Bates et al. 2004	Rural women, Bangladesh	Any membership in a microfinance organization	Physical IPV past year	Microfinance membership was significantly negatively correlated with IPV.
Bhuiya et al. 2003	Ever-married rural women, Bangladesh	Any membership in a microfinance government program	Verbal or physical IPV: sister method of reporting among neighboring women	Microfinance membership was significantly positively correlated with IPV.
Dalal et al. 2013	Ever-married women ages 15–49, Bangladesh	Any membership in a microfinance organization, Bangladesh	Physical or sexual IPV past year	Microfinance membership was significantly positively correlated with IPV among more educated, wealthier groups. Microfinance membership was not statistically correlated with IPV among less-educated, poorer groups.
Hadi 2000	Married rural women age <50, Bangladesh	Participation in a credit program	Sexual IPV past year	Participation in a credit program of five years or more was negatively correlated with IPV. Participation in a credit program of less than five years was not statistically correlated with IPV.
Hadi 2005	Married rural women age <50, Bangladesh	Participated in NGO-led income-generating activities	Physical or psychological IPV past year	Participation of more than five years was significantly negatively correlated with IPV. Participation of less than five years was not significantly correlated with IPV.
Hasan et al. 2014	Ever-partnered women with disabilities, Bangladesh	Any membership in a microfinance organization or a local cooperative	Emotional, physical, or sexual IPV among women with disabilities	Microfinance membership was significantly positively correlated with IPV.

Table 3: Associational studies (n=14)

Author, Year	Population, Country	WEE variable	IPV variable	Correlation
Karim & Law 2016	Current wife-abusive rural married men, Bangladesh	Active microcredit participation (current use of a loan for earning income)	Physical, sexual, psychological IPV male-reported past year	Microfinance membership was significantly negatively correlated with IPV.
Koenig et al. 2003	Married women ages 15–49, Bangladesh	Any membership in a microfinance organization: fewer 24 months versus more than 24 months	Physical IPV current	Microfinance membership was not significantly correlated with IPV.
Murshid et al. 2016	Ever-married women ages 15–49, Bangladesh	Membership of one of the four main microfinance programs: BRAC, Grameen Bank, ASA, or Proshika	Physical or sexual IPV lifetime	Microfinance membership was not significantly correlated with IPV.
Naved & Persson 2005	Ever-married rural women ages 15–49, Bangladesh	Participates in a savings and credit group	Physical IPV past year	Microfinance membership was significantly positively correlated with IPV for urban women. Microfinance membership was not significantly correlated with IPV for rural women.
Schuler et al. 1996	Married rural women age <50, Bangladesh	Membership of BRAC or Grameen Bank microfinance programs	Physical IPV past year	Microfinance membership was significantly negatively correlated with IPV.
Sinha & Kumar 2020	Ever-married women ages 15–49, India	Ever taken out a loan, in cash or kind, from any program to start or expand a business	Emotional, physical, sexual IPV past year	Microfinance participation was significantly positively correlated with IPV.
Shai et al. 2020	All married women, their in-laws, and their husbands, Nepal	Sammanit Jeevan: Family-centered training on gender-transformative norms and support for income-generating activities with in kind start-up funding	Emotional, physical, sexual IPV over 18 months	The program was significantly positively correlated with sexual IPV. The program was not significantly correlated with physical or emotional IPV among women overall.

Significance set at the 5 percent level.

Table 4: Qualitative studies (n=5)

Author, Year	Population, Country	Intervention/ Exposure Description	Findings	Respondent Quotes
Haneef et al. 2014	Ultra-poor women living in the <i>chars</i> (river islands), Bangladesh	Chars Livelihood Program: Monthly stipend; income-generating assets and training; weekly social development group; couple orientation; village development committees	Women highlighted reduced violence due to independent income, less household financial tension, increased support for intervention by village elders, and education and awareness.	“The main lesson I have learned from being part of CLP is, if I can contribute to the family income then violence will reduce day by day. Poverty is the root cause of everything. If I can eliminate poverty from my family then violence will no longer exist.”
Nawaz 2015	Women microfinance participants, Bangladesh	Participation in the BRAC and Association for Community Development (ACD) microfinance programs	Credit can be successful if combined with financial literacy training. Women’s economic contribution enhanced their confidence to protest against patriarchal norms and violence.	“I told him about some instances in other villages where women had filed cases against their husbands in BRAC’s legal aid section. I also told him how the males were penalized for their offenses. My warning scared him and he stopped assaulting his wife and from then on I never heard any more commotions from their home.”
Kabeer 2001	Women with at least one acre of land and business competence, Bangladesh	The Small Enterprise Development Project: three-day training on entrepreneurial skills to receive 5,000-to-500,000-taka loan	While acknowledging cases of backlash, women discuss important impacts of entrepreneurship training on women’s decision-making which reduces IPV.	“My husband did not have clean clothes before, now he has, and they know it is because of me. My husband acknowledges this. He does not raise his hand to me anymore. Before he used to hit me. What could one do if one’s husband hits one...? In a house of scarcity, there is more <i>kalankini</i> . If he brought home four annas, and I could not buy enough rice, he abused me. The house where there is no scarcity, there is no abuse. Because of this scarcity, this poverty, the lives of the poor are so troubled.”

women together for a nutrition behavioral program; while the curriculum did not focus on violence or gender, the authors attest that the social connections women gained were likely a key driver of reduced IPV (Roy et al. 2019).

PREVENTING UNINTENDED HARM WITH WEE PROGRAMMING

IPV as an unintended outcome is always a possibility. It is critical for WEE programs to assess program-related

risks throughout implementation, not only after program completion. As shown in the qualitative studies in this review, programs can have opposite effects for some women depending on how their husbands or families respond to their participation. It is therefore important for all types of IPV to be monitored and evaluated to capture and prevent any signs of backlash, particularly in more conservative households, communities, or regions. Referrals for women who experience IPV must be put in place. It is recommended that programs anticipate backlash and put in place monitoring

Table 4: Qualitative studies (n=5)

Author, Year	Population, Country	Intervention/ Exposure Description	Findings	Respondent Quotes
Murshid & Zippay 2017	Ever-married women ages 18–45 living in high-poverty Dhaka area who are microfinance members, Bangladesh	Any membership in a microfinance organization	Women reported a mix of impacts of microfinance participation on IPV. While some women reported decreased IPV due to increased respect and reduced financial tension, many shared stories of male backlash in the form of IPV characterized by husbands feeling that due to microfinance women were neglecting children and household duties, or that women were thinking too highly of themselves and being too independent.	<p>“I think the violence increased in my case because I was more independent. He liked the additional income but accused me of going out to have fun when I was going to work and that often would result in physical violence.”</p> <p>“With microfinance, I bring in additional income, and he likes that too. But now he also hates me. I feel he thinks I think too much of myself now that I’m a businesswoman. And he hits me because of it.”</p> <p>“He gets more upset these days because I am away a lot, he accuses me of neglecting the children, not making him his favorite meals and all that. I don’t have the time, what can I do. He hits me when he gets upset like that. It’s not bad, really. It hurts for a little while and then goes away.”</p> <p>“Before he used to hit me because I was useless, a burden, another mouth to feed. Now he hits me saying things like, ‘Who do you think you are?’ It’s like neither works for him. Everything makes him mad.”</p>
Rahman 1999	Women Grameen Bank microfinance members in rural village, Bangladesh	Membership to Grameen Bank microfinance organization	Microfinance systems can increase household debt-liability, which can increase violence toward women due to blame on women or because of frustration.	No direct quotes provided.

systems to alert staff if backlash is occurring. Monitoring systems can take different forms depending on context, but the simplest option is to have program facilitators or staff routinely inquire about how a woman’s family or spouse is responding to her participation to create an opening for women to choose to disclose, so that the program can offer support. Programs should evaluate the availability and quality of local infrastructure for referrals and address gaps before project launch.

Set realistic expectations with participants, their families, and the community. Transfers and programs that offer vocational skill building generally attract widespread community interest. For programs that involve access to credit, livelihoods, or other financial opportunities, it is important to encourage realistic expectations about how much income or asset gain women are likely to achieve in a specific period to avoid unintended harm and potential backlash if families are unsatisfied with financial gains

associated with the woman's participation.

When designing programs, balance efforts to work with supportive families to minimize risk with preventing the direct exclusion of the most vulnerable.

In some settings, the most vulnerable women will be excluded from a program because women from conservative families with increased mobility restrictions will not be able to join activities. Factoring in time and resources for household visits and in-depth conversations with families and partners is recommended, particularly in the most restrictive settings. It is unrealistic for WEE programming to always include the most vulnerable or ultra-poor. Not all women can thrive in microfinance programming, for instance, and some may benefit more from direct transfers or other types of support. However, conducting outreach to those with less supportive families or resources for participation is encouraged for equitable WEE programming.

Be aware of the opportunity costs of microfinance schemes, especially for very poor women.

Many microcredit programs target the ultra-poor, but small loans are often not enough for women to successfully invest in income-generating activities. Further, poor women face opportunity costs for attending meetings, as they might take time away from agricultural work, domestic responsibilities, or informal labor—which may lead to backlash. Once groups are established, it is recommended that programs provide larger loans and additional training to facilitate investment and keep women safe from violence.

Where possible, avoid publicizing a program's focus on violence beyond those with a need to know.

This relates to both surveys and how to frame program goals to the community, which both risk causing harm to participating women. On the first point, sharing the purpose of a survey or the content of a program focused on IPV with people having power over participants, such as employers, can lead to invalid survey results (due to fear among respondents or interference from management) and even participant harm, as was the case with one evaluation of an IPV and sexual harassment intervention among garment workers in Bangladesh (Naved et al. 2021). On the second point, several evaluations spoke to the contextualization of program messaging, particularly for sensitive issues of violence and dominant gender norms, as community members learning of women's and girls' involvement in activities touching on taboo topics can lead to backlash if not appropriately addressed with delicate attention to language and messaging.

Acquire women's consent before engaging male partners.

Consult a woman first about engaging her partner in

programming. Providing information on a program for female participants to share with their male partners is helpful, while reaching men through their female partners, rather than directly, is considered best practice for ensuring safety. Women are generally the best judge of what they can safely reveal to a partner.

Understand women's mobility norms in the setting.

Increasing women's visibility and mobility encourages more empowerment and positive benefits in most settings. In highly conservative settings, however (such as those that practice *purdah*), doing so can pose risks. Programs should be aware of and plan to counter concerns about women's increased mobility in such settings.

LIMITATIONS OF THE EVIDENCE REVIEW

Several aspects of the WEE evaluation literature complicate efforts to compare results across studies and generalize findings to different settings. Even when considering a single type of WEE intervention (for example, transfers, microfinance, or savings associations), findings vary depending on the demographics of the population served and the context of the intervention. Context includes everything from local market dynamics and economic infrastructure to reigning cultural and social norms. Statistical associations between economic variables and other outcomes also vary depending on the degree to which women's economic engagement is normalized in a setting. Further, most evaluated interventions did not universally enroll participants but had specific inclusion criteria. Changes in participant type can potentially affect the effectiveness of programs and associations found in cross-sectional studies. For example, some microfinance programs only serve the ultra-poor; program effects may be different if provided to women who are not impoverished. Lastly, some evaluations occurred as early as the 1990s. Norms, cultures, laws, infrastructure, and practices have changed substantially since then, impacting external validity.

A second set of issues relates to the framing of the study. While some programs or studies approach IPV as an unintended short-term consequence of WEE programming, others approach WEE itself as a potential strategy to reduce IPV, either alone or in combination with other strategies. Studies that seek to explore the direct impact of WEE on IPV and household power dynamics generally collect data at multiple times and have longer follow-up periods. Such studies may capture different impacts than those that measure or monitor IPV only during or shortly after WEE-related activities. Likewise, there is a lot of heterogeneity

in how IPV is coded and measured. Studies may lack comparability because they measure or combine types of violence differently (for instance, some studies use only one outcome variable that combines physical, emotional, and sexual IPV while others study only physical IPV).

There is limited rigorous evidence on the WEE-IPV relationship in SAR. Only 11 studies were considered to have rigorous methods. Of these, only three studies used a randomized controlled trial, generally considered the gold standard of program evaluation, of which only two incorporated qualitative research to explore mechanisms of change and document quality of implementation. Notably, the programs identified by the review were in just four countries—Afghanistan, Bangladesh, Nepal, and India—limiting representation of the region as a whole. Studies on microfinance and IPV were overwhelmingly conducted in Bangladesh. Finally, this is an evidence review rather than a systematic review in that articles were mostly identified through assessing the review literature, rather than extensive article searches through databases, and thus may have limitations regarding the programs covered.

HIGHLIGHTED GAPS IN RESEARCH

More evidence is needed on the mechanisms through which WEE decreases or increases IPV, both globally and within SAR. Numerous WEE programs, including microfinance and poverty alleviation programming, have been evaluated in the absence of systematic measurement of IPV as an outcome or an unintended consequence. Hence, we recommend more WEE programs in SAR incorporate IPV as either a process or outcome measure. Below is a list of specific recommendations for future research.

RESEARCH DESIGN

- Longer follow-ups are needed; we suggest program impacts be assessed during program implementation, 1 year after baseline, and again at a later date, such as 3–4 years after program completion, depending on the program. It may take time for a program to have an impact on IPV, or initial results may flatten out. As demonstrated by Sato et al. (2022), participation in SHGs affects the frequency of domestic violence in conflicting ways: while initially it may ease tensions (1–3 years), over time (3+ years) it may create gender dynamics in the home that increase violence back to levels similar to those before the program. Other work has shown that it can go the other direction as well. As such, it is important to measure impact both early in program implementation and 3 or more years later as well.

- While the extensive correlational literature on microfinance and IPV in Bangladesh is helpful, given evidence that selection bias can play a large role in the validity of measured WEE-IPV relationships (as in, the women who enroll voluntarily in a program may be systematically different than women who do not enroll, in potentially unobservable ways), future secondary data analysis should employ analysis strategies that address selection bias.
- As women’s engagement in paid employment increases, research on empowering women through interventions at the workplace in SAR and its relationship with IPV risk is recommended. Workplace interventions for IPV have been largely unexplored in SAR. One program in Bangladeshi garment factories could not be evaluated effectively due to significant implementation challenges (Naved et al. 2021).
- Studies should articulate clear theories of change that outline the mechanisms through which they anticipate their WEE efforts to affect IPV. Our synthesis highlights the importance of gaining consensus on how to conceptualize, measure, and report WEE impact on IPV. The diversity of ways that programs approach WEE further complicates efforts to synthesize evidence.
- Strong ethical guidance is mandatory for research on violence. Particularly if including adolescents in IPV programming, parental consent requires thoughtful consideration. Ethical review and national laws usually require parental consent and adolescent assent for children under 18 to participate in research; fewer restrictions are imposed on young women alongside evolving recognition of the capacity of adolescents to make decisions about their own bodies as they mature. Program managers and researchers should consult one of the many resources available on ethical practice with adolescents before initiating work with this population.

RESEARCH QUESTIONS

- Further qualitative evidence on mechanisms through which WEE programming, particularly programming with a gender-transformative intent, interacts with IPV is needed.
- Future studies should provide more discussion on both the scale and cost of the interventions; readily available cost analysis would be helpful for evaluating future interventions and weighing the costs and benefits of different program approaches.
- Future research should include measures of emotional and financial abuse as well as spousal controlling behavior in addition to sexual and physical IPV. Concerningly, few

programs measured emotional abuse, and those that did sometimes found an increase, even in the context of decreasing physical IPV. More research is needed to assess if this is due to women becoming more sensitized to abuse or if the program is putting women at risk. For WEE programs in particular, financial abuse, including how to define and measure it across settings, should also be included in future work.

RESEARCH POPULATIONS

- How best to incorporate location-specific elements into the assessment of WEE impact must be better understood. For the studies highlighted that are promising, researchers should evaluate their impact in other areas of SAR. Unfortunately, no program expanded beyond any one country, and testing the impact of cultural and socioeconomic context within SAR is needed. Most studies are currently conducted in Bangladesh and India.
- More research is needed on how forms of discrimination and hardship interact with the relationship between WEE and IPV. Specifically, a knowledge gap exists on the connection between WEE and IPV among marginalized groups: namely, women and girls with disabilities, LGBTQI+, and non-gender conforming groups. Only two included studies looked at marginalized groups: one focusing on women with disabilities and one on conflict-affected women.
- More research should disaggregate the results by participant characteristics—for IPV, these often are wealth and level of social support in the form of family and friend connections to aid in exiting harmful relationships. Few of the evaluated studies explored potential impacts on important sub-populations. Gibbs et al. (2020), for example, found significant results among a subset of moderately food insecure women, whereas overall findings were not significant.
- More research on how to effectively engage men in preventing IPV perpetration is needed, particularly since several programs in SAR that tried to involve men faced challenges related to general lack of male interest. The work in SAR has overwhelmingly focused on empowering women as a strategy to reduce violence rather than working to reduce the likelihood of perpetration among men.

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STAY CONNECTED

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