Couple’s Training for Gender Empowerment? Using Mixed Methods to Understand Graduation’s Impact on Empowerment and Well-Being Outcomes

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Empowerment Impact of Multifaceted Anti-poverty Programs: What we know?

- Initial evidence on the Graduation suggests no (Bandiera et al., (2017)) or only initial impacts on empowerment indices for women (Banerjee et al. (2015)).

- From research in Afghanistan, Bedoya et al. (2019) find initial impacts on a multidimensional empowerment index that holds in a follow-up survey.

- Roy et al., (2015), find that the program may have unintended effects for women, Asadullah and Ara (2016) suggest a possible takeover by men of income generating activities over time.
Empowerment Impact of Multifaceted Anti-poverty Programs: What we know?

- Little known about the impact of gender targeting and coupling economic inclusion programs with gender training on intra-household dynamics and gender empowerment.
- Research suggests need to build in mechanisms that address baseline conditions, such as gender norms, in the Graduation program, if changes in future empowerment are to be achieved (Laszlo (2019)).
- Qualitative findings suggest quality of spousal relationship (Roelen et al., (2019)) and entrenched gender norms (Kabeer (2019)) may explain some level of Graduation program’s success.
Contribution to Knowledge Base

Research Questions

1. What is the impact of the gender of the recipient on bargaining power, spousal cohesion and empowerment?

2. What is the impact of the ‘Transforming Gender & Power Relations’ (focused on couples) training on these outcomes, when the recipient is female?
Conducted an RCT with random allocation.

- **Experimental Arms**
  1. All benefits are targeted to **female**.
  2. All benefits are targeted to **male**.
  3. All benefits are targeted to **female**, and the couple is exposed to a **monthly couples training course** called Umodzi for 12 months.
  4. **Control Group**,
The Research Design

Umodzi modules:

- Engages couples to discuss issues such as gender norms, power, decision-making, budgeting, violence, positive parenting and healthy relationships.
- Aims at transforming gender power relations among targeted couples.
- The mechanism is to motivate change in gender norms.
Mixed Methods Motivation:

- Develop deeper understanding of causal mechanisms connecting treatment and outcome variables, particularly how intra- and inter-household relationships influence the management of resource allocation;
- Gather evidence on contextual variables affecting welfare outcomes,
- Help generalise quantitative findings, including factors affecting gender empowerment;
- Provide additional confirmatory evidence of programme impact that can be triangulated with findings from the quantitative study.
200 villages, stratified across two districts in Malawi, Mangochi and Nsanje, and covers a total of 3,300 couples.

Eligible HH classified as "poor" or "very poor" by community wealth ranking (mostly), or a proxy means test based on household materials and livestock assets.

Census conducted in late 2017 and early 2018 to identify 3,300 eligible HHs.
The Randomisation

- 50 villages in each arms.
- Treatment villages: 18 HHs surveyed (12 treatment, 6 control).
- Control villages: 12 HHs surveyed.
- Half of villages delayed by one year, creating cohorts 1 or 2.

Treatment/Control Arm: Equal split between Mangochi and Nsanje for each arm

- **Female Recipients**
  - 600 HHs
  - Female + ‘Transforming Gender & Power Relations’ Training: 600 HHs

- **Male Recipients**
  - 600 HHs

- **Control Group**
  - 1,500 HHs
Incorporated the Qualitative Impact Protocol (QuIP) to better understand beneficiaries' own interpretation of the impact of the program on their lives.

- Analysis of narrative accounts of drivers change based on respondents’ self-reported attribution.
- Involves programme-neutral interviewing to mitigate confirmation bias.
- Semi-structured interviews and focus group discussions.
- Each round of community level data collection involves two local researchers (one male and one female) conducting the interviews.
Causal maps

- Captures perceptions of change within those interviewed.
- Helps us understand participant’s mental models of the world:
  - What they think causes what.
  - What they see as drivers of change
  - What they believe this change then led to
- Develops specific pathways of change from the intervention to key outcomes as identified by participants through:
  - Building links between factors based on the number of participants who identified that specific link.
  - The more mentions, the greater the count and the stronger the link.
  - A missing link between two factors?
    - Participants did not perceive that these two factors were linked in their story of change.
Bringing the two methods together

Randomised control trial (RCT)
- 2 survey rounds ”before” and ”after” (5 months post program), separated by 24 months
- Sample of 2,375 households, with 601 control households, 578 female targeted, 586 male targeted and 570 female plus Umodzi targeted households.

Qualitative Impact Protocol (QuIP)
- 2 rounds in-depth interviews - 6 months post program implementation
- Using purposeful and then random sampling, respondents were drawn from all three treatment arms.
- Total of 96 interviews and 16 Focus Group Discussions (FDGs)
Empowerment

An empowerment index based on 7 indices - drawing on Bedoya et al. (2019) and Bosuroy et al. (2021)

1. Household expenditures decisions
2. Income decisions
3. Fertility and financial decisions
4. Productive agency
5. Aspirations for daughters
6. Children’s education decisions
7. Political involvement and social capital.
Female spouses in Umodzi arm control households saw:

- An empowerment score that was 0.16 SD higher than control households.
Results - Empowerment

Significant within treatment arm differences

- Umodzi households empowerment index was higher than the female and male targeted arm.
All Graduation female spouses see increased productive capabilities

- All Graduation households have a higher productive agency index score than control households.
Umodzi households have a higher productive agency score than female and male treated households.
Umodzi households have higher score for their fertility and financial decision making index compared to control, female and male targeted households.

**Figure: All households**

**Fertility and Financial Decisions Index**
- Female Spouses, 95% Confidence Interval

- Control
- Female Recipient (T1)
- Male Recipient (T2)
- Female + Umodzi (T3)

- p-value T1 vs control = 0.3210
- p-value T2 vs control = 0.182
- p-value T3 vs control = 0.001

**Figure: Only Treated Households**

**Fertility and Financial Decisions, Treatment only**
- Female Spouses, 95% Confidence Interval

- Female Recipient (T1)
- Male Recipient (T2)
- Female + Umodzi (T3)

- p-value T1 vs T2 = 0.020
- p-value T2 vs T3 = 0.975
- p-value T1 vs T3 = 0.022

Sample of female spouses: Control (601); Female Targeted (570); Male Targeted (648); Female plus Umodzi (670)
Results - Empowerment Causal map

Based on participants’ self-reported attribution of change related to empowerment.
Most frequently cited empowerment outcomes were: improved sharing of roles, more collaborative decision making, and improved conflict resolution.

Women felt more involved in decisions about income generation and budgeting.

Respondents reported having more control over money and less disagreements as a result.

Main drivers of outcomes were explicit/implicit Umodzi interventions and more general ‘gender messaging’.
Results - Correlations between our methods on Empowerment

Components the Empowerment index captures

- Income and expenditure decision making
- Savings and financial decision making
- Income sources that the female generates/owns
- Decisions on children’s Education
- Involvement in Community

Concepts mentioned by the QuIP that are captured by the Empowerment Index

- Control of money
- Increased savings
- Joint decisions
- Increased income/contribution to household economy
Correlating our quantitative measure of empowerment to QuIP factors through univariate regressions

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female has more control over money</td>
<td>0.368*</td>
</tr>
<tr>
<td>Female contributes to household economy</td>
<td>0.146</td>
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<tr>
<td>Increased savings</td>
<td>0.683***</td>
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<tr>
<td>couple makes joint decisions, quip</td>
<td>0.013</td>
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<tr>
<td>Improved sharing of roles between couple</td>
<td>0.254</td>
</tr>
<tr>
<td>Improved conflict resolution</td>
<td>0.254*</td>
</tr>
</tbody>
</table>

Observations 96  
District Dummies Yes

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1
"With Tiwoloke, we have learnt to consult each other [...] in making these decisions [...] this is a good change because tensions have reduced between us, and we are easily cooperating now. Tiwoloke has leveled the playing field because at first it was my husband who was mostly in control of so many things in the home including finances. I feel happy and empowered with the control I have on spending money." (INAU-25)
We analyse whether based on their baseline quantitative empowerment measurement, they have different causal trajectories

- Comparing women with higher baseline empowerment scores to those with lower:
  - Higher baseline scores linked with more control over money post intervention and improved sharing of roles (particularly cleaning and cooking)
  - Regardless of initial scores, the gender transformative training led to more collaborative decision making
  - Based on initial baseline scores, more collaborative decision making led to less disagreements
Results - Chore Equality

Umodzi households report higher level of husband’s participation in household chores than control households.

- They have a chore equality index score that is 0.22 SD higher than control households.
Umodzi households report higher level of husband’s participation in household chores than female and male targeted households.

Chore Equality, Treatment only

Female Spouses, 95% Confidence Interval

- p-value T1 vs T2 = 0.715
- p-value T2 vs T3 = 0.011
- p-value T1 vs T3 = 0.037

Sample of female spouses: Female Targeted (578); Male Targeted (586); Female plus Umodzi (570)
Main drivers of change on chores, including childcare: Explicit and implicit Umodzi training and more general (non-Umodzi) ‘gender messaging’

This led to more balanced workload, less disagreements, and improved household relationships.
The QuIP helps us understand what participants believe drove these changes and the limitation of these changes:

- Women still hold primary responsibility, e.g. cooking, cleaning, childcare.

- Husbands now "step in" to help (IMAU-5), often only if woman was away, busy, or unwell.

"Roles that were exclusively known to be for women in the household are also being performed by men and vice versa" (IMBT-1)
Summary of Results

Graduation Results from 5 months post program:

- **All Graduation** female spouses see significant increase in their productive agency.
- Only Graduation female spouses in Umodzi households saw significant increase in a) **female empowerment** and b) **male spouse engagement in ”female” household activities**, compared to control, female targeted and male targeted households.
The QuIP

- Illuminated channels of change - the **Graduation program and the couples’ intervention** improved sharing of chores, which reduced disagreements and led to improved household relationships and well-being.
- Highlighted female spouses did experience + change in expenditure decisions and highlighted + changes in hh dynamics.
- Provided independent check on operational spillovers: gender messaging delivery channels: Umodzi and cash transfers
- Provided justification for looking at outcomes that we had not pre-identified as central to the mechanisms of change - e.g. chore sharing.
The results combined

- We find some evidence that our qualitative and quantitative measures are correlated (important caveat - small sample)
- Initial levels of empowerment may lead to different trajectories of change
  - Though the gender transformative training may offer an ability to overcome this
Research Gaps

1. Community versus/and household interventions for gender empowerment: What interventions work at the community level and are needed to promote change at the household level. What works better at the household level?

2. Intensity and duration: How long/how often do these interventions need to happen to bring about the needed change.

3. Scalability of such gender transformational programs within Graduation
Female spouses in male targeted households saw a decline in relationship quality compared to control households.
The QuIP found that:

- Improved role sharing led to improved household relationships and fewer disagreements.
- Women shared issues addressed “through dialogue” (INAT-18) and “apologizing to each other” (INAU-25).
- Focus group discussions confirmed that Concern’s gender interventions led to couples changing how differences were resolved.

"Relationships have changed for the better. We solve our conflicts within the household through contact and dialogue. We do not fight. In the past my husband would slap me when offended. He stopped doing that.” (INBT-23)"
Results - Mental Well-Being

Our mental well-being index based on three indices, total depression free days, total stress free days and life satisfaction.

- Only female spouses in Umodzi households have higher scores in mental well-being than female spouses in control households.
All **Graduation** female spouses see higher social-worth index than the control.

No differences between the different treatment groups.
Female spouses in all treatment arms experienced improved relationships, sharing of roles, and more collaborative decision-making.

These changes led directly and indirectly (via fewer disagreements and improved conflict resolution) to improved well-being.
### Balance Table, Baseline

<table>
<thead>
<tr>
<th>Sample</th>
<th>Control</th>
<th>T1 Female Targetted</th>
<th>T2 Male Targetted</th>
<th>T3 Female plus Umodzi vs Control</th>
<th>Trt 1 vs Control</th>
<th>Trt 2 vs Control</th>
<th>Trt 3 vs Control</th>
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<tbody>
<tr>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
<td>p-value</td>
<td>p-value</td>
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<td>Female Spouse Age</td>
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<td><strong>Outcome Indicies</strong></td>
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<td>Empowerment</td>
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<td>601</td>
<td>578</td>
<td>586</td>
<td>570</td>
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</table>
Survey Timeline

Baseline Survey: Jun. - Aug. 2018

Intervention Begins: Nov. 2018
Intervention Ends: Apr. 2021

Cohort 1
Cohort 2